

APPLICATION FORM FOR
GAVI NVS SUPPORT

Submitted by
The Government of Comoros
for
Measles-rubella 1st and 2nd dose
routine, with catch-up campaign



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

Initial self-financing

Date of Partnership Framework Agreement with Gavi

10 May 2013

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

February 2017

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.

	2018	2019
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

2014

To

2019

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

2017-2021

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:

No Response

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.

Comoros customs do not require a special disposition and accept WHO prequalified vaccines.

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.

In the Comoros, there is a national authority that regulates medications, including vaccines: the DESPP (Department of Private and Public Healthcare Facilities).

This authority is responsible for administrative records, issuing market authorisations (approval) for medications, insurance, and product quality control.

This department has some deficiencies in terms of human and material resources, which prevent it from performing its role in full. It is the entity authorised to issue import authorisations for medications, medical equipment and vaccines. Due to a lack of resources, it was unable to perform product quality control.

Contact information for the Director of the Department of Private and Public Healthcare Facilities, Mrs. Kamaria Ahamada, tel: +269 339 04 16, email: kael2wa@gmail.com

The recently created ANAMEV, which is not yet WHO-certified, will take over. Director contact information: Dr Said Fazul, Tél : +269 326 56 86, email sfazul@yahoo.fr

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\$)	45,562	46,436	47,315	48,199

Pentavalent Routine

	2019	2020	2021	2022	2023
Country Co-financing (US\$)	13,778	24,380	24,860	25,362	11,080

Gavi support (US\$)	36,000	64,114	65,399	66,724	30,582
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Summary of active Vaccine Programmes

	2019	2020	2021	2022	2023
Total country co-financing (US\$)	13,778	24,380	24,860	25,362	11,080
Total Gavi support (US\$)	81,562	110,550	112,714	114,923	30,582
Total value (US\$) (Gavi + Country co-financing)	95,340	134,930	137,574	140,285	41,662

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).

A mainly qualitative analysis of equity was conducted in 2017. The report is attached to this submission.

In addition, paragraphs 3.2.2 and 5.3 of the “Comoros SIA plan” document explain in detail the alternative data sources with regard to equity, the key facts generated on equity-related challenges and measures planned in order to respond to these challenges.


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
[PPAC 20172021_01-05-18_16.40.45.rtf](#)

Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan
- 
Country strategic multi-year plan / cMYP costing tool
[PPAc Costing VF 1DPC_08-05-18_11.18.14.xlsx](#)

- ✓ **Effective Vaccine Management (EVM) assessment** [RapportGEV Comoros 2018Final 101218_27-04-19_13.44.34.docx](#)

[1.RapportGEV Comoros 2015Final07July_01-05-18_16.42.32.pdf](#)
- ✓ **Effective Vaccine Management (EVM): most recent improvement plan progress report** [PlanAmeliorationGEV2018ComoresFinal101018_27-04-19_13.46.03.xlsx](#)

[4.PlanAmeliorationGEV2015Comoresrevu21022017_1_01-05-18_16.42.52.xlsx](#)
- ✓ **Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators** [Rapport ECV2016_01-05-18_16.44.07.docx](#)
- ✓ **Data quality and survey documents: Immunisation data quality improvement plan** [5. Data quality improvement ActivitiesAP_2019 IST EngFR_Final_27-04-19_14.11.55.xlsx](#)

[5.PlaneRésolutiondesproblèmes post DQS DRSComoresconvertedmerged_16-10-18_15.23.59.pdf](#)
- ✓ **Data quality and survey documents: Report from most recent desk review of immunisation data quality** [Analyse Qualite Donnees JRF 2018_27-04-19_14.03.19.docx](#)

[DPCCOMORES qualité données_16-10-18_15.24.52.docx](#)

✓ **Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation** [REVUE QUALITE DES DONNEES 2017 27-04-19 14.11.09.docx](#)

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** [Annexe 2 Note de service GTCV_01-05-18 16.45.05.PDF](#)

ICC, HSCC or equivalent

✓ **National Coordination Forum meeting minutes of the past 12 months** [Annexe 1 PV de la premiere reunion GTCV_01-05-18 16.45.19.PDF](#)

Other documents

✓ **Other documents (optional)** [Reponses au Rapport CEIComoresRR230419 27-04-19 14.26.54.docx](#)

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 Measles-rubella 1st and 2nd dose routine, with catch-up campaign

3.1 Vaccine and programmatic data

3.1.1 Choice of presentation and dates

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

Note 3

Measles-rubella 1st and 2nd dose routine

Preferred presentation MR, 10 doses/vial,
Lyophilised

Is the presentation licensed or registered? Yes No

2nd preferred presentation MR, 5 doses/vial,
Lyophilised

Is the presentation licensed or registered? Yes No

Required date for vaccine and supplies to arrive 18 May 2020

Planned launch date 1 October 2020

Support requested until 2021

Measles-rubella catch-up campaign

Preferred presentation MR, 10 doses/vial,
Lyophilised

Is the presentation licensed or registered? Yes No

2nd preferred presentation MR, 5 doses/vial,
Lyophilised

Is the presentation licensed or registered? Yes No

Required date for vaccine and supplies to arrive 18 May 2020

Planned launch date 11 September 2020

Support requested until 2021

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.

Comoros customs do not require a special disposition and accept WHO pre-qualified vaccines.

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:

18 weeks months years

	2020	2021
Population in the target age cohort (#)	24,604	25,260
Target population to be vaccinated (first dose) (#)	24,604	25,260
Population in the target age cohort for last dose(#)	24,604	25,260
Target population to be vaccinated for last dose (#)	24,604	25,260
Estimated wastage rates for preferred presentation (%)	25	25

3.2.2 Targets for campaign vaccination

Gavi will only provide support to countries for Rubella Containing Vaccine catch-up campaign by providing doses of MR vaccine for a target population of males and females aged 9 months to 14 years (the exact range in the scope of 9 months to 14 years old will depend on MR in the country).

Gavi will always provide 100% of the doses needed to vaccinate the population in the target age cohort.

Please describe the target age cohort for the measles-rubella catch-up campaign: (from 9m-14y).

From 9 weeks months years

To 14 weeks months years

	2020	2021
Population in target age cohort (#)	373,243	383,190

Target population to be vaccinated (first dose) (#)	373,243	383,190
Estimated wastage rates for preferred presentation (%)	25	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	2021
10 doses/vial,lyo	0.66	0.66

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

	2020	2021
AD syringes	0.036	0.036
Reconstitution syringes	0.004	0.004
Safety boxes	0.005	0.005
Freight cost as a % of device value	3.2	3.2

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

	2020	2021
10 doses/vial,lyo	0.66	0.66

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

	2020	2021
AD syringes	0.036	0.036
Reconstitution syringes	0.004	0.004
Safety boxes	0.005	0.005
Freight cost as a % of device value	3.2	3.2

3.3.2 Country choice of co-financing amount per vaccine dose

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

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

Note 5

	2020	2021
Country co-financing share per dose (%)	47.26	47.26
Minimum Country co-financing per dose (US\$)	0.3	0.3
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.31	0.31

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	2021
Vaccine doses financed by Gavi (#)	43,800	36,200
Vaccine doses co-financed by Country (#)	38,100	31,500
AD syringes financed by Gavi (#)	72,200	56,100
AD syringes co-financed by Country (#)		
Reconstitution syringes financed by Gavi (#)	100	100
Reconstitution syringes co-		

financed by Country (#)		
Safety boxes financed by Gavi (#)	800	625
Safety boxes co- financed by Country (#)		
Freight charges financed by Gavi (\$)	654	534
Freight charges co-financed by Country (\$)	570	464
	2020	2021
Total value to be co-financed (US\$) Country	25,500	21,000
Total value to be financed (US\$) Gavi	33,000	27,000
Total value to be financed (US\$)	58,500	48,000

Measles-rubella catch-up campaign

	2020	2021
Vaccine doses financed by Gavi (#)	496,500	509,700
AD syringes financed by Gavi (#)	410,600	421,600
Reconstitution syringes financed by Gavi (#)	100	100
Safety boxes financed by Gavi (#)	4,525	4,650
Freight charges financed by Gavi (\$)	7,308	7,503
	2020	2021

Total value to be financed (US\$) Gavi	350,000	359,500
Total value to be financed (US\$)	350,000	359,500

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

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

Note 6

	2020	2021
Minimum number of doses financed from domestic resources		
Country domestic funding (minimum)		

3.3.5 Co-financing payment

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

According to the Addis Ababa declaration in February 2016, all countries must fund traditional vaccines and participate in co-financing of new vaccines. Starting from the second dose of measles and rubella immunisation, the country has committed to using domestic resources to fully fund the monovalent portion of measles immunisation. Indeed, the government has significantly increased the subsidy for the EPI based on the 2019 finance act. The procurement process for traditional vaccines including measles is already in progress for 2019. An ICC meeting has been organised on this topic to get all stakeholders involved. In addition to the meeting minutes from the coordination forum (Interagency Coordination Committee, or ICC), which provides proof of the country's commitment to fully fund doses of MCV1, a commitment letter will be signed by the Minister of Health and the Minister of Finance on behalf of the Government.

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

Please provide evidence that the co-financing obligations for the new introduction have been budgeted for, and elaborate on how the country plans to pay for the fully self-financing amounts. Please discuss the extent to which medium-term immunisation/health plans and medium-term expenditure frameworks incorporate the

additional costs associated with this introduction. Discuss any co-financing defaults that may have happened in the last five years.

No Response

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

March

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

Month

October

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)

26,917

Gavi contribution per live birth (US\$)

0.8

Total in (US\$)

100,000

Funding needed in country by

29 April 2020

3.4.2 Campaign operational costs support grant(s)

Measles-rubella catch-up campaign

Population in the target age cohort (#)*Note 7*

373,243

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

0.65

Total in (US\$)

242,607.95

Funding needed in
country by

29 April 2020

3.4.3 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.

Budget for the vaccine introduction activities**Total amount - Gov. Funding / Country Co-financing (US\$)**

0

Total amount - Other donors (US\$)

4,592

Total amount - Gavi support (US\$)

100,000

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

0

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

0.17

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

3.71

Budget for the campaign operational costs support

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

0

Total amount - Other donors (US\$)

99,808

Total amount - Gavi support (US\$)

241,711

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

0

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

0.26

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

0.64

3.4.4 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.

Service delivery: US\$ 216,981
HR Capacity building: US\$ 37,483
Procurement and Supply Chain Management: US\$ 20,273
Health Information System: US\$ 33,893
Advocacy, communication: US\$ 21,509
Programme Management: US\$ 11,380

See attached detailed budget

3.4.5 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 procedures that will be applied will be in compliance with grant management requirements agreed upon between Gavi and the Comoros Government. They will also satisfy the Ministry of Health's administrative procedures. Grant management provisions will be similar to those in the grant agreements signed for HSS2 and the IPV introduction. Thus, an annual work plan will be developed by the national EPI office outlining the activities to be funded by partners and Gavi, in compliance with the already established work plan. This plan will be presented to the ICC for approval. Each disbursement will be subject to a request addressed to UNICEF by the Director General for Health for implementation. A financial report will be issued for each completed activity, then sent to UNICEF. For each local procurement of goods, the usual procedures will be applied: preliminary submission of three pro forma invoices, selection committee for awarding the contract, and final settlement of the invoice after delivery of the goods ordered. Each year, in January or February, an ICC meeting will rule on how Gavi support was implemented during the previous year. Technical and financial reporting will be performed according to relevant requirements.

3.4.6 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

3.4.7 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.

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

Tripartite agreement: 5%

3.4.8 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

Technical assistance required and detailed in the introduction plan will be covered by TCA or direct contributions from technical and financial partners (WHO and UNICEF).

3.5 Strategic considerations

3.5.1 Rationale for this request

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

Justification for the introduction of the MR vaccine is expanded upon in the “MR2 introduction plan in the Comoros” document in section 5: “Justification for introduction of a second dose.”

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 National Health Plan adopted in December 2014 for 2015-2024 was inspired by global initiatives while also adapting to the Comoros’ new political context and socio-economic realities. It outlines the major direction for the health system and benefits from the support of players in the Comoros’ health sector. The purpose of this policy document is to provide better health for all people in the Comoros through the availability and accessibility of good quality health services, by 2024. The target objectives are:

1. Improving the overall health of the people of Comoros, through an effective and equitable health system;
2. Providing universal access to comprehensive, promotional, preventive and curative health services and care;
3. Strengthening governance, leadership and partnership;
4. Improving management of health system resources

The 2017-2021 comprehensive Multi-Year Plan will improve the main indicators for immunisation coverage, cold chain reliability, health staff capacity strengthening, immunisation safety, surveillance and co-financing advocacy.

In the cMYP’s third strategic initiative, focused on equity, access and service coverage, the specific objectives are to:

- immunise 95% of children under 15 years of age for measles and rubella in 2019, and
- introduce the new measles/rubella vaccines in November 2019.

These proposals will also make it possible to operationalise the 2017-2021 five-year plan for eliminating measles and rubella.

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 ICC's mission is to:

- provide technical support to the national coordinating body for the expanded programme on immunisation (CNPEV)
- help mobilise resources
- monitor and if necessary redirect implementation of CNPEV activities.

The ICC is operational and meets regularly each quarter. Extraordinary meetings can be held as needed. As part of this grant, the ICC has reviewed and approved this introduction.

The NITAG was created in November 2017 but is not yet fully operational because of issues related to the lack of availability of some key profiles and to the need to train members and for technical support. During the last EPI meeting, a roadmap was endorsed to accelerate the group's functionality.

Instead, during its sessions the ICC reviewed the introduction's technical and operational aspects.

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?

According to the Addis Ababa declaration in February 2016, all countries must fund traditional vaccines and participate in co-financing of new vaccines. Starting from the second dose of measles and rubella immunisation, the country has committed to using domestic resources to fully fund the monovalent portion of measles immunisation. Indeed, the government has significantly increased the subsidy for the EPI based on the 2019 finance act. The procurement process for traditional vaccines including measles is already in progress for 2019.

An ICC meeting has been organised on this topic to get all stakeholders involved. In addition to the meeting minutes from the coordination forum (Interagency Coordination Committee, or ICC), which gave proof of the country's commitment to fully fund the doses of MCV1, a letter of commitment will be signed by the Minister of Health and the Minister of Finance on behalf of the government.

The commitment of the country's highest authorities to fighting vaccine-preventable diseases in general and measles in particular is an asset that the country must use.

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.

Situation analyses contained in section 3 of the two plans as well as that of the cMYP indicate the Programme's priority challenges and mitigation strategies. The question of considering coverage and equity in the campaign is addressed in section 5.2 of the campaign document.

3.5.6 Improving coverage and equity of routine immunisation

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

Immunisation coverage and equity is improving in the Country based on microplans developed in the districts as part of the "Reach Every Child" approach. Introduction funds will specifically strengthen the communication and social mobilisation component.

3.5.7 Synergies

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

Note 10

Funding for the introduction of the second dose and the catch-up campaign will be complementary on essential aspects such as revision and availability of tools for management and social mobilisation.

Microplans and actions identified as part of the MR2 grant will provide intervention focus areas for the campaign in order to ensure equitable coverage.

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.).

The switch from the monovalent measles-containing vaccine to the measles and rubella vaccine, the catch-up campaign for measles-rubella, the introduction of the second dose and strengthening of community surveillance are the main focus areas of the measles-rubella elimination plan for 2019 and 2020.

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 des AVS aux COMORES010519_01-05-19_14.13.24.docx](#)
- [Plan de l'introduction de RR2 au Comoresversion 01 MAI 2019_01-05-19_14.13.00.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**
- [Comores Budget Template V2revu010519_01-05-19_14.13.53.xlsm](#)
- 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.
- This information is included in the attached campaign and introductory plans
- Campaign target population (if applicable)**
- No file uploaded**
- This information is included in the attached campaign and introductory plans

Endorsement by coordination and advisory groups

- ✓ **National coordination forum meeting minutes, with endorsement of application, and including signatures**
- [PV CCIA Approbation Initiale_01-05-19_14.34.18.pdf](#)
- [Approbation CCIA_01-05-19_14.28.50.docx](#)
- 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
- [PV de la premiere reunion GTCV_01-05-19_14.33.28.PDF](#)
[PV CCIA Approbation Initiale_01-05-19_14.32.34.pdf](#)

Vaccine specific

- ✓ **cMYP addendum**
Situation analysis and 5 year plan
captured in the cMYP or as an
addendum to the cMYP
- [MR situation analysis and 5 year plan for cMYPFR Final 010519_01-05-19_14.35.45.DOCX](#)
- ✓ **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 GLOBAL CNPEV 2019 suite Réunion de validation040819_01-05-19_14.39.32.xlsm](#)
[PAO PEV 2019 ComorosVersion narrative090419_01-05-19_14.39.02.docx](#)
- ✓ **Other documents (optional)**
- [Rapport finale évaluation équité PEV_01-05-19_14.43.12.docx](#)
[Rapport ECV2016_01-05-19_14.42.44.docx](#)
- ✓ **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.
- [Signatures Ministres 1_01-05-19_14.50.31.pdf](#)
[Note Engagement Ministres_01-05-19_14.49.19.docx](#)



Measles (and rubella) strategic plan for elimination

[plan délimitation rougeole 20182022 2_01-05-19_14.51.10.doc](#)

4 Review and submit application

4.1 Submission Details

Country vaccine funding summary

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

Active Vaccine Programmes

Note 11

IPV Routine

	2019	2020	2021	2022
Country Co-financing (US\$)				
Gavi support (US\$)	45,562	46,436	47,315	48,199

Pentavalent Routine

	2019	2020	2021	2022	2023
Country Co-financing (US\$)	13,778	24,380	24,860	25,362	11,080
Gavi support (US\$)	36,000	64,114	65,399	66,724	30,582

Total Active Vaccine Programmes

	2019	2020	2021	2022	2023
Total country co-financing (US\$)	13,778	24,380	24,860	25,362	11,080
Total Gavi support (US\$)	81,562	110,550	112,714	114,923	30,582
Total value (US\$) (Gavi +	95,340	134,930	137,574	140,285	41,662

Country co-financing)

New Vaccine Programme Support Requested

Measles-rubella 1st and 2nd dose routine, with catch-up campaign

	2020	2021
Country Co-financing (US\$)	25,500	21,000
Gavi support (US\$)	383,000	386,500

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\$)	13,778	49,880	45,860	25,362	11,080
Total Gavi support (US\$)	81,562	493,550	499,214	114,923	30,582
Total value (US\$) (Gavi + Country co-financing)	95,340	543,430	545,074	140,285	41,662

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
Nouroulhoudah Youssouf	EPI Manager	+2693385469	nouroulhoudahy@yahoo.com	

Comments

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

No Response

Government signature form

The Government of Comoros 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, with catch-up campaign

The Government of Comoros 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

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

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.