



Application Form for Gavi NVS support

Submitted by
The Government of
Burundi

Date of submission: 13 **October 2017**

Deadline for submission:

i. 8 September 2017

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

Start Year

2016

End Year

2018

Form revised in 2016

(To be used with Guidelines of December 2016)

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

Gavi
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the 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 the Gavi. All funding decisions for the application are made at the discretion of the Gavi Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the Gavi in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. The Gavi will document any change approved by the Gavi, and the Country's application will be amended.

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

The 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 programmes described in the Country's application, or any Gavi-approved amendment to the application. The Gavi retains the right to terminate its support to the Country for the programmes described in its application if a misuse of Gavi funds is confirmed.

ANTICORRUPTION

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

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the Gavi, as requested. The 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 the Gavi in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE Gavi TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

Any dispute between the Country and the 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 the 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 the Gavi. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: The 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.

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

1. Type of Support requested

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

Type of Support	Vaccine	Start Year	End Year	Preferred second presentation[1]
Preventive Campaign Support	Meningococcal A, 10 dose(s) per vial, LYOPHILISED	2018	2018	Not applicable

[1] Gavi may not be in a position to accommodate all countries first product preferences, and in such cases, Gavi will contact the country and partners to explore alternative options. A country will not be obliged to accept its second or third preference, however Gavi will engage with the country to fully explore a variety of factors (such as implications on introduction timing, cold chain capacity, disease burden, etc.) which may have an implication for the most suitable selection of vaccine.

2. Table of Contents

[1. Type of Support requested](#)

[2. Table of Contents](#)

[3. Executive Summary](#)

[4. Signatures](#)

[4.1. Signatures of the Government and National Coordinating Bodies](#)

[4.1.1. Government and the Inter-Agency Coordinating Committee for Immunisation](#)

[4.1.2. National Coordination Forum \(Interagency Coordinating Committees \(ICCs\), Health Sector Coordinating Committees \(HSCCs\), and other equivalent bodies\)](#)

[4.1.3. Signature Table for the Coordination Forum \(ICC/HSCC or equivalent body\)](#)

[4.2. National Immunization Technical Advisory Group \(NITAG\)](#)

[5. Immunisation Programme Data](#)

[5.1 Background information](#)

[5.1.1 Lessons learned](#)

[5.1.2 Health planning and budgeting](#)

[5.1.3 Coverage and equity](#)

[5.1.4 Data quality](#)

[5.2. Baseline and Annual Targets for Routine Vaccines](#)

[5.3. Targets for Preventive Campaign\(s\)](#)

[5.3.1 Targets \(Meningococcal A campaign\)](#)

[5.4. Targets for One time mini-catchup campaign\(s\)](#)

[6. New and Under-Used Vaccines \(NVS Routine vaccines\)](#)

[7. NVS Preventive Campaigns](#)

[7.1. Assessment of burden of relevant diseases related to campaigns \(if available\)](#)

[7.1.1 Epidemiology and disease burden for Meningococcal A](#)

[7.2 Request for Meningococcal A, 10 dose\(s\) per vial, LYOPHILISED campaign support](#)

[7.2.1 Summary for Meningococcal A campaign support](#)

[7.2.2 Grant Support for Operational Costs of the Meningococcal A Campaign](#)

[7.2.2 MENINACONJUGATE Vaccine introduction Grant](#)

[8. NVS Follow-up Campaigns](#)

[9. Procurement and Management](#)

[9.1 Procurement and Management of New and Under-Used Vaccines Routine](#)

[9.2 Procurement and Management for NVS Preventive Campaign\(s\)](#)

[9.2.1 Procurement and Management for Meningococcal A campaign](#)

[9.3 Product Licensure](#)

[9.4 Waste management](#)

[9.5 Procurement and Management for Follow up Campaign\(s\)](#)

10. List of documents attached to this proposal

11. Annexes

Annex 1 - NVS Routine Support

Annex 2 - NVS Routine – Preferred Second Presentation

Annex 3 - NVS Preventive campaign(s)

Table Annex 3.1 C Summary table for vaccine Meningococcal A, 10 dose(s) per vial, LYOPHILISED

Table Annex 3.1 D Estimated numbers for Meningococcal A, 10 dose(s) per vial, LYOPHILISED, associated injection safety material and related co-financing budget

Annex 4

Table Annex 4A:

Table Annex 4B: Freight cost as percentage of value

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

12. Banking Form

3. Executive Summary

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

- For each specific request, NVS routine support or NVS campaign :
 - The duration of support
 - The total amount of funds requested
 - Details of the vaccine(s), if applicable, including the reason for the choice of presentation
 - Projected month and year of introduction of the vaccine (including for campaigns and routine)
- Relevant baseline data, including:
 - DTP3 and Measles coverage data (as reported on the WHO/UNICEF Joint Reporting Form)
 - Target population from Risk Assessments from Yellow Fever and Meningitis A
 - Birth cohort, targets and immunisation coverage by vaccines
- Country preparedness
 - Summary of planned activities to prepare for vaccine launch, including EVM assessments, progress on EVM improvement plans, communication plans, etc.
 - Summary of EVM assessment and progress on EVM improvement plan
- The role of the Coordination Forum (ICC/HSCC or equivalent) and stakeholders' participation (e.g. government, key donors, partners, key implementers, CSOs) in developing this proposal

This is a request for NVS campaign support.

The duration of support is temporary for the MenA vaccine immunisation campaign for persons 1 to 29 years of age. The funding amount for the operational cost is US\$ 5,134,287, which will come from Gavi. Vaccines and injection materials will be given in kind by Gavi.

The vaccine is the lyophilised, 10-dose MenA.

The campaign is planned from 17 to 28 September 2018 (10 business days) for all persons in the country ages 1 - 29. The estimated number of live births anticipated in 2016 is 457,994. Targets for DTP3 and MCV1 are 360,548 and the MCV2 target is 350,804. Their respective administrative coverages are 101% and 100%, according to JRF 2016.

