

APPLICATION FORM FOR
GAVI NVS SUPPORT

Submitted by
The Government of Burkina Faso
for
Measles-rubella follow-up campaign



Reach Every Child
www.gavi.org

1 Gavi Grant terms and conditions

1.2 Gavi terms and conditions

1.2.1 Gavi terms and conditions

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

GAVI GRANT APPLICATION TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

NO LIABILITY

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

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

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

INSURANCE

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

ANTI-CORRUPTION

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

ANTI-TERRORISM AND MONEY LAUNDERING

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

COMPLIANCE WITH GAVI POLICIES

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

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

1.3 Gavi Guidelines and other helpful downloads

Guidelines and documents for download

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

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

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

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

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

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

2 Review and update country information

2.1 Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Initial self-financing

Date of Partnership Framework Agreement with Gavi

26 June 2013

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

April 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?

US\$ 3,299,907,273

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

US\$ 823,098,356

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

US\$ 15,226,703

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

US\$ 16,068,641

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

Immunisation budget 2017 : US\$ 17,528,820.8
Immunisation budget 2018 : US\$ 32,246,974.7

[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

2011

To

2020

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

2016-2020

Is the cMYP we have in our record still current?

Yes

No

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

Note 1

From

2018

To

2020

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

Not applicable

2.1.4 National customs regulations

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

The procurement of EPI vaccines is done through UNICEF's Supply Division (SD) in Copenhagen. The Ministry of Health contracts a private company (SNTB) for customs clearance. In any case, inputs are exempt from VAT. The SD transmits the special documents for each vaccine at least three weeks prior to delivery. These documents are then submitted to the national regulatory agency, which registers the vaccine.

Inspection of delivered inputs begins at the aircraft cargo bay, using the procedures in force. A second inspection is made upon delivery, sanctioned by an arrival report and an acknowledgement of receipt, which are sent to UNICEF and Gavi within 72 hours.

The special documents include:

- Results of clinical trials;
- Marketing authorisation (MA);
- Manufacturer Information;
- Manufacturing license;
- Quality control certificate;
- Certificate of analysis;
- Copy of batch labels;
- Copy of the air waybill (AWB);
- Copy of the packing list;

Certificate of batch release.

2.1.5 National Regulatory Agency

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

The national regulatory authority (NRA) in Burkina Faso for pharmaceutical products, including vaccines, is the Directorate General for Access to Health Products [*Direction générale de l'accès aux produits de*

santé (DGAP), formerly the *Direction Générale de la Pharmacie, du Laboratoire et des Médicaments* (DGPLM). It was evaluated by WHO in 2006 as its regulatory functions as NRA were implemented, to assess the functioning of the approval process in Burkina Faso. In addition, a 2013 evaluation by WAEMU resulted in Burkina Faso being classified as a reference country for the approval of health products in the WAEMU zone. It is represented by Dr Natacha TOE, 00226 70347895, toenatacha@yahoo.fr.

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

	2018	2019	2020	2021	2022
Country Co-financing (US\$)					
Gavi support (US\$)	691,000	810,973	822,941	837,565	852,400

Measles SD Routine - Strat 1

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	381,895	393,154			
Gavi support (US\$)	346,000	365,666			

Measles-rubella follow-up campaign

	2018	2019
Country Co-financing (US\$)	66,500	34,500
Gavi support (US\$)	2,224,000	2,405,000

MenA Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	324,418	299,076	305,036	310,405	317,047
Gavi support (US\$)	522,500	480,500	490,000	544,418	556,067

PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	555,931	526,312	532,721	541,413	550,995
Gavi support (US\$)	8,721,500	8,593,500	9,013,500	7,764,971	7,902,399

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	502,098	529,634	536,242	536,992	546,161
Gavi support (US\$)	1,477,500	1,376,000	1,393,000	1,360,882	1,384,119

Rota Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	260,760	320,940	324,840	330,691	336,544
Gavi support (US\$)	6,468,000	7,961,000	8,057,500	8,202,508	8,347,680

Summary of active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	2,091,602	2,103,616	1,698,839	1,719,501	1,750,747
Total Gavi support (US\$)	20,450,500	21,992,639	19,776,941	18,710,344	19,042,665
Total value (US\$) (Gavi + Country co-financing)	22,542,102	24,096,255	21,475,780	20,429,845	20,793,412

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).

Refer to 2017 Joint Appraisal Report, Chapter 3.1 Immunisation coverage and equity, and Chapter 3.2 Low performance/equity factors.

2.4 Country documents

Upload country documents

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

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

Country and planning documents

-  **Country strategic multi-year plan**
Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan
[9. BFA PPAc 2016-2020 Revision 2017 Version finale 27-02-18 14.52.53.pdf](#)
-  **Country strategic multi-year plan / cMYP costing tool**
[cMYP Costing Tool V3.9.3 KDG FEVRIER 2017 28-02-18 09.24.22.xlsx](#)
-  **Effective Vaccine Management (EVM) assessment**
[0. BFA Rapport Final GEV BFA Version Finale 28-02-18 09.37.55.pdf](#)
-  **Effective Vaccine Management (EVM): most recent improvement plan progress report**
[0. BFA Rapport MEO Plan Amélioration GEV version finale 28-02-18 09.49.26.pdf](#)

- ✓ **Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators** [0. RAPPORT final SARA III 2016_ 01-03-18_ 10.08.02.pdf](#)
- ✓ **Data quality and survey documents: Immunisation data quality improvement plan** [0. PAQD 2018-2022 BFA_ 28-02-18_ 10.18.49.pdf](#)
- ✓ **Data quality and survey documents: Report from most recent desk review of immunisation data quality** [ANALYSE REVUE DE LA QUALITE DES DONNEES PEV 2017BURKINA FASO_ 27-04-18_ 08.58.19.pdf](#)
- ✓ **Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation** [0. Rapport Audit qualité 2016_ 01-03-18_ 10.33.23.pdf](#)
- ✓ **Human Resources pay scale** [Decret Indémnité 28-02-18_ 10.42.43.pdf](#)

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

Coordination and advisory groups documents

- ✓ **National Coordination Forum Terms of Reference** [InvitationExtraCCIA_ 03-09-18_ 10.53.21.jpg](#)

ICC, HSCC or equivalent [Note technique_ 27-04-18_ 10.11.36.pdf](#)

[Invitation à une réunion extraordinaire du CCIA_ 27-04-18_ 10.12.55.pdf](#)



National Coordination Forum meeting minutes of the past 12 months

[4. Rapport CCIA 25_08_2017 Validant la Soumission 28-02-18_12.04.28.pdf](#)

[2. Rapport CCIA-PEV du 24 mai 2017_28-02-18_11.33.37.pdf](#)

[1. CR Réunion CCIA du 10 avril 2017_28-02-18_11.12.35.pdf](#)

[3. Rapport CCIA Eval Conjointe 28-02-18_11.55.29.pdf](#)

[5. Rapport CCIA DU 17 Novembre 2017VF_19-04-18_10.29.18.pdf](#)

Other documents



Other documents (optional)

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

[0. Assistance technique 2018 contribution VF_01-07-17_15.42.22_28-02-18_13.13.40.pdf](#)

[0. FORMULAIRE BANCAIRE 28-02-18_13.30.27.pdf](#)

[1. Formulaire rapport évaluation conjointe juillet 2017_28-02-18_09.06.55.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, Iyo

Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd preferred presentation	MR, 5 doses/vial, Iyo
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Required date for vaccine and supplies to arrive	21 July 2019
Planned launch date	22 November 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.

The time frame for obtaining a licence in Burkina Faso is 120 days. National regulations provide for an accelerated registration procedure for WHO pre-qualified vaccines.

Given the licensing time frame and the date of the campaign, it will be possible to obtain a licence before the campaign if the 5-dose presentation is selected.

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"/>

	2019
Population in target age cohort (#)	3,078,334
Target population to be vaccinated (first dose) (#)	3,078,334
Estimated wastage rates for preferred presentation (%)	10

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 (#)	792,134
Target population to be vaccinated (first dose) (#)	792,134
Number of doses procured	1,056,180

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

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

	2019
10 doses/vial,Iyo	0.66

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	0.01

3.3.2 Country choice of co-financing amount per vaccine dose

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

Note 5

	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 (#)	3,367,000
Vaccine doses co-financed by Country (#)	50,000
AD syringes financed by Gavi (#)	3,386,200
AD syringes co-financed by Country (#)	
Reconstitution syringes financed by Gavi (#)	375,900
Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	41,400
Safety boxes co-financed by Country (#)	
Freight charges financed by Gavi (\$)	95,944
Freight charges co-financed by Country (\$)	1,425
	2019
Total value to be co-financed (US\$) Country	34,500
Total value to be financed (US\$) Gavi	2,475,500
Total value to be financed (US\$)	2,510,000

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

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

Note 6

	2019
Minimum number of doses financed from domestic resources	1,056,180
Country domestic funding (minimum)	323,192

3.3.5 Co-financing payment

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

The country's commitment, shown by the signatures of the Minister of Health and the Minister of Finance, guarantees the 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.

Not applicable

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:

December

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

Month

April

Year

2018

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

3,078,334

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

0.65

Total in (US\$)

2,000,917.1

Funding needed in
country by

1 July 2019

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\$)

701,166

Total amount - Other donors (US\$)

322,125

Total amount - Gavi support (US\$)

2,000,916

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

0.23

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

0.10

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

0.65

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.

This information is available in the attached detailed budget.

3.4.4 Financial management procedures

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

Campaign funds will be managed by PADS, the Health Development Support Programme, which supplies regional and district health offices. Each facility has an account into which campaign funding will be transferred through a request for funding. Each facility has a management procedure manual for Gavi funds.

3.4.5 Fiduciary management

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

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

Funds for operational costs will be transferred to the government in an account at PADS (Programme d'appui au développement sanitaire). The bank form is attached.

3.4.6 Use of financial support to fund additional Technical Assistance needs

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

Note 8

The technical assistance requested to implement the MR follow-up campaign was approved in the 2018 Technical Assistance Plan (refer to 2018 Technical Assistance requirements in the attached implementation of priority needs).

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.

The reasons for this request are outlined in the MR Campaign Implementation Plan in Chapter I, Context and Justification.

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

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

The 2016-2020 cMYP incorporates the measles elimination and rubella control objective. It takes into account the 2012-2020 measles elimination strategic plan, which foresees implementation of a follow-up MR campaign in November 2018.

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

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

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

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

The plan was submitted to the NITAG for an opinion and to the ICC for approval and endorsement. See the session reports.

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?

There is strong political will on the part of the government in the effort to achieve vaccine independence. Burkina Faso joined the Vaccine Independence Initiative (VII) in 1997. This initiative aims to ensure government ownership of the EPI by creating a secure budget line dedicated exclusively to the purchase of vaccines and consumables. A major effort by the Government has been seen since 2000, with an increase in this budget line item.

To sustain the gains of VII efforts, Burkina has opted for a gradual reduction in Gavi support for new vaccines, with gradually increasing support by the government and other partners.

In addition, to offset the delay in the transfer of funds for vaccine procurement, a mechanism for the pre-financing of vaccines by UNICEF is under way.

3.5.5 Programmatic challenges

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

The main programme difficulties are:

- Health workforce
 - * Low competence of EPI health workers
 - Supply chain
 - * The delay in the allocation of funds for vaccine procurement that leads to low stock and even risks of shortages of inputs
 - * Shortage of yellow fever vaccine
 - * Insufficient transport logistics for the outreach strategy
 - * Inadequate and out-dated cold chain equipment
 - Demand generation/ demand for immunisation
 - * Persistence of non-immunised children due to low coverage in specific areas (informal settlements, markets, etc.), insufficient organisation, insufficient search for children absent during immunisation sessions, insufficient participation of all stakeholders (municipalities-community-civil society, etc.) in immunisation activities
 - Leadership, management and coordination
 - * Separate planning and technical monitoring of the implementation of HSS and NVS activities prevents them from being coordinated and complementing one another in the implementation of activities
 - * Procedures for awarding contracts at national level result in very long execution delays; standardised technical specifications for the calls for bids make it impossible to obtain high-quality services/equipment in the desired time frame
 - * Poor quality of surveillance and immunisation data collected due to inconsistencies and incomplete information gathered
 - Public financial management
 - * Government funding for vaccine procurement has experienced difficulties since 2015, resulting in the delayed and piecemeal release of funds (in several budget tranches). This situation leads to vaccine shortages in the EPI, which has a negative impact on performance.
 - Other critical aspects
 - * Insufficient funding for support activities (supervision, communication to promote routine immunisation, etc.)
- To overcome these difficulties, strategies have been identified in the DPV 2018 action plan, including:
- strengthening the skills of health workers
 - strengthening cold chain equipment
 - strengthening transportation logistics
 - strengthening equity in immunisation.

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.

Key campaign activities will be used to improve routine immunisation. They will consist of:

- updating routine immunisation microplans
- determining how to reach, through the routine immunisation program, people who had not previously been reached and who were vaccinated during the campaign
- incorporating lessons learned into the routine immunisation work plan, thereby refining the plan and/or cMYP.

Innovative strategies for reaching populations with difficult access and incomplete immunisation will be developed:

- systematically searching for eligible non-immunised or not completely immunised children in collaboration with community-based health workers and community leaders
- organising a periodic intensification of routine immunisation (PIRI) in low-performing districts through immunisation weeks to catch up missed children in areas with low-coverage, informal settlements and slums, gold mining sites, train stations, child care centres, nursery schools, settlements for people in insecure areas, etc.
- using the results of the pilot project “Strategy to catch up children in informal settlements in the health districts of Dô, Dafra and Séguénéga”
- several strategies were recommended to increase routine coverage of the second dose of the MR vaccine, including concomitant administration with MenAfriVac, pooling the use of vaccine doses, strengthening communication with mothers to ensure their adhere to the new immunisation schedule, counting children aged 15 to 18 months who were not covered on the basis of immunisation registers and finding them in the community, and integrating MR immunisation into nutrition activities.
- a communication campaign will be conducted about the new immunisation schedule with the involvement of CSOs, schools, community-based health workers and community leaders.

3.5.7 Synergies

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

Note 9

Burkina Faso plans to introduce the IPV vaccine separately in June 2018 and organise a follow-up MR campaign in November 2018.

Burkina Faso's ability to successfully introduce a new vaccine has been proven. The country successfully introduced into routine immunisation the pentavalent vaccine in January 2006 and the pneumococcal and rotavirus vaccines in October 2013. Burkina introduced a second dose of the measles vaccine (MCV2), followed by the introduction of MR in 2015 and MenAfriVac® in March 2017. The country has also been implementing immunisation campaigns since 1999 as one of its strategies to prevent measles outbreaks and, eventually, to interrupt the indigenous transmission of measles. A nationwide catch-up campaign targeting children aged 9 months to 14 years was organised in December 2001 to this end. Follow-up campaigns targeting children aged 9-59 months were conducted in 2004, 2007 and 2011. The last follow-

up campaign in 2011 vaccinated 2,865,517 children aged 9 to 59 months against measles, with administrative coverage of 113.41%.

The experience gained from the introduction of these vaccines and the catch-up/monitoring campaigns will undoubtedly help facilitate the introduction of IPV and the MR follow-up campaign.

In order to reduce the financial risk, the country will primarily fund the categories planned in the Government budget within the framework of immunisation.

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.).

The main activities are to strengthen and maintain a high level of immunity in children by seeking out those who are not, or not completely, immunised, organising catch-up weeks etc. All of these activities are listed in the 2012-2020 Measles Elimination and Rubella Control Strategic Plan.

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.


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**
 - [1. PLAN MEO CAMPAGNERR3092018_10-09-18_14.44.31.pdf](#)
 - [Plan Renforcement RR2 10-09-18_14.43.52.zip](#)
 - [1. PLAN MEO CAMPAGNERR3092018_07-09-18_21.17.59.pdf](#)
 - [1.1 ChronogrammeCampagneSuivi25042018_27-04-18_09.23.32.xlsx](#)
 - [1. Ouaga1. PLAN MEO CAMPAGNERR201819042018Revu_27-04-18_09.26.10.pdf](#)

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

-  **Gavi budgeting and planning template**
 - [BUDGET RR AVEC NOUVEAU MODEL GAVI 3092018_10-09-18_14.31.37.xlsm](#)

[1.2 BUDGET RR AVEC NOUVEAU MODEL
GAVI 24 AVRIL 2018_26-04-18_16.44.07.xlsm](#)



Most recent assessment of burden of relevant disease

[MeaslesRiskAssessmentToolv1.7
TESTVFF_27-04-18_09.49.16.xlsm](#)

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

Campaign target population (if applicable)

No file uploaded

The target population is described in the MR follow-up campaign action plan.

Endorsement by coordination and advisory groups



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

[Rapport CCIA extraordinaire_01-05-18_19.02.12.pdf](#)

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

[3. Rapport GTCV_25-04-18_20.36.01.pdf](#)

[2. ReponseGTCV_25-04-18_20.32.43.pdf](#)

[1. Lettre au Ministre de la santé_25-04-18_20.27.55.pdf](#)

Vaccine specific



cMYP addendum

[Analyse de la situation Rougeole et Rubéole_27-04-18_10.41.09.pdf](#)

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



Annual EPI plan

[Plan d'action 2018 de la DPV revu 23-04-18 18.55.15.pdf](#)

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

MCV1 self-financing commitment letter

No file uploaded

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

Not applicable because the country already finances the monovalent component of MR1



Measles (and rubella) strategic plan for elimination

[41. PLAN STRATEGIQUE ELIMINATION ROUGEOLE Ouaga 22062017v1_19-04-18 12.04.18.pdf](#)

If available



Other documents (optional)

[PLAN DE RIPOSTE CONTRE L'EPIDEMIE DE ROUGEOLE EN 2018 AU BURKINA FASO 20042018 SAF 27-04-18 10.53.55.pdf](#)

[1.4 LA COMMUNICATION DE CRISE 27-04-18 09.58.20.pdf](#)

[1.3 PLAN COMMUNICATION RR 2019 01-05-18 20.04.47.docx](#)

[1.5 Plan logistique 220218 27-04-18 09.55.03.pdf](#)

[ReponsesclarificationsPaysObservations requete CRR de suivi 2019 3092018 10-09-18 14.32.10.pdf](#)

4 Review and submit application

4.1 Submission Details

Country vaccine funding summary

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

Active Vaccine Programmes

Note 10

IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)					
Gavi support (US\$)	691,000	810,973	822,941	837,565	852,400

Measles SD Routine - Strat 1

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	381,895	393,154			
Gavi support (US\$)	346,000	365,666			

Measles-rubella follow-up campaign

	2018	2019
Country Co-financing (US\$)	66,500	34,500
Gavi support (US\$)	2,224,000	2,405,000

MenA Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	324,418	299,076	305,036	310,405	317,047

Gavi support (US\$)	522,500	480,500	490,000	544,418	556,067
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PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	555,931	526,312	532,721	541,413	550,995
Gavi support (US\$)	8,721,500	8,593,500	9,013,500	7,764,971	7,902,399

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	502,098	529,634	536,242	536,992	546,161
Gavi support (US\$)	1,477,500	1,376,000	1,393,000	1,360,882	1,384,119

Rota Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	260,760	320,940	324,840	330,691	336,544
Gavi support (US\$)	6,468,000	7,961,000	8,057,500	8,202,508	8,347,680

Total Active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	2,091,602	2,103,616	1,698,839	1,719,501	1,750,747
Total Gavi support (US\$)	20,450,500	21,992,639	19,776,941	18,710,344	19,042,665
Total value (US\$) (Gavi + Country co-financing)	22,542,102	24,096,255	21,475,780	20,429,845	20,793,412

New Vaccine Programme Support Requested

Measles-rubella follow-up campaign

	2018	2019
Country Co-financing (US\$)	66,500	34,500
Gavi support (US\$)	2,224,000	2,475,500

	2018	2019
Total country co-financing (US\$)	66,500	34,500
Total Gavi support (US\$)	2,224,000	2,475,500
Total value (US\$) (Gavi + Country co-financing)	2,290,500	2,510,000

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

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	2,158,102	2,138,116	1,698,839	1,719,501	1,750,747
Total Gavi support (US\$)	22,674,500	24,468,139	19,776,941	18,710,344	19,042,665
Total value (US\$) (Gavi + Country co-financing)	24,832,602	26,606,255	21,475,780	20,429,845	20,793,412

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 OUEDRAOGO Issa	Director of EPI	+226 70 22 67 87	issayann09@yahoo.fr	
Dr KAMBOU Jean Ludovic	Head of planning, Monitoring and Evaluation	+226 70 26 12 20	kambouludo@hotmail.com	

Comments

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

No comments

Government signature form

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

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

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

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

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

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

Minister of Health (or delegated authority)

Minister of Finance (or delegated authority)

Name

Name

Date

Date

Signature

Signature

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

Minister of Education (or delegated authority)

Name

Date

Signature

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

Appendix

NOTE 1

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

NOTE 2

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

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

NOTE 3

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

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

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

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

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

NOTE 4

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

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

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

* The wastage rate applies to first and last dose.

NOTE 5

Co-financing requirements are specified in the guidelines.

NOTE 6

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

NOTE 7

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

NOTE 8

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

NOTE 9

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

NOTE 10

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

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