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| *The GAVI Alliance* |

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| **Funding request for country responses to conditions** |

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| *For Support to:* |

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| *Routine New Vaccines Support* |

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| The Government of |

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| ***Cote d'Ivoire*** |

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| Date of submission: **31/01/2013** |

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| **Deadline for submission: 01/02/2013** |

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

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| Start Year |

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| 2011 |

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| 2015 |

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| **Form revised in 2012** |

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| **Use with instructions dated December 2012** |

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| **Please submit the Proposal using the online platform** |
| [https://AppsPortal.gavialliance.org/PDExtranet](https://appsportal.gavialliance.org/PDExtranet) |

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| Enquiries to: proposals@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public. The Proposal and attachments must be submitted in English, French, Spanish, or Russian. |
| Note: Please ensure that the application has been received by the GAVI Secretariat on or before the day of the deadline. |
|  The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.  |

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| **GAVI ALLIANCE GRANT TERMS AND CONDITIONS** |
| **FINANCING USED SOLELY FOR APPROVED PROGRAMMES** |
| The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.  |
| **AMENDMENT TO THE APPLICATION** |
| The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. GAVI Alliance will provide the necessary documents for the approved change, and the country's request will be duly amended. |
| **RETURN OF FUNDS** |
| The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance. |
| **SUSPENSION/ TERMINATION** |
| The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in this application, or any GAVI Alliance-approved amendment to this application. GAVI Alliance reserves the right to terminate its support to the Country for the programs described in this proposal if GAVI Alliance receives confirmation of abusive use of the funds granted by GAVI Alliance. |
| **LUTTE CONTRE LA CORRUPTION** |
| The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice. |
| **AUDITS AND RECORDS** |
| The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country. |
| The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit. |
| **CONFIRMATION OF LEGAL VALIDITY** |
| The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR. |
| **CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY** |
| The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein. |
| **USE OF COMMERCIAL BANK ACCOUNTS** |
| The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event. |
| **ARBITRATION** |
| Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. |
| . The languages of the arbitration will be English or French. |
| For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI 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. |
| The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application. |

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| **1 Application specifications** |
| Please specify for which type of GAVI support you would like to apply to. |

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| **Type of Support** | **Vaccine** | **Start Year** | **End year** | **Preferred second presentation[1]** |
| Routine New Vaccines Support | Pneumococcus vaccine (VPC13), 1 dose per vial, liquid | 2013 | 2015 | Pneumococcus vaccine (VPC10), 2 doses per vial, liquid |

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| **[1]**This ***"Second choice formulation" will be used if the first-choice vaccine formulation is not available (as selected in the Vaccine column).*** If left blank, it will be assumed that the country will prefer waiting until the selected vaccine becomes available. |

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|  |  |  | *6.2.4 Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)* |
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|  | *10 Attachments* |
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|  |  |  | *Table Annex 1.1 A Rounded up portion of supply that is procured by the country and estimate of relative costs in US$* |
|  |  |  | *Table Annex 1.1 B Rounded up portion of supply that is procured by GAVI and estimate of relative costs in US$* |
|  |  |  | *Table Annex 1.1 C Summary table for vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID* |
|  |  |  | *Table Annex 1.1 D Estimated numbers for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID, associated injection safety material and related co-financing budget (page 1)* |
|  |  | *Annex 2 - NVS Routine – Preferred Second Presentation* |
|  |  |  | *Annex 2.1 Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID* |
|  |  |  | *Table Annex 2.1 A Rounded up portion of supply that is procured by the country and estimate of relative costs in US$* |
|  |  |  | *Table Annex 2.1 B Rounded up portion of supply that is procured by GAVI and estimate of relative costs in US$* |
|  |  |  | *Table Annex 2.1 C Summary table for vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID* |
|  |  |  | *Table Annex 2.1 D Estimated numbers for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID, associated injection safety material and related co-financing budget (page 1)* |
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|  |  |  | *Table Annex 4C: Intermediate - Minimum country's co-payment per dose of co-financed vaccine.* |
|  |  |  | *Table Annex 4D: Wastage rates and factors* |
|  |  |  | *Table Annex 4E: Vaccine maximum packed volumes* |
|  |  |  |  |
|  | *12 Banking form* |

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| **3 Executive Summary** |

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| Please provide a summary of your country's proposal, including the following the information: |
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|  | For each specific request, NVS routine support or NVS campaign :  |
|  |  | Duration of support |
|  |  | The total amount of funds |
|  |  | Details of the vaccine(s), if applicable |
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|  | Relevant baseline data, including: |
|  |  | DTP3 and Measles coverage data (as reported on the WHO/UNICEF Joint Reporting Form) |
|  |  | Birth cohort, targets and immunisation coverage by vaccines |
|  |
|  | Country preparedness |
|  |  | Summary of EVM assessment |
|  |
|  | The nature of stakeholders' participation in developing this proposal |
|  |  | Inter-Agency Coordinating Committee |
|  |
| Côte d'Ivoire submits a bid to GAVI for the introduction of the pneumococcal vaccine. This support requested from GAVI will cover the period going from 2013 to 2015. It will be renewed with the update of the cMYP 2011 - 2015. The cost related to the introduction of this vaccine for the period 2013-2015 is 32 729 074 USD. This cost includes: the cost of vaccines and consumables in the amount of US $29,396,000, operational costs in the amount of US $3,333,074.After analysis, the country has chosen the liquid injectable antipneumococcal vaccine (PCV13) in a single dose per vial.The reference data for the year 2011 in regards to immunisation coverage for the 3rd dose of the pentavalent vaccine and for the measles vaccines are 62% and 49%, respectively.The PCV 13 will target children ages 0 to 11 months at the rate of: 750,731 children in 2013, 762,377 children in 2014 and 773,035 children in 2015. The immunisation coverage targets being 94%, 96% and 98%, respectively.As a precursor to the introduction of the PCV 13, an evaluation of the vaccine supply chain was organized. This evaluation brought out the fact that Cote d'Ivoire has sufficient capacity available for vaccine storage and a suitable vaccine transportation system from the central level out to the regional level. However, it brought out a certain number of deficiencies, including the absence of continuous temperature recorders at all levels. The recommendations formulated will allow all of these deficiencies to be corrected.This proposal to GAVI has received the approval of the Limited Thematic Group for immunisation (LTG) in its 17 August 2012 session, and of the Interagency Coordination Committee (ICC) in its 21 August 2012 session. |

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| **4 Signatures** |

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| **4.1 Signatures of the Government and National Coordinating Body** |

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| **4.1.1 The Government and the Inter-Agency Coordinating Committee (ICC) for Immunisation** |

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| The Government of Côte d'Ivoire would like to expand the existing partnership with the GAVI Alliance for the improvement of the infants routine immunisation programme of the country, and specifically hereby requests for GAVI support for |

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| Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID routine introduction |

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| 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 the GAVI Alliance and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application. |

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

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

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| The payment for the first year of co-financed support will be around December 2013 for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID. |

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| Please note that this application will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health and Minister of Finance or their delegated authority. |

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| **Minister of Health (or delegated authority)** | **Minister of Finance (or delegated authority)** |
| **Name** | JEAN KOUAME DENOMAN | **Name** | KALOU EMMANUEL |
| **Date:** |  | **Date:** |  |
| **Signature** |  | **Signature** |  |

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| *This report has been compiled by (these persons may be contacted in case the GAVI Secretatiat has queries on this document):*  |

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| --- | --- | --- | --- |
| **Full name** | **Position** | **Telephone number** | **Email** |
| BROU Aka Noël | EPI Coordinating Director | (00225)05867396/(00225)41144546/+225 21 24 25 29 | brouaka\_1@yahoo.com |

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| **4.1.2 National Coordinating Body - Inter-Agency Coordinating Committee (ICC) for Immunisation** |

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| We the members of the ICC, HSCC, or equivalent committee [1] met on the 21/08/2012 to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached. |

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| [1] Inter-agency Coordinating Committee or Health Sector Coordinating Committee, or equivalent committee which has the authority to endorse this application in the country in question. |

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| The endorsed minutes of this meeting are attached as document number 4. |

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| **Name/Title\*** | **Agency/Organisation\*** | **Signature** |
| Dr. ADOU Innocent/ Director of Police Healthcare | Ministry of the Interior |  |
| Dr. AMMAR ABDO AHMED / Regional Director for Africa | Agency for Preventive Medicine |  |
| Dr. ANOUAN N'guessan Jean / National Coordinator for EPIVAC | Ministry of Health and the Fight Against AIDS |  |
| Dr. ASSAOLE N’Dri David / Director of Community Health and of Local Healthcare | Ministry of Health and the Fight Against AIDS |  |
| Dr. BASSALIA Diawara / Director of SASED | Ministry of Health and the Fight Against AIDS |  |
| Dr. BROU Aka Noël / Coordinating Director of EPI | Ministry of Health and the Fight Against AIDS |  |
| Dr. DUNKAN Rachel / Director of Pharmacy and Drugs | Ministry of Health and the Fight Against AIDS |  |
| Dr. KOFFI Zamblé / Focal Point for Foreign Assistance | Ministry of Health and the Fight Against AIDS |  |
| Dr. KOUASSI-GOHOU Adri Valérie / Director of Information, Planning and Evaluation | Ministry of Health and the Fight Against AIDS |  |
| Dr. N'goran-Theckly Yoboué Patricia / Coordinating Director of NNP | Ministry of Health and the Fight Against AIDS |  |
| Dr. Yokouidé ALLARANGAR/ Resident Representative | World Health Organisation |  |
| Mr. AMANI Yao Joseph / Director of Financial Affairs for the Ministry of Health and the Fight Against AIDS | Ministry of Health and the Fight Against AIDS |  |
| Mr. ADJA N'drin David/ Financial Controller with the Ministry in charge of Health | Financial Controller with the Ministry in charge of Health |  |
| Mr. AKOTO Kouassi Olivier / Chief of the Communications Department and Public Relations | Ministry of Health and the Fight Against AIDS |  |
| Mr. Hervé DE LYS/ Resident Representative | United Nations Childrens Fund |  |
| Mr. LOUKOU Dia / Director of Human Resources | Ministry of Health and the Fight Against AIDS |  |
| Mr. TRA Bi Yrié Denis / Director of Infrastructure, Equipment and Maintenance | Ministry of Health and the Fight Against AIDS |  |
| Physician/Commissioner Nambala TOURE /Director of Healthcare Professions and Facilities | Ministry of Health and the Fight Against AIDS |  |
| Mrs. LATTROH Marie Essoh / Technical Advisor | Ministry of the Economy and Finance |  |
| Mrs. Marie Irène RICHMOND /Chair of the Polio Plus Commission | Rotary International |  |
| Mrs. KONE née SANOGO Peté Solange / President  | FENOSCI (NGOs involved in immunisation) |  |
| Prof. ASSA Allou / Director General of Health, Ministry of Health and the Fight Against AIDS | Ministry of Health and the Fight Against AIDS |  |
| Prof. DAGNAN N'cho Simplice / UFR SMP Representative | Ministry of Higher Education and Scientific Research |  |
| Prof. DOSSO Mireille / Director of the Institut Pasteur in Côte d'Ivoire | Ministry of Higher Education and Scientific Research |  |
| Prof. KOUASSI Dinard/ Director of the National Institute for Public Health | Ministry of Health and the Fight Against AIDS |  |
| Prof. ODEHOURI-KOUDOU Paul / Director of the National Institute for Public Hygiene | Ministry of Health and the Fight Against AIDS |  |
| Prof. SAMBA Mamadou / Director of DPPS | Ministry of Health and the Fight Against AIDS |  |
| Prof. YAPI Ange Désiré / Director of the Public Health Pharmacy | Ministry of Health and the Fight Against AIDS |  |

