Gavi NVS support application form

Submitted by

The Government of

Burundi

Date of submission: **15 January 2016**

Deadline for submission:

i. **15 January 2016**
ii. 1st May 2015
iii. 9 September 2015

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

Start Year	2016.	End year	2020.

Form revised in 2015

(To be used with Guidelines dated November 2015)

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

Gavi ALLIANCE GRANT 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, the Vaccine Alliance 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. Type of support requested:

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

Type of support	Vaccine	Start Year	End year	Preferred second presentation[1]
Preventive campaign support	MR, 10 dose(s) per vial, LYOPHILISED	2016.	2020.	

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

2. Table of Contents

3. Executive Summary

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

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

- Relevant baseline data, including:
  - DTP3 and Measles coverage data (as reported on the WHO/UNICEF Joint Reporting Form)
  - Target population, determined using the risk evaluation for Yellow Fever and meningitis A.
  - Birth cohort, targets and immunisation coverage by vaccines

- Country preparedness
  - Summary of activities planned to prepare for the vaccine launch, including EVM evaluations, progress on EVM improvement plans, communication plans, etc.
  - 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

This is a request for support for the NVS campaign.

The grant duration is most time-sensitive for the MR catch-up campaign for children aged 9 months to 14 years, and ongoing support will be used for the rubella component, exclusively for the second dose of MR. The financing amount for the campaign is US$ 2,803,744. The operational cost of introducing the MR vaccine into the routine immunisation [programme] is US$ 385,020.64, which will come from the government, Gavi and local partners.
The vaccine is lyophilised MR, 10 doses. The MR vaccine introduction is planned for November, 2016. Expected live births for 2016 are estimated at 460,239. The DTP3 and measles1 targets are 362,316 and the measles2 target is 347,628. Their respective coverages are: 99%, 96% and 64%, according to the 2014 Joint Reporting Form.
The most recent EVM evaluation was in 2011, but we plan to do another evaluation during the first quarter of 2016.
Summary of the EVM evaluation report:
The results of the interviews, observations and document reviews that were done at every level were provided as percentages by criteria and by category.
In general, the scores for all criteria were below the norm (80%), ranging from 23% for the management system and support function to 79% for the vaccine storage temperature. The score for three criteria ranged from 72% to 77%. These included: E8 (Vaccine management: 72%); E3 (Storage Capacity: 77%) and E4 (Buildings, equipment, transportation: 77%).
Implementation status for the recommendations:
General recommendations: of 10 recommendations, 6 were 100% completed, 1 was partially completed and 2 were not completed. Central level recommendations: nine were 100% completed and two were not completed. District-level recommendations: five were 100% completed and one was not completed. Health-centre recommendations: All recommendations were 100% completed. The parties that provided technical support for the proposal are representatives from the Presidency of the Republic, the Ministry of Public Health and AIDS Prevention (Office of Health Services and AIDS Prevention, Office of Health Programmes and

Projects, the EPI, HSS/Gavi, the Office of Health Promotion, Hygiene and Sanitation), the Ministry of Finance, technical and financial partners (WHO and UNICEF), civil society and other members of the CPSD.

4. Signatures

4.1. Signatures of the Government and National Coordinating Body

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

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

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

The Government of Burundi commits itself to developing national immunisation services on a sustainable basis in accordance with the comprehensive Multi-Year Plan presented with this document. The Government requests that Gavi, the Vaccine Alliance and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

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.: 2 and 1 in Section 10. Attachments

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	DrJosiane NIJIMBERE	**Name**	Honorable Tabu Abdalah MANIRAKIZA
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
Dr MATENE Isaac	EPI Deputy Director	+257 75,983,334	misaacza66@gmail.com
Dr NDUWIMANA Rose Marie Magnifique	EPI WHO Focal Point	+257 79,735,106	nduwimanar@who.int
Dr NSANZERUGEZE Josélyne	EPI Director	+257 75,111,500	nsanzerugezejos@gmail.com
Dr NTAKIRUTIMANA Dorothée	UNICEF EPI Focal Point	+257 79,813,649	dntakirutimana@unicef.org
Mr NDUWIMANA Désiré	EPI Administrative and Financial Director	+257 79,946,729	ndiwadesiré@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	CPSD
Year of constitution of the current committee	2007.
Organisational structure (e.g., sub-committee, stand-alone)	Thematic Group
Frequency of meetings	Monthly

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 principal objective of the CPSD is to support the Ministry of Public Health and AIDS Prevention in a concerted manner in the planning, implementation, follow-up and evaluation of the national policies and strategies for sustainable health development.

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

Support for the acquisition of a high-quality application document,

4.1.3 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 **07/09/2015** 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 7 (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 Public Health and AIDS Prevention	Dr NIJIMERE Josiane		
Secretary	Aid coordination office	Dr Pascal NDAYONGEJE		
Members	WHO Representative	Dr Babacar Dramé		
	UNICEF	Dr Sophie Léonard		
	MSPLS/Permanent Secretary	Dr NIZIGIYIMANA Dionis		
	MSPLS/Office of Planning	Dr GAHUNGU Jean Nepomucène		
	Belgian Embassy/PTF director	Dr NICIMPAYE Anglebert		
	Amagara Meza Project	Dr NSENGIYUNVA Géorges		
	MSPLS/Permanent Secretariat Advisor	Pastor NAKUWUNDI Phillipe		
	WHO	Dr CIZA Alphonse		
	WHO	Dr NDUWIMANA Rose Marie Magnifique		
	UNICEF	Dr NTAKIRUTIMANA Dorothée		
	JICA	KADIGIRI Eliane		
	MSPLS/Reproductive Health Programme	Dr NDEREYE Juma		
	KARADIRIDIMBA/HSS-GAVI Project	Dr NICAYENZI Dieudonné		
	MSPLS/EPI	Dr NZOSABA Firmin		
	MSPLS/EPI Programme	Dr MATENE Isaac		
	MSPLS/EPI Programme	Dr NSANZERUGEZE Josélyne		

