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| **Gavi NVS Application Form** |

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| Date of submission: **27 February 2017** |

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| **Deadline for submission:** |

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| **11 January 2017** |

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

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| **Form revised in 2016** |

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| **Use with instructions dated December 2016** |

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

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

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| **1. Type of support requested** |
| Please specify the type of Gavi support you would like to apply for. |

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| **Type of Support** | **Vaccine** | **Start Year** | **End year** | **Preferred second presentation[1]** |
| Routine New Vaccines Support | Rotavirus, 2-dose schedule | 2018 | 2018 | Rotavirus, 3-dose schedule |
| Initial catch-up campaign | MR, 10 dose(s) per vial, LYOPHILISED | 2017 | 2017 |  |
| Routine New Vaccines Support | MR, 10 dose(s) per vial, LYOPHILISED for the first dose | 2018 | 2018 |  |

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

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| **2. Table of Contents** |

 |  |
|  |  |
|

|  |  |
| --- | --- |
|  | [*1. Type of support requested*](#ApplicationSpecification) |
|  |  |  |  |
|  | [*2. Table of contents*](#TableofContents) |
|  |  |  |  |
|  | [*3. Executive summary*](#ExecutiveSummary) |
|  |  |  |  |
|  | [*4. Signatures*](#Signatures) |
|  |  | [*4.1. Signatures of the Government and national coordinating bodies*](#Signatures1) |
|  |  |  | [*4.1.1. The Government and the Interagency Coordination Committee for immunisation*](#Signatures11) |
|  |  |  | [*4.1.2. National coordinating body - Interagency Coordination Committee for immunisation*](#Signature12) |
|  |  |  | [*4.1.3. Signature table for the Coordination Committee on immunisation*](#Signature13) |
|  |  | [*4.2. National Immunisation Technical Advisory Group (NITAG)*](#Signatures2)  |
|  |  |  | [*4.2.1. The NITAG Group for immunisation*](#Signatures21) |
|  |  |  |  |
|  | [*5. Data on the immunisation programme*](#ImmunisationProgrammeData) |
|  |  | [*5.1 Reference material*](#ImmunisationProgrammeData1)  |
|  |  |  | [*5.1.1 Lessons learned*](#ImmunisationProgrammeData11)  |
|  |  |  | [*5.1.2 Planning and budgeting of health services*](#ImmunisationProgrammeData12)  |
|  |  |  | [*5.1.3 Gender and equity*](#ImmunisationProgrammeData14)  |
|  |  |  | [*5.1.4 Data quality*](#ImmunisationProgrammeData15)  |
|  |  |  | [*5.1.5 Measles vaccine coverage*](#ImmunisationProgrammeData16)  |
|  |  |  | [*5.1.6 Measles vaccine coverage*](#ImmunisationProgrammeData16)  |
|  |  | [*5.2. Baseline data and annual objectives (NVS-routine immunisation)*](#ImmunisationProgrammeData2) |
|  |  | [*5.3. Target for the preventive campaign(s)*](#ImmunisationProgrammeData3) |
|  |  |  | [*5.3.1 Targets (MR campaign)*](#ImmunisationProgrammeData531) |
|  |  | [*5.4. Targets for the mini one-time catch-up campaign(s)*](#ImmunisationProgrammeData4) |
|  |  |  |  |
|  | [*6. New and underused vaccines (routine NVS)*](#NewandUnderUsedVaccines) |
|  |  | [*6.1. Calculation of the disease burden for corresponding diseases (if available)*](#NewandUnderUsedVaccines1) |
|  |  | [*6.2 Requested vaccine (rotavirus, 2-dose schedule)*](#NVSRoutine61) |
|  |  |  | [*6.2.1 Vaccine Prices*](#NVSRoutine611) |
|  |  |  | [*6.2.2 Co-financing information*](#NVSRoutine612) |
|  |  |  | [*6.2.2.1 Specifications of vaccinations with new vaccine for routine cohort*](#NVSRoutine6121) |
|  |  |  | [*6.2.2.2 Specifications of vaccinations with new vaccine for additional multi-age cohort*](#NVSRoutine6122) |
|  |  |  | [*6.2.3 Portion of supply for routine cohort to be procured by the country (and cost estimate, US$)*](#NVSRoutine613) |
|  |  |  | [*6.2.3.1 Portion of supply for routine cohort to be procured by Gavi (and cost estimate, US$)*](#NVSRoutine6131) |
|  |  |  | [*6.2.3.2 Portion of supply for additional multi-age cohort to be procured by Gavi (and cost estimate, US$)*](#NVSRoutine6132) |
|  |  |  | [*6.2.4 New and underused vaccine introduction grant*](#NVSRoutine614) |
|  |  |  | [*6.2.5 Integrated disease control*](#NVSRoutine615) |
|  |  |  | [*6.2.6 Technical assistance*](#NVSRoutine616) |
|  |  | [*6.3 Requested vaccine (MR, 10 dose(s) per vial, LYOPHILISED for the first dose)*](#NVSRoutine62) |
|  |  |  | [*6.3.1 Vaccine Prices*](#NVSRoutine621) |
|  |  |  | [*6.3.2 Co-financing information*](#NVSRoutine622) |
|  |  |  | [*6.3.2.1 Specifications of vaccinations with new vaccine for routine cohort*](#NVSRoutine6221) |
|  |  |  | [*6.3.2.2 Specifications of vaccinations with new vaccine for additional multi-age cohort*](#NVSRoutine6222) |
|  |  |  | [*6.3.3 Portion of supply for routine cohort to be procured by the country (and cost estimate, US$)*](#NVSRoutine623) |
|  |  |  | [*6.3.3.1 Portion of supply for routine cohort to be procured by Gavi (and cost estimate, US$)*](#NVSRoutine6231) |
|  |  |  | [*6.3.3.2 Portion of supply for additional multi-age cohort to be procured by Gavi (and cost estimate, US$)*](#NVSRoutine6232) |
|  |  |  | [*6.3.4 New and underused vaccine introduction grant*](#NVSRoutine624) |
|  |  |  | [*6.3.5 Technical assistance*](#NVSRoutine625) |
|  |  |  |  |
|  | [*7. NVS preventive campaigns*](#NVSPreventiveCampain) |
|  |  | [*7.1. Assessment of burden of relevant diseases related to the campaign (if available)*](#NVSPreventiveCampain1) |
|  |  |  | [*7.1.1 Epidemiology and disease burden for measles-rubella*](#NVSPreventiveCampain3)  |
|  |  | [*7.2 Requested for MR, 10 dose(s) per vial, LYOPHILISED, campaign support*](#NVSPreventiveCampain71) |
|  |  |  | [*7.2.1 Summary for MR, campaign support*](#NVSPreventiveCampain711) |
|  |  |  | [*7.2.2 Support funding for MR campaign operating costs*](#NVSPreventiveCampain712)  |
|  |  |  | [*7.2.3 Evidence of introduction of ORs in routine programme*](#NVSPreventiveCampain713) |
|  |  |  | [*7.2.4 RCV introduction schedule*](#NVSPreventiveCampain714) |
|  |  |  |  |
|  | [*8. NVS Follow-up Campaigns*](#NVS_FollowUpCampaigns) |
|  |  |  |  |
|  | [*9.Procurement and management*](#ProcurementandManagement) |
|  |  | [*9.1 Procurement and management of routine immunisation with new or underused vaccines*](#ProcurementandManagement1) |
|  |  | [*9.2 Procurement and management for NVS preventive campaigns*](#ProcurementandManagement2) |
|  |  |  | [*9.2.1 Procurement and management for the MR campaign*](#ProcurementandManagement821)  |
|  |  | [*9.3 Product licensure*](#ProcurementandManagement3) |
|  |  | [*9.4 Waste management*](#ProcurementandManagement4)  |
|  |  | [*9.5 Procurement and Management for Follow-up Campaign(s)*](#ProcurementandManagement4) |
|  |  |  |  |
|  | [*10. List of documents attached to this proposal*](#Listofdocumentsattached) |
|  |  |  |  |
|  | [*11. Annexes*](#Annexes) |
|  |  | [*Annex 1 - NVS routine support*](#Annex1) |
|  |  |  | [*Annex 1.1 Annex 1.1 Rotavirus, 2-dose schedule*](#Annex11) |
|  |  |  | [*Table Annex 1.1 A Rounded-up portion of supply procured by the country and estimate of associated costs in US$*](#Annex11A) |
|  |  |  | [*Table Annex 1.1 B Rounded up portion of equipment supplied by Gavi and estimate of associated costs in US$*](#Annex11B) |
|  |  |  | [*Table Annex 1.1 C Summary table for rotavirus vaccine, 2 dose schedule*](#Annex11C) |
|  |  |  | [*Table Annex 1.1 D Estimated numbers for rotavirus, 2 dose schedule, associated injection safety material and related co-financing budget*](#Annex11D) |
|  |  |  | [*Annex 1.2 MR, 10 dose(s) per vial, LYOPHILISED for the first dose*](#Annex12) |
|  |  |  | [*Table Annex 1.2 A Rounded-up portion of supply procured by the country and estimate of associated costs in US$*](#Annex12A) |
|  |  |  | [*Table Annex 1.2 B Rounded up portion of equipment supplied by Gavi and estimate of associated costs in US$*](#Annex12B) |
|  |  |  | [*Table Annex 1.2 C Summary table for MR vaccine, 10 dose(s) per vial, LYOPHILISED for the first dose*](#Annex12C) |
|  |  |  | [*Table Annex 1.2 D Estimated numbers for MR, 10 dose(s) per vial, LYOPHILISED for the first dose, associated injection safety material and related co-financing budget*](#Annex12D) |
|  |  | [*Annex 2 - NVS Routine support– Preferred Second Presentation*](#Annex2) |
|  |  |  | [*Annex 2.1 Rotavirus 3-dose schedule*](#Annex21) |
|  |  |  | [*Table Annex 2.1 A Rounded-up portion of supply procured by the country and estimate of associated costs in US$*](#Annex21A) |
|  |  |  | [*Table Annex 2.1 B Rounded up portion of equipment supplied by Gavi and estimate of associated costs in US$*](#Annex21B) |
|  |  |  | [*Table Annex 2.1 C Summary table for rotavirus vaccine, 3-dose schedule*](#Annex21C) |
|  |  |  | [*Table Annex 2.1 D Estimated numbers for rotavirus, 3-dose schedule, associated injection safety material and related co-financing budget*](#Annex21D) |
|  |  | [*Annex 3 - NVS preventive campaign(s)*](#Annex3) |
|  |  |  | [*Table Annex 3.1 C Summary table for MR vaccine, 10 dose(s) per vial, LYOPHILISED*](#Annex31A) |
|  |  |  | [*Table Annex 3.1 D Estimated numbers for MR, 10 dose(s) per vial, LYOPHILISED, associated injection safety material and related co-financing budget*](#Annex31B) |
|  |  | [*Annex 4*](#Annex4) |
|  |  |  | [*Table Annex 4A: Commodities cost*](#Annex4A) |
|  |  |  | [*Table Annex 4B: Freight cost as a percentage of value*](#Annex4B) |
|  |  |  | [*Table Annex 4C: Initial self-financing phase - Minimum country's co-payment per dose of co-financed vaccine*](#Annex4C)  |
|  |  |  |  |
|  | [*12. Banking form*](#BankingForm) |

