



Application Form for Gavi Assistance for a National Immunisation Strategy

Submitted by

The Government of Cameroon

for

Measles-rubella follow-up campaign

Gavi terms and conditions

1.2.1 Gavi terms and conditions

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

GAVI GRANT APPLICATION TERMS AND CONDITIONS

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

AMENDMENT TO THE APPLICATION

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

RESTITUTION 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 purposes 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) implementation of any programme(s) in the Country; (ii) the use or distribution of vaccines and related supplies after the licensing agreement has expired in 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 and their activities, conduct money laundering or fund organisations or individuals associated with terrorism or that are involved in money laundering activities; or to pay for 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 assessments 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 are 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 above US\$ 100,000, there will be three arbitrators, thus appointed: Gavi and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

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

Gavi guidelines and other helpful downloads

1.3.1 Guidelines and documents to download

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

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

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

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

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

Review and update country information

Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

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

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

7,699,454,545

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

429,395,454

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

6,206,909

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

6,206,909

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

5,954,049

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

The government planning cycle starts on

1 January

The current National Health Sector Plan (NHSP) is

from

2016

to

2020

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

2015-2019

Is the cMYP we have in our record still current?

Yes

No

If you selected "No", please specify the new cMYP period in the country documents section for the new cMYP.

From

2018

to

2020

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

The country is in the process of revising its cMYP 2015-2019, in order to align it with NHDP 2016-2020

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.

Customs clearance and transporting the vaccines for routine from the airport to the national storage depot are handled by the government.

In terms of clearing the vaccines and injection supplies for routine immunisation through customs, each year the EPI requests and obtains exemption from custom fees from the Ministry of Finance and Budget. However, paying the tax on computer equipment, authorised customs agent fees and transport remain the responsibility of the Ministry of Health. Once the early warning documents have been received, the CTG-EPI transmits the file to the Directorate of Financial Resources and Assets (DRFP), which handles the formalities of collecting vaccines and supplies.

The country has a national authority for regulating pharmaceutical products called the NRA (National Regulatory Authority). This authority releases vaccine lots based on documents received from the UNICEF supply division for WHO-licensed vaccines. The process takes a maximum of two weeks.

2.1.5 National Regulatory Agency

Please provide information on the National Regulatory Agency in the country, including status (eg 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.

The DPML (Directorate of Pharmacies, Medicines and Laboratories) serves as the National Regulatory Authority (NRA). It is operational and fulfils three duties out of the six recommended, namely:

- approving products and granting market authorisations;
- releasing batches;
- undertaking post-sale surveillance, including monitoring of Adverse Events Following Immunisation (AEFIs).

Dr Ateba Etoundi Aristide Tel: +237 677 60 42 62 e-mail: atebarisotto@yahoo.fr

Coverage and equity

2.2.1 Coverage and equity situation analysis

Comment: 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 regional 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, socio-economic, cultural or female literacy considerations, as well as systematically marginalised 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 immunisation programme, the performance of the national/ regional EPI teams, management and supervision of immunisation services, or broader sectoral governance issues;
- o Funding 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 nationwide plans, or key findings from available independent evaluation 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).

The recent equity and coverage situation analysis as well as lessons learned and best practices on the effectiveness of activities implemented to improve coverage and equity are available in the Joint Appraisal report 2017, chapter 3, pages 3-10.

Country documents

2.3.1 Upload country documents

Please provide **country documents that are relevant** for the national immunisation programme and for multiple vaccines, to be taken into account in reviewing 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 has changed. If documents cannot be provided, please use the comment functionality to explain why, or by when they will be available.


Please note that only general country documents are uploaded here; at the end of section 9 (sub-section “upload new application documents”), you must provide additional documentation specific to the support requested (for example, the

introduction plan for a new vaccine and/or the plan of action for the campaign, the new budget, on-demand support, etc)







Coordination and advisory groups documents

| | | |
|---|--|---|
|  | National Coordination Forum Terms of Reference ICC, HSCC or equivalent | ORGANIGRAMME PEV SIGNE DU 08-03- 2011_18-12-17_13.14.38.pdf |
|  | National Coordination Forum meeting minutes of the past 12 montns | RAPPORT CCIA DU 21 juillet 2017_19-01-18_13.30.24.docx RAPPORT CCIA DU 10 FEV 2017_19-01-18_13.30.05.docx RELEVE DE CONCLUSIONS DU CCIA du 04 novembre 2016_19-01-18_13.30.43.docx RAPPORT CCIA DU 03 mars 2017_19-01-18_13.29.46.docx PV CCIA 27 DEC 2017_19-01-18_13.29.21.docx |

