APPLICATION FORM FOR COUNTRY PROPOSALS

to obtain support for:

Conjugated Meningococcal A Vaccine

Submitted by the Government of

CAMEROON

Reviewed in February 2011

For the 2011 application submission session

Please send this electronic application along with its attachments (including the signature page) to the following address: proposals@gavialliance.org

Information from: proposals@gavialliance.org or from the representatives of a GAVI partner agency. **The attached proposal must be presented in English or French.**

Please be sure the GAVI Secretariat receives the application before or at the latest on the limit date.

The GAVI Secretariat is unable to return documents and items which may have been sent to it to individual countries. Unless otherwise specified, documents may be shared with the GAVI partners or the public.

Acronyms

ADIP	Accelerated Development and Introduction Plans
NRA	Autorité Nationale de Réglementation [National Regulatory Authority]
BCG	Calmette-Guérin Bacillus
ICC	Interagency Coordination Committee
HSCC	Health Sector Coordination Committee
IEC	Independent Exam Committee
DQA	Data Quality Audit for Vaccination Data
DTP3	Diphtheria-Tetanus-Pertussis, Third Dose
JRF	WHO/UNICEF Joint Report Form on Disease Prevention by vaccination
ICG	International Coordination Group
Hep B	Hepatitis B
Hib	*Haemophilus influenzae* type b
MF	Ministry of Finance
MH	Ministry of Health
MDG	Millennium Development Goals
WHO	World Health Organization
UN	United Nations
CSO	Civil Society Organization
EVP	Expanded Vaccination Program
Phase 1	Phase 1 of GAVI Alliance support (2000-2005)
Phase 2	Phase 2 of GAVI Alliance support (2006-2010)
GDP	Gross Domestic Product
LDC	UN list of Least Developed Countries
cMYP	Complete Multiyear Plan for Vaccination
GNR	Gross National Revenue
APR	Annual Progress Report
ADS	AD syringes
SAGE	Strategic Advisory Group of Experts from WHO
NVS	New and Underused Vaccine Support
ISS	Injection Safety Support
VSS	Vaccination Services Support
SWAp	Sector Wide Approach Strategy
TT	Tetanus toxoid
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

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1. Executive Summary

The Government of Cameroon is pleased to call for holding a campaign against meningococcus A meningitis in September 2001 in the four regions falling in the meningitis belt (at risk zones), which are: Adamaoua, Extreme-North, North and Northwest. For this purpose, it submits to the GAVI Secretariat this request prepared by the Technical Committee including the Family Health Direction, EVP, WHO and UNICEF and confirmed by the Interagency Coordination Committee on February 24, 2011.

The purpose of this campaign is to eliminate meningococcus A meningitis epidemics as a public health problem in sub-Saharan Africa by the development, certification and widescale use of affordably priced conjugate vaccines.

Cameroon has benefited from the support of the GAVI Alliance for strengthening vaccination services since 2001, supporting injection safety from 2003 to 2005, and introducing new vaccines in the routine EVP: Yellow Fever vaccine in 2004, viral hepatitis B vaccine in tetravalent form (DTPHepB) in 2005, HIB vaccine in 2009 and pneumonococcus vaccine in 2011.

At all levels the storage capacity currently available for vaccine storage is sufficient.

In light of prior experience and the lessons learned from the introduction of new vaccines in our country, the principal implementation strategies recommended for successful introduction of meningococcal A conjugate vaccine are:

- **Establishment of a long term vaccination financing mechanism**
- **Strengthening of social communication/mobilization**
- **Enhancing the staff's abilities**
- **Consistent supply of vaccines and other inputs**
- **Reliable management of vaccine stocks and monitoring of their use**
- **Strict application of injection safety and waste management**
- **Intensification of AEFI monitoring**
- **Strengthening of the Tracking and Supervision**
- **Case-by-case post-campaign monitoring**

The overall cost of the plan comes to $3,580,181 (this amount does not include the cost of vaccine purchases). GAVI will provide financing up to $1,803,736 and the remainder will be financed by the government and other local partners.

2. Signatures du Gouvernement et des organes nationaux de coordination

Gouvernement et Comité de coordination interagences pour la vaccination

Le Gouvernement du Cameroun souhaite resserrer le partenariat existant avec GAVI Alliance pour améliorer le programme national de vaccination systématique des nourrissons, et demande donc précisément le soutien de GAVI pour la réalisation de la campagne d'introduction du vaccin conjugué anti-méningococcique A

Le Gouvernement du Cameroun s'engage à développer les services nationaux de vaccination sur une base durable, conformément au PPAC présenté avec le plan d'introduction du vacon contre la Méningite A. Le Gouvernement demande à GAVI Alliance et à ses partenaires d'apporter une assistance financière et technique pour soutenir le programme de vaccination telle qu'elle est présentée dans cette proposition

Le tableau n° 5 de la page 13 de la presente proposition donne le montant du soutien (en nature ou en espèces) qui est demandé à GAVI Alliance. Le tableau n° 6 de la page 14 de la présente proposition donne l'engagement financier du Gouvernement pour les couts operationnels des campagnes de vaccination

Veuillez noter que cette proposition ne sera pas examinée ni approuvée par le Comité d'Examen Indépendant sans les signatures du ministre de la Santé ET du ministre des Finances ou leurs délégués

Ministre de la Santé :

Signature

Nom : André MAMA FOUDA

Date : 01 MARS 2011

Ministre des Finances :