The target population determined from the meningitis A risk assessment is 6,975,903, but according to 2010-2050 demographic projections by the ISTEERU (Burundi Institute of Statistics and Economic Studies), it is 7,898,903. Campaign needs were estimated based on ISTEERU projections.

The last Effective Vaccine Management (EVM) assessment occurred in 2016.

Summary of the 2016 EVM assessment results:

The recent assessment of EVM in Burundi was performed from 10 to 24 November 2016. During this assessment, 18 storage sites and 34 health centres, or a total of 52 facilities, were visited and their performance evaluated for the period from 1 October 2015 to 30 September 2016. In general, all criteria scored lower than the standard (80%), except for criterion E8 (vaccine management), which scored 83%. From April 2011 EVM data, it emerged that the country's vaccine and input supply chain improved with respect to criteria E1 (arrival/reception of vaccine), E6 (stock management), E8 (vaccine management) and E9 (management system and support function). The other five criteria either remained stagnant, or decreased.

Implementation status of the 2016 EVM recommendations dated September 2017:

- General recommendations: of 7 recommendations, 2 were 100% completed, 2 were partially completed or in progress, and 3 were not completed.
- General recommendations for the national level: of 32 recommendations, 13 were 100% completed, 3 in progress, 4 were being prepared, and 12 were not completed.
- Recommendation for the district level: Out of 23 recommendations, 11 were 100% completed, 1 in progress, 4 being prepared and 7 were not completed.
- Recommendation for the health care delivery level (health centre): Out of 20 recommendations, 9 were 100% completed, 1 in progress, 4 were being prepared, and 6 were not completed.

A multi-year communication plan 2017-2020 was developed and endorsed in July 2017 and includes aspects related to routine EPI and for the introduction of new vaccines.

The stakeholders who participated in drafting this proposal are officials from the Ministry of Public Health and AIDS Prevention, the Ministry of the Interior and Patriotic Education, and technical and financial partners: WHO, UNICEF, IHPB, Red Cross, USAID/Measure Evaluation belonging to a commission set up by the Ministry of Public Health and AIDS Prevention.

The document was then successively analysed by the Thematic Group for Planning, Monitoring-Evaluation and Health Information System, and by the Partnership Framework for Health and Development (CPSD).

4. Signatures

4.1. Signatures of the Government and National Coordinating Bodies

4.1.1. Government and the Inter-Agency Coordinating Committee for Immunisation

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

Meningococcal A, 10 dose(s) per vial, LYOPHILISED preventive campaign

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

Table(s) **7.2.3** in the Preventive Campaign Support of this application shows the amount of support in either supply or cash that is required from the Gavi.

Please note that this application will not be reviewed or recommended for approval by the Independent Review Committee (IRC) without the signatures of both the Minister of Health and Minister of Finance or their delegated authority. These signatures are attached as DOCUMENT NUMBER : 1 and 2 in Section 10. Attachments.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr Josiane NIJIMBERE	Name	Dr Domitien NDIHOKUBWAYO
Date		Date	
Signature		Signature	

By signing this application form, we confirm 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).

This report has been compiled by (these persons may be contacted in case the Gavi Secretariat has queries on this document):

Full name	Position	Telephone	Email
BIGIRIMANA Spès	Caissière du PEV	+25771655378	bigirimanaspès@yahoo.fr

BISORE Serge	USAD/Measure Evaluation:Responsible advisor	+25775193001	serge_bisore@bi.jsi.com
BIZIMANA signoline	Conseillère au cabinet du ministre de l'intérieur et de la formation patriotique	+25779454471	bsignoline@yahoo.com
BUKEYENEZA Clarisse	Chef du service logistique du PEV	+25771900005	bukclarisse@yahoo.fr
Dr BUSOGORO Jean François	OMS/Point Focal Santé de la Reproduction	+257796226	busogoroj@wh.int
Dr GIRUKWIGIZE Victor	Program Technical Officer/IHPB	+25771945112	vgirukwigize@ihpb.org
Dr IRIWACU Bellejoie Louise	Directeur adjoint technique du PEV	+25779488844	iriwacub@gmail.com
Dr KAMWENUBUSA Godefroid	Conseiller au cabinet du ministre/MSPLS	+25775219792	kamwenubusa.godefroid@yahoo.com
Dr MINANI Etienne	Conseiller /Secrétariat Permanent /MSPLS	+25775305601	betie845@gmail.com
Dr NCAYENZI Dieudonné	Coordinateur du projet KARADIRIDIMBA-RSS/GAVI	+25777737480	nidieu24@gmail.com
Dr NDAYISABA Apollinaire	Cadre du PEV	+25775746655	aponday5@yahoo.fr
Dr NIJIMBERE Olivier	Directeur du PEV	+25779592531	bervolin05@yahoo.fr
Dr NITEREKA Josélyne	Conseillère :Direction Générale des Services de Santé et de la Lutte contre le SIDA/MSPLS	+25779976019	niterekaj@yahoo.fr
HUNT grev	UNICEF/Spécialiste en communication pour le développement	+25775909991	ghunt@unicef.org
KANYANA Annonciate	Gestionnaire des données au PEV	+25779969515	kannonciate@gmail.com
NDAYIKENGURUTSE Jean Michel	Chef de service communication au PEV	+25779901698	ndayimichel@yahoo.fr
NDUWIMANA Désiré	Directeur Administratif et financier du PEV	+2577994629	ndiwadesire@yahoo.fr
NZOSABA Claver	Secrétaire provincial de la croix Rouge à Muramvya	+25779948124	nzoclaver@yahoo.fr
RUNANGARI Candide	Comptable du PEV	79371132	runacandide@yahoo.fr

4.1.2. National Coordination Forum (Interagency Coordinating Committees (ICCs), Health Sector Coordinating Committees (HSCCs), and other equivalent bodies)

To be eligible for support, Gavi asks countries to ensure a *basic* functionality of their Coordination Forum (ICC/HSCC or equivalent body). Countries can demonstrate this by adhering to the requirements listed in section 5.2 of the General Guidelines. The information in this section and a set of documents submitted along with this application will help the Independent Review Committee (IRC) to assess adherence.