MSPLS/MTN Programme	Mr NDYABANIRWA Janvier		
MSPLS/DPPS	Dr NININAHAZWE Léocadie		
MSPLS/Cabinet	KANEZA Rosine		
PSI	NSABIMANA Loic		
MSH	NDAYIRAGIJE Diane		
MSPLS/DODS	Dr BARANKENYEREYE Véronique		
MSPLS/ISP	GAHIMBARE Seconde		
MSPLS/Programme PNILMTC	Dr AYINKAMIYE Jeanine		
MSPLS/EIC programme	BUKURU pamphile		
MSPLS/EPI	Ms. KANYANA Annonciate		
MSPLS/DSNIS programme	Dr HASSAN Asmini		
MSPLS/CNTS	Dr NIYONSAVYE Christine Nina		
MSPLS/IRA-IGSPLS	Dr NKURUNZIZA Maurice		
SE PAMUSAB	NHIMIRIMANA Evariste		
SEP/CNLS	Dr NIMPAGARITSE Damien		
MSPLS/EPI	MANIRABARUTA Jean Claude		
MSPLS/EPI	Ms. NDUWIMANA Josiane		
MSPLS/EPI	Ms. SIMBABAJE Marie		
MSPLS/EPI	Mr NDUWIMANA Désiré		
DBCAI	Dr Pascal NDYONGEJE		
DGP/MSPLS	Dr HAKIZIMANA Jean Claude		
DISE/MSPLS	NIYONKURU Déo		
MSPLS/EPI	NDAYIKENGURUKIYE Jean Michel		
MSPLS/EPI	Mme GISWASWA Chimène		
MSPLS/EPI	Ms. KANEZA Nadia		
MSPLS/DPML	BAMENYEKANE Emmanuel		
UNFPA	Dr GAHUNGU Géorges		
MSPLS/IGSPLS	Dr NIVYINDIKA Léocadie		

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

The minutes from the three most recent ICC meetings are attached as DOCUMENT NUMBER: 6) .

4.2. National Immunisation Technical Advisory Group NITAG

Has a NITAG been established in your country? **No**

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. 5 Data on the immunisation program

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 9). Please attach the cMYP costing tool (DOCUMENT NUMBER 10).
- Please attach relevant Vaccine Introduction Plan(s) as DOCUMENT NUMBER : 12.
- 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	9,792,330.	2016.	GPH 2008
Birth cohort	460,239.	2016.	GPH 2008
Infant Mortality Rate	59.	2010.	DHS
Surviving infants[1]	362,316.	2016.	GPH 2008
GNI per capita (US$)	4.	2014.	Burundi economy (Ministry of Finance, Planning and Development)
Total Health Expenditure (THE) as a percentage of GDP	13.	2014.	2014 Finance Law
General government expenditure on health (GGHE) as % of General government expenditure	6.	2014.	2014 Finance Law

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

5.1.1 Lessons learned

Support for new routine vaccines

Preventive campaign support

If vaccination campaigns [0] have already been conducted in your country, please provide details on the lessons learned from them, specifically the following data: storage capacity, accidental freeze protection, staff training, cold chain, logistics, coverage, wastage rate, etc., and suggest action items or indicate the measures taken to solve problems. If they are included in the introduction plan or plan of action, please cite the sections only. If this information is already included in the NVIP/AP, please reference the document and the section/page where this information can be found.

Lessons Learned	Action Points
No MR vaccine campaign previously done in Burundi.	Beginning with the cold chain inventory at the national level, and the solar equipment transition plan 2015-2020, prepared at the beginning of 2015 and its ongoing implementation, our storage capacities will be sufficient when the MR vaccine is introduced. We are going to take into account the experience of introducing the second dose of measles vaccine and the rotavirus diarrhea vaccines introduced in 2013, and the IPV introduced in November, 2015.

5.1.2- Planning and budgeting of health services

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

The national strategic planning cycle (Strategic Poverty Reduction Framework) is triennial and fluid; the budget cycle is annual.

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

National Health Policy (2016-2025)

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

No, the cMYP depends on the NHDP III for 2016-2020, which is being prepared; it in turn depends on the National Health Policy.

Please indicate the national planning budgeting cycle for health

It is:
- Ten years for the NHP (National Health Policy)
- Five years for the NHDP

Three years for the Medium-Term Expenditure Framework; Yearly for the Annual Work Plan

Please indicate the national planning cycle for immunisation

The cMYP cycle is five years; the Annual Work Plan cycle is one year.

5.1.3 Gender and equity

Please describe any barriers to access, utilisation and delivery of immunisation services at district level (or equivalent) that are related to geographic, 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 Burundi, we have not observed any obstacles to access and use of vaccination services between rich and poor residents, or between boys and girls. Free care for children under five and for pregnant women, as well as vaccination campaigns integrated into other health activities (MNCH, African Vaccination Week and outreach strategies; door-to-door activities) have improved vaccination coverage.

Please examine whether questions of equity (socio-economic, geographic and gender-specific) factor 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 country did not deem it necessary to include questions of equity and gender in the mobilisation strategy, because there is no difference in immunisation coverage between boys and girls, or between rich and poor.

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

In Burundi, routine immunisation reports do not include sex-disaggregated data. New data collection tools that are being prepared call for data to be collected by gender.

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.

No we have just introduced the IPV throughout the country, and it was completely safe.

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.

Annual reports on vaccination and the joint government-UNICEF-WHO report (JRF) show that national immunisation coverage is around 100%, but that some health districts (8/45) had immunisation coverage below 80% for DTP3 in 2014.

5.1.4 Data quality

Please attach a data quality assessment (DQA), report if one has been completed within the previous 48 months (DOCUMENT NUMBER: 27. If available, an improvement plan and progress report on the implementation of the improvement plan should also be submitted (DOCUMENT NUMBER: 11 DOCUMENT NUMBER: 28.

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

There is no report on the evaluation of immunisation data quality. But the Ministry of Public Health and AIDS Prevention organises quarterly EPI data quality review meetings with all stakeholders (Chief Physicians from the Health Provinces, Chief Health District Physicans and data managers), EPI coordinators at the central level, HSS/Gavi coordinators and partners (WHO, UNICEF, CSO). Immunisation data are also analysed manually at the district and health centre level, before they are sent up the chain of command.

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.

Burundi still does not have systematic mechanisms to independently evaluate administrative data quality, but the process of creating the consulting Technical Group for EPI issues is ongoing.

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.

The following surveys have been conducted, among others:
- Demographic and Health Survey, DHS 2010 ;
- 2012 vaccination coverage survey ;
- Household survey to monitor and evaluate the support's impact on the reimbursement system for the minimum package of health services 2012.

