

# APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by  
**The Government of Cameroon**  
for  
Measles-rubella follow-up campaign



# 1 Gavi Grant terms and conditions

## 1.2 Gavi terms and conditions

### 1.2.1 Gavi terms and conditions

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

### GAVI GRANT APPLICATION TERMS AND CONDITIONS

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

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

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

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

#### **RETURN OF FUNDS**

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

#### **SUSPENSION/ TERMINATION**

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

#### **NO LIABILITY**

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

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

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

### **INSURANCE**

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

### **ANTI-CORRUPTION**

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

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

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

### **AUDITS AND RECORDS**

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

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

### **CONFIRMATION OF LEGAL VALIDITY**

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

### **COMPLIANCE WITH GAVI POLICIES**

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

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

### **USE OF COMMERCIAL BANK ACCOUNTS**

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

### **ARBITRATION**

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

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

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

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

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

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

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

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

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

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

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

## 2 Review and update country information

### 2.1 Country profile

#### 2.1.1 Country profile

##### Eligibility for Gavi support

Eligible

##### Co-financing group

Preparatory transition

##### Date of Partnership Framework Agreement with Gavi

27 June 2013

##### Country tier in Gavi's Partnership Engagement Framework

3

##### Date of Programme Capacity Assessment

October 2016

#### 2.1.2 Country health and immunisation data

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

	2021	2022
Total government expenditure	10,030,391,962	

Total government health expenditure	343,121,947	
Immunisation budget	7,079,925	7,148,900

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

**The government planning cycle starts on the**

1 January

The current National Health Sector Plan (NHSP) is

From 2016

To 2027

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

2021-2022

**Is the cMYP we have in our record still current?**

Yes  No

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

*Note 1*

From 2021

To 2023

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

No Response

#### 2.1.4 National customs regulations

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

Les vaccins et matériels d'injection, les équipements de la chaîne de froid acquis sous subvention de GAVI font l'objet d'une exonération délivrée par le Ministre des finances. L'enlèvement des vaccins à la porte d'entrée (aéroport de Yaoundé Nsimalen ou port de Douala) est confié à un prestataire qui s'occupe des formalités douanières et le transport des vaccins de la porte d'entrée au magasin central du PEV en moins de 24 heures après l'arrivée des vaccins. Seuls les documents sont vérifiés, les colis ne font pas l'objet d'une fouille systématique.

#### 2.1.5 National Regulatory Agency

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

##### A-Dispositif

Le décret n°98/405/PM du 22 octobre 1998 fixant les modalités d'homologation et de mise sur le marché des produits pharmaceutiques, crée la Commission Nationale du Médicament, organe consultatif placé auprès du Ministre de la santé publique (MINSANTE) et dont le secrétariat est assuré par la Direction de la Pharmacie, Médicaments et Laboratoire (DPML). Cette Commission regroupe les Experts nommés par le Ministre de la Santé Publique. Elle est chargée de lui donner des avis économiques, techniques ou scientifiques en vue de la délivrance de l'Autorisation de Mise sur le Marché (AMM).

Elle statue sur les demandes d'homologation des produits, la pharmacovigilance, la sélection et la révision de la liste nationale des médicaments et vaccins essentiels, du formulaire national et du guide thérapeutique ; le contrôle de qualité relève du Laboratoire National de Contrôle de qualité des Médicaments et d'Expertise (LANACOME).

Dans le cadre législatif et réglementaire, le Cameroun dispose d'une Autorité Nationale de Réglementation (ANR) dont les fonctions sont réparties au sein de plusieurs structures coordonnées par la Direction de la Pharmacie, du Médicament et Laboratoires.

La Direction de la Pharmacie, Médicaments et Laboratoire (DPML) assure trois fonctions sur les six qui lui sont dévolues, à savoir (i) l'autorisation de mise sur le marché et l'homologation, (ii) la surveillance post commerciale y compris la surveillance des Manifestations Adverses Post Immunisation (MAPI) et (iii) la mise en circulation des lots ; La Division de la Recherche Opérationnelle en Santé (DROS) s'occupe de la recherche opérationnelle, Le Laboratoire Nationale du Contrôle des Médicaments (LANACOME) ; assure le contrôle qualité, et l'Inspection Générale des Produits Pharmaceutiques et du Laboratoire (IGPSL) assure les inspections.

