



Application Form for Gavi NVS support

Submitted by

**The Government of Congo, Democratic Republic of the
for**

Yellow fever preventive mass vaccination 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 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

10 October 2014

Country tier in Gavi's Partnership Engagement Framework

1

Date of Programme Capacity Assessment

No Response

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?

5,196,673,094

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

393,715,484

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

116,180,456

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

218,856,236

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

209,648,492

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

2015

To

2019

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

2015-2019

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

2018

To

2018

If any of the above information is not correct, please provide additional/corrected information or other comments here: No Response

None

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 yellow fever vaccine follows the same route through customs as the other vaccines used in the country.

2.1.5 National Regulatory Agency

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

The national regulatory agency is not yet available. However, the Directorate of Pharmacy and Medicines within the Ministry of Public Health currently fills this role. YFV has been an approved vaccine since 2003, when it was first introduced in the country.

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).

Looking at gender and equity, 86% of the health zones have Penta3 immunisation coverage (IC) over 80%.

The 2013-2014 DHS DRC II showed that there are no significant differences between immunised children by gender. In contrast, significant differences can be seen (i) between the poorest and richest quintiles; (ii) between urban and rural areas; and (iii) by the mother's level of education.

Some of the problems encountered in 2015 include: the high number of unvaccinated children (Kinshasa, Sud Ubangi, Mongala, Sud Kivu, Equateur, Tanganyika, Tshopo, Ituri, Kasai Oriental, Kwilu, Tshuapa, etc.); low-quality immunisation data (DTP-HepB-Hib3: 12%, PCV-13(3): 13%, YFV: 23%); low coverage of cold chain equipment; and low levels of satisfaction with vaccine needs in some health districts.

Corrective actions:

- In order to resolve the equity problems related to geographic accessibility, the REZ approach will be strengthened by including special populations to be vaccinated in the microplanning and in the mapping of health areas in the second half of 2016.

Between now and the first quarter 2018, the General Secretary for Public Health will organise a forum between the stakeholders to address socioeconomic barriers to vaccination, to discuss how to monetise vaccination in private and religious medical facilities in major urban areas.

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; 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

ICC, HSCC or equivalent

[CCIA_TDR_ORIENTATIONS_22-01-18_18.32.08.ppt](#)



National Coordination Forum meeting minutes of the past 12 months

[Ordre du Jour CNC du 13 Janv. 017_22-01-18_18.54.32.doc](#)

[Compte rendu CNC 17 11 2017OK_22-01-18_18.53.57.docx](#)

[Compte rendu CNC du 15 09 2017_22-01-18_18.53.17.docx](#)

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

[Signature du Ministre des Finances_19-02-18_18.45.45.docx](#)

[PNDS 2016-2020 version finale_21 avril 2016_22-01-18_18.48.56.pdf](#)

[Page signatures FJ Membres CCIA_22-01-18_18.48.56.pdf](#)

Country and planning documents



Country strategic multi-year plan

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

[PPAC_RDC 2015-2019_VF CCIA Stratégique_20-01-18_23.17.12.docx](#)



Country strategic multi-year plan / cMYP costing tool

[Costing tool DRC_27 06 2015 au 04-02-17_22-01-18_13.21.01.xls](#)



Effective Vaccine Management (EVM) assessment

[RDC Rapport GEV 2014 Rapport Final_18-02-18_15.08.48.pdf](#)

✓	Effective Vaccine Management (EVM): most recent improvement plan progress report	RDC_Rapport MEO Plan Amélioration GEV_Décembre 2017_18-02- 18_15.10.59.pdf
✓	Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators	RDC_Rapport preliminaire EDS-RDC II version finale_22-01-18_14.12.48.pdf
✓	Data quality and survey documents: Immunisation data quality improvement plan	RDC_Plan Stratégique de la Qualité des données de vaccination_22 janv 2018_GV FJ_22-01-18_14.23.04.docx
✓	Data quality and survey documents: Report from most recent desk review of immunisation data quality	QD_La revue des données du PEV de 2007 à 2016_Original_22-01-18_14.32.48.docx
✓	Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation	QD_Résultat Evaluation de terrain (DQS)_PM_2017-2011_22-01-18_14.44.49.docx
✓	Human Resources pay scale If support to the payment of salaries, salary top-ups, incentives and other allowances is requested	UNDP- DSA- 2017_18-02-18_15.15.29.pdf

Yellow fever preventive mass vaccination 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. HPV routine

Yellow fever preventive mass vaccination campaign

Preferred presentation	YF, 10 doses/vial, Iyo
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Preferred second presentation	YF, 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	28 October 2018
Planned launch date	2 September 2018
Support requested until	2018

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.