Profile of the Coordination Forum

Name of the Forum	Partnership Framework for Health and Development (CPSD)
Organisational structure (e.g., sub-committee, stand-alone)	Thematic groups

The Terms of Reference for the Coordination Forum is attached as DOCUMENT NUMBER : 4. The Terms of Reference should include all sections outlined in Section 5.2 of the General Guidelines..

Please describe the role of the Coordination Forum and stakeholders' participation (e.g. government, key donors, partners, key implementers, CSOs) in developing this proposal:

The principal objective of the CPSD is to support the Ministry of Public Health and AIDS Prevention in a concerted manner in the planning, implementation, monitoring and evaluation of the national policies and strategies for sustainable health development.

4.1.3. Signature Table for the Coordination Forum (ICC/HSCC or equivalent body)

We the members of the ICC, HSCC, or equivalent committee [1] met on the **08/09/2017** to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached. The minutes from the meeting endorsing the proposal and of the meetings of the past 12 months are attached as Document number 5. The signatures endorsing the proposal are attached as Document number 7 (please use the list for signatures in the section below).

Function	Title / Organisation	Name	Please sign below to indicate the attendance at the meeting where the proposal was endorsed	Please sign below to indicate the endorsement of the minutes where the proposal was discussed
Chair	Assistante du Ministre de la Santé Publique et de la Lutte contre le SIDA:MSPLS	Dr Josélyne NSANZERUGEZE		
Secretary	Bureau de Coordination des aides Internationaux	Dr Pascal NDAYONGEJE		
Members	Programme Elargi de vaccination/DAT	Bellejoie Louise IRIWACU		
	Pogramme Elargi de Vaccination/SIS	Annonciate KANYANA		
	UNICEF	Désilets Marie Claude		
	Programme Elargi de vaccination/DAF	Désiré NDUWIMANA		
	Programme Elargi de vaccination	Dr Apollinaire NDAYISABA		
	Direction du Système national d'Information Sanitaire/Directeur	Dr Asmini Hassan		
	Direction des Offres et demande de Soins:Directeur	Dr Boniface MARONKO		
	Clinique prince Louis RWAGASORE/Directeur	Dr Bonite HAVYARIMANA		
	SEP/CNLS/Directeur	Dr Désiré NDUWIMANA		
	RSS/KARADIRIDIMBA/Coordinateur	Dr dieudonné NICAYENZI		
	Inspecteur de la Régulation des accréditations	Dr Jean Bosco GIRUKWISHAKA		
	Direction des Programmes et Projets de santé	Dr Longin MANIRAKIZA		
	OMS	Dr Mamadou NOUHOU		
	Programme Elargi de vaccination/Directeur	Dr Olivier NIJIMBERE		
	Inspecteur Général de la Santé	Dr Providence MUNEZERO		
	OMS	Dr Rose Marie Magnifique NDUWIMANA		
	Ministère des Finances	Egide NDUWAMUNGU		
	Programme Elargi de vaccination	Ir Clarisse BUKEYENEZA		
	OMS	Jean Claude MANIRABARUTA		
	Directeur des ressources Humaine /MSPLS	Mariam NDAGIJE		
Programme Elargi de vaccination	Marie SIMBABAJE			
JICA/projet santé	Maryse SEZIKEYE			
Bureau de Coordination des Appuis internationaux	Pasteur Philippe NAKUWUNDI			
Direction des Pharmacies Médicaments et laboratoires/Directeur	Ph Emmanuel BAMENYEKANYE			

PNLS/IST	Richard MANIRAKIZA		
Directeur Général des Ressources/MSPLS	Roger NDIKUMAGENGE		
Central d'Achat des médicaments du Burundi	Sef SABUSHIMIKE		

By submitting the proposal we confirm that the quorum has been met. **Yes**

The minutes from the meeting endorsing the proposal and of the meetings of the past 12 months are attached are attached as DOCUMENT NUMBER : 6.

4.2. National Immunization Technical Advisory Group (NITAG)

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

In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG. This document is attached as **(Document Number: 8)**

5. Immunisation Programme Data

5.1 Background information

Please complete the table below, using the most recent data from available sources. Please identify the source of the data, and the date and attach the source document, where possible. The following documents should be referred to and/or attached:

- Comprehensive Multi-Year Plan for Immunisation (cMYP) (or equivalent plan). Please attach as DOCUMENT NUMBER 9.
- New Vaccine Introduction Plan(s) / Plan of Action. Please attach as DOCUMENT NUMBER 12.
- New Vaccine Introduction Checklist, Activity List and Timeline. Please attach as DOCUMENT NUMBER 12.
- Effective Vaccine Management (EVM) assessment. Please attach as DOCUMENT NUMBER 20.
- Two most recent annual WHO/UNICEF Joint Reporting Forms (JRF) on Vaccine Preventable Diseases.
- Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.
- In the case of Yellow Fever and Meningitis A mass preventive campaigns, the relevant risk assessments. Please attach as DOCUMENT NUMBER 24 and DOCUMENT NUMBER 25.

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

	Figure	Year	Source
Total population	9,978,423	2017	Projection by the General Census of Population and Housing, 2008
Birth cohort	468,986	2017	Projection by the General Census of Population and Housing, 2008.
Infant mortality rate (per 1000)	47	2016	Preliminary results from EDS 2016-2017 (demographic and health survey)
Surviving infants ^[1]	369,202	2017	Projection by the General Census of Population and Housing, 2008.
GNI per capita (US\$)	770	2016	Burundi economy (Ministry of Finance and Development Planning)
Total Health Expenditure (THE) as a percentage of GDP	14	2017	2017 Finance Law
General government expenditure on health (GGHE) as % of General government expenditure	7	2017	2017 Finance Law

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

5.1.1 Lessons learned

Preventive campaign support

If campaigns with **Meningococcal A, 10 dose(s) per vial, LYOPHILISED** vaccines have already been conducted in your country, please give details of the lessons learned, specifically for: storage capacity, protection from additional freezing, staff training, cold chain, logistics, coverage, wastage rate, etc., and suggest action points to address them in future campaigns. If they are included in the Introduction Plan or Plan of Action, please cite the section only. If this information is already included in NVIP/POA, please reference the document and in which section/page this information can be found.

