APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by
The Government of Viet Nam
for
Measles-rubella follow-up campaign

Reach Every Child
www.gavi.org

1 Gavi Grant terms and conditions

1.2 Gavi terms and conditions

1.2.1 Gavi terms and conditions

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

GAVI GRANT APPLICATION TERMS AND CONDITIONS

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

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

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

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

NO LIABILITY
The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programme(s) in the Country; and (ii) the use or distribution of vaccines

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

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

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

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

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

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

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

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

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

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

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

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

1.3 Gavi Guidelines and other helpful downloads

1.3.1 Guidelines and documents for download

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

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

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

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

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

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

2 Review and update country information

2.1 Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Accelerated transition

Date of Partnership Framework Agreement with Gavi

9 October 2013

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

No Response

2.1.2 Country health and immunisation data

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

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

ND

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

ND

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

US$ 17,482,735.5

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

US$ 22,438,000 (part of this use for procurement of pentavalent vaccine in 2017)

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

2017: US$ 13,705,000; 2018: US$ 17,409,000

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	2020

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

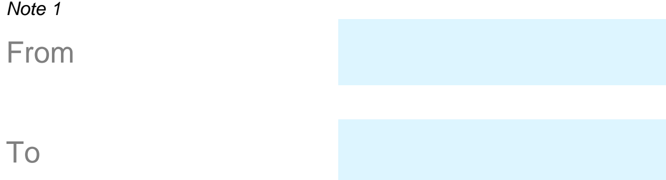
2016-2020

Is the cMYP we have in our record still current?

Yes☒ No☐

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

Note 1



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.

All thing support from donors and from EPI in the plan and approve by Government will be past through local customs easy. It is note that for all vaccines use in Vietnam mush be register and have licensing.

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.

NRA in Vietnam is under DAV in MoH . DAV is one Department in MoH to give licensing for all vaccines in EPI and privies sector. It is note that NRA in Vietnam have received certificate form WHO.

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

	2018	2019	2020	2021	2022
Country Co-financing (US$)					
Gavi support (US$)	1,724,000	1,940,253	1,931,577	1,920,261	1,904,839

Pentavalent Routine

	2018	2019
Country Co-financing (US$)	5,394,165	5,873,083
Gavi support (US$)	1,219,000	922,500

Summary of active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US$)	5,394,165	5,873,083			
Total Gavi support (US$)	2,943,000	2,862,753	1,931,577	1,920,261	1,904,839
Total value (US$) (Gavi + Country co-financing)	8,337,165	8,735,836	1,931,577	1,920,261	1,904,839

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:

- Health work force: availability and distribution;
- Supply chain readiness;
- Gender-related barriers: any specific issues related to access by women to the health system;
- Data quality and availability;

- Demand generation / demand for immunisation services, immunisation schedules, etc;
- 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;
- 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;
- 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).

Vietnam is a high coverage country. Viet Nam conducts national coverage suvey using the 30 cluster survey method during EPI review every five years. The last coverage survey in 2015 indicated that gender is not significant factor effecting immunization services utilization. There were no differences between boys and girls in terms of receiving vaccines. Meanwhile, geographic, social-economic and migration are key barriers related to vaccine accecsibility. EPI review highlighted low coverage of HepB birth dose and DTP booster at two years of age. Different schedules for MR and MMR are followed in public services and the private sector.The mountainous provinces need to organize outreach immunization session at villages; however some communes can conduct routine immunization session every two or three months due to cannot reach to villages in rainy season due to poor infrastructure and very high wastage. Some provinces in the North and Central regions suffer natural disaster such as typhoon, flooding or land sliding which affect seriously to provide any health services in such areas. Regarding to socio-economic status, there are still gap especially among migrants and ethnic minorities etc. that links to health knowledge inequity, difficulty of health communication and vaccine inaccessibility.
In order to address and mitigate these issues, numbers of effort have been implemented in Viet Nam. EPI locate resources from annual government budget to support hard to reach areas including vaccine, devices, cold chain and operational fund. In bordering districts, collaboration with border army is routinely provided to increase access to health services including immunization. Local authorities such as women's committee or youth groups are also mobilized to increase vaccination coverage especially during campaigns. Trainings are provided to selected districts with low vaccine coverage and displaced group for capacity building. EPI also supports for communication activities by village health worker to encourage parents to bring their children to health facilities for vaccination. New Decree issued by Government allows us to deploy vaccination from house to house and deliver vaccines to most vulnarable group; EPI plans mobile team activities as a part of reaching every child strategy.
National Immunization information System is a web-based system that was launched nationwide in 2017. There are more than 95% of commune health centers, 80% of health facilities accessing the system. Immunization history of every child is updated in the system. The introduction of the system aims that health care worker can track their movement and find

children who missed any dose of vaccine. Introduction of school entry checking system for routine immunization as well as mid-level manager capacity training are also planned in order to strengthen micro level immunization deliveries.

