Gavi NVS Application Form

Submitted by

The Government of

Cote d'Ivoire

Date of submission: **07 October 2016**

Deadline for submission:

i. **09 September 2016**
ii. 1 May 2015
iii. 9 September 2015

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

Start Year	2016	End year	2020

Form revised in 2016

(To be used with guidelines dated November 2015)

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

Gavi ALLIANCE GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by Gavi 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 the Gavi Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

The Country agrees to reimburse to Gavi all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by Gavi, 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 programmes described in this application, or any Gavi-approved amendment to this application. Gavi reserves the right to terminate its support to the Country for the programme(s) described in this proposal if Gavi receives confirmation of misuse of the funds granted by Gavi.

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.

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

CONFIRMATION OF COMPLIANCE WITH Gavi TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

Any dispute between the Country and Gavi arising out of or relating to this 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, the Vaccine Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

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

1. Type of support requested

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

Type of Support	Vaccine	Start Year	End year	Preferred second presentation[1]
Initial catch-up campaign	MR, 10 dose(s) per vial, LYOPHILISED	2017	2020	
Routine New Vaccines Support	MR, 10 dose(s) per vial, LYOPHILISED, in first dose	2018	2020	

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

2. Contents

3. Executive Summary

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

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

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

- Country preparedness
  - Summary of planned activities to prepare vaccine launch, including EVM assessments, progress with regard to EVM improvement plans, communication plans, etc.
  - Summary of the EVM assessment report and progress report on the implementation of improvement plan

- The nature of stakeholders' participation in developing this proposal
  - Interagency Coordination Committee (ICC)
  - i Partners, including CSO involvement

The government of Côte d'Ivoire has adopted the guidelines of the Global Vaccine Action Plan (GVAP) 2011-2020, which recommends the introduction of new vaccines into the national immunisation programmes. The Ministry of Public Health and Hygiene, through the EPI Coordination Office, has developed a comprehensive Multi-Year Plan (cMYP) covering the 2016-2020 period, which, among other strategic objectives, provides for the introduction of new vaccines, among them measles-rubella, into routine immunisation starting from January 2018. This introduction is preceded by a catch-up campaign in 2017 concerning children aged 9 months to 14 years.

Programme performances for DTP-HepB-Hib3 and the measles vaccine in 2015 were 95% and 82%, respectively. The last measles monitoring campaign was organised in 2014. This campaign posted administrative coverage rates of 92% and 95%, according to the external post-campaign immunisation coverage survey. According to WHO-Unicef estimates, measles immunisation coverage rates over the last three years have been 76%, 62% and 72% for 2013, 2014 and 2015, respectively.
The aim of this introduction is to contribute towards the reduction of infant disease and mortality linked to vaccine-preventable diseases in the context of sustainable development goals (SDGs). The general objective is to achieve the elimination of measles and congenital rubella syndrome by horizon 2020.

The measles-rubella vaccine will be introduced into routine EPI in all the districts starting from January 2018 and the catch-up campaign will be organised in November 2017 with the technical and financial support of Gavi and other partners. The objective set is to immunise at least 95% of the target. The campaign target consists of 13,386,367 children aged 9 months to 14 years. The target for routine immunisation in 2018 consists of 885,585 surviving infants. This vaccine will be included in the current immunisation schedule and orally administered at 9 months of age.

The process of organising the MR catch-up campaign and introduction into routine EPI will be conducted in collaboration with all the national and international partners involved in child survival in Côte d'Ivoire.

Introduction of the combined measles-rubella vaccine takes place in the framework of the global policy of the fight against diseases in children under 5 in Côte d'Ivoire. This introduction will make it possible to complete activities already conducted in this field and thus accelerate reduction of the mortality and disease associated

with these illnesses. Pre- and post-introduction activities will make it possible to strengthen the immunisation system through personnel training and supervision, expansion of storage capacities and the improvement of stock management, and the strengthening of AEFI monitoring at all levels.
An EVM was conducted in 2015 with the following principal outcomes:

- Insufficient dry storage capacity at all levels;
- Non-existence of a continuous recording system and freeze-indicating equipment at all levels;
- Insufficient record-keeping at the district and health centre levels,
- Proper cold storage capacity at national, regional and district levels.

Action has been taken as to the implementation of EVM recommendations, in particular:

- Strengthening of storage capacity at all levels;
- Personnel training and supervision at all levels;
- Purchase of continuous temperature recorders and their distribution to the districts;
- Rehabilitation of containers existing in the districts in storage facilities for immunisation consumables.

Report on the implementation of EVM recommendations is herewith attached.

The estimated operational costs for combined MR vaccine introduction into the routine EPI in 2018 amount to US$ 1,098,658 USD (ie, XFA 582,288,983). These costs are borne by Gavi to an amount of US$ 683,087 (ie, XFA 362,036,103) or 62% of the total, and by the government of Côte d'Ivoire and other local partners to an amount of US$ 415,571 (ie, XFA 220,252,880) or 38%. These costs do not take vaccine cost into account.

The estimated operational costs for the MR catch-up campaign amount to US$ 9,599,566 (ie, XFA 5,087,769,963). These costs are borne by Gavi to an amount of US$ 8,701,063 (ie, XFA 4,611,563,563) or 90.6% of the total, and by the government of Côte d'Ivoire and other local partners to an amount of US$ 898,503 (ie, XFA 476,206,400) or 9.4%. These costs do not take vaccine cost into account.

This proposal was prepared with the participation of the national and international partners involved in child survival:

- National Institute of Public Health (INHP, Institut National d'Hygiène Publique)

- WHO

- UNICEF

- AMP

- Rotary International

- National Federation of Healthcare Organisations (FENOSCI)

This proposal was validated by the ICC at its 01 September 2016 meeting attended by all stakeholders.

4. Signatures

4.1. Signatures of the Government and National Coordinating Body

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

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

MR, 10 dose(s) per vial, LYOPHILISED, in first dose, routine introduction
MR, 10 dose(s) per vial, LYOPHILISED, preventive campaigns

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

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

Following the regulations of the internal budgeting and financing cycles the Government will release its portion of the co-financing funds in the month of **October**.

The payment of the first year of co-financed support will be due around **October 2018** for MR, 10 dose(s) per vial, LYOPHILISED, in first dose.

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

Minister of Health (or authorised representative)		**Minister of Finance (or authorised representative)**	
Name	COFFIE GOUDOU RAYMONDE	**Name**	KONE Adama
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	E-mail
BOGUI YESSOH Théodule	Head of the M&E Department	+ 225 21 24 25 29/ 07 65 84 92	boguitheo@yahoo.fr
EKRA Kouadio Daniel	EPI Coordinating Director	+225 21 24 29/	kdanielekra@yahoo.fr
KANGA Armel Jonas	Head of the Planning Department	+ 225 21 24 25 29/ 07 47 87 67/ 01 33 23 51	armel_kanga@yahoo.fr
YAO Kossia	EPI Deputy Coordinating Director	+225 21 24 29/ 07 86 27 12	yaokossia@yahoo.fr

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

Agencies and partners (including development partners and civil society organisations) supporting immunisation services are coordinated and organised through an inter-agency coordinating mechanism (ICC, Health Sector Coordinating Committee (HSCC), or equivalent committee). The ICC, HSCC, or equivalent

committee is responsible for coordinating and guiding the use of the Gavi ISS and NVS routine support and/or campaign support. Please provide information about the ICC, HSCC, or equivalent committee in your country in the table below.

Profile of the ICC, HSCC, or equivalent committee

Name of the committee	Inter-Agency Coordinating Committee ICC
Year of constitution of the current committee	2001
Organisational structure (e.g., sub-committee, stand-alone)	Stand-alone committee
Frequency of meetings	Quarterly

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

Major functions and responsibilities of the ICC/HSCC:

The ICC has as its main missions:

- To approve the annual action plan for the year in progress proposed by the EPI coordinating office and the INHP
- To monitor the implementation of scheduled immunisation activities
- To issue an opinion on the operation of the EPI coordinating office
- To issue an opinion on the EPI coordinating office budget plan financed by the General State Budget and the partners and to monitor its implementation
- To examine and approve the annual report of the EPI coordinating office drawn up by the Coordinating Director of the EPI

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

The Côte d'Ivoire government would like to expand the current partnership with Gavi through MR introduction into the routine immunisation schedule starting in 2018 along with an MR catch-up campaign in 2017. The Côte d'Ivoire immunisation partners have contributed technical, financial and logistic support to documenting the disease burden of both the illnesses targeted by this vaccine during the preparation of the dossier to be submitted to Gavi. These partners have likewise participated in drawing up and finalising introduction plans and all the documents to be submitted for the MR vaccine.

4.1.3. Signature Table for the Coordinating Committee for Immunisation

We, the undersigned members of the ICC, HSCC or equivalent committee *[1]* met on **01/09/2016** to review this proposal. At that meeting, we approved this proposal on the basis of the attached supporting documentation. The minutes of this meeting are attached as document number 5. The signatures confirm the request presented in document 6 (please use the list of signatures in the section below).