Lessons Learned	Action Points
See section I.5 of the action plan for the serogroup A meningococcal meningitis immunisation campaign action plan	See section I.5 of the action plan for the serogroup A meningococcal meningitis immunisation campaign action plan.

5.1.2 Health planning and budgeting

Please provide information on the planning and budgeting cycle in your country

a) the cycle for planning and budgeting is annual for annual action plans.

It is three to five years for strategic plans.

The cycle is 10 years for the national health policy.

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

National Health Policy 2016-2025:

NHDP: The national health development plan 2011-2015 extended until 2018.

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

Yes

Please indicate the national planning budgeting cycle for health

The national planning and budgeting cycle for health runs for ten years.

Please indicate the national planning cycle for immunisation

The national planning cycle for immunisation is five years, but it must be aligned with the National Health Development Plan.

5.1.3 Coverage and equity

Please describe any health systems bottlenecks or barriers to access, utilisation and delivery of immunisation services at district level (or equivalent), for example geographic, socio-economic and/or gender-related barriers. Please indicated if there are specific populations of concern. If available, please provide subnational coverage and equity data highlighting geographic, socio-economic, gender-related, or other barriers and any other relevant categories of vulnerable or high-risk populations.

No barrier for access to immunisation services identified related to geography, socio-economic factors and/or gender-specific. Free care for children under five and pregnant women, as well as immunisation campaigns incorporated into other health activities (MCHW, African Vaccination Week and outreach strategies; door-to-door activities) made it possible to improve immunisation coverage.

Please explain how the proposed NVS support (activities and budget) will be used to improve coverage and equity of routine immunisation with reference to specifically identified health systems bottlenecks and/or specific populations of concern. For countries that will be receiving Gavi HSS and/or CCEOP funding concurrently with NVS funds, please also highlight how NVS funds will support/complement/leverage specific activities or investments included in those other grants.

Questions of equity are considered in the process for preparing social mobilisation strategies (See section II.6 of the campaign action plan).

Please describe what national surveys take place routinely in country to assess gender and equity related barriers. Highlight whether this application includes any activities to assess gender and equity related barriers.

Demographic and health surveys 2010 and 2016-2017

National survey of vaccine coverage for 2012:

Coverage survey following vitamin A supplementation and deworming with Albendazole from the 2016 mother-child health week in Burundi.

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

Sex-disaggregated data collected and used.

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

The country is not currently in a situation of fragility

5.1.4 Data quality

To support country efforts to strengthen the availability, quality and use of vaccination coverage data for strengthened programme management, Gavi requires that countries applying for all types of Gavi support to undertake routine monitoring of vaccination coverage data through an annual desk review; conduct periodic (once every five years or more frequently where appropriate) in-depth assessments of routine administrative vaccination coverage data; conduct periodic (at least once every five years) nationally representative vaccination coverage surveys; and develop and monitor plans for improving vaccination coverage data quality as a part of their own core work plans.

5.2. Baseline and Annual Targets for Routine Vaccines

No NVS Routine Support is requested

5.3. Targets for Preventive Campaign(s)

Please refer to cMYP pages to assist in filling-in this section. For HPV, please also refer to Annex 3 of the HPV Guidelines.

The Base year information should be completed for the year in which the application is being completed.

5.3.1 Targets (Meningococcal A campaign)

Mini catch-up campaigns will be introduced at the same time as routine EPI. Gavi will support one-time mini catch-up campaigns with Meningococcal A conjugate vaccine targeting cohorts born between the initial mass campaign and introduction of routine infant vaccination in all 26 endemic countries in the African meningitis belt. The exact age range will depend on the specific country epidemiology and situation, although the target number to be reached should be included in table 5.3.1)

Cohort for Meningococcal A via mass preventative campaigns is population 1-29 years old

Table 5.3.1 Baseline NVS campaign figures for Meningococcal A

Number	Targets: preventative mass campaigns
	2018
Total target population	7,898,903
Wastage rate (%) for Meningococcal A (campaign)	10
Maximum wastage rate value for Meningococcal A (campaign)	10 %

Number	Targets: mini catch-up campaigns
	2018
Total target population	0
Wastage rate (%) for Meningococcal A (campaign)	0
Maximum wastage rate value for Meningococcal A (campaign)	10 %

5.4. Targets for One time mini-catchup campaign(s)

No One time mini-catchup campaign this year

6. New and Under-Used Vaccines (NVS Routine vaccines)

No NVS Routine Support is requested

7. NVS Preventive Campaigns

7.1. Assessment of burden of relevant diseases related to campaigns (if available)

Disease	Title of the assessment	Date	Results
Serogroup A meningococcal meningitis	Meningitis risk analysis in Burundi	March 2017	<p>NmA has circulated in the country -- no arguments to certify that it has disappeared and will never return to Burundi.</p> <p>The population of Burundi is susceptible (as there has been no campaigns in the country for a long time).</p> <p>In immunity front (neighboring countries): DRC has already immunised Movements of populations</p> <p>Hence the proposal to introduce the MenAfriVac vaccine in 2018 through mass campaigns to protect population of 1-29 age group, or about 70% of the total population.</p>

Please attach the Plan of Action for each campaign as Document No. 34 in Section 10.

7.1.1 Epidemiology and disease burden for Meningococcal A

Please select at least one of the following information sources to justify Meningococcal A disease burden results:

Epidemiological information on burden of disease:

- 1 - Risk assessments
 2 - Other

7.2. Request for Meningococcal A, 10 dose(s) per vial, LYOPHILISED campaign support

7.2.1. Summary for Meningococcal A campaign support

When is the country planning to conduct the Meningococcal A catchup campaign? **November 2022**

When is the country planning to conduct this campaign? **September 2018**

Please note that, 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 this issue.