Signature

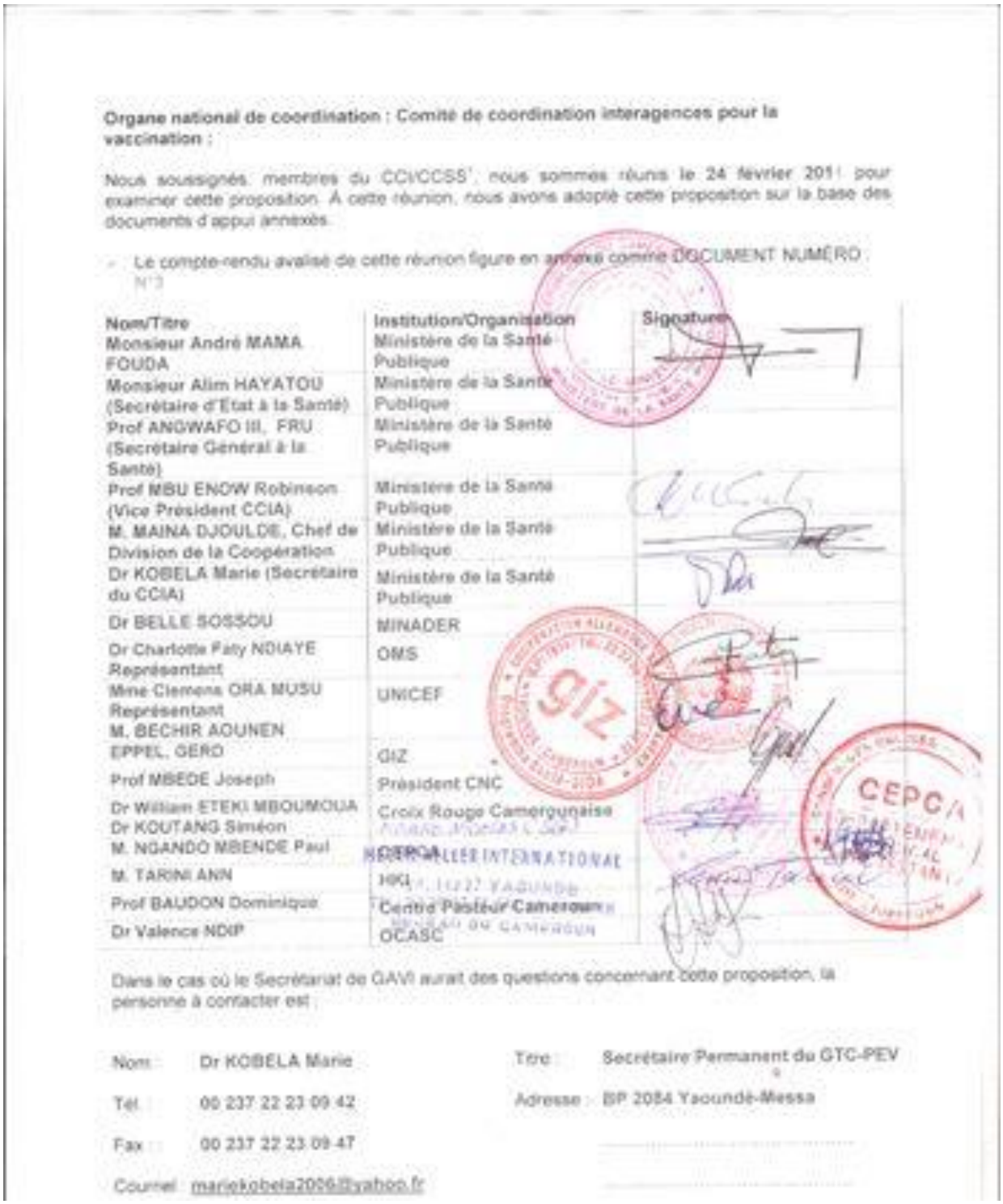
Nom : Lazare ESSIMI MENYE

Date :

National Coordinating Body: Inter-Agency Coordinating Committee for Vaccination

We undersigned, members of the ICC/HSCC[1], met February 24, 2011 to examine this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

- The endorsed minutes of this meeting are attached as DOCUMENT NUMBER: …… **N°3**



Organe national de coordination : Comité de coordination interagences pour la vaccination :

Nous soussignés, membres du CCI/CCSS[1], nous sommes réunis le 24 février 2011 pour examiner cette proposition. A cette réunion, nous avons adopté cette proposition sur la base des documents d'appui annexés.

- Le compte-rendu avalisé de cette réunion figure en annexe comme DOCUMENT NUMÉRO N°3

Nom/Titre	Institution/Organisation	Signature
Monsieur André MAMA FOUDA	Ministère de la Santé Publique	
Monsieur Alim HAYATOU (Secrétaire d'Etat à la Santé)	Ministère de la Santé Publique	
Prof ANGWAFO III, FRU (Secrétaire Général à la Santé)	Ministère de la Santé Publique	
Prof MBU ENOW Robinson (Vice Président CCIA)	Ministère de la Santé Publique	
M. MAINA DJOULDE, Chef de Division de la Coopération	Ministère de la Santé Publique	
Dr KOBELA Marie (Secrétaire du CCIA)	Ministère de la Santé Publique	
Dr BELLE SOSSOU	MINADER	
Dr Charlotte Faty NDIAYE Représentant	OMS	
Mme Clemens ORA MUSU Représentant	UNICEF	
M. BECHIR AOUNEN		
EPPEL, GERD	GIZ	
Prof MBEDE Joseph	Président CNC	
Dr William ETEKI MBOUMOUA	Croix Rouge Camerounaise	
Dr KOUTANG Siméon		
M. NGANDO MBENDE Paul		
M. TARINI ANN	HKI	
Prof BAUDON Dominique	Centre Pasteur Cameroun	
Dr Valence NDIP	OCASC	