In the next five years, we plan to conduct the 2015 DHS and the immunisation coverage survey, through the HSS/Gavi III project.

5.1.5 Measles vaccine coverage

Please provide information on measles vaccine coverage.

Table 5.1.5: RCV immunisation coverage

Coverage	2011.		2012.		2013.	
	Administrative (1)	WUENIC (2)	Administrative (1)	WUENIC (2)	Administrative (1)	WUENIC (2)
Measles 1st dose (%)	101.	93.	93.	93.	101.	98.
Measles 2nd dose (%)					51.	50.

Coverage	2014.		2015.	
	Administrative (1)	WUENIC (2)	Administrative (1)	WUENIC (2)
Measles 1st dose (%)	96.	94.		
Measles 2nd dose (%)	64.	60.		

Coverage	2011.		2012.		2013.	
	Administrative (1)	Coverage Survey	Administrative (1)	Coverage Survey	Administrative (1)	Coverage Survey
Supplementary Immunisation Activities (SIA) (%)						

Coverage	2014.		2015.	
	Administrative (1)	Coverage Survey	Administrative (1)	Coverage Survey
Supplementary Immunisation Activities (SIA) (%)				

Note:

(1) National administrative coverage reported

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

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

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

No routine NVS support is being requested

5.3. Target for the preventive campaign(s)

5.3.1 Targets (MR campaign)

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

MR begins: **9 months**

MR ends: **14 years**

Cohort population: population 9 months -14 years

Gavi only provides assistance to countries for rubella catch-up campaigns by providing MR vaccine doses for a target population of boys and girls aged 9 months to 14 years (the exact interval for applying the 9 months to 14 years bracket will depend on MR within the country).

Table 5.3.1 Baseline NVS campaign figures for MR

Number	Data: objectives				
	2016.	2017.	2018.	2019.	2020.
Total target population	4,071,651.	0.	0.	0.	0.
Wastage rate (%) for MR (campaign)	5.	0.	0.	0.	0.
Value of maximum MR wastage rate (campaign)	0 %	0 %	0 %	0 %	0 %

6. 6 New and underused vaccines (routine NVS)

No routine NVS support is being requested

7. 7. NVS Preventive Campaigns

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

Disease	Title of the assessment	Date	Results
Measles and Rubella	Not evaluated	NA	NA

Please attach the Plan of Action for each campaign as Document No. 29.23 in Section 10.

7.1.1 Epidemiology and disease burden for Measles-Rubella

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

Epidemiological information on the burden of the disease:

☑ 1 - Rubella data from the measles case-based surveillance system (including the age distribution of rubella cases)

☐ 2 - Rubella seroprevalence surveys

☐ 3- Information on congenital rubella syndrome morbidity, for example a retrospective study, modeled evaluations or CRS morbidity, prospective surveillance.

☐ 4 - Other

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

7.2.1 Summary for MR, campaign support

When is the country planning to conduct the MR catch-up campaign? **November 2016**

When is the country planning to introduce MR into routine immunisation? **November 2016**

Please note that, due to a variety of factors, the launch date may vary compared to the date stipulated in the application. Gavi will work closely with countries and their partners to help address any such situations.

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

Since the beginning of 2013, all suspected measles cases have been negative for measles IgM antibodies, but some have been positive for IgM rubella antibodies. From 2013 through July, 2015, the surveillance system for vaccine-preventable illnesses recorded rubella cases: 7 cases of rubella in 2013, 71 cases in 2014, and 61 cases between January and December 2015. These cases presented primarily in children under five (61% of cases).

The worldwide disease burden for congenital rubella has been sufficiently well-identified that we are now giving priority to prevention and treatment measures. Burundi committed to eliminating measles by introducing the second measles dose into its routine immunisation programme, and by following up on WHO's recommendation to introduce MR into the EPI. Burundi took this occasion to also eliminate rubella by using the MR vaccine in the context of its immunisation programme. These points are cited in the introduction plan:

Social mobilisation: section 6.1 and 6.2 of the introduction plan.

District and health centre microplans will be prepared during the first two weeks of September 2016.

Please summarise the cold chain capacity (at central and other levels) and readiness to accommodate new vaccines, taking into consideration training, cold chain and other logistic requirements. If cold chain expansion is required, state how it will be financed, and when it will be in place. Please describe how capacity will be managed during high-demand periods for campaigns. Please indicate if the supplies for the campaign will have any impact in the shipment plans for your routine vaccines and how it will be handled. The Independent Review Committee (IRC) requires a certain level of assurance that the cold chain is ready or will be ready for the campaign, and evidence/plans need to be provided (if they are included in detail in the plan of action, please cite the section here). All proposals that include Gavi funding for cold chain, intended for vaccine storage, must include equipment that has been WHO-prequalified, for the programme's performance, quality and safety (PQS). Non-PQS equipment and supplies may be considered only on an exceptional basis; justification must be provided and Gavi must approve this in advance. Please note that all Gavi-financed cold chain equipment needs to be WHO pre-qualified. The purchase of non-PQS equipment will only be considered on exceptional basis, with justification and advance agreement from Gavi.

Cold chain capacity: section 4.6 of the introduction plan.

In light of insufficient storage capacity due to the introduction of new vaccines, aging and outdated cold chain equipment and regular and unpredictable power cuts, the Ministry of Public Health and AIDS Prevention via the Expanded Programme on Immunisation has just prepared and validated a solar refrigerator transition plan (2015-2020) which includes cold chain reinforcement at all levels.

In addition to the solar refrigerators that will be purchased by UNICEF, EPI, HSS-Gavi, we have included other solar refrigerators in the campaign budget. All refrigerators will be prequalified by WHO: see Burundi's solar equipment transition plan (attached).

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

The campaign's activities will help to strengthen immunisation services; before the campaign's launch, coupled with the introduction of the MR vaccine, the EPI will organise cascade trainings at all levels, to build

providers' capacities at all levels. This is also a chance to use social mobilisation efforts to remind parents of the importance of complying with the vaccination schedule.