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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:](#ApplicationSpecification) |
|  |
|  | [For each specific request, NVS routine support or NVS campaign:](#ApplicationSpecification)  |
|  |  | Duration of support |
|  |  | The total amount of funds requested |
|  |  | Characteristics of vaccine(s), if necessary, and the reason for presentation choice  |
|  |  | Month and year planned for vaccine introduction (including campaigns and routine immunisations) |
|  |
|  | Relevant baseline data, including: |
|  |  | DTP3 and measles coverage data (as reported on the WHO/UNICEF Joint Reporting Form) |
|  |  | Target population determined based on the evaluation of yellow fever and meningitis A risk |
|  |  | Birth cohort, targets and immunisation coverage by vaccines |
|  |
|  | Country preparedness |
|  |  | Summary of planned activities to prepare vaccine launch, including EVM assessments, progress with regard to EVM improvement plans, communication plans, etc. |
|  |  | Summary of the EVM assessment report and progress report on the implementation of improvement plan |
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|  | How stakeholders participated in developing this proposal |
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| • Benin is applying for Gavi support in the amount of US$ 1,549,023 for one year. Of this amount, US$ **1,143,453** represents the cost of procurement for the rotavirus vaccine during the first year (2018), and US$ **405,570** the operational costs for the introduction process.For the MR vaccine, Benin is applying for Gavi support in the amount of US$ 726,647 for one year. Of this amount, US$ 354,874 represents the cost of procurement for the MR vaccine during the first year (2018), and US$ 371,773 the operational costs for the introduction process. To implement the campaign, Benin is applying for financial support from Gavi in the amount of US$ **3,349,103**, including procurement costs for the MR vaccine and vaccine supplies, plus operational costs.It should be noted here that in 2018 Benin will draw up a new cMYP for the period 2019-2023, and a new procurement request for the rotavirus vaccine and the MR vaccine will be submitted to Gavi to cover the period 2019-2023, after submitting the usage report for each NV for the first year.• Benin opted for Rotarix, presented in liquid form packaged in single-dose vials, with the following operational characteristics: packaging volume (17.1 ml/50 doses), vaccine vial monitor availability, number of doses required per child (2 doses), cost of the vaccine (US$ 2.248/dose), administration route (oral). Benin opted for the MR vaccine, a combined 10-dose lyophilised vaccine that will be replacing the MCV. This vaccine has the same presentation as MCV, and will be introduced in routine EPI with no logistics constraints. As with MCV, MR will be administered in one dose, subcutaneously, and to the same targets (9-month-olds).• Vaccine storage capacity at all levels will make a national introduction of the rotavirus vaccine and of the MR vaccine possible (in all Health Zones at the same time) in 2018. The introduction of MR in routine EPI on a national scale is planned for February 2018, and will use the usual MCV targets, which are 9-month-old infants. This introduction will be preceded by a mass campaign in children 9 months to 14 years during November 2017. As for the rotavirus vaccine introduction, it is planned for July 2018.• Vaccine coverage data recorded by Benin in 2015 (WHO/UNICEF estimate) are 79***%*** and 75***%*** respectively for DTP-Hep B-Hib 3 and MCV. • Population data in 2018 (Source: application of the growth rate from 2013 General Population and Housing Census data). Total population: 11,852,802 inhabitants Live births:  506,963 newborns (4% of the total population). Surviving infants: 425,444 infants.The national vaccine coverage objective for rotavirus vaccine at the national level has been set at 50% for the first dose, and 40% for the second dose. For the implementation of the mass campaign with MR, the population of children 9 months to 14 years as of 2017 is estimated at 5,152,466. The vaccine coverage objective at the national level has been set at 95% for the mass campaign and at 92% for routine immunisation in 2018.• **Country preparedness**:Benin conducted an EVM assessment in 2012, followed by a performance improvement plan. Even though the majority of assessment criteria were not satisfactory, the external EPI review conducted in 2014 showed significant improvements. Vaccine storage capacity is no longer a problem at all levels, as well as supplying of vaccines and other inputs.Partners that participated in developing this proposal (which was endorsed at the extraordinary session of the ICC held on 16 January 2017) are as follows: WHO, UNICEF, RAVIN PROJECT. |

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| **4. Signatures** |

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| **4.1. Signatures of the Government and national coordinating bodies** |

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| **4.1.1. The Government and the Interagency Coordination Committee (ICC) for immunisation** |

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| The Government of Benin wishes to consolidate the existing partnership with Gavi to strengthen its national routine childhood immunisation programme and is hereby specifically requesting Gavi support for:  |

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| Rotavirus, 2-dose schedule; MR, 10 dose(s) per vial, LYOPHILISED for the first dose, routine introduction |
| MR, 10 dose(s) per vial, LYOPHILISED, preventive campaigns |

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| The Government of Benin agrees to develop national immunisation services on a sustainable basis in accordance with the comprehensive multi-year plan presented with this document. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunising children as outlined in this application. |

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| Table(s) 6.2.4 and 6.3.4 in the NVS Routine section of this application show(s) the amount of support either in kind or in cash that is required from Gavi. Table(s) 6.2.3 and 6.3.3 of this application show(s) the Government's 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 release its portion of the funds in the month of **July**. |

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| The payment of the first year of co-financed support will be due around **January 2018** for rotavirus, 2-dose schedule, MR, 10 dose(s) per vial, LYOPHILISED for the first dose. |

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

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| **Minister of Health (or authorised representative)** | **Minister of Finance (or authorised representative)** |
| **Name** | Alassane SEIDOU | **Name** | Romuald WADAGNI  |
| **Date** |  | **Date** |  |
| **Signature** |  | **Signature** |  |

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

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| **Full name** | **Position** | **Telephone** | **E-mail** |
| Franck Hilaire BETE | Director General of Benin National Agency for Immunisation (ANV) | +22997645912 | franckbete@gmail.com |
| Virgile E. DODOO | Director of Immunisation, Benin ANV | +22997171744 | dodoovirgile@gmail.com |

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| **4.1.2. National Coordinating Body/Interagency Coordination Committee for immunisation** |

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| Agencies and partners (including development partners and civil society organisations) supporting immunisation services are coordinated and organised through an inter-agency coordinating mechanism (ICC, Health Sector Coordinating Committee (HSCC), or equivalent committee). The ICC, HSCC, or equivalent committee is responsible for coordinating and guiding the proper use of the Gavi ISS and NVS routine support and/or campaign support. Please provide information about the ICC, HSCC, or equivalent committee in your country in the table below. |

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

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| **Name of the committee** | Interagency Coordination Committee for the EPI (ICC-EPI) |
| **Organisational structure (e.g., sub-committee, stand-alone)** | Technical sub-committee of the ICC |

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

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| Major functions and responsibilities of the ICC/HSCC: |

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| The primary functions and responsibilities of the ICC/HSCC can be summarised as follows:The ICC-EPI is responsible for:* Helping to set the policy direction of the EPI
* Supporting the compilation of the EPI's strategic and annual plans
* Mobilising the national and international resources required to implement the programmes developed
* Monitoring programme implementation
* Conducting periodic inspections of programme implementation reports
* Ensuring optimal use of the resources mobilised
* Supporting the ANV-SSP in organising periodic programme reviews

Three major strategies to enhance the ICC/HSCC's role and functions in the next 12 months:1. Drafting a work plan for all the structures of the ICC-EPI (meeting timeline).2. More assertive support and involvement from partners in managing the EPI (in accordance with the recommendations from the most recent internal review of the 2008 EPI and the conclusions of the ICC meetings).3. Advocating for donor (including Gavi) resources to be allocated to the EPI. |

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| **4.1.3. Signature Table for the Coordination Committee on Immunisation** |

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| We, the undersigned members of the ICC, HSCC or equivalent committee [1] met on **16/01/2017** to review this proposal. At that meeting, we approved this proposal based on the attached supporting documentation. The minutes of this meeting are attached as document number 5. The signatures confirming the request appear in document 7 (please use the list of signatures in the section below). |

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| **Position** | **Title/Organisation** | **Name** | **Please sign below to indicate your attendance at the meeting during which the proposal was discussed.**  | **Please sign below to indicate your endorsement of the minutes of the meeting during which the proposal was discussed.**  |
| **Chair** | Ministry of Public Health | Alassane SEIDOU |  |  |
| **Secretary** | Director General of the ANV-SSP | Franck Hilaire BETE |  |  |
| **Members** | EPI Focal Point for the Ministry of Planning | Ignace BALLO |  |  |
| WHO Representative | Raoul SAÏZONOU |  |  |
| AMP Representative | Hamed Idrissa TRAORE |  |  |
| Rotary CPPNB Representative | Bouraïma SALIFOU |  |  |
| Representative of the UNICEF Representative | Mawutondji DEKOUN |  |  |
| Representative for the Administration and Finance Director of the Ministry of Health | Nicolas AYEDAYO |  |  |
| Director of Immunisation for the ANV-SSP | Virgile E. DODOO |  |  |
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| By submitting the proposal we confirm that a quorum was present. **Yes**  |

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| The minutes from the three most recent ICC meetings are attached as DOCUMENT No.: 6) . |

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| **4.2. National Immunisation Technical Advisory Group (NITAG)**  |

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

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| We the undersigned, members of the NITAG, met on 16 June 2016 to review this proposal. During the meeting, we adopted this proposal of the basis of the supporting documents describing the decision-making process by which the recommendations were formulated, attached as Document 31.  |

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| **4.2.1. The NITAG Group for immunisation** |

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| **Profile of the NITAG** |

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| **Name of the NITAG** | The National Advisory Committee on Immunisation and Vaccines for Benin (CNCV-Benin). |
| **Year of constitution of the current NITAG** | 2013 |
| **Organisational structure (e.g., sub-committee, stand-alone)** | Stand-alone committee |
| **Frequency of meetings** | Twice yearly |

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| **Position** | **Title/Organisation** | **Name** |
| **Chair** | Professor of Paediatrics and Medical Genetics/FSS Cotonou  | Sikiratou ADEOTHY KOUMAKPAI  |
| **Secretary** | Public Health Physician/ANV-SSP | Yolande AFFO SAKA |
| **Members** | Public Health Physician/Vaccinology/MoH | Alexis BOKOSSA]  |
| Professor of Public Health/FSS Cotonou  | Léonard FOURN  |
| Professor of Immunology/FSS Cotonou  | André BIGOT  |
| Professor of Epidemiology/FSS Cotonou | Dismand HOUINATO  |
| Professor of Bacteriology Virology/FSS Cotonou | Séverin ANAGONOU  |
| Professor of Internal Medicine/FSS Cotonou | Fabien HOUNGBE  |
| Professor of Infectious Diseases/FSS Cotonou | Gabriel ADE  |
| Professor of Obstetrics and Gynaecology/FSS Cotonou | Sosthène ADISSO  |
| Professor of Social Anthropology/UAC  | Elisabeth FOURN  |
| Physician Economist for Health/Private Sector | Léon KESSOU  |

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| Major functions and responsibilities of the NITAG |

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| This committee is generally responsible for giving their viewpoints and technical and scientific recommendation that could guide the Ministry of Health in defining, implementing, monitoring and evaluating national immunisation policies and strategies.More specifically, it is tasked with:* Analysing the current national immunisation policies and strategies (routine EPI, immunisation outside the EPI, Village Health Agents and epidemiological surveillance);
* Proposing any necessary adjustments to the immunisation policies and strategies if required, including modifications to the immunisation schedule;
* Proposing optimal strategies for controlling vaccine-preventable diseases;
* Advising national authorities on relevant strategies that can enable monitoring and evaluation of the impact of immunisation activities;
* Advocating to national authorities, civil society and the private sector for support of national immunisation policies;
* Advising national authorities on the introduction of new vaccines and new immunisation technologies;
* Advising national authorities on optimum strategies for increasing and maintaining high levels of immunisation coverage;
* Keeping national authorities informed on the most recent scientific developments and innovations in the field of immunisation and vaccines.
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| In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG. This document is attached as  |

