APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by
The Government of Sudan
for
Yellow Fever routine

Gavi
The Vaccine Alliance

Reach Every Child
www.gavi.org

1 Gavi Grant terms and conditions

1.2 Gavi terms and conditions

1.2.1 Gavi terms and conditions

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

GAVI GRANT APPLICATION TERMS AND CONDITIONS

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

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

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

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

NO LIABILITY
The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programme(s) in the Country; and (ii) the use or distribution of vaccines

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

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

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

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

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with Gavi, as requested. Gavi reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.
The Country will maintain accurate accounting records documenting how Gavi funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of Gavi funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against Gavi in connection with any audit.

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

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

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

1.3 Gavi Guidelines and other helpful downloads

1.3.1 Guidelines and documents for download

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

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

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

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

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

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

2 Review and update country information

2.1 Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Preparatory transition

Date of Partnership Framework Agreement with Gavi

10 December 2013

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

No Response

2.1.2 Country health and immunisation data

Please ensure your Country health and immunisation data is up to date. If not, please go to the Overall expenditures and financing for immunisation section of the portal to submit this information.

	2018	2019
Total government expenditure	6,346,456,692.9	

Total government health expenditure	300,968,004	
Immunisation budget	6,437,291	10,000,000

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

The government planning cycle starts on the

1 January

The current National Health Sector Plan (NHSP) is

From 2017

To 2020

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

2017-2020

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

To

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

No Response

2.1.4 National customs regulations

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

The process of custom clearances of vaccines starts with the receipt of the pre-shipment advice when the international health receive a copy that will be used have a clearance from the National council for Medicines and Poisons and from the Sudanese Standards and Metrology Organization (SSMO), then final clearance from customs. This process take 15 days as maximum so pre-shipment advice has to be received two weeks before vaccine arrival

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), which is part of the National Council for Medicines and Poisons, is the responsible body for licensure of new vaccines and drugs so in addition to WHO re-qualification the country has to register the yellow fever vaccine in the National Council for Medicines and Poisons. Yellow fever vaccine is already been used in Sudan since 2014 in the mass campaigns, now the registration process already started and expected to finish within the coming months before expected date of vaccine arrival.

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

	2019	2020	2021	2022
Country Co-financing (US$)				
Gavi support (US$)	1,703,148	1,605,380	1,629,474	1,654,248

MenA Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	170,610	436,485	454,252	679,959	912,272
Gavi support (US$)	1,091,000	2,262,796	972,174	768,221	223,866

PCV Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	2,614,688	2,537,010	10,875,940	16,278,115	9,873,091
Gavi support (US$)	16,719,500	12,077,655	22,030,835	17,130,526	5,473,747

Pentavalent Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	835,641	1,685,143	1,445,636	2,163,862	2,903,733
Gavi support (US$)	5,105,000	8,666,498	3,186,586	2,539,007	1,870,982

Rota Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	1,030,379	2,330,405	2,150,343	3,218,541	4,318,934
Gavi support (US$)	5,713,500	10,909,309	4,261,209	3,290,793	2,289,845

YF Routine

	2020	2021	2022	2023
Country Co-financing (US$)	162,584.6	736,949.37	1,129,433.08	1,470,790.41
Gavi support (US$)	871,037.73	1,726,150.69	1,431,083.42	1,052,024.65

Summary of active Vaccine Programmes

	2019	2020	2021	2022	2023
Total country co-financing (US$)	4,651,318	7,151,627.6	15,663,120.37	23,469,910.08	19,478,820.41

Total Gavi support (US$)	30,332,148	36,392,675.73	33,806,428.69	26,813,878.42	10,910,464.65
Total value (US$) (Gavi + Country co-financing)	34,983,466	43,544,303.33	49,469,549.07	50,283,788.5	30,389,285.07

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:

- Health work force: availability and distribution;
- Supply chain readiness;
- Gender-related barriers: any specific issues related to access by women to the health system;
- Data quality and availability;
- Demand generation / demand for immunisation services, immunisation schedules, etc;
- 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;
- 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;
- 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).