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| **4.1.3 Inter-Agency Coordinating Committee (ICC) for Immunisation** |

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| Agencies and partners (including development partners and NGOs) supporting immunisation services are co-ordinated and organised through an inter-agency coordinating mechanism (ICC, HSCC, or equivalent committee). The ICC, HSCC, or equivalent committee is responsible for coordinating and guiding the use of the GAVI NVS routine support and/or campaign support. Please provide information about the ICC, HSCC, or equivalent committee in your country in the table below. |

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| **Profile of the ICC, HSCC, or equivalent committee** |

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| **Name of the committee** | Interagency Coordination Committee |
| **Year of constitution of the current committee** | 2001 |
| **Organisational structure (e.g., sub-committee, stand-alone)** | Stand-alone committee |
| **Frequency of meetings** | 4 ordinary meetings and as many extraordinary meetings, according to the situation |

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| **Composition** |

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| **Position** | **Title / Organization** | **Name** |
| **Chair** | Minister of Health and the Fight Against AIDS/Ministry of Health and the Fight Against AIDS | Prof. N'DRI-YOMAN A. Therèse |
| **Secretary** | Director General of Health/Ministry of Health and the Fight Against AIDS | Prof. ASSA Allou |
| **Members** | Focal Point for Foreign Assistance/ Ministry of Health and the Fight Against AIDS | Dr. KOFFI Zamblé  |
| Director of Financial Affairs/ Ministry of Health and the Fight Against AIDS | Mr. AMANI Yao Joseph  |
| Director of Infrastructure, Equipment and Maintenance/Ministry of Health and the Fight Against AIDS | Mr. TRA Bi Yrié Denis |
| Director of Human Resources/ Ministry of Health and the Fight Against AIDS | Mr. LOUKOU Dia |
| Director of Community Health and Local Medicine/ Ministry of Health and the Fight Against AIDS  | Dr. ASSAOLE N’Dri David |
| Director of Pharmacy and Drugs/ Ministry of Health and the Fight Against AIDS | Dr. DUNKAN Rachel |
| Director of Information, Planning and Evaluation/ Ministry of Health and the Fight Against AIDS  | Dr. KOUASSI-GOHOU Adri Valérie |
| Director of Healthcare Professions and Facilities/ Ministry of Health and the Fight Against AIDS | Physician/Commissioner Nambala TOURE |
| Director of the National Institute of Public Health/ Ministry of Health and the Fight Against AIDS | Prof. KOUASSI Dinard |
| National Coordinator for EPIVAC/ Ministry of Health and the Fight Against AIDS | Dr. ANOUAN N'guessan Jean  |
| Director of DPPS/ Ministry of Health and the Fight Against AIDS | Prof. SAMBA Mamadou |
|  EPI Coordinating Director/ Ministry of Health and the Fight Against AIDS | Dr. BROU Aka Noël  |
| Director of SASED/ Ministry of Health and the Fight Against AIDS | Dr. BASSALIA Diawara |
| Director of the National Institute of Public Hygiene/ Ministry of Health and the Fight Against AIDS | Prof. ODEHOURI-KOUDOU Paul |
| Chief of the Communications Department and Public Relations/ Ministry of Health and the Fight Against AIDS  | Mr. AKOTO Kouassi Olivier |
| Director of the Public Health Pharmacy/ Ministry of Health and the Fight Against AIDS | Prof. YAPI Ange Désiré |
| Coordinating Director of NNP/ Ministry of Health and the Fight Against AIDS | Dr. N'goran-Theckly Yoboué Patricia |
| Resident Representative/World Health Organization | Dr. Yokouidé ALLARANGAR |
| Resident Representative/United Nations Children’s Fund | Mr. Hervé DE LYS |
| Regional Director for Africa/Agency for Preventive Medicine | Dr. AMMAR ABDO AHMED |
|  Chair of the Polio Plus Commission/ROTARY International | Mrs. Marie Irène RICHMOND |
| Ministry of the Interior/Director of Police Healthcare | Dr. ADOU Innocent |
| Financial Controller with the Ministry in charge of Health | Mr. ADJA N'drin David |
|  Director of the Pasteur Institute in Côte d'Ivoire/Ministry of Higher Education and Scientific Research | Prof. DOSSO Mireille |
|  UFR SMP Representative/Ministry of Higher Education and Scientific Research | Prof. DAGNAN N'cho Simplice |
| Technical Advisor/Ministry of Economy and Finance | Mrs. LATTROH Marie Essoh |
| President/FENOSCI (NGOs involved in immunisation) | Mrs. KONE née SANOGO Peté Solange |
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| Major functions and responsibilities of the ICC/HSCC: |

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| The ICC has as its main missions:* To approve the annual action plan for the year in progress proposed by the DCPEV and the INHP
* To monitor the implementation of scheduled immunisation activities
* To issue an opinion on the operation of the DCPEV
* To issue an opinion on the DCPEV budget plan financed by the General State Budget and the partners and to monitor its execution
* To examine and approve the annual report of the DCPEV drawn up by the Coordinating Director of the EPI
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| Three major strategies to enhance the committee's role and functions in the next 12 months |

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| **1** | Involve the private sector, in particular in the mobilization of financial resources |
| **2** | Strengthen the composition of members of Civil Society (CSO) and their role in the planning and monitoring of immunisation acitivities |
| **3** | Involve the Ivorian Pediatric Society in informing and raising awareness of the population and in evaluating the impact of new vaccines |

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| **4.2 National Immunisation Technical Advisory Group for Immunisation** |

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| (If it has been established in the country) |

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| We the members of the NITAG met on the to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached. |

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| The endorsed minutes of this meeting are attached as document number 4. |

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| **4.2.1 National Immunisation Technical Advisory Group for Immunisation** |

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| **Profile of the NITAG** |

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| **Name of the NITAG** |  |
| **Year of constitution of the current NITAG** |  |
| **Organisational structure (e.g., sub-committee, stand-alone)** |  |
| **Frequency of meetings** |  |

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| **Composition** |

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| **Position** | **Title / Organization** | **Name** |
| **Chair** |  |  |
| **Secretary** |  |  |
| **Members** |  |  |

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| Major functions and responsibilities of the NITAG |

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| Three major strategies to enhance the NITAG's role and functions in the next 12 months |

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| **5 Data on the immunization program** |

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| **5.1 Primary information** |

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

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| ▪  | Please refer to the Comprehensive Multi-Year Plan for Immunisation (cMYP) (or equivalent plan) and attach a complete copy (with an Executive Summary) as DOCUMENT NUMBER : 6 |
| ▪  | Please attach relevant Vaccine Introduction Plans as DOCUMENT NUMBER : 7 |
| ▪  | Please refer to the two most recent joint WHO/UNICEF reports on vaccination activities. |
| ▪  | Please refer to Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate. |

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| Basic facts for the year 2011 (the most recent; specify dates of data provided) |

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|  | **Figure** | **Year** | **Source** |
| Total population | 22,594,238 |  | 2011 | INS |
| Infant mortality rate  | 96 |  | 2011 | INS |
| Surviving infants[1] | 732,591 |  | 2011 | INS |
| GNI per capita (US$) | 1,639 |  | 2011 | World Bank |
| Total Health Expenditure (THE) as a percentage of GDP | 25 | % | 2008 | Review of public expenditures |
| General government expenditure on health (GGHE) as % of General government expenditure  | 36 | % | 2008 | National Health Accounts |

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| [1] Surviving infants = Infants surviving the first 12 months of life |

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| Please provide some additional information on the planning and budgeting context in your country |
| **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, budgetary conferences are organized successively at the district, regional and central level after communicating the budget allowance to the ministries under the supervision of the Ministry of Economy and Finances.* Budget on own resources

The budget forecast of health facilities payments for medical acts 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) management committee for the health centers in each locality.**BUDGET NOTIFICATION**The notification of the General State Budget (BGE) is done at the beginning of the year.**MONITORING THE EXECUTION OF THE BUDGET*** General State Budget (BGE)

The monitoring of the execution of the BGE occurs through quarterly reports sent by the health district to the regional level and from the regional level to the central level. Periodic monitoring is carried out by the Directorate of Financial Affairs (DAF) with each expenditure commitment at all levels of the health pyramid thanks to the Integrated Public Finance System.* Budget on own resources