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| **5. Data on the immunisation programme** |

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| **5.1 Reference material**  |

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| Please complete the table below, using the most recent data from available sources. Please identify the source of the data, and the date and attach the source document, where possible. The following documents should be referred to and/or attached: |

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| ▪  | Comprehensive Multi-Year Plan for Immunisation (cMYP) (or equivalent plan). Please attach as DOCUMENT NUMBER 9. |
| ▪  | New Vaccine Introduction Plan(s) / Plan of Action. Please attach as DOCUMENT NUMBER 12.  |
| ▪  | New Vaccine Introduction Checklist, Activity List and Timeline. Please attach as DOCUMENT NUMBER 12. |
| ▪  | Effective Vaccine Management (EVM) assessment. Please attach as DOCUMENT NUMBER 20. |
| ▪  | Two most recent annual WHO/UNICEF Joint Reporting Forms (JRF) on Vaccine Preventable Diseases. |
| ▪  | Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate. |
| ▪  | In the case of Yellow Fever and Meningitis A mass preventive campaigns, the relevant risk assessments. Please attach as DOCUMENT NUMBER 24 and DOCUMENT NUMBER 25. |

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

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|  | **Figure** | **Year** | **Source** |
| Total population | 11,096,879.00 | 2016 | GPHC-4 (INSAE) |
| Birth cohort | 397,156.00 | 2016 | GPHC-4 (INSAE) |
| Infant Mortality Rate | 68.00 | 2016 | GPHC-4 (INSAE) |
| Surviving infants *[1]* | 369,047.00 | 2016 | GPHC-4 (INSAE) |
| GNI per capita (US$) | 709.00 | 2015 | http/www.journaldunet.com |
| Total Health Expenditure (THE) | 126,004,609,227.00 | 2011 | Outline of national health accounts for the 2008 fiscal year |
| General government expenditure on health (GGHE) as % of general government expenditure  | 4.00 | 2011 | Outline of national health accounts for the 2008 fiscal year |

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

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| **5.1.1 Lessons learned**  |

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| **Support for new routine vaccines** |

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

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| **Lessons learned** | **Actions** |
| When a new vaccine is introduced, vaccine storage capacity needs to be increased. | • Benin conducted a physical inventory of the cold chain, with the aim of assessing existing vaccine storage capacity• As existing storage capacity is sufficient at the different levels, Benin is seeking to maintain this cold chain equipment• Benin will develop a cold chain maintenance plan |
| Since most new vaccines (rotavirus vaccine) are freeze-sensitive, it is vital to protect these vaccines against accidental freezing. | Benin will instruct health professionals in current arrangements for vaccine transport (packaging cold accumulators, etc). |
| There is a need to improve staff knowledge, at all levels, with regard to the new vaccine: train personnel | • Benin will strengthen staff capacities at all levels through training and awareness-raising, through information on the vaccine and “AEFI,” with a particular emphasis on intussusception; |
| When this vaccine is introduced (rotavirus vaccine), logistics needs will increase. | Benin will make an effort to improve logistics functions in the following areas:• Reliable management of vaccine stocks and monitoring of their use; • Strengthening pharmaco-vigilance, specifically in terms of AEFIs and how to properly manage them;  |
| Other lessons learned from previous introductions regarding coordination, planning, communication and supervision that must receive particular attention  | • Strengthening coordination at all levels (national, departmental, municipal and local);• Strengthening the micro-planning process at the peripheral level to better define roles and responsibilities and to provide improved assessment of resources;• Strengthening social mobilisation/communication, especially in terms of locally-based communications with the involvement of local leaders;• Strengthen supervision, monitoring and evaluation  |

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| **Preventive campaign support** |

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

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| **Lessons learned** | **Actions**  |

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| **5.1.2 Planning and budgeting of health services**  |

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| Please provide some additional information on the planning and budgeting context in your country:  |
| The national planning cycle is 10 years.The budget cycle is three years long with an annual action plan |
| Please indicate the name and date of the relevant planning document for health |
| This document is the National Health Development Plan for 2009-2018. It was prepared using the "Ministry of Health integrated bottom-up planning procedure," completed in December 2006. |
| Is the cMYP (or updated Multi-Year Plan) aligned with this document (timing, content, etc)?  |
| Yes |
| Please indicate the national planning and budgeting cycle for health |
| The national planning cycle is 10 years. Annual operating plans will be developed based on the orientations of the 10-year plan.The budget cycle is three years long with an annual action plan |
| Please indicate the national planning cycle for immunisation |
| The national planning cycle for immunisation is triennial, then annual: National planning for immunisation is completed in a "bottom-up" manner, beginning with the health zones and ending with the central level.- Regardless of the level involved, situational analysis is the first step in this process.- The multi-year immunisation plan is prepared in accordance with WHO's tools and strategies (GIVS (Global Immunisation Vision and Strategy), cMYP)- The annual action plan is drawn from the multi-year plan.- Quarterly activity planning is completed using the annual action plan.- The plan specifies monitoring and evaluation activities (monthly monitoring, quarterly workshop for evaluating surveillance and EPI-related activities, coverage surveys, EPI performance review).Immunisation stakeholders are involved in the planning and implementation processes at all levels of the health pyramid.The ICC members approve the EPI plan documents and the results of their implementation. |

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| **5.1.3 Gender and equity**  |

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| Please describe any barriers to access, utilisation and delivery of immunisation services at district level (or equivalent) that are related to geographic location, socio-economic status and/or gender equity. Please describe actions taken to mitigate these barriers and highlight where these issues are addressed in the vaccine introduction plan(s). |
| There is no immunisation-related gender segregation in Benin. Barriers to accessing immunisation are related to these factors:* geographical: deteriorating access roads to health facilities, the distance of health facilities with regard to the villages they serve, and
* Socio-economic: the generally precarious situation in towns and the countryside

Effective implementation of all components of the RED approach will make it possible to mitigate these barriers |
| Please examine whether questions of equity (socio-economic, geographic and gender-specific factors) have been taken into consideration in the process of preparing social mobilisation strategies, among other things, to improve immunisation coverage. Specify whether these issues are addressed in the vaccine introduction plan(s).  |
| Equity issues are in fact addressed in the introduction plan, and making the RED approach operational is the strategy that needs to be favoured for an equitable provision of immunisation services in Benin. |
| Please describe what national surveys are routinely conducted in the country to assess gender and equity related barriers. Highlight whether this application includes any activities to assess gender and equity related barriers. |
| The 2014 external EPI review for Benin produced data disaggregated by sex and by municipality. The 2014 MICS survey was also disaggregated by region and by socio-economic quintile. |
| Please indicate if sex-disaggregated data is collected and used in routine immunisation reporting systems.  |
| As indicated above, Benin has not experienced gender-specific barriers. However, the immunisation reports do not state data by sex. |
| Is the country currently in a situation of fragility (eg insecurity, conflict, post-conflict, refugees/and or displaced persons and recent, current or potential environmental disaster, such as flooding, earthquake or drought or others)? If Yes, please describe how these issues may impact your immunisation programme, planning for introduction of routine immunisation or campaigns and funding of these activities. |
| No |

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| **5.1.4 Data quality**  |

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| Please attach a data quality assessment (DQA) report that was completed during the preceding 48 months using the most recent national survey including immunity coverage indicators (DOCUMENT NUMBER: 11) and an immunisation data quality improvement plan (DOCUMENT NUMBER 33). Subject to availability, a report on progress of implementing the improvement plan must also be presented (DOCUMENT NUMBER: 32, DOCUMENT NUMBER: 33). |

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| **5.1.5 Measles vaccine coverage**  |

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| Proof of MCV1 self-financing |

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| Should the country not entirely fund the monovalent measles vaccine component for the first routine measles dose (MCV1) using national resources, please provide evidence that the country will be able to comply with this request starting in 2018, through a decision recorded in the ICC meeting minutes AND a letter signed by the Minister of Health and the Minister of Finance (please attach available documents AS DOCUMENT NUMBER 37 - in section 10. Attachments). |

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| Please provide information on measles vaccine coverage. |

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| **Coverage** | **2014** | **2015** | **2016** |
| Administrative *(1)* | WUENIC *(2)* | Administrative *(1)* | WUENIC *(2)* | Administrative *(1)* | WUENIC *(2)* |
| **Measles 1st dose (%)** | 92 | 68 | 98 | 75 | 96 | 0 |
| **Measles 2nd dose (%)** | 0 | 0 | 0 | 0 | 0 | 0 |

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| **Coverage** | **2014** | **2015** | **2016** |
| Administrative *(1)* | Coverage Survey | Administrative *(1)* | Coverage Survey | Administrative *(1)* | Coverage Survey |
| **Supplementary Immunisation Activities (SIA) (%)** | 0 | 0 | 101 | 97 | 0 | 0 |

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| **Note:** |
| *(1)* National administrative coverage reported |
| *(2)* Estimated national immunisation coverage according to WHO/UNICEF  |
| Do the most recent supplementary immunisation activities (SIAs) relate to administrative coverage or an acceptable survey method? **Survey results** |
| Please describe the survey methodology: |
| The immunisation coverage survey used the WHO-recommended two-stage cluster survey method. It was completed in each of the country's 34 health zones, targeting children from 12 to 23 months of age and mothers of children 0 to 11 months of age. The sample size:- 30 clusters of 7 children 12 - 23 months per health zone, or 1,020 clusters of 7,140children 12 - 23 months of age for the entire country- 30 clusters of 7 mothers of children 0 - 11 months per health zone, or 1,020 clusters of 7,140 mothers of children 0 - 11 months of age for the entire country |

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

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

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| **Table 5.2**: baseline numbers for NVS routine immunisation |