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

MR vaccine introduction plan.
5.2 Measles/rubella surveillance.
The first step is to strengthen surveillance based on detection of existing cases of sudden febrile diseases, and then for each case, using laboratory analyses to determine if the disease is measles or rubella. The major change will consist in directly analysing all of the samples to diagnose measles and rubella at the same time. This will replace the previous practice which consisted of taking only samples that tested negative for measles, and then testing them for rubella.

5.3 CRS Surveillance
The second component consists of setting up CRS surveillance based on identifying cases in children between 0-11 months of age, through clinical examination and laboratory tests for each presumed case of CRS in sentinel sites that have the required laboratory equipment and facilities.
The same procedure is followed for pregnant women in districts with rubella epidemics. The sentinel surveillance site for bacterial meningitis at the King Khaled hospital, the Kamenge General Hospital and the INSP laboratory will be the initial sites. The INSP already does diagnostic tests for rubella.

Please produce the pertinent documents to support the relative estimates of the size of the target population of the campaign (DOCUMENT No.: 18.

7.2.2 Support funding for the operating costs of the MR campaign

Table 7.2.2: calculation of support for campaigns' operating costs

Year of MR support	Total target population (Table 5.3)	Gavi contribution per target person in US$	Total in US$
2016.	4,071,651.	0.65.	2,646,573.
2017.	0.	0.65.	0.
2018.	0.	0.65.	0.
2019.	0.	0.65.	0.
2020.	0.	0.65.	0.

(1) The grant will be based on a maximum gift of US$ 0.65 per person in the target population.

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

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

A national steering committee, directed by the Permanent Secretary of the Ministry of Public Health and AIDS Prevention, and sub-committees will be created for preparing and implementing the MR introduction. These subcommittees will be composed of the Office of Health Services and AIDS Prevention (DGSSLS), the Office of Health Projects and Programmes (DPPS), the Office of Pharmacy, Medications and Laboratories (DPML), the Expanded Programme on Immunisation (EPI), a representative from the Directors of Health Provinces (DPS), a representative from the Health Distrcits (DS) and technical partners such as WHO, UNICEF, etc. Withdrawals of funds will be authorised by Her Honor the Minister, as per the aide-memoire between the government and Gavi.

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

For the campaign's operational costs, Gavi funding will be assessed at US$ 0.65 per person in the campaign's target population, for a total of US$ 2,646,573. The gap of 5.6% (US $157,159) will be mobilised by the government and its local technical and financial partners.

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

Detailed budget attached as Document No. 22.

7.2.3 Evidence of introduction of MR in routine programme

Please provide evidence that the country can fund the introduction of Rubella-Containing-Vaccine (RCV) into the routine programme through one of the following:(Please attach available documents AS DOCUMENT NUMBER 17 in Section 10. Attachments).

☐ 1- A commercial contract for purchase of MR/MMR vaccine with or without shipping documents, invoice, etc.

☑ 2- Integration of RCV into the cMYP with a corresponding increase in the budget line for vaccines in the health sector budget adequate to cover purchase of RCV (please highlight the budget line in the cMYP costing or other document showing the corresponding increase to cover the purchase of RCV)

☐ 3- An MOU between government and donor(s) (or other written document) committing the donor(s) to support for at least one year, the purchase of RCV for use in the routine programme OR a letter from the Minister of Finance or Budget ensuring additional funding for RCV purchase. In this case, the country must show additional evidence that the country will include MR vaccination in the routine immediately after the campaign.

7.2.4 RCV introduction schedule

Countries must describe their introduction plan for surveillance activities.

Does Burundi's cMYP include a plan for the introduction of RCV into the national programme? **No**

Please specify the timeline for updating the cMYP **June 2016**

Please attach the Introduction Plan for the introduction of RCV into the national programme as Document number 13 in Section 10 and also attach the Plan of Action for the campaign as Document number 29 in Section 10. **Please refer to Gavi's directions on support applications, for the items that must be included in the Introduction Plan and the Action Plan.**

The introduction plan is attached to this proposal as section 10.

7.2.5 Rubella vaccine introduction grant

Has a rubella vaccine already been introduced into the national routine immunisation programme?The **No**

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

Please indicate in the tables below how the one-time Introduction grant [1] will be used to support the costs of vaccine introduction and costs inherent to the essential preparatory activities (refer to the cMYP). If Gavi support is insufficient to cover all the requirements, please indicate in the table below the additional amount required and who will supplement the total funding.

Year of New Vaccine Introduction	Birth cohort (from Table 5.1)	Gavi contribution per target person in US$	Total in US$
2016.	460,239.	0.80.	368,191.

[1] The Grant will be based on a maximum award of $0.80 per person 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 support will be managed in accordance with the aide-memoire between the government and Gavi; various committees will be appointed to allow the campaign to be prepared and implemented.
Vaccines and injection supplies will be purchased through UNICEF. Once the vaccines arrive at the airport, they will be immediately collected and transported to the central level's storage locations, where they will be held until they are sent to the districts and then to the health centres, according to the agreed-upon supply plan. The central level and districts' storage capacities will be sufficient to handle all of the stock, because we

are in the process of implementing the solar equipment transition plan.

8. Procurement and management

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

No routine NVS support is being requested

8.2 Procurement and management for NVS preventive campaigns

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

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

The support will be managed in accordance with the aide-memoire between the government and Gavi; various committees will be appointed to allow the campaign to be prepared and implemented.
Vaccines and injection supplies will be purchased through UNICEF. Once the vaccines arrive at the airport, they will be immediately collected and transported to the central level's storage locations, where they will be held until they are sent to the districts and then to the health centres, according to the agreed-upon supply plan. The central level and districts' storage capacities will be sufficient to handle all of the stock, because we are in the process of implementing the solar equipment transition plan.

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

We refer to the aide-memoire signed between the government (through the Minister of Public Health and AIDS Prevention and the Minister of Finance) and Gavi Alliance. For all withdrawals, management must send a funds withdrawal authorisation request to the Minister of Public Health and AIDS Prevention. After that is approved, the EPI accountant prepares the check, which is signed by the Permanent Secretary at the Ministry, and by the EPI Director or the Director General of resources, if the Permanent Secretary is unable to do so, and by the EPI Deputy Director if the EPI Director is unable to do so.
The activity for which the EPI Director is requesting a funds withdrawal must be included in the EPI Annual Action Plan.

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

No, the campaign will take place throughout the country, simultaneously.