##### B. Chronologie :

###### (1) Essais cliniques :

Le Décret fixant l'homologation des produits pharmaceutiques confie à la commission des

médicaments (la DPML) de statuer sur les protocoles thérapeutiques et les demandes d'essais cliniques. Dans la pratique, la Division de la Recherche Opérationnelle en Santé DROS qui est en charge de la recherche en santé reçoit du Ministre de la Santé Publique les demandes des essais cliniques qui sont traitées en collaboration avec la DPML. Il n'existe pas un cadre réglementaire attribuant soit à la DPML ou à la DROS la fonction d'étude des dossiers des essais cliniques pour l'obtention de l'AAR. Il en est de même pour le suivi administratif et éthique ainsi que de l'inspection des essais cliniques entre l'Inspection Générale des services pharmaceutiques(IGSP) et la DROS.

## (2) Accès au laboratoire :

Le LANACOME contrôle la qualité des échantillons des médicaments y compris les vaccins à lui transmis par la DPML dans le cadre de l'homologation, du contrôle post commercialisation ou de la libération des lots. Les analyses sont faites par les services du LANACOME ou sous-traité le cas échéant au laboratoire de référence du réseau franco-africain des laboratoires nationaux de contrôle de qualité des médicaments dont le LANACOME est membre.

## (3) Homologation

Le processus d'homologation est effectué en quatre phases :

(i). La réception des dossiers : les pièces requises sont vérifiées. Les dossiers complets sont retenus. Ceux qui sont incomplets sont rejetés. Dans l'un et l'autre cas le laboratoire concerné est informé ;

(ii) L'expertise : effectuée par des commissions spécialisées. Le LANACOME est l'expert spécialisé de la commission nationale d'expertise ;

(iii) La décision : les avis de la Commission Nationale sont présentés pour approbation du Ministre de la Santé Publique ;

(iv). L'inspection: activités post marketing assurées par l'IGSP et la DPML.

## (4) Libération des lots :

Considérant la réglementation du Cameroun en matière de médicament, tout produit entrant dans le pays doit être soumis à une libération des lots avant la mise en circulation. Ceci se fait par une commission constituée d'experts relevant de la Direction de la Pharmacie, du Médicament et du Laboratoire (DPML), de la Centrale Nationale d'Approvisionnement en Médicaments Essentiels (CENAME), du Laboratoire Nationale du Contrôle des Médicaments (LANACOME), de la Direction de la Lutte Contre la Maladie, Épidémie et Pandémie (DLMEP), de la Direction de la Santé Familiale (DSF) et du Groupe Technique Central du programme Élargi de Vaccination (GTC-PEV). La libération des lots se fait dans un délai de 24 heures suivant l'arrivée des vaccins au point d'entrée

Cette opération est effectuée ainsi qu'il suit : Dès réception du vaccin le PEV adresse à la DPML et au LANACOME les documents accompagnant la cargaison qui sont:

1. Certificat de libération du lot du pays d'origine,
2. Certificat de contrôle de qualité,
3. Le protocole de fabrication,
4. Facture,
5. Liste de colisage,
6. Lettre de transport aérien.

L'analyse documentaire est faite au lieu de stockage par les deux parties, suivi d'une évaluation macroscopique des échantillons prélevés dans les différents lots qui constituent la cargaison.



À la fin de l'analyse, un rapport est rédigé par la commission et la DPML qui prend la décision de libérer le lot, ou de le mettre en quarantaine en cas de non-conformité du vaccin. Cette situation peut être observée pour les cas suivants : (i) Non homologation du vaccin ; le Ministre de la Santé Publique peut libérer le lot par dérogation spéciale et demander au fabricant à se faire enregistrer dans le pays (ii) Documents objet de l'analyse non complets, le vaccin est mis en quarantaine et le fabricant est invité à les compléter.

Lorsque le lot est libéré, le PEV est autorisé à procéder à la livraison du vaccin dans les régions. Cette livraison se poursuit en cascade jusqu'à la formation sanitaire qui vaccine.