2.4 Country documents

2.4.1 Upload country documents

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

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

Country and planning documents

✓	**Country strategic multi-year plan** Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	7.1cMYPVNM20162020C6.9.2018_12-09-18_05.33.15.pdf
✓	**Country strategic multi-year plan / cMYP costing tool**	7.2. VNM cMYP 20162020C6.9.2018_12-09-18_05.34.27.xlsx
✓	**Effective Vaccine Management (EVM) assessment**	5.1. EVM report 2015VNM7.9.2018_12-09-18_05.35.00.docx
✓	**Effective Vaccine Management (EVM): most recent improvement plan progress report**	5.2. EVM 2015 ImprovementPlanVNM_12-09-18_05.35.53.docx

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

6.2 Report VPDs revew v3H10.9.2018_12-09-18_08.06.02.docx

6. Data Quality Asss ENFinal20.8.2016_12-09-18_05.36.33.docx

✓ **Data quality and survey documents: Immunisation data quality improvement plan**

6. Data Quality Asss ENFinal20.8.2016_12-09-18_05.38.07.docx

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

6. Data Quality Asss ENFinal20.8.2016_12-09-18_05.38.53.docx

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

6. Data Quality Asss ENFinal20.8.2016_12-09-18_05.40.47.docx

Human Resources pay scale

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

No file uploaded

Coordination and advisory groups documents

✓ **National Coordination Forum Terms of Reference**

ICC, HSCC or equivalent

3.1 ICC signature_12-09-18_08.08.23.pdf

National Coordination Forum meeting minutes of the past 12 months

3.2 ICC minuter for MR campaign_13-09-18_15.58.24.pdf

Other documents

Other documents (optional)

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

8. GAVIMR situation analysis and 5 year plan for cMYP9.9.2018_13-09-18_06.35.51.docx

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, lyo
Is the presentation licensed or registered?	Yes ☒ No ☐
2nd preferred presentation	
Is the presentation licensed or registered?	Yes ☒ No ☐
Required date for vaccine and supplies to arrive	4 July 2019
Planned launch date	1 September 2019

Support requested until 2020

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.

MR vaccine use for MR campaign will be from POLYVAC (local producer) with government budget. This MR vaccine was used in routine EPI in Vietnam from 2018.

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	1	weeks ☐	months ☐	years ☒
To	4	weeks ☐	months ☐	years ☒

2019 2020

Population in target age cohort (#)	1,100,000	250,000
Target population to be vaccinated (first dose) (#)	1,045,000	237,500
Estimated wastage rates for preferred presentation (%)	23	23

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.

	2019	2020
Population in the target age cohort (#)	1,690,000	1,724,000
Target population to be vaccinated (first dose) (#)	1,639,800	1,672,600
Number of doses procured	2,656,000	2,709,000

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

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

	2019	2020
10 doses/vial,lyo	0.66	0.66

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

	2019	2020
AD syringes	0.04	0.04
Reconstitution syringes	0.04	0.04
Safety boxes	0.47	0.47

Freight cost as a % of device value	0.01	0.01

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

Note 5

	2019	2020
Country co-financing share per dose (%)	100	100
Minimum Country co-financing per dose (US$)	0.03	0.03
Country co-financing per dose (enter an amount equal or above minimum)(US$)	0.66	0.66

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

Measles-rubella follow-up campaign

	2019	2020
Vaccine doses financed by Gavi (#)		
Vaccine doses co-financed by Country (#)	1,358,500	308,800
AD syringes financed by Gavi (#)		
AD syringes co-financed by Country (#)	1,149,500	261,300
Reconstitution syringes financed by Gavi (#)		
Reconstitution syringes co-	149,500	34,000

financed by Country (#)		
Safety boxes financed by Gavi (#)		
Safety boxes co-financed by Country (#)	14,300	3,250
Freight charges financed by Gavi ($)		
Freight charges co-financed by Country ($)	37,903	8,615

	2019	2020
Total value to be co-financed (US$) Country	989,000	225,000
Total value to be financed (US$) Gavi		
Total value to be financed (US$)	989,000	225,000

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

	2019	2020
Minimum number of doses financed from domestic resources	2,656,000	2,709,000
Country domestic funding (minimum)	812,736	828,954

3.3.5 Co-financing payment

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

Funding for co-financing was in the plan and approved by MOH.