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

The campaign's coverage will be monitored and evaluated by:
-supervision of vaccination teams by the central, provincial and municipal levels
-daily data reporting (coverage, vaccine management, AEFI management, etc.) -the data will be collected day-by-day at each vaccination site, and compiled within each health district, and finally sent to the central level for compilation

-in the districts where the SMS-based reporting collection system is already in place, this channel will facilitate real-time data reporting
daily coordination team meetings at all levels

. The post-campaign survey in all districts.

the campaign's presentation and discussion meeting, combined with that of the post-campaign survey

See section 5 of the introduction plan and section 3.11 of the campaign action plan.

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.

La réglementation du Burundi en matière de médicament exige que tout produit pharmaceutique qui entre dans le pays soit enregistré et soumis à une libération de lot avant la mise en circulation. L'homologation nationale s'avère donc nécessaire pour le vaccin RR en plus de la pré-qualification du produit par l'OMS. Cependant le pays accepte la procédure d'enregistrement accélérée des vaccins pré qualifiés par l'OMS.

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

Flacon de 10 doses pour le vaccin RR

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.

Les opérations de dédouanement et de transport du vaccin de l'aéroport vers le dépôt central sont effectuées par le Gouvernement ou le bureau pays de l'UNICEF en fonction de la nature du vaccin.
Les vaccins suivent la procédure d'enlèvement direct à l'arrivée. Une fois cet enlèvement effectué, les produits sont transportés au PEV central qui engage la procédure de libération des lots.
Les vaccins et matériel d'injection de la vaccination de routine sont exonérés des frais de douane par l'Office Burundaise des Recettes (OBR). Cependant, le paiement des frais de la Société Burundaise de la Gestion Aéroportuaire (SOBUGEA), des honoraires du transitaire agréé en douane et la manutention (déchargement) sont à la charge du PEV.

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.

Au Burundi, la Direction de la Pharmacie, du Médicament et des Laboratoires (DPML) joue le rôle de l'Autorité Nationale de Régulation (ANR).
Elle a pour fonction :
-L'homologation des produits pharmaceutiques et l'octroi des autorisations de mise sur le marché ;
-Assurer le contrôle de la qualité des médicaments ;
-Organiser un système de pharmacovigilance et de surveillance post marketing ;
-Révision de la liste des médicaments essentiels ;
-La surveillance post commercialisation y compris la surveillance des Manifestations Adverse Post Immunisation (MAPI).

Numéro de téléphone : +257 22 24 97 49
+257 71 43 68 47
Adresse e-mail : bamenyekanye@hotmail.com

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. This EVM must have been performed within the **past five years.**

When was the EVM conducted? **April 2011**

Please attach the most recent EVM assessment report (DOCUMENT NUMBER : 20,19, 21) the corresponding EVM improvement plan (DOCUMENT NUMBER : 19) and the progress report on the EVM improvement plan (DOCUMENT NUMBER : 21. 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? **July 2016**

These documents are available and are attached to this application.

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).

A joint ruling by the Ministers of Public Health and AIDS Prevention and Water, Environment, Land Management and Urban Planning, which dealt with biomedical waste classification and management was signed in 2008 (ruling no. 630/770/142/2008).
For routine immunisation and campaigns, instructions on managing waste generated by these activities are given. This specifically includes:
-Routine use of AD syringes for each injection;
-Collecting used syringes and needles in sharps boxes;
-Destroying full sharps boxes by incinerating them and by burying the burn slag in two-level pits at health facilities that do not have an incinerator
Materials and equipment used for waste management are:
1. Waste sorting/separation: sharps boxes are available and sufficient in all health facilities;
2. Pre-collection: waste bins are available
3. Collection/transportation: during immunisation campaigns, waste from outreach sites is collected and brought to a health facility for destruction;
4. Processing: some health facilities have Montfort-type incinerators. Others have traditional incinerators.
5. Final disposal: residue is collected and tossed into pits.
NB: Burundi does not yet have crushers for un-incinerated vials.

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

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

Include comments in documents
Begin mobilising funds for co-financing of the MR vaccine (see minutes of CPSD meeting held to validate this application)

10. List of documents attached to this proposal

10.1. List of documents attached to this proposal

Table 1: Verification list of mandatory attachments

Document Number	Document	Section	File
Approvals			
1.	MoH Signature (or delegated authority) of Proposal	4.1.1	Signatures ministres.pdf **File desc:** **Date/time** 15/01/2016 04:26:01 **Size:** 730 KB
2.	MoF Signature (or delegated authority) of Proposal	4.1.1	Signatures ministres.pdf **File desc:** **Date/time** 15/01/2016 4:27:32 AM **Size:** 730 KB
4.	IACC Terms of Reference	4.1.2	TDR du CPSD 17112010.doc **File desc:** **Date/time** 15/01/2016 4:28:21 AM **Size:** 35 KB
5.	Minutes of ICC/HSCC meeting endorsing Proposal	4.1.3	PV réunion du CPSD du 07 Sept2015.pdf **File desc:** **Date/time** 15/01/2016 4:30:53 AM **Size:** 1 MB
6.	Signatures of ICC or HSCC or equivalent in Proposal	4.1.3	Signatures CPSD.pdf **File desc:** **Date/time** 15/01/2016 4:34:11 AM **Size:** 1 MB
7.	Minutes of the three most recent IACC/HSCC meetings	4.1.3	PV réunion CPSD du 19 juin 2015.pdf **File desc:** **Date/time** 15/01/2016 4:53:15 AM **Size:** 4 MB
8.	Role and functioning of the advisory group, description of plans to establish a NITAG	4.2.1	gtcv.pdf **File desc:** **Date/time** 15/01/2016 6:44:55 AM **Size:** 202 KB
Planning, financing and vaccine management			
9.	Comprehensive Multi Year Plan - cMYP	5.1.	Derogation de soumettre la demande sans PPAC.docx **File desc:** **Date/time** 15/01/2016 5:39:56 AM **Size:** 13 KB
10.	cMYP Costing tool for financial analysis	5.1.	Derogation de soumettre la demande sans PPAC.docx **File desc:** **Date/time** 15/01/2016 5:40:33 AM **Size:** 13 KB