Dans le cas où le Secrétariat de GAVI aurait des questions concernant cette proposition, la personne à contacter est :

Nom :	Dr KOBELA Marie	Titre :	Secrétaire Permanent du GTC-PEV
Tél :	00 237 22 23 09 42	Adresse :	BP 2084 Yaoundé-Messa
Fax :	00 237 22 23 09 47		
Courriel :	mariekobela2006@yahoo.fr		

[1] **Interagency Coordination Committee or Health Sector Coordinating Committee, as applicable.**

The Inter-Agency Coordinating Committee for Vaccination

Agencies and partners (including development partners and CSOs) supporting immunization services are coordinated and organized through an inter-agency coordinating mechanism (ICC/HSCC). The ICC/HSCC are responsible for coordinating and guiding the use of the GAVI ISS and NVS support. Please provide information about the ICC/HSCC in your country in the spaces below.

Profile of the ICC/HSCC

Name of the ICC/HSCC: **Inter-agency Coordination Committee (ICC)**

Date of constitution of the current ICC/HSCC:. **29 July 2002**

Structure (for example subcommittee, autonomous body): **Independent committee**

Frequency of meetings: **Four (4) statutory meetings per year and extraordinary meetings**

Composition:

Post	**Title/Organization**	**Name**
Chair	**Ministry of Public Health**	**André MAMA Fouda**
Vice-Chair	**Director of Family Health**	**Prof. Robinson MBU ENOW**
Secretary	**Permanent Secretary of the GTC-EVP**	**Dr. Marie KOBELA**
Members	**DCOOP (MINSANTE)** **WHO Representative** **UNICEF Representative** **GIZ Representative** **HKI Representative** **Rotary International Representative** **Cameroon Red Cross Representative** **Cameroon Plan Representative** **CEPCA Representative** **Catholic Health Services Representative** **Coopération Française Representative** **AFD Representative** **MINADER Representative** **Ministry of Finance Representative** **MINEPAT Representative** **Representative of the Ministry of Employment, Labor and Social Services** **Representative of the Ministry of Communication** **Representative for the Ministry of Higher Education**	**Emmanuel MAÏNA DJOULDE** **Dr. Charlotte Faty NDIAYE** **Clemens ORA MUSU** **Dr. Gerd EPPEL** **Dr. Xavier CRESPIN** **Jean Richard BIELEU** **William ETEKI MBOUMOUA** **Paul NGANDO MBENDE** **Dr. Jean Robert MBESSI** **A participant is designated depending on the agenda.** **A participant is designated depending on the agenda.** **A participant is designated depending on the agenda.** **A participant is designated depending on the agenda.** **A participant is designated depending on the agenda.**

Major functions and responsibilities of the ICC/HSCC:

The mission of the ICC is to define the main directions and general objectives of the Expanded Vaccination Program.
In this role, the ICC is in particular charged with:

- **Preparing and implementing the national Expanded Vaccination Program policy**
- **Coordinating, harmonizing and overseeing the consistency of all the actions of the various partners**
- **Adopt the Expanded Vaccination Program's annual action plans and the associated budgets**
- **Mobilize the resources necessary for the Expanded Vaccination Program's activities**
- **Coordinate and track the implementation of the activities from the various Expanded Vaccination Program's components**
- **Follow the performance of the action plans**
- **Evaluate the implementation of the Expanded Vaccination Program**

Three major strategies to enhance the ICC/HSCC's role and functions in the next 12 months:

1. Strengthening of Advocacy and resource mobilization
2. Expand the ICC to other programs and partners of the Ministry of Health
3. Strengthening of the regional and District Coordination in conjunction with strengthening the health system

3. Data Regarding the Vaccination Program

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

- Please refer to the cMYP and the meningitis A vaccine introduction plan. Please attach a complete copy (with executive summary) as DOCUMENT NUMBER **2**

- Please refer to health sector strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.

Table 3.1: Basic facts for the year **2010** (the most recent; specify dates of data provided)

	Number	Date	Source
Total population	**19,406,100**	**2010**	**Projections based on the 2005 General Population and Housing Census (GPHC) and 2.9% annual growth rate**
Infant mortality rate (per 1000 live births)	**74/1000**	**2004**	**EDSC III 2004**
Surviving Infants*	**772,363**	**2010**	**Projections from 2005 GPHC but used starting in 2011**
GNI per capita (US$)	**512**		
Percentage of GDP allocated to Health	**3%**		
Percentage of Government expenditure on Health	**4.52**	**2006**	

* Surviving infants = Infants surviving the first 12 months of life

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

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

2001-2015 Health Sector Strategy

Is the cMYP consistent with this document (schedule, content, etc.)? If not, please attach a ManAfrivac introduction plan for the next upcoming mass campaigns. **Yes, cMYP 2007-2011**

Please indicate the national planning budgeting cycle for health
NPHD 2011-2013
CDT

Please indicate the national planning cycle for vaccination
cMYP 2007-2011 and annual action plan each year.
However, the cMYP 2012-2015 is being prepared.

