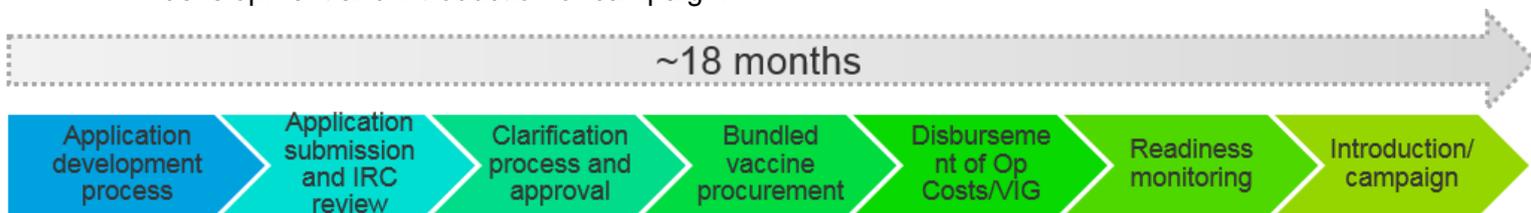
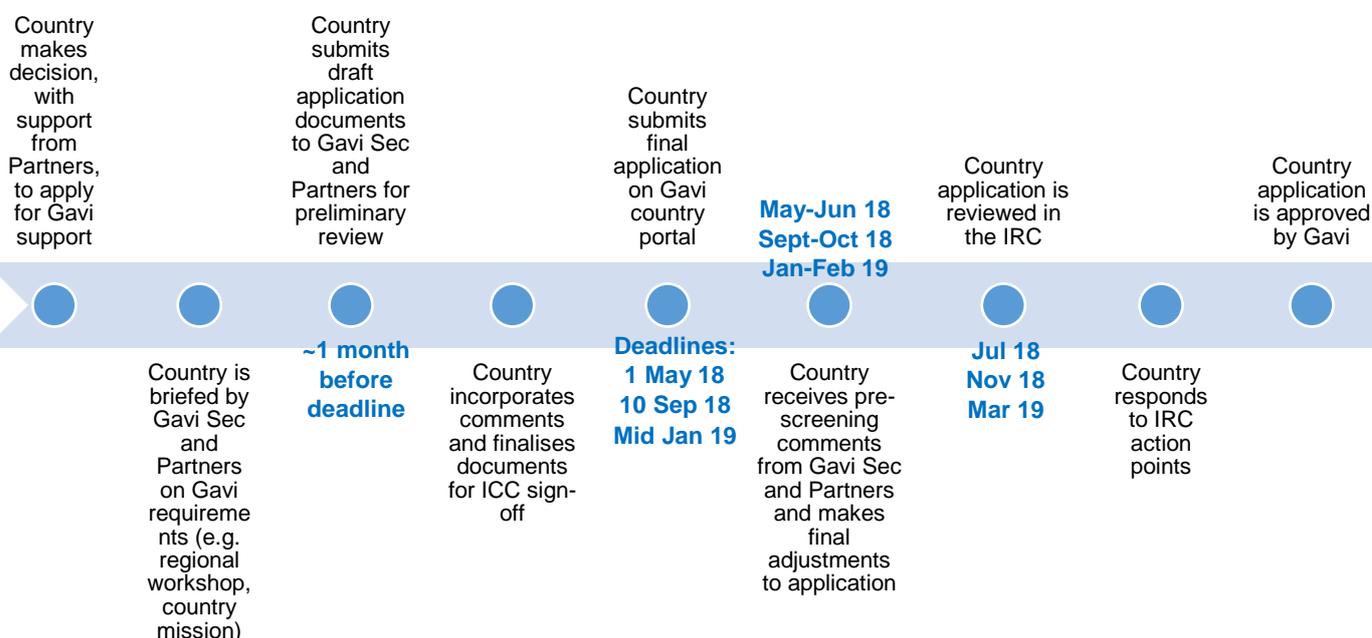


Overview of process from application to implementation

Countries need to account for approximately 18 months between start of application development and introduction or campaign.



Details on application development process



Measles and Rubella application documents

A) Documents for all types of MR support:

- Application form¹
- MoH and MoF signatures
- ICC minutes and signatures
- NITAG minutes and signatures
- EVM report and progress report against EVM improvement plan
- Immunisation data quality improvement plan and final report from most recently conducted national population based survey
- cMYP, with situation analysis for measles and rubella and high level 5 year plan²
- cMYP addendum, if cMYP does not include situation analysis and 5 year plan
- Annual EPI plan, with detailed measles and rubella activities

¹ Application form can be accessed at <https://portal.gavi.org/>

² Template available at: <https://www.gavi.org/library/gavi-documents/guidelines-and-forms/m-r-situation-analysis-and-5-year-plan-for-cmyp/>