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.

Funding for co-financing was in the plan and approved by MOH in 5 years (2016 - 2020).

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

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

Month	June
Year	2019

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

1,100,000

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

0.45

Total in (US$)

495,000

Funding needed in country by	31 March 2019

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$)

585,937

Total amount - Other donors (US$)

0

Total amount - Gavi support (US$)

495,000

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

0.53

Amount per target person - Other donors (US$)

0

Amount per target person - Gavi support (US$)

0.45

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.

Program management and planning;
Social mobilization, IEC and advocacy;
Training;
Human resources;
Cold chain;
Vehicles and transport;
Surveillance and monitoring.

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.

Funds from National should be transferred to province and than to district and commune health center (in EPI system).

3.4.5 Fiduciary management

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

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

The best is funds for operational costs should be transferred to the government. It will take more time if it go through other.

3.4.6 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 8

No

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.

Immunity profile
Very high coverage of the latest campaign was verified by intensive coverage assessment. Most of birth cohorts born from 2000 to June 2013 had been covered by the last campaign. Birth cohorts born in 1998-1999 are protected against measles by SIA in 2016. However, birth cohorts born from July 2013 up to now have not yet been covered by any SIA. Numbers of this cohort also may have missed the opportunity for routine vaccination, according to reportd coverages. Growth of migration, movement of population across the country also increases chance of virus transmission and put this group at high risk of infection, then spread in the community and possible outbreak. In order to avoid an outbreak and to accerelate efforts towards national elimination of measles and rubella in Viet Nam, a further SIA needs to be implemented targeting these birth cohorts. In 2018, National EPI have been implementing several MR SIAs for children aged 1-4 years in 101 most high risk districts of 19 high-risk provinces. Estimated target population for the third – fourth quarter 2018 is 728,228 children. These children should be protected by a campaign as a part of a comprehensive approach of measles elimination plan that was reccomended by WHO and GAVI EB in 2015. Closing immunity gaps in this age group by SIA and strengthened routine immunization are the most prioritized measures of the Ministry of Health toward national mealses and rubella elimination goals.
Epidemiology of measles
Surveillance system: MR case-based surveillance system was established in Vietnam in 2002. Congenital Rubella Syndrome (CRS) sentinel surveillance was set up in 2011. MR surveillance observed a periodic outbreak circle of measles and rubella as every 3-5 years; the last large measles outbreak was 2013-2014, and the last rubella outbreak was 2010-2011. A significant reduction of measles and rubella incidence proves great effect of recent catch-up campaign and improvement of routine immunization.
Epidemiology of measles: A measles outbreak was reported from 4 northern regional border provinces in 2013. EPI conducted outbreak response immunization in affected and nearby districts, as well as mopping-up activities nationwide. However, these efforts could not control spread of virus due to large cumulating susceptible population. In 2014, the outbreak spread nationwide with 15,877 measles confirmed cases, including more than hundred fatal cases. The

age distribution showed the most affected age was <1 year of age, followed by the young adults. Children who missed routine immunization are also considered to contribute to measles virus circulation. Viet Nam needed wider age-ranged SIA in 10 highest-risk provinces for children 1-10 years of age, the largest catch-up campaign in 2014-2015 for children 1-14 years and SIA for adolescent 15-16 years of age. These SIAs contributed to control of the outbreak, and interupted measles transmission. In 2016, 46 measles confirmed cases was recorded which was the lowest incidence in last ten years.

Challenges

Although no large nationwide measles outbreaks have been recorded since the last outbreak in 2013—2014, clusters of cases have been recorded, particularly in northern Viet Nam in 2017 and 2018. Surveillance data notices an overall increased trend of measles prevalence since September 2017 which predicts possible measles resurgence. A total of 192 confirmed measles cases were reported in in 2017 and 198 in the first 4 months of 2018. There are 23 of 63 provinces affected by measles as of April 2018. Measles outbreaks occurred mainly in high risk districts of northern provinces such as Thanh Hoa, Yen Bai, and Hanoi. Data analysis indicates that under 9 months of age group accounts for the highest prevalence (31.4% of total cases), followed by young children 1-4 years old (31.1%). An accumulation of susceptive to children aged 1-4 years old born after 2014 catch-up campaign plays major key role of current measles spread, which includes cases occurring among young children 6-8 months of age.