Monthly monitoring reports are drawn up and sent to the hierarchical superior.  |
| 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) 2012-2015. |
| Is the CMYP (or updated Multi-Year Plan) aligned with the document (timing, content, etc.) |
| The PNDS 2012-2015 incorporates the information from the cMYP 2011-2015. |
| Please indicate the national planning budgeting cycle for health |
| The development of government-financed budget plans for the year (n+1) occurs at the latest in September of the 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 planning cycle for immunisation activities follows the national planning cycle as indicated above. |
| Please indicate if sex disaggregated data (SDD) is used in immunisation routine reporting systems |
| The data collection system related to immunisation does not take into account differences by sex. |
| Please indicate if gender aspects relating to introduction of a new vaccine have been addressed in the introduction plan  |
| Gender-specific aspects related to the introduction of new vaccines were not addressed in the introduction plan. |
| Please describe any recent evidence of socio-economic and/or gender barriers to the immunisation programme through studies or surveys? |
| No socio-economic barrier related to gender was observed nor was it the subject of a study or survey. However, for future surveys (DHS, immunisation coverage survey), it will be possible to take into account gender specificity. |
| Country should provide an outline of all preparatory activities for vaccine(s) introduction |
| * - Train the players at all levels (central, regional and peripheral)
* - Revise the manuals and other EPI training documents
* - Support immunisation activities in fixed, outreach and mobile strategies
* - Support districts in micro-planning
* - Supply regions and districts with defective equipment for the cold chain
* - Provide maintenance of cold chain equipment at all levels
* - Acquire vaccines and injection materials
* - Distribute the inputs to regions, districts and health facilities
* - Strengthen means of transportation of regions and districts
* - Reproduce and disseminate management tools
* - Monitor immunisation activities at all levels
* - Organize supervisions at all levels
* - Conduct operational research on pneumococcus
* - Evaluate the introduction process for the pneumococcal vaccine
* - Organize the official launch for the introduction of the pneumococcal vaccine (ceremony, press briefing)
* - Design and disseminate awareness-raising messages through the media, traditional communication networks and NTIC (advertisements and programs)
* - Produce communication materials and immunisation calendar
* - Draw up a plan for mobilizing additional resources
* - Organize an information and awareness-raising meeting for public and private sector pediatricians
* - Organize an information and awareness-raising meeting for journalists from the audio, visual and written media
* - Train the CSE and CPEV on monitoring pneumococcal meningitis and AEFI
* - Make collection sets and notification forms available to the districts
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| **5.2 Baseline data and annual objectives (NVS routine immunization)** |

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

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|  | **Number** | **Base Year** | **Baseline and Targets** | **Baseline and Targets** | **Baseline and Targets** |
|  |  | **2011** | **2013** | **2014** | **2015** |
| **Total number of births** | 807,574 | 825,342 | 836,765 | 847,069 |
| **Total infants’ deaths** | 72,682 | 75,096 | 74,388 | 74,034 |
| **Total surviving infants** | 734,892 | 750,246 | 762,377 | 773,035 |
| **Total pregnant women** | 847,953 | 866,609 | 762,377 | 773,035 |
| **Target population vaccinated with BCG** | 594,235 | 612,862 | 711,251 | 762,363 |
| **BCG coverage** | 74 % | 74 % | 85 % | 90 % |
| **Target population vaccinated with OPV3** |  |  |  |  |
| **OPV3 coverage** | 58 % | 94 % | 96 % | 98 % |
| **Number of infants vaccinated (to be vaccinated) with DTP1** | 547,419 | 750,246 | 762,377 | 773,035 |
| **Number of infants vaccinated (to be vaccinated) with DTP3** | 452,259 | 705,688 | 731,882 | 757,575 |
| **DTP3 coverage** | 62 % | 94 % | 96 % | 98 % |
| **Wastage[1] rate in base-year and planned thereafter (%) for DTP** | 5 | 10 | 10 | 0 |
|  | 1.05 | 1.11 | 1.11 | 1.00 |
| **1.00 Target population vaccinated with 1st dose of Pneumococcal (PCV13)** | 0 | 750,246 | 762,377 | 773,035 |
| **Target population vaccinated with 3rd dose of Pneumococcal (PCV13)** | 0 | 705,688 | 731,882 | 757,575 |
| **Pneumococcal (PCV13) coverage** | 0 % | 94 % | 96 % | 98 % |
| **First Presentation: Pneumococcus vaccine (VPC13), 1 dose per vial, liquid** |  |  |  |  |
|  | **Wastage[1] rate in base-year and planned thereafter (%)** | 0 | 5 | 5 | 5 |
|  | **Wastage rate [1] in base-year and planned thereafter (%)** | 1.00 | 1.05 | 1.05 | 1.05 |
|  | **Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID** | 5 % | 5 % | 5 % | 5 % |
| **Second Presentation: Pneumococcus vaccine (VPC10), 2 doses per vial, liquid** |  |  |  |  |
|  | **Wastage[1] rate in base-year and planned thereafter (%)** | 0 | 5 | 5 | 5 |
|  | **Wastage rate [1] in base-year and planned thereafter (%)** | 1.00 | 1.05 | 1.05 | 1.05 |
|  | **Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID** | 10 % | 10 % | 10 % | 10 % |
| **Target population vaccinated with 1st dose of Measles** | 357,000 | 638,122 | 686,140 | 734,384 |
| **Measles coverage** | 49 % | 85 % | 90 % | 95 % |
| **Number of infants vaccinated (to be vaccinated) with 1st dose of TT+** | 497,010 | 693,288 | 720,455 | 756,009 |
| **TT+ coverage** | 59 % | 80 % | 95 % | 98 % |
| **Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100** | 17 % | 6 % | 4 % | 2 % |

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| **[1]** Number of infants vaccinated as compared to total number of births |
| **[2]** Number of infants vaccinated out of total surviving infants |
| [3] Indicate total number of children vaccinated with either DTP alone or combined |
| [4] Number of pregnant women vaccinated with TT+ out of total pregnant women |
| [5] The formula to calculate a vaccine wastage rate (in percentage): [ ( A - B ) / A ] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. |

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| **5.3 Baseline data and annual objectives for the prevention campaign** |

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| No NVS Prevention Campaign Support this year |

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| **6 New and underused vaccines (routine NVS)** |

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| **6.1 Calculation of the morbidity load for corresponding diseases (if available)** |

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| **Disease** | **Title of the assessment** | **Date:** | **Results** |
| Pneumococcal infections | Routine surveillance | 2002 - 2011 | 3770 suspected cases of meningitis were counted in the medical pediatrics department of the Yopougon CHU. Out of the 169 purulent CSF with bacterial growth, the following were isolated: S. pneumoniae (52%) serotypes 1,6A,14;Influenzae (42%) ;N. meningitidis (6%) |

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| If new or under-used vaccines have already been introduced in your country, please give details of the lessons learned from previous introduction(s) specifically for: storage capacity, protection from accidental freezing, staff training, cold chain, logistics, coverage and drop-out rates, wastage rate, etc., and suggest action points to address them. |

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| **Lessons Learned** | **Action Points** |
| 1 The introduction of a new vaccine necessitates the involvement of all of the players in the planning process for better implementation; A good mastery of the population data is a prerequisite for an appropriate estimate of vaccine and consumables needs; The prevention of stock outs of vaccines and consumables depends in large part on the smoothness of the supply system and the mastery of the target population; Regular monitoring of activities at all levels of the health pyramid is vital in order to detect and correct deficiencies in implementation; The training of players from all levels of the health pyramid is an important step before introducing any new vaccine; The setting up of a system for notification and monitoring of AEFI allows for better documentation of side effects related to any new vaccine; Communication is a necessary component and must precede and accompany the introduction of any new vaccine; The availability of updated management materials and tools allows proper monitoring of the introduction process for any new vaccine; The existence of a surveillance system that takes into account the diseases targeted by the new vaccine makes it possible to measure the progress made in the fight against these diseases. | 1 At the DCPEVProvide updated management tools and documents at all levels of the health pyramid ;Coordinate censuses of the program's target population in all health areas ;Update the inventory of cold chain equipment and vehicles;Improve cold chain equipment and vehicles in all health regions, districts and facilities ;Improve cold chain equipment maintenance system ;Equip refrigerated trucks assigned to vaccine transportation with continuous temperature loggers ;Review the vaccine data transmission network and involve the regional level ;Review and distribute data storage guidelines at all levels of the health pyramid;Advocate for construction of incinerators in base hospitals for each health region ;Make vaccination communication tools available in health facilities;Integrate pediatric bacterial meningitis surveillance in the national bacterial meningitis surveillance network ;Institute systems for blood bank collection, from health facilities to the districts and from the districts to the disposal/destruction sites ;Implement an AEFI notification, management and tracking system.2 At the NIHP:Provide cold rooms, refrigerators and freezers at the central and regional levels with continuous temperature loggers ;Provide regional NIHP offices with refrigerated trucks to supply and distribute vaccines for the district warehouses.3 In the health regionsImprove tracking of vaccination activities in the health districts;Coordinate censuses of the program's target population in all health areas ;Track maintenance of cold chain equipment and vehicles;Monitor implementation of protective measures for biomedical waste destruction sites in Regional Hospital Centres and general hospitals.4 In districts and vaccination centersImprove monitoring of activities in health facilities ;Carry out censuses of the program's target populations in all health areas ;Fund vaccine transportation costs between the district and the health centers ;Take refrigerator and freezer temperatures twice per day, including on weekends and holidays ;Disseminate information about the Hib vaccine during Behavior Change Communication (BCC) sessions that precede vaccination sessions ;Protect biomedical waste disposal sites. |

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| Please list the vaccines to be introduced with support from the GAVI Alliance (and presentation) |

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| * Vaccine against pneumococcal infections: liquid injectable PCV 13 in a single-dose vial.
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| **6.2 Requested vaccine (Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID)** |
| As reported in the cMYP, the country plans to introduce Pneumococcal (PCV13), using Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID. |
| **6.2.1 Co-financing information** |
| If you would like to co-finance higher amount than minimum, please overwrite information in the Your co-financing row. |

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| **Country group** | Intermediate |

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|  | **Year 1** | **Year 2** | **Year 3** |
|  | **2013** | **2014** | **2015** |
| **Minimum co-financing** | 0.20 | 0.23 | 0.26 |
| **Your co-financing (please change if higher)** | 0.20 | 0.23 | 0.26 |

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| **6.2.2 Specifications of vaccinations with new vaccine** |

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|  | **Data from** |  | **Year 1** | **Year 2** | **Year 3** |
|  |  | **2013** | **2014** | **2015** |
| **Number of children to be vaccinated with the first dose** | Table 5.2 | # | 750,246 | 762,377 | 773,035 |
| **Number of children to be vaccinated with the third dose** | Table 5.2 | # | 705,688 | 731,882 | 757,575 |
| **Immunisation coverage with the third dose** | Table 5.2 | # | 94.06 % | 96.00 % | 98.00 % |
| **Country co-financing per dose [1]** | Table 6.2.1 | $ | 0.2 | 0.23 | 0.26 |

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| [1]Total price per-dose includes vaccine cost, plus freight, supplies, insurance, visa costs etc. |