Other documents

| | | |
|---|--|--|
|  | Other documents (optional) Please also provide other national documents necessary to support the application during its review, for example health infrastructure assessment reports Knowledge-Attitude-Practices surveys or any Other application-related survey, if available. | 160929_Rapport inventaire final CHAI_14- 02-18_14.33.57.pdf 160929_Rapport inventaire final CHAI_14- 02-18_14.22.15.pdf Plan d'amélioration GEV et Rapport d'étape_CMV_14-02-18_14.07.15.doc Rapport Général Amalioration qualité données_LE_10-01- |
|---|--|--|

Country and planning documents

| | | |
|---|--|---|
|  | Country strategic multi-year plan Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan | PPAC 2015-2019_CMCR_18-12-17_12.34.22.pdf |
|  | Country strategic multi-year plan / cMYP costing tool | cmyc_costing_tool_3 version du 31-12-2014 Final_18-12-17_12.59.37.xlsx |
|  | Effective Vaccine Management (EVM) assessment | Rapport_GEV_Cameroun_CMCR_2013_18-12-17_12.54.04.pdf |
|  | Effective Vaccine Management (EVM): most recent improvement plan progress report | Plan d'amélioration GEV et Rapport d'étape_CMCR_18-12-17_13.03.32.doc |
|  | Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators | MICS 2014 cameroun_18-12-17_13.06.22.pdf |
|  | Data quality and survey documents: Immunisation data quality improvement plan | Plan_data-quality-CMCR_19-01-18_08.30.58.xlsx Recommandations_AQD_10-01-18_14.50.06.docx |



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 for payment of salaries, supplements, incentives and other compensation is required

[Plan Strategique de Formation du Personnel Final REVUE PPAC_10-01-18_15.33.18.doc](#)

Follow-up campaign for measles and rubella

Immunisation and programme data

3.1.1 Presentation and dates selected

For each type of support please specify start and end date, and preferred presentations.
Follow-up campaign for measles/rubella

Preferred presentation MR, 10 doses/vial, Iyo

Is the presentation licensed or registered?

Yes No

| | |
|--|---|
| Preferred second presentation | MR, 5 doses/vial, Iyo |
| Is the presentation licensed or registered? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Required date for vaccine and supplies to arrive | 29 September 2018 |
| Planned launch date | 5 December 2018 |
| Support requested until | 2018 |

3.1.2 Vaccine presentation, registration or licensing granted

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.

All presentations are licensed in Cameroon

3.1.3 Provision of vaccines

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 goods that the country intends to procure through this mechanism. *Assurance 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 direct procurement of locally-produced vaccines from a manufacturer that is not WHO pre-qualified, provide assurances that the vaccines procured follow the WHO definition of quality vaccines, for which there are no unresolved quality issues

reported to WHO, and whose compliance is ensured by a National Regulatory Agency (NRA) that is fully operational, according to WHO criteria, in the countries where they are manufactured and procured.

Target Information

3.2.1 Immunisation campaign targets

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

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

From 9 weeks months years

To 59 weeks months years

| | 2018 |
|--|-----------|
| Population in target age cohort (#) | 3,275,427 |
| Target population to be vaccinated (first dose) (#) | 3,275,427 |
| Estimated wastage rates for preferred presentation (%) | 10 |

3.2.2 Objectives for the first dose of routine immunisation for measles/rubella (MR1)

To be eligible for support for the measles and rubella vaccine, countries **must fully fund the monoclonal MCV1 measles vaccine**, a vaccine which is already part of their national immunisation schedule, **using national resources**, or have a firm written commitment to do so. Please provide information on the targets and total number of doses provided for the first dose of measles vaccine.

| | 2018 |
|---|---------|
| Population in the target age cohort (#) | 861,979 |
| Target population (first dose) (#) | 861,979 |
| Number of doses procured | 689,583 |

