Gavi NVS Application Form

Submitted by

The Government of

Democratic Republic of the Congo (Kinshasa)

Date of submission: **13 September 2016**

Deadline for submission:

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

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

Start Year	2015	End year	2019

Form revised in 2016

(To be used with guidelines dated November 2015)

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

Gavi ALLIANCE GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

Gavi may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purposes other than for the programmes described in this application, or any Gavi-approved amendment to this application. Gavi reserves the right to terminate its support to the Country for the programme(s) described in this proposal if Gavi receives confirmation of misuse of the funds granted by Gavi.

ANTI-CORRUPTION

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

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with Gavi, as requested. Gavi reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how Gavi funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of Gavi Alliance funds. If there are any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against Gavi in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH Gavi TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

The languages of the arbitration will be English or French.

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

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

1. Type of support requested

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

Type of Support	Vaccine	Start Year	End year	Preferred second presentation[1]
Routine New Vaccines Support	Rotavirus, 2-doses schedule	2017	2019	Rotavirus, 3-doses schedule

[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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3. Executive Summary

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

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

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

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

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

• The DRC requests US$48,605,678 in Gavi support over three years. Of this amount, US$45,491,711 represents the purchase cost of the new vaccine and US$3,113,967 the operational costs for the introduction process.

• The requested vaccine is Rotarix. It is presented in liquid form, packaged in single-dose vials on the basis of the following operational characteristics: packaging volume, availability of the vaccine vial monitor, number of doses required per child, cost of the vaccine and mode of administration.

• The introduction of the vaccine into routine vaccination is planned starting in September 2017 and will be done progressively in blocks of provinces:

- First block: Kongo Central, Kinshasa, Kwango, Kwilu, Mai-Ndombe, Equateur, Tshuapa, Sud-Ubangi, Nord-Ubangi and Mongala (September 2017);
- Second block: Kasai central, Kasai, Lomami, Kasai Oriental, Sankuru, Maniema, Tanganyika, Haut-Lomami, Lualaba and Haut-Katanga (November 2017);
- Third block: Haut-Uélé, Bas-Uélé, Tshopo, Ituri, Nord-Kivu and Sud-Kivu (February 2018).

• The vaccination coverage data recorded by the DRC in 2015 (JRF) are 93.5% and 91% for DTP-HepB-Hib3 and measles respectively.

• The data for the populations in 2017 (Source: 2014 population to which a 3% growth rate is applied).

Total population: 97,311,484 inhabitants

Live births: 3,892,459 newborns (4% total population).

Surviving infants: 3,396,171

The process of counting is underway in the country. These data are not yet available. They could be considered in the future after validation by the strategic ICC.

The national vaccination coverage objectives set respectively for the first and second dose are estimated at 50% and 40%. However, the progressive introduction by blocks of provinces with the first block in September and the second block in November would not allow the country to achieve these fixed objectives.

• **Country preparedness**

The DRC conducted an effective vaccine management (EVM) assessment and an inventory of cold chain equipment in 2014. From this evaluation it emerged that all EVM performance indicators were judged insufficient at all levels (e.g. central, intermediate and operational) except for vaccine management.

A gap improvement plan and a cold chain equipment rehabilitation plan were prepared for that purpose. The implementation of these plans which started with the Gavi HSS2 financing was able to bring the operational cold chain equipment coverage from 16% to 51% in 2015. These acquisitions consisted of 2522 solar refrigerators and 132 freezers of 300 L capacity each.

In the context of the continued implementation of these plans, the Cold Chain Equipment Optimization Platform (CCEOP) in its phase I will serve to acquire 2087 solar refrigerators in 2016. This is going to increase the cold chain coverage at the operational level to 75%.

The CCEOP II proposal would make it possible to acquire 4000 solar refrigerators for health areas and 532 refrigerators for the central offices. This is going to increase the cold chain coverage at the operational level from 75% to 99.4% at the end of 2018.

As it relates to the intermediate level, the construction through Gavi HSS2 of the deconcentrated Hubs in Kisangani and Lubumbashi and the dry warehouses in the provinces will make it possible to stop the problem of vaccine and vaccination material storage. The reliability of the energy source, the conversion to solar energy of 23 cold rooms from branches and relay warehouses that at this time use electric generators as the main energy source is planned. Additionally, the gap observed at the Kindu and Bunia branches will be covered with the construction of a cold room for each.

The structures will be able to accommodate the introduction of rotavirus vaccine with these cold chain equipment acquisitions at various levels of the health pyramid.

The country is going to acquire 10,000 Fridge-Tags for a better tracking of vaccine quality.

Communication supporting new vaccines: Communication strategies are considered in the introduction plan. However, the operational plan for communication supporting rotavirus vaccine will be developed before starting to conduct the activities.

Considering prior experience and lessons learned from the introduction of new vaccines in the country, the main implementation strategies and priority activities proposed by the government of the DRC and its partners in order to assure the success of this introduction are: improvement of service delivery and quality, strengthening communication supporting vaccination including management of rumours and strengthening the skills of the staff, the adequate supply of vaccines and other supplies, cold chain strengthening, intensification of AEFI monitoring, strengthening of tracking and supervision, and operational research.

The following are the partners who participated in the preparation of this proposal (which was approved in the extraordinary ICC session held September 2, 2016): WHO, UNICEF, USAID, RAVIN PROJECT(JSI), SANRU, PATH, BMGF and SABIN VACCINE INSTITUTE.

4. Signatures

4.1. Signatures of the Government and National Coordinating Body

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

The Government of the Democratic Republic of the Congo (Kinshasa) wishes to consolidate the existing partnership with Gavi to strengthen its national routine infant immunisation program and is specifically requesting Gavi funding for:

Systematic introduction of rotavirus 2-dose schedule

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

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

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

The payment of the first year of co-financed support will be due around **December 2017** for rotavirus 2-dose schedule.

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

Minister of Health (or authorised representative)		Minister of Finance (or authorised representative)	
Name	Dr. Felix KABANGE NUMBI MUKWAMPA	**Name**	Henri Yan MULANG
Date		**Date:**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
Dr. Guylain KAYA MUTENDA SHERIA	EPI Directing Physician a.i.	+243815678166	guylainkaya@gmail.com

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

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

Profile of the ICC, HSCC, or equivalent committee

Name of the committee	Inter-Agency Coordinating Committee (ICC)
Year of constitution of the current committee	1998
Organisational structure (e.g., sub-committee, stand-alone)	Technical ICC
Frequency of meetings	Once per month

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

Major functions and responsibilities of the ICC/HSCC:

The following is the summary of the ICC/HSCC functions and responsibilities:

- Coordinate the actions of the technical and financial partners for better supporting the EPI;
- Share technical, financial and logistical information related to vaccination services;
- Coordinate and guide the use of Gavi resources and partners for vaccination;
- Technically and financially support the Vaccination Program, for the purpose of achieving the Program objectives and goals;
- Conduct advocacy with donors for mobilizing Program resources and support;
- Monitor Program performance.