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

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|  |  | **2013** | **2014** | **2015** |
| **Number of vaccine doses** | **#** | 157,000 | 147,400 | 168,900 |
| **Number of AD syringes** | **#** | 167,500 | 155,700 | 178,400 |
| **Number of reconstitution syringes** | **#** | 0 | 0 | 0 |
| **Number of safety boxes**  | **#** | 1,875 | 1,750 | 2,000 |
| **Total value to be co-financed by country** | **$** | 591,500 | 555,000 | 636,000 |

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| **6.2.4 Portion of supply to be procured by GAVI Alliance (and cost estimate, US$)** |

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|  |  | **2013** | **2014** | **2015** |
| **Number of vaccine doses** | **#** | 2,799,000 | 2,265,500 | 2,276,500 |
| **Number of AD syringes** | **#** | 2,986,700 | 2,393,700 | 2,405,200 |
| **Number of reconstitution syringes** | **#** | 0 | 0 | 0 |
| **Number of safety boxes**  | **#** | 33,175 | 26,575 | 26,700 |
| **Total value to be co-financed by country** | **$** | 10,542,500 | 8,532,000 | 8,573,000 |

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| **6.2.5 New and Under-Used Vaccine Introduction Grant** |

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| Please indicate in the tables below the full costs/needs and how the one-time Introduction Grant [1] will be used to support the costs of vaccine introduction and critical pre-introduction activities (refer to the cMYP). GAVI’s support may not be enough to cover the full needs so please indicate in the table below how much and who will be complementing the funds needed |

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| Calculation of lump-sum for the Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID |

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| **Year of New Vaccine Introduction** | **Births (from Table 5.2)** | **Share per Birth in US$** | **Total in US$** |
| 2013 | 825,342 | 0.80 | 660,274 |

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| [1] The Grant will be based on a maximum award of $0.80 per infant in the birth cohort with a minimum starting grant award of $100,000 |

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| Cost (and finance) to introduce the Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID US$ |

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| **Cost Category** | **Full needs for new vaccine introduction in US$** | **Funded with GAVI introduction grant in US$**  |
| **Training** | 238,855 | 238,855 |
| **Social Mobilization, IEC and advocacy** | 108,001 | 108,001 |
| **Cold Chain Equipment & Maintenance** | 1,497,914 | 0 |
| **Vehicles and Transportation** | 574,037 | 80,460 |
| **Programme Management** | 189,065 | 108,369 |
| **Surveillance and Monitoring** | 143,766 | 124,589 |
| **Human Resources** | 0 | 0 |
| **Waste Management** | 460,246 | 0 |
| **Technical Assistance** | 0 | 0 |
| **Other (please specify)** |  |  |
| **Epidemiological surveillance and AEFI** | 121,190 | 0 |
| **Strengthening of immunisation activities** | 169,831 | 0 |
| **Total** | **3,502,905** | **660,274** |

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| Please describe others sources of funding if available to cover your full needs |

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| The other sources of funding are mainly made up of the State, UNICEF, WHO, the AMP and of any other potential partner likely to bring its support. |

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| **7 NVS preventive campaign** |

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| No NVS Prevention Campaign Support this year |

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| **8 Procurement and management** |

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

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

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| 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): |
| A workshop on the forecast of vaccines and consumables for the following year will be organized each year, with the technical and financial support of the partners. This activity will be organized before the end of the year. These needs will be transcribed in the annual progress report for GAVI (APR) 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 buying service in Copenhagen. |
| b) If an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or the GAVI Alliance) is requested, please document |
|  |  | Other vaccines or immunisation commodities procured by the country and descriptions of the mechanism used. |
|  |  | The functions of the National Regulatory Authority (as evaluated by WHO) to show they comply with WHO requirements for procurement of vaccines and supply of assured quality.  |
|  |
| c) Please describe the introduction of the vaccines (refer to cMYP) |
| **1.Vaccine supply**These vaccines will be supplied through the normal UNICEF circuit and the deliveries will be made twice a year. The INHP will be responsible for receipt of the vaccines, and for storing them and distributing them to the regional outposts.**2. Strengthening of personnel capacities**The guides and training modules will be adapted. The guidelines and data sheets on the specificities of the vaccines to be used will be made available to the personnel. The samples of these vaccines and other demonstration materials will be presented to the participants at the time of the training. In the framework of this training, a particular emphasis will be placed on the districts with poor performance. The training will take into account the aspects of communication, vaccine management, monitoring evaluation, surveillance and planning.**3. Improving accessibility to immunisation services**Access to immunisation services will be improved by supplying additional cold chain equipment to all of the care facilities. The RED strategy, through its five components, will be strengthened in all of the health districts.**4. Strengthening advocacy and communication for immunisation**The strategies set up at the time the preceding vaccines were introduced will be strengthened and implemented. The purpose will be for informing and raising awareness of health workers and communities. Advocacy will be done towards the decision-makers in order to make available all of the resources necessary for implementation. Social mobilization, which is a vital strategy in the use of services, will be strengthened in order to obtain community involvement. Correct information must be conveyed, especially at the level of political decision-makers, EPI personnel at all levels, medical personnel from educational institutions, hospital personnel and even the national media will need to be well-informed on the subject of the pneumococcal vaccine. **5.Strengthening of monitoring and evaluation**Supportive supervisions will be strengthened, especially during the post-introduction period, in order to ensure that the guidelines relative to the introduction of this new vaccine are applied.A post-introduction evaluation will be conducted approximately nine months after the introduction of the vaccine, in order to bring out the points that need improvement. This evaluation will serve to adapt the strategies and activities in relation to the new vaccine.The estimate of immunisation coverage using the administrative data will be done in a periodical and regular manner. Immunisation coverage surveys in the general population after lots are drawn to obtain a random representative sample will be done every three years in order to assess programme performances.The monitoring of financial commitments, whether on the part of the government of Côte d’Ivoire or the different partners of the programme, will be done in a regular manner.It is adviseable to note that the monitoring of financial commitments, whether on the part of the government of Côte d’Ivoire or different partners in the programme, will be done in a regular manner.**6.Review of management tools**All of the management tools used in the EPI, that is to say the supervision forms, the immunisation cards, the forms for monitoring vaccine wastage, the forms for monitoring those lost to follow up, the vaccine inventory forms, the temperature sheets and table will be revised. The tally sheets, immunisation registers, immunisation data processing software, the monthly report forms, the information collection forms and the guidelines on AEFI will also be reviewed and made available at all levels.New communication materials for parents and the community as well as the training material for health workers will be developed and disseminated at all levels. **7.Role of the Interagency Coordination Committee (ICC)**The ICC’s mission is to approve the annual action plan for the year in progress proposed by the DCPEV and the INHP, to follow up on the implementation of scheduled immunisation activities, and to issue an opinion on the operation of the DCPEV.The ICC authorized the DCPEV to submit the request to introduce the anti-pneumococcal vaccine. It will accompany the EPI through the entire introduction process. |
| d) Please indicate how funds should be transferred by the GAVI Alliance (if applicable) |
| The funds must be electronically transferred to the Treasury account (GAVI-SSV authority) as was done for the pentavalent vaccine. |
| e) Please indicate how the co-financing amounts will be paid (and who is responsible for this) |
| The co-financed amounts will be paid by the treasury through the public debt accounting office. |
| f) Please outline how coverage of the new vaccine will be monitored and reported (refer to cMYP) |
| The surveillance action plan for the year 2012 plans to integrate into all of the rotavirus diarrhea collection sites the surveillance of pediatric bacterial meningitis (the 23 CHU of Abidjan, the general hospital of Abobo, the general hospital of Yopougon Attié and that of Port-Bouet). It is planned to strengthen the technical capacities of the Yopougon CHU laboratory.  The Institut Pasteur in Côte d’Ivoire will provide its expertise for the analysis of samples. After the introduction of the anti-pneumococcal vaccine and the anti-rotavirus vaccine in the routine EPI, the surveillance of pediatric bacterial meningitis and of rotavirus diarrhea will be strengthened in the framework of the integrated disease surveillance and response (IDSR).As regards data and sample collection, the IST Ouagadougou team will continue to supply collection materials (collection tubes, CSF Trans Isolate (TI) transport media) to facilitate the transportation of samples from sites to the national laboratory under the requisite conditions.Measures will be taken for health districts in order to provide the transportation of samples to the national reference laboratory.  Data collection tools will be made available to all of the collection sites. As far as data management is concerned, the central level will continue entering data for pediatric bacterial meningitis and rotavirus diarrhea according to the “case by case” notification forms.In the routine EPI, the notification of AEFI cases only concerns the number of cases. However, during mass campaigns, a particular emphasis is placed on notification and management of AEFI cases. There is a management committee for cases of AEFI.In the framework of the introduction of the vaccine against pneumococcus and rotavirus diarrhea, the surveillance of AEFI will be strengthened with the set up of surveillance guidelines, notification tools and management of cases. |

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| **8.2 Procurement and management for NVS preventive campaigns** |

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| No NVS Prevention Campaign Support this year |

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| **8.3 Vaccine management (EVSM/EVM/VMA)** |

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| Did the country have Effective Vaccine Management Assessment (VMA) in the past? **Yes** |
| When was the last VMA conducted? **June 2012** |
| Did the country have Effective Vaccine Store Management (EVSM) in the past? **Yes** |
| When was the last EVSM conducted? **June 2012** |
| Did the country have Effective Vaccine Management (EVM) in the past? **Yes** |
| When was the EVM conducted? **June 2012** |
| If your country conducted either EVSM or VMA in the past two years, please attach relevant reports. (Document N°13) |
| A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008. |
| Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization\_delivery/systems\_policy/logistics/en/index6.html |
| For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM. |
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| Does the country plan to conduct an Effective Vaccine Management (EVM) Assessment in the future? **Yes** |
| When is the next Effective Vaccine Management (EVM) Assessment planned? **March 2014** |
| *Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.* |

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| **9 Comments and recommendations from the national coordinating bocy (ICC/HSCC)** |

