

APPLICATION FORM FOR
GAVI NVS SUPPORT

Submitted by
The Government of Mauritania
for
Measles-rubella 1st and 2nd dose routine



Reach Every Child
www.gavi.org

1 Gavi Grant terms and conditions

1.2 Gavi terms and conditions

1.2.1 Gavi terms and conditions

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

GAVI GRANT APPLICATION TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

NO LIABILITY

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

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

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

INSURANCE

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

ANTI-CORRUPTION

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

ANTI-TERRORISM AND MONEY LAUNDERING

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

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with Gavi, as requested. Gavi reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how Gavi funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of Gavi funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against Gavi in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, or any other agreed annual reporting mechanism, is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to perform the programme(s) described in its application, as amended, if applicable.

COMPLIANCE WITH GAVI POLICIES

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

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by Gavi. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: Gavi and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

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

1.3 Gavi Guidelines and other helpful downloads

1.3.1 Guidelines and documents for download

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

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

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

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

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

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

2 Review and update country information

2.1 Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Preparatory transition

Date of Partnership Framework Agreement with Gavi

14 December 2012

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

June 2016

2.1.2 Country health and immunisation data

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

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

No Response

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

No Response

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

5517910

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

5517910

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

4034331.45

[2.1.3 National health planning and budgeting cycle, and national planning cycle for immunisation:](#)

The government planning cycle starts on the

1 January

The current National Health Sector Plan (NHSP) is

From

2017

To

2020

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

2016-2020

Is the cMYP we have in our record still current?

Yes

No

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

Note 1

From

To

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

The information is correct

2.1.4 National customs regulations

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

Vaccines and injection supplies ordered under the Expanded Programme on Immunisation (EPI) are exempt. However, combined direct removal procedures are required based on the bills of lading provided by the supplier.

2.1.5 National Regulatory Agency

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

The Central Directorate of Pharmacies and Laboratories at the level of the Ministry of Health assumes the role of the ANR.
The President (Director) is Dr Hamoud Fadel, tel. (+222) 45 25 23 12, mobile: +222 44 07 44 44.

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

	2019	2020	2021	2022
Country Co-financing (US\$)				
Gavi support (US\$)	139,609	146,008	148,119	150,216

Measles FD Routine

	2019	2020
Country Co-financing (US\$)	49,000	58,926
Gavi support (US\$)	63,500	58,500

PCV Routine

	2019	2020	2021	2022
Country Co-financing (US\$)	186,878	222,052	257,735	300,570
Gavi support (US\$)	1,409,500	1,484,000	1,214,971	1,192,880

Pentavalent Routine

	2019	2020	2021	2022
Country Co-financing (US\$)	41,279	47,935	57,335	66,285
Gavi support (US\$)	298,000	295,000	295,974	288,897

Rota Routine

	2019	2020	2021	2022
Country Co-financing (US\$)	76,118	90,792	105,006	122,458
Gavi support (US\$)	507,000	514,000	502,874	493,984

Summary of active Vaccine Programmes

	2019	2020	2021	2022
Total country co-financing (US\$)	353,275	419,705	420,076	489,313
Total Gavi support (US\$)	2,417,609	2,497,508	2,161,938	2,125,977
Total value (US\$) (Gavi + Country co-financing)	2,770,884	2,917,213	2,582,014	2,615,290

2.3 Coverage and Equity

2.3.1 Coverage and equity situation analysis

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

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

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

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

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

Some of the problems that impede the performance of the coverage and equity programme:

1. Cover in terms of service provision structures which is relatively low (60%) and the lack of mobile logistical resources to carry out immunisation at remote immunisation facilities.
2. The insufficiency and instability of the staff: this insufficiency concerns staff numbers and skills

3. Insufficient data quality as well as problems related to readiness and data completeness.

To resolve these problems, the ministry in collaboration with these TFP thought up a quite a few measures, of which:

1. At the level of coverage and equity

a. Vehicle acquisition for advance/mobile immunisation activities, input supply and supervision (23 acquired as part of health system and immunisation strengthening (RSS) and 15 others in the global fund)

b. The implementation of the cold chain equipment optimisation platform (CCEOP) planned for 2019. The implementation of the CCEOP will significantly help improve performance through the major expansion of service provision structures, improvement of storage capacities at all levels in particular (regional, district and service provider) and improvement of vaccine storage and transport conditions

c. The expanded implementation of the Reach Each District (ACD)

d. Review of tools for gathering programme data to take into account the type and other useful information from 2018.

2. Human resources:

a. Training schools for health staff continue to produce hundreds of nurses and midwives each year

b. Training of immunisation staff at the operational level, including the training of district medical officers planned for this year in RSS2 and funds in addition to it.

3. Data quality

a. Conducting of a document review on data quality in collaboration with the WHO and ONS (National Office for Statistics)

b. Development of a data quality improvement plan

2.4 Country documents

2.4.1 Upload country documents

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

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

Country and planning documents



Country strategic multi-year plan

[cMYPV38FRMauritanie_24-12-18_17.07.41.xlsx](#)

Comprehensive Multi-Year Plan for

	Immunisation (cMYP) or equivalent country strategic plan	
✓	Country strategic multi-year plan / cMYP costing tool	PPAC2016_2020_Mauritanievf_24-12-18_17.08.46.pdf
✓	Effective Vaccine Management (EVM) assessment	5. RapportGEV2017Mauritanie_24-12-18_17.11.50.doc
✓	Effective Vaccine Management (EVM): most recent improvement plan progress report	6. Plan damélioration GEV 2017Mauritanie_24-12-18_17.13.23.xls
✓	Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators	Rapport FINAL DQS 2018 3_25-12-18_12.55.59.docx
✓	Data quality and survey documents: Immunisation data quality improvement plan	Plan amelioration qualite donnees PEVMauritanie 2017 revu_25-12-18_12.57.07.docx
✓	Data quality and survey documents: Report from most recent desk review of immunisation data quality	Rapport FINAL DQS 2018 3_16-01-19_23.53.34.docx
	Data quality and survey documents: Report from most recent in-depth data quality	No file uploaded

evaluation including immunisation

Human Resources pay scale

No file uploaded

If support to the payment of salaries, salary top ups, incentives and other allowances is requested

Coordination and advisory groups documents



National Coordination Forum Terms of Reference

ICC, HSCC or equivalent

[Note de service CCIA 25-12-18 13.25.41.pdf](#)

[Nouveau arrêté du CCIA.VF.DSBN 25-12-18 13.24.43.docx](#)



National Coordination Forum meeting minutes of the past 12 months

[3. PV Réunion CCIA du 27.07.2018 21-01-19 16.40.32.pdf](#)

[4. PV Réunion CCIA du 29.11.2018 21-01-19 16.39.59.pdf](#)

Other documents



Other documents (optional)

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

[Rapport Revue PEV 2014 24-12-18 17.14.46.rar](#)

3 Measles-rubella 1st and 2nd dose routine

3.1 Vaccine and programmatic data

3.1.1 Choice of presentation and dates

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

Note 3

Measles-rubella 1st and 2nd dose routine

Preferred presentation	MR, 10 doses/vial, Iyo
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd preferred presentation	MR, 5 doses/vial, Iyo
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Required date for vaccine and supplies to arrive	9 December 2019
Planned launch date	20 February 2020
Support requested until	2020

3.1.2 Vaccine presentation registration or licensing

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

Both presentations are permitted in the country.

3.1.3 Vaccine procurement

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

Yes No

If you have answered yes, please attach the following in the document upload section:* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

3.2 Target Information

3.2.1 Targets for routine vaccination

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

Note 4

9 weeks months years

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

Note 5

15 weeks months years

	2020
Population in the target age cohort (#)	148,872
Target population to be vaccinated (first dose) (#)	144,406
Population in the target age cohort for last dose(#)	142,917
Target population to be vaccinated for last dose (#)	142,917
Estimated wastage rates for preferred presentation (%)	25

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

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

	2020
10 doses/vial, Lyophilised	0.66

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

	2020
AD syringes	0.04
Reconstitution syringes	0.04
Safety boxes	0.47
Freight cost as a % of device value	0.01

3.3.2 Country choice of co-financing amount per vaccine dose

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

Note 6

	2020
Country co- financing share per dose (%)	15.51
Minimum Country co-financing per dose (US\$)	0.3
Country co- financing per dose (enter an amount equal or above minimum)(US\$)	0.5

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

Measles-rubella routine, 1st and 2nd dose

	2020
Vaccine doses	148,400

financed by Gavi (#)	
Vaccine doses co- financed by Country (#)	329,300
AD syringes financed by Gavi (#)	130,900
AD syringes co- financed by Country (#)	290,300
Reconstitution syringes financed by Gavi (#)	16,400
Reconstitution syringes co- financed by Country (#)	36,300
Safety boxes financed by Gavi (#)	1,625
Safety boxes co- financed by Country (#)	3,625
Freight charges financed by Gavi (\$)	4,140
Freight charges co-financed by Country (\$)	9,189
	2020
Total value to be co-financed (US\$) Country	239,000
Total value to be financed (US\$) Gavi	108,000
Total value to be financed (US\$)	347,000

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

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

Note 7

3.3.5 Co-financing payment

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

The EPI adopted the programming of funds for the procurement of vaccines and injection supplies one year in advance, i.e. in the year before the year of the financial year for this, the funds for the payment of vaccines (co-financed and traditional) will always be transferred to UNICEF before the start of the year in question.

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

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

The country takes responsibility for the first dose systematically as with all traditional vaccines and regularly co-finances all new vaccines and underused vaccines and a budget line has been recorded in the State budget every year to ensure the payment of these different types of vaccines including the Measles-Rubella (MR) vaccine.

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

August

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

Month

August

Year

2019

3.4 Financial support from Gavi

3.4.1 Routine Vaccine Introduction Grant(s)

Measles-rubella 1st and 2nd dose routine

Live births (year of introduction)

155,092

Gavi contribution per live birth (US\$)

0.7

Total in (US\$)

108,564.4

Funding needed in
country by

30 September 2019

3.4.2 Operational budget

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

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

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

17364

Total amount - Other donors (US\$)

0

Total amount - Gavi support (US\$)

101230

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

0.12

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

0

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

0.68

3.4.3 Key Budget Activities

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

1. Programme management and coordination
2. Vaccine receipt and distribution at operational level
3. Review and reproduction of collection and training tools
4. Social mobilisation and communication
5. Training of staff involved in immunisation activities
6. Supervision
7. Post-introduction evaluation

3.4.4 Financial management procedures

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

Funds received as part of the introduction of a new vaccine or activity will be managed in accordance with the financial management procedures of the Ministry of Health's DAF (Financial Affairs Directorate) taking into account the lessons learned from the last GAVI country-led audit.

3.4.5 Fiduciary management

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

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

Funds for operational costs must be transferred to the WHO.

3.4.6 Use of financial support to fund additional Technical Assistance needs

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

Note 8

Nothing to report.

3.5 Strategic considerations

3.5.1 Rationale for this request

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

The introduction of RR2 is part of Mauritania’s strategy for achieving the Sustainable Development Goals (SDGs). As a Member State of the United Nations, Mauritania is committed to achieving the SDGs, especially Goal 3: good health and well-being, the second component of which aims to eliminate preventable deaths of newborns and children under five by 2030. The introduction of RR2 is also a key element in the strategy for the elimination of measles and rubella in the country in accordance with resolution RC61 for the elimination of measles in the African Region adopted by all countries in September 2011. This strategy includes, among other activities, the provision of a second opportunity for measles immunisation. Without two doses of MR in the EPI (with vaccine coverage of at least 95% for both doses), it will be

impossible to keep the measles rate below the target of one case per million population. The rubella component of the vaccine will also eliminate rubella and congenital rubella syndrome. Many benefits are expected from administering the second dose of the MR vaccine both individually and collectively.

At individual level, the second dose of MR will help to strengthen the immunity of the children who will receive it. In addition, it will provide the opportunity for a follow-up visit of the child during their second year of life. This opportunity will be a chance to offer the child the antigens which were missed during their first year of life. In addition, it will incorporate other health activities (growth monitoring, deworming and vitamin A supplementation etc.).

At a collective level, the expected benefit is a reduction in the number of people susceptible to measles/rubella, hence the reduction in the transmission of the disease in the population. There will therefore be a reduction in the morbidity and mortality rate associated with this condition.

The routine delivery of two doses of MR slows down the accumulation of susceptible children, and increases the interval between follow-up campaigns.

It reduces dependence on additional campaigns, which can eventually be stopped when strong population immunity is achieved (IC 93 to 95%) and maintained at national level for at least three consecutive years.

The country does not currently offer any immunisation in the second year of life and the main challenge will be the adoption of a new paradigm in the EPI targeting a target population over 12 months of age both by health staff and by population. The introduction of the paradigm should be carefully prepared and implemented with a communication strategy to sensitise the population to the new vaccination schedule.

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

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

The plan to introduce the second dose of MR is part of the implementation of the Comprehensive Multi Year Plan (cMYP) and the plan for the elimination of measles and rubella in Mauritania.

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

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

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

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

The Inter-Agency Coordination National Committee is responsible for: Categorising according to the following areas:

- 1) Strategic planning
- 2) Operational planning
- 3) Performance monitoring
- 4) Coordination
- 5) Information

It is responsible for:

- Helping with the development and review of the national immunisation strategy.
- Approving technical procedure manuals and directives
- Approving the administrative and financial management procedure manual
- Developing and approving the cMYP for EPI coverage
- Approving annual EPI action plans
- Adopting annual budgets
- Monitoring the implementation of annual action plans,
- Approving operational and financial reports of the EPI
- Setting appropriate guidelines, strategies and measures for the programme
- Ensuring the smooth running of programme activities
- Approving all plans related to strengthening the health system (RSS - health system and immunisation strengthening)
- Monitoring the implementation of RSS activities
- Approving activities and reports related to RSS fund
- Approving all documents related to new vaccine introductions
- Sensitising all national and international partners likely to support the programme
- Supporting and encouraging the exchange of information and feedback at national and operational level with external partners
- Coordinating activities and commitments of national and international partners
- Ensuring the partnership established by the national committee is a positive support force for both the programme and supplementary immunisation activities.

3.5.4 Financial sustainability

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

Mauritania has provided co-financing payment in good time for both vaccines (new and underused) and for injection materials related to these vaccines.

Since 2009, the government's contribution has never been delayed except for in 2017, which was slightly behind schedule for transitional reasons. Furthermore, the current strategy to avoid any delay is to budget for the funds for the payment of vaccines and injection supplies in the year before that referred to to ensure the availability of funds at UNICEF level before the start of the year in question.

3.5.5 Programmatic challenges

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

The main difficulty encountered is the delay in the transfer of funds, given how much red tape is involved in financial and banking procedures.

The measure taken to overcome this difficulty is that mentioned above relating to budgeting for funds in advance, i.e. before the year planned for the payment of vaccine and injection supply costs both for traditional vaccines and new or underused or new vaccines.

3.5.6 Improving coverage and equity of routine immunisation

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

The second dose of MR will allow children who are behind to receive vaccines or missed doses in the first year of their lives and will provide an opportunity to incorporate other benefits necessary for the health of children such as vitamin A supplementation, deworming, nutritional screening and growth monitoring among others.

3.5.7 Synergies

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

Note 9

As the country does not envisage the introduction of other vaccines in the same year, the issue is not really of concern here.

However, the introduction of several vaccines at the same time has a very positive impact on the efficiency of the programme. We have experience with this in the past:

In 2014, we planned staff training at the same time as well as the distribution of injection materials in meningitis to MenA supplementary immunisation activities, measles supplementary immunisation activities and the introduction of Rota.

In 2018, we scheduled staff training at the same time among MR supplementary immunisation activities, the introduction of routine MR vaccines and in the change to the presentation of the pneumococcal conjugate vaccine (PCV13).

These incorporations make very significant savings both in terms of time and financial expenditure.

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

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

These are the main activities planned for the next five years:

1. The introduction of the second dose of MR in 2020
2. Organising a follow-up vaccination campaign against measles and rubella in 2021
3. Continually improving systematic vaccination coverage
4. Carrying out epidemiologic monitoring on a case-by-case basis
5. Having the reference laboratory credited by the WHO
6. Monitoring CRS
7. Providing enough vaccines and improving their storage and transport conditions through the implementation of the CCEOP.

3.6 Report on Grant Performance Framework

3.6.1 Grant Performance Framework – Application Instructions

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

Required

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

Optional

1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.
2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance,

you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

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

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

3.7 Upload new application documents

3.7.1 Upload new application documents

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

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

Application documents

✓ **New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist & activity list and timeline** [Plan dintro RR2 en Mauritanie13012019_17-01-19_11.48.21.docx](#)

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

✓ **Gavi budgeting and planning template** [Budget introduction RR2 du 15.12.2018 17-01-19_11.49.24.xlsx](#)

Most recent assessment of burden of relevant disease

If not already included in detail in the Introduction Plan or Plan of Action.

No file uploaded

No assessment

Endorsement by coordination and advisory groups



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

[PV réunion CCIA validant la soumission à la 2eme dose de RR 18-01-19 15.49.59.docx](#)

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



NITAG meeting minutes

No file uploaded

with specific recommendations on the NVS introduction or campaign

The committee has just been created and has not yet had a meeting. The minutes of the first meeting will be sent as soon as they are available.

Vaccine specific



cMYP addendum

[Plan complémentaire au PPAC pour RR 20172022 final 17-01-19 16.15.39.docx](#)

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



Annual EPI plan

[Plan d'action 2019 final 17-01-19 16.12.48.doc](#)

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



MCV1 self-financing commitment letter

[Lettre d'engagement MS RR1 22-01-19 13.10.05.PDF](#)

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

Measles (and rubella) strategic plan for elimination **No file uploaded**

If available

The plan is not yet available. There is an additional five-year plan in addition to the cMYP attached above.

Other documents (optional)

No file uploaded

4 Review and submit application

4.1 Submission Details

Country vaccine funding summary

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

Active Vaccine Programmes

Note 10

IPV Routine

	2019	2020	2021	2022
Country Co-financing (US\$)				
Gavi support (US\$)	139,609	146,008	148,119	150,216

Measles FD Routine

	2019	2020
Country Co-financing (US\$)	49,000	58,926
Gavi support (US\$)	63,500	58,500

PCV Routine

	2019	2020	2021	2022
Country Co-financing (US\$)	186,878	222,052	257,735	300,570
Gavi support (US\$)	1,409,500	1,484,000	1,214,971	1,192,880

Pentavalent Routine

	2019	2020	2021	2022
Country Co-financing (US\$)	41,279	47,935	57,335	66,285
Gavi support (US\$)	298,000	295,000	295,974	288,897

Rota Routine

	2019	2020	2021	2022
Country Co-financing (US\$)	76,118	90,792	105,006	122,458
Gavi support (US\$)	507,000	514,000	502,874	493,984

Total Active Vaccine Programmes

	2019	2020	2021	2022
Total country co-financing (US\$)	353,275	419,705	420,076	489,313
Total Gavi support (US\$)	2,417,609	2,497,508	2,161,938	2,125,977
Total value (US\$) (Gavi + Country co-financing)	2,770,884	2,917,213	2,582,014	2,615,290

New Vaccine Programme Support Requested

Measles-rubella 1st and 2nd dose routine

	2020
Country Co-financing (US\$)	239,000
Gavi support (US\$)	108,000

	2020
Total country co-financing (US\$)	239,000
Total Gavi support (US\$)	108,000
Total value (US\$) (Gavi + Country co-financing)	347,000

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

	2019	2020	2021	2022
Total country co-financing (US\$)	353,275	658,705	420,076	489,313
Total Gavi support (US\$)	2,417,609	2,605,508	2,161,938	2,125,977
Total value (US\$) (Gavi + Country co-financing)	2,770,884	3,264,213	2,582,014	2,615,290

Contacts

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

Name	Position	Phone Number	Email	Organisation
Dr Mbarek Ould Houmeid	Coordinateur national PEV	+22222243795	mbarekohoumeid@yahoo.fr	
Habiboullah Ould Mamah	Logisticien PEV	+222 22464608	habiboullahmamah@yahoo.fr	

Comments

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

We encountered some difficulties when trying to attach some meeting minutes of the ICC, including those endorsing the current application. We refer to two separate minutes of 2018 and the minutes of the meeting of 15 January 2019 indicating the endorsement of this application for the second dose of MR. We will send them directly to the GAVI Country Manager.

Government signature form

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

Measles-rubella 1st and 2nd dose routine

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

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

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

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

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

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

Minister of Health (or delegated authority)

Minister of Finance (or delegated authority)

Name

Name

Date

Date

Signature

Signature

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

Minister of Education (or delegated authority)

Name

Date

Signature

Appendix

NOTE 1

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

NOTE 2

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

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

NOTE 3

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

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

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

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

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

NOTE 4

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

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

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

* The wastage rate applies to first and last dose.

NOTE 5

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

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

* For indicative wastage rates, please refer to the detailed product profiles available here: <http://www.gavi.org/library/gavi-documents/supply-procurement/detailed-product-profiles/>

*The wastage rate applies to first and last dose.

NOTE 6

Co-financing requirements are specified in the guidelines.

NOTE 7

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

NOTE 8

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

NOTE 9

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

NOTE 10

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

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