11.	M&E and monitoring plan in the country existing monitoring plan [sic]	5.1.5	suivi évaluation pour le soutien demandé.pdf **File desc:** **Date/time** 15/01/2016 5:59:01 AM **Size:** 296 KB
13.	Introduction Plan for the introduction of the combined rubella/JE/Men A/YF vaccine into the national programme	7.x.4	Plan introduction RR du 14 Janvier 2016 Vf.docx **File desc:** **Date/time** 15/01/2016 6:42:07 AM **Size:** 2 MB
17.	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	Signatures ministres.pdf **File desc:** **Date/time** 15/01/2016 5:56:19 AM **Size:** 730 KB
18.	Campaign target population documentation	7.x.1, 6.x.1	Population burundaise 2010-2018.xls **File desc:** **Date/time** 15/01/2016 6:01:05 AM **Size:** 265 KB
19.	EVM report	8.3.	Rapport_GEV_Burundi_Avril_2011.pdf **File desc:** **Date/time** 15/01/2016 5:05:13 AM **Size:** 391 KB
20.	Improvement plan based on EVM	8.3.	Plan d'amélioration de la GEV Burundi.xlsx **File desc:** **Date/time** 15/01/2016 6:47:05 AM **Size:** 29 KB
21.	EVM improvement plan progress report	8.3.	Rapport de mise en oeuvre GEV Burundi.xlsx **File desc:** **Date/time** 15/01/2016 5:08:27 AM **Size:** 14 KB
22.	Detailed model budget for the grant for the introduction of a vaccine / operating costs	6.x,7.x.2, 6.x.2	Budget introduction RR du 14 janvier 2016.xlsx **File desc:** **Date/time** 15/01/2016 6:43:12 AM **Size:** 40 KB
27.	Data quality assessment (DQA) report	5.1.5	RAPPORT REVUE DES DONNEES Octobre 2015.docx **File desc:** **Date/time** 15/01/2016 5:16:15 AM **Size:** 473 KB
29.	Plan of Action for campaigns	7.1, 7.x.4	Plan de campagne du vaccin RR du 14 Janvier 2016 Vf.docx **File desc:** **Date/time** 15/01/2016 6:40:20 AM **Size:** 1 MB

Table 2: List of optional attachments

Document Number	Document	Section	File

3.	MoH Signature (or delegated authority) of Proposal for assistance to the VPH	4.1.1	Signature des Ministres soumission pour le VPH.pdf **File desc:** **Date/time** 15/01/2016 5:17:32 AM **Size:** 388 KB
12.	Vaccine introduction plan	5.1.	Burundi__Plan d'introduction HPV.zip **File desc:** **Date/time** 15/01/2016 6:16:34 AM **Size:** 386 KB
15.	HPV vaccine roadmap or strategy	6.1.1	No file loaded
16.	Summary of the methodology of the assessment of the HPV vaccine	5.1.6	No file loaded
23.	Risk evaluation and MeNA consensus meeting report If DTP was used instead, please specify.	7.1.	No file loaded
25.	A description of partner participation in preparing the application	4.1.3	Description implication des partenaires.pdf **File desc:** **Date/time** 15/01/2016 6:57:46 AM **Size:** 5 MB
26.	Minutes of the meeting of the NITAG with specific recommendations on the introduction of the NVS or the campaign	4.2.	gtcv.pdf **File desc:** **Date/time** 15/01/2016 6:59:39 AM **Size:** 202 KB
28.	DQA improvement plan	5.1.5	Plan d'amélioration de la qualité des données de vaccination.pdf **File desc:** **Date/time** 15/01/2016 7:00:46 AM **Size:** 339 KB
30.	Other documents		PV réunion CPSD du 19 juin 2015.pdf **File desc:** **Date/time** 15/01/2016 4:45:21 AM **Size:** 4 MB PV CPSD du 17 Avril 2015.pdf **File desc:** **Date/time** 15/01/2016 4:57:30 AM **Size:** 2 MB Plan strategique Rougeole21 MAI 2014.pdf **File desc:** **Date/time** 15/01/2016 6:05:00 AM **Size:** 1 MB PlanTransitionVersLesEquipementsSolaires_Final.pdf **File desc:** **Date/time** 15/01/2016 6:06:45 AM **Size:** 1 MB

			Rapport de l'inventaire de la CDF Juillet 2014 VF_08 Octobre_2014.doc **File desc:** **Date/time** 15/01/2016 6:09:14 AM **Size:** 1 MB
			PIE_Rapport Final VAR2-VAROTA Burundi 2014.pdf **File desc:** **Date/time** 15/01/2016 6:10:33 AM **Size:** 596 KB
			Budget et chronogramme de la campagne RR du 14 Janvier 2016.xlsx **File desc:** **Date/time** 15/01/2016 6:48:54 AM **Size:** 81 KB
			RAPPORT REVUE _PEV BURUNDI FINAL.pdf **File desc:** **Date/time** 15/01/2016 7:07:43 AM **Size:** 6 MB

11. Appendices

Annex 1 - NVS Routine Support

No routine NVS support is being requested

Annex 2 - NVS Routine – Preferred Second Presentation

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

Annex 3 - NVS Preventive campaign(s)

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

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

ID		Data from		2016.	2017.	2018.	2019.
	Total target population	Table 5.2	#	4,071,651.	0.	0.	0.
	Number of doses per person	Parameter	#	1.	1.	1.	1.
	Vaccine wastage rates	Table 6.4.1	#	5.	0.	0.	0.
	Estimated vaccine wastage factor	Table 5.2	#	1.05.	1.	1.	1.
	Number of doses per vial	Parameter	#	10.	10.	10.	10.
	AD syringes required	Parameter	#	Oui	Oui	Oui	Oui
	Reconstitution syringes required	Parameter	#	Oui	Oui	Oui	Oui
	Safety boxes required	Parameter	#	Oui	Oui	Oui	Oui
ca	**AD syringe price per unit**	Table Annexes 4A	$	0.041.	0.041.	0.041.	0.041.
cr	**Reconstitution syringe price per unit**	Table Annexes 4A	$	0.003.	0.003.	0.003.	0.003.
cs	**Safety box price per unit**	Table Annexes 4A	$	0.005.	0.005.	0.005.	0.005.
fv	**Freight cost as% of vaccines value**	Table Annexes 4B	%	2.48%	2.48%	2.48%	2.48%
fd	**Freight cost as% of devices value**	Parameter	%	0.	0.	0.	0.

