



Application Form for Gavi NVS support

Submitted by

The Government of Côte d'Ivoire

for

HPV routine, with multi-age cohort in the year of introduction

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.

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/>

Review and update country information

Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Preparatory transition

Date of Partnership Framework Agreement with Gavi

19 July 2013

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

No Response

2.1.2 Country health and immunisation data

Please provide the following information on the country's health and immunisation budget and expenditure.

What was the total Government expenditure (US\$) in 2016?

The total budget of Côte d'Ivoire in 2016 was 5,813,000,000,000 CFA francs, i.e. 11,746,000,000 US\$, with a rate of 1\$ per 500 CFA franc.

What was the total health expenditure (US\$) in 2016?

The budget for the health sector totalled 348,600,000,000 CFA francs, or 697,200,000 US\$.

What was the total Immunisation expenditure (US\$) in 2016?

Total immunisation expenditures were 14,628,560,114 CFA francs, i.e. 29,257,120 US\$ (1\$ to 500 CFA francs).

Please indicate your immunisation budget (US\$) for 2016.

The immunisation budget for 2016 was 39,607,579 US\$.

Please indicate your immunisation budget (US\$) for 2017 (and 2018 if available).

For fiscal year 2017, the budget was 34,329,252,475 CFA francs, i.e. 68,658,504 US\$.
For fiscal year 2018, the anticipated budget is not available.

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 2016

To 2020

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

2016-2020

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.

From 2018

To 2020

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

No Response

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.

As regards customs procedures, these are described below:

- Delivery of documents accompanying the vaccines (Air waybill, commercial invoice, packing list) by the supplier to the EPI Coordination Directorate (beneficiary structure)
- Application for exemption from taxes and customs duties to the Ministry of the

Economy and Finance by the EPI Coordination Directorate

- Application for import authorisation to the Department of Pharmacy, Drugs and Laboratories (DPML)
- Issued customs declaration
- Inspection of packages by customs agents
- Delivery by the transport agent to the beneficiary structure

In the event of a delay in issue of the exemption letter by the Ministry of the Economy and Finance, delivery of the packages will be delayed.

However, to remedy this, a provisional voucher is drawn up by customs to enable continuation of the shipment process.

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.

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

- Preparation of drafts of legislative and regulatory texts with regard to vaccine registration
- Application of international conventions and treaties relative to vaccines
- Coordination of drug safety oversight.

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

DPML contact information: + 225 21 35 73 13/ 21 35 13 23

Coverage and Equity

2.2.1 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, socio-economic, cultural or female literacy considerations, as well as systematically marginalised 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).

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

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

The activities projected to surmount these obstacles are described in cMYP 2016-2020.

These essentially concern the strengthening of the EPI communication strategy with specific activities based on targets and geographic area.

In order to deal with matters of equity and to allow each child to have access to vaccines, the DCPEV started the sponsorship of targeted children (0-11 months) by members of the community. This initiative aims to strengthen the awareness of the target children's parents and guardians in favour of immunisation. It also consists of actively searching for insufficiently or non-immunised children without any discrimination. The results have been satisfactory and this strategy has been extended to all health districts in 2017.

Additionally, a survey regarding equity of access to care: obstacles to universal access to universal vaccine coverage of children less than 5 years of age was conducted in 2015. This study showed that there were disparities in access to immunisation services among the various regions.

Upon completion of this survey, a remediation plan was prepared and implemented starting in 2016 in order to remove obstacles to equality between men and women and equity.

The latest joint assessment of GAVI 2016 programmes (which took place 4-8 September 2017) recommended that the study on equity be conducted in greater depth in order to allow the country to prepare a detailed corrective plan in function of the results and recommendations of this study. This study will be conducted in 2018 with support from Gavi and other partners.

Country documents

2.3.1 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.)

Coordination and advisory groups documents



National Coordination Forum Terms of Reference

ICC, HSCC or equivalent

[P6_04-01-18_12.15.12.jpg](#)

[P1_04-01-18_12.12.47.jpg](#)

[P2_04-01-18_12.13.44.jpg](#)

[P3_04-01-18_12.14.13.jpg](#)

[P5_04-01-18_12.14.51.jpg](#)



National Coordination Forum meeting minutes of the past 12 months

[CIV_PV 2E CCIA ORD AOUT 2017
SIGNE_04-01-18_12.20.38.pdf](#)

[PV SIGNE DU CCIA EXTRAORDINNAIRE
DU 08 SEPTEMBRE 2016_04-01-
18_12.22.34.pdf](#)

[PV 1er CCIA Extra 28 avril 2017 Def
signé_04-01-18_12.20.16.docx](#)

[PV 1er CCIA 2017 16 fevrier Final signé_04-
01-18_12.19.36.docx](#)







Other documents

Other documents (optional)

No file uploaded

Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge-Attitude-Practice surveys or other demand-related surveys, if available.

