

APPLICATION FORM FOR
GAVI NVS SUPPORT

Submitted by
The Government of Côte d'Ivoire
for
Measles-rubella follow-up campaign and
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

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

19 July 2013

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

No Response

2.1.2 Country health and immunisation data

Please ensure your Country health and immunisation data is up to date. If not, please go to the Overall expenditures and financing for immunisation section of the portal to submit this information.

	2019	2020
Total government expenditure		

Total government health expenditure

Immunisation budget

2.1.3 National health planning and budgeting cycle, and national planning cycle for immunisation:

The government planning cycle starts on the

1 January

The current National Health Sector Plan (NHSP) is

From

2016

To

2020

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

2016-2020

Is the cMYP we have in our record still current?

Yes

No

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

Note 1

From

2021

To

2025

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

With the current cMYP ending in 2020, the country is in the process of developing the new cMYP which will take effect in 2021 until 2025. The immunization coverage survey, one of the components of the external review, is currently underway.

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.

The different stages of shipping and receiving are :

1. Provision of the documents accompanying the vaccines (Air Waybill, commercial invoice, packing list) by the supplier to the DC-EPI (beneficiary structure). NB: DC-PEV = Directorate for Coordination of the Expanded Programme on Immunization;
2. Request for exemption from customs duties and taxes to the Ministry of the Economy and Finance by the DC-EPI (Directorate for Coordination of the Expanded Programme on Immunization);
3. Application for import authorization from the DPML (Directorate of Pharmacy, Medicines and Laboratories);
4. Issuance of the customs declaration;
5. Application to the DPML for authorization to remove from the premises ;
6. Inspection of packages by customs officers ;
7. Collection by the forwarder to the beneficiary structure (central depot DC-EPI).

In case of delay in the delivery of the exemption letter by the Ministry of Economy and Finance, the delivery of the parcels will be delayed. But to remedy this, a provisional voucher is issued by customs officials to continue the collection process.

2.1.5 National Regulatory Agency

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

The national regulatory agency is the Directorate of Pharmacy, Medicines and Laboratories (DPLM). It is a central directorate of the Ministry of Health and is headed by Prof. DUNCAN Rachelle. The DPML's mission is to develop, implement and ensure the application of the national pharmaceutical policy and that of medical analysis laboratories.

As such, it is responsible for :

Preparing draft legislative and regulatory texts for the approval of health products: pharmaceutical products for human and veterinary use including poisonous substances, products from traditional pharmacopoeia, medical devices and equipment, dietetic, cosmetic and hygiene products, chemical products and precursors involved in the manufacture and quality control of health products in the public and private sectors;

In 2017, Law No. 2017 No. 541 of August 3 on the regulation of the pharmaceutical sector and Decree No. 2018-926 of December 12, 2018 establish the Ivorian Pharmaceutical Regulatory Authority (IAutorité Ivoirienne de Régulation Pharmaceutique).

Contact details: Dr OKA Moh Chantale E-mail: c.oka@dpml.ci; Telephone +225 21 35 73 13

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\$)	945,433	949,376	966,129	982,622

MR Routine

	2019	2020	2021	2022	2023
Country Co-financing (US\$)	500,472	540,262	613,687	686,768	761,694
Gavi support (US\$)	465,500	392,761	339,917	282,981	224,073

PCV Routine

	2019	2020	2021	2022	2023
Country Co-financing (US\$)	1,144,436	2,415,358	2,443,467	3,844,061	5,288,960
Gavi support (US\$)	9,521,500	16,572,081	5,548,846	4,283,572	2,972,927

Pentavalent Routine

	2019	2020	2021	2022	2023
Country Co-financing (US\$)	261,263	253,437	919,377	1,614,431	1,237,284
Gavi support (US\$)	2,076,000	1,689,406	3,403,844	2,781,402	815,390

Rota Routine

	2019	2020	2021	2022	2023
Country Co-financing (US\$)	1,135,894	1,567,723	4,960,048	8,552,937	7,383,713

Gavi support (US\$)	8,745,500	10,215,470	16,839,719	13,615,927	4,624,457
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HPV Routine

	2020	2021	2022	2023
Country Co-financing (US\$)	365,772	561,462	1,339,029	884,694
Gavi support (US\$)	2,260,890	1,265,295	1,201,352	355,316

MenA Routine

	2020	2021	2022	2023
Country Co-financing (US\$)	144,125	323,633	509,098	700,466
Gavi support (US\$)	954,792	794,488	627,954	192,674

Summary of active Vaccine Programmes

	2019	2020	2021	2022	2023
Total country co-financing (US\$)	3,042,065	5,286,677	9,821,674	16,546,324	16,256,811
Total Gavi support (US\$)	21,753,933	33,034,776	29,158,238	23,775,810	9,184,837
Total value (US\$) (Gavi + Country co-financing)	24,795,998	38,321,453	38,979,912	40,322,134	25,441,648

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).