ID		Data from		2020.
	Total target population	Table 5.2	#	0.
	Number of doses per person	Parameter	#	1.
	Vaccine wastage rates	Table 6.4.1	#	0.
	Estimated vaccine wastage factor	Table 5.2	#	1.
	Number of doses per vial	Parameter	#	10.
	AD syringes required	Parameter	#	Oui
	Reconstitution syringes required	Parameter	#	Oui
	Safety boxes required	Parameter	#	Oui
ca	**AD syringe price per unit**	Table Annexes 4A	$	0.041.
cr	**Reconstitution syringe price per unit**	Table Annexes 4A	$	0.003.
cs	**Safety box price per unit**	Table Annexes 4A	$	0.005.
fv	**Freight cost as% of vaccines value**	Table Annexes 4B	%	2.00%
fd	**Freight cost as% of devices value**	Parameter	%	0.

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

		Formula	2016.		
			Total	Government	Gavi
B	Gavi support	*Table 5.3.1*	4,071,651.	0.	4,071,651.
C	Number of doses per person	*Vaccine parameter (schedule)*	1.		
D	Number of doses needed	*B X C*	4,071,651.	0.	4,071,651.
E	Estimated vaccine wastage factor	*100 / (100 - Vaccine wastage rate)*	1.05.		
F	Number of doses needed including wastage	*D X E*	4,275,234.	0.	4,275,234.
G	Vaccines buffer stock	*0.*	0.	0.	0.
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	4,275,300.	0.	4,275,300.
J	Number of doses per vial	*immunisation parameter*	10.		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.11*	4,519,533.	0.	4,519,533.
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.11*	474,559.	0.	474,559.
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 × 1.11*	55,435.	0.	55,435.
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	2,590,832.	0.	2,590,832.
Y	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	184,179.	0.	184,179.
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	1,456.	0.	1,456.
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	281.	0.	281.
R	Freight cost for vaccines needed	*N x freight cost as of% of vaccines value (fv)*	64,130.	0.	64,130.
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)*	2,840,878.	0.	2,840,878.

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

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

		Formula	2017.		
			Total	Government	Gavi
B	Gavi support	*Table 5.3.1*	0.	0.	0.
C	Number of doses per person	*Vaccine parameter (schedule)*	1.		
D	Number of doses needed	*B X C*	0.	0.	0.
E	Estimated vaccine wastage factor	*100 / (100 - Vaccine wastage rate)*	1.		
F	Number of doses needed including wastage	*D X E*	0.	0.	0.
G	Vaccines buffer stock	*0.*	0.	0.	0.
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	0.	0.	0.
J	Number of doses per vial	*immunisation parameter*	10.		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.11*	0.	0.	0.
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.11*	0.	0.	0.
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)*	0.	0.	0.
Y	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0.	0.	0.
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0.	0.	0.
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0.	0.	0.
R	Freight cost for vaccines needed	*N x freight cost as of% of vaccines value (fv)*	0.	0.	0.
S	Freight cost for devices needed	*(O+P+Q) x freight cost as% of devices value (fd)*	0.	0.	0.
T	Total fund needed	*(N+O+P+Q+R+S)*	0.	0.	0.

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

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

		Formula	2018.		
			Total	Government	Gavi
B	Gavi support	*Table 5.3.1*	0.	0.	0.
C	Number of doses per person	*Vaccine parameter (schedule)*	1.		
D	Number of doses needed	*B X C*	0.	0.	0.
E	Estimated vaccine wastage factor	*100 / (100 - Vaccine wastage rate)*	1.		
F	Number of doses needed including wastage	*D X E*	0.	0.	0.
G	Vaccines buffer stock	*0.*	0.	0.	0.
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	0.	0.	0.
J	Number of doses per vial	*immunisation parameter*	10.		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.11*	0.	0.	0.
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.11*	0.	0.	0.
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)*	0.	0.	0.
Y	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0.	0.	0.
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0.	0.	0.
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0.	0.	0.
R	Freight cost for vaccines needed	*N x freight cost as of% of vaccines value (fv)*	0.	0.	0.
S	Freight cost for devices needed	*(O+P+Q) x freight cost as% of devices value (fd)*	0.	0.	0.
T	Total fund needed	*(N+O+P+Q+R+S)*	0.	0.	0.

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

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

		Formula	2019.		
			Total	Government	Gavi
B	Gavi support	*Table 5.3.1*	0.	0.	0.
C	Number of doses per person	*Vaccine parameter (schedule)*	1.		
D	Number of doses needed	*B X C*	0.	0.	0.
E	Estimated vaccine wastage factor	*100 / (100 - Vaccine wastage rate)*	1.		
F	Number of doses needed including wastage	*D X E*	0.	0.	0.
G	Vaccines buffer stock	*0.*	0.	0.	0.
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	0.	0.	0.
J	Number of doses per vial	*immunisation parameter*	10.		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.11*	0.	0.	0.
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.11*	0.	0.	0.
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)*	0.	0.	0.
Y	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0.	0.	0.
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0.	0.	0.
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0.	0.	0.
R	Freight cost for vaccines needed	*N x freight cost as of% of vaccines value (fv)*	0.	0.	0.
S	Freight cost for devices needed	*(O+P+Q) x freight cost as% of devices value (fd)*	0.	0.	0.
T	Total fund needed	*(N+O+P+Q+R+S)*	0.	0.	0.

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

Table Annex 3.1 D: Estimated numbers for MR, 10 dose(s) per vial, LYOPHILISED, associated injection safety material and related co-financing budget (page 5)

		Formula	2020.		
			Total	Government	Gavi
B	Gavi support	*Table 5.3.1*	0.	0.	0.
C	Number of doses per person	*Vaccine parameter (schedule)*	1.		
D	Number of doses needed	*B X C*	0.	0.	0.
E	Estimated vaccine wastage factor	*100 / (100 - Vaccine wastage rate)*	1.		
F	Number of doses needed including wastage	*D X E*	0.	0.	0.
G	Vaccines buffer stock	*0.*	0.	0.	0.
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	0.	0.	0.
J	Number of doses per vial	*immunisation parameter*	10.		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.11*	0.	0.	0.
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.11*	0.	0.	0.
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)*	0.	0.	0.
Y	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0.	0.	0.
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0.	0.	0.
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0.	0.	0.
R	Freight cost for vaccines needed	*N x freight cost as of% of vaccines value (fv)*	0.	0.	0.
S	Freight cost for devices needed	*(O+P+Q) x freight cost as% of devices value (fd)*	0.	0.	0.
T	Total fund needed	*(N+O+P+Q+R+S)*	0.	0.	0.