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

Position	Title/Organisation	Name	Please sign below to indicate your attendance at the meeting during which the proposal was discussed.	Please sign below to indicate your endorsement of the minutes of the meeting during which the proposal was discussed.
Chair	Chief of Staff / Ministry of Public Health and Hygiene (MSHP)	KOUADIO Konan Raoul		
Secretary	Director General of Health	DAGNAN N'CHO Simpice		
Members	Representative AI, Unicef	DARIES Nathalie		
	AMP Director	ESSOH Alima		

	Representative AI, WHO	COULIBALY Seydou		
	EPI Coordinating Director	EKRA Kouadio Daniel		
	Director, Institut Pasteur, CI	DOSSO Mirelle		
	HSS Programme Advisor, WHO	TANIA-BISSOUMA Ledjou		
	EPI Programme Advisor, WHO	N'ZUE Kofi		
	Financial Auditor	AMIEZI Jan Yves		
	Human Resources Managers/MSHP	Kouamé K. Raymond		
	EPI Deputy Director	YAO Kossia		
	Director of Community Health	SEYDOU Ouattara		
	Director, National Institute of Public Health	BENIE BI VROH Joseph		
	Teacher-researcher, UFR, Medical Sciences	TIEMBRE Issiaka		
	Coordinator, EPIVAC National Network (RNE)	ANOUAN N'GUESSAN Jean		
	Director, Health Establishments and Professions	BITTY Marie-Josephe		
	NGO Technical Advisor / MSHP Staff	KOUAME Désiré		
	Research Officer / MSHP Staff	N'GUESSAN Kombo Fabienne		
	Financial Affairs (DAF)/MSHP	KONAN N'goran Sébastien		
	HSS Manager	ZEHIA Marie-louise		
	Advisor, French Embassy	BRANCHI Saran		
	CTA Consultant/Gavi	TRAORE Mary		
	Director, National Institute of Public Health (INSP)	COULIBALY Madikiny		
	EPI Specialist, Unicef	EPA Kouacou		
	HSS Focal Point/Directorate General for Health (DGS)	SOYA Joseph		
	Director of Training and Research	YAO M'bra		
	Chair, FENOSCI	KONE Solange		

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

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

4.2. National Immunisation Technical Advisory Group NITAG

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

We the members of the NITAG met on **28/07/2016** to review this proposal. During the meeting, we adopted this proposal of the basis of the supporting documents describing the decision making process by which the recommendations were formulated, attached as Document No. 26.

4.2.1. The NITAG Group for Immunisation

Profile of the NITAG

Name of the NITAG	National Committee of Independent Experts in Immunisation and Vaccines for Côte d'Ivoire (Comité National des Experts Indépendants pour la Vaccination et les Vaccins en Côte d'Ivoire, CNEIV)
Year of constitution of the current NITAG	2009

Organisational structure (e.g., sub-committee, stand-alone)	Stand-alone committee
Frequency of meetings	Quarterly

Position	Title/Organisation	Name
Chair	Full Professor, Department of Infectious and Tropical Diseases / Félix Houphouet Boigny University, Abidjan	BISSAGNENE Emmanuel
Secretary	Full Professor, Department of Public Health and Medical Informatics / Félix Houphouet Boigny University, Abidjan	BENIE Bi Vroh Joseph
Members	Technical Inspector, Ministry of Health	OUATTARA Siguifota Germaine
	Specialised Nurse and member of the Secretariat	DALLI Kalet Raphael

Major functions and responsibilities of the NITAG

The CNEIV-CI (Côte d'Ivoire NITAG) is responsible for giving scientific and technical recommendations that can guide the Ministry of Health in defining, implementing, monitoring and evaluating immunisation policies and strategies.
The CNEIV-CI has as its missions:
- Advising the Minister of Health on the choice of optimal strategies to control vaccine-preventable diseases;
- Advising the Minister of Health regarding the data and information to gather for decision-making in the area of immunisation and vaccines;
- Informing the Minister of Health on the latest scientific developments arising in the area of immunisation and vaccines;
- Establishing partnerships with other independent national or international experts' committees on immunisation and vaccines.

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

5. Data on the immunisation program

5.1 Reference material

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

- Please refer to the Comprehensive Multi-Year Plan (cMYP) for Immunisation (or equivalent plan), and attach a complete copy with an executive summary (DOCUMENT NUMBER 9). Please also attach the cMYP costing tool (DOCUMENT NUMBER 10).
- Please attach relevant Vaccine Introduction Plan(s) as DOCUMENT NUMBER: 12
- Please refer to the two most recent joint WHO/UNICEF reports on immunisation activities.
- Please refer to Health Sector Strategy documents, budgetary documents, and other reports, surveys, etc, as appropriate.
- Please refer to the attached risk assessments in the case of meningitis A mass preventive campaigns.

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

	Figure	Year	Source
Total population	23,865,566	2016	INS (National Institute of Statistics)
Birth cohort	927,020	2016	NIS
Infant Mortality Rate	92	2015	NIS
Surviving infants*[1]*	841,271	2016	EPI Coordinating Office
GNI per capita (US$)	1,410	2015	World Bank
Total Health Expenditure (THE)	1,582,645,179	2015	National health account
General government health expenditure (GGHE) as % of general government expenditure	26	2015	National health account

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

5.1.1 Lessons learned

Support for new routine vaccines

If new or underused vaccines have already been introduced in your country, please complete in detail the lessons learned from previous introduction(s), specifically for: storage capacity, protection against accidental freezing, personnel training, cold chain, logistics, coverage and decrease in rates, wastage rates, etc. and propose areas of action or indicate the measures taken to address them. Please refer to the previous post-introduction evaluation (PIE) report, if necessary. If they are included in the introduction plan, please cite the section only. If this information is already included in the NVIP/AP, please refer to the document and the section/page where this information can be found.

Lessons learned	Actions
The Hib post-introduction evaluation has enabled us to learn the following lessons: 1. The involvement of all stakeholders in the planning process facilitates better implementation; 2. Proper control of population data enables a better estimate of needs in vaccines and consumables; 3. The smooth flow of the supply system and knowledge of the target population makes it possible to prevent interruptions in terms of vaccines and consumables; 4. Regular monitoring of activities at all the levels of the health pyramid is indispensable to detecting and correcting inadequacies in implementation; 5. The training of agents at all the levels of the health pyramid before new vaccine introduction is necessary to the proper control of all aspects of the introduction; 6. Implementation of an AEFI notification and monitoring system enables the documentation of any side-effects linked to the new vaccine and leads to its increased acceptance; 7. An appropriate communication strategy is indispensable to strengthening the acceptability of new vaccines; 8. Updating tools and management support facilitate proper monitoring of the introduction process; 9. The existence of a surveillance system that takes account of the diseases targeted by the new vaccine is indispensable to measuring progress in the fight against these diseases. The question of equity has been dealt with in relation to gender, residential environment and statistical region. Of the 6,416 children aged 12 to 23 months surveyed, 51% were male and 50% were living in urban environments.	Based on the recommendations of the PIE and the lessons learned, following measures have been taken: 1. Updating of inventories and strengthening of the cold chain at all levels 2. Revision of EPI management tools to take account of the introduction of new vaccines 3. Training of agents for the introduction of the pneumococcal vaccine, including district communication focal points 4. Revitalisation of the AEFI surveillance system 5. Revision of the logistics plan to take account of the introduction of the new vaccine 6. Preparation and implementation of a communication plan for pneumococcal vaccine introduction 7. Implementation of EVM recommendations

Preventive campaign support

If vaccine campaigns [0] have already been introduced in your country, please complete in detail the lessons learned, specifically for: storage capacity, protection against accidental freezing, personnel training, cold chain, logistics, coverage, wastage rates, etc. and propose areas of action or indicate the measures taken to address them. If they are included in the introduction plan or plan of action, please cite the section only. If this information is already included in the NVIP/AP, please refer to the document and the section/page where this information can be found.

Lessons learned	Actions
- Need for the early implementation of all the coordination committees at all health system levels - Proper planning with the involvement of the different participants and partners in all stages is crucial - Need to regularly monitor coverage, wastage rates and AEFIs - Evaluation and strengthening of the cold chain capacity at all	- Preparation of orders for the implementation of committees and sub-committees at least 6 months before launching - Micro-planning at all levels followed by arbitration - Preparation of guidelines on storage, transport and the management of vaccines and solvents at all points of service - Daily debriefing of agents at the operational level

levels is a prerequisite - The adaptation of communication strategies and messages to the context facilitates better target mobilisation	- Timely mobilisation of resources enables successful campaign implementation - Rehabilitation, acquisition and service start-up of new cold chain equipment to resolve gaps - Training of agents at all levels - Preparation and implementation of a communication plan at all levels

5.1.2- Planning and budgeting of health services

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

1. **DRAWING UP THE BUDGET**

- **General State Budget (BGE)**: Budget forecasts for year (n+1) are done at the end of the first quarter of year (n). Because of this, budget conferences are organised successively at the district, regional and national levels after notification of the budget allowance to the pertinent ministries by the Ministry of Economy and Finances.
- **Budget on own resources**: The budget forecast on health facilities payments for medical activity for the year (n+1) occurs during the last quarter of the year (n). For this reason, budgets are presented in the presence of the members of the Comité de Gestion (COGES), the management committee for the health centres in each locality.