The ICC has four commissions including:

Technical committee:

- Develop the EPI action plan and its implementation;
- Analyse the vaccination data monthly including data from management of vaccines and other supplies and from monitoring by health zone;
- Identify the problems and constraints for the EPI;
- Share information with all partners;
- Feed information back to the provinces;
- Communicate with the stakeholders.

Logistics committee:

- Analyse the vaccine and other supply management data by health zone and identify vaccine needs;
- Take an inventory by HZ and EPI structure of cold room equipment;
- Identify the problems related to stock management (e.g. vaccines, diluents, kerosene, replacement parts, management tools, etc.);
- Provide feedback to the provinces and health zones.

Social mobilisation committee

- Analyse and identify the communication problems and their causes;
- Make suggestions and recommendations for improvement;
- Define effective EPI communication strategies;
- Identify community level partners;
- Involve and train the Community liaisons in tracking those lost from sight and in rumour management;
- The connection between health structures and the community for EPI

Mobilisation of resources

- Strengthen advocacy supporting EPI;
- Identify the unsupported zones;
- Determine the unsupported domains;
- Identify the potential donors and follow-up (recovery);
- Prepare advocacy meetings;
- Prepare the report during ICC meetings;

The strategic ICC is going to approve and monitor the recommendations from the various ICC committees.

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

This plan was prepared by the EPI jointly with the PNLMD and the various program technical partners (WHO, UNICEF,

PATH, JSI, SVI, BMGF and USAID) before approval by the ICC in extraordinary session held 2 September 2016.

4.1.3 4.1.3. Signature Table for the Coordinating Committee for Immunisation

We, the undersigned members of the ICC, HSCC or equivalent committee [1] met on 2 September 2016 to review this proposal. At that meeting, we approved this proposal on the basis of the attached supporting documentation. The minutes of this meeting are attached as document number 5. The signatures confirm the request presented in document 6 (please use the list of signatures in the section below).

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

Position	Title/Organisation	Name	Please sign below to indicate your attendance at the meeting during which the proposal was discussed.	Please sign below to indicate your endorsement of the minutes of the meeting during which the proposal was discussed.
Chair	Ministry of Public Health	Dr. Felix KABANGE NUMBI MUKWAMPA		
Secretary	General Secretary for Public Health a.i.	Dr. MUKENGESHAYI KUPA		
Members	WHO/DRC Representative	Mr. .Allarangar YOKOUIDE		
	UNICEF/DRC Representative	Mr. Pascal VILLENEUVE		
	EPI Directing Physician a.i.	Dr. Guylain KAYA MUTENDA SHERIA		
	SABIN Representative	Dr. Hélène MAMBU-ma-DISU		
	BMGF Representative	Dr. Ado BWAKA		
	Rotary Representative	Dr. Valentin MUTOMBO		
	CSO Representative	Dr. Assy LALA		
	CNOS Representative	Mr. Nestor MUKINAYI TUM TUM		
	USAID Representative	Ms LINA PIRI PIRI		
	Gavi/CAG Project Leader	Dr. Nestor MUKINAYI		
	UNICEF Immunization Leader	Dr. Rija ANDRIAMIHANTANIRINA		
	UNICEF Immunization Specialist	Dr. Medard FOLEFACK		
	WHO/IVD Focal Point	Dr. Moise Yapi		
	EPI Administrative and Financial Division Head	Ms Fatuma KAWENDE		
	EPI Logistics Department Head	Mr. Didier MAHUNDE		
	EPI Head of New Vaccines	Dr. Crispin KAZADI		
	Statistics Department Head	Mr. Pascal MUKENYI		
	EPI Technical Division Head	Dr. Norbert YOLOYOLO		
	EPI Data Manager	Mr. Jean Paul MAKALA		
	EPI Measles Manager	Dr. Augustin MILABYO		
	WHO Head of New Vaccines	Dr. Léon KINUANI		
	Senior Strategic Officer PATH	Dr. Léon KAPENGA MUKONKOLE		
	WHO Data Manager	Mr. Robert KUZANWA		
	EPI logistics officer	Mr. Jean MUPENDA		
	EPI Budget Head	Mr. Joel MULUBU		

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

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

4.2. National Immunisation Technical Advisory Group NITAG

Has a NITAG been established in your country? **No**

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

5. 5 Data on the immunisation program

5.1 Reference material

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

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

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

	Figure	Year	Source
Total population	91,725,407	2015	Extrapolation of the population from 2014
Birth cohort	366,020	2015	4% of the total 2015 population
Infant Mortality Rate	58	2013	DHS
Surviving infants[1]	3,201,214	2015	3.49% of the total 2015 population
GNI per capita (US$)	281	2016	2015-2019 DRCD cMYP
Total Health Expenditure (THE)	345,396,994	2015	Finance Law
General government expenditure on health (GGHE) as% of general government expenditure	486	2015	Finance Law

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

5.1.1 Lessons learned

Support for new routine vaccines

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

Lessons learned	Actions
The introduction of new vaccines requires at least 8 to 12 months of preparation. A decentralized health system with trained and responsible staff at the operational level is an advantage.	Once the request is approved, the team is going to go to work by thematic group in order to better prepare for the introduction of this vaccine.
The introduction of new vaccines always requires additional storage capacity to accommodate the new vaccines. Because of this, it is important to conduct an evaluation of the cold chain in order to identify the needs and define the gap necessary for accommodating the new vaccines.	1. In 2014, the DRC conducted an EVM evaluation with the support of the partners in order to identify the logistical problems related to vaccines that all levels. At the outcome of this evaluation, a logistics improvement plan was prepared in anticipation of the introduction of other vaccines especially the rotavirus vaccine; 2. The EPI also conducted an inventory of cold chain equipment inventory data. Some partners, including Gavi and UNICEF, have started to help the program in the purchase these equipment. 3. The storage and logistics capacity improvement activities are in progress.
At all levels, the introduction of new vaccines requires specific	In connection with this vaccine introduction, the DRC prepared a

training of the health workers involved in vaccination activities. This training should consider all vaccination service operational components in order to improve the quality of the services.	vaccine introduction plan. In connection with the planned activities, the Program plans to adapt the WHO training materials, train the trainers and health workers and organize training supervisory visits.
The introduction of the new vaccines should consider developing messages in order to address the concerns about the new vaccines of health workers and parents.	Before the introduction of this vaccine, specific messages which address the concerns of parents and also health workers will need to be prepared and pretested.
Considering the high cost of new vaccines, the political authorities and donors should be the object of good advocacy.	Advocacy sessions will be conducted with Government divisions and partners in order to continue payment and support for introduction of this vaccine (co-pay).
AEFI training should be incorporated in the staff training package in order to minimize parents' concerns when phenomena rightly or wrongly attributed to the new vaccine occur.	As from new vaccines, AEFI monitoring will be organized;The AEFI declaration and investigation sheets will be produced and distributed.