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

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	Vaccine Type	2016.	2017.	2018.	2019.
MR, 10 dose(s) per vial, LYOPHILISED	OR	2.48 %	2.48 %	2.48 %	2.48 %

Vaccine Antigen	Vaccine Type	2020.
MR, 10 dose(s) per vial, LYOPHILISED	OR	2.48 %

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 ***
Yellow fever, 10 doses per vial, LYOPHILISED	10.	40 %	0 %	
Yellow fever, 5 doses per vial, LYOPHILISED	5.	10 %	0 %	
Meningococcal, 10 dose(s) per vial, lyophilised	10.	10 %	0 %	
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2.	10 %	0 %	
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1.	5 %	0 %	
Rotavirus, 2-dose schedule	1.	5 %	0 %	
Rotavirus, 3-dose schedule	1.	5 %	0 %	
Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	10.	40 %	0 %	
JE, 5 dose(s) per vial, LYOPHILISED	5.	10 %	10 %	
HPV bivalent, 2 dose(s) per vial, LIQUID	2.	10 %	0 %	
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1.	5 %	0 %	
MR, 10 dose(s) per vial, LYOPHILISED	10.	15 %	0 %	

Observations:

Sources WHO recommended wastage rates

** 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 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)
IC	IC	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	lyophilised	IM	3.	1.	13.	35.
Hib freeze-dried	Hib_lyo	lyophilised	IM	3.	2.	6.	
Hib freeze-dried	Hib_lyo	lyophilised	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 Pappilomavirus vaccine	HPV vaccine	liquid	IM	3.	1.	15.	
Human Pappilomavirus vaccine	HPV vaccine	liquid	IM	3.	2.	5.7.	
Japanese Encephalitis	JE_lyo	lyophilised	SC	1.	5.	2.5.	2.9.
Measles	Measles	lyophilised	SC	1.	1.	26.1.	20.
Measles	Measles	lyophilised	SC	1.	2.	13.1.	13.1.
Measles	Measles	lyophilised	SC	1.	5.	5.2.	7.
Measles	Measles	lyophilised	SC	1.	10.	3.5.	4.
Measles-Mumps-Rubella lyophilised	MMR	lyophilised	SC	1.	1.	26.1.	26.1.
Measles-Mumps-Rubella lyophilised	MMR	lyophilised	SC	1.	2.	13.1.	13.1.
Measles-Mumps-Rubella lyophilised	MMR	lyophilised	SC	1.	5.	5.2.	7.
Measles-Mumps-Rubella lyophilised	MMR	lyophilised	SC	1.	10.	3.	4.
Measles-Rubella lyophilised	RR	lyophilised	SC	1.	1.	26.1.	26.1.
Measles-Rubella lyophilised	RR	lyophilised	SC	1.	2.	13.1.	13.1.
Measles-Rubella lyophilised	RR	lyophilised	SC	1.	5.	5.2.	7.
Measles-Rubella lyophilised	RR	lyophilised	SC	1.	10.	2.5.	4.
Meningitis A conjugate	Men_A	lyophilised	IM	1.	10.	2.6.	4.
Meningitis A/C	MV_A/C	lyophilised	SC	1.	10.	2.5.	4.
Meningitis A/C	MV_A/C	lyophilised	SC	1.	50.	1.5.	3.
Meningitis W135	MV_W135	lyophilised	SC	1.	10.	2.5.	4.
Meningococcal A/C/W/	MV_A/C/W/Y	lyophilised	SC	1.	50.	1.5.	3.

Meningococcal A/C/W/Y	MV_A/C/W/Y	lyophilised	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	Le VPI	liquid	IM	3.	PFS	107.4.	
Polio inactivated	Le VPI	liquid	IM	3.	10.	2.5.	
Polio inactivated	Le VPI	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.	
Antiamaril	YF	lyophilised	SC	1.	5.	6.5.	7.
Antiamaril	YF	lyophilised	SC	1.	10.	2.5.	3.
Antiamaril	YF	lyophilised	SC	1.	20.	1.5.	2.
Antiamaril	YF	lyophilised	SC	1.	50.	0.7.	1.

12. Banking form

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

Name of Institution (Account Holder):	Expanded Program on Immunisation (EPI)		
Address:	BP 160 Bujumbura		
City Country:	Avenue de l'Hopital Prince Regent Charles		
Telephone no.:	+25722223736 /+257 22226432	**Fax no.:**	
	Currency of the bank account:	BIF	
For credit to:			
Bank account's title:	EPI		
Bank account no.:	1110/154		
Bank's name:	BRB		

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

By who is the account audited? Minister of Public Health and AIDS Prevention

Signature of Government's authorising official

		Seal
Name:	Dr NIJIMERE Josiane	
Title:	Minister of Public Health and AIDS Prevention	
Signature		
Dated:	8 September 2015	

FINANCIAL INSTITUTION		**CORRESPONDENT BANK (in the United States)**	
Bank's name:	Banque de la République du Burundi (BRB)-Bank of the Republic of Burundi		
Branch Name:	Headquarters		
Address:	Avenue du Gougernement BP 705 Bujumbura		
City Country:	Bujumbura- Burundi		
Swift Code:	BRBUBIBI		
Sort Code:			
ABA No.:			
Telephone No.:	+257 22225142		
FAX No.:			

I certify that the account No. 1110/154 is held by the EPI at this banking institution

The account is to be signed jointly by at least 3 (number of signatories) of the following authorised signatories:

1.		
	Name:	Elam SENKOMO
	Title:	Permanent Secretary of the MSPLS
2.		
	Name:	Dr Josélyne NSANZERUGEZE
	Title:	EPI Chief Physician
3.		
	Name:	NDUWIMANA Désiré
	Title:	Deputy EPI Administrative and Financial Director

Name of bank's authorising official	
Ministry of Finance, Budget and Privatisation	
Signature	
Dated:	08/09/2015 12:00:00 AM
Seal:	