<ul style="list-style-type: none"> If not domestically financing the measles monovalent vaccine component of MCV1, commitment to do so from year of implementation as: 1) Decision recorded in ICC minutes and 2) Signed letter from Minister of Health AND Minister of Finance 	
AND B) Support-specific documents:	
MR catch-up campaign and MR routine introduction	M/MR follow-up campaign
<ul style="list-style-type: none"> Campaign Plan of Action³ New Vaccine Introduction Plan⁴ Campaign operational costs budget⁵ Vaccine introduction budget⁵ 	<ul style="list-style-type: none"> Campaign Plan of Action³ Campaign operational costs budget⁵
	MCV2 routine introduction
	<ul style="list-style-type: none"> New Vaccine Introduction Plan⁴ Vaccine introduction budget⁵
AND C) Optional/if available documents:	
<ul style="list-style-type: none"> Measles (and rubella) plan for elimination SIA technical reports from previous campaigns Post campaign coverage survey report from previous campaigns Post introduction evaluations from previous routine introductions 	

Measles and Rubella application content checklist

Please make sure to tick every box in the table before submitting an application.

KEY APPLICATION REQUIREMENTS	Included in application?
Application Form	
All sections and questions completed; if response to a question is available in a supporting document, the reference is included	
Application endorsement	
MoH and MoF signatures	
ICC minutes and signatures	
NITAG minutes and signatures	
Situation analysis and long term planning and budgeting for Measles and Rubella	
cMYP with comprehensive situation analysis for measles and rubella and a high level 5 year plan; if cMYP does not include situation analysis and 5 year plan, provided as a cMYP addendum	
Situation analysis in cMYP or cMYP addendum captures the key features and immunity gaps of measles and/or rubella based on a) immunisation coverage and b) disease epidemiology at national and sub-national level by geography, age, and socio-cultural characteristics <ul style="list-style-type: none"> a. Sub-national level MCV1 (and MCV2) administrative coverage b. Estimates of national age-specific immunity gaps using annual cohort-specific MCV1 (and MCV2 coverage) (or MSP tool); for large countries or countries with big differences in coverage across states/provinces, age-specific immunity gaps at sub-national level 	

³ Template available at: <https://www.gavi.org/library/gavi-documents/guidelines-and-forms/m-mr-campaign-plan-of-action-template/>

⁴ Template available at: <https://www.gavi.org/library/gavi-documents/guidelines-and-forms/m-mr-new-vaccine-introduction-plan-template/>

⁵ Template available at: <https://www.gavi.org/library/gavi-documents/guidelines-and-forms/budgeting-and-planning-template---user-guide/>

<ul style="list-style-type: none"> c. Analysis of surveillance data by time, place and person as an indicator of persistent immunity gaps d. Analyses of outbreak investigations, survey information, or local programme knowledge to determine the reasons for communities not being vaccinated (e.g. urban poor, ethnic minorities, migrants, refugees, religious groups, conflict-affected areas, expected vaccine hesitancy/rumours etc.) e. Triangulation of coverage, seroprevalence, and surveillance data and analyses to demonstrate the consistency across the different data sources (e.g. map of district level coverage with overlay of dot map of recent measles cases; comparison of the estimated age-specific immunity gaps and the age distribution of recent measles/rubella cases, if available by individual year of age) 	
cMYP costing tool, which includes upcoming campaign/routine introduction and domestic financing of MCV1	
If the country is not financing the equivalent to the measles monovalent vaccine component of MCV1, commitment to do so from year of implementation as: 1) Decision recorded in ICC minutes and 2) A signed letter from Minister of Health AND Minister of Finance	
Annual planning for Measles and Rubella	
Annual EPI plan that includes detailed planning of all activities related to measles and rubella for that year	
Campaign Plan of Action (POA) – FOR CAMPAIGN APPLICATIONS	
POA includes a summary of the justification and epidemiological rationale for the campaign, building on the situation analysis provided in cMYP or cMYP addendum, including a demonstration of the accumulation in the number of susceptible pre-school age children that is approaching/exceeding the size of an annual birth cohort	
POA describes lessons learned from previous routine introductions and/or campaigns and provides information on how these lessons will be used towards improving the planning and implementation of this campaign	
POA follows guidance provided in the WHO SIA Planning and Implementation Guide in terms of activities, timelines and tools, including but not limited to microplanning, logistics, training, advocacy and social mobilisation, AEFI monitoring and crisis communication, supervision and monitoring, and operation of the vaccine posts; POA should also include information on how vaccine hesitancy and rumours (particularly those on social media) will be managed	
POA makes clear linkages between situation analysis for immunisation coverage and disease epidemiology for measles (and rubella) and the campaign strategies, with well described targeted approaches to address the geographic, age, and socio-cultural immunity gaps, and a focus on zero and one dose children, hard-to-reach and underserved areas that are chronically unreached, and other relevant target populations (e.g. urban slums, migrant populations, etc). Specific immunisation and communication strategies are described for each risk group. The POA explores the feasibility of doing a selective campaign (i.e., screen immunisation cards and vaccinate those lacking written evidence of 2 doses)	
POA provides detailed information on the monitoring and evaluation component pre-, during and post-campaign, including use of the SIA readiness assessment tool, rapid convenience monitoring (RCM, intra and post) and post campaign coverage survey, and how the results of each of these components will be used (e.g. RCM and mop up activities). The scope and objectives of the post campaign coverage survey are well described. ⁶	

⁶ Gavi guidance note on Post Campaign Coverage Surveys: <https://www.gavi.org/library/gavi-documents/guidelines-and-forms/guidance-on-post-campaign-coverage-surveys/>

POA describes how the campaign will be used to strengthen routine immunisation, before during and after the campaign, and explains how unvaccinated communities and previously missed children identified in the campaign will be recorded and incorporated in the routine immunisation session plans; POA describes what strategies will be used to increase coverage for MCV1 (and MCV2), and how Gavi resources (Operational costs, HSS or PEF TCA) will be used for this purpose. If there is an immunity gap among school age children, the POA describes the feasibility of introducing a school entry check and selective catch-up vaccination using existing immunisation cards/clinic registers, including any policy changes that may be required.	
POA describes technical assistance needs and how these will be funded (PEF TCA, HSS, other)	
POA includes activity list and timelines	
New Vaccine Introduction Plan – FOR MR AND MCV2 ROUTINE INTRODUCTIONS	
<p>For MR routine introductions, NVIP reflects WHO guidance on the introduction of new vaccines, including but not limited to:</p> <ol style="list-style-type: none"> Revised immunisation schedule showing the age of MR vaccination Plan for replacing Measles with MR, including the timing of the switch; <p>How the routine introduction will be used to reinforce routine immunisation and service delivery</p>	
<p>For MCV2 introductions, NVIP reflects WHO guidance on introducing a second dose of MCV in the routine immunisation schedule, including but not limited to:</p> <ol style="list-style-type: none"> Revised immunisation schedule showing the age for MCV1 and MCV2 vaccination; Whether immunisation policy has or will be changed in order to accommodate immunisation of children >12 months with MCV1 (and other antigens); Plans to achieve high MCV2 routine coverage and maintain or increase MCV1 vaccine coverage (e.g. advocacy and social mobilisation activities, etc.); How the routine introduction will be used to reinforce routine immunisation and service delivery; Plans to establish a second year of life immunisation platform, with integrated activities, to achieve high MCV2 coverage, as well as catch-up of MCV1 and other antigens (e.g. Penta, PCV, Rota) 	
NVIP describes technical assistance needs and how these will be funded (PEF TCA, HSS, other)	
NVIP includes a checklist, activity list and timeline (as per WHO template)	
Budget⁷	
Budget includes total costs for the campaign/routine introduction and related routine immunisation strengthening activities and the Gavi allocated amount	
Gavi ceiling is correctly calculated based on the target population and the US\$ per target person	
Activities and operational costs in the budget are aligned with the proposed service delivery activities and strategies in the POA/NVIP; narrative is clear and concise	
Funding of activities is clearly allocated to Gavi, Government and/or other partners in the appropriate column; commitment from Government or other partners is secured	
Operational costs are within the expected range for the main cost categories	
Costs are well justified and unit costs are clear; for largest budget lines (e.g. vaccinator allowances), number trail is clear and there is a link between target	

⁷ Please use the Budget Review Checklist for more detailed guidance: <https://www.gavi.org/library/gavi-documents/guidelines-and-forms/annex-2-budget-review-checklist/>

population and vaccinator days; if high transport costs, these are thoroughly justified and different options considered	
Rapid convenience monitoring, mop up activities and post campaign coverage survey are budgeted for (and ideally funded by Gavi)	
Free tabs in the template are used to provide additional details on the budget planning, activities and costs, as needed	
If requesting support for salaries, top-ups/allowances, per diems, relevant national documents outlining the existing norms/salary/per diem policies	
Other requirements	
Target population is consistent across all documents	
Timelines are consistent across all documents	
EVM report and progress report against EVM improvement plan	
Immunisation data quality improvement plan and final report from most recently conducted national population based survey	
SIA technical report and post campaign coverage survey report for previous campaigns (if available)	
Post introduction evaluations from previous routine introductions (if available)	

Additional resources

Gavi Measles and Rubella strategy

<https://www.gavi.org/about/governance/gavi-board/minutes/2015/2-dec/minutes/07---gavi-s-measles-and-rubella-strategy/>

Gavi application guidelines and templates

<http://www.gavi.org/support/process/apply/vaccine/#mr>

Budget review checklist

<https://www.gavi.org/library/gavi-documents/guidelines-and-forms/annex-2-budget-review-checklist/>

Independent review considerations

<https://www.gavi.org/library/gavi-documents/guidelines-and-forms/new-application-independent-review-considerations/>