Concerning on measles disease burden among children under 9 months of age, not yet eligible for routine immunization, Viet Nam conducted a bridging study of locally produced measles vaccine to see vaccine effectiveness and safety to vaccinate 6-8 months of age as measles zero dose in outbreak situation. The data shows 7.8 % children aged 6-8 months old have measles immunity, and seroconversion rate among this age group was 88.3%. Vaccination for young children 6-8 months old as zero dose in high risk or outbreak settings was approved by NITAG and currently under approval process within the Viet Nam Ministry of Health.

However, due to the accumulation of children missed by routine vaccination since the last nationwide SIA, a large scale campaign to vaccinate children aged 1-4 years old, especially in high risk districts, should be the utmost priority to prevent further re-establishment of measles endemic in Vietnam coming years.

Risk assessment

Target population: Measles surveillance data proves children from 1-4 years of age are targeted by the coming MR follow-up campaign.

A risk assessment was conducted using three years data of 2015-2017. Criteria of high-risk district are listed below:

- Annual MCV1 coverage under 90% during 2015-2017.
- Annual MCV2 coverage under 90% during 2015-2017.
- Annual measles incidence was higher than average incidence of its region during 2015-2017.
- Difficulty in management of target population: hard to reach areas, high rate of immigration in urban areas, etc.

There are 96 - 98 high risk districts of 30 - 32 provinces were selected based on these criteria with an estimation of 1,100,000 targeted children aged 1-4 years old. These districts are in mountainous and difficult areas.

National MR campaign plan in 2019

Based on the risk assessment, the Vietnam Ministry of Health plans to conduct a MR follow-up campaign in 2019. This campaign will supplement and complement the routine immunization effort to achieve and maintain high population immunity against measles and rubella. The objectives of the campaign is to rapidly vaccinate the most susceptible population to rapidly stop the virus transmission of measles and rubella by achieving at least 95% coverage.

This follow-up campaign will be conducted from 2st to 3nd quarter 2019. This will allow sufficient time for the processing under GAVI, appropriate planning, shipment and distribution of

vaccines and supplies, availability of all related campaign materials, training and social mobilization activities in communities.
The Vietnam Ministry of Health will secure bundled MR vaccine and supplies sufficient to vaccinate an estimated target population of 1,100,000 children 1 – 4 years old.
National EPI of Vietnam has developed MR vaccine procurement plan from POLYVAC (local producer) in 2019 with government budget. According to GAVI letter dated 28 August 2018, GAVI would support Vietnam with cash support to provide operational support costs. Therefore, the Ministry of Health will request GAVI to support USD 495,000 of the operational costs. The campaign will be implemented in high risk, difficult and mountainous areas with various strategies including outreach immunization post, and special sessions for hard to reach populations.

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.

cMYP for EPI and other national health is 2016 - 2020. cMYP for EPI was aproved from MOH for annual plan of action and funding year by year were aproved.

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.

ICC in Vietnam was set up for long time. Advise from ICC support is useful for EPI and MOH. ICC meeting is conducted every 3 to 6 months. ICC member include MOH, UNICEF, PATH, MPI, MOF,….

NITAG in Vietnam was set up more than 5 years ago. NITAG meeting is conducted every 6 months and any time request by EPI relate with introduce of new vaccine or other issue.

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?

EPI is one of priority programme. MOH aprovered requirement budget for EPi for every 5 years.

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.

MR campaign will be conducted in HRDs. Most of them are hard to reach areas.

3.5.6 Improving coverage and equity of routine immunisation

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

For improving coverage and equity of routine immunisation numbers of effort have been implemented in Viet Nam. EPI locate resources from annual government budget to support hard to reach areas including vaccine, devices, cold chain and operational fund. In bordering districts, collaboration with border army is routinely provided to increase access to health services including immunization. Local authorities such as women’s committee or youth groups are also mobilized to increase vaccination coverage especially during campaigns. Trainings are provided to selected districts with low vaccine coverage and displaced group for capacity building. EPI also supports for communication activities by village health worker to encourage parents to bring their children to health facilities for vaccination. New Decree issued by Government allows us to deploy vaccination from house to house and deliver vaccines to most vulnarable group; EPI plans mobile team activities as a part of reaching every child strategy. National Immunization information System is a web-based system that was launched nationwide in 2017. There are more than 95% of commune health centers, 80% of health facilities accessing the system. Immunization history of every child is updated in the system. The introduction of the system aims that health care worker can track their movement and find children who missed any dose of vaccine. Introduction of school entry checking system for routine immunization as well as mid-level manager capacity trainings are also planned in order to strengthen micro level immunization deliveries.
EPI conducts a risk analysis using vaccine coverage, measles incidence and accessibility of immunization to find the high risk groups and areas. The risk analysis and immunization implementation will be guided to local government for micro-planning at their own context. The coming MR catch-up campaign will be utilized to further strengthen the capacity especially at