Co-financing information

3.3.1 Cost of vaccines and goods

Cost per dose (US\$) - Measles/rubella follow-up campaign
2018

| | |
|--------------------|------|
| 10 doses/vial, lyo | 0.62 |
|--------------------|------|

Commodities cost (US\$) - measles/rubella follow-up campaign (applies only to preferred presentation)

| | 2018 |
|-------------------------------------|------|
| AD syringes | 0.04 |
| Reconstitution syringes | 0.04 |
| Safety boxes | 0.47 |
| Freight cost as a % of device value | 0.02 |

3.3.2 Country choice of co-financing amount per vaccine dose

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

| | 2018 |
|---|-------|
| Country co-financing share per dose (%) | 19.38 |
| Minimum Country co-financing per dose (US\$) | 0.03 |
| Country co-financing per dose (enter an amount equal or above minimum) (US\$) | 0.03 |

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

Follow-up campaign for measles and rubella

| | 2018 |
|--|-----------|
| Vaccine doses funded by Gavi (#) | 3,477,900 |
| Vaccine doses co-financed by Country (#) | 157,900 |
| AD syringes funded by Gavi (#) | 3,446,600 |
| AD syringes co-financed by Country (#) | 156,500 |
| Reconstitution syringes funded by Gavi (#) | 382,600 |
| Reconstitution syringes co-financed by Country (#) | 17,400 |
| Safety boxes funded by Gavi (#) | 42,150 |
| Safety boxes co-financed by Country (#) | 1,925 |
| Freight charges funded by Gavi (\$) | 93,815 |
| Freight charges co-financed by Country (\$) | 4,259 |

| | 2018 |
|--|-----------|
| Total value to be co-financed (US\$) Country | 109,500 |
| Total value to be funded (US\$) Gavi | 2,403,500 |
| Total value to be co-financed (US\$) | 2,513,000 |

3.3.4 Estimated domestic funding required for the monovalent component of measles MCV1

Countries are required to fund the first dose of routine immunisation for measles (MCV1) in order to receive Gavi support for any measles and rubella programme. Below, you will find an estimate of the domestic funding required for MCV1, according to information provided in the preceding sections.

| | 2018 |
|--|------|
| Minimum number of doses funded from domestic resources | |
| Country domestic funding (minimum) | |

3.3.5 Co-financing payment

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

Government funds for procuring vaccines will be taken out of the remainder of funds for procuring traditional vaccines that are being transferred to UNICEF. The Government's contribution to funding operational costs was included in the State budget for 2018. High-level advocacy will be conducted to mobilise this funding before July 2018.

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:

December

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

Month

April

Year

2018

Funding support from Gavi

3.4.1 Campaign operational costs support grant(s)

Measles/rubella follow-up campaign Population
in the target age cohort (number)

3,275,427

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

0.55

Total in (US\$)

1,801,484.85

Funding needed in
country by

1 September 2018

3.4.2 .{[#3]} Operational budget

Please complete the Gavi budgeting and planning template to document how the Gavi support grant for campaign operational costs will be used to facilitate the timely and effective implementation of critical activities in advance of and during the campaign.

If Gavi's support is not enough to cover the full needs, please indicate how much and who will be complementing the funds needed in the Operational Budget template.

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

896,960.82

Total amount - Other donors (US\$)

0

Total amount - Gavi support (US\$)

0

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

1.59

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

0

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

0

3.4.3 Financial management procedures

Please describe the financial management procedures that will be applicable to managing direct financial support for a new vaccine, including the relevant procurement source.

Funds for this campaign will be transferred to WHO and managed according to the transitional management mechanism guidelines for Gavi grants allocated to the Cameroon EPI, which are being finalised.

Procedures offered by this mechanism for releasing funds to the Ministry of Public Health are described below:

Au Niveau central □ MOBILISATION

- The EPI submits requests to the management committee to be endorsed and submitted to WHO
- WHO releases the funds to the Ministry of Health (DCOOP) through the DFC
- The management committee releases the funds to the CTG-EPI for implementing activities

PAIEMENT

- The CTG-EPI pays the final recipients according to the EPI procedures manual through electronic payment methods or wire transfer

Niveau Regional □ MOBILISATION

ON

- The management committee provisions RU-EPI Gavi accounts.
- The DRSP submits a disbursement request to the management committee for a benefit of an electronic payment agency.