Côte d'Ivoire conducted a study on the analysis of equity in immunization in May 2019 in 42 health districts based on the following criteria: epidemic outbreak, VC (vaccinal coverage) in MR1, VC in Penta 3. These 42 districts are from the 20 health regions. The characteristics of the children not or incompletely described are described in the attached report.

In short, an equity plan focused on the priority solutions identified from the root causes highlights the ambition for the EPI and its partners to improve the supply, demand and quality of the immunization environment. The specific actions identified in this framework include the redeployment of agents and the reorganization of services, the organization of mobile and advanced immunization strategies for migrant populations, the provision of means of travel for the ESCP (Sanitary Establishment of First Contact) and the creation of adequate conditions for the use of cold chains, the acquisition of equipment for immunization in outposts; Production of spots, PAD (Prêts-à-Diffuser = ready to broadcast) and programs for community awareness and adaptation of image boxes to the realities of communities with difficult access; training of CHWs and community leaders; and provision of CHWs with work equipment.

The implementation of this plan, initially planned for the first quarter of 2020, has been strongly impacted by the occurrence of the pandemic at COVID-19. Therefore, these activities will be optimally implemented as soon as possible.


2.4 Country documents

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**
Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan
[PPAc 2016-2020 final 19072016_04-01-18_11.31.41.pdf](#)
-  **Country strategic multi-year plan / cMYP costing tool**
[cMYP_Costing_Tool_V3.9.2.RCI 2016_2020.xlsx_04-01-18_11.32.33.xlsx](#)
-  **Effective Vaccine Management (EVM) assessment**
[CIV_GEV CIV-EGEV 2015- RAPPORT-final V5-150729 1_04-01-18_11.40.44.docx](#)
-  **Effective Vaccine Management (EVM): most recent improvement plan progress report**
[CIV_rapport de mise en oeuvre du pland'amelioration de la 1 GEV 2015_04-01-18_11.43.10.docx](#)

- ✓
Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators
[Rev PEV CI Rapport sectoriel ECV vf OK 04-01-18_11.54.08.pdf](#)
- ✓
Data quality and survey documents: Immunisation data quality improvement plan
[Analyse sitionnelle qualité donnée_13062017_04-01-18_12.01.35.pdf](#)
- Data quality and survey documents: Report from most recent desk review of immunisation data quality**
No file uploaded
- ✓
Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation
[CIV Rapport Global Revue PEV 2015 VF 04-01-18_12.25.12.pdf](#)
- Human Resources pay scale**
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
[Arrêté nouveau CCIA 18-01-20_19.53.45.pdf](#)

ICC, HSCC or equivalent
- ✓
National Coordination Forum meeting minutes of the past 12 months
[CCIA 5 avril 2019_18-01-20_10.00.36.zip](#)

Other documents

Other documents (optional)

No file uploaded

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

3.1 Measles-rubella follow-up campaign

3.1.1 Vaccine and programmatic data

Choice of presentation and dates

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

Note 3

Measles-rubella follow-up campaign

Preferred presentation	MR, 10 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd preferred presentation	
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Required date for vaccine and supplies to arrive	28 October 2020
Planned launch date	1 February 2021
Support requested until	2021

3.1.1.2 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.

NA

3.1.1.3 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.

3.1.2 Target Information

3.1.2.1 Targets for campaign vaccination

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

Note 4

From

9

weeks

months

years

To

59

weeks

months

years

2021

Population in
target age cohort
(#)

6,248,567

Target population to be vaccinated (first dose) (#)	6,248,567
Estimated wastage rates for preferred presentation (%)	10

3.1.2.2 Targets for measles-rubella routine first dose (MR1)

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

	2021
Population in the target age cohort (#)	1,097,926
Target population to be vaccinated (first dose) (#)	1,097,926
Number of doses procured	2

3.1.3 Co-financing information

3.1.3.1 Vaccine and commodities prices

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

	2021
10 doses/vial,lyo	0.66

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

	2021
AD syringes	0.036
Reconstitution syringes	0.004
Safety boxes	0.005
Freight cost as a % of device value	3.2

3.1.3.2 Country choice of co-financing amount per vaccine dose

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

Please note that the values represented in this table do not account for any switches in co-financing group. The calculations for the entire five year period are based on the countries co-financing group in the first year.

Note 5

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

Measles-rubella follow-up campaign

	2021
Vaccine doses financed by Gavi (#)	6,616,500
Vaccine doses co-financed by Country (#)	319,500
AD syringes financed by Gavi (#)	6,556,900
AD syringes co-financed by Country (#)	316,600
Reconstitution syringes financed by Gavi (#)	
Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	72,150
Safety boxes co-financed by Country (#)	3,500
Freight charges financed by Gavi (\$)	101,848

Freight charges co-financed by Country (\$)	4,919
	2021
Total value to be co-financed (US\$) Country	227,500
Total value to be financed (US\$) Gavi	4,712,500
Total value to be financed (US\$)	4,940,000

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

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

Note 6

	2021
Minimum number of doses financed from domestic resources	1
Country domestic funding (minimum)	0.66

3.1.3.5 Co-financing payment

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

In accordance with the procedures in force, the budget is drawn up by the technical committee in liaison with the programme management unit and then validated by the ICC. The financial management of the funds is done according to the national procedure framed by the aide-memoire signed between the State of Côte d'Ivoire and the Gavi alliance on the financial management of GAVI funds, through the EPI advance payment system.

The annual tranches of GAVI funds are entered in the State Budget and the Ministry of Health budget, as external support, then reflected in the integrated public finance management system (SIGFIP).

This proof of self-financing is confirmed by the joint signature of the Ministries of Health and the Ministry of the Budget, thus showing the commitment of the State of Côte d'Ivoire to meet this commitment.

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.

NA

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:

June

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

Month

June

Year

2021

3.1.4 Financial support from Gavi

3.1.4.1 Campaign operational costs support grant(s)

Measles-rubella follow-up campaign

Population in the target age cohort (#)

Note 7

6,248,567

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

0.55

Total in (US\$)

3,436,711.85

Funding needed in country by

1 September 2020

3.1.4.2 Operational budget

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

604,282

Total amount - Other donors (US\$)

0

Total amount - Gavi support (US\$)

3,436,712

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

0,104

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

0

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

3.1.4.3 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.

The key activities can be summarized as follows:

Prior to the campaign, the preparatory activities are..:

- development of tools and training materials for stakeholders;
- Organizing stakeholder training workshops;
- Finalize management guides and tools (microplanning framework, scorecards, AEFI notification sheets, supervision checklist, vaccinator's guide, social mobilization tools); - Finalize the management tools and guides (microplanning framework, scorecards, AEFI notification sheets, supervision checklist, vaccinator's guide, social mobilization tools).
- Design messages and finalize communication and social mobilization materials taking into account the new immunization schedule
- Organize microplanning workshops in the health districts followed by the finalization of the microplans at the national level.

During the campaign, the funds will be used to implement the campaign

- to the management of teams for fixed and advanced strategy and mobile immunization
- supervision of the campaign at the operational, regional and central levels with terms of reference including routine EPI
- management and monitoring of AEFI
- monitoring support during and after the campaign

After the campaign, the key activities are:

- post-campaign coverage survey
- AEFI monitoring

3.1.4.4 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.

The management of the funds relating to the monitoring campaign will be done in accordance with the procedures manual and the financing agreement between the UCP-FE and the DCPEV (Directorate for Coordination of the Expanded Programme on Immunization)

When the funds will be made available to the UCP-FE (Ministry of Health) :

1. On the basis of the terms of reference of the activity which will be transmitted by the DCPEV, the UCP-FE will proceed to a disbursement of funds (advance to the DCPEV), after prior checks by the accountants of the UCP-FE, the Financial Controller and the Imprest Accountant. The payment of perdiems, communication costs, transport and fuel packages will be made by mobile money;
2. After each activity, the DCPEV will justify the funds made available to it to the UCP-FE;
3. The UCP-FE, the monitoring agency, the Régisseur and the General Inspectorate of Finance will carry out documentary and on-site checks to ensure the eligibility of the expenses.

3.1.4.5 Compliance with guidelines for use of Gavi financial support for human resources (HR) costs

Does the submitted application and budget comply with existing guidelines, criteria and requirements for use of Gavi financial support for human resources (HR) costs?

Yes

No

Please provide further information and justification concerning human resources costs, particularly when issues and challenges have been raised regarding the compliance with Gavi guidelines.

No problems and difficulties according to Gavi guidelines

3.1.4.6 Fiduciary management

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

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

Funds transferred to the Government via the UCP-FE set up with the support of Gavi

3.1.4.7 Use of financial support to fund additional Technical Assistance needs

Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the “One TA plan”) with a view to assess that required support for the implementation of the new vaccine support is contained in the approved technical assistance plan. If gaps in technical assistance are identified for the new vaccine support, the additionally required technical assistance may

be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template. In addition, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance (if already identified) below.

Note 9

The TCA 2020 took into account the MR vaccination campaign, and therefore no additional technical assistance needs.

3.1.5 Strategic considerations

3.1.5.1 Rationale for this request

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

- Described in Chapter 1.4
- Annex 3

3.1.5.2 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 national health planning and budgeting cycle (PNDS) is 5 years for strategic planning for the period 2016 to 2020; the next PNDS is at the evaluation stage in order to begin the process of developing the new PNDS.

The cMYP of the EPI is aligned with the health sector strategic document.

The introduction of the MR in the 2nd year of life is included in the revised cMYP 2016-2020, which introduction is included in the PNDS. These plans are included in the roadmap for access 2019-2023: integrated support for access to medicines and vaccines.

3.1.5.3 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 ICC's main tasks are as follows:

- to approve the annual action plan for the current year proposed by the DCPEV and the INHP
- to monitor the implementation of the planned immunization programmes
- issue an opinion on the operation of the DCPEV
- to give an opinion on the draft budget of the DCPEV financed by the general budget of the state and partners and to monitor its implementation
- examining and approving the annual report of the DCPEV prepared by the EPI Coordinating Director

The CNEIV-CI has issued scientific and technical opinions and recommendations that can guide the Minister of Health in the definition, implementation, monitoring and evaluation of immunization policies and strategies.

The CNEIV-CI has the following missions:

- To advise the Minister in charge of Health on the choice of optimal strategies for the control of vaccine-preventable diseases.
- To advise the Minister of Health on data and information to be collected for decision-making in the field of immunization and vaccines,
- Inform the Minister in charge of Health on the latest scientific developments in the field of Immunization and vaccines,
- Establish partnerships with other national or international committees of independent experts in immunization and vaccines.

3.1.5.4 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?

The country has joined the Vaccine Independence Initiative, and to that end, the Government has signed a tripartite agreement with UNICEF for the advance purchase of vaccines.

To date, the country is not in default of payment and its obligations to Gavi and UNICEF.

3.1.5.5 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 country has very good experience in conducting vaccination campaigns. It has been conducting measles vaccination campaigns since 2005, the latest being the one conducted in January-February 2018.

The difficulties encountered are related to:

- the delay in making funds available for the conduct of micro-planning at the health district level. The country has therefore pre-financed this activity in order to be ready for the timely implementation of the campaign.
- the delay in conducting the post-campaign coverage survey related to UNICEF's internal tendering procedures for the identification of the firm. To remedy this, the country proposes that funds be channelled through the UCP-FE whose procedures in this regard are those of the country.

3.1.5.6 Improving coverage and equity of routine immunisation

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

The country conducted a study on the analysis of equity in immunization in 2019. Based on the situation analysis, 42 districts were identified for the conduct of this study. The implementation of the recommendations of this study is planned for 2020.

The main activities concern the achievement of targets in peri-urban areas which are most often neglected due to the absence of health structures, marginalized populations (nomads, fishermen's camps and gold miners). Micro-planning will take into account this dimension in terms of equity of access to immunization services for the identified targets.

3.1.5.7 Synergies

Describe potential synergies across planned and existing Gavi support, including planned introductions, campaigns and HSS support. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions. Furthermore, how is the requested support complementary and creating synergies with the support of other Global Health Initiatives, such as the Global Fund and GFF?

Note 10

The follow-up measles and rubella vaccination campaign will be followed by the introduction of the MR vaccine in the routine EPI for the 2nd age of life. It will prepare for this introduction and will make it possible to strengthen routine immunization.

During the preparatory phase of the immunization campaign and in order to facilitate the introduction of the MR vaccine into routine immunization and to reduce costs, the following

activities will be carried out to help make the introduction, campaign and health systems strengthening support activities efficient and thus create synergies between them:

- Micro-planning for both activities in all health areas, including the routine EPI;
- A revision of the campaign management tools at the same time as those for routine immunization, including the new routine EPI immunization schedule;
- A communication taking into account the new routine EPI immunization schedule;
- The training of the campaign's field actors on the new vaccine will benefit from its introduction into the routine EPI and will avoid another training of these actors when it is introduced into the routine immunization.

3.1.5.8 Indicative major Measles-rubella and rubella activities planned for the next 5 years

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

The main activities against measles-rubella over the next 5 years are:

- introduction of the measles-rubella second dose: March 2021
- conduct of a follow-up measles-rubella vaccination campaign: February 2021 and 2024
- monitoring for measles and rubella-congenital syndrome: ongoing
- surveillance of vaccine-associated AEFI: ongoing
- Supervision of routine activities at all levels: ongoing
- Outbreak Investigations: Ongoing
- Intensive measles-rubella vaccination activities: as needed

3.1.6 Report on Grant Performance Framework

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.


3.1.7 Upload new application documents

3.1.7.1 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
 - [PV CCIA Soumission RR2 21-01-20 17.16.46.zip](#)
 - [PAOAVSRR21 jan 20VF19022020 20-02-20 15.46.38.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

[Eclaircissementsdemande soutien RR 2e doseRR camp11.2 19-02-20 23.11.19.docx](#)

[VIG and Op Cost Detail Template Campagne RR VF200220 19-02-20 21.35.51.xls](#)

Most recent assessment of burden of relevant disease

No file uploaded

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

Sources and justification of campaign target population estimates (if applicable)

No file uploaded

Endorsement by coordination and advisory groups



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

[PV SIGNE DU CCIA DU 19 DEC 2019 21-01-20 17.17.53.pdf](#)

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



NITAG meeting minutes

[Note recommandations RRCNEIV 21-01-20 14.23.07.pdf](#)

with specific recommendations on the NVS introduction or campaign

Vaccine specific



cMYP addendum

[PPAC Révisé 20162020 VF 02-05-19 12.42.03.pdf](#)

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



Annual EPI plan

[PAO PEV CIV 2020 20-02-20 13.08.21.pdf](#)

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

MCV1 self-financing commitment letter

No file uploaded

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



Measles (and rubella) strategic plan for elimination

[PSERCIV19aout12 21-01-20 14.23.58.doc](#)

If available

Other documents (optional)

No file uploaded

3.2 Measles-rubella 1st and 2nd dose routine

3.2.1 Vaccine and programmatic data

Choice of presentation and dates

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

Note 11

Measles-rubella 1st and 2nd dose routine

Preferred presentation

Is the presentation licensed or registered? Yes No

2nd preferred presentation	
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Required date for vaccine and supplies to arrive	1 October 2020
Planned launch date	1 March 2021
Support requested until	2025

3.2.1.2 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.

NA

3.2.1.3 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.

3.2.2 Target Information

3.2.2.1 Targets for routine vaccination

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

Note 12

9 weeks months years

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

Note 13

15 weeks months years

	2021	2022	2023	2024	2025
Population in the target age cohort (#)	1,097,926	1,126,432	1,156,395	1,187,155	1,218,734
Target population to be vaccinated (first dose) (#)	1,043,030	1,081,375	1,121,703	1,163,412	1,206,547
Population in the target age cohort for last dose(#)	1,093,314	1,121,701	1,151,538	1,182,169	1,213,615
Target population to be vaccinated for last dose (#)	929,317	975,880	1,036,384	1,087,591	1,152,934
Estimated wastage rates for preferred presentation (%)	15	15	15	15	15

3.2.3 Co-financing information

3.2.3.1 Vaccine and commodities prices

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

	2021	2022	2023	2024	2025
10 doses/vial,Iyo	0.66	0.59	0.59	0.59	0.59

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

	2021	2022	2023	2024	2025
AD syringes	0.036	0.036	0.036	0.036	0.036
Reconstitution syringes	0.004	0.004	0.004	0.004	0.004
Safety boxes	0.01	0.005	0.01	0.01	0.01
Freight cost as a % of device value	3.2	3.56	3.56	3.56	3.56

3.2.3.2 Country choice of co-financing amount per vaccine dose

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

Please note that the values represented in this table do not account for any switches in co-financing group. The calculations for the entire five year period are based on the countries co-financing group in the first year.

Note 15

	2021	2022	2023	2024	2025
Country co-financing share per dose (%)	69	88	100	100	100
Minimum Country co-financing per dose (US\$)	0.46	0.52	0.59	0.59	0.59
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.46	0.52	0.59	0.59	0.59

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

Measles-rubella routine, 1st and 2nd dose

	2021	2022	2023	2024	2025
Vaccine doses financed by Gavi (#)	1,042,300	449,600			

Vaccine doses co-financed by Country (#)	1,867,000	2,003,100	2,576,300	2,683,600	2,816,200
AD syringes financed by Gavi (#)	1,006,600	419,900			
AD syringes co-financed by Country (#)	1,803,100	1,870,700	2,406,700	2,506,300	2,630,700
Reconstitution syringes financed by Gavi (#)					
Reconstitution syringes co-financed by Country (#)					
Safety boxes financed by Gavi (#)	11,100	4,625			
Safety boxes co-financed by Country (#)	19,850	20,600	26,475	27,575	28,950
Freight charges financed by Gavi (\$)	15,935	6,302			
Freight charges co-financed by Country (\$)	28,546	28,084	36,123	37,625	39,487

	2021	2022	2023	2024	2025
Total value to be co-financed (US\$) Country	1,327,500	1,287,000	1,655,500	1,724,500	1,809,500
Total value to be financed (US\$) Gavi	741,500	289,000			
Total value to be financed (US\$)	2,069,000	1,576,000	1,655,500	1,724,500	1,809,500

3.2.3.4 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 16

3.2.3.5 Co-financing payment

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

Since 2017, Côte d'Ivoire has joined the Vaccine Independence Initiative (VII), a budget line has been created by the Government for the advance purchase of vaccines.

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.

NA

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

November

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

Month

June

Year

2021

3.2.4 Financial support from Gavi

3.2.4.1 Routine Vaccine Introduction Grant(s)

Measles-rubella 1st and 2nd dose routine

Live births (year of introduction)

1,097,926

Gavi contribution per live birth (US\$)

0.7

Total in (US\$)

768,548.2

Funding needed in
country by

16 November 2020

3.2.4.2 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\$)

172,905

Total amount - Other donors (US\$)

0

Total amount - Gavi support (US\$)

768,548

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

0.166

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

0

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

0.699

3.2.4.3 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.

The main activities of the budget are:

- Programme management and coordination
- Planning and preparation
- Social mobilization and interpersonal communication
- Capacity building through training
- Awareness Meeting
- Production of documents
- Human Resources Incentives
- Supervision and transport of implementation and of vaccines and inputs
- Waste Management
- Post-introduction evaluation
- Monitoring and management of AEFI

The detailed budget for the introduction and the campaign is attached.

3.2.4.4 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.

The management of funds relating to the introduction of the second dose of the measles and rubella vaccine into the routine EPI will be done in accordance with the procedures manual and the financing agreement between the UCP-FE and the DCPEV.

When the funds are made available to the UCP-FE (Ministry of Health):

1. On the basis of the terms of reference of the activity which will be transmitted by the DCPEV, the UCP-FE will proceed to a disbursement of funds (advance to the DCPEV), after prior checks by the accountants of the UCP-FE, the Financial Controller and the Imprest Accountant. The payment of perdiems, communication costs, transport and fuel packages will be made by mobile money;
2. After each activity, the DCPEV will justify the funds made available to it to the UCP-FE;
3. The UCP-FE, the monitoring agency, the Régisseur and the General Inspectorate of Finance will carry out documentary and on-site checks to ensure the eligibility of expenses.

3.2.4.5 Compliance with guidelines for use of Gavi financial support for human resources (HR) costs

Does the submitted application and budget comply with existing guidelines, criteria and requirements for use of Gavi financial support for human resources (HR) costs?

Yes

No

Please provide further information and justification concerning human resources costs, particularly when issues and challenges have been raised regarding the compliance with Gavi guidelines.

NA

3.2.4.6 Fiduciary management

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

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

Funds must be transferred to the Government via the UCP.

3.2.4.7 Use of financial support to fund additional Technical Assistance needs

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

Note 18

The current TCA covering the period June 2020-June 2021 takes into account the participation of partners for both the introduction of the new MR2 vaccine and the MR catch-up campaign.

3.2.5 Strategic considerations

3.2.5.1 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.

Plan for the introduction of the 2nd MR dose :Chap 1.3

3.2.5.2 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 introduction of the 2nd dose of the RR vaccine and the catch-up campaign are included in the revised cMYP 2016-2020. The activities for the introduction of the 2nd dose will be continued in the new cMYP which will be developed during the year 2020 and will cover the period from 2021 to 2025.

3.2.5.3 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 ICC's main tasks are as follows:

- to approve the annual action plan for the current year proposed by the DCPEV and the INHP
- to monitor the implementation of the planned immunization activities
- issue an opinion on the operation of the DCEPI
- to give an opinion on the draft budget of the DCEPI financed by the general budget of the state and partners and to monitor its implementation
- examining and approving the annual report of the DC-EPI (directorate of coordination of the EPI) prepared by the EPI Coordinating Director

The CNEIV-CI is responsible for issuing scientific and technical opinions and recommendations that can guide the Minister of Health in the definition, implementation, monitoring and evaluation of immunization policies and strategies.

The CNEIV-CI, a national technical advisory committee, has the following missions:

- To advise the Minister in charge of Health on the choice of optimal strategies for the control of vaccine-preventable diseases.
- To advise the Minister of Health on data and information to be collected for decision-making in the field of immunization and vaccines,
- Inform the Minister in charge of Health on the latest scientific developments in the field of Immunization and vaccines,
- Establish partnerships with other national or international committees of independent experts in immunization and vaccines.

3.2.5.4 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?

The Government has dedicated a special budget line for the purchase of vaccines under the Vaccine Independence Initiative since 2017.

To date, the country has not experienced any defaults on co-financing.

3.2.5.5 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 difficulties of the program are:

- Reaching the target of children 12-23 months old
- Control of the vaccine administration schedule
- Existence of sanitary zones of silence in precarious and peri-urban neighbourhoods
- Increase in the number of sharps waste
- Management of rumors, reluctance and refusals
- Mobilization of additional costs related to the introduction of the 2nd dose

The solutions recommended to solve them are:

- Strengthening social mobilization within the community
- Integration of all other child survival interventions
- Strengthening of collaboration with the Ministry of National Education and other ministries responsible for the child
- Strengthening the capacity of providers to control the vaccine administration schedule;
- Elaboration of microplans taking into account health silences zones;
- Creation of advanced vaccination posts in the health silence zones;
- Training and close supervision of providers at the operational level
- Development and dissemination of guidelines at all levels
- Existence of high-capacity incinerators (Abobo, IPCI) and 24 medium-capacity incinerators in the health regions that will allow safe destruction of vaccine waste
- Upgrading of actors on crisis management
- Crisis communication training
- Educating parents about the value of the second MR dose
- Advocacy with government and partners

3.2.5.6 Improving coverage and equity of routine immunisation

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

Plan for the introduction of the 2nd RR dose: Chapter 3.5 (See: Ways to remove barriers to reaching new populations or hard-to-reach groups)

3.2.5.7 Synergies

Describe potential synergies across planned and existing Gavi support, including planned introductions, campaigns and HSS support. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions. Furthermore, how is the requested support complementary and creating synergies with the support of other Global Health Initiatives, such as the Global Fund and GFF?

Note 19

The follow-up measles and rubella vaccination campaign will be followed by the introduction of the RR vaccine in the routine EPI for the 2nd age of life. It will prepare for this introduction and will make it possible to strengthen routine immunization.

During the preparatory phase of the immunization campaign and in order to facilitate the introduction of the RR2 vaccine into routine immunization and to reduce costs, the following activities will be carried out to help make the introduction, campaign and health systems strengthening support activities efficient and therefore create synergies between them:

- Micro-planning for both activities in all health areas, including the routine EPI;
- A revision of the campaign management tools at the same time as those for routine immunization, including the new routine EPI immunization schedule;
- A communication taking into account the new routine EPI immunization schedule;
- The training of the campaign's field actors on the new vaccine will benefit from its introduction into the routine EPI and will avoid another training of these actors when it is introduced into the routine immunization.

Equipping the regions and districts with cold chain equipment and means of transport;

The maintenance and equipment of cold chain equipment at all levels.

3.2.5.8 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.).

The main activities against measles-rubella over the next 5 years are:

- Introduction of the second dose of measles-rubella vaccine: March 2021.
- conduct of a follow-up campaign for measles-rubella vaccination: February 2021 and 2024
- Monitoring for measles and congenital rubella syndrome: ongoing.
- Vaccine-related surveillance of AEFI: ongoing
- Supervision of routine activities at all levels: ongoing

- Outbreak Investigations: Ongoing
- Intensive measles-rubella vaccination activities: as needed

3.2.6 Report on Grant Performance Framework

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.

3.2.7 Upload new application documents

3.2.7.1 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 dintroduction RR2CIVVFB15052020_15-05-20_14.21.19.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** [Eclaircissementsdemande soutien RR_2e doseRR camp11.2_19-02-20_23.36.32.docx](#)

[Budget RR 2eme dose Routine 200220 VF_19-02-20_21.42.14.xlsx](#)

- ✓ **Most recent assessment of burden of relevant disease** [Modèle de prévision budgétaireRR2ème DoseRCI_30-12-19_16.46.45.xlsm](#)

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

Endorsement by coordination and advisory groups

- ✓ **National coordination forum meeting minutes, with** [PV SIGNE DU CCIA DU 19 DEC 2019_21-01-20_17.18.56.pdf](#)

endorsement of application, and including signatures

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



NITAG meeting minutes

with specific recommendations on the NVS introduction or campaign

[Note recommendations RRCNEIV 21-01-20 14.27.49.pdf](#)

Vaccine specific



cMYP addendum

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

[cMYP Costing Tool V3.9.2. RCI 2016 2020.xlsx 04-01-18 11.32.33.xlsx](#)



Annual EPI plan

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

[PAO DCPEV 2019 VF 13-05-19 09.48.14.pdf](#)

[PAO PEV CIV 2020 21-02-20 09.57.19.pdf](#)

MCV1 self-financing commitment letter

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.

No file uploaded



Measles (and rubella) strategic plan for elimination

If available

[PSERCIV19aout12 21-01-20 14.28.36.doc](#)

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 20

IPV Routine

	2019	2020	2021	2022
Country Co-financing (US\$)				
Gavi support (US\$)	945,433	949,376	966,129	982,622

MR Routine

	2019	2020	2021	2022	2023
Country Co-financing (US\$)	500,472	540,262	613,687	686,768	761,694
Gavi support (US\$)	465,500	392,761	339,917	282,981	224,073

PCV Routine

	2019	2020	2021	2022	2023
Country Co-financing (US\$)	1,144,436	2,415,358	2,443,467	3,844,061	5,288,960
Gavi support (US\$)	9,521,500	16,572,081	5,548,846	4,283,572	2,972,927

Pentavalent Routine

	2019	2020	2021	2022	2023
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Country Co-financing (US\$)	261,263	253,437	919,377	1,614,431	1,237,284
Gavi support (US\$)	2,076,000	1,689,406	3,403,844	2,781,402	815,390

Rota Routine

	2019	2020	2021	2022	2023
Country Co-financing (US\$)	1,135,894	1,567,723	4,960,048	8,552,937	7,383,713
Gavi support (US\$)	8,745,500	10,215,470	16,839,719	13,615,927	4,624,457

HPV Routine

	2020	2021	2022	2023
Country Co-financing (US\$)	365,772	561,462	1,339,029	884,694
Gavi support (US\$)	2,260,890	1,265,295	1,201,352	355,316

MenA Routine

	2020	2021	2022	2023
Country Co-financing (US\$)	144,125	323,633	509,098	700,466
Gavi support (US\$)	954,792	794,488	627,954	192,674

Total Active Vaccine Programmes

	2019	2020	2021	2022	2023
Total country co-financing (US\$)	3,042,065	5,286,677	9,821,674	16,546,324	16,256,811
Total Gavi support (US\$)	21,753,933	33,034,776	29,158,238	23,775,810	9,184,837
Total value (US\$) (Gavi + Country co-financing)	24,795,998	38,321,453	38,979,912	40,322,134	25,441,648

New Vaccine Programme Support Requested

Measles-rubella 1st and 2nd dose routine

	2021	2022	2023	2024	2025
Country Co-financing (US\$)	1,327,500	1,287,000	1,655,500	1,724,500	1,809,500
Gavi support (US\$)	741,500	289,000			

Measles-rubella follow-up campaign

	2021
Country Co-financing (US\$)	227,500
Gavi support (US\$)	4,712,500

Total country co-financing (US\$)	
Total Gavi support (US\$)	
Total value (US\$) (Gavi + Country co-financing)	

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

	2019	2020	2021	2022	2023
Total country co-financing (US\$)	3,042,065	5,286,677	11,376,674	17,833,324	17,912,311
Total Gavi support (US\$)	21,753,933	33,034,776	34,612,238	24,064,810	9,184,837
Total value (US\$) (Gavi + Country co-financing)	24,795,998	38,321,453	45,988,912	41,898,134	27,097,148

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
Pr EKRA Kouadio Daniel	Directeur Coordonnateur	+22507391232	kdanielekra@yahoo.fr	DC PEV Côte d'Ivoire
Dr YAO Kossia	Directeur Adjoint	+22507862712	yaokossia@yahoo.fr	DC PEV Côte d'Ivoire
Pr AKA Lepri Nicaise	Chargé d'Etudes Surveillance des Maladies	+22502024340	akanicaise@yahoo.fr	DC PEV Côte d'Ivoire
Dr YESSOH Bogui Théodule	Chargé d'Etude Suivi et Evaluation	+22507658492	boguitheo@yahoo.fr	DC PEV Côte d'Ivoire

Comments

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

No specific comments

Government signature form

The Government of Côte d'Ivoire 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 follow-up campaign and Measles-rubella 1st and 2nd dose routine

The Government of Côte d'Ivoire 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)

Name

Date

Signature

Minister of Finance (or delegated authority)

Name

Date

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

¹ In the event the Country has not yet executed a Partnership Framework Agreement, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

Appendix

NOTE 1

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

NOTE 2

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

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

NOTE 3

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

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

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

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

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

NOTE 4

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

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

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

* The wastage rate applies to first and last dose.

NOTE 5

Co-financing requirements are specified in the guidelines.

NOTE 6

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

NOTE 7

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

NOTE 8

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

NOTE 9

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

NOTE 10

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

NOTE 11

* 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.

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* 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 12

* 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 13

* 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 14

Note: the basis for the calculation of the VIG or Ops amount will be 100% of the population in the target age cohort.

NOTE 15

Co-financing requirements are specified in the guidelines.

NOTE 16

*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 17

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

NOTE 18

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

NOTE 19

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

NOTE 20

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.