5.1.2- Planning and budgeting of health services

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

The State has an annual planning and budgeting cycle, but there is a quarterly financial commitment plan.

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

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

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

The 2015-2019 cMYP is aligned with the 2016-2020 NHDP.

Please indicate the national planning budgeting cycle for health

The health planning and budgeting cycle is 5 years. However, it is matched with an annual operational plan.

Please indicate the national planning cycle for immunisation

The national immunisation planning cycle for is for five years matched with annual operational plans.

5.1.3 Gender and equity

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

As it relates to the equity, 86% of the health zones have a Penta 3 VC over 80%.

From the 2013-2014 DHS DRC II, it can be seen that there are no significant differences between vaccinated children by gender. In contrast, significant differences can be seen between the poorest and richest quintile and according to the mother's level of education.

The following can be listed among the problems encountered in 2015: a large number of unvaccinated children (Kinshasa, Sud Ubangi, Mongala, Sud Kivu, Equateur, Tanganyika, Tshopo, Ituri, Kasai Oriental, Kwilu, Tshuapa, etc.), low vaccination data quality (DTP-HepB-HiB 3: 12%, PCV-13(3): 13%, Yellow Fever: 23%), poor coverage in cold chain equipment, low rate of satisfaction of vaccine needs in some PHD.

Corrective actions:

- In order to resolve the equity problems related to geographic accessibility, the REZ approach will be strengthened by considering special populations to be vaccinated in the microplanning and in the

cartography of health areas in the second half of 2016.

The General Secretary for Public Health will organize between now and the first quarter of 2017 a forum between the stakeholders on socioeconomic barriers which prevent access to vaccination in order to debate the question of making currency from the vaccination act in private and religious group medical training in major urban concentrations.

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

The introduction plan considers various factors which influence the various vaccination services. In connection with strengthening the community dynamic, the EVP and its partners will complete and make functional the CAC for mobilizing households in support of vaccination.

The advocacy actions will be conducted with local authorities for their involvement in mobilization of difficult access communities.

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

The collection of data by gender is not applicable in routine immunization. However, these data are obtained during surveys such as the DHS and MICS. These results come from surveys which show no significant gender-based differences in vaccination service access and use.

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

Yes the country still has some scattered pockets of insecurity in the eastern part were many families are displaced internally. The EPI is already working in coordination with some United Nations organizations such as OCHA, MONUSCO and the international NGO to obtain humanitarian corridors in order to vaccinate children of refugees and internally displaced persons located in conflict or post-conflict areas.

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

DTP-HepB-Hib 3 results in the 2013-2014 DSH survey

Population group	Results			Ratio
Gender	Boys: 60%	and	Girls: 61%	1.02
Birth order and family	First: 63%	et	sixth and later: 59%	1.07
Environment	Urban: 74%	and	Rural: 54%	1.37
Wealth quintile	Richest: 83%	and	Poorest: 48%	1.73
Mothers' education	Secondary or higher: 70%	et	No instruction: 57%	1.24
Disparity between provinces	Nord Kivu: 87%	and	Equateur: 43%	2.0

5.1.4 Data quality

Please attach a Data Quality Assessment (DQA) report completed over the previous 48 months using the most recent national survey including immunity coverage indicators (DOCUMENT NUMBER: 27) and a data quality improvement plan for vaccination (DOCUMENT NUMBER 28). If it's available an improvement plan implementation progress report must also be presented (DOCUMENT NUMBER: 11 DOCUMENT NUMBER: 28).

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

During the previous 48 months the country has not performed a DQA. However, at the central level a data quality evaluation was done in October 2014 with the participation of teams from various levels (e.g. central, provincial and HZ) during a workshop supported by a Gavi consultant.

The recommendations from this evaluation were incorporated into the 2015-2019 cMYP and the 2015 OAP.

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

The vaccination coverage was reported by equity in a 2013-2014 DHS survey done by the country.

The next DHS survey will be organized in 2018.

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

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

Number	Base Year	Baseline and Targets		
	2015	2017	2018	2019
Total number of births	3,669,020	3,892,459	4,009,233	4,129,510
Total number of infant deaths	467,806	496,289	511,177	526,513
Total number of surviving infants	3,201,214	3,396,170	3,498,056	3,602,997
Total number of pregnant women	3,669,020	3,892,459	4,009,233	4,129,510
Target population vaccinated with OPV3*[1]*	2,925,895	3,396,171	3,498,056	3,602,998
OPV3 coverage[2]	91%	100%	100%	100%
Target population vaccinated with DTP1*[1]*	3,196,344	3,396,171	3,498,056	3,602,998
Target population vaccinated with DTP3*[1]*	2,991,869	3,396,171	3,498,056	3,602,998
DTP3 coverage*[2]*	93%	100%	100%	100%
Wastage*[3]* rate in base-year and planned thereafter (%) for DTP	10	9	8	8
	1.11	1.10	1.09	1.09
Target population vaccinated with 1st dose of rotavirus vaccine	0	3,396,171	3,498,056	3,602,998
Target population vaccinated with last dose of rotavirus vaccine	0	3,396,171	3,498,056	3,602,998
Rotavirus vaccine coverage*[2]*	0%	100%	100%	100%
First Presentation: Rotavirus, 2-doses schedule				
Wastage*[3]* rate in base-year and planned thereafter (%)	0	5	5	5
Wastage rate *[3]* in base-year and planned thereafter (%)	1.00	1.05	1.05	1.05
Maximum wastage rate value for Rotavirus, 2-dose schedule	5%	5%	5%	5%
Second Presentation:				
Wastage*[3]* rate in base-year and planned thereafter (%)	0	5	5	5
Wastage rate *[3]* in base-year and planned thereafter (%)	1.00	1.05	1.05	1.05
Maximum vaccine wastage rate	5%	5%	5%	5%
Target population vaccinated with 1st dose of RCV vaccine	2,918,872	3,396,171	3,498,056	3,602,998
RCV coverage*[2]*	91%	100%	100%	100%
Annual DTP Dropout rate [(DTP1 - DTP3) / DTP1] x 100	6%	0%	0%	0%

