

APPLICATION FORM FOR  
GAVI NVS SUPPORT

Submitted by  
**The Government of Madagascar**  
for  
Measles follow-up campaign



Reach Every Child  
[www.gavi.org](http://www.gavi.org)

# 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

26 June 2013

##### Country tier in Gavi's Partnership Engagement Framework

2

##### Date of Programme Capacity Assessment

February 2016

#### 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.

	2022	2023
Total government expenditure	2,454,316,017,789	

Total government health expenditure	19,065,768,421	
Immunisation budget	1,450,387	0

### 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

2020

To

2024

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

2021-2022

**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

2023

To

2027

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

Madagascar a élaboré la Stratégie Nationale de Vaccination à la place du PPAC

## 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.**

A Madagascar toute importation de vaccins est sujet à une clearance de la douane avant livraison. Cependant cette clearance ne fait pas l'objet de taxation que cela soit les vaccins achetés par le Gouvernement ou par les partenaires. Pour cela avant l'arrivée des vaccins, le service de douane doit recevoir au préalable dès l'alerte d'arrivée des vaccins : le certificat d'analyse du produit importé, le certificat d'origine, la lettre de transport aérien (AWB), la facture et le packing list.

## 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.**

L'agence nationale de réglementation dénommé Agence du Médicament de Madagascar (AMM) qui est sous la tutelle du Ministère de la Santé Publique est certifié par OMS. Elle est chargée des autorisations de mise sur le marché et l'acceptation ou non de l'introduction d'un nouveau vaccin dans le calendrier vaccinal à Madagascar. Sur base du dossier soumis par la Direction du PEV, elle délivre l'Autorisation de Mise sur le Marché.  
Contact : Agence du Médicament de Madagascar – BP 8145 – 101 Antananarivo – Madagascar – Tel (261) 2022 365 22 - Fax (261) 2022 239 73

## 2.2 National Immunisation Programmes

### 2.2.2 Financial Overview of Active Vaccine Programmes

#### PCV Routine

Note 2

	2023	2024
Country Co-financing (US\$)	515,120	523,285
Gavi support (US\$)	6,724,313	6,830,902

#### Pentavalent Routine

	2023	2024
Country Co-financing (US\$)	487,276	494,999
Gavi support (US\$)	1,344,958	1,366,278

## Rota Routine

	2023	2024
Country Co-financing (US\$)	332,496	337,767
Gavi support (US\$)	3,521,014	3,576,826

## Summary of active Vaccine Programmes

	2023	2024
Total country co-financing (US\$)	1,334,892	1,356,051
Total Gavi support (US\$)	11,590,285	11,774,006
Total value (US\$) (Gavi + Country co-financing)	12,925,177	13,130,057

### 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).

Personnel de santé :

- En matière de disponibilité, 47% des CSB sont encore tenus par un seul agent au poste (source : DRH octobre 2021).

- Quant à la distribution : la majorité des agents de santé se concentre dans les grandes villes. Selon le PDSS 2020-2024, 31% de ces agents se trouvent dans la région d'Analamanga.

En général, Madagascar compte 1 Médecin pour 13018 habitants alors que la norme préconisée par l'OMS recommande au moins 1 médecin pour 10000 habitants. Le ratio pour paramédicaux est de 1 Infirmier pour 9497 habitants et d'1 Sage-femme pour 10200 habitants (MINSAN, DRH, SORH octobre 2018), alors que les normes exigent 1 infirmier généraliste pour 3000 habitants et 1 Sage-femme pour 5000 habitants. Notons que l'OMS considère actuellement les normes en termes de « densité d'agents de santé » et recommande au moins 23 agents, médecins et paramédicaux, pour 10000 habitants.

Préparation de la chaîne d'approvisionnement

Actuellement, la Direction du Programme Élargi de Vaccination (DPEV) dispose de :

Pour le niveau central, 30 équipements dont :

- 6 chambres froides fonctionnelles dont 5 positifs correspondant à une capacité de 25 805 litres au total, et 1 négatif d'une capacité de 5 520 litres au total
- 14 Congélateurs fonctionnels d'une capacité de 1 200 litres
- 06 congélateurs UCC fonctionnels d'une capacité de 4 968 litres

Cependant, il reste un gap de 100m<sup>3</sup> pour la chambre froide positive et 66m<sup>3</sup> pour la chambre froide négative.

Pour le niveau régional : 9 chambres froides fonctionnelles (9/23 régions)

Pour le niveau district : 112 réfrigérateurs fonctionnels (112/114 districts) et 114 sur 114 disposent des congélateurs fonctionnels.