PAIEMENT

- The regional unit makes the payment/transfer of funds mobilised through an electronic payment platform

Note: Payment in cash is prohibited in Regions.

Districts de Santé MOBILISATION

- The Regions make the funds available to the Health Districts through a payment/funds transfer agency
- The Bureau Chief for General Affairs prepares the payment statements (along with the packet of supporting documentation) and submits them to the District Chief for endorsement

PAIEMENT

- The District Chief endorses the statements, and orders payments to the transfer/payment of funds agency for the beneficiaries

Aires de Santé MOBILISATION

- The Regions will make the funds available to health areas through a payment/funds transfer agency

PAIEMENT

- The Health Area Chief prepares and endorses the payment statements and orders payments to the funds payment/transfer agency for the beneficiaries

Autre organismes / prestataire des services (OSC, ONG, Laboratoires) MOBILISATION

- The EPI submits requests to the management committee to be endorsed and submitted to WHO
- WHO makes the funds available to the Ministry of Health (DCOOP) through the DFC
- The Management Committee makes the funds available to the service provider to implement activities

PAIEMENT

- Said service providers will effect expenditures in compliance with the EPI manual through electronic payment methods or transfer.

3.4.4 Fiduciary management

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

Based on the current challenges in implementing the FMA recommendations, the country is suggesting the VIG be channelled through UNICEF. However, if the financial management assessment (FMA) recommendations are resolved before the vaccine introduction-related funds are paid, the country would like the funds to be sent through the government's financial system.

- o Three-party UNICEF agreement: 5 %
- o Bilateral UNICEF agreement: 8 %
- o Bilateral WHO agreement: 7 %.

Funds for this campaign will be transferred to WHO and managed according to the transitional management mechanism guidelines for Gavi grants allocated to the Cameroon EPI, which are in the process of being finalised.

3.4.5 Use of financial support to fund additional Technical Assistance needs

Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the “One TA plan”) with a view to assess if 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.

Cameroon will be assisted by its partners in preparing for and especially in implementing this follow-up campaign in 2018. This support will translate into technical support at the national level to update all implementation documents, update micro-plans, etc. At the peripheral level, this assistance will take the form of support for completing micro-plans for health facilities and district healthcare services, and supervision of campaign implementation. The partners will also support independent surveys during and after the campaign, as well as the post-campaign coverage survey, which will take place in the two weeks following the campaign’s implementation.

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 action plan, please cite the relevant sections only.

The reasons for this campaign, including the burden of disease as well as the risk analysis for measles, are elaborated on in chapter 2 (epidemiological situation of measles/rubella), pages 6-15 of the campaign plan.

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.

The plan for this campaign, as well as all the information provided, aligns with the different national health plans (SSS 2016-2027 and NHDP 2016-2020) and with the EPI multi-year plan (cMYP) 2015-2019. Indeed, in the NHDP 2016-2020, it has become apparent that measles is one of the diseases with epidemic potential that has caused more deaths in children under 5 years of age (126 deaths) from 2011-2015. This is why measles prevention has been identified as a priority issue for the plan period and for planning of immunisation activities, in order to reduce the incidence of this disease as much as possible. Moreover, in view of the cyclical nature of measles epidemics in Cameroon, the EPI had planned a follow-up campaign for 2018 in its current cMYP 2015-2019.

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 immunisation 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.

The role of the ICC is to:

- Prepare and implement the national Expanded Program on Immunisation policy;
- Coordinate, harmonise and oversee the consistency of all the actions of the various partners;
- Adopt the Expanded Program on Immunisation annual plans of action and the associated budgets;
- Mobilise the resources necessary for Expanded Program on Immunisation activities;
- Coordinate and monitor the implementation of the activities from the various components of the Expanded Program on Immunisation;
- Monitor the completion of the action plans;
- Evaluate the implementation of the Expanded Programme on Immunisation;

In drafting this proposal, the technical partners, members of the ICC, participated in work sessions to prepare the different documents and the drafts were submitted to the members of the ICC for endorsement.

The NITAG members appointed in 2015 received training in July 2017. In order to make the committee operational, a capacity-building workshop for its members on drafting evidence-based recommendation notes is planned in February 2018.

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?

Up until now, the country has honoured its annual co-financing obligations. However, there have been difficulties in complying with deadlines for releasing counterpart funds for procuring vaccines and injection supplies, in spite of continued advocacy with the Ministry of Finance. The Government's overall financial constraints, exacerbated by the fight against terrorism and trans-border insecurity in problem areas, together with centralised management of the treasury, do not always make it possible to prioritise immunisation-related expenditures. The Ministry of Finance creating a specialised payment centre with the Ministry of Public Health could improve mobilisation of financial resources. With a gross national income per capita of 1,320 US dollars in 2015, Cameroon is already in the preparatory transition phase and plans to guarantee sustainable funding for immunisation by incorporating it into the overall health funding strategy (see Sector Health Strategy 2016-2027) by gradually implementing universal health coverage. With the aim of finalising the universal health coverage (CSU) strategy, the Government carried out several surveys on health funding in support of CSU with support from partners, including: (i) survey on the political economy of health funding; (ii) survey on management of public finances and health funding; (iii) analysis of health funding; (iv) definition of the care basket (surveys on practices of household seeking out health care + analysis of the cost recovery system + definition of basket); (v) review of public expenditures and the public-private partnership. To achieve its immunisation coverage objectives in the context of the transition, the Programme will need strengthening in the areas of logistics, human resources and in developing innovative strategies aiming to ensure funding in the long-term, following the example of taking immunisation indicators into consideration in the PBF (Performance-Based Funding) approach, which is being expanded.

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.

Challenges encountered by the programme for each area:
- Health workforce
In Cameroon, the Adamawa, Northwest, East, Far North, and North regions have the greatest concentration of numbers of isolated health areas and district medical centres with no physicians, especially those in administrative districts recently established as districts. Likewise, mountain, Sahelian and island zones are also considered to be difficult to access. The ratio of 1 physician/9,245 inhabitants and 1 nurse/1,806

inhabitants is well below WHO standards. In addition, we note a very uneven distribution in the 10 regions. The 3 economically richest regions (Centre, Littoral and West) cluster 60% (11,777/19,709) of health workers, to serve 42.14% of the country's total population. The assessment of the health work force's level of training conducted in 2016 noted that nearly 88% of health personnel who conduct immunisation activities in health facilities are not trained. These human resource deficiencies in quality and quantity also affect the immunisation system.

- Supply Chain

The 2013 EVM assessment and the CCE inventory of December 2015 and January 2016 helped identify weaknesses in the supply chain, namely:

- At the national level: an inadequate vaccine storage capacity (a shortage of four 40 m3 cold rooms in 2016) and the lack of a dedicated EPI depot for consumables; dysfunctions and breakdowns in the cold rooms; weaknesses in capacities for managing vaccine stocks and procurement, resulting in a high wastage rate;

- At the intermediate and peripheral levels: low storage capacity; lack of ground transportation for supervisions; poor coverage of logistics requirements necessary for primary health care services for difficult to access or marginalised populations; the existence of non-approved refrigerators in 93% of health facilities; the lack of a formal cold chain maintenance system in 70% of health facilities and for buildings in 80% of health facilities; the lack of an adequate waste-disposal system in 73% of health facilities;

- Funding

Although there has been a clear increase since 2010, the State's financial contribution to immunisation operations remains insufficient (12% in 2013). The State has always honoured its commitments to procuring vaccines, but there are still delays in making its financial contributions available.

- Promoting demand

As regards promoting demand, several factors have been identified: (i) the diverse target for awareness-raising; (ii) households' attitudes regarding immunisation; (iii) fear of side-effects is given by 6.5% of respondents. In addition, the poor quality of services offered in the different health centres is one of the factors limiting populations' support for immunisation activities.

- Leadership, management and coordination

The main bottlenecks related to EPI managerial and organisational capacities are (i) the insufficient organisational structure and human resources structure (EPI organisational chart revised in 2016, but not yet operational (decision by the Minister of Health)), (ii) the weak leadership, management and coordination of the EPI (lack of an accountability framework), (iii) and the weakness of the financial management systems (poor quality of fund utilisation and inability to produce required financial and accounting statements).

A Programme Capacity Assessment conducted per Gavi instructions highlighted the existence of serious institutional failings, among them: (i) inadequate programme management (coordination forums not harmonised, more extraordinary meetings, insufficiencies in supervision and monitoring of programme activities at all levels, unmotivated human resources, etc); (ii) the inadequacy of the financial management system (lack of qualified human resources, poor financial management at the operational level, etc); (iii) inadequate vaccine supply chain management.

- Data quality;

Regarding data quality, of the four compliance elements, Cameroon fulfilled two of them in 2016. A data quality improvement plan was drafted in 2015 for one year, but the activities planned were only 10% implemented because of the limited mobilisation of required resources. The data quality analysis highlights among other limitations, insufficient data completion and promptness, the incompatibility of the denominator in some HD and Regions, the discrepancy between immunisation coverages and the appearance of epidemics, and the lack of documentation of immunisation acts and use of vaccines and inputs.

Faced with these insufficiencies and in order to guarantee their objectives will be achieved, the EPI, with the support of its partners, proposed the following mitigation strategies:

Improve immunisation coverage and equity:

- Strengthen implementation of the RED approach;
- Implement strategic plan activities for building work force capacities;
- Strengthen activities aiming to generate demand;
- Strengthen the surveillance system in support of the new vaccines introduction;
- Contribute to implementing PBF, through procuring immunisation indicators in the HD of the northern Regions;

Strengthen EPI supply chain performance and logistics capacities;

- Strengthen monitoring of vaccine and input stocks at all levels;
- Implement an integrated logistics management system
- Strengthen storage capacity as part of the CCEOP and HSS 2;
- Improve logistics management capacities at all levels;
- Strengthen the Health Information System and data collection at the national level;
- Implement the data quality improvement plan through;
- Tie the EPI data collection system to DHIS 2;
- Build capacity of stakeholders involved in data management;
- Improve programme management and coordination;
- Continue implementing programme audit recommendations;
- Strengthen Programme leadership, management and coordination;
- Strengthen the financial management system;
- Improve the work environment at the CTG-EPI and in the Regional Units.

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.

The primary strategic focus for the measles and rubella strategic elimination plan in Cameroon is strengthening routine immunisation. It is a matter of improving routine immunisation coverage thanks to systematic implementation of a combination of approaches to reach all targets. These approaches, including the Reach Every District approach and the approach based on equity in immunisation, child health action weeks and others, mainly involve increasing provision of services and community demand for immunisation; improving service delivery through using information for programme management; expanding access to immunisation, including local services, as well as

improving and strengthening vaccine management systems. Data quality and monitoring of immunisation activities will also have to be improved. This campaign offers an opportunity to educate parents and guardians of children on the importance of routine immunisation. In addition, the introduction of a second dose of measles immunisation in the routine immunisation programme at age 15 months will make it possible to maintain high immunity in the population.

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.

In 2018, the EPI plans to introduce the second dose of MR or MR2 in routine and to conduct two polio prevention campaigns.

The introduction of the second dose of MR initially planned in January 2018 will be implemented during the second quarter of 2018 due to delays in the release of funds. The introduction of the HPV vaccine initially planned in September 2018 has been postponed to 2019 due to a worldwide shortage.

The two polio prevention campaigns (NID in March 2018 and LID in October 2018) will take place without the risk of overlapping with the MR follow-up campaign (December 2018). As to synergies with other campaigns, organising the above-mentioned polio campaigns offers an opportunity to raise the population's awareness of the upcoming measles/rubella campaign. Before these polio campaigns, mapping and micro-plans for some problematic health districts and insecurity zones will be updated. These tools will be used during preparations for the measles campaign.

In addition, results from surveys in progress recommended by the different polio outbreak response assessments (OBRA), (anthropological study on the reasons for continued immunisation refusals and drop-outs in the West and Far North regions and mapping of nomads and island populations in the northern regions) will be used to identify the most appropriate strategies to reach all targets. Satellite imagery maps produced during micro-planning of polio NIDs will be used to deploy immunisation teams during the MR campaign. Finally, administering a dose of vitamin A during this campaign will foster parents' support for this important activity. Vitamin A is a very well-accepted product that is in high demand by the population. Administering it in combination with the measles immunisation campaign will promote the acceptance of the latter.