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| **Number** | **Base Year** | **Baseline and Targets** |
| **2017** | **2018** |
| **Total number of births** | 489,820 | 506,963 |
| **Total number of infant deaths** | 78,763 | 81,520 |
| **Total surviving infants** | 411,057 | 425,443 |
| **Total number of pregnant women** | 523,616 | 541,942 |
|  |  |  |
| **Target population vaccinated with OPV3[1]** | 322,330 | 345,353 |
| **OPV3 coverage[2]** | 78 % | 81 % |
|  |  |  |
| **Target population vaccinated with DTP1[1]** | 346,504 | 371,255 |
| **Target population vaccinated with DTP3[1]** | 322,330 | 345,353 |
| **DTP3 coverage[2]** | 78 % | 81 % |
| **Wastage[3] rate in base-year and planned thereafter (%) for DTP** | 13 | 13 |
| **Wastage*[3*] factor in base-year and planned thereafter for DTP** | 1.15 | 1.15 |
|  |  |  |
| **Target population vaccinated with 1st dose(s) of rotavirus vaccine** | 0 | 212,722 |
| **Target population vaccinated with 2nd dose of rotavirus vaccine** | 0 | 170,177 |
| **Rotavirus vaccine coverage*[2]*** | 0 % | 40 % |
| **First Presentation: Rotavirus, 2-dose schedule** |  |  |
| **Wastage rate *[3]* in base-year and planned thereafter (%)**  | 5 | 5 |
| **Wastage factor *[3]* in base-year and planned thereafter (%)** | 1.05 | 1.05 |
| **Maximum wastage rate for rotavirus, 2-dose schedule** | 5 % | 5 % |
| **Second Presentation: Rotavirus, 3-dose schedule** |  |  |
| **Wastage rate *[3]* in base-year and planned thereafter (%)**  | 0 | 5 |
| **Wastage factor *[3]* in base-year and planned thereafter (%)** | 1.00 | 1.05 |
| **Maximum wastage rate for rotavirus, 3-dose schedule** | 5 % | 5 % |
|  |  |  |
| **First Presentation: MR, 10 dose(s) per vial, LYOPHILISED for the first dose** |  |  |
| **Wastage rate *[3]* in base-year and planned thereafter (%)**  | 25 | 25 |
| **Wastage factor *[3]* in base-year and planned thereafter (%)** | 1.33 | 1.33 |
| **Maximum wastage rate for MR, 10 dose(s) per vial, LYOPHILISED for the first dose** | 40 % | 40 % |
|  |  |  |
| **Target population vaccinated with 1st dose(s) of RCV vaccine** | 0 | 212,722 |
| **RCV coverage*[2]*** | 0 % | 50 % |
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| **Annual DTP dropout rate [ ( DTP1 - DTP3 ) / DTP1 ] x 100** | 7 % | 7 % |

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| ***[1]*** Indicate total number of children vaccinated with either DTP alone or combined |
| ***[2]*** Number of infants vaccinated out of total surviving infants |
| ***[3]*** The formula to calculate a vaccine wastage rate (in percentage): [ ( A – B ) / A ] x 100, where A = stock balance at the end of the supply period; B = the number of immunisations with the same vaccine in the same period. |

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| **5.3. Target for the preventive campaign(s)** |

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| **5.3.1 Targets (MR campaign)** |

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| Please specify cohort for rubella-containing vaccines (RCV): |
| MR begins: 9 months |
| MR ends: 14 years |
| Cohort population = population 9 months -14 years  |
| Gavi only provides assistance to countries for the rubella vaccine catch-up campaign through providing MR vaccine doses for a target population of girls and boys 9 months to 14 years of age (the exact interval in the scope of application from 9 months to 14 years will depend on MR in the country). |

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| **Table 5.3.1 Baseline NVS preventive campaign figures for MR** |

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| **Number** | **Data: objectives** |
| **2017** |
| **Total target population** | 5,152,466 |
| **Wastage rate (%) for MR (campaign)**  | 10 |
| **Maximum wastage rate for MR (campaign)** | 15 % |

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

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| No one-time mini catch-up campaign this year |

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

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

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

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| **Disease** | **Title of the assessment** | **Date** | **Results** |
| See introduction plan section 2.4.2: Surveillance of vaccine-preventable diseases and AEFI | See introduction plan section 2.4.2: Surveillance of vaccine-preventable diseases and AEFI | See introduction plan section 2.4.2: Surveillance of vaccine-preventable diseases and AEFI | See introduction plan section 2.4.2: Surveillance of vaccine-preventable diseases and AEFI |

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| **6.2. Requested vaccine (Rotavirus, 2-dose schedule)** |
| As reported in the cMYP, the country plans to introduce rotavirus, using rotavirus, 2-dose schedule. |
| When does the country intend to introduce this vaccine? **July 2018** |
| It should be noted that because of various factors, the launch date may vary compared to the date stipulated in the application. Gavi will work in close collaboration with the country and its partners to correct this problem.  |
| Please summarise the cold chain capacity (at central and other levels) and readiness to accommodate new vaccines, taking into consideration training, cold chain equipment and other logistics requirements. If cold chain expansion is required, state how it will be funded, and when it will be in place. The independent review committee must have assurances that the cold chain is ready or will be ready for the new routine vaccine introduction; convincing data/plans must be provided. **All the proposals** that include Gavi funding for the cold chain intended for storing vaccines must provide equipment that is WHO-prequalified for its performance, quality and programme safety (PQS). The purchase of non-PQS equipment will only be considered in special cases, with documentation and prior approval from Gavi. |
| Review of the logistics forecasting tool for Benin shows that the country has sufficient storage capacities at the central level (total available capacity of 54,000 litres and the requirements for introduction of the rotavirus vaccine in 2018 are 28,034 litres). At the regional level, only the departments of MONO and OUEME require their capacity to be strengthened. Currently, these two regional storage facilities are supplied at a frequency of six times per year, compared with other storage facilities that are supplied four times per year. One cold room in the process of being procured will make it possible to strengthen capacities before the new vaccine introduction.  At the operational level (health zones), available capacities are sufficient. |

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| **6.2.1. Vaccine Prices** |
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| **Vaccine** | **Presentation** | **2017** | **2018** |
| **Rotavirus, 2-dose schedule** | 1 | 2.19 | 2.19 |

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| **6.2.2. Co-financing information** |
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| If you wish to co-finance a larger amount, please indicate it on your co-financing line.  |

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| **Country group** | Initial self-financing phase |

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|  | **2018** |
| **Minimum co-financing** | 0.20 |
| **Your co-financing (please change if higher)** | 0.20 |

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| **6.2.2.1 Specifications of vaccinations with new vaccine for routine cohort** |

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|  | **Source** |  | **2018** |
| **Number of girls in routine cohort to be vaccinated with the first dose** | Table 5.2 | # | 212,722 |
| **Number of girls in routine cohort to be vaccinated with the second dose** | Table 5.2 | # | 170,177 |
| **Immunisation coverage with the second dose** | Table 5.2 | % | 40% |
| **Country co-financing per dose** | Table 6.2.2 | $ | 0.2 |

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| **6.2.3 Portion of supply for routine cohort to be procured by the country (and cost estimate, US$)** |
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|  |  | **2018** |
| **Number of vaccine doses** | **#** |  |
| **Number of AD syringes** | **#** |  |
| **Number of reconstitution syringes** | **#** | 0 |
| **Number of safety boxes**  | **#** |  |
| **Total value to be co-financed by the Country *[1]*** | **$** | 111,901 |

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| [*1]* The co-financing amount for initial self-financing countries indicates costs for the vaccines and any freight charges. The total co-financing amount does not include the costs and fees of the relevant procurement agency, such as contingency buffer and handling fees. The information on these costs and additional fees will be supplied by the relevant procurement agency in the cost estimate, at the country's request. |

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| **6.2.4 New and Underused Vaccine Introduction Grant** |

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| **Calculating the vaccine introduction grant for rotavirus, 2-dose schedule**  |

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| **Year of New Vaccine Introduction** | **Births (from Table 5.2)**  | **Share per Birth in US$** | **Total in US$** |
| 2018 | 506,963 | 0.80 | 405,570 |

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| This is a one-time cash grant in the amount of US$ 0.80/child within a single birth cohort or a lump sum of $100,000 (whichever is the higher of these two amounts). It should be noted that for introduction applications submitted starting in January 2017, and for all Gavi vaccine introductions with implementation planned as of 2018, this grant will be adjusted according to the country's transition phase. The amount of $0.70 per target person within a single birth cohort will be granted to countries in the preparatory transition phase (Phase 1) and the amount of $0.60 per target person within a single birth cohort will be granted to countries that have entered an accelerated transition phase (Phase 2). For low-income countries, the amount will remain at $0.80 per target person. |

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

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| The introduction amount granted by Gavi will be used to fund the technical areas below:* Support for planning at the province and Health Zone levels: US$ 4.040
* Document production: US$ 11.305
* Training of personnel at all levels and meetings: US$ 86.290
* EPI communication: US$ 44.705

Evaluation: US$ 56.445 |

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| Please complete the ‘Detailed budget for VIG / operational costs’ template provided by Gavi and attach as a mandatory document in the attachment section. |

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| Detailed budget attached as Document No. 22.23. |

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

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| Benin is committed to making its share available (US$ 149,582 for vaccine procurement and US$ 99,695 for support activities). The partners (WHO, UNICEF, etc) will contribute, with US$ 94,642 for implementing the introduction plan. Should financial difficulties arise, advocacy will be done with other partners in order to close the gap. In addition, the Ministry of Health proposes creating an alliance, bringing together national and international partners to fund immunisation in Benin. |

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| **6.2.5. Integrated disease control** |

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| a) Please describe **all** existing interventions for prevention and treatment of pneumonia and diarrhoea, as well as the status of implementation. |

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| In the context of integrated control of pneumonia and diarrhoea, the Ministry of Health of Benin provides:* Integrated Management of Childhood Illnesses (IMCI) in health facilities.
* Morbidity monitoring for these illnesses through the surveillance system
* The pneumococcal pneumonia vaccine (PCV) introduced into routine EPI

In the context of the integrated control of diarrhoeal diseases and pneumonia, the following interventions are described:Diarrhoeal diseases:* Protection: washing hands with soap, exclusive breastfeeding, adequate diet, clean drinking water, environmental sanitation, etc.
* Prevention: Vaccines for measles and rotavirus diarrhoea that will be introduced.
* Treatment: ORS, vitamin A, zinc, antibiotics, reference, etc.

Pneumonia:* Protection: Exclusive breastfeeding, reduce pollution in the home, prevent low birth weight, etc.
* Prevention: Vaccines for DTP, Hib, measles etc.;

Treatment: Reference, manage cases, antibiotics |

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| b) Please provide your ideas on how immunisation could strengthen provision and communication relative to supplementary health interventions. Please highlight the barriers that you can foresee to integrating immunisation with other health interventions. |

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| Other health interventions that immunisation could strengthen are: vitamin A supplementation, Mebendazole deworming, and distribution of insecticide-treated mosquito netsThe big barrier is the non-integrated planning of activities and lack of availability of inputs for other interventions. |

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| **6.2.6. Technical assistance** |

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| Please describe any specific area for which the Ministry will need technical assistance to support the rotavirus introduction. Please consider the support in the context of developing and implementing an integrated approach to disease prevention and treatment. |

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| With the objective of successfully completing the rotavirus vaccine introduction process, the country will need technical assistance in the areas below:* logistics,
* Communication in support of the new vaccine
* Carrying out the prevalence study for acute intussusceptions

The external post-introduction assessment and communication |

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| **6.3. Requested vaccine (MR, 10 dose(s) per vial, LYOPHILISED for the first dose)** |
| As indicated in the cMYP, the country plans to introduce MR vaccine using MR, 10 dose(s) per vial, lyophilised for the first dose. |
| When does the country intend to introduce this vaccine? **February 2018** |
| It should be noted that because of various factors, the launch date may vary compared to the date stipulated in the application. Gavi will work in close collaboration with the country and its partners to correct this problem.  |
| Please summarise the cold chain capacity (at central and other levels) and readiness to accommodate new vaccines, taking into consideration training, cold chain equipment and other logistics requirements. If cold chain expansion is required, state how it will be funded, and when it will be in place. The independent review committee must have assurances that the cold chain is ready or will be ready for the new routine vaccine introduction; convincing data/plans must be provided. **All the proposals** that include Gavi funding for the cold chain intended for storing vaccines must provide equipment that is WHO-prequalified for its performance, quality and programme safety (PQS). The purchase of non-PQS equipment will only be considered in special cases, with documentation and prior approval from Gavi. |
| Review of the logistics forecasting tool for Benin shows that the country has sufficient storage capacities at the central level: total available capacity of 54,000 litres and the requirements for introduction of the MR vaccine in 2018 are identical to the ones for MCV. Thus, MR will replace MCV.At the regional level, only the departments of Mono and Ouémé require their capacity to be strengthened. Currently, these two regional storage facilities are supplied at a frequency of six times per year, compared with other storage facilities that are supplied four times per year. One cold room in the process of being procured will make it possible to strengthen capacities before the new vaccine introduction.  At the operational level (health zones), available capacities are sufficient. |