Not applicable

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 * Assurance 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 Yellow fever preventive mass vaccination campaign:

From	9	weeks <input type="checkbox"/>	months <input checked="" type="checkbox"/>	years <input type="checkbox"/>
To	60	weeks <input type="checkbox"/>	months <input type="checkbox"/>	years <input checked="" type="checkbox"/>

2018	
Population in target age cohort (#)	91,502,831
Target population to be vaccinated (first dose) (#)	91,502,831
Estimated wastage rates for preferred presentation (%)	10

Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US\$) - Yellow fever preventive mass vaccination campaign

2018	
10 doses/vial, lyo	1.07

Commodities Price (US\$) - Yellow fever preventive mass vaccination campaign (applies only to preferred presentation)

2018	
AD syringes	0.04
Reconstitution syringes	0.04
Safety boxes	0.47
Freight cost as a % of device value	0.08

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

Yellow fever preventive mass vaccination campaign

2018	
Vaccine doses financed by Gavi (#)	101,568,200
AD syringes financed by Gavi (#)	100,653,200
Reconstitution syringes financed by Gavi (#)	11,172,600
Safety boxes financed by Gavi (#)	1,230,100
Freight charges financed by Gavi (\$)	8,595,994

2018	
Total value to be financed (US\$) Gavi	121,944,000
Total value to be co-financed (US\$)	121,944,000

Financial support from Gavi

3.4.1 Campaign operational costs support grant(s)

Yellow fever preventive mass vaccination campaign

Population in the target age cohort (#)

91,502,831

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

0.65

Total in (US\$)

59,476,840.15

Funding needed in
country by

29 July 2018

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\$)

0

Total amount - Other donors (US\$)

0

Total amount - Gavi support (US\$)

37

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

0

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

0

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

0.65

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.

The applicable procedure is the manual for management procedures for health sector funding (PGFSS):

- developing and sending the request to the financial management support cell (CAGF);
- developing the CAGF payment order to the financial agency (GIZ) for disbursement;

- at the end of the activity, every beneficiary must provide support documentation to the GIZ by the deadline set out in the health sector procedures manual.

The portion for purchasing coolers and vaccine carriers will be managed by UNICEF.

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%.

Funds should be transferred to the DRC Government using the following procedure.

The applicable procedure is the manual for management procedures for health sector funding (PGFSS):

- developing and sending the request to the financial management support unit (CAGF);
- developing the CAGF payment order to the financial agency (GIZ) for disbursement;
- at the end of the activity, every beneficiary must provide support documentation to the GIZ by the deadline set out in the health sector procedures manual.

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.

The PEF/TCA, which is one component of WHO technical assistance with Gavi funding for the preparations, implementation and assessment of the yellow fever campaign. However, given the complexity of the campaign and the number of barriers, more extensive technical support is required, especially in logistics and communication. The additional budget has been taken into account.

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.

SUMMARY OF THE PREVENTIVE CAMPAIGN ACTION PLAN

1. Rationale

The DRC is at risk of yellow fever (YF) epidemics because its ecosystem is favourable to this disease and the *Aedes* mosquitoes that transmit this disease are present, as confirmed by the 2014 risk analysis.

Integrated Disease Surveillance and Response (IDSR) is used for YF surveillance, per IHR requirements. The country has experienced outbreaks of the disease in recent years; response vaccination campaigns were organised for some of them.