(5) Surveillance post commercialisation y compris la surveillance des MAPI :

Les prélèvements effectués par la DPML lors de ses missions de contrôle et par l'IGSP lors de ses inspections sont transmis au LANACOME pour analyse. Les effets indésirables survenant lors de la prise des médicaments/vaccins sont relevés sur les fiches de déclaration qui sont transmises à la DPML (service des vigilances). S'agissant des vaccins, ces fiches sont envoyées au PEV. Les MAPI survenant lors des campagnes sont prises en charge par le budget y afférent, mais celles qui surviennent pendant la routine sont prises en charge par les parents. L'investigation des MAPI sont faites par des équipes régionaux appuyés le cas échéant par des experts nationaux. La classification finale est effectuée par le comité d'experts nationaux désignés par le Ministre de la Santé Publique et composés des cliniciens universitaires de plusieurs disciplines.

Il est important de noter que d'une composante à l'autre, force est de noter que le conflit de compétence se pose entre les différentes structures de l'ANR relevant d'une insuffisance de textes réglementaires et de l'absence d'un cadre de concertation. Par ailleurs, l'ANR n'a pas encore été certifiée par l'OMS. La ratification en 2021 par le Président de la République du traité mettant en place l'Agence Africaine du Médicament est un pas en avant pour la création au Cameroun d'une Agence Nationale du Médicament qui va jouer toutes les fonction de l'ANR.

Le point focal en charge des aspects liés à la logistique du vaccins ainsi qu'au procédures réglementaires au PEV est M. ATANGANA Simon Téléphone: +237 6 97 87 81 22/+237 6 72 41 58 57, E-mail: Simon.Atangana@pevcameroon.com

## 2.2 National Immunisation Programmes

### 2.2.2 Financial Overview of Active Vaccine Programmes

#### HPV Routine

Note 2

	2022	2023	2024
Country Co-financing (US\$)	856,264	545,993	725,625
Gavi support (US\$)	1,469,851	520,978	381,632

#### IPV Routine

2022

Country Co-financing (US\$)	
Gavi support (US\$)	903,562

## MR Routine

	2022	2023	2024
Country Co-financing (US\$)	774,295	851,363	931,991
Gavi support (US\$)	388,534	342,683	293,849

## PCV Routine

	2022	2023	2024
Country Co-financing (US\$)	2,186,080	3,119,638	4,100,816
Gavi support (US\$)	4,432,249	3,674,704	2,872,995

## Pentavalent Routine

	2022	2023	2024
Country Co-financing (US\$)	1,149,991	729,517	959,138
Gavi support (US\$)	2,566,350	958,545	773,513

## Rota Routine

	2022	2023	2024
Country Co-financing (US\$)	2,288,904	1,533,029	2,014,600
Gavi support (US\$)	4,674,613	1,815,808	1,421,781

## YF Routine

	2022	2023	2024
Country Co-financing (US\$)	340,393	485,533	637,914
Gavi support (US\$)	745,901	629,120	505,651

## Summary of active Vaccine Programmes

	2022	2023	2024
Total country co-financing (US\$)	7,595,927	7,265,073	9,370,084
Total Gavi support (US\$)	15,181,060	7,941,838	6,249,421
Total value (US\$) (Gavi + Country co-financing)	22,776,987	15,206,911	15,619,505

### 2.3 Coverage and Equity

#### 2.3.1 Coverage and equity situation analysis

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

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

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

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

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

Ces informations sont disponibles dans le rapport du dialogue multipartite 2020 dans le portail.

## 2.4 Country documents

### 2.4.1 Upload country documents

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

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

### Country and planning documents

- ✓ **National Immunization Strategy (NIS)** [PPAc révisé 20212023 20-01-22 12.26.54.docx](#)  
or Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan
- ✓ **Country strategic multi-year plan / cMYP costing tool** [PPAC 2021 costingdraft 250821 20-01-22 13.24.40.xlsx](#)
- ✓ **Effective Vaccine Management (EVM) assessment** [Rapport GEV Cameroun CMR 2013 18-12-17 12.54.04.pdf](#)

