

# APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by  
**The Government of Zambia**  
for  
Measles-rubella follow-up campaign



# 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

22 October 2014

##### Country tier in Gavi's Partnership Engagement Framework

3

##### Date of Programme Capacity Assessment

March 2016

#### 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	5,966,666,667	

Total government health expenditure	565,129,902
Immunisation budget	5,908,334

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

#### The government planning cycle starts on the

1 January

The current National Health Sector Plan (NHSP) is

From 2017

To 2021

#### 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:**

NA

### 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.**

Local customs regulation requires that vaccines are cleared with the Zambia Medicines Regulatory Authority (ZAMRA) and the Zambia Revenue Authority (ZRA). The Expanded Programme on Immunisation is required to apply for an import permit using all available shipment documents which should include lot release certificates, airway bill information, invoice and packing list. Import permit and lot releases will be required by ZAMRA for each importation.

### 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 Zambia Medicines Regulatory Authority (ZAMRA) is the functional NRA. It was established under the Medicines and Allied substance Act (Number 03) of 2013 and is part of the WHO AVAREF network. WHO prequalified vaccines can be registered under collaborative procedure as established by WHO, i.e., expedited procedures for national registration of WHO-prequalified vaccines can be done through the available collaborative procedures.

Point of Contact: Mrs. Bernice C. Mwale (Director General)  
Contact Number: +260 977 804353  
Email: bcmwale@zamra.co.zm

## 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\$)	773,593	797,683	839,657	858,283

#### PCV Routine

	2019	2020	2021	2022	2023
Country Co-financing (US\$)	1,339,882	1,002,689	1,203,859	3,681,608	1,704,042

Gavi support (US\$)	7,515,500	4,119,694	4,145,143	10,500,745	4,019,079
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## Pentavalent Routine

	2019	2020	2021	2022	2023
Country Co-financing (US\$)	441,258	884,659	1,070,290	518,360	616,536
Gavi support (US\$)	2,396,500	4,035,965	4,106,769	1,644,540	1,620,080

## Rota Routine

	2019	2020	2021	2022	2023
Country Co-financing (US\$)	555,911	1,181,899	1,429,565	749,247	891,081
Gavi support (US\$)	2,738,000	4,899,129	4,966,187	2,159,799	2,116,728

## HPV Routine

	2020	2021	2022	2023
Country Co-financing (US\$)	451,064	271,543	415,443	276,698
Gavi support (US\$)	1,845,794	931,057	1,027,555	558,915

**Summary of active Vaccine Programmes**

	2019	2020	2021	2022	2023
Total country co-financing (US\$)	2,337,051	3,520,311	3,975,257	5,364,658	3,488,357
Total Gavi support (US\$)	13,423,593	15,698,265	14,988,813	16,190,922	8,314,802
Total value (US\$) (Gavi + Country co-financing)	15,760,644	19,218,576	18,964,070	21,555,580	11,803,159



## 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).

Several sources of information provide insight into the key challenges to achieving higher coverage for routine immunisation, particularly for MCV2 – the MR post-introduction evaluation of 2018, the “Zambia: equity of immunisation” report by Dr. Zlatko Nikoloski (attached), the report of the MR SIA finalisation workshop of 2019, outbreak investigation reports and key informant interviews. These challenges are summarised here:

- Human resources.
  - o Staff were not fully aware of when and how to administer the second routine dose of MR vaccine, did not fully understand the guidelines provided. The definition of “fully immunised” was also seen as unclear.
  - o Staff attitude was noted as a challenge during the SIA finalisation workshop, as was a fear of vaccine wastage.
- Cold chain and supply
  - o There was frequent mention of stock out of vaccines at facility level, including during the 2016 campaign and fear of wastage. The combination of these two is theorised to push health care workers to ration measles vaccines
- Access
  - o Distance – some mothers walked up to 2 hours to get to a vaccination session, esp. for those with other children

Other barriers to vaccination in general, not particular to MCV1-MCV2 dropout include staff shortage limiting the time available for vaccination and making outreach difficult; some health facilities did not have refrigerators especially the newly created ones; money for transport and food and long wait times are mentioned by mothers as challenges; and social isolation of special populations, including nomadic populations, immigrants, and isolated cases of resistance. Additionally, Social Mobilisation has also been suboptimal and is often limited to Child Health Week, African Vaccination Weeks, New Vaccine Introductions and SIAs.

## 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**

[Zambia cMYP 20172021 Revised 4 Oct 18\\_04-09-19\\_06.50.30.pdf](#)

Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan

- ✓ **Country strategic multi-year plan / cMYP costing tool** [Zambia cMYP Costing Tool V3.9.3.14.05.2019\\_04-09-19\\_06.54.06.xlsx](#)
  
  - ✓ **Effective Vaccine Management (EVM) assessment** [Zambia 2015 EVM report Final\\_04-09-19\\_06.55.02.pdf](#)
  
  - ✓ **Effective Vaccine Management (EVM): most recent improvement plan progress report** [Zambia EVM Improvement Plan 12 June 18\\_04-09-19\\_06.59.34.xls](#)
  
  - ✓ **Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators** [Zambia Demographic and Health Survey 2018 Prelim\\_04-09-19\\_07.02.17.pdf](#)
  
  - ✓ **Data quality and survey documents: Immunisation data quality improvement plan** [Final DQIP Report Zambia Jan 2019\\_04-09-19\\_07.08.22.pdf](#)
  
  - ✓ **Data quality and survey documents: Report from most recent desk review of immunisation data quality** [Zambia Desk Review Performances analysis and data desk review 9th April 2019\\_04-09-19\\_07.10.26.docx](#)
  
  - ✓ **Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation** [Zambia Desk Review Performances analysis and data desk review 9th April 2019\\_04-09-19\\_07.24.20.docx](#)
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- ✓ **Human Resources pay scale**  
If support to the payment of salaries, salary top ups, incentives and other allowances is requested  
[Zambia Daily Subsistence Allowances Official Circular 2016\\_04-09-19\\_07.28.30.pdf](#)

### Coordination and advisory groups documents

- ✓ **National Coordination Forum Terms of Reference**  
ICC, HSCC or equivalent  
[ICC FOR RMNCAHN TORs\\_04-09-19\\_22.07.43.pdf](#)
- ✓ **National Coordination Forum meeting minutes of the past 12 months**  
[MINUTES OF THE ADHOC ICC MEETINGMARCH 2019 27.03.2019\\_04-09-19\\_22.16.07.doc](#)

### Other documents

- ✓ **Other documents (optional)**  
Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge-Attitude-Practice surveys or other demand-related surveys, if available.  
[The Public Finance Management ACT 2018\\_04-09-19\\_22.38.02.pdf](#)

## 3 Measles-rubella follow-up campaign

### 3.1 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	1 June 2020
Planned launch date	20 September 2020
Support requested until	2020

## 3.1.2 Vaccine presentation registration or licensing

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

The licensing procedure will be completed ahead of time

## 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 campaign vaccination

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

*Note 4*

From	9	weeks <input type="checkbox"/>	months <input checked="" type="checkbox"/>	years <input type="checkbox"/>
To	59	weeks <input type="checkbox"/>	months <input checked="" type="checkbox"/>	years <input type="checkbox"/>

	2020
Population in target age cohort (#)	3,398,230
Target population to be vaccinated (first dose) (#)	3,398,230
Estimated wastage rates for preferred presentation (%)	15

### 3.2.2 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.

	2020
Population in the target age cohort (#)	3,398,230
Target population to be vaccinated (first dose) (#)	3,398,230
Number of doses procured	4,210,500

### 3.3 Co-financing information

#### 3.3.1 Vaccine and commodities prices

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

	2020
10 doses/vial,Iyo	0.66

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

	2020
AD syringes	0.036
Reconstitution syringes	0.004
Safety boxes	0.005
Freight cost as a % of device value	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
Country co-financing share per dose (%)	
Minimum Country co-financing per dose (US\$)	0.033
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.033

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

Measles-rubella follow-up campaign

	2020
Vaccine doses financed by Gavi (#)	3,823,400
Vaccine doses co-financed by Country (#)	186,600
AD syringes financed by Gavi (#)	3,564,200
AD syringes co-financed by Country (#)	173,900
Reconstitution syringes financed by Gavi (#)	
Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	39,225
Safety boxes co-financed by Country (#)	1,925
Freight charges financed by Gavi (\$)	57,929
Freight charges co-financed by Country (\$)	2,827
	2020
Total value to be co-financed (US\$) Country	132,500
Total value to be financed (US\$) Gavi	2,713,000
Total value to be financed (US\$)	2,845,500



### 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
Minimum number of doses financed from domestic resources	4,210,500
Country domestic funding (minimum)	1,208,413.5

### 3.3.5 Co-financing payment

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

The Government of the Republic of Zambia has never defaulted on payment of co-financing. Keeping a dedicated and ring-fenced budget-line in the national budget (Yellow Book) and regularly funding will ensure timely payment of co-financing

**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:

May

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

Month

June

Year

2020

### 3.4 Financial support from Gavi

#### 3.4.1 Campaign operational costs support grant(s)

Measles-rubella follow-up campaign

#### Population in the target age cohort (#)

*Note 7*

3,398,230

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

0.55

#### Total in (US\$)

1,869,026.5

Funding needed in  
country by

31 July 2020

#### 3.4.2 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\$)

3,992,056

**Total amount - Other donors (US\$)**

0

**Total amount - Gavi support (US\$)**

11,012,991

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

14,876,154

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

0

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

3.241

### 3.4.3 Key Budget Activities

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

Kindly refer to the Plan of Action and Budget attached

### 3.4.5 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.

Kindly refer to the attached budget

### 3.4.6 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%.

Ministry of Health

### 3.4.7 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*

Please refer to the plan of action

## 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 Campaign Plan of Action, please cite the sections only.

Kindly refer to section "2.2. Targets" in the Plan of Action

### 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.**

Please refer to the country's 5- year planned as attached.

### 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.**

Kindly refer to section "6.1.1" in the Plan of Action

### 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?**

Kindly refer to section "10" in the Plan of Action

### 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.**

Kindly refer to sections "2.6" and "8" in the Plan of Action

### 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.**

Kindly refer to sections "2.6" and "8" in the Plan of Action

### 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*

Kindly refer to sections "8" in the Plan of Action . A number of activities listed in there were designed to leverage the existing resources such as the HSS and additional HSS funds.

### 3.5.8 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.).**

Zambia plans to conduct a Measles-Rubella follow up campaign in 2020 to bridge the immunity gap. On either side of this campaign, routine immunisation strengthening will be a core component and will include, but not limited to the following activities to be sustained over the next five years:

- development of tailored BCC materials for communities identified as zero dose through outbreak investigations and SIA;
- explore and implement flexible service delivery hours such as evening and weekends;
- develop systems to track children visits;
- use of information from SIA for development of 2021 microplan;
- reinforce district and province capacity to detect, investigate, and initiate Outbreak Response Immunisation as appropriate; and
- use of new technologies such as the Zambia Electronic Immunisation Registry (ZEIR) and SMS reminder (mVacc) established to ensure that children received their vaccination on time, tracking of defaulters, address accuracy and improve data quality (numerator, denominator).

## 3.6 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](mailto: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**  
[Campaign Plan of Action for MR202021Aug\\_04-09-19\\_13.17.38.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**  
[Zambia 2020 MR SIA Budget Planv3\\_04-09-19\\_13.14.57.xlsm](#)
-  **Most recent assessment of burden of relevant disease**  
[Zambia MR Situation Analysis and 5Year Plan for cMYP Version August 2019\\_04-09-19\\_13.19.50.docx](#)  

If not already included in detail in the Introduction Plan or Plan of Action.
-  **Sources and justification of campaign target population estimates (if applicable)**  
[Zambia Census Projection 2011\\_2035\\_04-09-19\\_13.22.22.pdf](#)

### Endorsement by coordination and advisory groups

-  **National coordination forum meeting minutes, with endorsement of application, and including signatures**  
[MINUTES OF THE 2019 THIRD QUARTER ICC MEETING\\_04-09-19\\_18.36.02.doc](#)
-



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

[ZITAG MEASLES RUBELLA TECHNICAL WORKING GROUP RECOMMENDATION NOTE ON THE 2020 MR SIA AND MR VACCINE VIAL PRESENTATION SWITCH 04-09-19 21.08.34.docx](#)

**Vaccine specific**



**cMYP addendum**

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

[Zambia MR Situation Analysis and 5Year Plan for cMYP Version August 2019 04-09-19 23.04.11.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

[Zambia cMYP 20172021Revised4Oct18 04-09-19 23.05.55.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.

[NOT APPLICABLE TO ZAMBIA 05-09-19 11.12.12.docx](#)



**Measles (and rubella) strategic plan for elimination**

If available

[Zambia MR Situation Analysis and 5Year Plan for cMYP Version August 2019 04-09-19 23.09.53.docx](#)

**Other documents (optional)**[National MR PIE Report\\_04-09-19\\_23.10.55.docx](#)

## 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\$)	773,593	797,683	839,657	858,283

##### PCV Routine

	2019	2020	2021	2022	2023
Country Co-financing (US\$)	1,339,882	1,002,689	1,203,859	3,681,608	1,704,042
Gavi support (US\$)	7,515,500	4,119,694	4,145,143	10,500,745	4,019,079

##### Pentavalent Routine

	2019	2020	2021	2022	2023
Country Co-financing (US\$)	441,258	884,659	1,070,290	518,360	616,536
Gavi support (US\$)	2,396,500	4,035,965	4,106,769	1,644,540	1,620,080

## Rota Routine

	2019	2020	2021	2022	2023
Country Co-financing (US\$)	555,911	1,181,899	1,429,565	749,247	891,081
Gavi support (US\$)	2,738,000	4,899,129	4,966,187	2,159,799	2,116,728

## HPV Routine

	2020	2021	2022	2023
Country Co-financing (US\$)	451,064	271,543	415,443	276,698
Gavi support (US\$)	1,845,794	931,057	1,027,555	558,915

**Total Active Vaccine Programmes**

	2019	2020	2021	2022	2023
Total country co-financing (US\$)	2,337,051	3,520,311	3,975,257	5,364,658	3,488,357
Total Gavi support (US\$)	13,423,593	15,698,265	14,988,813	16,190,922	8,314,802
Total value (US\$) (Gavi + Country co-financing)	15,760,644	19,218,576	18,964,070	21,555,580	11,803,159

**New Vaccine Programme Support Requested**

## Measles-rubella follow-up campaign

	2020
Country Co-financing (US\$)	132,500
Gavi support (US\$)	2,713,000
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\$)	2,337,051	3,652,811	3,975,257	5,364,658	3,488,357
Total Gavi support (US\$)	13,423,593	18,411,265	14,988,813	16,190,922	8,314,802
Total value (US\$) (Gavi + Country co-financing)	15,760,644	22,064,076	18,964,070	21,555,580	11,803,159

### Contacts

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

Name	Position	Phone Number	Email	Organisation
Dr Francis Dien Mwansa	National EPI Manager	+26097770083	fmdien@gmail.com	Ministry of Health
Mrs Elicah Kamiji	Chief EPI Officer	+260971997550	kandinda2015@gmail.com	Ministry of Health
Mrs Josephine Simwina	Chief EPI Officer	+260977760876	jsimwina@yahoo.com	Ministry of Health
Mrs Constance Sakala Banda	Chief EPI Logistician	+260962783956	constancesakala@gmail.com	Ministry of Health

### Comments

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

No Response

## **Government signature form**

The Government of Zambia 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

The Government of Zambia 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.<sup>1</sup>*

**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

---

<sup>1</sup> 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.