Obstacles liés au sexe

Les résultats de l'enquête ECV 2021 ont montré qu'il n'y a pas de différence entre genre concernant les enfants vaccinés

Qualité et disponibilité des données

Les données administratives sont disponibles, cependant un écart est constaté entre ces dernières et celles des enquêtes et d'estimation (MICS 2021, ECV 2021, WUENIC 2021).

## Génération de la demande

Les enfants non vaccinés (zéro dose) persistent face aux faiblesses de la demande. Les données administratives en 2022 ont montré que 15% d'enfants sont zéro-dose

### Direction, gestion, coordination

Les organes de coordination ne sont pas entièrement fonctionnels avec une irrégularité de la tenue des réunions pour le suivi des activités et la prise de décision (CCIA, Comité RSS).

L'implication interministérielle, intersectorielle, avec les APART et la communauté dans les activités du PEV est insuffisante.

La coordination n'est pas effective à tous les niveaux pour l'intégration de la vaccination (campagne) dans les activités de santé de la mère et de l'enfant.

La mobilité des personnels et la non fidélisation des agents au poste affectent la performance en vaccination à tous les niveaux (les personnels formés ne restent pas longtemps, les agents de santé ne sont pas motivés, il n'y a pas de transfert de compétence entre les agents de santé...)

### Les difficultés de financement

Le fonds pour l'achat des vaccins n'est pas sécurisé

Face à ces divers obstacles :

- le plan d'amélioration de la qualité des données a été élaborée pour une période triennale de 2019 à 2022 et l'évaluation sera faite pour cette année 2023
- le Plan National de Développement des Ressources Humaines sera mis à jour cette année
- la construction du nouveau dépôt central est en cours pour remédier aux gaps en chambres froides que ce soit négative ou positive et sera fonctionnel d'ici la fin de l'année
- Les comités de coordination se réunissent périodiquement
- Le plaidoyer auprès du Ministère de l'Economie et des Finances pour la sécurisation des fonds dans l'achat des vaccins est renforcé

## 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.)

### Country and planning documents



#### **National Immunization Strategy (NIS)**

[MDGPPAC 20182020Version 01062018\\_01-06-18\\_15.58.38.pdf](#)

[1. MDGStratégie Nationale de Vaccination18 03 2023\\_14-07-23\\_17.19.51.pdf](#)

or Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan



**Country strategic multi-year plan / cMYP costing tool**

[MadcMYPV3.9.420182020Version30052018\\_31-05-18\\_11.26.49.xlsx](#)



**Effective Vaccine Management (EVM) assessment**

[MDGRapportGEV310518\\_31-05-18\\_15.01.12.pdf](#)

[Rapport Evaluation GEV 2020 Madagascar\\_15-07-23\\_09.14.45.pdf](#)



**Effective Vaccine Management (EVM): most recent improvement plan progress report**

[Rapport intermédiaire du plan damélioration GEV\\_31-05-18\\_13.39.11.pdf](#)



**Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators**

[MDGImmunization performance and data desk reviewformaté\\_30-04-18\\_18.52.03.pdf](#)

[3.MDGINSTATECV202121042022\\_14-07-23\\_17.22.15.pdf](#)



**Data quality and survey documents: Immunisation data quality improvement plan**

[PlandaméliorationdesdonnéesPEV20192022\\_08-09-20\\_13.46.38.pdf](#)

[4.PlandaméliorationdesdonnéesPEVdraft0311019\\_14-07-23\\_17.26.30.pdf](#)

- ✓ **Data quality and survey documents: Report from most recent desk review of immunisation data quality** [MDG Immunization performance and data desk review formaté\\_01-05-18\\_23.38.06.pdf](#)
- ✓ **Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation** [PV de revue trimestrielle PAD du 07 mai 2020 1\\_08-09-20\\_13.48.09.docx](#)
- ✓ **Human Resources pay scale**  
 If support to the payment of salaries, salary top ups, incentives and other allowances is requested [Circulaire Grille frais de mission 08 02 16 31-05-18\\_18.27.10.pdf](#)

#### Coordination and advisory groups documents

- ✓ **National Coordination Forum Terms of Reference** [160718 DRAFT 2 TDR CCSS et CCIA 01-05-18\\_21.05.09.doc](#)  
 ICC, HSCC or equivalent
- ✓ **National Coordination Forum meeting minutes of the past 12 months** [PV CCIA CCSS 2018 05 11\\_08-09-20\\_15.13.00.pdf](#)  
[PV CCIATech 12052023\\_15-07-23\\_06.09.02.pdf](#)  
[PV CCIA Tech 25112022\\_15-07-23\\_06.08.11.pdf](#)  
[PV CCIA Tech 24022023\\_15-07-23\\_06.07.18.pdf](#)

#### Other documents



### Other documents (optional)

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.