Country context
. The Republic of the Sudan is the third largest country in Africa, with a land area of 1,886,068 square kilometers (728,215 square miles) and has an estimated 2019 population of 47,938,040, a significant increase from the 34,847,910 estimated in 2013. This makes Sudan the 35th biggest country in the world. It has a coastal line along the Red Sea and shares borders with seven countries five of them are yellow fever high-risk countries. Sudan is a multiracial, multicultural nation distributed along 18 states and 189 localities only four of them, which completely closed because of conflict, lies South Kordofan and Blue Nile states. The majority of Sudan's population is rural; with an urban population of just 33.2% and 8% are pastoralists. There are 2.2 million internally displaced people, and refugees from neighboring countries amount to another 2 million 74% of (south Sudanese refugees) out of camps. Currently, Sudan is witnessing growing transformation towards urbanization. The population's growth rate is 2.8% with a total fertility rate of 5.2 and the family size ranges from 5-6 members. Children less than 5 years old represent 15.2% of the total population amounted to 7,570,397 under-five children and 1,635,788 infants, while those less than 18 years old represent 50.6%. About 46.5% of the population lives below the poverty line earning less than $1 a day, with 8% living in extreme poverty. Disparities between rural, semi-rural and urban areas are evident with a poverty rate of 67.4% in semi-rural and 64.8% in rural areas and 8% are nomads. The country ranks 165th on the Human Development Index (HDI). The adult literacy rate in Sudan is 69% and 45.2% among women aged 15-24 years. The primary education enrolment is 46%; with 82.2% of the cohort entering primary school completing primary education. Sudan is a lower middle-income country with a per capita gross domestic product (GDP) of $1,940 in 2014 and an annual economic growth rate of 2.3 percent.
Sudan Current Political situation:
On 19 December 2018, a series of demonstrations broke out in several Sudanese cities, due in part to rising costs of living and deterioration of economic conditions at all levels of society. The protests quickly turned from demands for urgent economic reforms, into demands for President Omar al-Bashir to step down. On 22 February, al-Bashir declared a state of emergency and dissolved the national and regional governments, replacing the latter with military and intelligence-service officers. On the weekend of 6 April, there were massive protests for the first time since the declaration of the state of emergency and sit in of the revolutionaries at the head quarter of the military in Sudan. On 10 April, soldiers were seen shielding protesters from security forces, and on 11 April, the military removed al-Bashir from power in a coup d'état. The now controlled by Transitional Military Council and in negotiation of formulation of a civilian-led transitional government. The mass gathering in the military head quarter continued and brought the risk of many health emergencies, till now
With active surveillance and massive health education activities going on the situation is under control. Ministry of Health with strong support from WHO and UNICEF has implemented national measles, OPV and vitamin A campaign targeted around 12 million-child aged 0 to under 10 years. The campaign was implemented under critical situation of the country but it was completed in good way with some obstacles with has been overcome with strong commitment and good partnership.

Health work force: availability and distribution:
The Expanded Programme on Immunization (EPI) program in Sudan is three tiers; federal, state and locality. The federal is part of the National Ministry of Health, It lies under the Primary Health Care Directorate (PHC) which in turn under the Undersecretary. At state level, The EPI is under the supervision of SMoH, Director General and PHC directorate. At locality, it is part of the Health Department under the PHC section. The program well-structured at all levels with clear guidelines and policies.
The immunization programme in Sudan has a satisfactory human resources distributed at all levels including the EPI managers at National and states level, the locality operation officers, the AFP and VPD surveillance officers, the supply chain officers, vaccinators and administrative staff.
The migration of health professionals and turnover of the staff are one of the chief constrains in the health system at all levels including immunization. Immunization services are provided through all four levels; the national, state, locality and the health facility/service delivery points (fixed, outreach and mobile strategies). Additional, the program suffered of severe loss of human resources at all levels and most of the vaccinators did not have jobs within the health hierarchy and work as volunteers. FMoH raised this issue to the higher levels, to resolve the problem and help develop capacity building system to equip and motivate the vaccinators was conveyed to the higher government officials and a direction to all states to create jobs within the health system for the vaccinators, but this is not operationalized up to date. Addition to this effort , FMOH is moving towards the approach of integration of services and reducing the vertical program power, this beside endorsing different task shifting for more holistic approach in order to reduce the impact of staff shortage especially at service delivery points. The outcome of this initiative on availing human resources and reduce the high turnover is not evaluated yet. The main clear intervention from the EPI program supported by its partners is the replacement and refresher trainings and capacity building activities.
o Supply chain readiness;
EPI has a vertical supply chain system and procurement of vaccine, injection supplies and CCE is mostly through UNICEF supply system. Within the WHO prequalification standards.
Study on Optimization of Immunization Supply Chain (ISC) was conducted with aim to strengthen and optimize the current ISC through identification of possible areas for optimization, redesign and integration of ISC (Dry Supply part excluding vaccine) with National Medical Supply Funds (NMSF). Some supply chain management challenges and bottlenecks related to the key supply chain fundamentals identified; these include:
• Lack of adequate stores for dry chain at all system levels,
• lacking basic infrastructure of good storage practice,
• No clear budget allocated for vaccines distribution at lower level,
• Lacking refrigerated vehicles along supply levels
• Suitable electronic system for managing inventory is not yet available at states and localities.
• Vaccinators often have inadequate or no training to prepare them for the logistics tasks they are expected to perform,
• High turnover and mobility among vaccinators and locality level staff, which create challenges for retaining trained and experienced staff,
• Lack of training policy and plans in most of the States for supply chain capacity building programme
Based on evidence created during situation analysis for ISC and NMSF supply systems, the study recommended the following changes:
• Integration of EPI dry supply chain and maintenance system with NMSF
• Remove locality supply level from the system administrative levels at logistic side only,
• Outsourcing third party to curry one or more of the supply chain functions like distribution or maintenance,

• Introduce electronic information system along with introduction of the DHIS at PHC.
EPI is considering the option to integrate immunization injections supplies with NMSF and benefiting from their transportation and dry storage capacity. The program also considers strengthening its distribution and storage system at the locality level.
EVM improvement plan is under implementation, cold room's calibration, mapping and physical inspection exercise has completed supported by WHO as PEF/TCA. With Support from UNICEF the PEF TCA, Temperature Monitoring Study implementation is under process. All vaccine refrigerators were equipped with the recommended continuous temperature monitoring devices, and all the cold rooms at state and locality level will be supplied by electronic continuous temperature monitoring system supported by WHO. Training on VSSM support by WHO and cold chain technician supported by UNICEF were completed. The recommendation related to refrigerated vehicles under process. Other recommendations are all under implementation process and EPI is going to translate the Multi-year EVM improvement plan into annual action plans to better monitor implementation progress.
The overall cold chain functionality has significantly declined from 85% to 79% and the number of states with cold chain functionality less than 80% increased from five in 2016 to 9 in 2017. At the locality level, it is even worse with 41% of the localities having low performance in cold chain functionality. The aging equipment and inadequate maintenance system are the key factors contributing to poor cold chain functionality. From the cold chain inventory conducted 2017 and updated in 2018, 55 localities in 13 states have in capacity and planned to be covered by the CCEOP.
To address the persistent gap in cold chain maintenance and technician capacity; UNICEF has supported the government through National and international institutes to train 66 cold chain technicians from all states and some localities on cold chain maintenance, installation and preventive maintenance. The trained technicians responsible to train vaccinators in preventive maintenance and provide support to the locality level cold chain technician, in addition to conduct regular monitoring to cold chain system in their respective states.
As part of establishing maintenance system, five maintenance workshops has been established in five states and agreement with third party signed at the national level for monitoring and maintenance support to different levels.
With aim to strengthen the immunization supply system and rehabilitate the cold chain equipment, the country has submitted its CCEOP proposal January 2019. This proposal expected to re-shape the cold chain system and provide sustainable solutions to immunization supply chain in the key fundamental areas.
• Gender-related barriers: any specific issues related to access by women to the health system;
Sudan is a diversified country and certain degree of gender disparities could not be ruled out. There is no documented evidence to conclude existence of gender based disparities in accessing PHC/immunization services in Sudan. However, the existing routine immunization data shows that, it is almost equal percentage of vaccinated children, where males is (49%) and females is (51%).
Also in a positive note, volunteers providing routine and supplementary immunization services are predominantly females. 73 % of service providers for TT vaccination campaign in December 2016 were females. In addition to that, in areas (e.g. Eastern zone of Sudan) that have certain norms related to limiting women contact with foreigners especially males, vaccination teams are usually selected from the local communities female volunteers as much as possible in order to ensure gender equity during the vaccination campaigns.
• Data quality and availability;
The EPI information system includes coverage and disease data, supply chain and vaccine management data and communication data. The reliability and accuracy of the reporting system is assessed using data quality self-assessment (DQS) which is implemented as a routine supervisory tool where most of the important issues of quality of the system where included.

The flow of reports is bottom up, the report collected from the vaccination sites of all strategies; from outreach and mobile to the fixed sites, then locality, state and lastly submitted to the national level.

• Last DQA done in 2003 , the data quality then assessed as part of EPI Review in 2013 and showed good Data accuracy/quality

• There is a strong system in place well maintained through supportive supervision with frequent data quality checks. All involved personnel trained and there is use of the DQ assessment tool measuring quality and accuracy. Quarterly feedback is done followed by corrective on-job training

• Borders immunization data is dealt with through having separate registers one for Sudanese and one for non-Sudanese

• Special population like Nomads data collected during outreach activities using same format but reported separately. Refugees data usually received from UNHCR

The main problem

• Denominator consensus problem with relying on yearly estimation for targets

• Verticality and donor depended

Data quality assessment is agreed on it as a top priority for 2019 and it is planned to be conducted as WHO /PEF/TCA. In addition to the that the issue of denominator and no recent census or strong vital registration system in place , led to questioning the estimation of the target and hence the coverage of the routine vaccines, a national routine immunization coverage survey is planned 2019 to verify the reported coverage

• Demand generation / demand for immunization services, immunization schedules, etc;

Throughout years, EPI managed to build a strong communication network of volunteers in the ground and good engagement of community leaders as well as COS. Additionally, the use of midwives and community health workers in demand generation for health services in general and vaccination in particular have outstanding effect in demand generation and raising community awareness about the immunization schedule and the its importance. Still the demand generation is very weak for routine immunization on the other hand it is very strong and effective during the SIAs and the main reason is the shortage of funds. Sudan has good experience in using the introduction of new vaccine as an opportunity for advocacy and aware raising for all routine vaccines. Advocacy for yellow fever vaccine is already started by orientation of the higher governmental officials, the process will continue to involve the decision makers at all levels and then to raise the community awareness activities which will start at least four months prior to launching of the introduction in July 2020. The Sudanese Pediatrics association will be involved from start to be part of the introduction and supporting awareness campaign. As the NITAG has approved the vaccine at 9-month age with measles first dose this also need to be strengthening the interpersonal communication of the vaccinators to convince the care takers.

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;

The structure of EPI is designed to meet the work needs of the program at the three levels of government. Under EPI manager, there are 5 units, which are representing the main functions of the program, namely planning, routine immunization operations, cold chain, VPDs surveillance, and supplementary immunization activities. At the level of state, the structure of EPI organogram is similar to the federal one, but it is not completed in all states. In some states, the EPI manager is the responsible for routine immunization as well. At the locality, level there is immunization officer who is public health officer in most of localities. The program has relations with many department in the FMOH some of them under PHC like health promotion

department, disease surveillance department and some of them under the other general directorate of health like CPD, PHI, HA which are under the general directorate of human resource. There is technical advisory committees (NITAG and disease specific) to help decision making Strong partnership with UN agencies, WHO and UNICEF, GAVI, International and national NGOs are making a supportive environment for EPI programme success.
The program has national policy and updated cMYP, which clearly pave the program work, in addition to the strong coordination bodies.

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;
Throughout the previous year's government expenditure was limited to payment of the permanent EPI staff at all levels (National, state, District, health unit), as well as supporting the programme with some transportation and other logistical issues. As EPI considered a high priority in the government agenda, it started to invest more on the current EPI resources since 2006, where it funded the cost of injection supplies. From 2008 onwards, co-finance payment for new and underutilized vaccines paid timely (reached 3.3 Million USD in 2017) and vaccines became a line item in national health budget in 2015. More government commitment shown in 2016 when MOF put a clear line item to support procurement of cold chain equipment and confiding of preventive campaign. In 2017, Government of Sudan finally accepted to come in with UNICEF and contribute to the cost of traditional vaccines to reach full self-financing by 2025. The country must be fully graduated at 2025, but still the country capacity is questioning especially under the current upraising situation in the country, but still the decision makers of the previous government have showed their commitment and agreement to work hard to fulfill the country obligations.

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.
The country moving well with regarding to the implementation of the key findings of all independent evaluation reports, supported by their partners, e.g. the implementation of EVM improvement plan, implementation of all recommendation of GAVI 2016 audit and the findings of the GAVI PCA conducted May 2018 has guided the planning process of the country for 2019 and selection of the priority areas for technical support from WHO, UNICEF, CDC and World Bank to be covered by the PEF/TCA

2.4 Country documents

2.4.1 Upload country documents

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

Note that only general country documents are uploaded here; at the end of section 3 (sub-section "Upload new application documents") you will be required to provide those documents

that are specific to the support requested (for example the new vaccine introduction plan and/or campaign plan of action, new budget, application endorsements etc.)

Country and planning documents

✓	**Country strategic multi-year plan** Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	Final cMYP 20172020 2_30-04-19_00.02.44.docx
✓	**Country strategic multi-year plan / cMYP costing tool**	Copy of cMYPCostingToolV3 9 vpre virsion draft2_03-05-19_15.42.41.xlsx
✓	**Effective Vaccine Management (EVM) assessment**	Sudan EVM Assessment final_04-05-19_23.46.37.pdf
✓	**Effective Vaccine Management (EVM): most recent improvement plan progress report**	Progress Report on cEVM Improvement Plan for Sudan up to December_2018 004_04-05-19_23.53.33.docx cEVM Improvement Plan for Sudan 2018_04-05-19_23.48.08.docx
	Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators	**No file uploaded**
	Data quality and survey documents: Immunisation data quality improvement plan	**No file uploaded**

	Data quality and survey documents: Report from most recent desk review of immunisation data quality	**No file uploaded**
	Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation	**No file uploaded**
	Human Resources pay scale If support to the payment of salaries, salary top ups, incentives and other allowances is requested	**No file uploaded**

Coordination and advisory groups documents

✓	**National Coordination Forum Terms of Reference** ICC, HSCC or equivalent	F RI HSCC signatures_20-05-19_10.52.23.pdf NHSCC signatures_20-05-19_10.51.02.pdf NHSCC minutes_16-05-19_13.09.06.docx NITAG MEETING_meeting 29th_of April 2019_16-05-19_13.09.46.docx TOrsNationalHealthSectorcoordinationcommittee_16-05-19_13.18.15.doc
✓	**National Coordination Forum meeting minutes of the past 12 months**	MM1NHCC27.03.2019_22-05-19_18.28.27.docx MM01.NHSCC.07.05.18_22-05-19_18.27.59.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.

YFRAreportFinal_03-05-19_16.01.56.pdf

3 Yellow Fever routine

3.1 Vaccine and programmatic data

3.1.1 Choice of presentation and dates

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

Note 3

Yellow Fever routine

Preferred presentation	YF, 5 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes ☒ No ☐
2nd preferred presentation	YF, 10 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes ☒ No ☐
Required date for vaccine and supplies to arrive	15 March 2020
Planned launch date	1 July 2020
Support requested until	2020

3.1.2 Vaccine presentation registration or licensing

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

The Country procured the vaccine through UNICEF and use the WHO -qualified vaccines, the registration at the NRA is already started as the country has used the vaccine in the previous mass campaigns.

3.1.3 Vaccine procurement

Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund.Does the country request an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or Gavi)?

Yes☐ No☒

If you have answered yes, please attach the following in the document upload section:* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

3.2 Target Information

3.2.1 Targets for routine vaccination

Please describe the target age cohort for the Yellow Fever routine immunisation:

Note 4

11 weeks ☐ months ☒ years ☐

	2020
Population in the target age cohort (#)	1,680,780

Target population to be vaccinated (first dose) (#)	1,050,488
Estimated wastage rates for preferred presentation (%)	20

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US$) - Yellow Fever routine

	2020
5 doses/vial,lyo	0.97

Commodities Price (US$) - Yellow Fever routine (applies only to preferred presentation)

	2020
AD syringes	0.036
Reconstitution syringes	0.008
Safety boxes	0.005
Freight cost as a % of device value	10.93

3.3.2 Country choice of co-financing amount per vaccine dose

The table below shows the estimated financial commitment for the procurement of vaccines and supplies for the country, and the portion of Gavi support.
Please note that the values represented in this table do not account for any switches in co-financing group. The calculations for the entire five year period are based on the countries co-financing group in the first year.

Note 5

	2020
Country co-financing share per dose (%)	
Minimum Country co-financing per dose (US$)	0.18
Country co-financing per dose (enter an amount equal or above minimum)(US$)	0.18

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

Yellow Fever routine

	2020
Vaccine doses financed by Gavi (#)	1,410,800
Vaccine doses co-financed by Country (#)	230,600
AD syringes financed by Gavi (#)	1,303,600
AD syringes co-financed by Country (#)	213,100
Reconstitution syringes financed by Gavi (#)	
Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	14,375
Safety boxes co-financed by Country (#)	2,350
Freight charges financed by Gavi ($)	385,666
Freight charges co-financed by Country ($)	63,031

	2020
Total value to be co-financed (US$) Country	295,500

Total value to be financed (US$) Gavi	1,808,000
Total value to be financed (US$)	2,103,500

3.3.4 Co-financing payment

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

Ministry of Health has an agreement with ministry of finance on the annual payment of the vaccine co-finance. Ministry of health with technical support from its partners, namely GAVI, WHO and UNICEF conducted many orientation and updating session for the ministry of finance higher officials and technical staff. Ministry of health usually closely follow up with the ministry of finance during the annual budgeting and financing revision and planning to ensure the approval of the required fund for the co-finance payment with its annual increase. the Ministry of Finance is fully update about the Sudan graduation steps and what is needed.

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.

Sudan has not faced any co-finance defaulting for the last 5 years, For yellow fever co-finance in specific this has already agreed on as part of the approval of the overall intervention of the yellow fever vaccination in Sudan for the mass campaign and routine.

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:	October

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

Month	October

Year	2020

3.4 Financial support from Gavi

3.4.1 Routine Vaccine Introduction Grant(s)

Yellow Fever routine

Live births (year of introduction)

1,680,780

Gavi contribution per live birth (US$)

0.6

Total in (US$)

1,008,468

Funding needed in country by	31 December 2019

3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Gavi Vaccine Introduction Grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during 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$)

0

Total amount - Other donors (US$)

0

Total amount - Gavi support (US$)

1008395

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$)

0.60

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.

1. Program management and coordination
2. Planning and preparations
3. Social mobilization, IEC, advocacy
4. Training & meetings
5. Document and training materials production
6. Human resources perdiem
7. Cold chain equipment
8. Transport for implementation and supervision
9. Monitoring and Evaluation

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.

The VIG calculated and requested based on the plan of action activities, the financial management be through the PMU unit of the GAVI in MOH

3.4.5 Compliance with guidelines for use of Gavi financial support for human resources (HR) costs

Does the submitted application and budget comply with existing guidelines, criteria and requirements for use of Gavi financial support for human resources (HR) costs?

Yes☒ No☐

Please provide further information and justification concerning human resources costs, particularly when issues and challenges have been raised regarding the compliance with Gavi guidelines.

The HR cost is only will be a perdiem for work e.g. training, supervision or social mobilization activities

3.4.6 Fiduciary management

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

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

The funds for operational costs preferable to be transferred to the government

3.4.7 Use of financial support to fund additional Technical Assistance needs

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

Note 7

No extra fund needed for technical support

3.5 Strategic considerations

3.5.1 Rationale for this request

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

Sudan being situated in the ecological risk zone of Yellow Fever (YF) i.e. 15 N and 10 S. With intense presence of Aedes egyptai in almost all states, neighboring countries/areas with the known high risk of YF and population movement to and from these countries/areas, Sudan has a high risk of having a YF outbreak These factors resulted in at least four out breaks of YF in Sudan in the past. The risk for Sudan is further increased considering that globally the number of YF cases has increased over the past two decades due to declining of population immunity to infection, deforestation, urbanization, population movements and climate change. In the absence of cure for YF, vaccination is the most important preventive measure, which provides protection for life.
Federal Ministry of Health (FMOH) Sudan despite its meager resources responded to the past outbreaks of YF, to its best ability with support from partners. Major outbreak in 1940 Nuba Mountains- S, Kordofan with 15633 cases and 1627 deaths (CFR 10%), another outbreak in Blue Nile with 114 case, 88 deaths (CFR 77%), and another outbreak was in 2005 in S, Kordofan with 1184 deaths (CFR 30%). Most recently, a major outbreak occurred in Darfur, Sudan, where by the end of December 2012, 847-suspected cases of YF, including 171 deaths, had been reported. The outbreak spread to Chad where 139-suspected cases and 9 deaths were reported in December 2012
Risk assessment conducted December 2012 led by WHO concluded that Yellow fever virus circulation confirmed in all parts of Sudan so preventive YF vaccination campaigns should conducted in addition to introducing the vaccine in to National EPI.
Based on WHO classification for Yellow Fever endemic countries in Africa, Sudan classified as one of the high risk 31 African countries, and bordering with five high risk countries; Chad, CAR, Ethiopia, Eritrea and South Sudan. Still yellow fever vaccination is not part of the routine national immunization programmes

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 cMYP has addressed the yellow fever introduction in routine:
1- Accelerated disease control and elimination, Yellow fever is one of the diseases
2- As part of the planned new vaccines introduction
3- it is considered as part of costing assumption and required resources

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 EPI aerogramme has different supporting bodies as the National Health Sector coordination Committee (NHSCC) which acts for the immunization and the health system strengthening (HSS) as well. The NHSCC replaced the Integrated Coordination Committee (ICC) which was looking only for the EPI issues before. The NHSCC is responsible for revising and endorsing the plans, applications for Gavi support, and progress reports. National Immunization Technical Advisory Group (NITAG) is another supporting group for the EPI to decide on the programmatic technical decisions and interventions such as new vaccines introductions

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?

Introduction of yellow fever vaccine in routine considered as critical intervention to sustain the immunity built through the mass campaigns. The agreement obtained from all government sector and EPI supporting bodies e.g. NITAG and NHSCC. Ministry of Finance was oriented and the financial obligation and their commitment ensured. Sudan didn't default with the last three years

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.

All the new vaccine introduction components will be addressed through proper planning; the main and big risk that expected to face the introduction is the current emergency in the country. The current situation is not clear and where it will end, as Sudan is classified as a high-risk country of yellow fever outbreak, the need of introduction of the yellow fever in routine is highly recommended and must be planned for considering all coming period situation and plans must be set to overcome any risk.

3.5.6 Improving coverage and equity of routine immunisation

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

The activities for introduction of the new vaccine will be used for strengthening the routine immunization services e.g. the training will be a sort of refresher training for the care providers. The social mobilization activities will be used as a chance for raising the awareness of the community about the entire EPI routine national schedule. Revision of the cold chain capacity and functionality will serve all routine vaccines. Yellow fever will be with the measles and meningitis at 9 month age and the introduction will be a chance for advocacy for these two vaccines also.

3.5.7 Synergies

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

Note 8

The synergies will be through using the CCEOP support to fill all the cold chain gaps, the gap that identified in the 33 localities will be fulfilled from the approved CCEOP through giving these localities the priority in implementation to start with these localities. Sudan plan to apply for HSS3 in coming September window and many activities for strengthening routine immunization service The country has a synergy with global fund in distribution of bed nets with the vaccination at 9 months.

3.6 Report on Grant Performance Framework

3.6.1 Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate targets were calculated (where applicable). These appear as “calculated targets”. If you wish to

revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

Required
1. In addition to the calculated targets, country targets are required to be submitted for outcome indicators. These targets should align to those in your cMYP or NHSP. If these targets are not in your cMYP or NHSP, or are the same as the calculated targets, please enter “NA” for each target value.
2. Additional indicators that appear in the Performance Framework that are not included in the application form. Please enter targets for these indicators.
3. For many indicators, reporting dates have been pre-populated. For those that have not yet been pre-populated, please add reporting dates.

Optional
1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.
2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

Please note that the GPF is filtered by default to only show indicators that are relevant to the specific types of support contained in the application. You may view the entire GPF by using the “Grant Status” filter. Please ensure your pop-up blocker is disabled when launching the GPF.

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

3.7 Upload new application documents

3.7.1 Upload new application documents

Below is the list of **application specific documents** that must be provided with your application.

In the case a document cannot be provided, please use the comment box to explain why, or by when it will be available.

Application documents

✓	**New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including**	NVS_Application Round 2 2019_Sudan SECTIONS TO BE FILLED IN 003_27-05-19_10.48.50.docx

	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 campaign plan of action can be combined into one document to minimise duplication.	NVS_Print Round 2 2019_Sudan_16-05-19_13.47.58.docx Copy of Timeline of YF vaccine introductionSudan_16-05-19_13.46.47.xls Yellow fever introduction plan revised_05-05-19_19.06.44.docx
✓	**Gavi budgeting and planning template**	Budgeting and Planning yellow fever routine_16-05-19_13.38.22.xlsm
✓	**Most recent assessment of burden of relevant disease** If not already included in detail in the Introduction Plan or Plan of Action.	YFRAreportFinal_05-05-19_11.23.38.pdf

Endorsement by coordination and advisory groups

✓	**National coordination forum meeting minutes, with endorsement of application, and including signatures**	Note on Signatures for YF RI application_16-05-19_13.46.07.docx
✓	**NITAG meeting minutes** with specific recommendations on the NVS introduction or campaign	NITAG MEETING_meeting 29th_of April 2019_05-05-19_15.51.17.docx

Vaccine specific

✓	**Risk assessment report**	YFRAreportFinal_05-05-19_15.52.22.pdf

Consensus meeting report **No file uploaded**

Other documents (optional) **No file uploaded**

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 9

IPV Routine

	2019	2020	2021	2022
Country Co-financing (US$)				
Gavi support (US$)	1,703,148	1,605,380	1,629,474	1,654,248

MenA Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	170,610	436,485	454,252	679,959	912,272
Gavi support (US$)	1,091,000	2,262,796	972,174	768,221	223,866

PCV Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	2,614,688	2,537,010	10,875,940	16,278,115	9,873,091

Gavi support (US$)	16,719,500	12,077,655	22,030,835	17,130,526	5,473,747

Pentavalent Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	835,641	1,685,143	1,445,636	2,163,862	2,903,733
Gavi support (US$)	5,105,000	8,666,498	3,186,586	2,539,007	1,870,982

Rota Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	1,030,379	2,330,405	2,150,343	3,218,541	4,318,934
Gavi support (US$)	5,713,500	10,909,309	4,261,209	3,290,793	2,289,845

YF Routine

	2020	2021	2022	2023
Country Co-financing (US$)	162,584.6	736,949.37	1,129,433.08	1,470,790.41
Gavi support (US$)	871,037.73	1,726,150.69	1,431,083.42	1,052,024.65

Total Active Vaccine Programmes

	2019	2020	2021	2022	2023
Total country co-financing (US$)	4,651,318	7,151,627.6	15,663,120.37	23,469,910.08	19,478,820.41
Total Gavi support (US$)	30,332,148	36,392,675.73	33,806,428.69	26,813,878.42	10,910,464.65
Total value (US$) (Gavi +	34,983,466	43,544,303.33	49,469,549.07	50,283,788.5	30,389,285.07

Country co-financing)	

New Vaccine Programme Support Requested

Yellow fever routine

	2020
Country Co-financing (US$)	295,500
Gavi support (US$)	1,808,000

Total country co-financing (US$)	
Total Gavi support (US$)	
Total value (US$) (Gavi + Country co-financing)	

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

	2019	2020	2021	2022	2023
Total country co-financing (US$)	4,651,318	7,447,127.6	15,663,120.37	23,469,910.08	19,478,820.41
Total Gavi support (US$)	30,332,148	38,200,675.73	33,806,428.69	26,813,878.42	10,910,464.65
Total value (US$) (Gavi + Country co-financing)	34,983,466	45,647,803.33	49,469,549.07	50,283,788.5	30,389,285.07

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 Seddiq Al Tayeb	Sudan National EPI Manager	+249 12 345 8093	seddig75@yahoo.com	Sudan Federal Ministry of Health

Comments

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

No comment

Government signature form

The Government of Sudan 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:

Yellow Fever routine

The Government of Sudan 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
https://www.gavi.org/support/process/apply/additional-guidance/#leadership

NOTE 7
A list of potential technical assistance activities in each programmatic area is available here: http://www.gavi.org/support/pef/targeted-country-assistance/

NOTE 8
E.g. if two introductions are planned in the same year, there should be synergies at least in training and social mobilisation events.

NOTE 9
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.