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| **6.3.1. Vaccine Prices** |
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| **Vaccine** | **Presentation** | **2017** | **2018** |
| **MR, 10 dose(s) per vial, LYOPHILISED for the first dose** | 10 | 0.659 | 0.659 |

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| **6.3.2. Co-financing information** |
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| If you wish to co-finance a larger amount, please indicate it on your co-financing line.  |

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| **Country group** | Initial self-financing phase |

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

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| **6.3.2.1 Specifications of vaccinations with new vaccine for routine cohort** |

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|  | **Source** |  | **2018** |
| **Immunisation coverage** | Table 5.2 | % | 50% |
| **Number of girls in routine cohort to be vaccinated with the first dose** | Table 5.2 | # | 212,722 |
| **Country co-financing per dose** | Table 6.2.2 | $ | 0.3 |

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| **6.3.3 Portion of supply for routine cohort to be procured by the country (and cost estimate, US$)** |
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|  |  | **2018** |
| **Number of vaccine doses** | **#** |  |
| **Number of AD syringes** | **#** |  |
| **Number of reconstitution syringes** | **#** | 0 |
| **Number of safety boxes**  | **#** |  |
| **Total value to be co-financed by the Country *[1]*** | **$** | 106,111 |

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| [*1]* The co-financing amount for initial self-financing countries indicates costs for the vaccines and any freight charges. The total co-financing amount does not include the costs and fees of the relevant procurement agency, such as contingency buffer and handling fees. The information on these costs and additional fees will be supplied by the relevant procurement agency in the cost estimate, at the country's request. |

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| **6.3.4 New and Underused Vaccine Introduction Grant** |

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

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| **Year of New Vaccine Introduction** | **Births (from Table 5.2)**  | **Share per Birth in US$** | **Total in US$** |
| 2018 | 506,963 | 0.80 | 405,570 |

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| This is a one-time cash grant in the amount of US$ 0.80/child within a single birth cohort or a lump sum of $100,000 (whichever is the higher of these two amounts). It should be noted that for introduction applications submitted starting in January 2017, and for all Gavi vaccine introductions with implementation planned as of 2018, this grant will be adjusted according to the country's transition phase. The amount of $0.70 per target person within a single birth cohort will be granted to countries in the preparatory transition phase (Phase 1) and the amount of $0.60 per target person within a single birth cohort will be granted to countries that have entered an accelerated transition phase (Phase 2). For low-income countries, the amount will remain at $0.80 per target person. |

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

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| The introduction amount granted by Gavi will be used to fund the technical areas below:* support for planning at the province and Health Zone levels: US$ 129,901
* Monitoring and evaluation of the introduction process: US$ 56,445
* Training of personnel at all levels: US$ 86,291
* EPI communication: US$ 65,446
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| Please complete the ‘Detailed budget for VIG / operational costs’ template provided by Gavi and attach as a mandatory document in the attachment section. |

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| Detailed budget attached as Document No. 22.23. |

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

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| Benin is committed to making its share available US$ 215,589 for routine immunisation (including US$ 150,061 for vaccine procurement and US$ 65,528 for support activities). WHO, UNICEF, AMP and the other partners will contribute with the country to implement the introduction plan.For the campaign, Benin, WHO, UNICEF, AMP and the other partners have committed to making the counterpart of US$ 3,861,739 available for vaccine procurement and for support activities.Should financial difficulties arise, advocacy will be done with other partners in order to close the gap. Long-term, the Ministry of Health plans to create an alliance, bringing together national and international partners to fund immunisation in Benin. |

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| **6.3.5. Technical assistance** |

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| Please describe any specific area for which the Ministry will need technical assistance to support the introduction of MR. |

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| With the objective of successfully completing the MR vaccine introduction process, the country will need technical assistance in the areas below:* logistics,
* communication in support of the new vaccine,

external post-introduction evaluation |

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| **7. NVS Preventive campaigns** |

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| **7.1. Assessment of disease burden of diseases related to the campaign (if available)** |

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| **Disease** | **Title of the assessment** | **Date** | **Results** |
| See the introduction plan section 2.4.2: Surveillance of vaccine-preventable diseases | See the introduction plan section 2.4.2: Surveillance of vaccine-preventable diseases | See the introduction plan section 2.4.2: Surveillance of vaccine-preventable diseases and AEFI | See the introduction plan section 2.4.2: Surveillance of vaccine-preventable diseases and AEFI |

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| Please attach the Action Plan for each campaign as Document No. in Section 10. |

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| **7.1.1 Epidemiology and disease burden for measles-rubella**  |
| Please select at least one of the following information sources to document the results relative to the disease burden of RCV diseases:  |
| Epidemiological information on the disease burden: |
|  | 1 - Rubella data from the measles case-based surveillance system (including the age distribution of rubella cases) |
|  | 2 - Rubella seroprevalence surveys |
|  | 3- Information on congenital rubella syndrome morbidity, for example a retrospective study, modelled evaluations of CRS morbidity, prospective surveillance.  |
|  | 4 – Other |
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| **7.2 Requested for MR, 10 dose(s) per vial, lyophilised, campaign support** |
| **7.2.1. Summary for MR, campaign support** |
| When is the country planning to conduct the MR catch-up campaign? **November 2017** |
| When is the country planning to introduce MR into its routine immunisation programme? **February 2018** |
| It should be noted that because of various factors, the launch date may vary compared to the date stipulated in the application. Gavi will work in close collaboration with the country and its partners to correct this problem.  |
| Please summarise the sections of the cMYP and/or of the introduction plan for MR 10 dose(s) per vial, LYOPHILISED that relate to the introduction of MR, 10 dose(s) per vial, LYOPHILISED. Please describe the principal items that guided the decision-making process (data taken into consideration, etc), and describe the social mobilisation and micro-planning plans, especially strategies for unsafe or difficult to reach areas. If these items are included in the introduction plan or plan of action, please cite the sections only. |
| MR vaccine introduction plan section 3.1, section 4.6 |
| Please summarise the cold chain capacity (at central and other levels) and readiness to accommodate new vaccines, taking into consideration training, cold chain equipment and other logistics requirements. If cold chain expansion is required, state how it will be funded, and when it will be in place. Please describe how peak capacity will be managed for the campaigns. Please indicate if the supplies for the campaign will have any impact on the shipment plans for your routine vaccines and how this will be handled. The Independent Review Committee (IRC) requires assurances that the cold chain is or will be ready for the campaign, and evidence/plans need to be provided (if they are included in detail in the action plan, please cite the section here). **All the proposals** that include Gavi funding for the cold chain intended for storing vaccines must provide equipment that is WHO-prequalified for its performance, quality and programme safety (PQS). The purchase of non-PQS equipment will only be considered in special cases, with documentation and prior approval from Gavi. Please note that all Gavi-funded cold chain equipment needs to be WHO pre-qualified. The purchase of non-PQS equipment will only be considered on an exceptional basis, with justification and advance agreement from Gavi. |
| MR vaccine introduction plan section 4.5 |
| Please describe how the campaign activities will contribute to strengthening routine immunisation services. Refer to activities that will be completed in the context of planning the campaign, in order to evaluate the implementation of activities intended to strengthen routine immunisation services; refer also to the quality and level of immunisation coverage achieved during the campaign.  |
| The campaign will enable:* Capacity-building for service providers
* Review of management tools
* Enhanced preventive maintenance and repairs for the cold chain
* Improved waste management
* Strengthened surveillance of diseases with epidemic potential and AEFI
 |
| Please describe any plans for expanding measles surveillance to include rubella and plans for the introduction of Congenital Rubella Syndrome (CRS) surveillance. |
| Currently, case-based surveillance of measles includes surveillance of rubella.Surveillance of CRS will be introduced at the sentinel site level, which will be enlisted to this end. |
| Please produce the relevant documents to support estimates relative to the size of the campaign's target population (DOCUMENT No.: 18).  |

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| **7.2.2. Allocation of support for MR campaign operating costs**  |

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| **Table 7.2.2:** calculation of support for campaigns' operating costs |

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| **Year of MR support**  | **Total target population (Table 5.5)** | **Gavi contribution per target person in US$**  | **Total in US$** |
| 2017 | 5,152,466 | 0.65 | 3,349,103 |

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| *[1]* The grant is currently based on a maximum of US$ 0.65 per target person. It should be noted that for campaign applications submitted starting in January 2017, and for all campaigns with implementation planned to begin in 2018, this grant will be adjusted according to the country's transition phase. Countries will be responsible for providing the balance of operational funds above US$ 0.65 per child. The amount of $0.55 per target person will be granted to countries in the preparatory transition phase (Phase 1) and the amount of $0.45 per target person will be granted to countries that have entered an accelerated transition phase (Phase 2). For low-income countries, the amount will remain at $0.65 per target person. |

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

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| Please describe how the introduction grant will be used to facilitate the timely and effective implementation of immunisation campaigns for the target populations in advance of and during the introduction of the new vaccine (refer to the cMYP and the Vaccine Introduction Plan).  |
| The introduction grant provided by Gavi will be used as described in table XX of the introduction plan (Page 75). |

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

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| The gap between overall costs and Gavi support will be covered by the government and other partners. |

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| Please also complete the form entitled "Detailed budget for the vaccine introduction/operational costs grant" provided by Gavi. It must be attached in the annexes section. |
| Detailed budget attached as Document No. 22.23. |

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| **7.2.3 Evidence of introduction of MR in routine programme** |

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| Please provide evidence that the country can fund the introduction of Rubella-Containing-Vaccine (RCV) into the routine immunisation programme through one of the following:(Please attach available documents AS DOCUMENT NUMBER in Section 10. Attachments). |
|  | 1- A commercial contract for purchase of MR/MMR vaccine with or without shipping documents, invoice, etc. |
|  | 2- Integration of RCV into the cMYP with a corresponding increase in the budget line for vaccines in the health sector budget adequate to cover purchase of RCV (please highlight the budget line in the cMYP costing or other document showing the corresponding increase to cover the purchase of RCV) |
|  | 3- A MOU between government and donor(s) (or other written document) committing the donor(s) to support for at least one year, the purchase of RCV which will be introduced in the routine programme **OR** a letter from the Ministry of Finance or Budget ensuring additional funding for RCV purchase. In this case, the country must show additional evidence that the country will include the MR vaccine in its routine immunisation programme immediately after the campaign. |
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| **7.2.4 RCV introduction schedule** |

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| Countries must describe their introduction plan for surveillance activities. |

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| Does Benin’s cMYP include a plan for the introduction of RCV into the national programme? **Yes** |

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| Please attach the Introduction Plan for the introduction of RCV into the national programme as **Document number 34** in Section 10 and also attach the Plan of Action for the campaign as **Document number in Section 10. Please refer to Gavi's guidelines on support applications, for the items that must be included in the Introduction Plan and the Action Plan.**  |

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| The introduction plan will be attached, as requested |

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| **8. NVS Follow-up Campaigns** |

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| No NVS Follow-up Campaign Support this year |

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| **9. Procurement and management** |