[9. RAPPORT FINALEPCR2022 14-07-23 17.34.54.pdf](#)

[12. Données Campagne rougeole 2019 3 PHASES 14-07-23 17.39.38.xlsx](#)

[13. Madagascar measles immunity profile FR essai 14-07-23 17.40.07.xlsx](#)

[14.ZERO DOSE ET SOUS VACCINEE 2022 ET FEVRIER 2023corrigé 14-07-23 17.40.32.xlsx](#)

[Lettre de Gestion Madagascar Renouveau 2022 16-07-23 05.19.24.pdf](#)

[8. RapportEPCR2019Finale 14-07-23 17.34.22.pdf](#)

[BDC LFI 2023 16-07-23 05.19.48.pdf](#)

[5.TDRrevisésCCIAfinal 14-07-23 17.30.40.pdf](#)

[MDGPlan Campagne VAR 2019GAVI Version 31052018 31-05-18 18.32.23.pdf](#)

[6.PDSS 2020 2024 Validé22 janvier 2021Signé 14-07-23 17.31.28.pdf](#)

## 3 Measles follow-up campaign

### 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 follow-up campaign

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	1 July 2024
Planned launch date	7 October 2024
Support requested until	2024

### 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.**

Pour l'obtention d'une licence ou d'un agrément, le délai est de 2 mois si on suit une procédure accélérée d'enregistrement national pour un vaccin préqualifié par l'OMS. Avec les dates souhaitées pour l'arrivée des vaccins au pays, l'obtention de la licence sera terminée avant la campagne.

### 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 campaign vaccination

Please describe the target age cohort for the measles follow-up campaign:

*Note 4*

From	9	weeks <input type="checkbox"/>	months <input checked="" type="checkbox"/>	years <input type="checkbox"/>
To	59	weeks <input type="checkbox"/>	months <input checked="" type="checkbox"/>	years <input type="checkbox"/>

	2024
Population in target age cohort (#)	4,721,333
Target population to be vaccinated (first dose) (#)	4,721,333
Estimated wastage rates for preferred presentation (%)	10

#### 3.2.2 Targets for measles routine first dose (M1)

To be eligible for measles and rubella vaccine support, **countries must be fully financing with domestic resources the measles mono-valent vaccine component of MCV1** which is already in their national immunisation schedule, or have firm written commitments to do so. Please provide information on the targets and total number of doses procured for measles first dose.

	2024
Population in the target age cohort (#)	4,721,333
Target population to be vaccinated (first dose) (#)	4,721,333
Number of doses procured	5,240,680

### 3.3 Co-financing information

I understand that Gavi is currently revising its co-financing policies, with an anticipated Board decision in December 2022. The revision is expected to affect co-financing and the financial support provided to countries to introduce Malaria vaccines.

Do you accept?

Yes

No

Price per dose (US\$) - Measles follow-up campaign

	2024
10 doses/vial,lyo	0.39

Commodities Price (US\$) - Measles follow-up campaign (applies only to preferred presentation)

	2024
AD syringes	0.038
Reconstitution syringes	0.004
Safety boxes	0.006
Freight cost as a % of device value	3.59

#### 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

	2024
Country co-financing share per dose (%)	2
Minimum Country co-financing per dose (US\$)	0.008
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.008



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

#### Measles follow-up campaign

	2024
Vaccine doses financed by Gavi (#)	5,151,068.99
Vaccine doses co-financed by Country (#)	89,610.64
AD syringes financed by Gavi (#)	5,193,466.3
AD syringes co-financed by Country (#)	
Reconstitution syringes financed by Gavi (#)	576,474.76
Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	57,699.41
Safety boxes co-financed by Country (#)	
Freight charges financed by Gavi (\$)	73,374.76
Freight charges co-financed by Country (\$)	
	2024
Total value to be co-financed (US\$) Country	36,202.79

Total value to be financed (US\$) Gavi	2,362,633.63
Total value to be financed (US\$)	2,398,836.42

### 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

	2024
Minimum number of doses financed from domestic resources	5,240,679.63
Country domestic funding (minimum)	2,117,239.81