local government, to design fine immunization services both routine immunization and SIA in order to close immunization gap among displaced and marginal group.

3.5.7 Synergies

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

Note 9

Training for EPI and health workers staff for implement the campaign will be integrated with other training.

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.).

See attached file "Situation analysis & 5 years plan for measles and rubella"

3.6 Report on Grant Performance Framework

3.6.1 Grant Performance Framework – Application Instructions

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

Required

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

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

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

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

3.7 Upload new application documents

3.7.1 Upload new application documents

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

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

Application documents

New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist & activity list and timeline

9. MR campaign plan of action_14-09-18_08.27.31.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 budgeting and planning template

11. Detell of MR campaign operational cost_14-09-18_08.28.05.xlsx

Most recent assessment of burden of relevant disease

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

3. Document 03. GAVIMR situation analysis and 5 year plan_14-09-18_08.29.14.docx

Campaign target population (if applicable)

9. MR campaign plan of action_14-09-18_08.29.46.docx

Endorsement by coordination and advisory groups

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

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

3.2 ICC minuter for MR campaign_14-09-18_08.30.12.pdf

NITAG meeting minutes

with specific recommendations on the NVS introduction or campaign

No file uploaded

It is not available

Vaccine specific

cMYP addendum

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

3. Document 03. GAVIMR situation analysis and 5 year plan_14-09-18_08.31.00.docx

Annual EPI plan

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

No file uploaded

Annual EPI plan Annual EPI plan detailing planning of all measles and rubella-related activities for 2018, including and a budget were approved by MOH

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.

MOH have approved for all EPI vaccines requirement for 5 years (2016-2020)

Measles (and rubella) strategic plan for elimination

No file uploaded

If available

It is not available

Other documents (optional)

12.EPI review and coverage survey 2015 _14-09-18_08.32.33.pdf

13.SIA 20142015 Summary Technical Report_14-09-18_08.32.06.doc

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 10

IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)					
Gavi support (US$)	1,724,000	1,940,253	1,931,577	1,920,261	1,904,839

Pentavalent Routine

	2018	2019
Country Co-financing (US$)	5,394,165	5,873,083
Gavi support (US$)	1,219,000	922,500

Total Active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US$)	5,394,165	5,873,083			
Total Gavi support (US$)	2,943,000	2,862,753	1,931,577	1,920,261	1,904,839
Total value (US$) (Gavi + Country co-financing)	8,337,165	8,735,836	1,931,577	1,920,261	1,904,839

New Vaccine Programme Support Requested

Measles-rubella follow-up campaign

	2019	2020
Country Co-financing (US$)	989,000	225,000
Gavi support (US$)		

	2019	2020
Total country co-financing (US$)	989,000	225,000
Total Gavi support (US$)		
Total value (US$) (Gavi + Country co-financing)	989,000	225,000

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

	2018	2019	2020	2021	2022
Total country co-financing (US$)	5,394,165	6,862,083	225,000		

Total Gavi support (US$)	2,943,000	2,862,753	1,931,577	1,920,261	1,904,839
Total value (US$) (Gavi + Country co-financing)	8,337,165	9,724,836	2,156,577	1,920,261	1,904,839

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
Duong Thi Hong	Vice director NIHE, Deputy NEPI Manager	+84 936255696	hongepi2010@gmail.com	

Comments

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

No

Government signature form

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

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

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

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

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

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

Minister of Health (or delegated authority)	**Minister of Finance (or delegated authority)**
Name	Name
Date	Date
Signature	Signature

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

Minister of Education (or delegated authority)

Name

Date

Signature

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

Appendix

NOTE 1

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

NOTE 2

The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates. Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.

NOTE 3

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

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

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

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

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

NOTE 4

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

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

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

* The wastage rate applies to first and last dose.

NOTE 5

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

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

NOTE 9

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

NOTE 10

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.