Please give a summary of the cMYP and/or the **Meningococcal A, 10 dose(s) per vial, LYOPHILISED** introduction plan sections that refer to the introduction of **Meningococcal A, 10 dose(s) per vial, LYOPHILISED**. Outline the key points that informed the decision-making process (data considered etc) and describe the plans for social mobilisation and microplanning, including strategies for insecure or hard-to-reach areas. If they are included in the introduction plan or plan of action, please cite the sections only.

See Section I.2 of plan of action for campaign.

Please summarise the cold chain capacity (at central and other levels) and readiness to accommodate new vaccines, taking into consideration training, cold chain **equipment** and other **logistical** requirements. If cold chain expansion is required, state how it will be financed, and when it will be in place. Please describe how the surge capacity for campaigns will be managed. Please indicate if the supplies for the campaign will have any impact in the shipment plans for your routine vaccines and how it will be handled. The Independent Review Committee requires assurance that the cold chain is ready or will be ready for the campaign, and evidence/plans need to be provided (if they are included in detail in the plan of action, please cite the section here). **All proposals** that include Gavi-financing for cold chain equipment intended for vaccine storage shall need to procure equipment pre-qualified by WHO under their Performance Quality and Safety (PQS) program. The purchase of non-PQS equipment will only be considered on an exceptional basis, with justification and advance agreement from Gavi. Please note that all Gavi-financed cold chain equipment needs to be WHO pre-qualified. The purchase of non-PQS equipment will only be considered on exceptional basis, with justification and advance agreement from Gavi.

See Section I.2 of plan of action for campaign.

Please describe how the campaign activities will contribute to strengthening routine immunisation services. Please refer to specific activities to be undertaken during planning and implementation, to evaluate the implementation of the routine strengthening activities completed during the campaign, and to assess, via an independent survey, the quality and coverage achieved through the campaign.

Before the campaign roll-out, forays into the field will be organised in order to perform preventive and curative maintenance on all cold chain equipment. The EPI will also ensure that all photovoltaic refrigerators available in the country will be installed and used.

Through social mobilisation activities that will be implemented for the campaign, potential stakeholders and opinion leaders, as well as the population, will be educated on immunisation activities, including activities for routine. Cascaded trainings will be organised prior to the campaign and will not only discuss campaign themes, but also those relating to routine immunisation.

Please submit relevant documentation to support the estimates of the size of the campaign target population (as DOCUMENT NUMBER : 18).

7.2.2. Grant Support for Operational Costs of the Meningococcal A Campaign

Table 7.2.2: calculation of grant to support the operational costs of the campaigns (mini catch up campaigns and mass campaigns)

Year of Meningococcal A support	Total target population (from Table 5.5)	Gavi contribution per target person in US\$	Total in US\$
2018	7,898,903	0.65	5,134,287

[1] The Grant will be based on a maximum award of \$0.65\$ per target person- (synergies between mass campaigns, mini catch up campaigns and routine immunisation need to be highlighted. There will be common activities such as training across the new introductions).

Please describe how the grant will be used to facilitate the preparation and timely and effective delivery of the

campaigns to the target population (refer to the cMYP and the Vaccine Introduction Plan).

Support will be managed in compliance with Gavi grant management requirements as stipulated by the Partnership Framework Agreement between Gavi and the Republic of Burundi. Different committees will be designated to enable the campaign to be prepared and implemented. Vaccines and injection materials will be procured through UNICEF. Once the vaccines arrive at the airport, they will be immediately collected and transported to national level storage facilities, where they will be held until they are sent to the district storage facilities and then to the health centres, according to the agreed-upon supply plan.

Since we are in the process of implementing the plan to transition to solar equipment, storage capacities for the national level and districts will be sufficient for handling all stocks. In addition, a Controlled Temperature Chain (CTC) will be used starting from health districts.

Where Gavi support is not enough to cover the full needs, please describe other sources of funding and the expected amounts to be contributed, if available, to cover your full needs.

The necessary budget for the serogroup meningococcal meningitis immunisation campaign will come from Gavi, in the amount of US\$ 5,134,287.

Please complete the 'Detailed budget for VIG / Operational costs' template provided by Gavi and attach as a mandatory document in the Attachment section. VIG/operational costs template should detail or highlight activities for mini catch and comment on synergies across the VIGs).

Detailed budget attached as Document No. 22.

7.2.3 Meningococcal A Vaccine introduction Grant

Has a Meningococcal A vaccine already been introduced nationally on a routine basis? **No**

Calculation of Vaccine Introduction Grant for the **Meningococcal A, 10 dose(s) per vial, LYOPHILISED**

Please indicate in the tables below how the one-time Introduction Grant^[1] will be used to support the costs of vaccine introduction and critical pre-introduction activities (refer to the cMYP). Gavi's support may not be enough to cover the full needs so please indicate in the table below how much and who will be complementing the funds needed.

Year of New Vaccine Introduction	Birth cohort (from Table 5.1)	Gavi contribution per target person in US\$	Total in US\$
2018	468,986	0.80	375,189

^[1] The Grant will be based on a maximum award of \$0.80 per person in the birth cohort with a minimum starting grant award of \$100,000

Please describe how the Gavi Vaccine Introduction Grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the introduction of the new vaccine (refer to the cMYP and the Vaccine Introduction Plan).

The country plans to introduce the meningococcal vaccine into routine in 2022, once the pentavalent vaccine is available. The country will first strengthen surveillance for greater control of epidemics based on surveillance data.

8. NVS Follow-up Campaigns

No NVS Follow-up Campaign Support this year

9. Procurement and Management

9.1 Procurement and Management of New and Under-Used Vaccines Routine

No NVS Routine Support is requested

9.2 Procurement and Management for NVS Preventive Campaign(s)

9.2.1 Procurement and Management for Meningococcal A, 10 dose(s) per vial, LYOPHILISED campaign

a) Please show how the support will operate and be managed including procurement of vaccines (Gavi expects that countries will procure vaccine and injection supplies through UNICEF):

Vaccines and other inputs intended for the campaign will be ordered through UNICEF. Procurement procedures are specified in section II.2 of the campaign action plan..

b) Please describe the financial management procedures that will be applied for the management of the preventive campaign cash support, including any procurement to be incurred.