3.5.8 The main activities against measles/rubella and rubella planned for the next five years

In one paragraph, summarise the main activities against measles/rubella and rubella planned for the next five years, which appear in the annual EPI (eg: introduction of the second dose of measles/rubella, follow-up campaign for measles/rubella or rubella, etc)

The main activities of the strategic measles prevention plan in Cameroon for the next five years align with the following strategic orientations:

- Strengthening routine immunisation;
- Introducing a second dose of measles and rubella immunisation;
- Improving the quality of supplementary immunisation activities (SIA);
- Strengthening epidemiological surveillance for measles and congenital rubella syndrome;
- Strengthening communication activities;
- Preparing for and responding to epidemic outbreaks;
- Strengthening operational research.

As for strengthening routine immunisation, it will be a matter of improving routine immunisation coverage thanks to systematically implementing a combination of approaches to reach all targets;

The introduction of the second dose of measles immunisation in the routine immunisation programme at the age of 15 months and will make it possible to maintain high immunity in the population;

Children will be offered the possibility of receiving a second opportunity to be immunised for measles through quality supplemental immunisation activities. Lessons learned from the implementation of previous follow-up immunisation campaigns will be used to improve subsequent campaigns. Emphasis will be placed on micro-planning, social mobilisation, the quality of trainings and supervisions; improving the quality of disease surveillance is indispensable for evaluating the programme and for providing essential information that makes it possible to define priorities, plan prevention activities, guide resource allocations and ensure an effective response to epidemics. Case-based surveillance that is operational at all levels of the health system will be strengthened, in particular as regards data quality, discrepancies between cases reported and investigated, prompt investigation of all epidemic outbreaks and organising responses. Risk analyses will be performed on a half-yearly basis to identify high-risk zones and conduct advance actions. Starting in 2020, the country will implement strengthened surveillance with investigation and response for each case. In addition, surveillance of congenital rubella syndrome will be introduced starting in 2018. To help organise quality SIAs and sensitive epidemiological surveillance by 2020, communication for development activities must be strengthened. Thus, advocacy, social mobilisation and behaviour change communication will be the main strategies chosen to achieve the plan's strategic objectives.

In order to effectively respond to epidemic outbreaks, a measles risk analysis will be conducted every six months to identify high-risk areas and help anticipate epidemics. Information on the epidemiological situation of neighbouring countries will be sought and shared in order to deal with potential importations. Special populations (refugees, nomads, etc) will be mapped. An early warning mechanism will be implemented. Close collaboration with the reference laboratory will make it possible to quickly confirm epidemics and information by phone for health districts and regions before monthly submission of laboratory results. Standard operating procedures for managing measles epidemics will be developed and disseminated. A funding mechanism for epidemic responses must be set up in order to reduce response times. Any epidemic will be reported to the authority in charge of epidemics within 24 hours following the confirmation, in order to activate the response coordination committee at the local or national level according to

the extent of the epidemic and the risk of it spreading. The main pillars of the response will be improving the management of cases, strengthening epidemiological surveillance and organising a local or expanded response campaign. Considering the cyclical nature of measles epidemics, the country proposes organising at least two follow-up preventive immunisation campaigns in 2018 and 2021, respectively; Finally, operational research is required to produce scientific evidence and guide decision making. The areas in which scientific voids persist will be proposed as research topics to district health officers (DMT), medical students and academic institutions.

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 drop-out 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 up into required and optional items, below:

Required

- 1 In addition to the calculated targets, country targets are required to be submitted for outcome indicators to be calculated. 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. Add data sources to existing indicators: if there are data sources for indicators that you wish to include, you may add an additional source by clicking on the pen icon next to the name of the indicator.
2. Add new indicators: Gavi requests that all countries produce a report on standard indicators, which are already included in the GPF. If you wish to add additional indicators to monitor your performance, you may do this by clicking on the “add an indicator” button by the relevant performance (result, interim result, or process).

Please note that the GPF default filter shows only relevant indicators for the types of support specific to the request. You can see the complete GPF by using the “grant status” filter.

If you have any questions, e-mail countryportal@gavi.org.





Upload documents for a new application

3.7.1 Upload application documents

Please find a list of **documents** required for the application below.

If a document should be unavailable, please use the comments section to explain the reason or the date when available.

Vaccine specific

| | | |
|---|--|---|
|  | cMYP addendum Situation analysis and five-year plan included in the cMYP or as an attachment to the cMYP | Draft PPAc_Revisé_120218_14-02-18_17.25.25.docx |
|  | Annual EPI plan Annual EPI plan detailing planning for the year in progress of all measles and rubella-associated activities, including realistic deadlines, one or several designated person(s) in charge, as well as a budget | Draft_PTA 2018_130218_14-02-18_17.52.04.docx |
| | MCV1 self-financing commitment letter If the country is not already funding the monovalent component of measles for MCV1, a letter signed by the Minister of Health and the Minister of Finance wherein they commit to the country self-funding the MCV1 starting in 2018. | No file uploaded <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Cameroon is already funding the monovalent component of the combined MR vaccine.</div> |
|  | Measles (and rubella) strategic plan for elimination if available | CMR_PLAN STRATEGIQUE D'ELIMINATION DE LA ROUGEOLE 2018_14-02-18_16.20.04.doc |
|  | Other documents (optional) | Plan Gestion des Rumeurs_AVS_14-02-18_16.21.33.docx |

Endorsement by coordination and advisory groups



National coordination forum meeting minutes, with engorsement or application, and including signatures

Minutes of the meeting during the national coordination forum must

mention national funding
[Resoumission](#)
for MCV 1

[Page Signature MSP et DSF-Resoumission RR 2018\(3\)_14-02-18_18.40.53.pdf](#)

[Pages Signatures Membres CCIA-Resoumission RR 2018_14-02-18_18.41.16.pdf](#)

[Page Signature Plan + CNEP-](#)

[RR 2018\(2\)_14-02-18_18.40.07.pdf](#)

[PV CCIA du 17 Janv 2018_14-02-18_16.14.05.pdf](#)



NITAG meeting minutes

with specific recommendations on the introduction of NVS or the campaign

[Décision Nomination Membres Comité Scientifique_14-02-18_19.22.09.pdf](#)

Application documents



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

If support for the campaign or for the introduction of a routine plan is requested concurrently, the new vaccine introduction plan and the campaign plan of action may be combined into a single document in order to avoid repetitions.

[Plan d'action Campagne RR du 14022018_14-02-18_14.44.18.doc](#)

**Gavi budgeting and planning template**

Modèle de prévision budgétaire- Gavi_CMV_14022018_14-02-18_15.57.32.xlsm

Most recent assessment of burden of relevant disease

If this is not already included in detail in the introduction plan or the plan of action.

No file uploaded

The epidemiological situation has been analysed in the campaign plan of action, chapter 2, starting on page 6.

**Campaign target population (if applicable)**

Cible de la campagne_14-02-18_16.13.16.docx

Review and submit application

Submission Details

Country vaccine funding summary

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

New vaccine support requested

Measles follow-up campaign

| | 2018 | 2019 |
|-----------------------------|-----------|------|
| Country Co-financing (US\$) | 169,500 | |
| Gavi support (US\$) | 1,004,500 | |

Follow-up campaign for measles and rubella

| | 2018 |
|-----------------------------|-----------|
| Country co-financing (US\$) | 109,500 |
| Gavi support (US\$) | 2,403,500 |

2018

2019

| | |
|--|-----------|
| Total country co-financing (US\$) | 279,000 |
| Total Gavi support (US\$) | 3,408,000 |
| Total value (US\$) (Gavi + Country co-financing) | 3,687,000 |

Contact Information

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

| Name | Title | Telephone number | E-mail address | Organisation |
|------|-------|------------------|----------------|--------------|
|------|-------|------------------|----------------|--------------|

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

| |
|-------------|
| No comments |
|-------------|

Government signature form

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

(enter type of application)

The Government of (country) commits itself to developing national immunisation services on a sustainable basis in accordance with the national public 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 the Minister of Finance (and Minister of Education, if applicable) or their respective delegated authorities.

We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national public 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, bonuses, salary top-ups/allowances, per diems and incentives does not duplicate funding from other sources (eg 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

Ministry of Health (or delegated authority)

Name

Date

Signature

Ministry of Finance (or delegated authority)

Name

Date

Signature

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

Minister of Education (or delegated authority)

Name

Date

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

Signature