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

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

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

5.3. Target for the preventive campaign(s)

No NVS Prevention Campaign Support this year

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

No one-time mini catch-up campaign this year

6. 6 New and underused vaccines (routine NVS)

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

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

Disease	Title of the assessment	Date	Results
Section 2.5 of the Rotavirus Vaccine Introduction Plan	See Section 2.5 of the Rotavirus Vaccine Introduction Plan	See Section 2.5 of the Rotavirus Vaccine Introduction Plan	See Section 2.5 of the Rotavirus Vaccine Introduction Plan

6.2. Requested vaccine (Rotavirus, 2-dose schedule)

As indicated in the cMYP, the country plans to introduce Rotavirus, with the|Rotavirus, 2-dose schedule.

When does the country intend to introduce this vaccine? **September 2017**

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

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

- The currently available net positive storage capacity at the central level is 140,000 L but the net capacity required to store the vaccines including the rotavirus vaccine is 225,000 L until 2020. However, the 85,000 L gap will be filled by the construction of the Kinshasa Hub which should be finished by March 2017 at the latest.
- At the intermediate level, only the Kindu and Bunia branches need to increase their storage capacity by late June 2017 with UNICEF support.
- Operationally, the 2522 solar refrigerators (2312 for the health centres and 210 for the health zone central offices) acquired in connection with Gavi/HSS2 are still being installed. Also the proposal for 2087 solar refrigerators submitted to Gavi CCEOP was approved and they will be installed in the health centres in 2017 and this will serve to raise the cold room coverage to 75%. In September, the country will submit a second proposal to CCEOP/Gavi for 4000 additional solar refrigerators. The equipment coverage will therefore be 99.4% by the 2020 horizon. The storage capacity will be sufficient to store all vaccines.

6.2.1 Co-financing information

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

Country group	Initial self-financing phase

	2017	**2018**	**2019**
Minimum co-financing	0.20	0.20	0.20
Your co-financing (please change if higher)	0.20	0.20	0.20

6.2.2 Specifications of vaccinations with new vaccine

	Data from		**2017**	**2018**	**2019**
Number of children to be vaccinated with the first dose	Table 5.2	#	3,396,171	3,498,056	3,602,998
Number of children to be vaccinated with the second dose	Table 5.2	#	3,396,171	3,498,056	3,602,998
Immunisation coverage with the second dose	Table 5.2	%	100%	100%	100%
Country co-financing per dose	Table 6.4.1	$	0.2	0.2	0.2

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

		2017	2018	2019
Number of vaccine doses	#	793,078	658,186	677,933
Number of AD syringes	#	0	0	0
Number of reconstitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country *[1]*	$	1,783,201	1,479,901	1,524,301

[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.

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

		2017	2018	2019
Number of vaccine doses	#	8,122,922	6,741,314	6,943,567
Number of AD syringes	#	0	0	0
Number of reconstitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by Gavi	$	18,264,024	15,157,541	15,612,299

6.2.5 New and Under-Used Vaccine Introduction Grant

Calculation of the vaccine introduction grant for rotavirus, two-dose schedule

Year of New Vaccine Introduction	Births (from Table 5.2)	Share per Birth in US$	Total in US$
2017	3,892,459	0.80	3,113,967

The grant will be based on a maximum award of $0.80 per girl in the birth cohort with a minimum starting grant award of $100,000.

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

The ICC and the provincial steering committees constitute the preferred framework for providing tracking of the proper use of the funds. The Management Support Cell (MSC) was set up for the management of the Gavi funds allocated to the country.

The alliance's partners (WHO and UNICEF) have field offices in all 11 broken-up provinces with staff who are going to provide technical support in the efficient and effective management of these funds.

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

Detailed budget attached as Document No. 22.

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

The budget in DRC for rotavirus introduction operational costs is US$3,113,967. This amount is covered by the Gavi introduction grant.

In order to make this process successful, the following priority domains were identified.

Budget item

Cost (USD)

Training: 1,715,533

Social mobilisation, IEC and advocacy: 507,990

Acquisition of temperature monitoring materials (Fridge Tag): 50,000

Monitoring and tracking: 274,159

Organise a workshop to revise the tools: 100,000

Revise and pretest, reproduce and duplicate the Social Mobilization messages and media: 42,293

Organise an official launch: 81,000

Receiving and distributing vaccines: PM

Post rotavirus introduction internal monitoring and evaluation: 222,992

Post rotavirus introduction external monitoring and evaluation: 70,000

Operational research: 50,000

Totals: 3,113,967

6.2.6. Integrated disease control

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

As for prevention, the National Program for Control of Diarrheal Diseases (NPCDD) is promoting key practices and for treatment the NPCDD is revitalizing the care for diarrhoea with combined ORS and zinc in the community care sites with pneumonia and malaria. The National Program for Acute Respiratory Infections (NPARI) also developed the Clinical IMCD for caring for all ARI.

In the context of control of diarrheal and pneumonic diseases, the following actions are described:

Diarrheal diseases:

- Protection: handwashing with soap, exclusive breast-feeding, adequate nutrition, clean drinking water, clean-up of the environment, etc.
- Prevention: Rotavirus and measles vaccines, etc.
- Treatment: ORS, vitamin A, zinc, antibiotic, referral, etc.

Pneumonia:

- Protection: Exclusive breast-feeding, reduce indoor pollution, prevent low birth weight, etc.
- Prevention: DTP, Hib, measles, etc. vaccines;
- Treatment: Referral, Care for the cases, Antibiotics

As for prevention, the National Program for Control of Diarrheal Diseases (NPCDD) is promoting key practices and for treatment the NPCDD is revitalizing the care for diarrhoea with combined ORS and zinc in the community care sites with pneumonia and malaria. The National Program for Acute Respiratory Infections (NPARI) also developed the Clinical IMCD for caring for all ARI.

b) Please provide your ideas on the way in which vaccination could strengthen delivery and communication about additional health actions. Please show the obstacles to incorporating vaccination with other health actions which you can anticipate.

The other health actions the vaccination could strengthen are: vitamin A supplementation, deworming with mebendazole, distribution of insecticide impregnated mosquito nets.

The major obstacle is the lack of integrated planning of activities and the unavailability of supplies for other actions.

6.2.7. Technical assistance

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

The country needs technical assistance in the fields of logistics, postintroduction external evaluation and communication.