Please indicate whether data broken down by sex are reported in conjunction with routine vaccination reporting. **NR**

Please indicate whether gender related aspects have been incorporated in this vaccine's introduction plan: **NR**

Table 3.2: Current Vaccination Schedule: Traditional, New Vaccines and Vitamin A Supplement *(pages… of the cMYP)*

Vaccine *(do not use trade name)*	**Ages of administration** *(by routine immunisation services)*	**Indicate by an "x" if given in:**		**Comment**
		entire country	**Only part of the country**	
BCG, polio 0	**At birth**	**X**		
DTP-HepB 1+ HIB 1/polio 1	**6 weeks**	**X**		**Pneumo 13 will be introduced in the EVP starting July 1, 2001 and will follow the same schedule as DTP-Hep P + HIB.**
DTP-HepB 2 + HIB 2/polio 2	**10 weeks**	**X**		
DTP-HepB 3 + HIB 3/polio 3	**14 weeks**	**X**		
Measles	**9 months**	**X**		
Yellow Fever	**9 months**	**X**		
Vitamin A	**from 6 to 11 months**	**X**		
BCG, polio 0	**At birth**	**X**		

Table 3.3: Trends of vaccination coverage and disease burden
(as described in the last two annual WHO/UNICEF Joint Reporting Forms on Vaccine Preventable Diseases)

Trends of vaccination coverage (in percentage)						**Vaccine preventable disease burden**		
Vaccine		**Reported**		**Survey**		**Disease**	**Number of reported cases**	
		2005	**2009****	**2005** booklet only	**2005** booklet + recall		**2005**	**2009**
BCG		**77%**	**78.63%**	**50.8%**	**89.5%**	Tuberculosis	**22073**	**ND**
DTP	DTP1	**85.3%**	**87.57%**	**50.1%**	**84.4%**	Diphtheria	**ND**	**ND**
	DTP3	**79.7%**	**80.10%**	**44.6%**	**74.5%**	Whooping cough	**ND**	**ND**
Polio 3		**79.7%**	**79.01%**	**47.6%**	**72.8%**	Polio	**01**	**00**
Measles (first dose)		**68.6%**	**73.90%**	**40.4%**	**70.7%**	Measles	**1328**	**699**
TT2+ (Pregnant women)		**60.5%**	**73.39%**	**25.3%**	**64.6%**	Neonatal tetanus (NT)	**129**	**39**
HIB3			**80.10%**			Hib **	**12**	**01**
Yellow Fever		**68.7%**	**72.07%**	**38.5%**	**67.5%**	Yellow Fever	**831**	**816**
HepB3		**79.7%**	**80.10%**	**44.6%**	**74.5%**	hepB sero-prevalence*	**ND**	**ND**
Vit A supplement	Mothers (<6 weeks FR-from delivery)	**42.63%**	**65%**	**37.8%**				
	Infants (>6 months)	**109%**	**82.75%**	**83.7%**				

Table 3.4: Vaccination Coverage Trends during Recent Broad Vaccination Campaigns

Number		Baseline and targets					
		Baseline year 2006	Year 1 2007	Year 2 2008	Year 3 2009	Year 4 2010	Year 5 2011
Polio	**Target**	1,472,420	957,275	4,657,920	4,702,022	2,171,056	
	Vaccinated	1,540,053	976,668	4,570,961	4,512,654	2,203,050	
Measles	**Target**	1,268,918					
	Vaccinated	1,249,041					
TT2+ (pregnant women)							
Yellow Fever	**Target**	818,359					
	Vaccinated	746,785					

Data Source: JRF

If survey data is included in the table above, please indicate the years the surveys were conducted, the full title and if available, the age groups the data refers to:

Table 3.5: Estimate of Fund and Annual Objectives *(pages… of the cMYP)*

Please refer to the cMYP and the meningitis A vaccine introduction plan which contain a summary of the estimates of funds and annual objectives in order to complete the mandatory calculation sheet (Annex 1).

Table 3.6 Summary of the Current and Future Vaccination Budget

Budget Line Item	Estimated costs per annum in US$ (,000)					
	Baseline year 2006	Year 1 2011	Year 2 2012	Year 3 2013	Year 4 2014	Year 5 2015
Recurring Cost for routine vaccination						
Vaccines (routine vaccines only)	4,300	12,427				
a) Traditional vaccines	762	1,077				
b) New and Under-used Vaccines	3,537	11,349				
Injection supplies	445	768				
Personnel	880	1,179				
a) Salaries of full-time NIP health workers (vaccination specific)	418	504				
b) Per-diems for outreach vaccinators / mobile teams	263	409				
Transportation	404	735				
Maintenance and overhead	578	1230				
Training	461	578				
Social mobilization and IEC	447	589				
Epidemiological monitoring	513	984				
Program management	483	636				
Other	345	596				
Subtotal Recurring Costs	13,836	32,472				
Routine Vaccination Equipment Costs						
Vehicles	90	1,339				
Cold chain equipment	957	265				
Miscellaneous equipment	92	730				

Subtotal Equipment Costs	**1,139**	**2,334**				
Campaigns						
Polio	**4 072**	**2 499**				
Measles	**2355**					
Yellow Fever		**118**				
MNT campaigns		**1 402**				
Other campaigns	**390**	**877**				
Subtotal Campaign Costs	**6 817**	**4 896**				
GRAND TOTAL	**21 792**	**39 702**				

Please list in the tables below the funding sources for each type of cost category (if known). Please try and indicate which vaccination program costs are covered by the Government budget, and which costs are covered by development partners (or the GAVI Alliance), and name the partners.