Funds allocated to immunisation campaign operational support, including related procurement, will go through the HSS/Gavi Management Unit account. These funds will then be transferred to the EPI account.

c) Please indicate if the campaign is going to be phased, and if so, how this will be done.

For our country, the campaign will take place in a single phase.

d) Please outline how coverage of the campaign including mini catch up campaigns will be monitored, reported and evaluated (refer to the cMYP and/or the **Meningococcal A, 10 dose(s) per vial, LYOPHILISED** campaign introduction plan)

The Ministry of Public Health and AIDS Prevention will designate a national steering committee to monitor preparatory activities for the campaign. In its terms of reference, a monitoring-evaluation subcommittee stemming from the national steering committee will monitor implementation of activities planned for the campaign.

Pre-campaign, the monitoring-evaluation committee will need to ensure that the campaign readiness assessment and baseline data tool has been updated. Campaign monitoring indicators will be identified.

During the campaign, data will be collected daily at each site by the site manager. The data will be entered and compiled by the HIS officer for each district and then transmitted to the provincial health office (BPS), which will be responsible for sending them to the national level for aggregation. Qualitative and quantitative assessments will be conducted. The qualitative assessment will be done by using a checklist to assess logistical support (communication, cold chain equipment, injection safety, waste elimination), surveillance and the response to Adverse Events Following Immunisation (AEFI). The quantitative assessment will include rapid convenience sampling to be carried out by independent supervisors starting on the fifth day of the campaign in zones and localities where there are populations at high risk and who are underserved, places where high risk populations are located (displaced or refugee populations, hard-to-reach, political and economic problems).

Post-campaign, a campaign assessment meeting will be organised by the steering committee to analyse different points, including immunisation coverages achieved. Within one month, technical and financial reports for the campaign will be produced by the EPI and sent to the Ministry of Public Health and AIDS Prevention's cabinet, with copies to the partners, which will in turn send it to the Government. In the three months following the end of the immunisation campaign, the Ministry of Public Health and AIDS Prevention will conduct a post-campaign immunisation coverage survey (ICS) in all health districts, which will make it possible to evaluate a certain number of indicators, in particular (among others) immunisation coverage for serogroup A meningococcal meningitis by age bracket in health provinces/health districts.

9.3 Product Licensure

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

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

All vaccines are procured through UNICEF and are WHO-pre-qualified. However, any importation of vaccines will need to be registered and authorised by Directorate of Pharmacies, Medications and Laboratories (DPML). The country facilitates registration, there is no specific timetable for registration of new products.

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

Lyophilised vaccine, 10-dose vial.

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

Customs clearance procedures are performed by a clearance agency recognised by the Burundi Revenue Authority.

The Department of Pharmacies, Medicines and Laboratories of the Ministry of Public Health and AIDS Prevention inspects all deliveries. There is no recommended delay for delivering vaccines.

Please provide information on NRA in the country, including status (e.g. whether it is WHO-certified). Please include points of contact with phone numbers and e-mail addresses. UNICEF will support the process by communicating licensing requirements to the vaccine manufacturers where relevant.

In Burundi, the DPML serves as the NRA.

Its role is to:

- approve pharmaceutical products and grant market authorisation;
- provide quality control for medications;
- organise a system for pharmacovigilance and post-marketing surveillance;
- revise the list of essential medications;

- undertake post-sale surveillance, including monitoring of AEFIs.

Téléphone no.: +257 22 24 97 40; +257 71 43 68 47

E-mail address: bamenyekanye@hotmail.com

9.4 Waste management

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

During routine immunisation activities and campaigns, immunisation safety precautions are taken in

compliance with the joint order of the Minister of Public Health and AIDS Prevention and the Minister of Water, the Environment, Land Administration and Urbanism that addresses classification and management of biomedical waste. Immunisation is done systematically using AD syringes, collected in safety boxes that are transported to the place where they are destroyed through incineration. The other non-sharps waste from immunisation are collected in appropriate waste bins and also transported to a location to be incinerated. In fact, all the HC offering immunisation services have incinerators. In order to ensure the final disposal of waste after incineration, ash is collected and thrown into pits.

Note: Burundi still does not have machines to shred non-calcinated vials.

9.5 Procurement and Management for Follow up Campaign(s)

No NVS Follow-up Campaign Support this year

10. List of documents attached to this proposal

Table 1: Checklist of mandatory attachments

Document Number	Document	Section	File
Endorsements			
1	MoH Signature (or delegated authority) of Proposal	4.1.1	note.pdf File desc: Date/time : 08/09/2017 09:59:58 Size: 844 KB
2	MoF Signature (or delegated authority) of Proposal	4.1.1	note.pdf File desc: Date/time : 08/09/2017 10:00:24 Size: 844 KB
4	Terms of Reference for the Coordination Forum (ICC/HSCC or equivalent) including all sections outlined in Section 5.2 of the General Application Guidelines (Note: countries applying before May 2017 can submit their existing Terms of Reference)	4.1.2	Termes de référence du CPSD.pdf File desc: Date/time : 08/09/2017 12:08:35 Size: 697 KB
5	Minutes of Coordination Forum meeting endorsing Proposal	4.1.3	Compte rendu de la réunion du CPSD du 08 Septembre2017.pdf File desc: Date/time : 08/09/2017 12:03:01 Size: 5 MB
6	Signatures of Coordination Forum members in Proposal	4.1.3	Liste de présence lors de la réunion du CPSD.pdf File desc: Date/time : 08/09/2017 12:08:00 Size: 1 MB
7	Minutes of the Coordination Forum meetings from the past 12 months before the proposal	4.1.3	PV Trois dernières Réunions-CPSD.zip File desc: Date/time : 07/09/2017 03:36:27 Size: 10 MB
8	Role and functioning of the advisory group, description of plans to establish a NITAG	4.2.1	Note sur le GTCV.pdf File desc: Date/time : 08/09/2017 08:13:45 Size: 370 KB
26	List of areas/districts/regions and targets to be supported for meningitis A mini catch up campaigns		Note sur les mini campagnes.pdf File desc: Date/time : 13/10/2017 04:27:31 Size: 455 KB
31	Minutes of NITAG meeting with specific recommendations on the NVS introduction or campaign	4.2	COMPTE RENDU DE LA REUNION DU GROUPE THEMATIQUE.docx File desc: Date/time : 08/09/2017 08:14:45 Size: 28 KB
Planning, financing and vaccine management			

9	Comprehensive Multi Year Plan - cMYP	5.1	PPAC 2011-2015 étendu à 2018.zip File desc: Date/time : 08/09/2017 08:18:03 Size: 31 MB
10	cMYP Costing tool for financial analysis	5.1	Copie de cMYP_V3.6.8_Master_ML_VF_11_MAI_2017.xlsx File desc: Date/time : 07/09/2017 03:37:49 Size: 2 MB
11	M&E and surveillance plan within the country's existing monitoring plan	5.1.4	Note sur le Suivi-Evaluation.pdf File desc: Date/time : 08/09/2017 08:22:05 Size: 311 KB
12	New vaccine introduction plan (NVIP), New Vaccine Introduction Checklist and Activity List & Timeline for routine vaccines or Plan of Action (PoA) for campaign vaccines	5.1.7.2.3	Note sur le plan d'introduction.pdf File desc: Date/time : 08/09/2017 08:22:41 Size: 359 KB
18	Campaign target population documentation	8.x.1, 6.x.1	Documentation-Population cible campagne MenA.pdf File desc: Date/time : 07/09/2017 08:13:57 Size: 3 MB
19	EVM report	9.3	Burundi Rapport Evaluation GEV 2016 final.pdf File desc: Date/time : 08/09/2017 12:27:33 Size: 2 MB
20	Improvement plan based on EVM	9.3	Plan d'amélioration de la GEV.xlsx File desc: Date/time : 08/09/2017 12:45:08 Size: 20 KB
21	EVM improvement plan progress report	9.3	Etat de Mise en Oeuvre des recommandations issues de la GEV de 2016.xlsx File desc: Date/time : 08/09/2017 12:46:05 Size: 14 KB
22	Detailed budget template for VIG / Operational Costs	6.x,7.x.2,6.x.2,8.2.3	Prévision budgétaire MenA 13 October 2017.xlsm File desc: Date/time : 13/10/2017 03:26:04 Size: 1 MB
32	Data quality assessment (DQA) report	5.1.4	Rapport Evaluation du SISR du BURUNDI PRISM.pdf File desc: Date/time : 08/09/2017 01:19:41 Size: 4 MB
34	Plan of Action for campaigns	8.1, 8.x.4	Plan d'action de la campagne menA.pdf File desc: Date/time : 08/09/2017 08:20:28 Size: 17 MB

Table 2: Checklist of optional attachments

Document Number	Document	Section	File
3	MoE signature (or delegated authority) of HPV Proposal	4.1.1	Non disponible.pdf File desc: Date/time : 08/09/2017 09:47:09 Size: 247 KB
14	Annual EPI Plan with 4 year forward view for measles and rubella		Plan strategique Rougeole21 MAI 2014.pdf File desc: Date/time: 13/10/2017 03:09:08 Size: 1 MB
15	HPV Region/ Province profile	6.1.1	Non disponible.pdf File desc: Date/time : 08/09/2017 09:48:40 Size: 247 KB
16	HPV Key Stakeholder Roles and Responsibilities	6.1.1,6.1.2	Non disponible.pdf File desc: Date/time : 08/09/2017 09:49:32 Size: 247 KB
17	Evidence of commitment to fund purchase of RCV (in place of the first dose of MCV) / for use in the routine system	5.1.6, 6.1.7	Non disponible.pdf File desc: Date/time : 08/09/2017 09:50:06 Size: 247 KB
24	Risk assessment and consensus meeting report for Yellow Fever, including information required Section 5.3.2 in the General Guidelines on YF Risk Assessment process	5.1	Final RAPPORT de Mission RFisk Assessment Meningite Burundi 2017.pdf File desc: Date/time : 08/09/2017 04:00:37 Size: 1 MB
25	Post Introduction Evaluation report from any recent NVS introduction	5.1	Non disponible.pdf File desc: Date/time : 08/09/2017 09:50:42 Size: 247 KB
27	National Measles (& Rubella) elimination plan if available		Non disponible.pdf File desc: Date/time : 08/09/2017 09:51:12 Size: 247 KB
			Non disponible.pdf File desc: Date/time : 08/09/2017 09:54:45 Size: 247 KB
28	A description of partner participation in preparing the application	4.1.3	Non disponible.pdf File desc: Date/time : 08/09/2017 09:55:27 Size: 247 KB
30	For countries applying for measles/rubella support that are not yet financing the measles monovalent component of MCV1, ICC minutes committing to finance from 2018 onwards.		No file loaded

33	DQA improvement plan	5.1.4	Plan d'amélioration de la qualité des données-VF.docx File desc: Date/time : 08/09/2017 04:25:51 Size: 36 KB
35	Other		JRF 2016.xls File desc: Date/time : 08/09/2017 04:01:29 Size: 801 KB
			JRF 2015 vf.xls File desc: Date/time : 08/09/2017 04:02:07 Size: 619 KB
			note 2.pdf File desc: Date/time : 08/09/2017 10:01:19 Size: 374 KB
			Revue documentaire et Revue du système draft.docx File desc: Date/time: 13/10/2017 03:28:28 Size: 108 KB
			Barèmes per diems.pdf File desc: Date/time: 13/10/2017 04:35:31 Size: 397 KB
			Barèmes organisation des ateliers.zip File desc: Date/time: 13/10/2017 04:39:01 Size: 3 MB
			Demande de complément dinformations pour la demande de soutien Camp MenA Burundi1310017 vf.docx File desc: Date/time: 13/10/2017 04:40:03 Size: 39 KB
36	Strategy for establishing or strengthening a national comprehensive approach to cervical cancer prevention and control		No file loaded
37	Evidence of self-financing MCV1	5.1.5	No file loaded
38	For countries applying for measles/rubella support that are not yet financing the measles monovalent component of MCV1, a signed letter from the Minister of Health and the Minister of Finance committing to finance from 2018 onwards.		No file loaded

39	Epidemiological analysis/evidence	8.3.1	No file loaded
40	Post Campaign Coverage Survey report for MR catch-up applications	5.1.x	No file loaded
41	cMYP addendum on measles and rubella		No file loaded
42	Offline cofinancing calculator for this campaign	5.5, 8.2.3	Non disponible.pdf File desc: Date/time : 08/09/2017 09:56:26 Size: 247 KB

11. Annexes

Annex 1 - NVS Routine Support

No NVS Routine Support is requested

Annex 2 - NVS Routine – Preferred Second Presentation

Annex 3 - NVS Preventive campaign(s)

Annex 3.1 - NVS Preventive campaign(s) (Meningococcal A, 10 dose(s) per vial, LYOPHILISED)

Table Annex 3.1 C: Summary table for CAMPAIGN Meningococcal A, 10 dose(s) per vial, LYOPHILISED

	Source		2018
Total target population	Table 5.2	#	7,898,903
Number of doses per persons	Parameter	#	1
Estimated vaccine wastage factor	Table 5.2	#	1.11
Wastage Rate	Table 6.2.2	#	10
Number of doses per vial	Parameter	#	10
AD syringes required	Parameter	#	Yes
Reconstitution syringes required	Parameter	#	Yes
Safety boxes required	Parameter	#	No
AD syringe price per unit	Table Annexes 4A	\$	0.036

Reconstitution syringe price per unit	Table Annexes 4A	\$	0.031
Safety box price per unit	Table Annexes 4A	\$	0.461
Freight cost as % of vaccines value	Table Annexes 4B	%	3.36%
Freight cost as % of devices value	Parameter	%	10.00%

Table Annex 3.1 D: Estimated numbers for Meningococcal A, 10 dose(s) per vial, LYOPHILISED, associated injection safety material and related co-financing budget (page 1)

		Formula	2018		
			Total	Government	Gavi
B	Total target population	<i>Table 5.3.1</i>	7,898,903	0	7,898,903
C	Number of doses per persons	<i>Vaccine parameter (schedule)</i>	1		
D	Number of doses needed	$B \times C$	7,898,903	0	7,898,903
E	Estimated vaccine wastage factor	$100 / (100 - \text{Vaccine wastage rate})$	1.11		
F	Number of doses needed including wastage	$D \times E$	8,767,783	0	8,767,783
G	Vaccines buffer stock	0	0	0	0
I	Total vaccine doses needed	$\text{Round up}((F + G) / \text{Vaccine package size}) \times \text{Vaccine package size}$	8,768,000	0	8,768,000
J	Number of doses per vial	<i>Vaccine parameter</i>	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G) \times 1.10$	8,688,794	0	8,688,794
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	964,481	0	964,481
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	4,953,920	0	4,953,920
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	312,797	0	312,797
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	29,579	0	29,579
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	166,593	0	166,593
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	34,238	0	34,238
T	Total fund needed	$(N+O+P+Q+R+S)$	5,497,127	0	5,497,127

Note: There is no co-financing for NVS preventive campaigns

Annex 4

Table Annex 4A: Commodities costs

Estimated prices of supply are not disclosed

Vaccine	Presentation	2017	2018
Meningococcal A, 10 dose(s) per vial, LYOPHILISED	10	0.565	0.565

Supply	Form	2017	2018
RECONSTIT-SYRINGE-YF	SYRINGE	0.031	0.031

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table Annex 4B: Freight cost as percentage of value

Vaccine Antigen	Vaccine Type	2018
Meningococcal A, 10 dose(s) per vial, LYOPHILISED	MENINACONJUGATE	3.36 %

12. Banking Form

In accordance with the decision on financial support made by the Gavi, the Government of Burundi hereby requests that a payment be made via electronic bank transfer as detailed below:

Name of Institution (Account Holder):	PROJET KARADIRIDIMBA/RSS-GAVI		
Address:	BP 1820 Bujumbura		
City Country:	Avenue de l'Hôpital Prince Régent Charles		
Telephone no.:	(+257)22256560/ 22256558/ 77737480/ 71456813	Fax no.:	Non fonctionnel
Currency of the bank account:		BIF	
For credit to:			
Bank account's title:	PROJET KARADIRIDIMBA		
Bank account no.:	1101/001.29		
Bank's name:	BRB		

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

By who is the account audited? Ministre de la Santé Publique et de la Lutte contre le SIDA

Signature of Government's authorizing official

Name:	Dr Josiane NIJIMBERE	Seal
Title:	Ministre de la Santé Publique et de la Lutte contre le SIDA	
Signature:		
Date:	9/8/2017	

FINANCIAL INSTITUTION		CORRESPONDENT BANK (In the United States)	
Bank Name:	Banque de la République du Burundi (BRB)		
Branch Name:	Siège		
Address:	Avenue du Gouernement BP 705 Bujumbura		
City Country:	Bujumbura- Burundi		
Swift Code:	BRBUBIBI		
Sort Code:			
ABA No.:			
Telephone No.:			
FAX No.:			

I certify that the account No 1101/001.29 is held by PROJET KARADIRIDIMBA at this banking institution

The account is to be signed jointly by at least 2 (number of signatories) of the following authorized signatories:

1	Name:	Dr Josiane NIJIMBERE
	Title:	Ministre de la Santé Publique et de la Lutte contre le SIDA
2	Name:	Dr Domitien NDIHOKUBWAYO
	Title:	Ministre des Finances , budget et de la Privatisation
3	Name:	
	Title:	

Name of bank's authorizing official	
Ministre des Finances , budget et de la Privatisation	
Signature:	
Date:	9/8/2017
Seal:	