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

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| The collaboration between the Global Alliance for Vaccines and Immunisation and the Republic of Côte d’Ivoire, begun in 2001, has been fruitful up to now. The EPI has in fact received support for strengthening immunisation services, for the safety of injections and has successfully introduced the tetravalent and pentavalent vaccines in the routine immunisation programme thanks to support from GAVI. These introductions made it possible to strengthen immunisation activities in particular by awakening the interest of the community in immunisation by adding new antigens to the traditional immunisation calendar.The ICC notes with satisfaction the progress achieved over these past five years by the improvement in districts’ performances. However, the socio-political situation marked by the post-electoral crisis that the country underwent had a negative impact on the efforts that had been made.DTP-HepB-Hib 3 vaccination coverage decreased from 87% to 62% between 2010 and 2011; disease surveillance performance was satisfactory and recurrent measles and polio epidemics were controlled.For the sake of consolidating these gains, to extend the benefit of immunisation to more children and to contribute to reaching the millennial development goals (particularly objective no. 4), considering the high burden of pneumococcal infections at the regional level and in the country, the ICC, meeting on the date of 21 August 2012, examined and approved this proposal made to GAVI and strongly recommends the support request for the introduction of the anti-pneumococcal vaccine in the routine immunisation programme in Côte d’Ivoire. |

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| **10 Attachments** |

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| **10.1 List of documents attached to this proposal** |

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| **Document Number** | **Document** | **Section** | **Mandatory** | **File** |
|  |  |  |  | Signature des autorités.docx |
| 1 | MoH Signature (or delegated authority) of Proposal |  | ..\bl.jpg | File desc:  |
|  |  |  |  | Date/time: 30/08/2012 08:30:39 |
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| 2 | MoF Signature (or delegated authority) of Proposal |  | ..\bl.jpg | File desc:  |
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|  |  |  |  | Size: 442511 |
|  |  |  |  | Signature des participants au CCIA 21 août 2012.docx |
| 3 | Signatures of ICC or HSCC or equivalent in Proposal |  | ..\bl.jpg | File desc:  |
|  |  |  |  | Date/time: 30/08/2012 8:32:45 AM |
|  |  |  |  | Size: 447553 |
|  |  |  |  | Rapport CCIA extra ordinaire du 21 août 2012.pdf |
| 4 | Minutes of ICC/HSCC meeting endorsing Proposal |  | ..\bl.jpg | File desc:  |
|  |  |  |  | Date/time: 30/08/2012 11:56:57 AM |
|  |  |  |  | Size: 2278066 |
|  |  |  |  | cMYP 2011-2015.pdf |
| 5 | comprehensive Multi Year Plan - cMYP |  | ..\bl.jpg | File desc:  |
|  |  |  |  | Date/time: 10/08/2012 05:22:58 |
|  |  |  |  | Size: 2577494 |
|  |  |  |  | cMYP\_Costing\_Tool\_Vs.2.5\_FR (2) version Aout 2012 VF.xls |
| 6 | cMYP Costing tool for financial analysis |  | ..\bl.jpg | File desc:  |
|  |  |  |  | Date/time: 31/08/2012 05:58:32 |
|  |  |  |  | Size: 3270144 |
|  |  |  |  | Pneumoccoque 31 08 12.pdf |
| 7 | Plan for NVS introduction (if not part of cMYP) | 5.1 | ..\bl.jpg | File desc:  |
|  |  |  |  | Date/time: 31/08/2012 9:27:11 AM |
|  |  |  |  | Size: 1155849 |
|  |  |  |  | Rapport\_Evaluation\_Gev\_CIV\_ 2012.pdf |
| 8 | Improvement plan based on EVM |  | ..\bl.jpg | File desc:  |
|  |  |  |  | Date/time: 30/08/2012 9:07:31 AM |
|  |  |  |  | Size: 1122661 |
|  |  |  |  | Synthèse des clarifications apportées.doc |
| 14 | Summary of response to conditions | 3 | ..\bl.jpg | File desc:  |
|  |  |  |  | Date/time: 31/01/2013 12:50:55 |
|  |  |  |  | Size: 39424 |

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| **11 Appendices** |

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| **Annex 1 - NVS Routine Support** |

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| **Annex 1.1 - NVS Routine Support (Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID)** |
| **Table Annex 1.1 A: Rounded up portion of supply that is procured by the country and estimate of relative costs in US$** |

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|  |  | **2013** | **2014** | **2015** |
| **Number of vaccine doses** | **#** | 157,000 | 147,400 | 168,900 |
| **Number of AD syringes** | **#** | 167,500 | 155,700 | 178,400 |
| **Number of reconstitution syringes** | **#** | 0 | 0 | 0 |
| **Number of safety boxes**  | **#** | 1,875 | 1,750 | 2,000 |
| **Total value to be co-financed by country** | **$** | 591,500 | 555,000 | 636,000 |

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

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|  |  | **2013** | **2014** | **2015** |
| **Number of vaccine doses** | **#** | 2,799,000 | 2,265,500 | 2,276,500 |
| **Number of AD syringes** | **#** | 2,986,700 | 2,393,700 | 2,405,200 |
| **Number of reconstitution syringes** | **#** | 0 | 0 | 0 |
| **Number of safety boxes**  | **#** | 33,175 | 26,575 | 26,700 |
| **Total value to be co-financed by country** | **$** | 10,542,500 | 8,532,000 | 8,573,000 |

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| **Table Annex 1.1 C: Summary table for vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID** |

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| **ID** |  | **Data from** |  | **2013** | **2014** | **2015** |
|  | **Number of surviving infants** | Table 5.2 | # | 750,246 | 762,377 | 773,035 |
|  | **Number of children to be vaccinated with the first dose** | Table 5.2 | # | 750,246 | 762,377 | 773,035 |
|  | **Number of children to be vaccinated with the third dose** | Table 5.2 | # | 705,688 | 731,882 | 757,575 |
|  | **Immunisation coverage with the third dose** | Table 5.2 | % | 94.00 % | 96.00 % | 98.00 % |
|  | **Number of doses per child** | Parameter | # | 3 | 3 | 3 |
|  | **Estimated vaccine wastage factor** | Table 5.2 | # | 1.05 | 1.05 | 1.05 |
|  | **Number of doses per vial** | Parameter | # | 1 | 1 | 1 |
|  | **AD syringes required** | Parameter | # | Yes | Yes | Yes |
|  | **Reconstitution syringes required** | Parameter | # | Team | Team | Team |
|  | **Safety boxes required** | Parameter | # | Yes | Yes | Yes |
| **g** | **Vaccine price per dose** | Table Annexes 4A | $ | 3.5 | 3.5 | 3.5 |
| **cc** | **Country co-financing per dose** | Table 6.4.1 | $ | 0.2 | 0.23 | 0.26 |
| **ca** | **AD syringe price per unit** | Table Annexes 4A | $ | 0.0465 | 0.0465 | 0.0465 |
| **cr** | **Reconstitution syringe price per unit** | Table Annexes 4A | $ | 0 | 0 | 0 |
| **cs** | **Safety box price per unit** | Table Annexes 4A | $ | 0.58 | 0.58 | 0.58 |
| **fv** | **Freight cost as % of vaccines' value** | Table Annexes 4B | % | 6.00 % | 6.00 % | 6.00 % |
| **fd** | **Freight cost as % of devices' value** | Parameter | % | 0 | 0 | 0 |

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| **Table Annex 1.1 D: Estimated numbers for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID, associated injection safety material and related co-financing budget (page 1)** |

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|  |  | **Formula** | **2013** |
|  |  |  | **Total** | **Government** | **GAVI** |
| **A** | **Country co-financing** |  | 5.31 % |  |  |
| **B** | **Number of children to be vaccinated with the first dose** | Table 1 | 750,246 | 39,838 | 710,408 |
| **C** | **Number of doses per child** | Vaccine parameter (schedule) | 3.00 |  |  |
| **D** | **Number of doses needed** | B x C | 2,250,738 | 119,514 | 2,131,224 |
| **E** | **Estimated vaccine wastage factor** | Wastage factor table | 1.05 |  |  |
| **F** | **Number of doses needed including wastage** | D x E | 2,363,275 | 125,490 | 2,237,785 |
| **G** | **Vaccines buffer stock** | (F – F of previous year) \* 0.25 | 590,819 | 31,373 | 559,446 |
| **I** | **Total vaccine doses needed** | (((F + G) / Taille du paquet du vaccin) + 1) \* Taille du paquet du vaccin | 2,955,894 | 156,958 | 2,798,936 |
| **J** | **Number of doses per vial** | Vaccine parameter | 1.00 |  |  |
| **K** | **Number of AD syringes (+ 10% wastage) needed** | (D + G) x 1.11 | 3,154,129 | 167,484 | 2,986,645 |
| **L** | **Reconstitution syringes (+ 10% wastage) needed** | I / J × 1.11 | 0 | 0 | 0 |
| **M** | **Total of safety boxes (+ 10% of extra need) needed** | (K + L) /100 \* 1.11 | 35,011 | 1,860 | 33,151 |
| **N** | **Cost of vaccines needed** | I x g | 10,345,629 | 549,352 | 9,796,277 |
| **O** | **Cost of AD syringes needed** | K x ca | 146,667 | 7,788 | 138,879 |
| **p** | **Cost of reconstitution syringes needed** | L x cr | 0 | 0 | 0 |
| **Q** | **Cost of safety boxes needed** | M x cs | 20,307.00 | 1,079 | 19,228 |
| **R** | **Freight cost for vaccines needed** | N x fv | 620,738 | 32,962 | 587,776 |
| **S** | **Freight cost for devices needed** | (O+P+Q) x fd | 0 | 0 | 0 |
| **T** | **Total funding needed** | (N+O+P+Q+R+S) | 11,133,341 | 591,179 | 10,542,162 |
| **U** | **Total country co-financing** | I 3 cc | 591,179 |  |  |
| **V** | **Country co-financing % of GAVI supported proportion** | U / T | 5.31 % |  |  |

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| **Table Annex 1.1 D: Estimated numbers for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID, associated injection safety material and related co-financing budget (page 1)** |