In 2016, following an influx of YF patients coming to the DRC for treatment between the 10th and 24th epidemiological week, the country recorded 68 confirmed cases of YF, most imported from Angola. This forced the country to use fractional doses, per WHO's June 2016 recommendations.

Because of the history of YF epidemics and the under-performing surveillance system, a risk analysis was needed to determine the population at risk for YF and to prevent future outbreaks. The results of this analysis, conducted in 2014, proved that the YF virus was circulating in all three ecological zones in the country.

Given these results, and the non-equitable progress in routine immunisation against YF between 2003 and 2016, the Ministry of Health (MoH) and its partners think it would be prudent to conduct preventive campaigns, with support from Gavi. The target will be subjects aged 9 months to 60 years of age, or 91,502,813 people, which represents 92.6% of the country's population.

2. Goals and strategies

The goal of this campaign is to increase herd immunity in the population against YF to prevent the virus from being transmitted.

Several strategies will be used in combination with the campaign: strengthening YF surveillance, strengthening routine immunisation, and strengthening pro-vaccination communication.

3. Implementation of the preventive campaign, monitoring, coordination, budget, and evaluation and control activities.

The preventive campaign will be implemented in four blocks: three in 2019 and the fourth in 2020. Each campaign will last ten days. The proposed campaign dates may be revised depending on the availability of YF vaccine.

Vaccination will take place in fixed posts, using the fixed and outreach strategies. Each immunisation site team will be made up of six people: two vaccinators, one mobiliser, one counter, one order/sorting agent, and one person in charge of waste disposal. Every site will vaccinate an average of 300 people per day in urban areas, or 150 people per day in rural areas.

- Acquisition, storage, transport and distribution of inputs

The required supplies of YF vaccine, autodisable (AD) syringes, dilution syringes, safety boxes, cold chain materials including coolers and vaccine carriers, and other EPI inputs will be ordered through UNICEF (12,181 coolers, 24,159 vaccine carriers, 48,318 ice packs).

During the campaign, the vaccines will be stored at health facilities between +2°C and +8°C and protected from light. The country will need 101,568,140 doses of vaccine for administration.

- Immunisation safety, waste management and AEFIs

Specific guidelines on injection safety during the campaign will be made available to teams. The YF vaccine will be administered by qualified health workers, using AD syringes. The YF vaccine vials must be used within six hours after they are reconstituted. Clear guidelines will be made available at the various levels to ensure waste is managed properly and AEFIs are treated correctly.

- Planning

Planning will start with a briefing for provincial supervisors by central level supervisors on the details of microplanning and all components (technical, logistics, social mobilisation) for implementing a response campaign. These briefings will be carried out at all levels by multisectoral teams.

- Official launch

An official launch ceremony is planned for the day before the start of the campaign, hosted by the Minister of Public Health or the Secretary General for Health. Health partner members of the ICC will also be represented in this ceremony.

- Training

To improve the quality of services during the campaign, before the campaign begins all hired staff members will be trained in vaccination techniques, injection safety, and YF and AEFI surveillance.

- Supervision, monitoring and evaluation

Before the start of the campaign, prospective supervision will be carried out to assess the level of preparation and identify the support necessary for implementation.

Supervision will be done in collaboration with local partners. During the campaign, emphasis will be on local supervision. Supervision will also emphasise the occurrence and management of AEFIs in health facilities.

- Evaluation of campaign procedures

A qualitative assessment will be performed using a checklist to evaluate logistics support, surveillance, and the response to any adverse events.

- Quantitative assessment

Rapid surveys will be conducted by supervisors in health areas and locations with high-risk and/or under-served populations. These assessments will help identify pockets of unvaccinated people and take corrective actions.

- Evaluation of campaign results

A community-level independent survey will be organised after the campaign of sample clusters (30 relevant clusters per the WHO/AFRO protocol). The decision to organise mop-up activities will be based on both IC data from the response and routine data, as shown in the table below.

- Coordination

At the national level: ICC, through the National Coordinating Committee (NCC), coordinated by the MoH with technical support from the Directorate of Disease Control through the EPI; at the province and health zone levels: Provincial Coordinating Committees (PCC), under the Governor; and at the health zone level: local coordinating committees (LCC) under the local authority. Provincial, local and district coordinating committee meetings will begin at least three weeks before the response campaign launch.

- Timeline of main activities

This campaign will be conducted over two years (2019-2020), with three blocks in 2019 and a fourth in 2020. Implementation of activities will follow the established timeline and the campaign preparation status will be regularly presented to the Technical ICC.

- Operational costs

The overall operational cost of the preventive campaign is US\$ 54,725,996, at \$ 0.598 per person vaccinated (see Table 1 attached for details).

- Campaign and impact monitoring

The campaign will be monitored at the different levels through meetings and the use of various tools, including DHIS2, which will be set up.

The impact of the preventive campaign will be measured through case-based surveillance of YF with laboratory confirmation, investigation of reported cases of YF and enhanced case-based surveillance, improved data management, information sharing, and improving the YF laboratory component.

- Technical and financial reports for the response campaign

Technical and financial reports will be available at the national level four weeks after the end of the immunisation campaign, at the latest, then shared with WHO, UNICEF, Gavi and other partners

- Control activities

Control and internal audit activities are planned and will be implemented by the services of the EPI and IGF with GIZ support; an international firm will be hired for the external audit.

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.

Implementation of the mass YF vaccination campaign will align with the 2015-2019 cMYP and the 2016-2020 NHDP.

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.

Role of the ICC

The primary functions and responsibilities of the ICC/HSCC can be summarised as follows.

- Coordinate the actions of the technical and financial partners to better support the EPI;
- Share technical, financial and logistical information related to vaccination services;
- Coordinate and guide the use of Gavi resources and partners for vaccination;
- Technically and financially support the Immunisation Programme, for the purpose of achieving Programme objectives and goals;
- Conduct advocacy with donors for mobilising Programme resources and support;
- Monitor Programme performances.

The ICC has four committees, whose activities are described below.

Technical committee:

- Develop and implement the EPI action plan;
- Analyse vaccination data monthly including data on the management of vaccines and other supplies and on surveillance by health zone;
- Identify EPI problems and constraints;
- Share information with all partners;
- Feed information back to the provinces;
- Communicate with stakeholders.

Logistics committee:

- Analyse the vaccine and other supply management data by health zone and identify vaccine needs;
- Inventory cold chain equipment by health zone and EPI structures;
- Identify problems related to stock management (vaccines, diluents, kerosene, spare parts, management tools, etc.);
- Provide feedback to the provinces and health zones.

Social mobilisation committee:

- Analyse and identify communication problems and their causes;
- Make suggestions and recommendations for improvement;
- Define effective EPI communication strategies;
- Identify community-level partners;
- Involve and train community liaisons in tracking those lost-to-follow-up and in rumour

management;

- Develop strategies to improve ties between health facilities and communities for the EPI.

Resource mobilisation:

- Strengthen advocacy supporting the EPI;
- Identify unsupported zones;
- Determine unsupported domains;
- Identify potential donors and conduct follow-up (recovery);
- Prepare advocacy meetings;
- Prepare the report during ICC meetings;

The strategic ICC (composed of agency heads) will approve and monitor the recommendations from the various ICC committees.

Role of the NITAG

The mission of the NITAG-DRC is to incorporate current scientific knowledge in providing, upon request or of its own volition, advice, recommendations, or independent reports about immunisation and vaccines, to support policies as defined in Article 2 of this ROI (internal policies and procedures).

The NITAG-DRC is responsible for the following.

- Analysing the current national immunisation policies and strategies (routine EPI, immunisation outside the EPI, SIAs and disease surveillance);
- Proposing any necessary adjustments to the immunisation policies and strategies, in consideration of local and international data;
- Proposing optimal strategies for controlling vaccine-preventable diseases;
- Advising the national authorities on the pertinent strategies for monitoring and evaluating the impact of immunisation activities;
- Keeping the national authorities informed about the most recent scientific developments and innovations in the field of immunisation and vaccines;
- Establishing partnerships with other consultative committees for vaccination;
- Analysing the constraints to sustainable financing for immunisation, and suggesting optimal strategies.

The NITAG was established in December 2017, one year after the decree for its creation.

The mission of the NITAG-DRC is to incorporate current scientific knowledge in providing, upon request or of its own volition, advice, recommendations, or independent reports about immunisation and vaccines, to support policies as defined in Article 3 of the ministerial decree creating the NITAG-DRC.

It is responsible for issuing opinions and recommendations about vaccines and immunisation after a rigorous analysis of the available national, regional and international data. The NITAG plays a consultative role.

It currently works with 20 members from the best scientific circles in the country.

Efforts will be made to strengthen its activities in 2018.

3.5.4 Financial Viability

Please discuss the financing-related implications of the new vaccine programs requested, particularly how the government intends to fund the additional co-financing obligations. Please mention if any defaults occurred in the last three years and, if so, describe any mitigation measures that have been implemented to avoid future defaults.

Additionally has the country taken into account future transition from Gavi support?

The following actions are planned for the programme's sustainability.

- Increasing the share of the health sector in the Government budget, through advocacy to various government institutions (National Assembly, Senate, President) to gradually increase this share;
- Advocacy was conducted to create a specific budget item for "Vaccine and immunisation material procurement" in the country's budget nomenclature; a specific budget item was created for this in both the central and provincial level budgets. Other budget items to support vaccination are incorporate into the central Government budget and in some provincial budgets.
- Advocacy for the disbursement of funds allocated to the procurement of vaccines, immunisation materials and other EPI needs, freeing these expenditures from constraints.
- Creation of a Fund for Health Promotion (FPS). These funds come from a variety of nuisance taxes and contributions from both public and private health facilities. They will be used primarily to renovate health facilities for the implementation of the minimum package of activities, including vaccination.
- The implementation of Gavi-supported HSS will help fund the costs of programme activities in the cMYP, including those related to building worker skills and improving motivation; strengthening integrated supervision; improving the work environment in Provincial Health Inspectorates, reference hospitals and health centres; adding appropriate understanding of vaccine-preventable diseases in basic nurse training; and on-the-job training.
- Expanding the partnership for vaccination to other donors that support the health system.
- Provincial governments and assemblies will be called on to mobilise resources at the decentralised level to increase funding for the health sector in general, and immunisation in particular. This mobilisation will mainly target the community, local businesses, and all other organisations. To this end, the 25 April 2011 declaration of provincial authorities' committing to the eradication of polio and to the sustainable funding of immunisation was signed by all DRC provincial governors, in the presence of the Deputy Prime Minister of the Interior.

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.

Looking at gender and equity, 86% of the health zones have a Penta 3 IC over 80%.

The 2013-2014 DHS DRC II showed that there are no significant differences between immunised children by gender. In contrast, significant differences can be seen (i) between the poorest and richest quintiles; (ii) between urban and rural areas; and (iii) by the mother's level of education.

Some of the problems encountered in 2015 include the high number of unvaccinated children (Kinshasa, Sud Ubangi, Mongala, Sud Kivu, Equateur, Tanganyika, Tshopo, Ituri, Kasai Oriental, Kwilu, Tshuapa, etc.), low-quality immunisation data (DTP-HepB-Hib3: 12%, PCV-13(3): 13%, YFV: 23%), low coverage of cold chain equipment, and low levels of satisfaction with vaccine needs in some health districts.

Corrective actions:

- In order to resolve the equity problems related to geographic accessibility, the REZ approach will be strengthened by including special populations to be vaccinated in the microplanning and in mapping of health areas in the second half of 2016.

Between now and the first quarter 2017, the General Secretary for Public Health will organise a forum between the stakeholders to address socioeconomic barriers to vaccination, to discuss how to monetise vaccination in private and religious medical facilities in major urban areas.

The introduction plan considers various factors that influence the various immunisation services. As part of strengthening the community dynamic, the EPI and its partners will add to and make functional the community mobilisation units for mobilising households in support of vaccination.

Advocacy actions will be conducted with local authorities to involve them in mobilising hard-to-access communities.

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.

The introduction plan considers various factors that influence the various immunisation services. As part of strengthening the community dynamic, the EPI and its partners will add to and make functional the community mobilisation units for mobilising households in support of vaccination.

Advocacy actions will be conducted with local authorities to involve them in mobilising hard-to-access communities.

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.

The country will combine several activities that can be conducted synergistically during the YF campaign and introduction of Rotarix, such as training, delivery of inputs, financial controls and audits.

3.5.8 Routine YFV immunisation

Gavi requires that countries requesting support for preventative mass campaigns, that have not yet introduced yellow fever vaccines into the routine EPI, commit to introducing routine immunisation within 6 to 12 months after conducting the campaign. Has a yellow fever vaccine already been introduced into the national routine immunisation programme?

Yes ☒

No ☐

If you have not already introduced yellow fever nationally on a routine basis, you should provide evidence that the country plans to introduce yellow fever vaccine into the routine programme in your Plan of Action.

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 country 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

	Risk assessment report	RDC_EVALUATION DE RISQUE FJ_22- 01-18_18.15.11.pptx
	Consensus meeting report	Minute de la réunion de Consensus sur la FJ_RDC_bis_22-01- 18_18.24.08.pdf
	Other documents (optional)	Page signatures FJ Membres CCIA_22-01- 18_13.16.55.pdf

Endorsement by coordination and advisory groups

	National coordination forum meeting minutes, with endorsement of application, and including signatures	Liste Presence réunion CNC avalisant Plan FJ 15 09 2017_02_22-01- 18_18.09.45.pdf Liste Presence réunion CNC avalisant Plan FJ 15 09 2017_01_22-01- 18_18.10.05.pdf
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Liste Presence réunion CNC avalisant
Plan FJ 15 09 2017_03_22-01-
18_18.10.26.pdf

Liste Presence réunion CNC avalisant
Plan FJ 15 09 2017_04_22-01-
18_18.10.46.pdf

CR réunion CNC 15 09
2017_YF0002_22- 01-18_18.09.12.pdf

Liste Presence réunion CNC avalisant
Plan FJ 15 09 2017_05_22-01-
18_18.11.04.pdf



NITAG meeting minutes

with specific recommendations
on the NVS introduction or campaign

Rapport Synthèse GTCV-RDC_18-02-
18_15.59.47.docx

Arrete GTCVp1 001_22-01-18_18.36.08.jpg

Arrete p2 001_22-01-18_18.36.29.jpg

R O I GTCV-RDC_18-02-18_15.59.07.docx

Arrete p9 001_22-01-18_18.39.26.jpg

Arrete p5 001_22-01-18_18.37.29.jpg

Arrete p4 001_22-01-18_18.37.05.jpg

Arrete p3 001_22-01-18_18.36.47.jpg

Application documents



**New vaccine introduction plan
(NVIP) and/or campaign plan
of action (PoA), including
checklist & activity list and
timeline**

If support for a campaign and routine
introduction is requested at the same
time, the new vaccine introduction
plan and

RDC_ Plan_ campagne_ Preventive _
Fievre jaune 2018_JS019022018_19-
02- 18_17.48.21.docx

campaign plan of action can be combined into one document to minimise duplication



Gavi budgeting and planning template

[Prévision budgétaire_Campagne_FJ_19 02 2018_19-02-18_20.17.02.xlsx](#)



Most recent assessment of burden of relevant disease

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

[RDC _EVALUATION DE RISQUE FJ_22- 01-18_18.01.50.pptx](#)



Campaign target population (if applicable)

[Populations FJ 2019_19-02-18_17.54.30.xlsx](#)

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

Yellow fever preventive mass vaccination campaign
2018

Country Co-financing (US\$)	
Gavi support (US\$)	121,944,000

2018

Total country co-financing (US\$)	
Total Gavi support (US\$)	121,944,000

Total value (US\$) 121,944,000
(Gavi + Country
co-financing)

Contact Information

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

It would be preferable if the implementation funds could arrive in the country by the end of March 2018, to allow time for the basic microplanning process.

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 Signature (or delegated authority)

Name

Date

Signature

Minister of Finance Signature (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