Table 3.6: Summary of Current and Future Financing and Funds' Origin *(pages… from the cMYP)*

		Estimated financing per annum in US$ (,000)					
Cost Category	**Funding source**	**Baseline year 2006**	**Year 1 2011**	**Year 2 2012**	**Year 3 2013**	**Year 4 2014**	**Year 5 2015**
Recurring costs							
1.	**1. National government**	**1,811**	**1,822**				
2.	**2. Local government**	**1,204**	**748**				
3.	**3. HIPC**	**1,333**	**4,481**				
4.	**4. WHO**	**373**	**525**				
5.	**5. UNICEF**	**296**	**347**				
6.	**6. GAVI**	**4,949**	**32,695**				
7.	**7. France**	**0**	**1,260**				
8.	**8. HKI**	**10**	**37**				
9.	**9. GIZ**	**20**	**0**				
10.	**10. Plan-Cameroon**	**10**	**0**				
11.	**11. Rotary**	**0**	**0**				
12.	**12. EU**						
13.	**13. World Bank**						
14.	**14. OCEAC**	**2**	**0**				
Equipment Costs							
1.	**1. National government**	**8**	**283**				
2.	**2. Local government**	**0**	**50**				
3.	**3. HIPC**	**209**	**1,046**				
4.	**4. WHO**	**0**	**0**				
5.	**5. UNICEF**	**277**	**0**				

		Estimated financing per annum in US$ (,000)					
Cost Category	**Funding source**	**Baseline year 2006**	**Year 1 2011**	**Year 2 2012**	**Year 3 2013**	**Year 4 2014**	**Year 5 2015**
6.	**6. GAVI**	**0**	**0**				
Campaigns							
1.	**1. National government**	**911**	**628**				
2.	**2. Local government**	**276**	**777**				
3.	**3. HIPC**	**80**	**0**				
4.	**4. WHO**	**1,826**	**867**				
5.	**5. UNICEF**	**4,533**	**2,727**				
6.	**6. GAVI**	**911**	**30**				
7.	**7. France**						
8.	**8. HKI**	**72**	**246**				
9.	**9. GIZ**	**10**	**12**				
10.	**10. Plan-Cameroon**	**0**	**10**				
11.	**11. Rotary**	**100**	**0**				
GRAND TOTAL		**9,924**	**48,591**				

4. Request for Meningococcal A conjugate vaccine

Please summarize the cMYP and/or the meningitis A vaccine introduction plan. Emphasize the significant points giving information on the decision process (data considered).

The Meningitis Vaccine Project (MVP) in collaboration with the WHO developed a new conjugate vaccine which is more effective and immunogenic against meningococcus type A. It is immunogenic and can be used starting at nine months old with protection lasting for 10 years; this allows its use for routine vaccination and effective preventive vaccination campaigns in order to eliminate the frequent deadly epidemics with which the countries of the anti-meningitis belt are confronted, and which the northern part of Cameroon is part of.
A 1999 study of purulent meningitis in the northern zone of Cameroon in children from 2 1/2 months to 15 years old based on 114 observations collected over 12 months showed that the bacterial flora was dominated by serogroup A meningococcus (67%), and had an 8% mortality rate.
Cameroon's Minister of Public Health's initiative to prepare the present plan for a mass preventative vaccination campaign with new conjugated meningococcus A meningitis vaccine during 2011 should be seen in this context.
The campaign's main objective is to provide a high-quality preventive vaccination campaign with meningococcal A conjugate vaccine in four of Cameroon's regions in subjects having reached 1 to 29 years age; which is 6,012,451 people.
The costs associated with deployment of the vaccines and the campaign for vaccination of 70% of the population have been identified as a function of the following actions: Coordination/Planning, strengthening the staff's capabilities, cold chain and supply management, waste management, monitoring and care of AEFI, supervision, tracking/evaluation and post-campaign case-by-case monitoring.

Briefly describe (1) the vaccine wastage management plan, and (2) the cold chain capacity and indicate whether it is sufficient to store the new vaccines. Please indicate whether the acquisition of vaccines for this campaign will have consequences on the delivery and storage capacity for traditional vaccines and indicate how this situation will be managed.

1) Waste management:
The safety boxes filled with used syringes will be collected and taken to the health care centers by the supervisors. These boxes will be destroyed by incineration in districts having appropriate equipment and by burning and burial of the remains in a pit with two levels dug at the health care centers in the other districts.
2) Cold Chain
The vaccine storage capacity available centrally and regionally makes it possible to accommodate routine vaccines and vaccines for the meningitis A campaign. In some health districts this capacity will not be sufficient.
For these low vaccine storage capacity districts, the resupply of meningitis A vaccine intended for the campaign will be split up according to the available space. For the campaign, the insulated boxes provided by the vaccine manufacturer will be used for moving the vaccine from the central area to the regions. The regions will make use of these boxes and coolers available locally for transporting the vaccine to the health districts.
In October 2010 the country deployed 1631 vaccine carriers in the four regions. Considering the availability in the field, it can be said that all the teams will each have a vaccine carrier for implementing the campaign.