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|  |  | **Formula** | **2014** |
|  |  |  | **Total** | **Government** | **GAVI** |
| **A** | **Country co-financing** |  | 6.11 % |  |  |
| **B** | **Number of children to be vaccinated with the first dose** | Table 1 | 762,377 | 46,562 | 715,815 |
| **C** | **Number of doses per child** | Vaccine parameter (schedule) | 3.00 |  |  |
| **D** | **Number of doses needed** | B x C | 2,287,131 | 139,684 | 2,147,447 |
| **E** | **Estimated vaccine wastage factor** | Wastage factor table | 1.05 |  |  |
| **F** | **Number of doses needed including wastage** | D x E | 2,401,488 | 146,669 | 2,254,819 |
| **G** | **Vaccines buffer stock** | (F – F of previous year) \* 0.25 | 9,554 | 584 | 8,970 |
| **I** | **Total vaccine doses needed** | (((F + G) / Taille du paquet du vaccin) + 1) \* Taille du paquet du vaccin | 2,412,842 | 147,362 | 2,265,480 |
| **J** | **Number of doses per vial** | Vaccine parameter | 1.00 |  |  |
| **K** | **Number of AD syringes (+ 10% wastage) needed** | (D + G) x 1.11 | 2,549,321 | 155,697 | 2,393,624 |
| **L** | **Reconstitution syringes (+ 10% wastage) needed** | I / J × 1.11 | 0 | 0 | 0 |
| **M** | **Total of safety boxes (+ 10% of extra need) needed** | (K + L) /100 \* 1.11 | 28,298 | 1,729 | 26,569 |
| **N** | **Cost of vaccines needed** | I x g | 8,444,947 | 515,766 | 7,929,181 |
| **O** | **Cost of AD syringes needed** | K x ca | 118,544 | 7,240 | 111,304 |
| **p** | **Cost of reconstitution syringes needed** | L x cr | 0 | 0 | 0 |
| **Q** | **Cost of safety boxes needed** | M x cs | 16,413.00 | 1,003 | 15,410 |
| **R** | **Freight cost for vaccines needed** | N x fv | 506,697 | 30,946 | 475,751 |
| **S** | **Freight cost for devices needed** | (O+P+Q) x fd | 0 | 0 | 0 |
| **T** | **Total funding needed** | (N+O+P+Q+R+S) | 9,086,601 | 554,954 | 8,531,647 |
| **U** | **Total country co-financing** | I 3 cc | 554,954 |  |  |
| **V** | **Country co-financing % of GAVI supported proportion** | U / T | 6.11 % |  |  |

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| **Table Annex 1.1 D: Estimated numbers for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID, associated injection safety material and related co-financing budget (page 1)** |

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|  |  | **Formula** | **2015** |
|  |  |  | **Total** | **Government** | **GAVI** |
| **A** | **Country co-financing** |  | 6.90 % |  |  |
| **B** | **Number of children to be vaccinated with the first dose** | Table 1 | 773,035 | 53,371 | 719,664 |
| **C** | **Number of doses per child** | Vaccine parameter (schedule) | 3.00 |  |  |
| **D** | **Number of doses needed** | B x C | 2,319,105 | 160,112 | 2,158,993 |
| **E** | **Estimated vaccine wastage factor** | Wastage factor table | 1.05 |  |  |
| **F** | **Number of doses needed including wastage** | D x E | 2,435,061 | 168,117 | 2,266,944 |
| **G** | **Vaccines buffer stock** | (F – F of previous year) \* 0.25 | 8,394 | 580 | 7,814 |
| **I** | **Total vaccine doses needed** | (((F + G) / Taille du paquet du vaccin) + 1) \* Taille du paquet du vaccin | 2,445,255 | 168,821 | 2,276,434 |
| **J** | **Number of doses per vial** | Vaccine parameter | 1.00 |  |  |
| **K** | **Number of AD syringes (+ 10% wastage) needed** | (D + G) x 1.11 | 2,583,524 | 178,367 | 2,405,157 |
| **L** | **Reconstitution syringes (+ 10% wastage) needed** | I / J × 1.11 | 0 | 0 | 0 |
| **M** | **Total of safety boxes (+ 10% of extra need) needed** | (K + L) /100 \* 1.11 | 28,678 | 1,980 | 26,698 |
| **N** | **Cost of vaccines needed** | I x g | 8,558,393 | 590,873 | 7,967,520 |
| **O** | **Cost of AD syringes needed** | K x ca | 120,134 | 8,295 | 111,839 |
| **p** | **Cost of reconstitution syringes needed** | L x cr | 0 | 0 | 0 |
| **Q** | **Cost of safety boxes needed** | M x cs | 16,634.00 | 1,149 | 15,485 |
| **R** | **Freight cost for vaccines needed** | N x fv | 513,504 | 35,453 | 478,051 |
| **S** | **Freight cost for devices needed** | (O+P+Q) x fd | 0 | 0 | 0 |
| **T** | **Total funding needed** | (N+O+P+Q+R+S) | 9,208,665 | 635,767 | 8,572,898 |
| **U** | **Total country co-financing** | I 3 cc | 635,767 |  |  |
| **V** | **Country co-financing % of GAVI supported proportion** | U / T | 6.90 % |  |  |

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| **Annex 2 - NVS Routine – Preferred Second Presentation** |

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| **Annex 2.1 - NVS Routine Support (Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID)** |
| **Table Annex 2.1 A: Rounded up portion of supply that is procured by the country and estimate of relative costs in US$** |

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|  |  | **2013** | **2014** | **2015** |
| **Number of vaccine doses** | **#** | 157,000 | 147,400 | 168,900 |
| **Number of AD syringes** | **#** | 167,500 | 155,700 | 178,400 |
| **Number of reconstitution syringes** | **#** | 0 | 0 | 0 |
| **Number of safety boxes**  | **#** | 1,875 | 1,750 | 2,000 |
| **Total value to be co-financed by country** | **$** | 591,500 | 555,000 | 636,000 |

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| **Table Annex 2.1 B: Rounded up portion of supply that is procured by GAVI and estimate of relative costs in US$** |

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|  |  | **2013** | **2014** | **2015** |
| **Number of vaccine doses** | **#** | 2,799,000 | 2,265,500 | 2,276,500 |
| **Number of AD syringes** | **#** | 2,986,700 | 2,393,700 | 2,405,200 |
| **Number of reconstitution syringes** | **#** | 0 | 0 | 0 |
| **Number of safety boxes**  | **#** | 33,175 | 26,575 | 26,700 |
| **Total value to be co-financed by country** | **$** | 10,542,500 | 8,532,000 | 8,573,000 |

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| **Table Annex 2.1 C: Summary table for vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID** |

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| **ID** |  | **Data from** |  | **2013** | **2014** | **2015** |
|  | **Number of surviving infants** | Table 5.2 | # | 750,246 | 762,377 | 773,035 |
|  | **Number of children to be vaccinated with the first dose** | Table 5.2 | # | 750,246 | 762,377 | 773,035 |
|  | **Number of children to be vaccinated with the third dose** | Table 5.2 | # | 705,688 | 731,882 | 757,575 |
|  | **Immunisation coverage with the third dose** | Table 5.2 | % | 94.00 % | 96.00 % | 98.00 % |
|  | **Number of doses per child** | Parameter | # | 3 | 3 | 3 |
|  | **Estimated vaccine wastage factor** | Table 5.2 | # | 1.05 | 1.05 | 1.05 |
|  | **Number of doses per vial** | Parameter | # | 2 | 2 | 2 |
|  | **AD syringes required** | Parameter | # | Yes | Yes | Yes |
|  | **Reconstitution syringes required** | Parameter | # | Team | Team | Team |
|  | **Safety boxes required** | Parameter | # | Yes | Yes | Yes |
| **g** | **Vaccine price per dose** | Table Annexes 4A | $ | 3.5 | 3.5 | 3.5 |
| **cc** | **Country co-financing per dose** | Table 6.4.1 | $ | 0.2 | 0.23 | 0.26 |
| **ca** | **AD syringe price per unit** | Table Annexes 4A | $ | 0.0465 | 0.0465 | 0.0465 |
| **cr** | **Reconstitution syringe price per unit** | Table Annexes 4A | $ | 0 | 0 | 0 |
| **cs** | **Safety box price per unit** | Table Annexes 4A | $ | 0.58 | 0.58 | 0.58 |
| **fv** | **Freight cost as % of vaccines' value** | Table Annexes 4B | % | 3.00 % | 3.00 % | 3.00 % |
| **fd** | **Freight cost as % of devices' value** | Parameter | % | 0 | 0 | 0 |

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| **Table Annex 2.1 D: Estimated numbers for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID, associated injection safety material and related co-financing budget (page 1)** |

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|  |  | **Formula** | **2013** |
|  |  |  | **Total** | **Government** | **GAVI** |
| **A** | **Country co-financing** |  | 5.31 % |  |  |
| **B** | **Number of children to be vaccinated with the first dose** | Table 1 | 750,246 | 39,838 | 710,408 |
| **C** | **Number of doses per child** | Vaccine parameter (schedule) | 3.00 |  |  |
| **D** | **Number of doses needed** | B x C | 2,250,738 | 119,514 | 2,131,224 |
| **E** | **Estimated vaccine wastage factor** | Wastage factor table | 1.05 |  |  |
| **F** | **Number of doses needed including wastage** | D x E | 2,363,275 | 125,490 | 2,237,785 |
| **G** | **Vaccines buffer stock** | (F – F of previous year) \* 0.25 | 590,819 | 31,373 | 559,446 |
| **I** | **Total vaccine doses needed** | (((F + G) / Taille du paquet du vaccin) + 1) \* Taille du paquet du vaccin | 2,955,894 | 156,958 | 2,798,936 |
| **J** | **Number of doses per vial** | Vaccine parameter | 1.00 |  |  |
| **K** | **Number of AD syringes (+ 10% wastage) needed** | (D + G) x 1.11 | 3,154,129 | 167,484 | 2,986,645 |
| **L** | **Reconstitution syringes (+ 10% wastage) needed** | I / J × 1.11 | 0 | 0 | 0 |
| **M** | **Total of safety boxes (+ 10% of extra need) needed** | (K + L) /100 \* 1.11 | 35,011 | 1,860 | 33,151 |
| **N** | **Cost of vaccines needed** | I x g | 10,345,629 | 549,352 | 9,796,277 |
| **O** | **Cost of AD syringes needed** | K x ca | 146,667 | 7,788 | 138,879 |
| **p** | **Cost of reconstitution syringes needed** | L x cr | 0 | 0 | 0 |
| **Q** | **Cost of safety boxes needed** | M x cs | 20,307.00 | 1,079 | 19,228 |
| **R** | **Freight cost for vaccines needed** | N x fv | 620,738 | 32,962 | 587,776 |
| **S** | **Freight cost for devices needed** | (O+P+Q) x fd | 0 | 0 | 0 |
| **T** | **Total funding needed** | (N+O+P+Q+R+S) | 11,133,341 | 591,179 | 10,542,162 |
| **U** | **Total country co-financing** | I 3 cc | 591,179 |  |  |
| **V** | **Country co-financing % of GAVI supported proportion** | U / T | 5.31 % |  |  |