7. NVS Preventive Campaigns

No NVS Prevention Campaign Support this year

8. Procurement and management

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

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

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

For each new vaccine introduction, Gavi funds are transferred to UNICEF for purchase and forwarding of all doses required in the country. The quantities of rotavirus vaccines will be received and stored centrally in Kinshasa before forwarding them to the intermediate (coordinations and branches) warehouses, then to the health zone central offices and finally to the health centres.

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

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

Not applicable to the DRC

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.

Gavi funds are regularly transferred to the country via the Financial Management Support Cell (FMSC) with the support of the GIZ fiduciary agent. Once disbursed, the funds are spent according to the detailed budget which was submitted with the request.

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

The co-financed amounts are paid directly into the UNICEF account by the Ministry of Finance through the Congo Central Bank (BCC).

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

The following are the financial management procedures for Gavi funds in the DRC:

- All the funds for operational costs are housed in the Financial Management Support Cell (FMSC) of the Ministry of Public Health.
- The EPI sends the FMSC a request signed by the Director and General Secretary of Public Health.
- For purchases over US$150, the FMSC orders the fiduciary agent (GIZ) to issue a request for bids which will be examined and awarded to the best offer before purchasing and delivering to the EPI.

For the operational costs for activities, the funds are directly paid into the account of the EPI Direction (for Central level activity) or the Provincial Health Divisions (for activities in a province).

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

The periodic evaluation of the introduction process is going to help to identify problems related to preparation for introduction of new vaccines into the routine vaccination system. The thematic working groups will be

established with specific reference terms and checklists for key activities.

All the EPI management tools will be updated in order to incorporate information specific to the new vaccine (rotavirus), printed, copied and distributed at all levels. These tools are going to include:

- Data collection and reporting forms (tally sheets, vaccination registers, monthly report sheets, child vaccination cards, etc.)
- Various disease and AEFI monitoring reports
- Resource management tools from the Program (Registers for vaccine management and other forms, etc.).

All old tools will be removed and replaced with the revised tools. All health professionals will be trained on the use of the new tools. The database will also be updated centrally and in the health zones.

The following actions will be taken in order to have a better perception of the use of services after the new vaccine introduction:

- Organize central working subgroups for the various rotavirus vaccine introduction domains with terms of reference (e.g. cold chain and logistics, technical, social mobilization and advocacy, monitoring);
- Develop a checklist with the specific activities by domain that have to be monitored;
- The subgroups will need to meet monthly to track implementation of the activities;
- Implement recommendations from PCV 13 PIE;
- Revise the EPI management tools and update the EPI database by including rotavirus vaccine information.

At between 6 to 12 months, a post introduction evaluation will be conducted.

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

8.2 Procurement and management for NVS preventive campaigns

No NVS Prevention Campaign Support this year

8.3. Product licensure

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

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

Approval is given by the Marketing Authorization (MA) granted by the Pharmacy and Medication Division if the vaccines are prequalified by WHO.

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

In anticipation of the upcoming introduction (2017) of the Rotarix vaccine in DRC the MA for the vaccine in the country has been available since 7 May 2016 (see attachment).

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

With the MA and other documents, UNICEF uses a customs broker (service provider) for all formalities to be cleared for the vaccines for the EPI central warehouse.

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.

The NRA role is performed by the Division of Pharmacy and Medications.

8.4 Vaccine Management (EVSM/EVM/VMA)

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

When was the EVM conducted? **September 2014**

Please attach the EVM improvement plan progress report (DOCUMENT NUMBER: 21) and if it wasn't previously provided, please attach the most recent EVM evaluation report (DOCUMENT NUMBER: 20.19, 21) and the corresponding EVM improvement plan (DOCUMENT NUMBER: 19). The improvement plan should include a timeline, budget of committed resources for these activities and funding gaps, if any, as well as M&E indicators to monitor progress of implementation.

When is the next Effective Vaccine Management (EVM) Assessment planned? **September 2017**

8.5 Waste management

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

In 2008, the DRC got a national injection safety and biomedical waste management policy coupled with a document of standards and instructions and a strategic national plan connected to Health System Strengthening.

A training manual in the field of injection safety and biomedical waste management was prepared in the third quarter of 2010.

When purchasing vaccines, the equivalent quantity of syringes (for injectable vaccines) and safety boxes are also ordered in the required proportions by the principle of bundling. During the vaccination session, all vaccination wastes are immediately collected. At the end of the session, all the filled safety boxes are closed and incinerated. In the absence of incinerators, the waste is burned and buried in the ground. For the rotavirus vaccine, there are no cutting wastes. The empty vials will be collected in a bag and burned together with the other non-pricking waste.

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

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

The increase of the budget from the state in order to contribute to the financing by establishing a committee for developing reasoned arguments to the Minister of the budget to be defended during the defense of the budget law.

- The need to get the NITAG underway in order to advise the country on the choice of vaccines;

- Confirm the availability of new vaccines in order to guarantee vaccination service delivery;

- The need to incorporate diarrhea control with other actions including getting the cleanup brigades working again, the mapping of health zones at risk of diarrheal illnesses to Orient the project towards unhealthy villages;

- The need to train local managers to perform preventive maintenance and repairs of the cold chain equipment.

10. List of documents attached to this proposal

10.1. List of documents attached to this proposal

Table 1: Checklist for mandatory attachments

Document Number	Attachment	Section	File
Approvals			
1	MoH Signature (or delegated authority) of Proposal	4.1.1	RDC_Proposal ROTA_Page_signature Ministres Sante et Finances_CCIA strategique _sept_2016.pdf **File desc:** **Date/time** 09/09/2016 05:19:12 **Sise:** 1 MB
2	MoF Signature (or delegated authority) of Proposal	4.1.1	RDC_Proposal ROTA_Page_signature Ministres Sante et Finances_CCIA strategique _sept_2016.pdf **File desc:** **Date/time** 09/09/2016 05:43:38 **Sise:** 1 MB
4	ICC Terms of Reference	4.1.2	CCIA et Commissions_TdR.rar **File desc:** **Date/time** 08/09/2016 05:52:43 **Sise:** 4 MB
5	Minutes of ICC/HSCC meeting endorsing Proposal	4.1.3	RDC_Proposal ROTA_CR_CCIA_stratégique_sept_2016_version finale.pdf **File desc:** **Date/time** 09/09/2016 04:17:10 **Sise:** 393 KB
6	Signatures of ICC or HSCC or equivalent in Proposal	4.1.3	RDC_Proposal ROTA_Page_signature Membres CCIA strategique_sept_2016.pdf **File desc:** **Date/time** 09/09/2016 05:26:33 **Sise:** 2 MB
7	Minutes of the three most recent ICC/HSCC meetings	4.1.3	Compte rendu de la reunion de CCIA du 14 juillet 2016.docx **File desc:** **Date/time** 09/09/2016 04:45:51 **Sise:** 111 KB
8	Role and functioning of the advisory group, description of plans to establish a NITAG	4.2.1	Role et fonctionnement du GTCV.docx **File desc:** **Date/time** 09/09/2016 03:53:45 **Sise:** 12 KB
Planning, financing and vaccine management			
9	comprehensive Multi Year Plan - cMYP	5.1	PPAC_RDC 2015-2019_VF CCIA Stratégique.docx **File desc:** **Date/time** 07/09/2016 01:04:58 **Sise:** 3 MB

10	cMYP Costing tool for financial analysis	5.1	cMYP_Costing_Tool_Fr-1.RDC.xls **File desc:** **Date/time** 08/09/2016 08:18:10 **Sise:** 3 MB
11	M&E and monitoring plan in the country existing monitoring plan	5.1.4	Plan de S et E PPAC _2015_2019 du 14122014_Ado_12012015_VF0.docx **File desc:** **Date/time** 07/09/2016 12:57:50 **Sise:** 1 MB
12	Vaccine introduction plan	5.1	Plan intro Rota RDC_Plan_Rotavirus_07_09_2016.docx **File desc:** **Date/time** 07/09/2016 12:59:09 **Sise:** 968 KB
19	EVM report	8.3	RDC EGEV 2014 Rapport Final.pdf **File desc:** **Date/time** 07/09/2016 01:02:23 **Sise:** 2 MB
20	Improvement plan based on EVM	8.3	RDC_cEVM-IP_vs.2.6.xlsx **File desc:** **Date/time** 08/09/2016 05:32:10 **Sise:** 65 KB
21	EVM improvement plan progress report	8.3	RDC_Rapport MEO Plan Amélioration GEV_Sept_2016 vf.pdf **File desc:** **Date/time** 08/09/2016 05:32:11 **Sise:** 748 KB
22	Detailed model budget for the grant for the introduction of a vaccine / operating costs	6.x,7.x.2, 6.x.2	RDC_VIG and Op Cost Detail Technique ROTA.xls **File desc:** **Date/time** 08/09/2016 01:35:45 **Sise:** 75 KB
27	Data quality assessment (DQA) report	5.1.4	RAPPORT DE L'ATELIER SUR LA QUALITE DES DONNEES DU PEV_20112014 Final.docx **File desc:** **Date/time** 07/09/2016 01:03:05 **Sise:** 336 KB

Table 2: List of optional attachments

Document Number	Attachment	Section	File
3	MoH Signature (or delegated authority) of Proposal for HPV support	4.1.1	Signature HPV.docx **File desc:** **Date/time** 09/09/2016 04:21:02 **Sise:** 12 KB
13	Introduction Plan for the introduction of rubella/JE/Men A/YF combined vaccine into the national programme.	7.x.4	Signature RR.docx **File desc:** **Date/time** 09/09/2016 04:22:50 **Sise:** 12 KB

14	EPRI annual plan with a four year vision for combating measles and rubella		Signature RR.docx **File desc:** **Date/time** 09/09/2016 04:23:09 **Sise:** 12 KB
15	HPV vaccine roadmap or strategy	6.1.1	Signature HPV.docx **File desc:** **Date/time** 09/09/2016 04:24:10 **Sise:** 12 KB
16	Summary of the HPV vaccine assessment methodology	5.1.6	Signature HPV.docx **File desc:** **Date/time** 09/09/2016 04:24:29 **Sise:** 12 KB
17	Evidence of commitment to fund purchase of RCV for use in the routine system in place of the first dose of MCV	7.x.3	Signature RR.docx **File desc:** **Date/time** 09/09/2016 04:24:53 **Sise:** 12 KB
18	Campaign target population documentation	7.x.1, 6.x.1	Population campagne.docx **File desc:** **Date/time** 09/09/2016 04:26:04 **Sise:** 12 KB
23	Risk evaluation and MenA consensus meeting report If the DPT was used and said, please indicate.	7.1	Meningite RDC rias assessment RAPPORT Aout2012.pdf **File desc:** **Date/time** 09/09/2016 04:43:29 **Sise:** 555 KB
24	National measles (and rubella) eradication plan if available		Plan strategique d'Elimination rougeole en RDC 2012 2020_Final.pdf **File desc:** **Date/time** 09/09/2016 04:42:52 **Sise:** 1 MB Plan d'elimination Rubeole.docx **File desc:** **Date/time** 09/09/2016 05:49:44 **Sise:** 12 KB
25	A description of partner participation in preparing the application	4.1.3	Description de l'implication des differents partenaires.docx **File desc:** **Date/time** 09/09/2016 05:41:26 **Sise:** 13 KB
26	Minutes of the NITAG meeting with specific recommendations on NVS introduction or the campaign	4.2	Role et fonctionnement du GTCV.docx **File desc:** **Date/time** 09/09/2016 04:29:40 **Sise:** 12 KB
28	DQA improvement plan	5.1.4	Plan Amélioration Qualité des Données_November 10.xlsx **File desc:** **Date/time** 09/09/2016 04:30:29 **Sise:** 28 KB

29	Campaign action plan	7.1, 7.x.4	Plan d'action pour les campagnes.docx **File desc:** **Date/time** 09/09/2016 04:33:06 **Sise:** 12 KB
30	Other documents		RDC_Proposal ROTA_Liste_présence1_CCIA strategique_sept_2016.pdf **File desc:** **Date/time** 09/09/2016 04:11:57 **Sise:** 1 MB RDC_Proposal ROTA_Liste_présence2_CCIA strategique_sept_2016.pdf **File desc:** **Date/time** 09/09/2016 04:13:11 **Sise:** 2 MB RDC_Proposal ROTA_Liste_présence3_CCIA strategique_sept_2016.pdf **File desc:** **Date/time** 09/09/2016 04:14:32 **Sise:** 1 MB Compte rendu de la reunion du CCIA du 15 Juillet 2016.docx **File desc:** **Date/time** 09/09/2016 05:04:27 **Sise:** 2 MB Compte rendu de la réunion de CCIA du 16 juin 2016VF.doc **File desc:** **Date/time** 09/09/2016 05:05:01 **Sise:** 185 KB
31	Planned MCV1 self-financing	5.1.5	Lettre confirmation fonds recu avril 2015.pdf **File desc:** **Date/time** 09/09/2016 06:20:41 **Sise:** 1 MB

11. Appendices

Annex 1 - NVS Routine Support

Annex 1.1 – NVS Routine Support (rotavirus, two dose schedule)

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

		2017	2018	2019
Number of vaccine doses	#	793,100	658,200	678,000
Number of AD syringes	#	0	0	0
Number of reconstitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ***[1]***	**$**	1,783,500	1,480,000	1,524,500

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

		2017	2018	2019
Number of vaccine doses	#	8,123,000	6,741,400	6,943,600
Number of AD syringes	#	0	0	0
Number of reconstitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by Gavi	**$**	18,264,500	15,158,000	15,612,500

Table Annex 1.1 C: Summary table for Rotavirus vaccine, 2-dose schedule

DI		Data from		2017	2018	2019
	Number of surviving infants	Table 5.2	#	3,396,170	3,498,056	3,602,997
	Number of children to be vaccinated with the first dose	Table 5.2	#	3,396,171	3,498,056	3,602,998
	Number of children to be vaccinated with the second dose	Table 5.2	#	3,396,171	3,498,056	3,602,998
	Immunisation coverage with the second dose	Table 5.2	%	100%	100%	100%
	Number of doses per child	Parameter	#	2	2	2
	Estimated vaccine wastage factor	Table 5.2	#	1.05	1.05	1.05
	Number of doses per vial	Parameter	#	1	1	1
	AD syringes required	Parameter	#	Non	Non	Non
	Reconstitution syringes required	Parameter	#	Non	Non	Non
	Safety boxes required	Parameter	#	Non	Non	Non
cc	**Country co-financing per dose**	Table 6.4.1	$	0.2	0.2	0.2
ca	**AD syringe price per unit**	Table Annexes 4A	$	0.041	0.041	0.041
cr	**Reconstitution syringe price per unit**	Table Annexes 4A	$	0	0	0
cs	**Safety box price per unit**	Table Annexes 4A	$	0.005	0.005	0.005
fv	**Freight cost as % of vaccines' value**	Table Annex 4B:	%	2.66%	2.66%	2.66%

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

		Formula	2017		
			Total	Government	GAVI
Y	Country co-financing	*V*	8.89%		
E	Number of children to be vaccinated with the first dose	*Table 5.2*	3,396,171	302,090	3,094,081
C	Number of doses per child	*Vaccine parameter (schedule)*	2		
D	Number of doses needed	*B X C*	6,792,342	604,179	6,188,163
E	Estimated vaccine wastage factor	*Table 5.2*	1.05		
F	Number of doses needed including wastage	*D X E*	7,131,960	634,388	6,497,572
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] G = [buffer on doses needed] + [buffer on wastages]*	1,782,990	158,597	1,624,393
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	8,916,000	793,078	8,122,922
J	Number of doses per vial	*immunisation parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.11*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	0	0	0
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	19,527,824	1,737,000	17,790,824
Y	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as % of vaccines value (fv)*	519,401	46,201	473,200
H	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
Q2	Total funding needed	*(N+O+P+Q+R+S)*	20,047,225	1,783,201	18,264,024
U	Total country co-financing	*I * country co-financing per dose (cc)*	1,783,200		
V	Country co-financing % of Gavi supported proportion	*U / (N + R)*	8.89%		

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

		Formula	2018		
			Total	Government	GAVI
Y	Country co-financing	*V*	8.89%		
E	Number of children to be vaccinated with the first dose	*Table 5.2*	3,498,056	311,152	3,186,904
C	Number of doses per child	*Vaccine parameter (schedule)*	2		
D	Number of doses needed	*B X C*	6,996,112	622,304	6,373,808
E	Estimated vaccine wastage factor	*Table 5.2*	1.05		
F	Number of doses needed including wastage	*D X E*	7,345,918	653,420	6,692,498
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] G = [buffer on doses needed] + [buffer on wastages]*	53,490	4,758	48,732
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	7,399,500	658,186	6,741,314
J	Number of doses per vial	*immunisation parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.11*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	0	0	0
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	16,206,385	1,441,558	14,764,827
Y	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as % of vaccines value (fv)*	431,057	38,343	392,714
H	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
Q2	Total funding needed	*(N+O+P+Q+R+S)*	16,637,442	1,479,901	15,157,541
U	Total country co-financing	*I * country co-financing per dose (cc)*	1,479,900		
V	Country co-financing % of Gavi supported proportion	*U / (N + R)*	8.89%		

Table Annex 1.1 D: Estimated numbers for Rotavirus, 2-dose schedule, associated injection safety material and related co-financing budget (page 3)

		Formula	2019		
			Total	Government	GAVI
Y	Country co-financing	*V*	8.89%		
E	Number of children to be vaccinated with the first dose	*Table 5.2*	3,602,998	320,487	3,282,511
C	Number of doses per child	*Vaccine parameter (schedule)*	2		
D	Number of doses needed	*B X C*	7,205,996	640,974	6,565,022
E	Estimated vaccine wastage factor	*Table 5.2*	1.05		
F	Number of doses needed including wastage	*D X E*	7,566,296	673,022	6,893,274
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] G = [buffer on doses needed] + [buffer on wastages]*	55,095	4,901	50,194
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	7,621,500	677,933	6,943,567
J	Number of doses per vial	*immunisation parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.11*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	0	0	0
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	16,692,610	1,484,808	15,207,802
Y	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as % of vaccines value (fv)*	443,990	39,493	404,497
H	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
Q2	Total funding needed	*(N+O+P+Q+R+S)*	17,136,600	1,524,301	15,612,299
U	Total country co-financing	*I * country co-financing per dose (cc)*	1,524,300		
V	Country co-financing % of Gavi supported proportion	*U / (N + R)*	8.89%		

Annex 2 – NVS Routine Support – Preferred Second Presentation

Annex 2.1 – NVS Routine Support (rotavirus, two dose schedule)

Table Annex 2.1 A: Rounded up portion of supply that is procured by the country and estimate of relative costs in US$

		2017	2018	2019
Number of vaccine doses	#	744,400	617,900	636,400
Number of AD syringes	#	0	0	0
Number of reconstitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ***[1]***	**$**	2,675,000	2,220,000	2,286,500

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

		2017	2018	2019
Number of vaccine doses	#	12,628,300	10,481,500	10,796,000
Number of AD syringes	#	0	0	0
Number of reconstitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by Gavi	**$**	45,375,000	37,661,000	38,791,000