### 3.3.5 Co-financing payment

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

Chaque année, la Loi de Finance Initiale ainsi que la Loi de Finance Rectificative contient une ligne budgétaire allouée à l'achat des vaccins, mais aucun processus ne garantit que les versements de cofinancement puissent être effectués au moment opportun

**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.**

No Response

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:

November

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

Month

May

Year

2024

### 3.4 Financial support from Gavi

#### 3.4.1 Campaign operational costs support grant(s)

Measles follow-up campaign

#### Population in the target age cohort (#)

*Note 7*

4,721,333

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

0.65

#### Total in (US\$)

3,068,866.45

Funding needed in country by

29 February 2024

#### 3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how 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. 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\$)**

3934

**Total amount - Other donors (US\$)**

0

**Total amount - Gavi support (US\$)**

5707671

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

0.000833

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

0.00

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

1.21

### 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. Achat vaccin -boite de sécurité- seringues
2. Achat consommables : coton, marker, sacs poubelles, pétrole (pour réfrigérateurs CSB)
3. Multiplication des outils de gestion
4. acheminement des intrants de vaccination, outils de gestion et supports de communication
- 5 . activité de communication et mobilisation sociale
6. élaboration de microplan et formation
7. orientation des acteurs
8. activités de mise en œuvre (prestation, supervision, coordination, gestion des données et MAPI)

- 9. monitoring indépendant
- 10. validation nationale de la campagne
- 11. enquête post campagne rougeole

#### 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.**

Comme cette soumission ne concerne pas l'introduction de nouveau vaccin, les procédures de gestion financière sont identiques à celles appliquées lors de la précédente campagne en 2022.

#### 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.**

Vu l'insuffisance en ressources humaines en santé au niveau des centres de santé de base et dans les zones d'extraction minière, le recrutement d'agents de santé et d'agents communautaires locaux est envisagé afin de renforcer les équipes de vaccination. De plus, afin d'atteindre les enfants cibles dans les communautés marginalisées qui abritent un grand nombre de communauté oubliée, un financement est prévu pour des agents supplémentaires (agent de sécurité, accompagnateurs) assurant la sécurité des agents de santé lors des stratégies mobiles dans les zones enclavées et d'insécurité.

#### 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%.

Les fonds destinés aux coûts opérationnels seront gérés selon un accord tripartite entre le gouvernement à travers l'UCP, l'OMS et l'UNICEF.

### 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 9*

Les besoins supplémentaires d'assistance technique se présentent comme suit:

-OMS : appui à l'élaboration du plan de mise en œuvre de la campagne, EPCR (1 consultant national et 1 consultant international) avec un montant total de 130189\$ à supporter par GAVI  
- UNICEF : appui logistique et chaîne de froid, communication et mobilisation sociale avec un montant de 476626\$ (35 consultants nationaux et 2 consultants internationaux) à supporter par UNICEF

## 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 Campaign Plan of Action, please cite the sections only.**

Plan d'action :

rubrique : 2.3 (contexte de la rougeole) et 2.4 (justification de la campagne)

### 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.**

L' élimination de la rougeole fait partie des stratégies incluses dans la Stratégie Nationale de la Vaccination et figure parmi les priorités du Ministère de la Santé Publique.

### 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.**

L'élaboration de la présente demande a été faite conjointement par les techniciens de la partie nationale (DPEV), de l'OMS et de l'UNICEF. Le draft a été présenté au CCIA technique le 12 Mai 2023 et les recommandations issues de cette réunion portant sur l'ajustement des budgets et l'intégration de la supplémentation en vitamine A ont été intégrées dans le document final.

### 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?**

Après réception des obligations de cofinancement de la part de GAVI, le Ministère de la Santé Publique s'attèle à inscrire le montant dans la Loi de Finance Initial (LFI) qui fera l'objet d'une conférence budgétaire et d'une adoption au sein de l'Assemblée nationale. Selon la situation économique du pays, la LFI sera ajustée et sera promulguée sous la Loi de Finance Rectificative (LFR). Cependant, la part de cofinancement de l'Etat accuse toujours du retard du fait de la complexité des procédures administrative dans le débloccage du budget de l'Etat.

### 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.**

Le Programme Elargi de Vaccination fait face à plusieurs défis dans la conduite de sa mission. La localisation et l'atteinte des communautés manquées ainsi que la mobilisation

communautaire et la génération de la demande sont parmi ces défis. Des stratégies ont été élaborées pour y faire face à savoir :

L'estimation du nombre et de la localisation des enfants zéro dose dans tous les districts du pays, avec une focalisation des efforts dans les districts à forte concentration. Ces derniers bénéficieront des Fonds Accélérateur d'Équité (FAE) avec des activités de stratégies avancées et mobiles pour venir en contact avec ces populations.

La mobilisation communautaire avec une collaboration plus accrue avec la Fédération de la Communauté Royale et Traditionnelle de Madagascar (FCRTM), qui seront les relais et porte-voix pour la sensibilisation de la population en faveur de la vaccination, sera renforcée.

Outre ces stratégies, des efforts sont faits dans la solarisation des réfrigérateurs de tous les centres de santé fournissant la vaccination afin de garantir la qualité des vaccins. L'amélioration la chaîne d'approvisionnement à travers la mise en place d'un nouveau design d'approvisionnement incluant tous les niveaux de la pyramide sanitaire sera effective à partir de 2024. Ces activités auront pour finalité de fournir aux bénéficiaires des vaccins en quantité et qualité suffisantes.

Pour ce qui est de la qualité des données, la mise à disposition de manière continue des outils de gestion pour la collecte et l'enregistrement des données figure parmi les priorités et ce en complément de la mise en œuvre du Plan d'Amélioration des Données depuis 2020. Le but est d'assurer la qualité des données tout au long de la chaîne de rapportage et de diminuer l'écart entre les données administratives et celles d'enquêtes et d'estimation. Des DQS seront effectués de manière périodique aux niveaux des districts et des centres de santé avec une rétro information périodique et un suivi trimestriel envers les régions et districts à faible performance.

Enfin pour la gestion et la coordination, au niveau central, le CCIA technique sera redynamisé avec une réunion mensuelle pour la planification et le suivi des activités, par ailleurs, des organes de coordination seront aussi mise en place au niveau des régions

### 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.**

Lors des analyses situationnelles, le taux de couverture en VAR est en baisse n'atteignant pas l'objectif escompté, justifié par la survenue des cas d'épidémies dans certains districts. Le nombre d'enfants zéro dose et sous vaccinées n'est pas négligeable, traduisant qu'il y a une communauté oubliée non couvertes par la vaccination. A cet effet, pour atteindre les 80% des cibles de la vaccination selon EPCR, les activités proposées se reposent surtout sur une meilleure planification (élaboration des microplans au niveau opérationnels, orientation des acteurs sur la campagne jusqu'aux agents de terrain, respect du chronogramme d'activités pour éviter les retards de la tenue de la campagne). De plus, afin d'atteindre les zones d'accès difficiles, des stratégies spéciales sont planifiées à travers les zones urbaines y compris les bidonvilles, les zones enclavées et d'insécurité, ainsi que les zones ayant des extractions minières. Les équipes mobiles seront renforcées selon la situation en ressources humaines, en moyen de locomotion et de subsistance. L'utilisation de l'application GTS (Géolocalisation



Tracking System) permet de faire le suivi des agents de santé dans la mise en œuvre des prestations dans ces zones spéciales.

### 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 10*

Le pays a élaboré sa demande de subvention dans le cadre du Portefeuille de Soutien Complet pour la période 2023-2025 avec des opportunités de financement sur les fonds pour le Renforcement du Système de Santé, les fonds Accélérateur de l'Equité, les fonds du CCEOP et les fonds pour l'Innovation. La campagne de suivi rougeole bénéficiera de la synergie des ces fonds cités précédemment à travers la dotation d'équipements de la chaîne de froids, des matériels roulants tels que les motos, mais aussi de la formation des agents de santé en PEV pratique, etc. De plus, d'autres partenaires financiers tels que la Banque Mondiale, l'Union Européenne et l'USAID contribueront aussi aux activités de vaccination que ce soit à travers le financement des microplans ou par la dotation de matériels nécessaires à la prestation.