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| **Table Annex 2.1 D: Estimated numbers for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID, associated injection safety material and related co-financing budget (page 1)** |

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|  |  | **Formula** | **2014** |
|  |  |  | **Total** | **Government** | **GAVI** |
| **A** | **Country co-financing** |  | 6.11 % |  |  |
| **B** | **Number of children to be vaccinated with the first dose** | Table 1 | 762,377 | 46,562 | 715,815 |
| **C** | **Number of doses per child** | Vaccine parameter (schedule) | 3.00 |  |  |
| **D** | **Number of doses needed** | B x C | 2,287,131 | 139,684 | 2,147,447 |
| **E** | **Estimated vaccine wastage factor** | Wastage factor table | 1.05 |  |  |
| **F** | **Number of doses needed including wastage** | D x E | 2,401,488 | 146,669 | 2,254,819 |
| **G** | **Vaccines buffer stock** | (F – F of previous year) \* 0.25 | 9,554 | 584 | 8,970 |
| **I** | **Total vaccine doses needed** | (((F + G) / Taille du paquet du vaccin) + 1) \* Taille du paquet du vaccin | 2,412,842 | 147,362 | 2,265,480 |
| **J** | **Number of doses per vial** | Vaccine parameter | 1.00 |  |  |
| **K** | **Number of AD syringes (+ 10% wastage) needed** | (D + G) x 1.11 | 2,549,321 | 155,697 | 2,393,624 |
| **L** | **Reconstitution syringes (+ 10% wastage) needed** | I / J × 1.11 | 0 | 0 | 0 |
| **M** | **Total of safety boxes (+ 10% of extra need) needed** | (K + L) /100 \* 1.11 | 28,298 | 1,729 | 26,569 |
| **N** | **Cost of vaccines needed** | I x g | 8,444,947 | 515,766 | 7,929,181 |
| **O** | **Cost of AD syringes needed** | K x ca | 118,544 | 7,240 | 111,304 |
| **p** | **Cost of reconstitution syringes needed** | L x cr | 0 | 0 | 0 |
| **Q** | **Cost of safety boxes needed** | M x cs | 16,413.00 | 1,003 | 15,410 |
| **R** | **Freight cost for vaccines needed** | N x fv | 506,697 | 30,946 | 475,751 |
| **S** | **Freight cost for devices needed** | (O+P+Q) x fd | 0 | 0 | 0 |
| **T** | **Total funding needed** | (N+O+P+Q+R+S) | 9,086,601 | 554,954 | 8,531,647 |
| **U** | **Total country co-financing** | I 3 cc | 554,954 |  |  |
| **V** | **Country co-financing % of GAVI supported proportion** | U / T | 6.11 % |  |  |

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| **Table Annex 2.1 D: Estimated numbers for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID, associated injection safety material and related co-financing budget (page 1)** |

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|  |  | **Formula** | **2015** |
|  |  |  | **Total** | **Government** | **GAVI** |
| **A** | **Country co-financing** |  | 6.90 % |  |  |
| **B** | **Number of children to be vaccinated with the first dose** | Table 1 | 773,035 | 53,371 | 719,664 |
| **C** | **Number of doses per child** | Vaccine parameter (schedule) | 3.00 |  |  |
| **D** | **Number of doses needed** | B x C | 2,319,105 | 160,112 | 2,158,993 |
| **E** | **Estimated vaccine wastage factor** | Wastage factor table | 1.05 |  |  |
| **F** | **Number of doses needed including wastage** | D x E | 2,435,061 | 168,117 | 2,266,944 |
| **G** | **Vaccines buffer stock** | (F – F of previous year) \* 0.25 | 8,394 | 580 | 7,814 |
| **I** | **Total vaccine doses needed** | (((F + G) / Taille du paquet du vaccin) + 1) \* Taille du paquet du vaccin | 2,445,255 | 168,821 | 2,276,434 |
| **J** | **Number of doses per vial** | Vaccine parameter | 1.00 |  |  |
| **K** | **Number of AD syringes (+ 10% wastage) needed** | (D + G) x 1.11 | 2,583,524 | 178,367 | 2,405,157 |
| **L** | **Reconstitution syringes (+ 10% wastage) needed** | I / J × 1.11 | 0 | 0 | 0 |
| **M** | **Total of safety boxes (+ 10% of extra need) needed** | (K + L) /100 \* 1.11 | 28,678 | 1,980 | 26,698 |
| **N** | **Cost of vaccines needed** | I x g | 8,558,393 | 590,873 | 7,967,520 |
| **O** | **Cost of AD syringes needed** | K x ca | 120,134 | 8,295 | 111,839 |
| **p** | **Cost of reconstitution syringes needed** | L x cr | 0 | 0 | 0 |
| **Q** | **Cost of safety boxes needed** | M x cs | 16,634.00 | 1,149 | 15,485 |
| **R** | **Freight cost for vaccines needed** | N x fv | 513,504 | 35,453 | 478,051 |
| **S** | **Freight cost for devices needed** | (O+P+Q) x fd | 0 | 0 | 0 |
| **T** | **Total funding needed** | (N+O+P+Q+R+S) | 9,208,665 | 635,767 | 8,572,898 |
| **U** | **Total country co-financing** | I 3 cc | 635,767 |  |  |
| **V** | **Country co-financing % of GAVI supported proportion** | U / T | 6.90 % |  |  |

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| **Annex 3 - NVS Preventive campaign(s)** |

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| No NVS Prevention Campaign Support this year |

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| **Annex 4** |

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| **Table Annex 4A: Commodities Cost** |

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| **Vaccine** | **Presentation** | **2013** | **2014** | **2015** | **2016** |
| **Yellow Fever, 10 dose(s) per vial, LYOPHILISED** | 10 | 0.900 | 0.900 | 0.900 | 0.900 |
| **Yellow Fever, 5 dose(s) per vial, LYOPHILISED** | 5 | 0.900 | 0.900 | 0.900 | 0.900 |
| **Meningococcal, 10 dose(s) per vial, LIQUID** | 10 | 0.520 | 0.520 | 0.520 | 0.520 |
| **Pneumococcus vaccine (VPC10), 2 doses per vial, liquid** | 2 | 3.500 | 3.500 | 3.500 | 3.500 |
| **Pneumococcus vaccine (VPC13), 1 dose per vial, liquid** | 1 | 3.500 | 3.500 | 3.500 | 3.500 |
| **Measles, 10 dose(s) per vial, LYOPHILISED** | 1 | 2.550 | 2.550 | 2.550 | 2.550 |
| **Meningogoccal, 10 dose(s) per vial, LIQUID** | 1 | 3.500 | 3.500 | 3.500 | 3.500 |
| **Measles, 10 dose(s) per vial, LYOPHILISED** | 10 | 0.242 | 0.242 | 0.242 | 0.242 |
| **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** | 1 | 2.017 | 1.986 | 1.933 | 1.927 |
| **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID** | 10 | 2.017 | 1.986 | 1.933 | 1.927 |
| **DTC-HepB-Hib, 2 dose(s) per vial, LYOPHILISED** | 2 | 2.017 | 1.986 | 1.933 | 1.927 |
| **HPV bivalent, 2 dose(s) per vial, LIQUID** | 2 | 5.000 | 5.000 | 5.000 | 5.000 |
| **HPV quadrivalent, 1 dose(s) per vial, LIQUID** | 1 | 5.000 | 5.000 | 5.000 | 5.000 |
| **MR, 10 dose(s) per vial, LYOPHILISED** | 10 | 0.524 | 0.555 | 0.578 | 0.606 |

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| **Note for HPV and MR:** These prices are indicative only as GAVI has not procured HPV and MR vaccines for GAVI countries yet. Prices will be finalised through tender processes in Q3. GAVI will only fund HPV vaccines if an acceptable price reduction is secured from the current price indicated. The MR price is based on the current price to UNICEF |

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| **Supply** | **Form** | **2013** | **2014** | **2015** | **2016** |
| **AD-SYRINGE** | SYRINGE | 0.047 | 0.047 | 0.047 | 0.047 |
| **RECONSTIT-SYRINGE-PENTAVAL** | SYRINGE | 0.037 | 0.037 | 0.037 | 0.037 |
| **RECONSTIT-SYRINGE-YF** | SYRINGE | 0.037 | 0.037 | 0.037 | 0.037 |
| **SAFETY-BOX** | SAFETYBOX | 0.580 | 0.580 | 0.580 | 0.580 |

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| **Note:** AWP: Average Weighted Price (to be used for all formulations: for DTP-HepB-Hib, this applies to single-dose liquid, 2 dose lyophilized and 10 dose liquid For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised) |

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| **Table Annex 4B: Freight cost as percentage of value** |

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| **Vaccine Antigen** | **Vaccine Type** | **No Threshold** | **500 000$** |
| **<=** | **>** |
| DTP-HepB | YF | 7.80 % |  |  |
| Meningococcal | HEPBHIB 23.80 % | 10.20 % |  |  |
| HPV bivalent | HPV | 3.00 % |  |  |
| Pneumococcal (PCV13) | HPV | 6.00 % |  |  |
| Rotavirus | MEASLES | 5.00 % |  |  |
| Measles | MEASLES | 14.00 % |  |  |
| DTP-HepB-Hib | MR |  | 23.80 % | 6.00 % |
| HPV bivalent | HPV2 | 3.50 % |  |  |
| HPV quadrivalent | HPV2 | 3.50 % |  |  |
| MR | YF | 13.20 % |  |  |

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| **Table Annex 4C: Intermediate - Minimum country's co-payment per dose of co-financed vaccine.** |

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| **Vaccine** | **2013** | **2014** | **2015** |
| **Pneumococcus vaccine (VPC13), 1 dose per vial, liquid** | 0.2 | 0.23 | 0.26 |

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| **Table Annex 4D: Wastage rates and factors** |

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| Countries are expected to plan for a maximal wastage rate of: |

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| • 50% - for a lyophilised vaccine in 10 or 20-dose vial, |

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| • 25% - for a liquid vaccine in 10 or 20-dose vial or a lyophilised vaccine in 5-dose vial, |

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| • 10% - for a lyophilised/liquid vaccine in 2-dose vial, and |