2. BUDGET NOTIFICATION

Notification of the General State Budget (BGE) is done at the beginning of the year (end of January-beginning of February).

3. MONITORING BUDGET IMPLEMENTATION

- **General State Budget (BGE):** Implementation of the state budget is monitored through quarterly reports sent by the health districts to the regional level, and by the regional level to the national level. Periodic monitoring is conducted by the Department of Financial Affairs (DAF) as expenses are committed at all the levels of the health pyramid, through the Integrated Public Finance Management System (SIGFIP).

- Budget on own resources

Monthly monitoring reports are drawn up and sent to hierarchical superiors.

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

The relevant planning document for health is the National Health Development Plan (PNDS) 2016-2020.

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

Yes, cMYP 2016-2020 takes account of the introduction of new vaccines into the routine EPI, including the combined measles-rubella vaccine.

Please indicate the national planning budgeting cycle for health

The national planning budgeting cycle for health (PNDS) consists of 5 years for strategic planning.

As regards yearly planning, preparation of government-financed budget plans for year (n+1) occurs at the latest in September of year (n). Planning for the year's (n+1) activities takes place in January of the same year.

Please indicate the national planning cycle for immunisation

The national planning budgeting cycle for health is 5 years for the strategic plan. Every year, an annual operating plan is developed and implemented in alignment with the cMYP.

5.1.3 Gender and equity

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

According to the results of the immunisation coverage survey conducted during the external review of the EPI in 2015:

1. Non-immunisation or incomplete immunisation among children is predominantly due to lack of motivation among parents (46%) and obstacles related to the immunisation services (32%).
2. Non-immunisation among the mothers of children aged 12 to 23 months is predominantly due to lack of information (39%), followed by lack of motivation (35%).

The activities projected to surmount these obstacles are described in cMYP 2016-2020. These essentially concern the strengthening of the EPI communication strategy with specific activities based on targets and geographic area.

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

The EPI Coordinating Office (DCPEV) has initiated community member sponsorship of target children (aged 0 - 11 months). This initiative aims to strengthen the awareness of the target children's parents and guardians in favour of immunisation. It also consists of the active search for unimmunised or insufficiently immunised children with no discrimination. This strategy will be pursued during the introduction of the MR vaccine.

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

EPI data-gathering and management tools (immunisation records, checklists, DVD-MT) project for immunisation data outcomes by sex. These data are analysed and used by agents to search for children generally lost from sight, most particularly the disadvantaged genders where necessary. The strategy of one sponsor for a hundred children (1 PPCE) developed and implemented by the programme enables sponsors to conduct this search in the places of their area of intervention.

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

The country is no longer in a situation of fragility.

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

According to the results of the 2015 EPI external review with regard to statistical regions, a pronounced disparity in coverage rates between regions has been observed. The regions presenting the lowest immunisation coverage rates are those of the north-east and the north-west.

5.1.4 Data quality

Please attach a Data Quality Assessment (DQA) report filled up in the course of the 48 months preceding based on the most recent national survey, including immunisation coverage indicators (DOCUMENT NUMBER: 27) and a data quality improvement plan as regards immunisation (DOCUMENT NUMBER 11). Subject to availability, a progress report on improvement plan implementation should likewise be submitted (DOCUMENT NUMBER: 28. DOCUMENT NUMBER: 11) .

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

A data quality assessment (DQA) was conducted in 2015 during the comprehensive EPI external review. The report on this assessment is attached to this document. The recommendations of this assessment are taken into account in CMYP 2016-2020, implementation of which is monitored on a monthly, quarterly and yearly basis through the monitoring of different operational action plans. The main strategies and activities projected to improve data quality are:

- Training in data management for agents at all levels
- The use of harmonised management tools (DVD-MT, monthly report forms, checklists, immunisation records...)
- Training for agents in the practice of DQS and LQAS
- Systematic practice of DQS and LQAS by districts and regions, followed by corrective action
- Regular performance monitoring at all levels.

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

In 2015, a comprehensive external review with immunisation coverage survey was conducted on the EPI. A study on immunisation equity was likewise conducted in 2015.

In the years to come, an immunisation coverage survey will be conducted in 2020, with an external review of the programme to assess progress and draw up an analysis of the situation to prepare a new cMYP.

5.1.5 Measles vaccine coverage

Evidence of MCV1 self-financing

In case the country does not fully finance the MCV1 component with national resources, please give evidence that the country will be in a position to meet this demand starting in 2018 by means of resolution reflected in the minutes of the ICC and a letter signed by the Minister of Health and the Minister of Finance (please attach the available documents AS DOCUMENT NUMBER 31 - in Section 10. Attachments).

Please provide information on measles vaccine coverage.

Coverage	2013		2014		2015	
	Administrative*(1)*	WUENIC*(2)*	Administrative*(1)*	WUENIC*(2)*	Administrative*(1)*	WUENIC*(2)*
Measles 1st dose (%)	85	76	72	62	82	72
Measles 2nd dose (%)	0	0	0	0	0	0

Coverage	2013		2014		2015	
	Administrative*(1)*	Coverage Survey	Administrative*(1)*	Coverage Survey	Administrative*(1)*	Coverage Survey
Supplementary Immunisation Activities (SIA) (%)	0	0	92	95	0	0

Note:

(1) National administrative coverage reported

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

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

Please describe the survey methodology:

Sampling was done by cluster survey using the WHO methodology, stratified in 4 stages:

- First stage: random selection of districts
- Second stage: random drawing of enumeration areas per independent draw in each district selected for the presence of clusters
- Third stage: random selection of households in each cluster
- Fourth stage: random selection of the children to survey for post-campaign coverage and routine immunisation coverage.

The survey was conducted by an external office.

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

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

Number	Base Year	Baseline and Targets		
	2015	2018	2019	2020
Total number of births	880,632	975,852	1,001,224	1,027,255
Total number of infant deaths	81,459	90,267	92,614	95,021
Total surviving infants	799,173	885,585	908,610	932,234
Total number of pregnant women	938,571	1,040,056	1,067,097	1,094,842
Target population vaccinated with OPV3*[1]*	758,808	823,594	854,093	885,622
OPV3 coverage*[2]*	95 %	93 %	94 %	95 %
Target population vaccinated with DTP1*[1]*	839,174	885,585	908,610	932,234
Target population vaccinated with DTP3*[1]*	786,922	823,594	854,093	885,622
DTP3 coverage*[2]*	98 %	93 %	94 %	95 %
Wastage rate*[3]* in base-year and planned thereafter (%) for DTP	5	5	5	5
	1.05	1.05	1.05	1.05
First Presentation: MR, 10 dose(s) per vial, LYOPHILISED, in first dose				
Wastage rate*[3]* in base-year and planned thereafter (%)	17	20	20	20
Wastage factor*[3]* in base-year and planned thereafter (%)	1.20	1.25	1.25	1.25
Maximum wastage rate value for MR, 10 dose(s) per vial, LYOPHILISED, in first dose	40 %	40 %	40 %	40 %
Target population vaccinated with 1st dose(s) of RCV	687,842	841,306	863,180	885,622
RCV coverage*[2]*	86 %	95 %	95 %	95 %
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	6 %	7 %	6 %	5 %

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

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

[3] The formula to calculate a vaccine wastage rate (in percentage): [(A - B) / A] x 100, where A = stock balance at the end of the supply period; B = the number of immunisations with the same vaccine in the same period.

5.3. Target for the preventive campaign(s)

5.3.1 Targets (MR campaign)

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

MR begins **9 months**

MR ends **14 years**

Cohort population = population 9 months - 14 years

Gavi only gives assistance to the country for the measles-rubella vaccine catch-up campaign by providing MR doses for a target population of boys and girls aged 9 months to 14 years (the exact interval within the field of application from 9 months to 14 years will depend on MR in the country).

Table 5.3.1 Baseline NVS campaign figures for MR

Number	Data: objectives			
	2017	2018	2019	2020
Total target population	13,386,367	0	0	0
Wastage rate (%) for MR (campaign)	10	0	0	0
Maximum wastage rate value for MR (campaign)	15 %	15 %	15 %	15 %

5.4. Targets for the one-time mini catch-up campaign(s)

No one-time mini catch-up campaign this year

6. New and underused vaccines (routine NVS)

6.1. Calculation of the disease burden for corresponding diseases (if available)

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

Disease	Title of the assessment	Date	Results
Measles	Case-by-case surveillance	2015	37
Rubella vaccine	Case-by-case surveillance	2015	50

6.2. Vaccine demanded (MR, 10 dose(s) per vial, LYOPHILISED, in first dose)

As indicated in the cMYP, the country plans to introduce MR using MR, 10 dose(s) per vial, LYOPHILISED, in first dose.