Country and planning documents

	Country strategic multi-year plan Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	PPAc_2016-2020_final 19072016_04-01-18_11.31.41.pdf
	Country strategic multi-year plan / cMYP costing tool	cMYP_Costing_Tool_V3.9.2. RCI 2016_2020xlsx_04-01-18_11.32.33.xlsx
	Effective Vaccine Management (EVM) assessment	CIV_GEV CIV-EGEV 2015- RAPPORT-final V5-150729 1_04-01-18_11.40.44.docx
	Effective Vaccine Management (EVM): most recent improvement plan progress report	CIV_rapport de mise en oeuvre du plan d'amelioration de la 1 GEV 2015_04-01-18_11.43.10.docx
	Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators	Rev_PEV_CI_Rapport sectoriel ECV_vf_0K_04-01-18_11.54.08.pdf
	Data quality and survey documents: Immunisation data quality improvement plan	Analyse sitionnelle_qualité donnée_13062017_04-01-18_12.01.35.pdf

	Data quality and survey documents: Report from most recent desk review of immunisation data quality	No file uploaded
✓	Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation	CIV_Rapport_Global_Revue_PEV_2015_VF_04-01-18_12.25.12.pdf
	Human Resources pay scale If support to the payment of salaries, salary top ups, incentives and other allowances is requested	No file uploaded

HPV routine, with multi-age cohort in the year of introduction

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.
HPV routine

Preferred presentation	HPV4, 1 dose/vial, liq
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd preferred presentation	
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Required date for vaccine and supplies to arrive	1 October 2018
Planned launch date	12 November 2018

Support requested until 2020

HPV multi-age cohort vaccination (MAC)

Preferred presentation HPV4, 1 dose/vial, liq

Is the presentation licensed or registered? Yes No

2nd preferred presentation

Is the presentation licensed or registered? Yes No

Required date for vaccine and supplies to arrive 1 October 2018

Planned launch date 12 November 2018

Support requested until 2018

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.

The selected vaccine is already registered in the country.

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.

Target Information

3.2.1 Sources

For HPV, Gavi supports the vaccination of girls aged 9-14 years (as For the text on data source - Countries are encouraged to work with their national statistical office, the Ministry of Education and refer to additional sources of data (e.g. UNPOPULATION (WHO), UNPD, UNESCO data estimates) for assistance in estimating the size of the national target population. In case of significant differences between estimates, countries should take the estimated average of a national and a UN data source (e.g. UNPD) to avoid underestimation as well as overestimation. Source 1 : e.g. Ministry of Education

Ministry of Education Data (Statistiques scolaires de poche 2016-2017 (2016-2017 School Data Pocket Report))

Source 2 : e.g. UNESCO

National Data (National Statistics Institute)

Source 3 : e.g. UN Population estimates (WHO)

Estimation population UN

3.2.2 Phasing

If the country is not doing a phased introduction, then kindly fill out the multi age cohort targets in the Targets for multi-age cohort vaccination table, only for the year of introduction.

Will the country do a phased introduction?

Yes

No

3.2.3 Targets Information

For HPV, Gavi supports the vaccination of girls aged 9-14 years (as recommended by WHO), based on the following cohorts: Routine cohort - countries are required to identify a single year cohort of girls to be immunised on a routine basis. (e.g. 9 years old) Additional multi-age cohort – in the first year of routine introduction (or initial year of each phase, if the country chooses a phased introduction), countries also have the option to immunise additional girls within the recommended age groups (e.g. 10-14 years), that are older than the routine cohort. Note: Countries may choose proxy age of girls based on a school grade (e.g. grade 5 corresponds to approximately 10 year olds). However, grades usually have a range of different aged girls so it

is important to keep in mind that girls under 9 years should not be vaccinated, and doses for girls older than 14 years are not provided by Gavi. The base year information should be completed for the year in which the application is being completed.