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| • 5% - for a liquid vaccine in 1-dose vial |

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| **Vaccine wastage rate** | 5% | 10% | 15% | 20% | 25% | 30% | 35% | 40% | 45% | 50% | 55% | 60% |
| **Equivalent wastage factor** | 1.05 | 1.11 | 1.18 | 1.25 | 1.33 | 1.43 | 1.54 | 1.67 | 1.82 | 2 | 2.22 | 2.5 |

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| **Vaccine** | **Vaccine wastage rate** | **VaccineWastageFactor** |
| Pneumococcus vaccine (VPC10), 2 doses per vial, liquid | 5 % | 1.05 |
| Pneumococcus vaccine (VPC13), 1 dose per vial, liquid | 5 % | 1.05 |

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| **Table Annex 4E: Vaccine maximum packed volumes** |

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| **Vaccine product** | **Designation** | **Vaccine formulation** | **Admin route** | **No. Of doses in the schedule** | **Presentation (doses/vial, prefilled)** | **Packed volume vaccine (cm3/dose)** | **Packed volume diluents (cm3/dose)** |
| BCG | BCG | lyophilized | ID | 1 | 20 | 1.2 | 0.7 |
| Diphtheria-Tetanus-Pertussis | DTP | liquid | IM | 3 | 20 | 2.5 |  |
| Diphtheria-Tetanus-Pertussis | DTP | liquid | IM | 3 | 10 | 3 |  |
| Diphtheria-Tetanus | DT: | liquid | IM | 3 | 10 | 3 |  |
| Tetanus-Diphtheria | Td | liquid | IM | 2 | 10 | 3 |  |
| 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 |  |
| Measles | Measles | lyophilized | SC | 1 | 1 | 26.1 | 20 |
| Measles | Measles | lyophilized | SC | 1 | 2 | 13.1 | 13.1 |
| Measles | Measles | lyophilized | SC | 1 | 5 | 5.2 | 7 |
| Measles | Measles | lyophilized | SC | 1 | 10 | 3.5 | 4 |
| Measles-Rubella freeze dried | RR | lyophilized | SC | 1 | 1 | 26.1 | 26.1 |
| Measles-Rubella freeze dried | RR | lyophilized | SC | 1 | 2 | 13.1 | 13.1 |
| Measles-Rubella freeze dried | RR | lyophilized | SC | 1 | 5 | 5.2 | 7 |
| Measles-Rubella freeze dried | RR | lyophilized | SC | 1 | 10 | 2.5 | 4 |
| Measles-Mumps-Rubella freeze dried | MMR | lyophilized | SC | 1 | 1 | 26.1 | 26.1 |
| Measles-Mumps-Rubella freeze dried | MMR | lyophilized | SC | 1 | 2 | 13.1 | 13.1 |
| Measles-Mumps-Rubella freeze dried | MMR | lyophilized | SC | 1 | 5 | 5.2 | 7 |
| Measles-Mumps-Rubella freeze dried | MMR | lyophilized | SC | 1 | 10 | 3 | 4 |
| Polio | OPV | liquid | Oral | 4 | 10 | 2 |  |
| Polio | OPV | liquid | Oral | 4 | 20 | 1 |  |
| Yellow fever | YF | lyophilized | SC | 1 | 5 | 6.5 | 7 |
| Yellow fever | YF | lyophilized | SC | 1 | 10 | 2.5 | 3 |
| Yellow fever | YF | lyophilized | SC | 1 | 20 | 1.5 | 2 |
| Yellow fever | YF | lyophilized | SC | 1 | 50 | 0.7 | 1 |
| 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 |  |
| Hepatitis B | HepB | liquid | IM | 3 | 1 | 18 |  |
| Hepatitis B | HepB | liquid | IM | 3 | 2 | 13 |  |
| Hepatitis B | HepB | liquid | IM | 3 | 6 | 4.5 |  |
| Hepatitis B | HepB | liquid | IM | 3 | 10 | 4 |  |
| Hepatitis B UniJect | HepB | liquid | IM | 3 | Uniject | 12 |  |
| Hib liquid | Hib\_liq | liquid | IM | 3 | 1 | 15 |  |
| Hib liquid | Hib\_liq | liquid | IM | 3 | 10 | 2.5 |  |
| Hib freeze-dried | Hib\_lyo | lyophilized | IM | 3 | 1 | 13 | 35 |
| Hib freeze-dried | Hib\_lyo | lyophilized | IM | 3 | 2 | 6 |  |
| Hib freeze-dried | Hib\_lyo | lyophilized | IM | 3 | 10 | 2.5 | 3 |
| DTP liquid + Hib freeze-dried | DTP+Hib | liquid+lyop. | IM | 3 | 1 | 45 |  |
| DTP-Hib combined liquid | DTP+Hib | liquid+lyop. | IM | 3 | 10 | 12 |  |
| DTP-Hib combined liquid | DTP-Hib | liquid | IM | 3 | 1 | 32.3 |  |
| 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 |  |
| Meningitis A/C | MV\_A/C | lyophilized | SC | 1 | 10 | 2.5 | 4 |
| Meningitis A/C | MV\_A/C | lyophilized | SC | 1 | 50 | 1.5 | 3 |
| Meningococcal A/C/W/ | MV\_A/C/W | lyophilized | SC | 1 | 50 | 1.5 | 3 |
| Meningococcal A/C/W/Y | MV\_A/C/W/Y | lyophilized | SC | 1 | 10 | 2.5 | 4 |
| Meningitis W135 | MV\_W135 | lyophilized | SC | 1 | 10 | 2.5 | 4 |
| Meningitis A conjugate | Men\_A | lyophilized | SC | 2 | 10 | 2.6 | 4 |
| Japanese Encephalitis | JE\_lyo | lyophilized | SC | 3 | 10 | 15 |  |
| Japanese Encephalitis | JE\_lyo | lyophilized | SC | 3 | 10 | 8.1 | 8.1 |
| Japanese Encephalitis | JE\_lyo | lyophilized | SC | 3 | 5 | 2.5 | 2.9 |
| Japanese Encephalitis | JE\_lyo | lyophilized | SC | 3 | 1 | 12.6 | 11.5 |
| Japanese Encephalitis | JE\_liq | liquid | SC | 3 | 10 | 3.4 |  |
| Rota vaccine | Rota\_lyo | lyophilized | Oral | 2 | 1 | 156 |  |
| Rota vaccine | Rota\_liq | liquid | Oral | 2 | 1 | 17.1 |  |
| Rota vaccine | Rota\_liq | liquid | Oral | 3 | 1 | 45.9 |  |
| Pneumo. conjugate vaccine 7-valent | PCV-7 | liquid | IM | 3 | PFS | 55.9 |  |
| Pneumo. conjugate vaccine 7-valent | PCV-7 | liquid | IM | 3 | 1 | 21 |  |
| 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 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 |  |
| Human Pappilomavirus vaccine | HPV | liquid | IM | 3 | 1 | 15 |  |
| Human Papilomavirus vaccine | HPV | liquid | IM | 3 | 2 | 5.7 |  |
| Monovalent OPV-1 | mOPV1 | liquid | Oral |  | 20 | 1.5 |  |
| Monovalent OPV-3 | mOPV3 | liquid | Oral |  | 20 | 1.5 |  |

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| **12 Banking form** |

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| In accordance with the decision on financial support made by the GAVI Alliance, 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):** | Ministry of Health and the Fight Against AIDS/ REGIE FONDS GAVI |  |
|  |  |  |
|  |  |  |  |  |
| **Address:** | Cité Administrative, Tour C, 16ième étage, BP V 16 Abidjan |  |
| **City Country:** | Abidjan, Côte d'Ivoire |  |
| **Telephone no.:** | (00225) 20 21 08 71 | **Fax no.:** | (00225) 20 22 58 11 |  |
|  | **Currency of the bank account:** | CFA Franc (BCEAO) |  |
| **For credit to:** |  |  |  |  |
| **Bank account's title:** | ACCD P/C (REGIE FONDS GAVI N° CI650 01001 001001120010 54) |  |
| **Bank account no.:** | CI000 01001 000000060070 63 |  |
| **Bank's name:** | BCEAO-ABIDJAN |  |
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| Is the bank account exclusively to be used by this program? True |

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| By who is the account audited? Auditeurs Associés en Afrique - KPMG CI |

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| Signature of Government's authorizing official |

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|  |  | **Seal** |
| **Name:** | Professeur Thérèse A. N'DRI-YOMAN |  |
|  |  |  |
| **Title:** | Minister of Health and the Fight Against AIDS |  |
|  |  |  |
| **Signature** |  |  |
|  |  |  |
| **Date:** | 30/08/2012 |  |

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| **FINANCIAL INSTITUTION** |
|  |
| **Bank's name:** | BCEAO-ABIDJAN |
| **Branch Name:** | Agence Principale (Main Branch) |
| **Address:** | Avenue DELAFOSSE, 01 BP 1769 Abidjan 01 |
| **City Country:** | Abidjan, Côte d'Ivoire |
| **Swift Code:** | BCAOSNDP |
| **Sort Code:** | CI000 01001 000000060070 63 |
| **ABA No.:** |  |
| **Telephone No.:** | (00225) 20 20 84 00/ 20 20 85 00 / 20 20 86 00 |
| **FAX No.:** |  |

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| **CORRESPONDENT BANK** |
| **(In the United States)** |
|  | Federal Reserve Bank of New York |
|  |  |
|  | 33 Liberty Street (USA) |
|  | New York |
|  | FRNYUS33 |
|  | Account number 021085457 |
|  |  |
|  |  |
|  | (00212) 720 63 31 |

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| I certify that the account No ACCD P/C (REGIE FONDS GAVI N° CI650 01001 001001120010 54) is held by Mme LOAN Rachel at this banking institution |
| The account is to be signed jointly by at least 2 (number of signatories) of the following authorized signatories: |
|  |  |
| **1** | **Name:** | ALI COULIBALY |
|  | **Title:** | Central Accountant of the Treasury |
|  |  |
| **2** | **Name:** | Dr COULIBALY Adama |
|  | **Title:** | Physician at the WHO ABIDJAN office |
|  |  |
| **3** | **Name:** |  |
|  | **Title:** |  |

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| **Name of bank's authorizing official** |
| YAO Golly (interim authorized representative) |
| **Signature** |
|  |
|  |
| **Date:** | 31/08/2012 12:00:00 AM |
| **Seal:** |
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