When does the country intend to introduce this vaccine? **January 2018**

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

Please summarise the cold chain capacity (at national and other levels) and readiness to accommodate new vaccines, taking into consideration training, cold chain equipment and other logistics requirements. If cold chain expansion is required, state how it will be financed, and when it will be in place. The independent review committee must have assurances that the cold chain is ready or will be ready for the new routine vaccine introduction; convincing data/plans must be provided. All the proposals that include Gavi funding for the cold chain intended for storing vaccines must provide equipment that is WHO-prequalified for its performance, quality and programme safety (PQS). The purchase of non-PQS equipment will only be taken into account in special cases, with documentation and prior approval from Gavi.

At national level, positive net capacity required by MR vaccine introduction in 2018 is 99,889 litres. Existing capacity at this level is 140,000 litres. There is thus no need to close gaps up to 2020 (see analytical table in the introduction plan).

At the regional level, positive net capacity available, even with MR introduction in 2018, is sufficient in all regional storage facilities from 2018 to 2020. There is thus no need to strengthen storage capacities on this level (see Chapter 6.3 of the introduction plan: Expansion or improvement of the cold chain, logistics and vaccine management).

Storage capacities at the district level are satisfactory overall, with the equipment received in the framework of rotavirus vaccine introduction, for all districts and immunisation centres.

A detailed analysis is provided in the introduction plan using the EPILOG FORECASTING TOOL.

6.2.1. Co-financing information

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

Country group	Preparatory transition phase

	2018	**2019**
Minimum co-financing	0.30	0.35
Your co-financing (please change if higher)	0.30	0.35

	2020
Minimum co-financing	0.40
Your co-financing (please change if higher)	0.40

6.2.2. Specifications of vaccinations with new vaccine

	Data from		**2018**	**2019**	**2020**
Immunisation Coverage	Table 5.2	%	95 %	95 %	95 %
Number of children to be vaccinated with the first dose	Table 5.2	#	841,306	863,180	885,622
Country co-financing per dose	Table 6.4.1	$	0.3	0.35	0.4

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

		2018	2019
Number of vaccine doses	**#**	591,708	571,737
Number of AD syringes	**#**	551,684	508,460
Number of reconstitution syringes	**#**	65,680	63,463
Number of safety boxes	**#**	6,853	6,349
Total value to be co-financed by the Country *[1]*	**$**	394,382	380,067

[1] The amount of co-financing for intermediate and graduating countries indicates vaccine costs, the associated injection safety material and transport costs. The total cofinancing amount does not include supply agency costs and fees, such as handling costs. Information on these additional costs and fees will be provided by the provisioning agency involved, as part of the cost estimates required by the country.

		2020
Number of vaccine doses	**#**	670,382
Number of AD syringes	**#**	596,205
Number of reconstitution syringes	**#**	74,413
Number of safety boxes	**#**	7,444
Total value to be co-financed by the Country *[1]*	**$**	445,642

[1] The amount of co-financing for intermediate and graduating countries indicates vaccine costs, the associated injection safety material and transport costs. The total cofinancing amount does not include supply agency costs and fees, such as handling costs. Information on these additional costs and fees will be provided by the provisioning agency involved, as part of the cost estimates required by the country.

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

		2018	2019
Number of vaccine doses	**#**	722,892	514,163
Number of AD syringes	**#**	673,995	457,258
Number of reconstitution syringes	**#**	80,241	57,072
Number of safety boxes	**#**	8,372	5,709
Total value to be co-financed by Gavi	**$**	481,814	341,791

		2020
Number of vaccine doses	**#**	443,718
Number of AD syringes	**#**	394,621
Number of reconstitution syringes	**#**	49,253
Number of safety boxes	**#**	4,927
Total value to be co-financed by Gavi	**$**	294,963

6.2.5. New and Under-Used Vaccine Introduction Grant

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

Year of New Vaccine Introduction	Births (from Table 5.2)	Share per Birth in US$	Total in US$
2018	975,852	0.70	683,096

This is a single cash subsidy for an amount of US$ 0.80/child in a single birth cohort, or a flat amount US$ 100,000 (the higher of these two amounts being applicable). It should be noted that for introduction applications submitted starting January 2017 and for all Gavi vaccine introductions projected for implementation starting in 2018, this grant will be adjusted based on country transition phase. The amount of US$ 0.70 per target in a single birth cohort will be granted to counties in a preparatory transition phase (Phase 1) and the amount of US$ 0.60 per target in a single birth cohort will be granted to countries that are in a phase of accelerated transition (Phase 2). For countries with small incomes, the amount will be maintained at US$ 0.80 per target.

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

The funds allocated for MR vaccine introduction will be used to finance the following headings:

- Coordination: particularly, meetings to request the mobilisation of additional resources for the introduction.
- Planning: preparation of district micro-plans.
- Communication/mobilisation: communication activities before and during introduction.
- Training for agents at all levels.
- Preparation of management tools and immunisation accessories.
- Replenishment and distribution of the vaccine and inputs.
- Waste management.
- Cold chain strengthening.
- Immunisation (fixed, advanced and mobile strategies).
- AEFI surveillance and management.
- District, regional and national supervision.
- Post-introduction monitoring and evaluation.
- Support for epidemiological surveillance: supervision of sentinel surveillance site for congenital rubella syndrome.
- Support for financial management: organisation of financial audit to monitor the use of funds as per the procedures set forth in the aide-mémoire.

All these activities will contribute to strengthening immunisation in general.

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

Detailed budget attached as Document No. 22.

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

The funding gap will be met by the General State Budget (BGE) 2018.

6.2.6. Technical assistance

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

Technical assistance is required for:

1. The MR campaign
- Assistance in preparatory activities, particularly in the use of the WHO evaluation tool for monitoring preparation.
- Assistance in micro-planning, the training of agents, supervision and functional surveys.

- At the end of the campaign, technical assistance will also be necessary for the conduct of the post-campaign evaluation.

2. Introduction of MR into routine EPI

- Assistance in the conduct of the post-introduction evaluation.

7. NVS Preventive Campaigns

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

Disease	Title of the assessment	Date	Results
Measles	Case-by-case surveillance	2015	
Rubella vaccine	Case-by-case surveillance	2015	

Please attach the Action Plan for each campaign as Document No. 29,23 in Section 10

7.1.1 Epidemiology and disease burden for Measles-Rubella

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

Epidemiological information on the burden of the disease:

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

☐ 2 - Rubella seroprevalence surveys

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

☐ 4 – Other

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

7.2.1. Summary for MR, campaign support

When is the country planning to conduct the MR catch-up campaign? **Not Selected 11**

#Error

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

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

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Please summarise the cold chain capacity (at national and other levels) and readiness to accommodate new vaccines, taking into consideration training, cold chain **equipment** and other **logistic requirements**. If cold chain expansion is required, state how it will be financed, and when it will be in place. Please describe the way peak capacity will be managed for campaigns. Please indicate if the supplies for the campaign will have any impact in the shipment plans for your routine vaccines and how this will be handled. The Independent Review Committee (IRC) requires assurance that the cold chain is ready or will be ready for the campaign, and evidence/plans need to be provided (if they are included in detail in the plan of action, please cite the section here). **All the proposals** that include Gavi funding for the cold chain intended for storing vaccines must provide equipment that is WHO-prequalified for its performance, quality and programme safety (PQS). The purchase of non-PQS equipment can only be taken into account in special cases, with documentation and prior approval from Gavi. Please note that all Gavi-financed cold chain equipment needs to be WHO pre-qualified. The purchase of non-PQS equipment will only be considered on exceptional basis, with justification and advance agreement from Gavi.

Côte d'Ivoire is committed to attaining the SDGs, in particular SDG 3 (access to health) regarding access to health and, more specifically, the target of reducing preventable deaths among new-borns and children under 5, towards the 2030 horizon. This commitment is reflected in its strategic documents, in particular the National Development Plan (PND) and the National Health Development Plan (PNDS). The fight against measles and rubella represents a strategic priority thrust in achieving SDG 3. Immunisation against measles and rubella is one of the key interventions in the fight against vaccine-preventable diseases. This immunisation forms part of cMYP 2016-2020, under strategic objectives, milestones and activities.

In order to contribute to strengthening measles prevention, the measles vaccine has been included in the Côte d'Ivoire EPI since its creation in 1978. The WHO recommends that countries benefit from the measles platform to introduce rubella-containing vaccine (RCV) in the form of the measles-rubella vaccine (MR) or measles, mumps and rubella vaccine (MMR).

Introduction of the combined measles-rubella vaccine was considered in the preparation of the comprehensive Multi-Year Plan for 2016-2020. The process of preparing the cMYP took place in workshops, with the participation of all the national and international partners intervening in the EPI decision-making process (national departments and programmes of the Ministry of Health, the Ministry of Economy and Finance, WHO, UNICEF, AMP, CNEIV, HKI and other NGOs). Civil society was likewise involved in the preparation and decision-making process through the ICC. So were the universities, research institutes and professional associations represented in the ICC: UFR, medical sciences; the National Institute of Public Health, the EPIVAC National Network… All the strategic and operational documents produced in the framework of MR vaccine introduction were validated by the ICC.

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

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

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Please produce the pertinent documents to support the relative estimates of the size of the target population of the campaign (DOCUMENT No.: 2017) .

7.2.2. Support funding for the operating costs of the MR campaign

Table 7.2.2: calculation of support for campaigns' operating costs

Year of MR support	Total target population (Table 5.3)	Gavi contribution per target person in US$	Total in US$
69	2,018	0.00	1
70	2,019	0.00	1
71	2,020	0.00	1
93	2,017	13,386,367.00	1

[1] The grant is currently based on a maximum of US$ 0.65 per target. It should be noted that for campaign applications submitted starting January 2017 and for all Gavi campaigns projected for implementation starting in 2018, this grant will be adjusted based on country transition phase. The countries will be responsible for providing the balance of operational funds in excess of US$ 0.65 per child. The amount of US$ 0.55 per target will be granted to counties in a preparatory transition phase (Phase 1) and the amount of US$ 0.45 per target will be granted to countries that are in a phase of accelerated transition (Phase 2). For countries with small incomes, the amount will remain at US$ 0.65 per target.

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

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

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

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

Detailed budget attached as Document No.

The measles-rubella immunisation campaign of November 2017 will be followed by the introduction of MR into the routine EPI at 9 months of age. It will prepare for this introduction and make it possible to strengthen routine immunisation.

In the course of the preparatory phase for the immunisation campaign, and to facilitate MR introduction into routine immunisation, the following activities will be conducted:

- Micro-planning for both activities in all the health areas;
- Simultaneous revision of management tools for the campaign and for routine immunisation, including the new immunisation schedule for the routine EPI;
- A communiqué taking account of the new schedule for the routine EPI;
- The training of field agents for the campaign on the new vaccine will benefit its introduction into the routine EPI and avoid having to hold another training for these during introduction into routine immunisation.

During the campaign, the mothers of children aged 0 to 11 months will be encouraged to visit immunisation centres to update their children in terms of routine immunisation. Immunisation teams located in the fixed immunisation centres will deliver the services along with all the antigens of the routine EPI.

All supervisors will be responsible for the aspects of the routine EPI under their terms of reference.

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7.2.3 Data showing the introduction of into the routine immunisation schedule

Please provide information showing that the country intends to introduce MR into the routine immunisation schedule (if this has not been entered yet). Please use the box below or cite the relevant section in the Action Plan or Introduction Plan.

OR

7.2.3 Evidence of introduction of MR in routine programme

Please provide evidence that the country can fund the introduction of Rubella-Containing-Vaccine (RCV) into the routine programme through one of the following:(Please attach available documents AS DOCUMENT NUMBER Do not select Section 10. Attachments).

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

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

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

7.2.4 RCV introduction schedule

Countries must describe their introduction plan for surveillance activities.

Does Côte d'Ivoire's cMYP include a plan for the introduction of RCV into the national programme? **True**

Please attach the plan to introduce the rubella vaccine into the national schedule as **document number**

The plan to introduce the rubella vaccine is attached in Annex 13 of this proposal. The plan of action for the campaign is also attached.

to Section 10 and also attach the Action Plan for the campaign as **document number 13 to Section 10. Please refer to Gavi's directions on support applications, for the items that must be included in the Introduction Plan and the Action Plan.**

8. 8 Procurement and management

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

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

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

- According to the Gavi fund management framework agreement, the funds will be transferred into an account opened at a commercial bank (ECOBANK). A manager appointed by the Ministry of Economy and Finance is in charge of managing these funds. Fund management observes the procedures of public fund management following entry into the General State Budget through the SIGFIP (Integrated Public Finance Management System).
- A workshop on the forecast of vaccines and consumables for the following year is organised each year, with the technical and financial support of the partners. This activity is organised before the end of the year. These needs will be entered into the forecasting tools and taken into account in the annual action plan for the following year.
- A memorandum of understanding was signed in 2009 between the government of Côte d'Ivoire and UNICEF for supplying vaccines and consumables via the central purchasing service in Copenhagen. The vaccines and consumables purchased by Gavi are delivered to the country through Unicef.

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

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

Vaccines and consumables will be provided through Unicef.

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

The funds will be allocated to the account opened at a commercial bank (ECOBANK) in keeping with the aide-mémoire signed between Gavi and the Côte d'Ivoire government. The bank account data are attached to this proposal in the banking form.

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

The co-financing amounts will be transferred to Central Purchasing in Copenhagen. These amounts will be paid by the public treasury through the public debt accounting office. The funds will be transferred to Central Purchasing in Copenhagen by the Ministry of the Economy and Finance in keeping with the memorandum of understanding.

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

According to procedures in force, the budget is prepared by the technical committee together with the programme management unit, and then validated by the ICC. The funds are managed financially in accordance with the national procedure set forth in the aide-mémoire signed between the Côte d'Ivoire government and Gavi regarding the financial management of Gavi funds through the EPI imprest account. The yearly tranches of Gavi funds are entered into the Budget of the State and of the Ministry of Health and the Fight against AIDS as foreign support, and then reflected in the integrated public finance management system (SIGFIP).

Expenses are initiated by the EPI Coordinating Director, who administers the credit. The expense circuit calls upon the intervention of a financial comptroller. Expenses are paid by the imprest administrator.
At the operational level, payments are made through departmental cash flows.

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

The estimate of immunisation coverage using the administrative data will be done periodically in a regular manner. Immunisation performances will be monitored at all levels using tools already revised, account taken of measles-rubella immunisation.

- At the central level, the immunisation administered is recorded on checklists and immunisation records. Monthly compilation is done in the monthly reports, which are sent to the health district 5 months after the activity, at the latest. An immunisation monitoring curve is prepared at this level to measure performances in relation to the targets set as well as the number of unvaccinated children.
- At the district level, the monthly reports of the health centres are compiled in the monthly district report and on the DVDMT tool. The monthly district report is sent to the regional level and the EPI Coordinating Office 10 months after the activity, at the latest. Analysis of the performances for the districts in general and for each health centre is done by the DVDMT. Feedback reports on this analysis are made to the health centres in the course of district coordination meetings.
- At the regional level, monthly district reports are compiled to produce the regional reports. The analysis made at this level is shared with the districts at regional coordination meetings.
- At national level, the monthly district reports are compiled to produce the national report, which is sent to the MSHP staff and disseminated to all the partners. Feedback reports on the analysis of performances are made to the medical heads of districts and regions during quarterly monitoring meetings. The quarterly, six-monthly and yearly activity reports are prepared and disseminated to all the partners and submitted to the ICC.

The ICC monitors these performances through the quarterly meetings.

An external review of the EPI organised in 2015 made it possible to measure general programme performance and prepare the new cMYP 2016-2020 based on results achieved. A mid-term review of the cMYP will be organised in 2018 to adapt strategies and activities to any possible new challenges.

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

8.2 Procurement and management for NVS preventive campaigns

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

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

True

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

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

The country will purchase the MR vaccine and the injection material through the UNICEF Supply Division, with Gavi support for the campaign and for routine immunisation.

Allocations in cash will be managed according to the procedures of the Gavi-Côte d'Ivoire government aide-mémoire.

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

The campaign will be implemented in a single phase throughout the entire country. It will last 10 days, starting

simultaneously in all the health districts on the official launching date.

8.3. Product licensure

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

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

National licensure is not necessary. In fact, according to WAEMU procedures, any vaccine or drug prequalified by the WHO is automatically licensed by WAEMU member states, among them Côte d'Ivoire. However, a market authorisation (AMM) is required.

The procedure for obtaining AMM consists of:

1. Filing of AMM request at the Department of Pharmacy, Drugs and Laboratories (DPML) by the manufacturing laboratory.
2. Examination of the request by the drug registration commission of the DPML.
3. Granting of AMM upon the positive opinion of the commission.

The granting of AMM takes 120 days at most.

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

The combined measles-rubella vaccine (MR) has still not been registered by the Department of Pharmacy, Drugs and Laboratories (DPML), which is the national regulatory authority. Transactions will be undertaken with the manufacturer before this vaccine is introduced into the EPI.

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

As regards customs procedures, these are described below:

- Presentation of the documents accompanying the vaccines (aerial waybill, commercial invoice, packing list) by the supplier of the EPI Coordinating Office (beneficiary).
- Request for customs duty and tax exemption from the Ministry of Economy and Finance by the EPI Coordinating Office.
- Request for import authorisation from the DPML.
- Issuance of customs declaration.
- Request for release authorisation from the DPML.
- Package inspection by customs officers.
- Transport by the carrier to the beneficiary.

Should issuance of the letter of exemption by the Ministry of Economy and Finance be delayed, the delivery of the packages will be delayed. However, to remedy this, a provisional voucher is drawn up by customs to enable continuation of the shipment process.

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

At the national level, the Department of Pharmacy, Drugs and Laboratories (DPML) serves as the national regulatory authority. This department has been implementing pharmacovigilance since 2006. In the context of how this applies to immunisation, it is responsible for:

- Preparing the texts of legislative and regulatory bills with regard to vaccine registration.
- Applying international conventions and treaties regarding vaccines.

- Organising pharmacovigilance.

In the framework of the last mission, it is subject to regular WHO evaluations.

DPML contacts: + 225 21 35 73 13/ 21 35 13 23

8.4 Vaccine Management (EVSM/EVM/VMA)

It is mandatory for a country to conduct an assessment of effective vaccine management (EVM) before requesting support for the introduction of a new vaccine. This EVM should have been carried out in the course of the **5 preceding years.**

When was the EVM conducted? **July 2015**

Please attach the progress report on the EVM improvement plan (DOCUMENT NUMBER 21) and, if it has still not been submitted, the most recent EVM evaluation report (DOCUMENT NUMBER: 20,19, 21) and the corresponding EVM improvement plan (DOCUMENT NUMBER: 19) . The improvement plan should include a timeline, budget of resources committed for these activities, and funding gaps, if any, as well as M&E indicators to monitor progress of implementation.

When is the next Effective Vaccine Management (EVM) Assessment planned? **July 2018**

8.5 Waste management

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

A national hospital hygiene plan has been prepared. This plan gives the following guidelines on the management of waste generated by immunisation centres:

- Separation at the immunisation post using the appropriate containers (safety boxes for pointed objects and sharps, garbage bags for other waste).
- Destruction of sharps and infectious material by incineration; if necessary by burning and burial.

As measles immunisation produces sharps and infectious waste, these will be destroyed by incineration or by burning and burial.

A large-capacity incinerator is being built and a system for collecting and transporting waste for incineration will be implemented for routine immunisation waste.

During preceding injection campaigns, industrial units have been requested for the incineration of the waste from these campaigns. This same system will be used for the 2017 MR campaign.

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

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

We have had difficulties in filling up Section 7.2.2: **since the data captured could not be recorded, we are giving the answers to the two questions that could not be recorded below:**

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

The measles-rubella immunisation campaign of November 2017 will be followed by the introduction of MR into the routine EPI at 9 months of age. It will prepare for this introduction and make it possible to strengthen routine immunisation.

In the course of the preparatory phase for the immunisation campaign, and to facilitate MR introduction into routine immunisation, the following activities will be conducted:

- Preparatory meetings with the field agents (medical heads of districts, directors)
- Micro-planning for both activities in all the health areas;
- Simultaneous revision of management tools for the campaign and for routine immunisation, including the new immunisation schedule for routine EPI;
- A communiqué taking account of the new schedule for routine EPI;
- The training of field agents for the campaign on the new vaccine and its introduction into routine EPI; this will circumvent another training for these during the introduction in routine immunisation.

During the campaign, the mothers of children aged 0 to 11 months will be encouraged to visit immunisation centres to update their children in terms of routine immunisation. Immunisation teams located in the fixed immunisation centres will deliver the services along with all the antigens of the routine EPI.

All campaign supervisors will have, in their terms of reference, key aspects on routine EPI supervision.

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

The additional resources required will be met by the General State Budget for 2017. This amounts to CFA 476,206,400.

Other additional comments from the ICC

Since 2001, the Côte d'Ivoire EPI has received support to strengthen immunisation services, injection safety, and the introduction of new vaccines: viral hepatitis B, Haemophilus influenzae type b infections, pneumococcus and IPV.
The ICC notes with satisfaction the progress achieved over these past five years by the improvement in districts' performances. Indeed, immunisation coverage in DTP-HepB-Hib 3 went from 62% to 94% between 2011 and 2015. These achievements have made it possible to contain polio epidemics and control measles epidemics.
With a view to achieving the sustainable development goals (SDGs), and considering the WHO recommendation to eliminate measles and congenital rubella syndrome, the ICC, meeting on 01 September 2016, has examined and approved this proposal presented to Gavi and strongly recommends the request for support in the introduction of the combined Measles-Rubella vaccine into routine EPI in Côte d'Ivoire, as well as the organisation of its MR catch-up campaign.

10. List of documents attached to this proposal

10.1. List of documents attached to this proposal

Table 1: Checklist for mandatory attachments

Document Number	Attachment	Section	File
Approvals			
1	MoH Signature (or delegated authority) of Proposal	4.1.1.	Signature_NVS MR Ok.pdf **File desc:** The MR proposal was validated by the ICC on the same day as the HSS proposal, 01 September 2016. **Date/time:** 26/09/2016 01:57:08 **Size:** 1 MB
2	MoF Signature (or delegated authority) of Proposal	4.1.1.	Signature_NVS MR Ok.pdf **File desc:** **Date/time:** 26/09/2016 01:57:08 **Size:** 1 MB
4	ICC Terms of Reference	4.1.2.	Arrêté CCIA Avr 2009.zip **File desc:** Order regarding the creation, attributes and operation of the ICC, revised in 2009 **Date/time:** 04/09/2016 05:19:58 **Size:** 2 MB
5	Minutes of ICC/HSCC meeting endorsing Proposal	4.1.3.	PV_CCI_1er_septembre_2016.pdf **File desc:** The MR proposal was validated by the ICC on the same day as the HSS proposal, 01 September 2016. **Date/time:** 08/09/2016 08:18:15 **Size:** 3 MB
6	Signatures of ICC or HSCC or equivalent in Proposal	4.1.3.	Page_signature_membre_CCIA.doc **File desc:** The MR proposal was validated by the ICC on the same day as the HSS proposal, 01 September 2016. **Date/time:** 08/09/2016 07:32:44 **Size:** 1 MB
7	Minutes of the three most recent ICC/HSCC meetings	4.1.3.	PV_3_dernier_CCIA.zip **File desc:** **Date/time:** 08/09/2016 08:23:09 **Size:** 4 MB
8	Role and functioning of the advisory group, description of plans to establish a NITAG	4.2.1.	Arrêté portant organisation, fonctionnement.pdf **File desc:** **Date/time:** 05/09/2016 05:48:20 **Size:** 919 KB
Planning, financing and vaccine management			
9	comprehensive Multi Year Plan - cMYP	5.1	PPAc_2016-2020_final 07-09-2016.pdf **File desc:** **Date/time:** 06/09/2016 10:57:08 **Size:** 6 MB

10	cMYP Costing tool for financial analysis	5.1	cMYP_Costing_Tool_V3.9.2. RCI 2016_2020xlsx.xlsx **File desc:** **Date/time:** 06/09/2016 11:29:26 **Size:** 6 MB
11	M&E and monitoring plan in the country existing monitoring plan	5.1.4.	PLAN SUIVI ET EVALUATION PPAc.docx **File desc:** **Date/time:** 06/09/2016 11:20:24 **Size:** 99 KB
13	Introduction Plan for the introduction of rubella / JE / Men A / YF combined vaccine into the national programme.	7.x.4	Plan d'introduction RR_CI_V7_VF_transmettre_a_Gavi.pdf **File desc:** **Date/time:** 08/09/2016 12:45:10 **Size:** 2 MB
14	EPI Annual Plan with a 4-year perspective in the fight against measles and rubella		PSER et PAO.zip **File desc:** **Date/time:** 06/09/2016 11:13:30 **Size:** 2 MB
17	Evidence of commitment to fund purchase of RCV for use in the routine system in place of the first dose of MCV	7.x.3	Preuve_engagement_RR 2017 routine.zip **File desc:** **Date/time:** 26/09/2016 02:29:53 **Size:** 4 MB
18	Campaign target population documentation	7.x.1, 6.x.1	DETERMINATION DE LA CIBLE.docx **File desc:** **Date/time:** 06/09/2016 08:18:55 **Size:** 20 KB
22	Detailed model budget for the grant for the introduction of a vaccine / operating costs	6.x,7.x.2, 6.x.2	VIG and Op Cost Detail Template_2016_RR VF.xlsx **File desc:** **Date/time:** 07/09/2016 07:40:55 **Size:** 322 KB
27	Data quality assessment (DQA) report	5.1.4.	CIV_Rapport EQD_Revue PEV 2015_vf.pdf **File desc:** **Date/time:** 04/09/2016 05:37:04 **Size:** 1 MB
28	DQA improvement plan	5.1.4.	Plan_amelioration_qualité_donnés _RCI_12122014_VF.xlsx **File desc:** **Date/time:** 06/09/2016 05:53:55 **Size:** 45 KB
29	Campaign action plan	7.1, 7.x.4	PAO_AVS_RR_RCI 08SEPT16_VF_transmis_a_Gavi.pdf **File desc:** **Date/time:** 03/10/2016 06:26:01 **Size:** 1 MB

Table 2: List of optional attachments

Document Number	Attachment	Section	File

3	MoH Signature (or delegated authority) of Proposal for HPV support	4.1.1.	Signature VPH.docx **File desc:** This is not a proposal supporting HPV **Date/time:** 08/09/2016 08:04:33 **Size:** 17 KB
12	Vaccine introduction plan	5.1	Introduction plan MR_CI_V7_VF_transmit to Gavi.pdf **Fichier desc: Date/heure:** 03/10/2016 06:28:29 **Taille:** 2 MB
15	HPV vaccine roadmap or strategy	6.1.1.	FEUILLE DE HPV.docx **File desc:** This is not a submission for HPV **Date/time:** 06/09/2016 07:07:32 **Size:** 17 KB
16	Summary of the HPV vaccine assessment methodology	5.1.6.	RESUME METHODOLOGIE HPV.docx **File desc:** This is not a submission for HPV **Date/time:** 06/09/2016 07:04:23 **Size:** 17 KB
19	EVM report	8.3	CIV-EGEV 2015- RAPPORT-final V5-150729.pdf **File desc:** **Date/time:** 04/09/2016 05:47:03 **Size:** 3 MB
20	Improvement plan based on EVM	8.3	CIV-EGEV-2015-cIP v6-150807.pdf **File desc:** **Date/time:** 04/09/2016 05:52:04 **Size:** 376 KB
21	EVM improvement plan progress report	8.3	Rapport_MEO_plan_GEV_CI.xlsx **File desc:** **Date/time:** 06/09/2016 05:55:53 **Size:** 297 KB
23	Evaluation of risks and report on the MenA consensus meeting. If DTP has been used instead, please specify.	7.1	Evaluation risque MenA.docx **File desc:** This is not a submission for MenA **Date/time:** 06/09/2016 07:12:02 **Size:** 17 KB
24	National measles (and rubella) eradication plan if available		PSER_19aout12_ok.pdf **File desc:** STRATEGIC PLAN TO ELIMINATE MEASLES AND CONGENITAL RUBELLA SYNDROME IN CÔTE D'IVOIRE 2012-2020 **Date/time:** 04/09/2016 06:14:18 **Size:** 2 MB
25	A description of partner participation in preparing the application	4.1.3.	Processus décisionnel.docx **File desc:** **Date/time:** 06/09/2016 07:32:28 **Size:** 19 KB
26	Minutes of the NITAG meeting with specific recommendations on NVS introduction or the campaign	4.2	Next meeting GTV.zip **File desc:** The next meeting CNEIV (ITAG) is scheduled for 6 October 2016. This proposal will be on the agenda with a presentation by the DCPEV **Date/time:** 20/09/2016 06:39:14 **Size:** 42 KB

30	Other documents		CIV_Rapport_Global_Revue_PEV_2015_VF_a_imprimer.pdf **File desc:** External EPI review 2015 **Date/time:** 06/09/2016 06:58:58 **Size:** 2 MB VIG and Op Cost Detail Template_2016_Campagne RR_FINAL_OK.xlsx **File desc:** Detailed budget for the 2017 MR campaign **Date/time:** 08/09/2016 06:01:56 **Size:** 517 KB Formulaire Banquaire .pdf **File desc:** **Date/time:** 08/09/2016 12:04:36 **Size:** 881 KB Final Evaluation Report CAR_2014_completokok.pdf **Fichier desc:** Report of the External evaluation for campagne rougeole for 2014 **Date/heure:** 20/09/2016 03:47:09 **Taille:** 3 MB Technical Report Measles 2014_VF.pdf **Fichier desc:** **Date/heure:** 03/10/2016 06:34:29 **Taille:** 801
31	Evidence of MCV1 self-financing	5.1.5.	Evidence of self-finance MCV1.docx **File desc:** **Date/time:** 07/10/2016 06:00:24 **Size:** 5 KB

11. Appendices

Annex 1 - NVS Routine Support

Annex 1.1- NVS routine Support (MR, 10 doses per vial, LYOPHILISED, in first dose)

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

		2018	2019	2020
Number of vaccine doses	**#**	591 800	571 800	670 400
Number of AD syringes	**#**	551 700	508 500	596 300
Number of reconstitution syringes	**#**	65 700	63 500	74 500
Number of safety boxes	**#**	6 875	6 350	7 450
Total value to be co-financed by the Country *[1]*	**$**	394 500	380 500	446 000

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

		2018	2019	2020
Number of vaccine doses	**#**	722 900	514 200	443 800
Number of AD syringes	**#**	674 000	457 300	394 700
Number of reconstitution syringes	**#**	80 300	57 100	49 300
Number of safety boxes	**#**	8 375	5 725	4 950
Total value to be co-financed by Gavi	**$**	482 000	342 000	295 000

Table Annex 1.1 C: Summary table for MR vaccine, 10 dose(s) per vial, LYOPHILISED, in first dose

DI		Data from		2018	2019	2020
	Number of surviving infants	Table 5.2	#	885,585	908,610	932,234
	Immunisation Coverage	Table 5.2	%	95%	95%	95%
	Number of children to be vaccinated with the first dose	Table 5.2	#	841 306	863 180	885 622
	Number of doses per child	Parameter	#	1	1	1
	Estimated vaccine wastage factor	Table 5.2	#	1.25	1.25	1.25
	Number of doses per vial	Parameter	#	10	10	10
	AD syringes required	Parameter	#	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#	Yes	Yes	Yes
	Safety boxes required	Parameter	#	Yes	Yes	Yes
cc	**Country co-financing per dose**	Table 6.4.1	$	0.3	0.35	0.4
ca	**AD syringe price per unit**	Table Annexes 4A	$	0.041	0.041	0.041
cr	**Reconstitution syringe price per unit**	Table Annexes 4A	$	0.004	0.004	0.004
cs	**Safety box price per unit**	Table Annexes 4A	$	0.005	0.005	0.005
fv	**Freight cost as% of vaccines value**	Table Annexes 4B	%	2.95%	2.95%	2.95%
fd	**Freight cost as% of devices value**	Parameter	%	0	0	0

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

		Formula	2018		
			Total	Government	Gavi
A	Country co-financing	*V*	45,01 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2*	841 306	378 676	462 630
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	841 306	378 676	462 630
E	Estimated vaccine wastage factor	*Table 5.2*	1.25		
F	Number of doses needed including wastage	*D X E*	1 051 633	473 346	578 287
G	Vaccines buffer stock	*Buffer on doses needed = (D - D of previous year) x 25% Buffer on wastages = ((F - D) - (F of previous year - D of previous year)) x 25%, = 0 if negative result G = [buffer on doses needed] + [buffer on wastages]*	262 909	118 337	144 572
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	1 314 600	591 708	722 892
J	Number of doses per vial	*immunisation parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.11*	1 225 679	551 684	673 995
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.11*	145 921	65 680	80 241
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.11*	15 225	6 853	8 372
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	801 906	360 942	440 964
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	49 949	22 483	27 466
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	607	274	333
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	71	32	39
R	Freight cost for vaccines needed	*N x freight cost as of% of vaccines value (fv)*	23 663	10 651	13 012
H	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
Q2	Total funding needed	*(N+O+P+Q+R+S)*	876 196	394 382	481 814
U	Total country co-financing	*I x country co-financing per dose (cc)*	394 380		
V	Country co-financing % of Gavi supported proportion	*U / T*	45,01 %		

Table Annex 1.1 D: Estimated numbers for MR, 10 dose(s) per vial, LYOPHILISED, in first dose, associated injection safety material and related co-financing budget (page 2)

		Formula	2019		
			Total	Government	Gavi
A	Country co-financing	*V*	52,65 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2*	863 180	454 473	408 707
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	863 180	454 473	408 707
E	Estimated vaccine wastage factor	*Table 5.2*	1.25		
F	Number of doses needed including wastage	*D X E*	1 078 975	568 091	510 884
G	Vaccines buffer stock	*Buffer on doses needed = (D - D of previous year) x 25% Buffer on wastages = ((F - D) - (F of previous year - D of previous year)) x 25%, = 0 if negative result G = [buffer on doses needed] + [buffer on wastages]*	6 836	3 600	3 236
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	1 085 900	571 737	514 163
J	Number of doses per vial	*immunisation parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.11*	965 718	508 460	457 258
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.11*	120 535	63 463	57 072
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.11*	12 058	6 349	5 709
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	662 399	348 760	313 639
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	39 355	20 721	18 634
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	501	264	237
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	56	30	26
R	Freight cost for vaccines needed	*N x freight cost as of% of vaccines value (fv)*	19 547	10 292	9 255
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total funding needed	*(N+O+P+Q+R+S)*	721 858	380 067	341 791
U	Total country co-financing	*I x country co-financing per dose (cc)*	380 065		
V	Country co-financing % of Gavi supported proportion	*U / T*	52,65 %		

Table Annex 1.1 D: Estimated numbers for MR, 10 dose(s) per vial, LYOPHILISED, in first dose, associated injection safety material and related co-financing budget (page 3)

		Formula	2020		
			Total	Government	Gavi
A	Country co-financing	*V*	60,17 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2*	885 622	532 901	352 721
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	885 622	532 901	352 721
E	Estimated vaccine wastage factor	*Table 5.2*	1.25		
F	Number of doses needed including wastage	*D X E*	1 107 028	666 126	440 902
G	Vaccines buffer stock	*Buffer on doses needed = (D - D of previous year) x 25% Buffer on wastages = ((F - D) - (F of previous year - D of previous year)) x 25%, = 0 if negative result G = [buffer on doses needed] + [buffer on wastages]*	7 014	4 221	2 793
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	1 114 100	670 382	443 718
J	Number of doses per vial	*immunisation parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.11*	990 826	596 205	394 621
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.11*	123 666	74 413	49 253
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.11*	12 371	7 444	4 927
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	679 601	408 933	270 668
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	40 378	24 297	16 081
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	514	310	204
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	58	35	23
R	Freight cost for vaccines needed	*N x freight cost as of% of vaccines value (fv)*	20 054	12 067	7 987
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total funding needed	*(N+O+P+Q+R+S)*	740 605	445 642	294 963
U	Total country co-financing	*I x country co-financing per dose (cc)*	445 640		
V	Country co-financing % of Gavi supported proportion	*U / T*	60,17 %		