3.2.4 Targets for routine vaccination

Please describe the target age cohort for the HPV routine immunisation:

9

	2018	2019	2020
Population in target age cohort (#)	314,664	363,035	372,830
Target population to be vaccinated (first dose) (#)	314,664	363,035	372,830
Target population to be vaccinated (last dose) (#)		314,664	363,035
Estimated wastage rates for preferred presentation (%)	5	5	5

3.2.5 Targets for multi-age cohort vaccination

Please describe the target age cohort for the additional multi-age cohort in the year of introduction. Keep coverage estimates high if you choose to continue vaccinating in the subsequent year.

From

10

To

14

	2018
Population in target age cohort (#)	1,373,525
Target population to be vaccinated (first dose) (#)	1,373,525

Target population to be vaccinated (last dose) (#)	
Estimated wastage rates for preferred presentation (%)	5

Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US\$) - HPV routine

	2018	2019	2020
1 dose/vial, liq	4.5	4.5	4.5

Commodities Price (US\$) - HPV routine (applies only to preferred presentation)

	2018	2019	2020
AD syringes	0.04	0.04	0.04
Reconstitution syringes	0.04	0.04	0.04
Safety boxes	0.47	0.47	0.47
Freight cost as a % of device value	0.04	0.04	0.04

Price per dose (US\$) - HPV multi-age cohort in the year of introduction

	2018	2019	2020
1 dose/vial, liq	4.5	4.5	4.5

Commodities Price (US\$) - HPV multi-age cohort in the year of introduction (applies only to preferred presentation)

	2018	2019	2020
AD syringes	0.04	0.04	0.04
Reconstitution syringes	0.47	0.47	0.47
Safety boxes	0.04	0.04	0.04
Freight cost as a % of device value	0.04	0.04	0.04

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

	2018	2019	2020
Country co-financing share per dose (%)	10.75	12.36	14.22
Minimum Country co-financing per dose (US\$)	0.48	0.56	0.64
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.48	0.56	0.64

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

HPV routine

	2018	2019	2020
Vaccine doses financed by Gavi (#)	369,800	708,400	678,100
Vaccine doses co-financed by Country (#)	43,200	98,500	109,900
AD syringes financed by Gavi (#)	391,400	746,600	711,100
AD syringes co-financed by Country (#)	45,700	103,800	115,200
Reconstitution syringes financed by Gavi (#)			
Reconstitution syringes co-financed by Country (#)			
Safety boxes financed by Gavi (#)	4,325	8,250	7,850

Safety boxes co-financed by Country (#)	525	1,150	1,275
Freight charges financed by Gavi (\$)	17,634	33,768	32,307
Freight charges co-financed by Country (\$)	2,060	4,693	5,234

	2018	2019	2020
Total value to be co-financed (US\$) Country	198,500	452,000	504,500
Total value to be financed (US\$) Gavi	1,698,500	3,253,000	3,113,500
Total value to be co-financed (US\$)	1,897,000	3,705,000	3,618,000

HPV multi-age cohort vaccination (MAC)

	2018
Vaccine doses financed by Gavi (#)	1,442,300
AD syringes financed by Gavi (#)	1,510,900
Reconstitution syringes financed by Gavi (#)	
Safety boxes financed by Gavi (#)	16,625
Freight charges financed by Gavi (\$)	68,705

	2018
Total value to be financed (US\$) Gavi	6,621,000

Total value to be co-financed (US\$) 6,621,000

3.3.4 Co-financing payment

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

Since the country has signed onto the Vaccine Independence Initiative, an agreement was signed in this regard with Unicef for the procurement of traditional and co-financed vaccines. In this regard, the same procedure will be followed. The Côte d'Ivoire government transfers the co-financing funds into the UNICEF account in Copenhagen. The Treasury's paymaster general is responsible for the transfer.

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:

March

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

Month

November

Year

2018

Financial support from Gavi

3.4.1 Routine Vaccine Introduction Grant(s)

HPV routine

Number of girls in the target population

314,664

Gavi contribution per targeted girl (US\$)

0.7

Total in (US\$)

755,193.6

Funding needed in
country by

1 June 2018

3.4.2 Campaign operational costs support grant(s)

HPV multi-age cohort vaccination (MAC)

Population in the target age cohort (#)

1,373,525

Gavi contribution per girl in the target age cohort (US\$)

0.55

Total in (US\$)

755,438.75

Funding needed in
country by

1 June 2018

3.4.3 Operational budget

Please complete the Gavi budgeting and planning template to document how the Gavi Vaccine Introduction Grant and the Campaign Operational Costs support grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the campaign and the introduction of the new vaccine(s).

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.

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

621.694

Total amount - Other donors (US\$)

0

Total amount - Gavi support (US\$)

1510630

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

0.87

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

0

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

0.58

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.

A tripartite agreement among Gavi-Unicef-Ministry of Health and Public Hygiene will be signed for the management of financial support funds.

3.4.5 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.

Based on the current challenges in implementing the FMA recommendations, the country is suggesting the VIG to be channelled through UNICEF. However, if the FMA recommendations are resolved before the VIG disbursement, then the country would prefer the funds to be sent through the government financial system.

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

The country suggests that the funds be passed through UNICEF.

3.4.6 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.

The need for technical assistance was clearly identified in the technical assistance plan and it will be supplied by UNICEF.

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.

Human Papilloma Virus (HPV) infections at high cancer risk are responsible for 7.5% of cancers in developing countries, primarily cervical cancer. This cancer is continually increasing in Sub-Saharan Africa, with more than 75,000 new cases and nearly 50,000 deaths per year, favoured additionally by HIV infection.

According to the World Health Organisation, cervical cancer will kill more than 443,000 women per year in the world through 2030, nearly 90% of which will be from Sub-Saharan Africa.

In Côte d'Ivoire, cervical cancer is the 2nd leading cancer in women, after breast cancer, and the leading cause of cancer mortality in women (19.3 per 100,000). The incidence has increased, from 24.3 per 100,000 to 30.5 per 100,000 from 2012 to 2015. Its annual incidence is estimated at 1,346 new cases, accounting for 866 deaths (Globocan, 2012) It is generally discovered late, after any possibility of treatment in 80% of cases.

This increase in the incidence of cervical cancer is explained by the presence of many risk factors that act together. Additionally, the inadequate technical level and often burdensome, at times unavailable, treatments, make it difficult to treat women suffering from cervical cancer. The insufficiency of financial resources and the absence of an organised screening program for pre-cancerous lesions at the national level cause most cases of cancer to be discovered at an advanced stage.

In order to reduce morbidity and mortality due to cervical cancers and other infections related to HPV the country is committed to fight cancer, via the creation of the National Anti-Cancer Programme in 2008. In 2013, this commitment took the form of the implementation of the HPV immunisation demonstration programme during the 2015-2016 and 2016-2017 school years, in the health districts of Abengourou and Korhogo.

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 2016-2020 cMYP includes the introduction of new vaccines, including the introduction of HPV into routine immunisation in 2018.

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 immunisation 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 ICC has as its main missions:

- approval of the action plan for the current year proposed by the EPI Directorate of Coordination and the INHP
- follow-up on the implementation of scheduled immunisation activities
- issue of a report on the operation of the EPI Directorate of Coordination
- issue of a report on the draft budget of the EPI Directorate of Coordination funded by the general government budget and by partners, and monitoring of its implementation
- examination and approval of the annual report of the EPI Directorate of Coordination prepared by the Director-Coordinator of the EPI.

The National Committee of Independent Experts on Immunisation (CNEIV-CI) is charged with issuing scientific and technical recommendations and reports that will guide the Minister responsible for Health to define, implement, follow-up and assess immunisation policies and strategies.

The CNEIV-CI has as its missions:

- To advise the Minister responsible for Health regarding the choice of optimal strategies to control vaccine-preventable diseases
- To advise the Minister responsible for Health regarding data and information to be collected for decision-making in the area of immunisation and vaccines
- To inform the Minister responsible for Health regarding the latest scientific developments in the field of immunisation and vaccines,
- To establish partnerships with other national or international committees of independent experts for immunisation and vaccines.

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?

In order to deal with this possible financial shortfall in EPI funding, including new vaccines, a number of financial sustainability strategies were defined, in order to firm up probable funding, and additionally to make up for any remaining deficit. These strategies revolved around two axes:

- Mobilisation of supplemental resources through the Government to increase the budget for procurement of vaccines and operating costs; advocacy among the partners to mobilise funds for annual needs; advocacy to continue funding new vaccines in the Government budget; advocacy for contributions by local municipalities to the EPI;
- Reduction of EPI costs through improving its efficiency (reduction of wastage rates; correct maintenance of equipment (in particular cold chain equipment and vehicles); strengthening integrated management at the decentralised level; reduction in dropout rates.

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.

The primary difficulties related to this introduction are:

- capacity to store and conserve the vaccines in proper conditions at the regional and local levels;
- compliance with the vaccine administration calendar;
- increase in the volume of sharps waste;
- compliance with targets (determination of the actual age of girls);
- management of rumours;
- acceptance of immunisation by parents, teachers, girls, reduction of cases of refusal*
- mobilisation of costs related to introduction.

In order to confront these difficulties, a number of solutions are planned:

* Strengthening of storage and conservation capacity at the regional and district level (installation of cold rooms acquired at the regional level, procurement of refrigerators for districts and health centres starting in 2018 using HSS 2 funds, refreshing of ageing, non-compliant cold-chain equipment)

* Training of personnel in vaccine conservation and management

* Preparation and dissemination of guidelines relative to HPV vaccine management and administration at all levels

* Training and supervision of caregivers

* Counting of targets

* At the school level, use of administrative documents (birth certificates)

* Use of physiological weight, teeth

* Risk management plan

* Training in risk communication

* Involvement of all participants at the local and upper level, in particular teachers,

* Promotion of awareness of parents, teachers and girls

* Monitoring of targets by teachers and health workers (health centres, SSSU)

- Training in risk communication

* Government commitment to providing funding to purchase vaccines;

* Advocacy among partners;

* Mobilisation of local resources.

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 the proposed activities and budget will contribute to overcoming key barriers.

The proposed NID grant will be used to fund the following items:

- Coordination, in particular advocacy meetings for the mobilisation of additional resources for introduction
- Planning: Preparation of district micro plans
- Communication/mobilisation: communication activities prior to and during introduction, awareness of parents and girls regarding this new vaccine;
- Training of participants at all levels
- Preparation of management tools and immunisation accessories to take into account the review of these tools including sex
- Resupply and distribution of the vaccine and supplies • Strengthening of the cold chain-
- Immunisation (fixed, advanced and mobile strategy)
- District, regional and national supervisions
- Post-introduction follow-up and evaluation
- Support for financial management: organisation of the financial audit for monitoring the use of funds according to the procedures indicated in the checklist.

3.5.7 Synergies

Describe potential synergies across planned introductions or campaigns. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines in a year. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions.

During 2018, the combined measles vaccine and the MenAfriVac vaccine will be introduced into the routine EPI, respectively in January and August. A national catch-up campaign will also be organised in 2018 for children from 9 to 14 months of age. The routine EPI tools revision workshops organised in the context of these introductions will be an opportunity to include HPV immunisation. The same is the case for training and communication activities that will be combined with these various introductions.

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.

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



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.

Vaccine specific

	HPV region/province profile	CIV_HP Application_Region Profile_FR_10-01-18_12.52.39.xlsx
	HPV work plan	HPV Finale_16-02-18_09.59.43.doc HPV Proposal révisé_9Fevrier_16-02-18_09.59.05.docx

Other documents (optional)

Kindly upload any additional documents to support your HPV application

No file uploaded

Endorsement by coordination and advisory groups



National coordination forum meeting minutes, with endorsement of application, and including signatures

[CIV_PV 2E CCIA ORD AOUT 2017 SIGNE_04-01-18_12.20.38_10-01-18_12.46.14.pdf](#)



NITAG meeting minutes

with specific recommendations on the NVS introduction or campaign

[RECOMMANDATION CNEIV-CI sur HPV_12-01-18_09.49.52.pdf](#)

Application documents



HPV implementation plan

Replaces the NVIP for the HPV vaccine application

[CIV_Gavi HPV workplan FRENCH_10-01-18_12.45.50.xlsx](#)



Gavi budgeting and planning template

[Copie de Costing HPV_Intro_CIV_15-02-18_16.55.47.xlsx](#)

[Copie de Cost Detail Template Multi age HPV_CIV_15-02-18_16.55.23.xls](#)

[Copie de Modèle de prévision budgétaire_HPVCIV_15-02-18_16.54.17.xlsm](#)

Review and submit application

Submission Details

Country vaccine funding summary

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

New vaccine support requested

HPV routine, with multi-age cohort in the year of introduction

	2018	2019	2020
Country Co-financing (US\$)	198.500	452.000	504.500
Gavi support (US\$)	8,319,500	3,253,000	3,113,500

	2018	2019	2020
Total country co-financing (US\$)	198.500	452.000	504.500
Total Gavi support (US\$)	8,319,500	3,253,000	3,113,500
Total value (US\$) (Gavi + Country co-financing)	8,518,000	3,705,000	3,618,000

Contact Information

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

No comments

Government signature form

The Government of (country) 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:

(enter type of application)

The Government of (country) 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

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.

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