- ✓ **Effective Vaccine Management (EVM): most recent improvement plan progress report** [PA GEV 2020 16062021 consolide 050120 21 17h52 Enregistré automatiquement 26-08-21 11.22.18.docx](#)
  
- ✓ **Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators** [Rapport ECVRR2020 VF du 24 novembre 2020 25-06-21 21.47.25.pdf](#)
  
- ✓ **Data quality and survey documents: Immunisation data quality improvement plan** [Plan\\_data-quality-CMR\\_19-01-18 08.30.58.xlsx](#)
  
- ✓ **Data quality and survey documents: Report from most recent desk review of immunisation data quality** [DQA Rapport général 10-01-18 14.51.02.docx](#)
  
- ✓ **Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation** [Evaluation de la Qualité des données de vaccination au CMR\\_19-01-18\\_08.27.01.docx](#)
  
- ✓ **Human Resources pay scale**  
If support to the payment of salaries, salary top ups, incentives and other allowances is requested [Plan Strategique de Formation du Personnel Final REVUE PPAC 10-01-18 15.33.18.doc](#)

## Coordination and advisory groups documents

✓ **National Coordination Forum Terms of Reference** [ORGANIGRAMME PEV SIGNE DU 08-03-2011\\_18-12-17\\_13.14.38.pdf](#)

ICC, HSCC or equivalent

✓ **National Coordination Forum meeting minutes of the past 12 months** [CCIA du 14 juillet 2020\\_01-07-21\\_18.38.27.pdf](#)

### Other documents

✓ **Other documents (optional)** [CCIA du 30 juin 2021\\_20-01-22\\_12.30.30.pdf](#)

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

## 3 Measles-rubella follow-up campaign

### 3.1 Vaccine and programmatic data

#### 3.1.1 Choice of presentation and dates

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

*Note 3*

Measles-rubella follow-up campaign

Preferred presentation MR, 10 doses/vial, Lyophilised

Is the presentation licensed or registered? Yes  No

2nd preferred presentation MR, 5 doses/vial, Lyophilised

Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Required date for vaccine and supplies to arrive	2 April 2023
Planned launch date	4 May 2023
Support requested until	2023

### 3.1.2 Vaccine presentation registration or licensing

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

Non applicable

### 3.1.3 Vaccine procurement

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

Yes  No

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

## 3.2 Target Information

### 3.2.1 Targets for campaign vaccination

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

Note 4

From

9 weeks  months  years 

To

59 weeks  months  years 

	2023
Population in target age cohort (#)	5,564,940
Target population to be vaccinated (first dose) (#)	5,286,693
Estimated wastage rates for preferred presentation (%)	10

### 3.2.2 Targets for measles-rubella routine first dose (MR1)

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

	2023
Population in the target age cohort (#)	1,031,379
Target population to be vaccinated (first dose) (#)	791,980
Number of doses procured	871,180

## 3.3 Co-financing information

### 3.3.1 Vaccine and commodities prices

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

	2023
10 doses/vial,lyo	0.84



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

	2023
AD syringes	0.036
Reconstitution syringes	0.004
Safety boxes	0.01
Freight cost as a % of device value	1.94

### 3.3.2 Country choice of co-financing amount per vaccine dose

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

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

Note 5

	2023
Country co-financing share per dose (%)	5.12
Minimum Country co-financing per dose (US\$)	0.043
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.043

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

Measles-rubella follow-up campaign

	2023
Vaccine doses financed by Gavi (#)	5,587,700
Vaccine doses co-financed by Country (#)	280,600

AD syringes financed by Gavi (#)	5,537,400
AD syringes co-financed by Country (#)	278,100
Reconstitution syringes financed by Gavi (#)	
Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	60,925
Safety boxes co-financed by Country (#)	3,075
Freight charges financed by Gavi (\$)	103,744
Freight charges co-financed by Country (\$)	5,210
	2023
Total value to be co-financed (US\$) Country	252,500
Total value to be financed (US\$) Gavi	5,025,500
Total value to be financed (US\$)	5,278,000

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

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

Note 6

2023

Minimum number of doses financed from domestic resources	297,653
Country domestic funding (minimum)	250,028.52

### 3.3.5 Co-financing payment

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

Le co-financement du pays pour l'année 2022 est pris en compte par le budget 2021 du Programme Élargi de Vaccination (PEV). La procédure de paiement en avance a déjà été engagé sur la base de la lettre de décision de renouvellement de soutien aux vaccins reçu le 1er octobre 2022. Le Montant des crédits est suffisant pour prendre en compte la contrepartie pour l'achat des vaccins RR destinées à la campagne de suivi en cas de révision à la hausse des estimation des couts après ajustement des doses cofinancées dans la lettre de décision 2022.

Le Cameroun connaît des difficultés récurrentes à honorer à temps ses engagements pour les obligations de co-financement. Cependant en 2021, pour la première fois depuis 2021, les montant pour le cofinancement a été viré avant le 31 décembre. Le Programme Élargi de Vaccination a pris des dispositions pour engager assez tôt pour 2022 avec un suivi rigoureux et permanent des opérations jusqu'au bout.

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

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

La phase de transition accélérée commence après l'année de grâce 2022. Les implications budgétaires de la phase de transition accélérée sont pris en compte dans le Cadre des Dépenses à Moyens termes 2022-2024 du Ministère de la Santé Publique. Le principal goulot d'étranglement en rapport avec les obligations de cofinancement reste le long délai des opérations administratives et financières nécessaire au virement des fonds. Difficultés que le PEV est en train de résoudre en réussissant le paiement des obligation en avance 1 an à l'avance.

Following the regulations of the internal budgeting and financing cycles the Government will annually

July

release its portion of the co-financing funds in the month of:

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

Month

June

Year

2022

### 3.4 Financial support from Gavi

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

Measles-rubella follow-up campaign

#### Population in the target age cohort (#)

*Note 7*

5,564,940

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

0.55

#### Total in (US\$)

3,060,717

Funding needed in country by

1 February 2023

#### 3.4.2 Operational budget

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

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

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

676259.26

**Total amount - Other donors (US\$)**

206714.02

**Total amount - Gavi support (US\$)**

3060699.05

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

0.1215

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

0.0371

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

0.55

**3.4.3 Key Budget Activities**

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

- (1) Mise a jour du microplan
- (2) Coordination
- (3) Renforcement des capacités
- (4) Communication et génération de la demande
- (5) Logistique, chaine de froid et approvisionnement en vaccin
- (6) Prestation de services de vaccination en stratégie fixe, avancée et mobile
- (7) Surveillance et gestion des MAPI
- (8) Monitoring et gestion des données y compris l'enquête de couverture postcampagne
- (9) Gouvernance financière

### 3.4.4 Financial management procedures

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

La gestion financière se fera conformément au manuel des procédures administratives et financière du Programme Elargi de Vaccination.  
Tous les paiements se feront par voie électronique.

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

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

Yes

No

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

Les frais liés aux ressources humaines sont conformes aux directives de GAVI et ne dépasse pas 30% du budget total.

### 3.4.6 Fiduciary management

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

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

WHO Tripartite Agreement

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

**Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the “One TA plan”) with a view to assess that required support for the implementation of the new vaccine support is contained in the approved technical assistance plan. If gaps in technical assistance are**

**identified for the new vaccine support, the additionally required technical assistance may be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template. In addition, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance (if already identified) below.**

*Note 9*

- (1) Préparation de la campagne
- (2) Appui logistique et chaîne d'approvisionnement
- (3) Évaluation et enquête post campagne.
- (3) Appui en communication pour la génération de la demande notamment la gestion de la désinformation
- (4) Appui gestion financière et budgétaire

### **3.5 Strategic considerations**

#### **3.5.1 Rationale for this request**

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

Voir Section 1.5 Justification de la campagne du Plan d'action disponible dans le portail

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

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

Une campagne de vaccination de suivi contre la rougeole et la rubéole est programmé tous les 03 ans conformément au PPAc révisé pour la période de 2021-2023 et au Plan Stratégique Nationale pour l'Élimination de la Rougeole tenant compte de la dynamique spatio-temporelle des épidémie de rougeole au Cameroun. La Stratégie Nationale de Vaccination (SNV) sera élaboré pour la période 2023-2025 pour l'aligner sur le Programme pour la la vaccination 2030 au courant de l'année 2022.

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

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

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

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

Les TDR de références du CCIA sont décrites dans l'organigramme du PEV et celle du NITAG dans la Décision No 0290/MINSANTE/CAB du 28 mars 2018 disponible dans la section 'Document pays' du portail. le CCIA est le NITAG tiennent régulièrement des sessions ordinaires (tous les 3 à 6 mois) et extraordinaire à la demande du Ministre de la Santé Publique.

### 3.5.4 Financial sustainability

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

Le Financement de la vaccination est pris en charge par le budget du ministère de la Santé Publique à travers les fonds de contrepartie et le budget de fonctionnement. Les fonds de contrepartie qui couvrent les campagnes de suivi contre la rougeole et la rubéole de la présente demande feront l'objet d'une décision de mise à disposition qui sera disponible au mois d'avril 2022. Les obligations de cofinancement pour la campagne faisant l'objet de cette demande sont déjà programmés dans le Cadre des Dépenses à Moyens Termes (CDMT) de l'État pour la période 2022-2024 en attente de validation au Ministère de la l'Économie, de la Planification et de l'Aménagement du Territoire (MINEPAT) qui est représenté au CCIA . La principale difficulté se situe au niveau de la la mobilisation de ces ressources pour le paiement des obligations de cofinancement à GAVI qui peut s'avérer long bien qu'en théorie elle dure en moyenne 3 mois . Au cours des 03 dernières années, le Cameroun a été en défaut de paiement en 2018 en retard sur les échéances de paiement les années suivantes. Face à ce problème récurrent, le PEV a organisé une concertation entre tous les acteurs impliqués dans le processus de virement des fonds au cours du mois d'avril 2021 au cours de laquelle les dispositions ont été prise pour la rapidité et la fluidité des opérations de transfert des fonds de contrepartie en commençant par celui de 2020 dont le paiement est en cours.

### 3.5.5 Programmatic challenges

**Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address the barriers identified in the coverage and equity situation analysis section, and include vaccine supply chain, demand generation/ community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.**



Cette section est disponible dans le rapport du Dialogue multipartite 2020 disponible dans le portail

### 3.5.6 Improving coverage and equity of routine immunisation

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

Conformément aux directives de GAVI, la campagne de suivi sera utilisée comme opportunité pour atteindre les enfants 'zéro dose' et les communauté sous-vacciné. Pour ce faire, le processus de micro-planification qui devront s'atteler à identifier ces communautés pour y affecter les ressources nécessaires en terme d'équipe de vaccination de logistique et des doses de vaccin. Pour cela, la micro-planification qui sera effectuée bien avant la campagne sera financé par les fonds de l'État pour laisser du temps de préparer le rattrapage des enfants manqués. Concrètement on dressera la liste des villages et communauté les moins vaccinés et affectera plus de ressources pour ces communautés avec pour but d'administrer tous les autres vaccins manqués par les enfants cibles.

### 3.5.7 Synergies

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

*Note 10*

Au cours de l'année 2022, les soutiens RSS et CCEOP seront en cours et serviront d'opportunité pour renforcement de la campagne de suivi notamment la préparation de la logistique, l'identification et l'atteinte des enfants zéro dose, le renforcement des liens avec les leaders communautaires, l'amélioration de la qualité de données et le renforcement des capacités des acteurs. Les acquis de ces subventions en cours réduiront les couts de la campagne dans les zones bénéficiaires. La campagne sera couplée à la supplémentation en vitamine A et bénéficiera des appuis des partenaires bilatéraux comme Nutrition International

### 3.5.8 Indicative major Measles-rubella and rubella activities planned for the next 5 years

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

Le pays a introduit en 2020 la 2e dose du vaccin RR dans le Programme de routine. L'évaluation post introduction n'a pas encore été effectuée. Globalement, la couverture

vaccinale pour cette 2e dose de RR est très faible dans toutes les Régions. La campagne de suivi faisant l'objet de cette demande sera une opportunité pour le renforcer par un rattrapage systématique des enfants avec la première et la 2e dose de RR. Par ailleurs, les épidémies de rougeole persistent depuis 2018 jusqu'en 2021. A la semaine 25 de l'année 2021, 16 Districts de Santé sur les 191 sont en épidémie de rougeole. Tenant compte de tout cela, les principales activités à mener au cours des 5 prochaines années seront (i) Les campagnes de ripostes aux épidémies en cours sont en cours de préparation dans les Districts en épidémie sous fond MRI avant la fin de l'année 2021 (ii) La campagne de suivi qui fait l'objet de la présente demande (iii) l'évaluation post introduction de la 2e dose du vaccin RR (iii) l'actualisation du plan stratégique d'élimination de la rougeole, et (iv) Une autre campagne de suivi sera organisée au courant de l'année 2025.

### 3.6 Report on Grant Performance Framework

#### 3.6.1 Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate targets were calculated (where applicable). These appear as “calculated targets”. If you wish to revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

#### **Required**

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

#### **Optional**

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

Please note that the GPF is filtered by default to only show indicators that are relevant to the specific types of support contained in the application. You may view the entire GPF by using the

“Grant Status” filter. Please ensure your pop-up blocker is disabled when launching the GPF.

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


### 3.7 Upload new application documents



#### 3.7.1 Upload new application documents


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

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

#### Application documents

-  **New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist & activity list and timeline** [01cmrmrcampaignplanaction\\_rupdated31052022\\_03-06-22\\_09.33.40.docx](#)

If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be combined into one document to minimise duplication.
-  **Gavi budget template** [02cmrgaviBudgetingReportingmr follow up campaign31052022\\_03-06-22\\_09.34.34.xlsm](#)
-  **Most recent assessment of burden of relevant disease** [CMRMeaslesRiskAssessmentTool2021\\_20-01-22\\_15.37.46.xlsm](#)

If not already included in detail in the Introduction Plan or Plan of Action.
-  **Sources and justification of campaign target population estimates (if applicable)** [cmrmrfollowupcampagntargetestimatejustificati on\\_26-04-22\\_21.30.54.docx](#)  
[cmrmrfollowupcampagntargetestimate\\_26-04-22\\_21.30.12.xlsx](#)

- ✓ **Workplan with activities specific to Vaccine grant** [CMRMMRcampaignplanaction RR2022 submitted 26-04-22 22.43.12.docx](#)

### Endorsement by coordination and advisory groups

- ✓ **National coordination forum meeting minutes, with endorsement of application, and including signatures** [CCIA du 30 juin 2021 01-07-21 18.37.19.pdf](#)

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

- ✓ **NITAG meeting minutes** [CMRNITAGNote de Recommandation risque RougeoleFr 29-06-21 12.49.12.pdf](#)  
with specific recommendations on the NVS introduction or campaign

### Vaccine specific

- cMYP addendum** **No file uploaded**

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

- ✓ **Annual EPI plan** [CMRPEVPTA12022OK 26-04-22 21.28.04.docx](#)

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

- MCV1 self-financing commitment letter** **No file uploaded**

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

Le Cameroun a introduit le vaccin RR en 2015 pour la première dose et 2019 pour la 2e dose. Le vaccin est cofinancé.



### **Measles (and rubella) strategic plan for elimination**

If available

[CMRPLAN STRATEGIQUE DELIMITATION DE LA ROUGEOLE 201820223\\_20-01-22\\_16.27.00.docx](#)



### **Other documents (optional)**

[ZONES SPECIFIQUES\\_20-01-22\\_20.39.37.xlsx](#)

[06PartnerPreReviewCamerounApril 2022\\_27-05-22\\_11.06.23.docx](#)

[CMR Atteindre les Enfants Zero Dose et les communautés manquées au Camerou plan stratégique et operational 2021\\_2025\\_20-01-22\\_20.40.16.pdf](#)

[Rapport Technique AVS RRDecembre 2019CMRFinal\\_20-01-22\\_20.39.56.pdf](#)

[03cmrclarifications to prescreeningppt presentation updated31052022\\_03-06-22\\_09.36.10.docx](#)

[04cmrcampaignpresentation updated 31052022\\_03-06-22\\_09.38.10.pptx](#)

[05CMR Clarifications to IRC reviewupdated\\_27-05-22\\_11.06.46.docx](#)