Table 4.1: Capacity and Cost (for Positive Storage)

		Formula	Year 1 2011	Year 2 2012	Year 3 2013	Year 4 2014	Year 5 2015
A	Yearly **positive** volume needs, including the new vaccine(s) (specify: _____) (liters or m3)[2]	*Product of total vaccine doses times unit packed volume of the vaccine*	**62,484 liter**	**63.695 liter**	**201,989 liter**	**207,222 liter**	**212,642 liter**
B	Annual ***positive*** capacity, including new vaccine (specify:_____ _____) (liters or m3)	#	**53,662 liter**	**53,662 liter**	**53,662 liter**	**53,662 liter**	**53,662 liter**
C	Estimate of minimum number of annual shipments required for actual cold chain capacity	*A/B*	**1.16**	**1.19**	**3.76**	**3.86**	**3.96**
D	Number of consignments/shipments per year	*Based on national vaccine shipment plan*	**4**	**4**	**4**	**4**	**4**
E	Difference (where applicable)	*((A/D) – B)*	**-38,041 liter**	**-37,738 liter**	**-3,165 liter**	**-1,857 liter**	**-501 liter**
O	Estimated cost for expansion	*US$*	**$0**	**$0**	**$61,736**	**$0**	**$0**

The above table shows that the central level has sufficient capacity for accommodating all the vaccines from 2011 2012. Increasing the positive storage capacity is planned by the acquisition of a new cold room in 2013.

Clinical studies of MenAfriVac are in progress and an indication for use in children under one-year-old is expected in January 2014. Briefly describe when your country intends to introduce the meningococcal A conjugate vaccine in the routine vaccination schedule, how does your country intend to fulfill its cofinancing obligations for the routine introduction of meningococcal A conjugate vaccine, and other problems related to the systematic introduction you're considering (refer to the cMYP).

The country is planning to introduce the vaccine in 2016 after the introduction of rotavirus in 2013.

Table 4.2: Evaluation of the Meningococcus Disease Burden (if available):

Disease	Title of the assessment	Date	Outcomes

[2] Use the results of Table 5.2. Multiply the total number of vaccine doses (line I) by the package unit volume for each vaccine from the national vaccination schedule. All vaccines are stored at a positive temperature (+5°C) except for OPV which is stored at a temperature below zero (-20°C).

Meningitis	**Childhood Purulent Meningitis in North Cameroon: Clinical, bacteriological and therapeutic aspects**	**1999**	**Based on 114 observations collected over 12 months, we have studied the clinical, bacteriological and therapeutic aspects of purulent meningitis in children from 2 ½ months to 15 years old in Cameroon's northern zone. Purulent meningitis represents 5% of clinic visits and 9% of hospitalizations. 41% of children were under 5 years old and 75% were under 10 years old. Economically disadvantaged areas were more affected (75%). The bacterial flora was dominated by the serogroup A meningococcus (67%). The mortality rate was 8%.**
Meningitis	**Meningococcus A Meningitis Epidemic in 2010 in Adamaoua Cameroon.**	**2010**	**115 cases were reported between January and April 2010 with a 9% mortality. The laboratory identification of the germs showed a preponderance of Neisseria meningitdis with 90% of the samples positive.**

If new or under-used vaccines have already been introduced in your country or if you have already conducted vaccination campaigns, please give details of the lessons learned from the experience related to storage capacity, protection from accidental freezing, staff training, cold chain logistics, drop out rate, wastage rate, etc. and suggest improvements on these points:

Lessons Learned	Solutions/Action Points
the need for close-by tracking of providers after training	**Provide close monitoring of the providers' skills after training**
the need to join mass communication with increased continuous nearby communication and also advocacy at all levels	**Provide nearby communication in order for the populations to have more accurate knowledge of the new vaccines.**
The need to properly plan the introduction of the new vaccine at the time when the old vaccine stock is the lowest possible.	

5. Procurement and Management of New and Under-Used Vaccines

a) Please show how the support will be implemented and managed, including the purchase of vaccines (GAVI expects that the countries will buy their vaccines and injection supplies through UNICEF):

The supply of MenAfriVac is going to follow the current acquisition channel of other vaccines through UNICEF.

b) Please indicate when you intend to plan the conduct of the campaign (month and date) and how the campaign will be deployed, e.g. different phases or one single time)

Fourth quarter of September 2011 in four regions in a single phase

f) Please describe how the new vaccine's coverage will be monitored and declared (refer to the cMYP and the Meningitis A vaccine introduction plan)

The monitoring will be done through the daily compilation and monitoring of vaccine coverage data obtained; holding daily meetings between vaccinators and team supervisors at the health area level, and between supervisors at the district and regional levels. Quick surveys will be conducted in the high-risk zones starting the third day of implementing the campaigns and based on a protocol prepared at the central level.

6. Grants for the Operational Cost for Vaccination Campaigns

Table 6.5: Calculation of Lump-Sum

Year of New Vaccine introduction	Objective 1-29 years-old (see table 3.4)	Amount per birth in US$	Total in US$
2011	**6,012,451**	**$0.30**	**$1,803,736**

In the following tables, please indicate how this amount[3] will be used for financing the vaccination campaign introduction cost and also other essential activities. GAVI support will not be sufficient to cover all the needs, consequently please indicate in the following table how the remaining needs will be met and by whom (refer to the cMYP and/or to the Meningitis A conjugate vaccine introduction plan).

Table 6.6: Campaign Cost (and Financing; US$)

[3] The grant will be calculated on the basis of the amount of US$0.30 per annual birth, with a minimum amount of US$100,000.

Budget Line Item	Full needs for new vaccine introduction	Needs funded with new or under-used vaccine introduction grant	Financing by Other Funding Sources
	US$	US$	US$
Training & Workshops	192,411	101,550	90,861
Social Mobilization, IEC and Advocacy	174,071	97,201	76,871
Cold Chain Equipment & Maintenance	63,444		63,444
Vehicles and Transportation	559,349	279,674	279,674
Resources and Staff (*per diem*)	1,709,356	854,678	854,678
Surveillance and Monitoring	74,211	74,211	0
Planning	76,400	76,400	0
Managing vaccination wastage	17,737		17,737
Independent monitors	26,067	26,067	0
Contribution for volunteers	293,956	293,956	0
Post campaign survey	55,556		55,556
Copying	12,574		12,574
Soap and Cotton	176,741		176,741
Vaccination cards	148,309		148,309
TOTAL	3,580,181	1,803,736	1,776,445

- Please complete the banking form (annex 1) if necessary

Please briefly describe who will finance the operational costs not financed by GAVI. If the government is the source of financing, please confirm that this is in fact entered in the health budget. If you are looking for other sources of financing, please indicate and confirm their commitments.

This campaign will require follow-on financing which was not planed in the 2011 budget and which is going to require advocacy with economic operators (mobile telephone, petroleum sector, etc.), and semi-private and private businesses. Advocacy has been done with the Prime Minister, Head of the Government to request the State's contribution.

Further plans implementing communication activities involving authorities and in particular the local municipality will need to be prepared in order to mobilize the necessary local resources.

7. Additional comments and recommendations FR- from the National Coordinating Body (ICC/HSCC)

INTER-AGENCY COORDINATION COMMITTEE (ICC)

VALIDATION OF THE SUBMISSION DOCUMENTS FOR THE INTRODUCTION IN CAMEROON OF THE NEW MENINGITIS A CONJUGATE VACCINE "MenAfriVac"

February 24, 2011 Session

REPORT OF RESOLUTIONS AND RECOMMENDATIONS

At the end of the ICC session held Thursday, February 24, 2011 chaired by the Minister of Public Health the following resolutions and recommendations were chosen:

I) Resolutions

- **Conduct a vaccination campaign against meningococcus A meningitis "MenAfriVac" for the 1 to 29-year-old target group in four of the country's regions (Adamaoua, Extreme North, North and Northwest); (MenAfriVac Organization Committee)**
- **Consider integrating this campaign in the second Infant and Maternal Health Action Week for 2011 (SASNIM2-2011) to minimize the costs; (MenAfriVac Organization Committee, GTC-EVP, Partners)**
- **Advocate with other economic partners and operators in order to support the State's contribution (MenAfriVac Organization Committee)**

II) Recommendations:

1. **Send a briefing note to the Minister of Finance in order to validate the documents concerning this vaccination campaign; (MenAfriVac Organization Committee)**

2. **Revise budget for this campaign downward since it involves a new activity not included in the 2011 State budget; (MenAfriVac Organization Committee)**

3. **For the next ICC sessions, send a briefing note to the ICC members to communicate the date and make the working documents available on time. (GTC-PEV)**

8. Documents Required for each Type of Support

Document	DOCUMENT NUMBER	Duration *
Complete Multiyear Plan (CMYP) MenAfriVac introduction plan (if not already included in the cMYP)	1	
Endorsed minutes of the National Coordinating Body meeting where the GAVI proposal was endorsed	2	
Endorsed minutes of the ICC/HSCC meeting where the GAVI proposal was discussed	2	
Minutes of the three most recent ICC/HSCC meetings	2	
ICC/HSCC workplan for the next 12 months	3	
The calculation sheet required for the vaccine	4	

** Please indicate the duration of the plan, assessment, document where appropriate*

Annex 1 – Banking Form

Banking Form

SECTION 1 (To be completed by payee)

Again we indicate that without the complete and accurate bank information (IBAN, SWIFT code, bank contact information and the corresponding bank in the USA, the bank transfer will prove to be impossible and that can cost needless delays.

Banking Form			
SECTION 1 (To be completed by payee)			
Name of Institution: *(Account holder)*	**MINISTERE DE LA SANTE PUBLIQUE**		
	MINISTERE DE LA SANTE PUBLIQUE		
Address:	**DSF/GTC-PEV**		
City – Country:	**Yaoundé, Cameroon**		
Telephone no.:	**237 22,23,09,42**	**Fax no.:**	**237 22,23,09,47**
Currency of the bank account:			
To be credited to: ***Account name***			
Bank account No.:	**01080-216373-01**		
At: ***Bank name***	**STANDARD CHARTERED BANK**		

Le compte doit-il être utilisé exclusivement par ce programme ? OUI (X) NON ( )

Qui assure la vérification du compte ? Cabinet d'audit à sélectionner par le CCIA

Signature du responsable gouvernemental autorisé :
Par sa signature, le responsable autorisé confirme que le compte bancaire mentionné ci-dessus est connu du Ministère des Finances et qu'il est sous le contrôle du Vérificateur général des comptes.