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| **9.1 Procurement and management of routine immunisation 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 purchase of vaccines (Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO’s Revolving Fund): |
| Gavi funds for procuring the rotavirus vaccine will be transferred to UNICEF, who will be responsible for procuring and forwarding all required doses to the country. The quantities of rotavirus vaccine will be received and stored at the national storage facility in Cotonou before being shipped to the intermediate (departments) storage facilities, and then to Health Zones and to health centres.To fund support activities (VIG), funds granted will be managed in compliance with Gavi procedures. |
| b) If an alternative mechanism for procurement and delivery of vaccine (funded by the country or Gavi) is requested, please document |
|  |  | A description of the mechanism and the vaccines or commodities to be procured by the country; |
|  |  | Assurance that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. For the purchase of locally-produced vaccines directly from a supplier which may not have been pre-qualified by WHO, assurance should also be provided that the vaccines purchased comply with WHO’s definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance with standards is assured by a National Regulatory Authority (NRA) with jurisdiction, as assessed by WHO in the countries of production and purchase. |
| Not applicable to the country |
| c) If receiving direct financial support from Gavi (such as operational support for campaigns or VIG activities), please indicate how the funds should be transferred by Gavi. |
| By direct deposit into ANV-SSP accounts |
| e) Please indicate how the co-financing amounts will be paid (and who is responsible for this) |
| UNICEF sends the ANV-SSP a proforma indicating the amounts to be co-financed, to be completed and sent to the Ministry of Health’s cabinet. After verification and approval, a request is sent to the Minister of Finance for an order and wire transfer to UNICEF's account, in accordance with the proforma.    |
| e) Please describe the financial management procedures that will be applied for managing NVS direct financial support, including procurement. |
| Since the ANV-SSP account is housed at the treasury, the Minister of Health signs a request addressed to the Minister of Finance. The latter is the one who orders funds to be disbursed. After the order, the director general of the agency issues a check, which is countersigned by the accounting officer. |
| f) Please describe how coverage of the introduced vaccine will be monitored, reported and evaluated (refer to cMYP and Introduction Plan). |
| Immunisation coverage will be monitored and reported using the following activities:* Monthly reporting through immunisation tools made available to service providers (C7, A25)
* Integrated and specific supervisions organised at all levels
* Twice-yearly monitoring of EPI activities organised in all health zones

The annual performance review organised at all levels of the healthcare pyramid. |
| g) For a support request related to the measles vaccine second dose, does the country wish to receive donations in kind or in cash? **N/A** |

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| **9.2 Procurement and management for NVS preventive campaigns** |

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| **9.2.1 Procurement and management for the MR campaign, 10 dose(s) per vial, lyophilised**  |
| a) Please show how the support will operate and be managed including procurement of vaccines (Gavi expects that most countries will procure vaccine and injection supplies through UNICEF): |
| Benin procures its vaccines and consumables through UNICEF. Thus, Gavi funds for procuring the MR vaccine will be transferred to UNICEF, which will handle procurement andshipping of all required doses to the country. The quantities of MR vaccine will be received and stored at the national storage facility in Cotonou before being shipped to the intermediate (departments) storage facilities, and then to Health Zones and health centres. To fund support activities (VIG), funds granted will be managed in compliance with Gavi procedures. |
| b) Please describe the financial management procedures applicable to the operating support for preventive immunisation campaigns, including the related procurement procedures.  |
| Since the ANV-SSP account is housed at the treasury, the Minister of Health signs a request addressed to the Minister of Finance. The latter orders funds to be disbursed. After the order, the director general of the agency issues a check, which is countersigned by the accounting officer. |
| c) Please indicate whether the campaign will be carried out in multiple phases. If so, please specify how these different phases will be organised.  |
| The immunisation campaign with MR will be carried out in one phase and will last for ten days. |
| d) Please explain how the campaign coverage will be monitored, publicised and evaluated (please refer to the cMYP and/or the introduction plan for the MR campaign, 10 dose(s) per vial, LYOPHILISED).  |
| During immunisation sessions, immunised targets will be systematically recorded in immunisation registers and immunisation cards will be completed. Immunisation coverage will be monitored and reported through the following activities:Daily reporting using immunisation tools made available to service providersSupervisions organised at all levels during campaign implementationPost-campaign monitoring of activities organised in all health zones |
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| **9.3. Product licensure** |

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

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

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| **National licensure of the rotavirus and MR vaccines will be necessary before the vaccines arrive. An application file is put together by the manufacturers with samples of each of these vaccines to be introduced before the vaccines’ arrival. The samples are analysed by the Directorate of Pharmacies, Medicines and Diagnostics (DPMED) before approving the vaccine/product to be introduced.** |

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

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| The licensure request for the rotavirus vaccine has not yet been submitted to the DPMED. The ANV-SSP will prepare and submit the application for analysis during the first quarter of 2017. Note that the licensure process takes a minimum of four months.  |

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

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| Vaccines are exempt from all customs taxes in Benin. There is a partnership agreement between the Government of Benin and UNICEF that facilitates the collection of vaccines once they have arrived at the airport.  |

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

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| In Benin, the Directorate of Pharmacies, Medicines and Diagnostics (DPMED) takes on the role of the NRA |

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| **9.4 Waste management**  |

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| Countries must have a detailed waste management and monitoring plan as appropriate for their immunisation activities. This should include details on sufficient availability of waste management supplies (including safety boxes), of equipment enabling the safe handling of immunisation materials, storage capacity, transportation and disposal of immunisation waste. Please describe the country’s waste management plan for immunisation activities (including campaigns). |
| The rotavirus vaccine is an oral vaccine that does not generate sharps waste. The country proposes to eliminate the waste from these vaccines (vials) through burial or industrial incineration.Regarding the MR vaccine:  Management of immunisation waste will occur at the health zone level (health district). At the level of each health zone, there is a waste management plan that includes:- Collection circuit for full safety boxes- Secure storage for full safety boxes- IncinerationThere are several incinerators per health zone and these make it possible to destroy waste gradually, both waste from routine immunisation and waste from mass campaigns. The inherent cost of implementing the waste management plan of a health zone is covered by community funding for routine immunisation and by funds planned for campaigns during mass immunisations. |

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| **10. List of documents attached to this proposal** |

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

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| **Table 1:** Checklist for mandatory attachments |

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| **Document Number** | **Attachment** | **Section** | **File** |
| **Approvals** |  |
| 1 | MoH Signature (or delegated authority) of Proposal | 4.1.1 | Signarture\_Gouvernement\_pour\_Rota.pdf**File desc:** **Date/time:** 18/01/2017 01:34:44**Size:** 233 KB |
| 2 | MoF Signature (or delegated authority) of Proposal | 4.1.1 | Signarture\_Gouvernement\_pour\_Rota.pdf**File desc:** **Date/time:** 18/01/2017 01:35:10**Size:** 233 KB |
| 4 | ICC Terms of Reference | 4.1.2 | 4.\_TDR\_CCIA.pdf**File desc:** **Date/time:** 18/01/2017 01:38:52**Size:** 1 MB |
| 5 | Minutes of ICC/HSCC meeting endorsing Proposal | 4.1.3 | 5.\_CCIA\_PEV\_Approbations\_16 01 2017.pdf**File desc:** **Date/time:** 18/01/2017 01:39:51**Size:** 440 KB |
| 6 | Signatures of ICC or HSCC or equivalent in Proposal | 4.1.3 | Signature\_CCIA\_160117\_Proposition.pdf**File desc:** **Date/time:** 18/01/2017 01:41:55**Size:** 175 KB |
| 7 | Minutes of the three most recent ICC/HSCC meetings | 4.1.3 | 7.\_Compte-Rendu\_3\_derniers\_CCIA.zip**File desc:** **Date/time:** 18/01/2017 01:45:14**Size:** 793 KB |
| 8 | Role and functioning of the advisory group, description of plans to establish a NITAG | 4.2.1 | 4.\_Rôle\_Fonctionnement\_GTCV\_CNCV.pdf**File desc:** **Date/time:** 18/01/2017 01:47:25**Size:** 1 MB |
| 25 | Risk assessment and consensus meeting report for Yellow Fever, including information required in the NVS guidelines on YF Risk Assessment process | 5.1 | Evaluation Risques.docx**File desc:** **Date/time:** 18/01/2017 04:15:11**Size:** 13 KB |
| 26 | List of areas/districts/regions and targets to be supported for meningitis A mini catch up campaigns |  | Liste\_Districts\_MenA.docx**File desc:** **Date/time:** 18/01/2017 04:19:04**Size:** 13 KB |
| 28 | A description of partner participation in preparing the applications | 4.1.3 | Description\_Implication\_PTF.docx**File desc:** **Date/time:** 27/01/2017 09:10:53**Size:** 13 KB |
| 29 | Annual EPI plan for measles and rubella support |  | Plan\_Elimination\_National RR.docx**File desc:** **Date/time:** 18/01/2017 04:19:04**Size:** 13 KB |
| 30 | For measles and rubella support, evidence that the country is currently financing the measles mono-valent vaccine component of MCV1, or that it can meet the requirement to be self-financing this from government funds from 2018 onwards |  | Evaluation\_Risques\_FJ.docx**File desc:** **Date/time:** 18/01/2017 04:20:39**Size:** 13 KB |
| **Vaccine management, planning and funding** |  |
| 9 | comprehensive Multi Year Plan - cMYP | 5.1 | 9.\_PPAc 2014-2018 version 12 Oct. 2016 VF.xps**File desc:** **Date/time:** 18/01/2017 01:52:20**Size:** 5 MB |
| 10 | cMYP Costing tool for financial analysis | 5.1 | 10.\_Outils\_Costing\_PPAC\_cMYP\_V3\_8\_-29 Sept. 16.xlsx**File desc:** **Date/time:** 18/01/2017 01:59:41**Size:** 3 MB |
| 11 | M&E and monitoring plan in the countries with an existing monitoring plan | 5.1.4 | PlanSE.docx**File desc:** **Date/time:** 18/01/2017 04:11:17**Size:** 13 KB |
| 12 | Vaccine introduction plan | 5.1 | 2. Plan Introduction RV.pdf**File desc:** **Date/time:** 18/01/2017 02:02:02**Size:** 1 MB |
| 13 | Introduction Plan for the introduction of rubella / JE / Men A / YF combined vaccine into the national programme. | 8.x.3 | Plan\_Introduction\_RR\_17 01 17\_vf.pdf**File desc:** **Date/time:** 20/01/2017 11:44:38**Size:** 3 MB |
| 14 | Annual EPI plan with a four-year vision for combating measles and rubella. |  | PITA ANV 2017 VF.xls**File desc:** **Date/time:** 20/01/2017 11:45:34**Size:** 164 KB |
| 17 | Evidence of commitment to fund purchase of RCV for use in the routine system in place of the first dose of MCV | 5.1.6, 6.1.7 | Signature\_Gouvernement\_pour\_RR.pdf**File desc:** **Date/time:** 20/01/2017 11:46:17**Size:** 233 KB |
| 18 | Campaign target population documentation | 8.x.1, 6.x.1 | PopulationCampagneRR.docx**File desc:** **Date/time:** 20/01/2017 11:46:43**Size:** 13 KB |
| 19 | EVM report | 9.3 | Rapport GEV Bénin.docx**File desc:** **Date/time:** 18/01/2017 02:05:21**Size:** 2 MB |
| 20 | Improvement plan based on EVM | 9.3 | EVALUATION PLAN D'AMELIORATION GEV 2012 BENIN.xlsx**File desc:** **Date/time:** 18/01/2017 02:06:43**Size:** 33 KB |
| 21 | EVM improvement plan progress report | 9.3 | RAPPORT AUTO EVAL GEV 2012.doc**File desc:** **Date/time:** 18/01/2017 02:06:43**Size:** 375 KB |
| 22 | Detailed model budget for the vaccine introduction / operating costs grant | 6.x,7.x.2, 6.x.2 | 3. VIG and Op Cost Detail \_Bénin\_2017\_Rotarix (2).xlsx**File desc:** **Date/time:** 18/01/2017 02:08:24**Size:** 193 KB |
| 23 | Risk assessment and MenA consensus meeting report If DPT was used instead, please specify | 6.x,7.x.2, 6.x.2,8.x.3 | Evaluation Risques.docx**File desc:** **Date/time:** 18/01/2017 04:21:36**Size:** 13 KB |
| 24 | Risk assessment and consensus meeting report for Yellow Fever, including information required Section 5.3.2 in the General Guidelines on YF Risk Assessment process | 8.1, 5.1 | Evaluation\_Risques\_FJ.docx**File desc:** **Date/time:** 27/01/2017 09:06:57**Size:** 13 KB |
| 32 | Data quality assessment (DQA) report | 5.1.4 | Rapport\_Synthèse\_Evaluation\_Données\_2016.pdf**File desc:** **Date/time:** 18/01/2017 02:14:03**Size:** 3 MB |
| 33 | DQA improvement plan | 5.1.4 | Plan\_Amélioration\_qualité\_données.docx**File desc:** **Date/time:** 27/01/2017 09:04:34**Size:** 13 KB |
| 34 | Campaign action plan | 8.1, 8.x.4 | Plan\_Action\_CampagneRR.docx**File desc:** **Date/time:** 27/01/2017 09:05:00**Size:** 13 KB |

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| **Table 2:** List of optional attachments |

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| **Document Number** | **Attachment** | **Section** | **File** |
| 3 | MoH Signature (or delegated authority) of Proposal for HPV support | 4.1.1 | No file uploaded    |
| 15 | HPV vaccine roadmap or strategy | 6.1.1 | No file uploaded    |
| 16 | Summary of the HPV vaccine assessment methodology | 6.1.1,6.1.2 | No file uploaded    |
| 27 | National eradication plan for measles (and rubella), if available |  | No file uploaded    |
| 31 | Minutes of the NITAG meeting with specific recommendations on NVS introduction or the campaign | 4.2 | No file uploaded    |
| 35 | Other documents |  | No file uploaded    |
| 36 | Strategy for establishing or strengthening a national comprehensive approach to cervical cancer prevention and control |  | No file uploaded    |
| 37 | Proof of MCV1 self-financing | 5.1.5 | No file uploaded    |

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| **11. Annexes** |

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

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| **Annex 1.1 - NVS Routine support (rotavirus, 2-dose schedule)** |
| **Table Annex 1.1 A: Rounded up portion of supply that is procured by the country and estimate of related costs in US$** |

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|  |  | **2018** |
| **Number of vaccine doses** | **#** |  |
| **Number of AD syringes** | **#** |  |
| **Number of reconstitution syringes** | **#** | 0 |
| **Number of safety boxes**  | **#** |  |
| **Total value to be co-financed by the Country *[1]*** | **$** | 111,901 |

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| **Table Annex 1.1 B: Rounded up portion of supply procured by Gavi and estimate of related costs in US$** |

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| **Portion of supply for routine cohort to be procured by Gavi (and cost estimate, US$)** |

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|  |  | **2018** |
| **Number of vaccine doses** | **#** | 0 |
| **Number of AD syringes** | **#** | 0 |
| **Number of reconstitution syringes** | **#** | 0 |
| **Number of safety boxes**  | **#** | 0 |
| **Total value to be co-financed by Gavi** | **$** | 1,146,110 |

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| **Table Annex 1.1 D: Estimated numbers for rotavirus, 2-dose schedule, associated injection safety material and related co-financing budget (page 1)** |

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|  | **Formula** | **2018** |
|  | **Total** | **Government** | **Gavi** |
| **A** | **Country co-financing** | *V* | 8.89 % |  |  |
| **B** | **Number of children to be vaccinated with the first dose** | *Table 5.2* | 212,722 | 18,922 | 193,800 |
| **C** | **Number of doses per child** | *Vaccine parameter (schedule)* | 2 |  |  |
| **D** | **Number of doses needed** | *B X C* | 425,444 | 37,844 | 387,600 |
| **E** | **Estimated vaccine wastage factor** | *Table 5.2* | 1.05 |  |  |
| **F** | **Number of doses needed including wastage** | *D X E* | 446,717 | 39,736 | 406,981 |
| **G** | **Vaccines buffer stock** | *Buffer on doses needed = (D - D of previous year) x 25% Buffer on wastages = ((F - D) - (F of previous year - D of previous year)) x 25%, = 0 if negative result G = [buffer on doses needed] + [buffer on wastages]* | 111,680 | 9,934 | 101,746 |
| **I** | **Total vaccine doses needed** | *Round up((F + G) / Vaccine package size) \* Vaccine package size* | 559,500 | 49,768 | 509,732 |
| **J** | **Number of doses per vial** | *Vaccine parameter* | 1 |  |  |
| **K** | **Number of AD syringes (+ 10% wastage) needed** | *(D + G) x 1.10* | 0 | 0 | 0 |
| **L** | **Number of reconstitution syringes (+ 10% wastage) needed** | *(I / J) x 1.10* | 0 | 0 | 0 |
| **M** | **Total number of safety boxes (+ 10% of extra need) needed** | *(I / 100) × 1.11* | 0 | 0 | 0 |
| **N** | **Cost of vaccines needed** | *I x \* vaccine price per dose (g)* | 1,225,417 | 109,001 | 1,116,416 |
| **O** | **Cost of AD syringes needed** | *K x AD syringe price per unit (ca)* | 0 | 0 | 0 |
| **P** | **Cost of reconstitution syringes needed** | *L x reconstitution syringe price per unit (cr)* | 0 | 0 | 0 |
| **Q** | **Cost of safety boxes needed** | *M x safety box price per unit (cs)* | 0 | 0 | 0 |
| **R** | **Freight cost for vaccines needed** | *N x freight cost as % of vaccines value (fv)* | 32,594 | 2,900 | 29,694 |
| **S** | **Freight cost for devices needed** | *(O+P+Q) x freight cost as% of devices value (fd)* | 0 | 0 | 0 |
| **T** | **Total funding needed** | *(N+O+P+Q+R+S)* | 1,258,011 | 111,901 | 1,146,110 |
| **U** | **Total country co-financing** | *I \* country co-financing per dose (cc)* | 111,900 |  |  |
| **V** | **Country co-financing % of Gavi supported proportion** | *U / (N + R)* | 8.89 % |  |  |

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| **Annex 1.2 - NVS Routine Support (MR, 10 dose(s) per vial, LYOPHILISED for the first dose)** |
| **Table Annex 1.2 A: Rounded up portion of supply that is procured by the country and estimate of related costs in US$** |

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|  |  | **2018** |
| **Number of vaccine doses** | **#** |  |
| **Number of AD syringes** | **#** |  |
| **Number of reconstitution syringes** | **#** | 0 |
| **Number of safety boxes**  | **#** |  |
| **Total value to be co-financed by the Country *[1]*** | **$** | 106,111 |

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| **Table Annex 1.2 B: Rounded up portion of supply procured by Gavi and estimate of related costs in US$** |

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| **Portion of supply for routine cohort to be procured by Gavi (and cost estimate, US$)** |

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|  |  | **2018** |
| **Number of vaccine doses** | **#** | 0 |
| **Number of AD syringes** | **#** | 0 |
| **Number of reconstitution syringes** | **#** | 0 |
| **Number of safety boxes**  | **#** | 0 |
| **Total value to be co-financed by Gavi** | **$** | 150,540 |

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| **Table Annex 1.2 D: Estimated numbers for MR, 10 dose(s) per vial, LYOPHILISED for the first dose, associated injection safety material and related co-financing budget (page 1)** |

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|  | **Formula** | **2018** |
|  | **Total** | **Government** | **Gavi** |
| **A** | **Country co-financing** | *V* | 44.32 % |  |  |
| **B** | **Number of children to be vaccinated with the first dose** | *Table 5.2* | 212,722 | 94,284 | 118,438 |
| **C** | **Number of doses per child** | *Vaccine parameter (schedule)* | 1 |  |  |
| **D** | **Number of doses needed** | *B X C* | 212,722 | 94,284 | 118,438 |
| **E** | **Estimated vaccine wastage factor** | *Table 5.2* | 1.33 |  |  |
| **F** | **Number of doses needed including wastage** | *D X E* | 282,921 | 125,398 | 157,523 |
| **G** | **Vaccines buffer stock** | *Buffer on doses needed = (D - D of previous year) x 25% Buffer on wastages = ((F - D) - (F of previous year - D of previous year)) x 25%, = 0 if negative result G = [buffer on doses needed] + [buffer on wastages]* | 70,731 | 31,350 | 39,381 |
| **I** | **Total vaccine doses needed** | *Round up((F + G) / Vaccine package size) \* Vaccine package size* | 353,700 | 156,769 | 196,931 |
| **J** | **Number of doses per vial** | *Vaccine parameter* | 10 |  |  |
| **K** | **Number of AD syringes (+ 10% wastage) needed** | *(D + G) x 1.10* | 311,799 | 0 | 311,799 |
| **L** | **Number of reconstitution syringes (+ 10% wastage) needed** | *(I / J) x 1.10* | 38,907 | 0 | 38,907 |
| **M** | **Total number of safety boxes (+ 10% of extra need) needed** | *(K + L) / 100 x 1.10* | 3,858 | 0 | 3,858 |
| **N** | **Cost of vaccines needed** | *I x \* vaccine price per dose (g)* | 233,037 | 103,288 | 129,749 |
| **O** | **Cost of AD syringes needed** | *K x AD syringe price per unit (ca)* | 12,707 | 0 | 12,707 |
| **P** | **Cost of reconstitution syringes needed** | *L x reconstitution syringe price per unit (cr)* | 1,194 | 0 | 1,194 |
| **Q** | **Cost of safety boxes needed** | *M x safety box price per unit (cs)* | 1,778 | 0 | 1,778 |
| **R** | **Freight cost for vaccines needed** | *N x freight cost as % of vaccines value (fv)* | 6,367 | 2,823 | 3,544 |
| **S** | **Freight cost for devices needed** | *(O+P+Q) x freight cost as% of devices value (fd)* | 1,568 | 0 | 1,568 |
| **T** | **Total funding needed** | *(N+O+P+Q+R+S)* | 256,651 | 106,111 | 150,540 |
| **U** | **Total country co-financing** | *I \* country co-financing per dose (cc)* | 106,110 |  |  |
| **V** | **Country co-financing % of Gavi supported proportion** | *U / (N + R)* | 44.32 % |  |  |

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| **Annex 2 – NVS Routine Support – Preferred second presentation** |

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| **Annex 2.1 - NVS Routine support (rotavirus, 3-dose schedule)** |
| **Table Annex 2.1 A: Rounded up portion of supply that is procured by the country and estimate of related costs in US$** |