### **Targeted Areas**

Please liaise with your SCM/PM if this is applicable to your request

**No file uploaded**

## 4 Review and submit application

### 4.1 Submission Details

#### Country vaccine funding summary

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

#### Active Vaccine Programmes

*Note 11*

##### HPV Routine

	2022	2023	2024
Country Co-financing (US\$)	856,264	545,993	725,625
Gavi support (US\$)	1,469,851	520,978	381,632

##### IPV Routine

	2022
Country Co-financing (US\$)	
Gavi support (US\$)	903,562

##### MR Routine

	2022	2023	2024
Country Co-financing (US\$)	774,295	851,363	931,991
Gavi support (US\$)	388,534	342,683	293,849

##### PCV Routine

	2022	2023	2024
Country Co-financing (US\$)	2,186,080	3,119,638	4,100,816
Gavi support (US\$)	4,432,249	3,674,704	2,872,995

##### Pentavalent Routine

	2022	2023	2024
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Country Co-financing (US\$)	1,149,991	729,517	959,138
Gavi support (US\$)	2,566,350	958,545	773,513

## Rota Routine

	2022	2023	2024
Country Co-financing (US\$)	2,288,904	1,533,029	2,014,600
Gavi support (US\$)	4,674,613	1,815,808	1,421,781

## YF Routine

	2022	2023	2024
Country Co-financing (US\$)	340,393	485,533	637,914
Gavi support (US\$)	745,901	629,120	505,651

**Total Active Vaccine Programmes**

	2022	2023	2024
Total country co-financing (US\$)	7,595,927	7,265,073	9,370,084
Total Gavi support (US\$)	15,181,060	7,941,838	6,249,421
Total value (US\$) (Gavi + Country co-financing)	22,776,987	15,206,911	15,619,505

**New Vaccine Programme Support Requested**

## Measles-rubella follow-up campaign

	2023
Country Co-financing (US\$)	252,500
Gavi support (US\$)	5,025,500

Total country co-financing (US\$)	
-----------------------------------	--

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

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

	2022	2023	2024
Total country co-financing (US\$)	7,595,927	7,517,573	9,370,084
Total Gavi support (US\$)	15,181,060	12,967,338	6,249,421
Total value (US\$) (Gavi + Country co-financing)	22,776,987	20,484,911	15,619,505

### Contacts

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

Name	Position	Phone Number	Email	Organisation
TCHOKFE SHALOM NDOULA	Permanent Secretary	+237676155442	shalom.ndoula@pevcameroon.cm	Programme Elargi de Vaccination
NJOH ANDREAS ATEKE	Deputy Permanent Secretary	+237675817489	andreas.njoh@pevcameroon.cm	Expanded Program on Immunization
ATANGANA MBARGA SIMON	Chef Section Logistique et Maintenance	+237697878122	simon.atangana@pevcameroon.cm	Programme Elargi de Vaccination
AISSATOU DJODDA	Chef Section Administration et Finance	+237672192383	aissatou.djoda@pevcameroon.cm	Programme Elargi de Vaccination
SEUNGUE JUDITH	Chef Section Prestation des Services	+237672538219	judith.seungue@pevcameroon.cm	Programme Elargi de Vaccination
NAPANI JEAN CLAUDE	Chef Section Communication pour Developpement	+237699216561	claud.napani@pevcameroon.cm	Programme Elargi de Vaccination



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MBOKE EKOUM ERIC	Chef Section Surveillance et Suivi-Evaluation	675638290	eric.mboke@pevcameroon.cm	Programme Elargi de Vaccination
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### Comments

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

No Response

## **Government signature form**

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

Measles-rubella follow-up campaign

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

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

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

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

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

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

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

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

Name

Name

Date

Date

Signature

Signature

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

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

Name

Date

Signature

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

## Appendix

### NOTE 1

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

### NOTE 2

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

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

### NOTE 3

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

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

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

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

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

### NOTE 4

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

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

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

\* The wastage rate applies to first and last dose.

#### **NOTE 5**

Co-financing requirements are specified in the guidelines.

#### **NOTE 6**

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

#### **NOTE 7**

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

#### **NOTE 8**

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

#### **NOTE 9**

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

#### **NOTE 10**

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

#### **NOTE 11**

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

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