Nom:	André MAMA FOUDA	Cachet :
Titre:	MINISTRE DE LA SANTE PUBLIQUE	
Signature:	André MAMA FOUDA	
Date:	01 MARS 2013	
Adresse et téléphone:		
Fax:		
Adresse e-mail:		

SECTION 2 (To be completed by the Bank)

ÉTABLISSEMENT FINANCIER		BANQUE CORRESPONDANTE (*aux États-Unis d'Amérique*)
Nom de la banque :	STANDARD CHARTERED BANK	STANDARD CHARTERED BANK
Nom de l'agence :	YAOUNDE CAMEROON	ONE MADISON AVENUE
Adresse :	AVENUE DE L'INDEPENDANCE	NEW YORK, NY 10010
	P.O BOX 1784	SWIFT LINE : SCBLUS33
Ville – Pays :	CAMEROON	
Code Swift :	SCBLCMCX	
Code de tri :	–	
N° ABA :	–	
Téléphone :	(00237) 22 22 77 00	
Fax No. :	(00237) 22 22 26 46	
Personne de contact à la banque (nom et téléphone) :	PAMELA NGELAW ZANCHE RELATIONSHIP MANAGER [illegible]	

Je certifie que le compte N°. 01000 2142 773 01 .... est enregistré au nom de (*nom de l'institution*) .... D.S.F. [illegible] .... auprès du présent établissement bancaire.

Le compte doit porter la signature conjointe d'au moins Deux (02) (*nombre de signataires*) des personnes autorisées ci-après :	Nom du représentant autorisé de la banque
1 Nom : Prof MBU ENOW Robinson	- PAMELA NGELAW ZANCHE
Titre : Vice Président CCIA	Signature:
2 Nom : Dr ATANGANA Ignace Emilien	Date: 03/05/2011
Titre : SOUS DIRECTEUR VACCINATION	Cachet :
3 Nom :	
Titre :	
4 Nom :	
Titre :	

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ANNEX 2: GAVI Alliance Terms and Conditions

FINANCING USED SOLELY FOR APPROVED PROGRAMMES

The candidate country ("Country") confirms that any financing granted by the GAVI Alliance in conjunction with this application will be used and allocated solely for the purpose of conducting the program(s) described in this application. Any significant change to the approved program(s) must be examined and approved by the GAVI Alliance in advance. Any financing decision on this proposal is made at the discretion of the GAVI Alliance council and depends on the IEC process and funds availability.

AMENDMENT OF THIS PROPOSAL

The Country shall inform the GAVI Alliance through its Annual Status Report of its desire to propose a modification of any kind to the description of the program(s) in this proposal. The Country shall produce documents supporting any modification approved by the GAVI Alliance and this proposal will be amended as a consequence.

RESTITUTION OF THE FUNDS

The Country agrees to return to the GAVI Alliance any financing amount which is not used on behalf of the program(s) described in this proposal. Unless the GAVI Alliance decides otherwise, reimbursement must be made by the Country in US dollars within sixty (60) days following receipt by the Country of the request from the GAVI Alliance and will be deposited in the account(s) indicated by the GAVI Alliance.

SUSPENSION/TERMINATION

GAVI Alliance may suspend all or part of its financing to a Country if it has reason to suspect that the funds have been used for any purpose other than for the programs described in this proposal or an amendment to this proposal approved by GAVI. GAVI Alliance reserves the right to terminate its support to the Country for the programs described in this proposal if GAVI Alliance receives confirmation of abusive use of the funds granted by GAVI Alliance.

ANTICORRUPTION

The Country confirms that the funds provided by the GAVI Alliance will not be offered to a third party by the Country and the country will not seek on the basis this proposal a gift, payment or other direct or indirect advantage which could be interpreted as an illegal practice or an act of corruption.

AUDITS AND RECORDS

The Country will conduct a financial audit annually and share the results with the GAVI Alliance on the first request. The GAVI Alliance reserves the right for itself or through an agent to conduct audits or any other form of evaluation of the financial management in order to assure itself of the financial accountability for the funds deposited on behalf of the Country.

The Country shall retain precise accounting records which documents the manner in which the GAVI Alliance funds were used. The Country will keep up to date accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. In case of recourse for abusive use of the funds, the Country will retain these records until the final conclusion of the audit. The Country agrees not to raise privilege with the GAVI Alliance over the documents in conjunction with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the government confirm that this proposal is accurate and correct and constitutes an irrevocable legal obligation on the Country, under the terms of the Country's laws, to conduct the programs described in this proposal.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE ACCOUNTING TRANSPARENCY AND RESPONSIBILITY POLICY

The Country confirms that it is been informed of the GAVI Alliance accounting transparency and responsibility (ATR) policy and will comply with its requirements.

ARBITRATION

Any dispute between the Country and the GAVI I Alliance which arises from this proposal or refers to this proposal and cannot be amicably resolved in a reasonable interval will upon the request of either the GAVI Alliance or the country be subject to arbitration. The arbitration will be conducted according to the UNCITRAL Arbitration Rules in force at that time. The parties agree that they shall be bound by the arbitration sentence as a definitive settlement of the dispute. The forum shall be Geneva, Switzerland. The language of the arbitration shall be English.

For any dispute involving a contested amount which is less than or equal to US$100,000, the single arbitrator shall be designated by the GAVI Alliance. For any dispute whose contested amount is over US$100,000, three arbitrators shall be designated as follows: The GAVI Alliance and the Country shall each designate one arbitrator and these two arbitrators shall by mutual agreement designate a third arbitrator who will preside over the panel.

The GAVI I Alliance shall not be responsible to the Country for any recourse or loss relative to the programs described in this proposal, including (list not exhaustive) financial losses, appeal on suspicion, property damage, physical lesions to people or death. The Country is solely responsible for all aspects of managing and implementing the programs described in this proposal.