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|  |  | **2018** |
| **Number of vaccine doses** | **#** |  |
| **Number of AD syringes** | **#** |  |
| **Number of reconstitution syringes** | **#** | 0 |
| **Number of safety boxes**  | **#** |  |
| **Total value to be co-financed by the Country *[1]*** | **$** | 167,581 |

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| **Table Annex 2.1 B: Rounded up portion of supply procured by Gavi and estimate of related costs in US$** |

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| **Rounded up portion of supply for the additional cohort that is procured by Gavi and estimate of relative costs in US$** |

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|  |  | **2018** |
| **Number of vaccine doses** | **#** | 0 |
| **Number of AD syringes** | **#** | 0 |
| **Number of reconstitution syringes** | **#** | 0 |
| **Number of safety boxes**  | **#** | 0 |
| **Total value to be co-financed by Gavi** | **$** | 2,843,072 |

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| **Table Annex 2.1 D: Estimated numbers for rotavirus, 3-dose schedule, associated injection safety material and related co-financing budget (page 1)** |

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|  | **Formula** | **2018** |
|  | **Total** | **Government** | **Gavi** |
| **A** | **Country co-financing** | *V* | 5.57 % |  |  |
| **B** | **Number of children to be vaccinated with the first dose** | *Table 5.2* | 212,722 | 11,841 | 200,881 |
| **C** | **Number of doses per child** | *Vaccine parameter (schedule)* | 3 |  |  |
| **D** | **Number of doses needed** | *B X C* | 638,166 | 35,522 | 602,644 |
| **E** | **Estimated vaccine wastage factor** | *Table 5.2* | 1.05 |  |  |
| **F** | **Number of doses needed including wastage** | *D X E* | 670,075 | 37,298 | 632,777 |
| **G** | **Vaccines buffer stock** | *Buffer on doses needed = (D - D of previous year) x 25% Buffer on wastages = ((F - D) - (F of previous year - D of previous year)) x 25%, = 0 if negative result G = [buffer on doses needed] + [buffer on wastages]* | 167,519 | 9,325 | 158,194 |
| **I** | **Total vaccine doses needed** | *Round up((F + G) / Vaccine package size) \* Vaccine package size* | 837,900 | 46,640 | 791,260 |
| **J** | **Number of doses per vial** | *Vaccine parameter* | 1 |  |  |
| **K** | **Number of AD syringes (+ 10% wastage) needed** | *(D + G) x 1.10* | 0 | 0 | 0 |
| **L** | **Number of reconstitution syringes (+ 10% wastage) needed** | *(I / J) x 1.10* | 0 | 0 | 0 |
| **M** | **Total number of safety boxes (+ 10% of extra need) needed** | *(I / 100) × 1.11* | 0 | 0 | 0 |
| **N** | **Cost of vaccines needed** | *I x \* vaccine price per dose (g)* | 2,932,650 | 163,239 | 2,769,411 |
| **O** | **Cost of AD syringes needed** | *K x AD syringe price per unit (ca)* | 0 | 0 | 0 |
| **P** | **Cost of reconstitution syringes needed** | *L x reconstitution syringe price per unit (cr)* | 0 | 0 | 0 |
| **Q** | **Cost of safety boxes needed** | *M x safety box price per unit (cs)* | 0 | 0 | 0 |
| **R** | **Freight cost for vaccines needed** | *N x freight cost as % of vaccines value (fv)* | 78,003 | 4,342 | 73,661 |
| **S** | **Freight cost for devices needed** | *(O+P+Q) x freight cost as% of devices value (fd)* | 0 | 0 | 0 |
| **T** | **Total funding needed** | *(N+O+P+Q+R+S)* | 3,010,653 | 167,581 | 2,843,072 |
| **U** | **Total country co-financing** | *I \* country co-financing per dose (cc)* | 167,580 |  |  |
| **V** | **Country co-financing % of Gavi supported proportion** | *U / (N + R)* | 5.57 % |  |  |

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

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| **Annex 3.1 - NVS preventive campaign(s) (MR, 10 dose(s) per vial, lyophilised)** |
| **Table Annex 3.1 C: Summary table for CAMPAIGN, MR, 10 dose(s) per vial, lyophilised** |

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| **AI** |  | **Source** |  | **2017** |
| **cc** | **Total target population** | Table 5.2 | # | 5,152,466 |
| **cc** | **Number of doses per person** | Parameter | # | 1 |
| **cc** | **Vaccine wastage rates** | Table 6.2.2 | # | 10 |
| **cc** | **Estimated vaccine wastage factor** | Table 5.2 | # | 1.11 |
| **cc** | **Number of doses per vial** | Parameter | # | 10 |
| **cc** | **AD syringes required** | Parameter | # | Yes |
| **cc** | **Reconstitution syringes required** | Parameter | # | Yes |
| **cc** | **Safety boxes required** | Parameter | # | Yes |
| **g** | **Vaccine price per dose** | Table Annexes 4A | $ | 0.659 |
| **ca** | **AD syringe price per unit** | Table Annexes 4A | $ | 0.041 |
| **cr** | **Reconstitution syringe price per unit** | Table Annexes 4A | $ | 0.031 |
| **cs** | **Safety box price per unit** | Table Annexes 4A | $ | 0.461 |
| **fv** | **Freight cost as% of vaccines value** | Table Annexes 4B | % | 2.73% |
| **fd** | **Freight cost as% of devices value** | Parameter | % | 10.00% |

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

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|  | **Formula** | **2017** |
|  | **Total** | **Government** | **Gavi** |
| **B** | **Gavi support** | *Table 5.3.1* | 5,152,466 | 0 | 5,152,466 |
| **C** | **Number of doses per person** | *Vaccine parameter (schedule)* | 1 |  |  |
| **D** | **Number of doses needed** | *B X C* | 5,152,466 | 0 | 5,152,466 |
| **E** | **Estimated vaccine wastage factor** | *100 / (100 - Vaccine wastage rate)* | 1.11 |  |  |
| **F** | **Number of doses needed including wastage** | *D X E* | 5,719,238 | 0 | 5,719,238 |
| **G** | **Vaccines buffer stock** | *0* | 0 | 0 | 0 |
| **I** | **Total vaccine doses needed** | *Round up((F + G) / Vaccine package size) \* Vaccine package size* | 5,719,300 | 0 | 5,719,300 |
| **J** | **Number of doses per vial** | *Vaccine parameter* | 10 |  |  |
| **K** | **Number of AD syringes (+ 10% wastage) needed** | *(D + G) x 1.10* | 5,667,713 | 0 | 5,667,713 |
| **L** | **Number of reconstitution syringes (+ 10% wastage) needed** | *(I / J) x 1.10* | 629,123 | 0 | 629,123 |
| **M** | **Total number of safety boxes (+ 10% of extra need) needed** | *(K + L) / 100 x 1.10* | 69,266 | 0 | 69,266 |
| **N** | **Cost of vaccines needed** | *I x \* vaccine price per dose (g)* | 3,768,179 | 0 | 3,768,179 |
| **O** | **Cost of AD syringes needed** | *K x AD syringe price per unit (ca)* | 230,970 | 0 | 230,970 |
| **P** | **Cost of reconstitution syringes needed** | *L x reconstitution syringe price per unit (cr)* | 19,295 | 0 | 19,295 |
| **Q** | **Cost of safety boxes needed** | *M x safety box price per unit (cs)* | 31,922 | 0 | 31,922 |
| **R** | **Freight cost for vaccines needed** | *N x freight cost as % of vaccines value (fv)* | 102,948 | 0 | 102,948 |
| **S** | **Freight cost for devices needed** | *(O+P+Q) x freight cost as% of devices value (fd)* | 28,219 | 0 | 28,219 |
| **T** | **Total funding needed** | *(N+O+P+Q+R+S)* | 4,181,533 | 0 | 4,181,533 |

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

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| **Annex 4** |

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

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| **Vaccine** | **Presentation** | **2017** | **2018** |
| **Rotavirus, 2-dose schedule** | 1 | 2.190 | 2.190 |
| **MR, 10 dose(s) per vial, LYOPHILISED** | 10 | 0.659 | 0.659 |
| **MR, 10 dose(s) per vial, LYOPHILISED for the first dose** | 10 | 0.659 | 0.659 |

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| **Procurement** | **Form** | **2017** | **2018** |
| **Yellow fever reconstitution syringe** | SYRINGES | 0.031 | 0.031 |

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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 lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised) |

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| Estimated prices of supplies are not disclosed |

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

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| **Vaccine Antigen** | **Type of Vaccine** | **2017** | **2018** |
| Rotavirus, 2-dose schedule | Rota vaccine |  | 2.66 % |
| MR, 10 dose(s) per vial, LYOPHILISED | MM | 2.73 % |  |
| MR, 10 dose(s) per vial, LYOPHILISED for the first dose | MR1 |  | 2.73 % |

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

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| **Vaccine** | **2018** |
| **Rotavirus, 2-dose schedule** | 0.2 |
| **MR, 10 dose(s) per vial, LYOPHILISED for the first dose** | 0.3 |

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| **12. Banking form** |

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| In accordance with the decision on financial support made by Gavi, the Government of Benin hereby requests that a payment be made via electronic bank transfer as detailed below: |  |
|  |  |  |  |  |
| **Name of Institution (Account Holder):** | ANV-SSP  |  |
|  |  |  |
|  |  |  |  |  |
| **Address:** | 01 BP 298 RP COTONOU |  |
| **City, Country:** | COTONOU, BENIN |  |
| **Telephone no.:** | +229 21337590 | **Fax no.:** |  |  |
|  | **Currency of the bank account:** | XOF |  |
| **For credit to:** |  |  |  |  |
| **Bank account’s title:** | ANV-SSP GAVI |  |
| **Bank account no.:** | 231102050804 |  |
| **Bank name:** | ECOBANK BENIN |  |
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| Is the bank account exclusively to be used by this programme? True |

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| By whom is the account audited? **Gavi** |

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| Signature of Government’s authorising official |

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|  |  | **Seal** |
| **Name:** |  |  |
|  |  |  |
| **Title:** |  |  |
|  |  |  |
| **Signature:** |  |  |
|  |  |  |
| **Date:** | 18/01/0017 |  |

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| **FINANCIAL INSTITUTION** |
|  |
| **Bank name:** | ECOBANK BENIN |
| **Branch Name:** |  |
| **Address:** | GANHI RUE DU GOUVERNEUR BAYOL 01 BP 1280 COTONOU |
| **City, Country:** | COTONOU, BENIN |
| **Swift Code:** | ECOCBJBJ |
| **Sort Code:** | 01001 |
| **ABA No.:** |  |
| **Telephone No.:** | +229 21313069 |
| **FAX No.:** | +229 21313385 |

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| **CORRESPONDENT BANK** |
| **(in the United States)** |
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| I certify that the account N° 231102050804 is held by ANV-SSP at this banking institution |
| The account is to be signed jointly by at least 2 (number of signatories) of the following authorised signatories: |
|  |  |
| **1** | **Name:** | Franck H. BETE  |
|  | **Title:** | Director General ANV-SSP |
|  |  |
| **2** | **Name:** | Virgile E. DODOO |
|  | **Title:** | Director of Immunisation for the ANV-SSP |
|  |  |
| **3** | **Name:** |  |
|  | **Title:** |  |

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| --- |
| **Name of bank’s authorising official** |
| Fortuné ATINDEHOU |
| **Signature:** |
|  |
|  |
| **Date:** | 18/01/2017 00:00:00 |
| **Seal:** |
|  |
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