### 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-rubella follow up campaign, etc.).**

- mise en œuvre de la campagne de suivi rougeole en 2024 suivi de l'enquête post campagne rougeole (EPCR)
- élaboration et soumission du document relative à l'introduction de la valence RR si les résultats de l'EPCR > 80%
- préparation de la campagne rougeole -rubéole ou campagne de suivi rougeole en 2025 : soumission des documents y afférents
- mise en œuvre de la campagne de suivi rougeole ou campagne rougeole rubéole en 2026
- continuation de toutes les activités de vaccination de routine
- mise en œuvre des activités de vaccination intensives pour atteindre l'objectif fixé
- renforcement de la recherche active des cas suspects de rougeole et investigation

## 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](mailto: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.

**English workplan**

**French workplan**

**Gavi Budgeting & Reporting Template**

## **Modele du budget et de reporting financier**

### **Application documents**

- ✓ **New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist & activity list and timeline**

[11. 14 Juillet 23MDGPlan daction campagne de suivi rougeole 2024 15-07-23 20.54.04.docx](#)

If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be combined into one document to minimise duplication.
- ✓ **Gavi budget template**

[10. Juillet 23MDGGaviBudgetingReportingPlan campagne Rougeole 2024 14-07-23 17.51.39.xlsm](#)
- ✓ **Most recent assessment of burden of relevant disease**

[13. Madagascar measles immunity profile FR essai 14-07-23 22.02.10.xlsx](#)

If not already included in detail in the Introduction Plan or Plan of Action.
- ✓ **Sources and justification of campaign target population estimates (if applicable)**

[15. POPULATION Cible RégionDistrictCommune Campagne suivi R 2024 14-07-23 17.56.55.xlsx](#)
- ✓ **Workplan with activities specific to Vaccine grant**

[11. 14 Juillet 23MDGPlan daction campagne de suivi rougeole 2024 15-07-23 06.02.13.docx](#)

## Endorsement by coordination and advisory groups



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

[PV CCIATech 12052023\\_15-07-23\\_20.59.04.pdf](#)

The minutes of the national coordination forum meeting should mention the domestic funding of MCV1



### **NITAG meeting minutes**

**No file uploaded**

with specific recommendations on the NVS introduction or campaign

Puisqu'il ne s'agit pas d'introduction de nouveau vaccin, ce présent document n'a pas été présenté au NITAG (GTCV)

## Vaccine specific

### **cMYP addendum**

**No file uploaded**

Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP



### **Annual EPI plan**

[PTA 2023\\_14-07-23\\_18.00.59.pdf](#)

Annual EPI plan detailing planning of all measles and rubella-related activities for the current year, including realistic timelines, designated responsible individual(s) and a budget

### **MCV1 self-financing commitment letter**

**No file uploaded**

If the country is not yet financing the measles monovalent component of MCV1, a letter signed by the Minister of Health and Minister of Finance committing for the country to self-finance MCV1 from 2018 onwards.

### **Measles (and rubella) strategic plan for elimination**

**No file uploaded**

If available

**Other documents (optional)** **No file uploaded**

**Targeted Areas** **No file uploaded**

Please liaise with your SCM/PM if this is applicable to your request

**Targeted Areas** **No file uploaded**

Please liaise with your SCM/PM if this is applicable to your request

## 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 11*

##### PCV Routine

	2023	2024
Country Co-financing (US\$)	515,120	523,285
Gavi support (US\$)	6,724,313	6,830,902

##### Pentavalent Routine

	2023	2024
Country Co-financing (US\$)	487,276	494,999
Gavi support (US\$)	1,344,958	1,366,278

##### Rota Routine

	2023	2024
Country Co-financing (US\$)	332,496	337,767

Gavi support (US\$)	3,521,014	3,576,826
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### Total Active Vaccine Programmes

	2023	2024
Total country co-financing (US\$)	1,334,892	1,356,051
Total Gavi support (US\$)	11,590,285	11,774,006
Total value (US\$) (Gavi + Country co-financing)	12,925,177	13,130,057

### New Vaccine Programme Support Requested

Measles follow-up campaign

	2024
Country Co-financing (US\$)	36,202.79
Gavi support (US\$)	2,362,633.63
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\$)

	2023	2024
Total country co-financing (US\$)	1,334,892	1,392,253.79
Total Gavi support (US\$)	11,590,285	14,136,639.63
Total value (US\$) (Gavi + Country co-financing)	12,925,177	15,528,893.42

[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
RAKOTONAVALONARivomalala	Directeur du PEV	0349319100	drivonavalona@gmail.com	MINISTERE DE LA SANTE PUBLIQUE

### Comments

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

No Response

## **Government signature form**

The Government of Madagascar 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 follow-up campaign

The Government of Madagascar 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.<sup>1</sup>*

**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

---

<sup>1</sup> 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**

Note: The population in the target age cohort used here is the number you entered for year one in the target information section.

**NOTE 8**

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

**NOTE 9**

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

**NOTE 10**

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

**NOTE 11**

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.