Annex 2 – NVS Routine Support – Preferred Second Presentation

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

Annex 3 – NVS Preventive campaign(s)

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

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

DI		Data from		2017	2018	2019	2020
	Total target population	Table 5.2	#	13,386,367	0	0	0
	Number of doses per persons	Parameter	#	1	1	1	1
	Vaccine wastage rates	Table 6.4.1	#	10	0	0	0
	Estimated vaccine wastage factor	Table 5.2	#	1.11	1	1	1
	Number of doses per vial	Parameter	#	10	10	10	10
	AD syringes required	Parameter	#	Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#	Yes	Yes	Yes	Yes
	Safety boxes required	Parameter	#	Yes	Yes	Yes	Yes

ca	**AD syringe price per unit**	Table Annexes 4A	$	0.041	0.041	0.041	0.041
cr	**Reconstitution syringe price per unit**	Table Annexes 4A	$	0.004	0.004	0.004	0.004
cs	**Safety box price per unit**	Table Annexes 4A	$	0.005	0.005	0.005	0.005
fv	**Freight cost as% of vaccines value**	Table Annexes 4B	%	2.95%	2.95%	2.95%	2.95%
fd	**Freight cost as% of devices value**	Parameter	%	0	0	0	0

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

		Formula	2017		
			Total	Government	Gavi
B	Gavi support	*Table 5.3.1*	13,386,367	0	13,386,367
C	Number of doses per persons	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	13,386,367	0	13,386,367
E	Estimated vaccine wastage factor	*100 / (100 – Vaccine wastage rate)*	1.11		
F	Number of doses needed including wastage	*D X E*	14,858,868	0	14,858,868
G	Vaccines buffer stock	*0*	0	0	0
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	14,858,900	0	14,858,900
J	Number of doses per vial	*immunisation parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.11*	14,858,868	0	14,858,868
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.11*	1,649,338	0	1,649,338
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.11*	183,242	0	183,242
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	9,063,929	0	9,063,929
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	605,526	0	605,526
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	6,853	0	6,853
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	845	0	845
R	Freight cost for vaccines needed	*N x freight cost as of% of vaccines value (fv)*	267,461	0	267,461
H	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
Q2	Total funding needed	*(N+O+P+Q+R+S)*	9,944,614	0	9,944,614

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

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

		Formula	2018		
			Total	Government	Gavi
B	Gavi support	*Table 5.3.1*	0	0	0
C	Number of doses per persons	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	0	0	0
E	Estimated vaccine wastage factor	*100 / (100 – Vaccine wastage rate)*	1		
F	Number of doses needed including wastage	*D X E*	0	0	0
G	Vaccines buffer stock	*0*	0	0	0
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	0	0	0
J	Number of doses per vial	*immunisation parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.11*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.11*	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	0	0	0
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of% of vaccines value (fv)*	0	0	0
H	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
Q2	Total funding needed	*(N+O+P+Q+R+S)*	0	0	0

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

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

		Formula	2019		
			Total	Government	Gavi
B	Gavi support	*Table 5.3.1*	0	0	0
C	Number of doses per persons	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	0	0	0
E	Estimated vaccine wastage factor	*100 / (100 – Vaccine wastage rate)*	1		
F	Number of doses needed including wastage	*D X E*	0	0	0
G	Vaccines buffer stock	*0*	0	0	0
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	0	0	0
J	Number of doses per vial	*immunisation parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.11*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.11*	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	0	0	0
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of% of vaccines value (fv)*	0	0	0
H	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
Q2	Total funding needed	*(N+O+P+Q+R+S)*	0	0	0

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

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

		Formula	2020		
			Total	Government	Gavi
B	**Gavi support**	*Table 5.3.1*	0	0	0
C	**Number of doses per persons**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B X C*	0	0	0
E	**Estimated vaccine wastage factor**	*100 / (100 – Vaccine wastage rate)*	1		
F	**Number of doses needed including wastage**	*D X E*	0	0	0
G	**Vaccines buffer stock**	*0*	0	0	0
I	**Total vaccine doses needed**	*Round up((F + G) / Vaccine package size) * Vaccine package size*	0	0	0
J	**Number of doses per vial**	*immunisation parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G) x 1.11*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.11*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.11*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	0	0	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of% of vaccines value (fv)*	0	0	0
H	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
Q2	**Total funding needed**	*(N+O+P+Q+R+S)*	0	0	0

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

Annex 4

Table Annex 4A: Commodities Cost

Estimated prices of supplies are not disclosed

Table Annex 4B: Freight cost as percentage of value

Vaccine Antigen	Type of Vaccine	2017	2018	2019
MR, 10 dose(s) per vial, LYOPHILISED	OR	2.73 %	2.73 %	2.73 %

Vaccine Antigen	Type of Vaccine	2020
MR, 10 dose(s) per vial, LYOPHILISED	OR	2.73 %

Table Annex 4C: Preparatory transition phase - Minimum country's co-payment per dose of co-financed vaccine.

Vaccine	2018	2019
MR, 10 dose(s) per vial, LYOPHILISED, in first dose	0.3	0.35

Vaccine	2020
MR, 10 dose(s) per vial, LYOPHILISED, in first dose	0.4

Table Annex 4D: Wastage rates and factors

The table below presents the wastage rates for the different vaccines (routine immunisation and campaigns) for 2017.

Vaccine	dose(s) per vial	Maximum Wastage rate*		Benchmark Wastage Rate ***
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	40 %	0 %	
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	10 %	0 %	
Meningococcal, 10 dose(s) per vial, LYOPHILISED	10	50 %	10 %	
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	10 %	0 %	
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	5 %	0 %	
Rotavirus, 2-doses schedule	1	5 %	0 %	
Rotavirus, 3-doses schedule	1	5 %	0 %	
Measles, 10 dose(s) per vial, LYOPHILISED, in second dose	10	40 %	0 %	
JE, 5 dose(s) per vial, LYOPHILISED	5	10 %	10 %	
HPV bivalent, 2 dose(s) per vial, LIQUID	2	10 %	0 %	
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5 %	0 %	
MR, 10 dose(s) per vial, LYOPHILISED, in second dose	10	40 %	15 %	

Observations:

Sources WHO recommended wastage rates

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

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

Table Annex 4E: Vaccine maximum packed volumes

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

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

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

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

12. Banking form

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

Name of Institution (Account Holder):	MINISTERE DE LA SANTE ET DE L'HYGIENE PUBLIQUE		
Address:	CITE ADMINISTRATIVE TOUR C 16 e ETAGE BP 16 ABIDJAN		
City, Country:	ABIDJAN, COTE D'IVOIRE		
Telephone no.:	(00225) 20 21 08 71	**Fax no.:**	
	Currency of the bank account:	CFA Franc (BCEAO)	
For credit to:			
Bank account's title:	REGIE D'AVANCE SSV GAVI		
Bank account no.:	CI 059 01001 131224652501 41		
Bank name:	ECOBANK CÔTE D'IVOIRE		

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

By whom is the account audited? ASSOCIATED AUDITORS IN AFRICA-KPMG CI

Signature of Government's authorising official

Name:	RAYMONDE GOUDOU COFFIE	**Seal**
Title:	MINISTER OF PUBLIC HEALTH	
Signature:		
Date:	07/09/2016	

FINANCIAL INSTITUTION		**CORRESPONDENT BANK (in the US)**	
Bank name:	ECOBANK CÔTE D'IVOIRE		
Branch Name:			
Address:	IMMEUBLE ALLIANCE AV. TERRASSON DE FOUGERES 01BP 4107 ABIDJAN 01 CÔTE D'IVOIRE		
City, Country:	ABIDJAN, COTE D'IVOIRE		
Swift Code:	ECOCCIAB		
Sort Code:	01001		
ABA No.:	CI 059 01001 131224652501 41		
Telephone No.:	(00225) 20 31 92 00		
FAX No.:	(00225) 20 21 88 16		

I certify that the account No. 131224652501 is held by REGIE D'AVANCE SSV GAVI at this banking

institution.

The account is to be signed jointly by at least 1 (number of signatories) of the following authorised signatories:

1		
	Name:	BANGASSARO AWA COULIBAL
	Title:	IMPREST ADMINISTRATOR FOR HEALTH AND THE FIGHT AGAINST AIDS MANAGING THE ISS-GAVI PROGRAMME
2		
	Name:	
	Title:	
3		
	Name:	
	Title:	

Name of bank's authorising official
CHARLES DABOIKO
Signature:
Date: 07/09/2016 00:00:00
Seal: