

APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by
**The Government of Congo,
Democratic Republic of the**
for
Measles 1st and 2nd dose routine



1 Gavi Grant terms and conditions

1.2 Gavi terms and conditions

1.2.1 Gavi terms and conditions

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

GAVI GRANT APPLICATION TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

Gavi may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programme(s) described in the Country's application, or any Gavi-approved amendment to the application. Gavi retains the right to terminate its support to the Country for the programme(s) described in its application if a misuse of Gavi funds is confirmed.

NO LIABILITY

The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programme(s) in the Country; and (ii) the use or distribution of vaccines

and related supplies after title to such supplies has passed to the Country.

Neither party shall be responsible for any defect in vaccines and related supplies, which remain the responsibility of the relevant manufacturer. Gavi shall not be responsible for providing any additional funding to replace any vaccines and related supplies that are, or became, defective or disqualified for whatever reason.

INSURANCE

Unless otherwise agreed with Gavi, the Country shall maintain, where available at a reasonable cost, all risk property insurance on the Programme assets (including vaccines and vaccine related supplies) and comprehensive general liability insurance with financially sound and reputable insurance companies. The insurance coverage will be consistent with that held by similar entities engaged in comparable activities.

ANTI-CORRUPTION

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

ANTI-TERRORISM AND MONEY LAUNDERING

The Country confirms that funds provided by Gavi shall not be used to support or promote violence, war or the suppression of the general populace of any country, aid terrorists or their activities, conduct money laundering or fund organisations or individuals associated with terrorism or that are involved in money-laundering activities; or to pay or import goods, if such payment or import, to the Country's knowledge or belief, is prohibited by the United Nations Security Council.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with Gavi, as requested. Gavi reserves the right, on its own or through an agent, to perform audits or other financial management 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, or any other agreed annual reporting mechanism, is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to perform the programme(s) described in its application, as amended, if applicable.

COMPLIANCE WITH GAVI POLICIES

The Country confirms that it is familiar with all Gavi policies, guidelines and processes relevant

to the programme(s), including without limitation the Transparency and Accountability Policy (TAP) and complies with the requirements therein. All programme related policies, guidelines and processes are available on Gavi's official website and/or sent to the Country.

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by Gavi. For any dispute for which the amount at issue is 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 programme(s) described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. The Country is solely responsible for all aspects of managing and implementing the programme(s) described in its application.

1.3 Gavi Guidelines and other helpful downloads

1.3.1 Guidelines and documents for download

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

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

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

A key component of the application is a solid operational plan (New Vaccine Introduction Plan for routine support, or Plan of Action for campaign support), explaining how the country will

introduce the vaccine or conduct the envisaged campaign, with a corresponding budget. The New Vaccine Introduction Plan or Plan of Action must be submitted together with this application form and will be considered as the foundation of the support request.

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

2 Review and update country information

2.1 Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Initial self-financing

Date of Partnership Framework Agreement with Gavi

10 October 2014

Country tier in Gavi's Partnership Engagement Framework

1

Date of Programme Capacity Assessment

No Response

2.1.2 Country health and immunisation data

Please ensure your Country health and immunisation data is up to date. If not, please go to the Overall expenditures and financing for immunisation section of the portal to submit this information.

	2019	2020
Total government expenditure	8,127,000	
Total government health expenditure	14,131,549	
Immunisation budget	224,950,884	

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

The government planning cycle starts on the

1 January

The current National Health Sector Plan (NHSP) is

From

2019

To

2022

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

2015-2019

Is the cMYP we have in our record still current?

Yes

No

If you selected “No”, please specify the new cMYP period, and upload the new cMYP in country documents section.

Note 1

From

2020

To

2024

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

The cMYP 2019 is outdated and has been updated for the period 2020-2024.

2.1.4 National customs regulations

Please describe local customs regulations, requirements for pre-delivery inspection, and special documentation requirements that are instrumental for the delivery of the vaccine.

With the Marketing Authorization and other documents, UNICEF uses a customs agency (service providers) for all the formalities of lifting vaccines for the central EPI depot.

2.1.5 National Regulatory Agency

Please provide information on the National Regulatory Agency in the country, including status (e.g. whether it is WHO-certified). Please mention a point of contact with phone number and e-mail address. UNICEF will support the process and may need to communicate licensing requirements to the vaccine manufacturers where relevant.

The function of the National Regulatory Agency is carried out by the Directorate of Pharmacy and Medicinal Products.

2.2 National Immunization Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

	2020	2021	2022
Country Co-financing (US\$)			
Gavi support (US\$)	3,692,530	3,766,533	3,841,342

PCV Routine

	2020	2021	2022	2023	2024
Country Co-financing (US\$)	1,613,900	1,684,746	1,743,072	1,802,651	1,863,470
Gavi support (US\$)	22,811,522	23,812,897	24,637,297	25,479,414	26,339,050

Pentavalent Routine

	2020	2021	2022	2023	2024
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Country Co-financing (US\$)	4,654,494	4,686,437	4,807,393	2,030,013	2,098,502
Gavi support (US\$)	12,206,290	12,305,263	12,626,635	5,603,160	5,792,202

Rota Routine

	2020	2021	2022	2023	2024
Country Co-financing (US\$)	495,886	564,653	674,686	705,668	754,894
Gavi support (US\$)	3,392,629	3,863,097	4,615,895	4,827,856	5,164,641

YF Routine

	2020	2021	2022	2023	2024
Country Co-financing (US\$)	601,273	627,114	648,379	670,093	692,251
Gavi support (US\$)	3,235,445	3,374,494	3,488,920	3,605,762	3,724,992

Summary of active Vaccine Programmes

	2020	2021	2022	2023	2024
Total country co-financing (US\$)	7,365,553	7,562,950	7,873,530	5,208,425	5,409,117
Total Gavi support (US\$)	45,338,416	47,122,284	49,210,089	39,516,192	41,020,885
Total value (US\$) (Gavi + Country co-financing)	52,703,969	54,685,234	57,083,619	44,724,617	46,430,002

2.3 Coverage and Equity**2.3.1 Coverage and equity situation analysis**

Note: If a recent analysis of the coverage and equity analysis is already available, for example as part of a Joint Appraisal report, you may simply reference the report and section where this information can be found.

Describe national and sub-national evidence on the coverage and equity of immunisation in the country and constraints to improvement. In particular, identify the areas and groups of low coverage or high inequity linked to geographic, socioeconomic, cultural or female literacy considerations, as well as systematically marginalized communities. Specify both the areas and/or populations with low coverage (%) and those with the largest absolute numbers of un-/under-vaccinated children. Among data sources, consider administrative data, coverage surveys, DHS/MCS, equity analyses, Knowledge-Attitude-Practice surveys, and patterns of diseases like measles.

Describe the challenges underlying the performance of the immunisation system, such as:

- o Health work force: availability and distribution;
- o Supply chain readiness;
- o Gender-related barriers: any specific issues related to access by women to the health system;
- o Data quality and availability;
- o Demand generation / demand for immunisation services, immunisation schedules, etc;
- o Leadership, management and coordination: such as key bottlenecks associated with the management of the immunisation programme, the performance of the national/ regional EPI teams, management and supervision of immunisation services, or broader sectoral governance issues;
- o Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement and execution of resources;
- o Other critical aspects: any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports.

Describe lessons learned and best practices on the effectiveness of implemented activities to improve coverage and equity; recommendations on changes or new interventions that might be required to accelerate progress (include data to support any findings or recommendations).

The assessment of equity on immunization coverage during the MICS 2017-2018 survey shows the same trends as those of the DHS 2013-2014 survey (source: cMYP 2020-2024 of DR Congo).

The evaluation of the results of the number of health zones that have achieved at least 80% DTP3 vaccine coverage is 434 HZs (84.1%) in 2016, 472 HZs (91.5%) in 2017 and 437 HZs (84.7%) in 2018. The result of this jagged evolution is the loss of 35 health zones, i.e. 7%, which no longer maintained the performance score from the 2nd to the 3rd year of reference, thus marking a certain disparity in performance between health zones.

In order to reduce these disparities, an effort must be made to fully implement the RED approach in all Health Zones (provision of human, material and financial resources).

The assessment of equity on immunization coverage during the MICS 2017-2018 survey shows the same trends as those of the DHS 2013-2014 survey (source: cMYP 2020-2024 of the DR Congo).

The evaluation of the results of the number of health zones that have achieved at least 80% DTP3 vaccine coverage is 434 HZs (84.1%) in 2016, 472 HZs (91.5%) in 2017 and 437 HZs (84.7%) in 2018. The result of this jagged evolution is the loss of 35 health zones, i.e. 7%, which no longer maintained the performance score from the 2nd to the 3rd year of reference, thus marking a certain disparity in performance between the health zones.

In order to reduce these disparities, an effort must be made to fully implement the RED approach in all Health Zones (provision of human, material and financial resources).

2.4 Country documents

2.4.1 Upload country documents

Please provide **country documents** that are relevant for the national immunisation programme and for multiple vaccines, to be taken into account in the review of your application. If you have already provided one or more of these country documents, you do not need to upload it/them again unless the document version changed. If documents cannot be provided, please use the comment functionality to explain why, or by when they will be available.

Note that only general country documents are uploaded here; at the end of section 3 (sub-section "Upload new application documents") you will be required to provide those documents that are specific to the support requested (for example the new vaccine introduction plan and/or campaign plan of action, new budget, application endorsements etc.)

3 Measles 1st and 2nd dose routine

3.1 Vaccine and programmatic data

3.1.1 Choice of presentation and dates

For each type of support please specify start and end date, and preferred presentations.

Note 3

Measles 1st and 2nd dose routine

Preferred presentation	M, 10 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd preferred presentation	M, 5 doses/vial, Lyophilised

Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Required date for vaccine and supplies to arrive	15 Nov 2020
Planned launch date	4 March 2021
Support requested until	2023

3.1.2 Vaccine presentation registration or licensing

If any of the selected presentations are not yet licensed or registered, please describe the duration of the registration or licensing procedure, whether the country's regulations allow the expedited procedure for national registration of WHO-pre-qualified vaccines, and confirm whether the licensing procedure will be completed ahead of the introduction or campaign.

Not applicable, the measles vaccine is already included in the routine vaccination of DR Congo.

3.1.3 Vaccine procurement

Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund. Does the country request an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or Gavi)?

Yes No

If you have answered yes, please attach the following in the document upload section:* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should 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 is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

3.2 Target Information

3.2.1 Targets for routine vaccination

Please describe the target age cohort for the Measles 1st dose routine immunisation:

Note 4

9 weeks months years

Please describe the target age cohort for the Measles 2nd dose routine immunisation:

15 weeks months years

	2021	2022	2023
Population in the target age cohort (#)	3,975,090	4,094,343	4,217,173
Target population to be vaccinated (first dose) (#)	3,975,090	4,094,343	4,094,343
Population in the target age cohort for last dose(#)	3,975,090	4,094,343	4,094,343
Target population to be vaccinated for last dose (#)	3,975,090	4,094,343	4,094,343
Estimated wastage rates for preferred presentation (%)	40	40	40

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US\$) - Measles routine, 1st and 2nd dose

	2021	2022	2023
10 doses/vial,Iyo	0.29	0.29	0.29

Commodities Price (US\$) - Measles routine, 1st and 2nd dose (applies only to preferred presentation)

	2021	2022	2023
AD syringes	0.036	0.036	0.036
Reconstitution syringes	0.004	0.004	0.004
Safety boxes	0.005	0.005	0.005
Freight cost as a % of device value	4.18	4.18	4.18

3.3.2 Country choice of co-financing amount per vaccine dose

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

Please note that the values represented in this table do not account for any switches in co-financing group. The calculations for the entire five year period are based on the countries co-financing group in the first year.

Note 5

	2021	2022	2023
Country co-financing share per dose (%)	69.69	69.69	69.69
Minimum Country co-financing per dose (US\$)	0.2	0.2	0.2
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.2	0.2	0.2

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

Measles routine, 1st and 2nd dose

	2021	2022	2023
Vaccine doses financed by Gavi (#)	5,879,800	4,880,200	5,026,700
Vaccine doses co-financed by Country (#)	10,716,300	8,894,500	9,161,300
AD syringes financed by Gavi (#)	12,396,400	9,117,100	9,390,600
AD syringes co-financed by Country (#)			
Reconstitution syringes financed by Gavi (#)			
Reconstitution syringes co-			

financed by Country (#)			
Safety boxes financed by Gavi (#)	136,375	100,300	103,300
Safety boxes co- financed by Country (#)			
Freight charges financed by Gavi (\$)	153,519	124,254	127,981
Freight charges co-financed by Country (\$)	279,799	226,461	233,255
	2021	2022	2023
Total value to be co-financed (US\$) Country	3,319,500	2,755,000	2,838,000
Total value to be financed (US\$) Gavi	2,437,000	1,924,500	1,982,500
Total value to be financed (US\$)	5,756,500	4,679,500	4,820,500

3.3.4 Estimated projection of the required domestic financing for the measles monovalent component of MCV1

Countries are required to domestically finance the first dose in their measles containing vaccine routine (MCV1) in order to be able to receive Gavi support for any measles/ measles-rubella programmes. Below is the estimated projection of the required domestic financing for MCV1, based on the information provided in the previous sections.

Note 6

	2021	2022	2023
Minimum number of doses financed from domestic resources	8,298,050	6,887,350	7,094,000
Country domestic funding (minimum)	2,381,540.35	1,976,669.45	2,035,978

3.3.5 Co-financing payment

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

Once the plan is approved by Gavi and given that the Ministers of Health and Finance will have signed the submission document, the Government of the Republic will respect its commitments in the disbursement of co-financing funds for the purchase of the MCV. To this end, the group of parliamentarians supporting immunization will ensure the timely disbursement of funds for the payment of co-financing share for the purchase of vaccines. The Government has undertaken to pay the co-financing share of the new vaccines and the purchase of the traditional vaccines in installments, and the first installment will be paid on June 30, 2020.

If your country is in the accelerated transition phase for Gavi support, please answer the following question:

Please provide evidence that the co-financing obligations for the new introduction have been budgeted for, and elaborate on how the country plans to pay for the fully self-financing amounts. Please discuss the extent to which medium-term immunisation/health plans and medium-term expenditure frameworks incorporate the additional costs associated with this introduction. Discuss any co-financing defaults that may have happened in the last five years.

Not applicable

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

June

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

Month

June

Year

2020

3.4 Financial support from Gavi

3.4.1 Routine Vaccine Introduction Grant(s)

Measles-rubella 1st and 2nd dose routine

Live births (year of introduction)

4,423,279

Gavi contribution per live birth (US\$)

0.8

Total in (US\$)

3,538,623.2

Funding needed in country by

14 October 2020

3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Gavi Vaccine Introduction Grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the introduction of the new vaccine. Please ensure to upload the completed budgeting and planning template as part of this application.

If Gavi's support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template. In the following fields please provide an overview of your request.

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

0

Total amount - Other donors (US\$)

0

Total amount - Gavi support (US\$)

3,064,982

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

0

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

0

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

0.79

3.4.3 Key Budget Activities

List the key budgeted activities to be undertaken in implementing the requested support. Please provide details on the key cost drivers, inputs and assumptions required for these activities.

1. Training of trainers and providers
2. Social Mobilization, Behavior Change Communication and Advocacy
3. Cold chain equipment and maintenance
4. Support for data monitoring at central and intermediate levels
5. Organize a workshop to review the tools
6. Replicate management tools and educational materials
7. Provide post-introduction supervision of the MCV2
8. Post-introduction monitoring and external evaluation of MCV2

3.4.4 Financial management procedures

Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including any procurement to be incurred.

Procedures for the financial management of Gavi funds in DRC are as follows:

- All operational cost funds are housed at the Financial Management Support Unit (CAGF) of the Ministry of Public Health.
- The EPI sends a request signed by its Director and the Secretary General for Public Health to the CAGF.
- For any purchase over US\$150, the CAGF orders the fiduciary entity (GIZ) to issue a call for tenders which will be examined and awarded to the highest bidder before purchasing and then delivering to the EPI.

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

3.4.5 Compliance with guidelines for use of Gavi financial support for human resources (HR) costs

Does the submitted application and budget comply with existing guidelines, criteria and requirements for use of Gavi financial support for human resources (HR) costs?

Yes

No

Please provide further information and justification concerning human resources costs, particularly when issues and challenges have been raised regarding the compliance with Gavi guidelines.

Not applicable

3.4.6 Fiduciary management

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

- o **UNICEF Tripartite Agreement: 5%**
- o **UNICEF Bilateral Agreement: 8%**
- o **WHO Bilateral Agreement: 7%.**

Gavi funds are regularly transferred to the country via the Financial Management Support Unit (CAGF) with the support of the GIZ fiduciary entity. Once disbursed, the funds are spent in accordance with the detailed budget that was submitted with the application.

3.4.7 Use of financial support to fund additional Technical Assistance needs

Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the “One TA plan”) with a view to assess that required support for the implementation of the new vaccine support is contained in the approved technical assistance plan. If gaps in technical assistance are identified for the new vaccine support, the additionally required technical assistance may be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template. In addition, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance (if already identified) below.

Note 8

The country needs technical assistance for the preparation and implementation of the process of introducing the second dose of MCV during the second year of life. This support should also include monitoring and evaluation during the post-introduction period.

3.5 Strategic considerations

3.5.1 Rationale for this request

Describe the rationale for requesting these new programme(s), including the burden of disease. If already included in detail in the Vaccine Introduction Plan or Campaign Plan of Action, please cite the sections only.

Introduction Plan section 2.4.6 and 2.4.7

3.5.2 Alignment with country strategic multi-year plan / comprehensive multi-year plan (cMYP)

Please describe how the plans and key assumptions in this request align with the most recent country strategic multi-year plan (cMYP) and other national health and immunisation plans.

The option of introducing the second dose of MCV was retained in the 2012-2020 strategic plan but this was not possible due to programmatic difficulties. With the elaboration of the cMYP and the JSP, this option was maintained after the favourable opinion of the NITAG-DRC.

3.5.3 Coordination Forum (ICC, HSCC or equivalent) and technical advisory committee (NITAG)

Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request.

If any of Gavi's requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the reasons and the approach to address this. Requirements can be found in the general application guidelines.

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

The main functions and responsibilities of the ICC / HSCC can be summarized as follows:

- Coordinate technical and financial partners interventions to better support the EPI;
- Share technical, financial and logistical information related to immunization services;
- Coordinate and guide the use of Gavi and partner resources for immunization;

- Support technically and financially the Immunization Program in order to achieve the objectives and goals of the Program;
- Advocate with donors to mobilize resources and support the Programme;
- Monitor the performance of the Program.

The ICC/NCC is composed of 4 commissions, including the:

Technical Commission:

- Draw up the EPI Action Plan and monitor its implementation;
- Monthly analyze immunization data including those related to the management of vaccines and other inputs and surveillance data by health zone;
- Identify problems and constraints of the EPI;
- Share information with all partners;
- Provide feedback to provinces;
- Communicate with stakeholders.

Logistics Commission:

- Analyze data on the management of vaccines and other inputs by health zone and identify vaccine needs;
- Make an inventory of CC equipment by HZ and within the EPI structure;
- Identify problems related to stock management (vaccines, diluents, oil, spare parts, management tools, etc) and cold chain management;
- Provide feedback to provinces and health zones.

Social Mobilization Commission:

- Analyze and identify communication problems and their causes;
- Make suggestions/recommendations for improvement;
- Define effective EPI communication strategies;
- Identify community level partners;
- Involve and train Community Relays in the follow-up of lost to follow-up and in the management of rumours;
- Develop strategies to increase the link between health structures and the community for EPI.

Resource mobilization

- Strengthen advocacy for the EPI
- Identify Unsupported Areas
- Identify areas without support
- Identify potential donors and follow-up (recovery of funds)
- Prepare for advocacy meetings
- Develop the report during the ICC/NCC meetings

The Strategic ICC (composed of the heads of agencies) will approve and follow the recommendations of the various ICC commissions.

The country already has a NITAG which has been operational since December 2017.

3.5.4 Financial sustainability

Please discuss the financing-related implications of the new vaccine programs requested, particularly how the government intends to fund the additional co-financing obligations. Please mention if any defaults occurred in the last three years and, if so, describe any mitigation measures that have been implemented to avoid future defaults. Additionally has the country taken into account future transition from Gavi support?

For more than 5 years, DRC has been engaged in the process of administrative decentralization by setting up provincial governments which are responsible for ensuring quality health care to the populations of their respective entities (Cf. Articles 202, 203 and 204 of the Constitution of 18 February 2006).

In application of these constitutional provisions and in order to definitively revitalize the Expanded Programme on Immunization:

The central Government will be responsible for policy, strategies, standards, guidelines (to arbitrate between the various projects and programmes), the purchase of vaccines, inoculation materials and their dispatch to the provincial capitals, and obtaining customs facilities exempting cold chain materials, inoculation materials and other inputs;

Provincial governments will take care of basic health care and ensure the implementation of the national policy as well as operational costs (distribution of inputs, purchase of oil, conservation of the vaccine, etc).

Better intra-sectoral collaboration within the framework of the NPC of health actions will make it possible to mobilize more resources and make better use of them.

To ensure the financial sustainability of the EPI, the country will use the following strategies:

- Mobilization of adequate resources through advocacy to the Government and the private sector partners;
- Facilitating access to financing; and
- Rational management of resources.

3.5.5 Programmatic challenges

Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address the barriers identified in the coverage and equity situation analysis section, and include vaccine supply chain, demand generation/ community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.

Please see MCV2 Introduction plan section 2.4.2

3.5.6 Improving coverage and equity of routine immunisation

Explain how the proposed NVS support will be used to improve the coverage and equity of routine immunisation, by detailing how the proposed activities and budget will contribute to overcoming key barriers.

Support for the introduction of the second dose of MCV will be an opportunity to strengthen the implementation of routine immunization activities and consequently improve immunization coverage. Indeed:

- The training of all staff in preparation for the introduction of the second dose of MCV will be used to build the capacity of health personnel on innovative activities in order to improve equity and coverage.
- Supervision visits will also be capitalized for support.

3.5.7 Synergies

Describe potential synergies across planned and existing Gavi support, including planned introductions, campaigns and HSS support. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions. Furthermore, how is the requested support complementary and creating synergies with the support of other Global Health Initiatives, such as the Global Fund and GFF?

Note 9

Current HSS funds could be capitalized for support for the operation of cold chain equipment but also for the strengthening of storage capacities needed for the introduction of the second dose of MCV. These funds (HSS) also facilitate the distribution of vaccines and other inputs in the various provinces and health zones. Finally, HSS funds are used to improve the generation of the vaccine demand needed to improve the use of the second dose of MCV.

3.5.8 Indicative major measles and rubella activities planned for the next 5 years

Summarise in one paragraph the indicative major measles and rubella activities planned for the next five years that are reflected in the annual EPI plan (e.g. measles second dose introduction, measles or measles follow up campaign, etc.).

1. Preparation and submission of the proposal to Gavi for the introduction of the combined measles and rubella vaccine
2. Catch-up implementation of the combined measles and rubella vaccine
3. Introduction of two doses of the combined measles and rubella vaccine in routine immunization.
4. Strengthening surveillance of congenital rubella syndrome
5. Post-introduction evaluation of the combined measles and rubella vaccine

3.6 Report on Grant Performance Framework

3.6.1 Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate targets were calculated (where applicable). These appear as “calculated targets”. If you wish to revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

Required

1. In addition to the calculated targets, country targets are required to be submitted for outcome indicators. These targets should align to those in your cMYP or NHSP. If these targets are not in your cMYP or NHSP, or are the same as the calculated targets, please enter “NA” for each target value.
2. Additional indicators that appear in the Performance Framework that are not included in the application form. Please enter targets for these indicators.
3. For many indicators, reporting dates have been pre-populated. For those that have not yet been pre-populated, please add reporting dates.

Optional

1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.
2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

Please note that the GPF is filtered by default to only show indicators that are relevant to the specific types of support contained in the application. You may view the entire GPF by using the “Grant Status” filter. Please ensure your pop-up blocker is disabled when launching the GPF.

If you have any questions, please send an email to countryportal@gavi.org.

3.7 Upload new application documents

3.7.1 Upload new application documents

Below is the list of **application specific documents** that must be provided with your application.

In the case a document cannot be provided, please use the comment box to explain why, or by when it will be available.

4 Review and submit application

4.1 Submission Details

Country vaccine funding summary

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

Active Vaccine Programmes

Note 10

IPV Routine

	2020	2021	2022
Country Co-financing (US\$)			
Gavi support (US\$)	3,692,530	3,766,533	3,841,342

PCV Routine

	2020	2021	2022	2023	2024
Country Co-financing (US\$)	1,613,900	1,684,746	1,743,072	1,802,651	1,863,470
Gavi support (US\$)	22,811,522	23,812,897	24,637,297	25,479,414	26,339,050

Pentavalent Routine

	2020	2021	2022	2023	2024
Country Co-financing (US\$)	4,654,494	4,686,437	4,807,393	2,030,013	2,098,502
Gavi support (US\$)	12,206,290	12,305,263	12,626,635	5,603,160	5,792,202

Rota Routine

	2020	2021	2022	2023	2024
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Country Co-financing (US\$)	495,886	564,653	674,686	705,668	754,894
Gavi support (US\$)	3,392,629	3,863,097	4,615,895	4,827,856	5,164,641

YF Routine

	2020	2021	2022	2023	2024
Country Co-financing (US\$)	601,273	627,114	648,379	670,093	692,251
Gavi support (US\$)	3,235,445	3,374,494	3,488,920	3,605,762	3,724,992

Total Active Vaccine Programmes

	2020	2021	2022	2023	2024
Total country co-financing (US\$)	7,365,553	7,562,950	7,873,530	5,208,425	5,409,117
Total Gavi support (US\$)	45,338,416	47,122,284	49,210,089	39,516,192	41,020,885
Total value (US\$) (Gavi + Country co-financing)	52,703,969	54,685,234	57,083,619	44,724,617	46,430,002

New Vaccine Programme Support Requested

Measles 1st and 2nd dose routine

	2021	2022	2023
Country Co-financing (US\$)	3,319,500	2,755,000	2,838,000
Gavi support (US\$)	2,437,000	1,924,500	1,982,500
Total country co-financing (US\$)			
Total Gavi support (US\$)			

Total value (US\$)
(Gavi + Country
co-financing)

Total Portfolio Overview – Existing Programs + New Vaccine Support Requested (US\$)

	2020	2021	2022	2023	2024
Total country co-financing (US\$)	7,365,553	10,882,450	10,628,530	8,046,425	5,409,117
Total Gavi support (US\$)	45,338,416	49,559,284	51,134,589	41,498,692	41,020,885
Total value (US\$) (Gavi + Country co-financing)	52,703,969	60,441,734	61,763,119	49,545,117	46,430,002

Contacts

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

Name	Position	Phone Number	Email	Organisation
MUKAMBA	Médecin Director	+243824192070	elisabethmukamba@gmail.com	EPI, DRC
MUSENGA	of EPI			
Elisabeth				

Comments

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

No Response

Government signature form

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

Measles 1st and 2nd dose routine

The Government of Congo, Democratic Republic of the commits itself to developing national immunisation services on a sustainable basis in accordance with the national health and immunisation strategic plans. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

The co-financing commitments in this application include the amount of support in either supplies or cash that is requested from Gavi, and the financial commitment of the Government for the procurement of this new vaccine.

Please note that Gavi will not review this application without the signatures of both the Minister of Health and Minister of Finance (and Minister of Education, if applicable) or their delegated authority.

We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds and any needed vaccine co-financing will be included in the annual budget of the Ministry of Health.

We, the undersigned, further affirm that the requested funding for salaries, salary top-ups/allowances, per diems and incentives does not duplicate funding from other sources (e.g. from other donors).

We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this application.¹

Minister of Health (or delegated authority)

Minister of Finance (or delegated authority)

Name

Name

Date

Date

Signature

Signature

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

Minister of Education (or delegated authority)

Name

Date

Signature

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

Appendix

NOTE 1

The new cMYP must be uploaded in the country document section.

NOTE 2

The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates.

Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.

NOTE 3

* For more information on the vaccine presentations available, please refer to the detailed product profiles available here: <http://www.gavi.org/about/market-shaping/detailed-product-profiles/>

* Please note Gavi may not be in a position to accommodate all countries first product preferences. In such cases, Gavi will contact the country and partners to explore options.

* Due to a variety of factors, the launch date may vary compared to the date stipulated in the application. Gavi will work closely with countries and their partners to address these issues.

* For routine vaccine introduction, support is usually requested until the end of the country's valid cMYP, as per the guidelines and may be extended in the future. If you wish to request Gavi support for a shorter time period than the end of your cMYP you may do so.

* For campaigns the "support requested until" field will normally be one calendar year from the launch date, but can be extended for a phased campaign.

NOTE 4

* The population in the target age cohort represents 100% of people in the specified age range in your country.

* The target population to be vaccinated is the number of people in the cohort that are expected to be vaccinated.

* For indicative wastage rates, please refer to the detailed product profiles available here: <http://www.gavi.org/about/market-shaping/detailed-product-profiles/>

* The wastage rate applies to first and last dose.

NOTE 5

Co-financing requirements are specified in the guidelines.

NOTE 6

*The price used to calculate costs is based on UNICEF-single dose per vaccine procurement cost for measles monovalent vaccine.** This value will differ from the total cost if the vaccine selection is MR, as a country is only required to finance the cost of the measles monovalent vaccine.

NOTE 7

<https://www.gavi.org/support/process/apply/additional-guidance/#leadership>

NOTE 8

A list of potential technical assistance activities in each programmatic area is available here: <http://www.gavi.org/support/pef/targeted-country-assistance/>

NOTE 9

E.g. if two introductions are planned in the same year, there should be synergies at least in training and social mobilisation events.

NOTE 10

The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates. Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.