Table Annex 2.1 C: Summary table for Rotavirus vaccine, 3-dose schedule

DI		Data from		2017	2018	2019
	Number of surviving infants	Table 5.2	#	3,396,170	3,498,056	3,602,997
	Number of children to be vaccinated with the first dose	Table 5.2	#	3,396,171	3,498,056	3,602,998
	Number of children to be vaccinated with the third dose	Table 5.2	#	3,396,171	3,498,056	3,602,998
	Immunisation coverage with the third dose	Table 5.2	%	100%	100%	100%
	Number of doses per child	Parameter	#	3	3	3
	Estimated vaccine wastage factor	Table 5.2	#	1.05	1.05	1.05
	Number of doses per vial	Parameter	#	1	1	1
	AD syringes required	Parameter	#	Non	Non	Non
	Reconstitution syringes required	Parameter	#	Non	Non	Non
	Safety boxes required	Parameter	#	Non	Non	Non
cc	**Country co-financing per dose**	Table 6.4.1	$	0.2	0.2	0.2
ca	**AD syringe price per unit**	Table Annexes 4A	$	0.041	0.041	0.041
cr	**Reconstitution syringe price per unit**	Table Annexes 4A	$	0	0	0
cs	**Safety box price per unit**	Table Annexes 4A	$	0.005	0.005	0.005
fv	**Freight cost as % of vaccines' value**	Table Annex 4B:	%	2.66%	2.66%	2.66%

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

		Formula	2017		
			Total	Government	GAVI
Y	Country co-financing	*V*	5.57%		
E	Number of children to be vaccinated with the first dose	*Table 5.2*	3,396,171	189,039	3,207,132
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B X C*	10,188,513	567,117	9,621,396
E	Estimated vaccine wastage factor	*Table 5.2*	1.05		
F	Number of doses needed including wastage	*D X E*	10,697,939	595,473	10,102,466
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] G = [buffer on doses needed] + [buffer on wastages]*	2,674,485	148,869	2,525,616
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	13,372,650	744,354	12,628,296
J	Number of doses per vial	*immunisation parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.11*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	0	0	0
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	46,804,275	2,605,236	44,199,039
Y	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as % of vaccines value (fv)*	1,244,899	69,295	1,175,604
H	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
Q2	Total funding needed	*(N+O+P+Q+R+S)*	48,049,174	2,674,531	45,374,643
U	Total country co-financing	*I * country co-financing per dose (cc)*	2,674,530		
V	Country co-financing % of Gavi supported proportion	*U / (N + R)*	5.57%		

Table Annex 2.1 D: Estimated numbers for Rotavirus, 3-dose schedule, associated injection safety material and related co-financing budget (page 2)

		Formula	2018		
			Total	Government	GAVI
Y	Country co-financing	*V*	5.57%		
E	Number of children to be vaccinated with the first dose	*Table 5.2*	3,498,056	194,711	3,303,345
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B X C*	10,494,168	584,131	9,910,037
E	Estimated vaccine wastage factor	*Table 5.2*	1.05		
F	Number of doses needed including wastage	*D X E*	11,018,877	613,337	10,405,540
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] G = [buffer on doses needed] + [buffer on wastages]*	80,235	4,467	75,768
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	11,099,250	617,811	10,481,439
J	Number of doses per vial	*immunisation parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.11*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	0	0	0
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	38,847,375	2,162,337	36,685,038
Y	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as % of vaccines value (fv)*	1,033,262	57,514	975,748
H	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
Q2	Total funding needed	*(N+O+P+Q+R+S)*	39,880,637	2,219,851	37,660,786
U	Total country co-financing	*I * country co-financing per dose (cc)*	2,219,850		
V	Country co-financing % of Gavi supported proportion	*U / (N + R)*	5.57%		

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

		Formula	2019		
			Total	Government	GAVI
Y	Country co-financing	*V*	5.57%		
E	Number of children to be vaccinated with the first dose	*Table 5.2*	3,602,998	200,552	3,402,446
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B X C*	10,808,994	601,655	10,207,339
E	Estimated vaccine wastage factor	*Table 5.2*	1.05		
F	Number of doses needed including wastage	*D X E*	11,349,444	631,737	10,717,707
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] G = [buffer on doses needed] + [buffer on wastages]*	82,642	4,601	78,041
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	11,432,250	636,346	10,795,904
J	Number of doses per vial	*immunisation parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.11*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	0	0	0
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	40,012,875	2,227,211	37,785,664
Y	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as % of vaccines value (fv)*	1,064,261	59,240	1,005,021
H	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
Q2	Total funding needed	*(N+O+P+Q+R+S)*	41,077,136	2,286,451	38,790,685
U	Total country co-financing	*I * country co-financing per dose (cc)*	2,286,450		
V	Country co-financing % of Gavi supported proportion	*U / (N + R)*	5.57%		

Annex 3 – NVS Preventive campaign(s)

No NVS Prevention Campaign Support this year

Annex 4

Table Annex 4A: Commodities Cost

Estimated prices of supplies are not disclosed

Table Annex 4B: Freight cost as percentage of value

Vaccine Antigen	Type of Vaccine	2017	2018	2019
Rotavirus, 2-doses schedule	Rota	2.66%	2.66%	2.66%

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

Vaccine	2017	2018	2019
Rotavirus, 2-doses schedule	0.2	0.2	0.2

Table Annex 4D: Wastage rates and factors

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

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

Observations:

Sources WHO recommended wastage rates

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

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

Table Annex 4E: Vaccine maximum packed volumes

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

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

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

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

12. Banking form

In accordance with the decision on financial support made by Gavi, the Government of the Democratic Republic of The Congo (Kinshasa) hereby requests that a payment be made via electronic bank transfer as detailed below:

Name of Institution (Account Holder):			
Address:			
City, Country:			
Telephone no.:		**Fax no.:**	
	Currency of the bank account:		
For credit to:			
Bank account's title:			
Bank account no.:			
Bank name:			

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

By whom is the account audited?

Signature of Government's authorising official

		Seal
Name:		
Title:		
Signature		
Dated:		

FINANCIAL INSTITUTION		**CORRESPONDENT BANK (in the United States)**	
Bank name:			
Branch Name:			
Address:			
City, Country:			
Swift Code:			
Sort Code:			
ABA No.:			
Telephone No.:			
FAX No.:			

I certify that the account No. is held by at this banking institution

The account must be signed jointly by at least 2 (number of signatories) of the following authorised signatories:

1		
	Name:	
	Title:	
2		
	Name:	
	Title:	
3		
	Name:	
	Title:	

Name of bank's authorising official
Signature
Dated:
Seal: