



Application Form for Gavi NVS support

Submitted by

The Government of Haiti

for

Measles-rubella follow-up campaign

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.

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/>

Review and update country information

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

28 May 2014

Country tier in Gavi's Partnership Engagement Framework

2

Date of Programme Capacity Assessment

June 2017

2.1.2 Country health and immunisation data

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

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

1,216,046,347.21

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

No Response

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

3,062,897.64

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

9,214,878.00

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

10,159,161.00 (2017)

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

2018

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

2016-2020

Is the cMYP we have in our record still current?

Yes

No

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

From

2016

To

2020

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

N/A

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.

Dédouanement des produits

Les responsables de projet a l'OPS/OMS doivent avertir de tout arrivage venant de l'extérieur soit à la section des achats ou à l'assistante administrative de PROMESS en soumettant les documents ci-dessous 2 semaines avant l'arrivée des biens pour suivi administratif.

- Airway bill ou bill of loading
- factures

- packing list
- certificat(s) d'analyse
- certificat(s) de produits finis
- certificat(s) d'assurance
- Profoma soumis par la compagnie contractuelle pour les frais de dédouanement et acheminé aux Assistantes de projet pour la préparation d'un PO avant livraison des biens afin d'éviter la rétroactivité qui est formellement interdit par les règlements de PAHO

Les documents sont remis à la compagnie contractuelle pour le dédouanement des colis dès leur arrivée en Haïti. Les factures couvrant les livraisons faites au cours du mois sont remises aux Assistantes pour paiement.

Personne à contacter: Johann Lafontant Julmiste, johann@paho.org
CISCO : 45034
Bureau 115

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.

A inclure

Coverage and Equity

2.2.1 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).

Voir la JSP section 3.1, 3.2, 3.3, 3.4. dans l'analyse de l'équité.

- Il ressort que la population cible n'est pas maîtrisée par les prestataires et est mal estimée à certains endroits. La couverture vaccinale des départements en penta3 partent de 53% (Sud) à 88,1% (Centre) alors que la différence plus marquée entre les communes partant de 17,3% (Anse-à-Galets) à 99.7%(Cabaret) (2016). Les enfants du milieu rural, des bidonvilles et des zones d'insécurité sont les plus désavantagés dans l'offre des soins de vaccination. Aucune donnée n'est disponible à l'heure actuelle sur le nombre d'enfants vaccinés en clinique privée des pédiatres constituant une limitation dans l'analyse par rapport à cette tranche de la population. Le plus grand nombre d'enfants non vaccinés se retrouvent dans les communes ceinturées par des bidonvilles. Les ateliers dans les départements avec les représentants des groupes organisés et élus locaux confirment que la population haïtienne est globalement demanderesse de la vaccination. Tenant compte des données analysées, le manque d'équité dans la vaccination en Haïti est prioritairement lié à l'accessibilité géographique et la planification de la prestation des services.

Defis liés aux objectifs de performance du PEV

- Distribution inéquitable des institutions prestataires de même que des ressources qui assurent leur fonctionnement .

Selon les statistiques , seulement 70 % environ des institutions sanitaires des services de vaccination. Au niveau du département de l'Ouest dont la population représente 35 % de la population totale , on retrouve 46 % du personnel sanitaire . Il est ensuite révélé que 47 % de la population se rend à un centre de santé ou bien à cheval ou bien à pied . Ce qui participe du faible accès (géographique) de la population aux services de santé estime à environ 60 %

- Aux problèmes d'accès s'ajoutent ceux liés à la disponibilité des services caractérisés par les ruptures de la chaîne de froid , les difficultés qu'on un grand nombre d'institutions à assurer la vaccination au quotidien, le manque de personnel spécifiquement au niveau des dispensaires qui représente environ 40 à 47 % des institutions de santé et qui ne sont dotés que d'1 ou de 2 auxiliaires infirmières responsables de la prestation du Paquet Essentiel de Services à assurer au niveau du 1er échelon du niveau primaire .

- La génération de la demande ne représente un défi que dans la mesure où les connaissances des responsables d'enfants et les mères manquent de cette spécificité qui leur permet d'amener régulièrement et aux dates fixées leur enfants aux centres de santé pour recevoir toutes les doses de vaccins .

- La qualité des données , comme l'a indiqué le DQS réalisée en 2014 est notée très en dessous du seuil acceptable .

- Les difficultés qui affectent l’approvisionnement régulier des institutions en vaccins et consommables de la vaccination représentent des barrières aux couvertures vaccinales élevées et homogènes
 - Les faiblesses identifiées dans la gestion du programme méritent d’être prises en compte à tous les niveaux du système et de toutes les composantes du PEV
 - Le financement du programme qui jusqu’à 2017 représentait un problème sérieux et auquel des solutions nationales sérieuses commencent à être adressées pour à partir de 2018.
- Réponses à ces situations
- Pour faire face à ces situations liées aux basses couvertures vaccinales et à l’équité, le programme est en train de mettre en œuvre :
- Des stratégies innovantes de prestation de services pour atteindre les groupes cibles non atteints. (Ex : RED)
 - La solarisation de la chaîne de froid en vue de parer aux problèmes de ruptures de gaz propane
 - Le renforcement de la gestion des vaccins et intrants par la formation et l’implication d’autres cadres techniques dans cette activité.
 - Un processus de renforcement de l’organisation des structures de gestion et de coordination du programme et des capacités managériales du personnel.
 - La mise en œuvre de plans opérationnels de communication et de mobilisation sociale adressant les vrais problèmes qui affectent l’utilisation correcte des services de vaccination.
 - La continuation du processus de plaidoyer initié en 2017 qui a abouti à la décision du gouvernement de financer les vaccins traditionnels et de co-financer les nouveaux vaccins

Country documents

2.3.1 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.)

Coordination and advisory groups documents



**National Coordination Forum
Terms of Reference**

[CCIA-Revision2-Consultant-CIRCULAIRE-
CCIA ET CTPEV GTCV-25-10-
17_reviewLH \(1\)_22-01-18_19.00.38.doc](#)

ICC, HSCC or equivalent

[Circulaire ministerielle GTCV \(1\) 30 jan 17 \(2\)_22-01-18_18.13.18.docx](#)



National Coordination Forum meeting minutes of the past 12 months

[CCIA DECEMBRE2016_22-01-18_18.35.26.docx](#)

Other documents



Other documents (optional)

[JSP_Haïti_V4_12-01-18_21.25.06.doc](#)

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.

Country and planning documents



Country strategic multi-year plan

[HAI-PPAc2016-2020_20160704_LQ \(28\) CE 16 NOV 2017 \(1\) XZ FINALL_20-01-18_22.35.40.docx](#)

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



Country strategic multi-year plan / cMYP costing tool

[HAI-PPAc2016-2020_20160704_LQ \(28\) CE 16 NOV 2017 \(1\) XZ FINALL_21-01-18_00.13.16.docx](#)



[1. RAPPORT Evaluation GEV 2013 HAITI Version finale du 22-11-13 \(1\)_20-01-18_22.38.34.docx](#)

Effective Vaccine Management (EVM) assessment



Effective Vaccine Management (EVM): most recent improvement plan progress report

[3.3. Rpt Situation Plan amelioration GEV_mise a jour 4 Juin 2016 \(1\)_20-01-18_22.38.12.doc](#)



Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators

[1.Coverage_PunchCard_Haiti_22-01-18_17.46.32.pdf](#)

Data quality and survey documents: Immunisation data quality improvement plan

No file uploaded

Data quality and survey documents: Report from most recent desk review of immunisation data quality

No file uploaded



Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation

[4.CountryProfile-HTI_22-01-18_17.37.07.pdf](#)
[3.DTP3_Haiti_22-01-18_17.36.49.pdf](#)

Human Resources pay scale

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

No file uploaded

Measles-rubella follow-up campaign

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.
Measles-rubella follow-up campaign

Preferred presentation	MR, 5 doses/vial, Iyo
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 January 2019
Planned launch date	1 April 2019
Support requested until	2019

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.

NA

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.

Target Information

3.2.1 Targets for campaign vaccination

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 follow-up campaign:

From 9 weeks months years

To 59 weeks months years

	2019
Population in target age cohort (#)	1,366,538
Target population to be vaccinated (first dose) (#)	1,298,211.1
Estimated wastage rates for preferred presentation (%)	25

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.

	2019
Population in the target age cohort (#)	313,080
Target population (first dose) (#)	250,464
Number of doses procured	729,178

Co-financing information

3.3.1 Vaccine and commodities prices

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

	2019
5 doses/vial,lyo	0.72

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

	2019
AD syringes	0.04
Reconstitution syringes	0.04
Safety boxes	0.47
Freight cost as a % of device value	0.03

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

	2019
Country co-financing share per dose (%)	2
Minimum Country co-financing per dose (US\$)	0.01
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.01

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

Measles-rubella follow-up campaign
2019

Vaccine doses financed by Gavi (#)	1,703,600
Vaccine doses co-financed by Country (#)	23,100
AD syringes financed by Gavi (#)	1,428,100
AD syringes co-financed by Country (#)	
Reconstitution syringes financed by Gavi (#)	379,900
Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	19,900
Safety boxes co-financed by Country (#)	
Freight charges financed by Gavi (\$)	52,085
Freight charges co-financed by Country (\$)	707
	2019
Total value to be co-financed (US\$) Country	17,500
Total value to be financed (US\$) Gavi	1,411,000
Total value to be co-financed (US\$)	1,428,500

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.

2019	
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.

Le processus a été entamée très tardivement vu que le plaidoyer des bailleurs a l'initiative de GAVI n'a eu une réponse positive que très tard en 2017. Pour le premier paiement les démarches sont en cours pour faire avancer le processus. Actuellement, le MSPP a en main la documentation réclamée du Fond Rotatoire pour pouvoir discuter avec le Ministère des Finances en vue d'assurer le décaissement des fonds le plus rapidement possible. De même un brouillon de draft d' « Accord » à signer entre le gouvernement et la Directrice de l'OPS/OMS est au Bureau de la ministre de la Sante Publique.

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:

February

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

Month

February

Year

2019

Financial support from Gavi

3.4.1 Campaign operational costs support grant(s)

Measles-rubella follow-up campaign
Population in the target age cohort (#)

1,366,538

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

0.65

Total in (US\$)

888,249.7

Funding needed in
country by

1 January 2019

3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how 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.

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.

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

1

Total amount - Other donors (US\$)

1

Total amount - Gavi support (US\$)

2299249.7

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

0.035

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

0.29

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

1676

3.4.3 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.

Les fonds seront gérés par l'OPS/OMS suivant les mes normes et procédures utilisées par l'Organisation pour la gestion des Grants. Cependant à partir de 2018 des mesures seront prises en vue de renforcer les procédures de contrôle de l'exécution des budgets. Il est aussi planifié des missions de contrôle et d'encadrement des départements dans la perspective de d'assurer une gestion adéquate des ressources par les responsables départementaux et aussi d'éviter les retards dans la justification des avances.

3.4.4 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.

Based on the current challenges in implementing the FMA recommendations, the country is suggesting the VIG to be channelled through UNICEF. However, if the FMA recommendations are resolved before the VIG disbursement, then the country would prefer the funds to be sent through the government financial system.

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

Les fonds seront transférés à l'OPS/OMS.

3.4.5 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.

NA

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.

Campagnes RR

Haïti a été certifié comme un pays libre de transmission endémique du virus de la rougeole et de la rubéole ; les derniers cas d'endémie ont été signalés respectivement en 2001 pour la rougeole et 2006 pour la rubéole. Aucun cas importé de rougeole et de rubéole n'a été signalé depuis lors dans le pays. Cependant, le maintien de ce statut dans un monde de plus en plus interconnecté sera un défi permanent dans les années à venir, parce qu'Haïti comme les autres pays des Amériques, sont constamment à risque d'importer et de réintroduire les virus; ainsi défaire les progrès qui ont été réalisés.

À cette fin, la mise en œuvre de campagnes de suivi de haute qualité contre la rougeole et la rubéole est une stratégie fondamentale pour atteindre des niveaux élevés d'immunité de la population avec équité. La couverture de la rougeole et la rubéole déclarée en Haïti n'a pas atteint 95% (rang : 64-80%) au cours des cinq dernières années avec la première dose de la rougeole et la rubéole (RR). En outre, en 2016, le pays a introduit la deuxième dose du RR pour atteindre 26% de la couverture. Ainsi, Haïti a mis en œuvre périodiquement des campagnes de suivi visant à réduire les populations susceptibles et à éviter la transition de la maladie chez les adolescents et les jeunes adultes non vaccinés.

Par rapport au différents problèmes existant, la mise en œuvre de la campagne renforce les aspects opérationnels et logistiques dans le sens que c'est une occasion pour renforcer le programme dans de différents domaines (supervision, formation, maintenance de la chaîne du froid), pour assurer une couverture élevée et homogène dans chaque commune, ce qui permet d'améliorer les capacités des services de routine au niveau local.

PCV 13

Le PCV 13 ayant déjà été approuvé en 2011, les informations de justification ont été transmises dans le plan d'introduction du vaccin.

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.

Voir le JSA ci-joint

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.

Voir le JSA ci-joint

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?

Voir JSA ci-joint.

En août 2017, des engagements ont été pris par les autorités sanitaires haïtiennes pour commencer le financement des vaccins de routine et couvrir les coûts de contrepartie des nouveaux vaccins subventionnés par Gavi à partir de 2018. A date, il n'y a pas eu de défaut de paiement des coûts de contrepartie des nouveaux vaccins par le pays, puisque cet engagement financier a été pris et satisfait par le Center for Disease Prevention and Control (CDC) de 2012 à 2017.

L'engagement du gouvernement à contribuer largement au financement des vaccins est un premier pas qui ouvre la voie à des négociations pour une éventuelle prise en charge par le niveau national des 2% de cofinancement demandés par GAVI pour le vaccin RR à utiliser pour la campagne.

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.

Voir le JSP ci-joint

3.5.6 Improving coverage and equity of routine immunisation

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

Voir le JSP ci-joint

3.5.7 Synergies

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

Voir le JSP ci-joint

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.).

- Introduction d'une deuxième dose de vaccine rougeole/rubéole dans le calendrier national pour les enfants à partir de 18 mois
- Renforcement des maillons faibles de la surveillance des MEV (notification –investigations ..etc..)
- Recherche active de cas suspects pour etudier la sensibilite du système de surveillance des MEV et adresser des solutions aux problemes identifiées
- Extension du reseau d'institutions sentinelles
- Suivi regulier des susceptibles
- Organisation d'Activites supplementaires de vaccination de suivi.

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.

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

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.

Vaccine specific

	cMYP addendum Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP	HAI-PPAc2016-2020_20160704_LQ (2) ce 8 08 16 ppp_16-01-18_17.31.50.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	Campagne Nationale de Vaccination de suivi contre la rougeole 2019 (3)_21-01-18_00.18.42.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.	No file uploaded
		No file uploaded

Measles (and rubella) strategic plan for elimination

If available

- ✓ **Other documents (optional)** [NVS - Print Round 1 \(2018\) - Haiti Janvier 19 2018 \(2\) ce 26 pm soi_29-01-18_09.44.28.docx](#)

Endorsement by coordination and advisory groups

- ✓ **National coordination forum meeting minutes, with endorsement of application, and including signatures** [Rapport PIE Haiti LAST LAST LAST CE 11 10 17 \(2\)_22-01-18_18.45.41.docx](#)

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

- ✓ **NITAG meeting minutes** [RAPPORT REUNI0ON GTCV \(3\)_22-01-18_18.07.16.docx](#)
with specific recommendations on the NVS introduction or campaign

Application documents

- ✓ **New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist & activity list and timeline** [Campagne Nationale de Vaccination de suivi contre la rougeole 2019 \(Gavi comments\) \(2\) 26 janv 2018 ce pm et corrige_29-01-18_09.24.14.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** [090118 Haiti Modèle de prévision budgétaire 2LR \(version 1\) \(3\) last ce 26 JANVIER soir_29-01-18_09.27.18.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.

Campaign target population (if applicable)

No file uploaded

Review and submit application

Submission Details

Country vaccine funding summary

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

New vaccine support requested

Measles-rubella follow-up campaign

	2018	2019
Country Co-financing (US\$)		17,500
Gavi support (US\$)		1,411,000

	2018	2019
Total country co-financing (US\$)		17,500
Total Gavi support (US\$)		1,411,000
Total value (US\$) (Gavi + Country co-financing)		1,428,500

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

Some questions were answered with a number 1 for lack of being able to write a justification. Please see a copy of the entire Gavi NVS support document for further details. The document was attached in the documents.

Government signature form

The Government of (country) 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:

(enter type of application)

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

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

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

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

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

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

Minister of Health (or delegated authority)

Name

Date

Signature

Minister of Finance (or delegated authority)

Name

Date

Signature

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

Minister of Education (or delegated authority)

Name

Date

Signature

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