

Frequently Asked Questions (FAQs) on Yellow Fever (YF) vaccine support

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1. Which countries can apply for Yellow Fever (YF) vaccine support?

Countries are eligible to apply for YF vaccine support if average Gross National Income per capita (GNI pc) for the past three years \leq US\$1,580.¹ WHO has prioritised countries into three different groups according to the current YF epidemiological situation and historical endemic status. Countries that are considered Group B countries may apply for Gavi support with the expectation that they will maintain high routine coverage rate following campaigns. Please refer to Annex A of this document for the WHO country prioritising list.

2. What types of Gavi support are available for Yellow Fever vaccines?

YF cannot be eliminated as it has an animal reservoir and its sylvatic mosquito vectors, *Aedes aegypti* and *Aedes albopictus*, are hard to control. The risk of outbreaks can be substantially reduced through immunising a minimum of 80% of the at risk population.² In order to achieve this high coverage rate and maintain immunity for life, Gavi supports routine immunisation, preventive campaigns and outbreak response. A combined strategy of routine immunisation and preventive mass campaigns will provide long term coverage and impact. It is therefore, recommended that if a high risk country has not yet introduced the YF vaccine in its routine immunisation, the country should plan to do so within 6 to 12 months of conducting a preventive mass campaign.

Eligible countries can receive support from Gavi for introduction in the routine programmes and preventative campaigns, as follows:

Routine immunisation:

- **Vaccine and supplies:** Gavi-eligible countries will receive support for the use of the YF vaccine in routine infant immunisation programmes for infants (9 months in Africa and 12 months in the Americas). WHO recommends that all countries at risk incorporate and sustain the 17D vaccine into their national routine immunisation programme? Gavi-eligible countries will receive support for a one-dose vaccination schedule, as well as associated supplies. Gavi will finance the costs of the vaccine, including AD syringes, reconstitution syringes and safety boxes.
- **Vaccine Introduction Grant (VIG):** Countries approved for YF introduction of routine immunisation and using the vaccine for the very first time will in line with eligibility criteria be considered to receive one-off direct financial support to cover a share of the additional

¹ Gavi uses World Bank GNI data (based on the Atlas method) released in July of each year. This data is for the annual GNI of a country in the previous year (i.e. in July 2016, the World Bank releases GNI data for 2015). Thus, for eligibility to apply in 2017, Gavi will consider the GNI data for 2013, 2014 and 2015.

² WHO/UNICEF -

[www.who.int/entity/immunization/sage/meetings/2016/october/2_EYE_Strategy.pdf?](http://www.who.int/entity/immunization/sage/meetings/2016/october/2_EYE_Strategy.pdf?ua=1)

ua =1

costs related to the new vaccine introduction, with any remainder necessary being funded by the government or partners.

- **Co-financing of routine immunisation support:** YF routine immunisation requires co-financing. Section 6 of the General Guidelines provides further information on co-financing requirements. This is available at www.gavi.org/support/apply

Preventive mass campaigns:

- **Vaccine and supplies:** Gavi-eligible countries will receive support for preventive campaigns on a one-dose vaccination schedule, as well as associated supplies. Gavi will finance the costs of the vaccine, including AD syringes, reconstitution syringes and safety boxes.
- **Operational support for campaigns:** Countries receiving support for preventive mass campaigns do not receive a VIG but will receive support for operational costs in line with their eligibility status. The aim of Gavi's operational support for campaigns is to facilitate the timely and effective delivery of vaccines to the target population. Countries must meet the remaining operational expenses.

3. How can a country receive Gavi support for YF routine immunisation and preventive mass campaigns?

Routine Immunisation:

- Countries at high risk of YF that have not to date introduced YF vaccination in their routine immunisation programme are encouraged to apply for Gavi support. High risk countries are also recommended to introduce into routine immunisation nationwide or sub-nationally, depending on the key findings and results of risk assessments. This includes countries that have not yet introduced routine immunization as represented presented in Annex A and Annex B.
- Countries at a lower risk will be considered for support as well if they can demonstrate laboratory confirmed cases or a risk assessment which provides evidence of a change in YF virus circulation. It is important to note that the risk levels of the above countries can also change following risk assessments. There is no coverage filter requirement to receive Gavi support for YF vaccine introduction into routine programmes.

Preventive mass campaigns:

In order to receive Gavi support for preventive mass campaigns:

- A country should have already introduced the YF vaccine into the routine EPI. If a country has not yet introduced routine immunisation at the time of applying for preventive mass campaigns, the country should submit a statement with timeframes committing to introduce routine immunisation. This is an important pre-condition as it ensures that the benefits of a preventive campaign will be sustained through the subsequent protection of newer cohorts.
- A country Risk Assessment should be conducted, in coordination with WHO, at least up to twelve months before an application is submitted to Gavi. The report of the risk

assessment is mandatory, and must be submitted together with a WHO statement of endorsement.

- There is no coverage filter requirement to receive Gavi support for Yellow Fever vaccine introduction for preventative mass vaccination campaigns.

4. What is the application process for Gavi's 2017 support for YF vaccines?

All information and resources about this year's application process can be found on Gavi's website at: www.gavi.org/support/apply/. The application process and corresponding timeline for 2017 is summarised in Table 1 below.

Table 1: Key application-related timelines

	Round 1	Round 2	Round 3
Cut-off for submission of country applications for review at next IRC meeting	18 Jan 2017	3 May 2017	8 Sep 2017
IRC application review dates	8-17 Mar 2017	14-23 Jun 2017	3-17 Nov 2017
Gavi decision	by Jun 2017	by Nov 2017	by Mar 2018

Annex A: WHO Classification for YF Endemic Countries

For Africa, the EYE strategy used a **three-step approach** to reclassify the 35 countries into different risk categories and propose preventive strategies accordingly.

Table A10.1: Risk of YF virus circulation in 35 African countries (by risk level)

	Country	# YF outbreaks 1990–2016	Recent report of YF cases 2011-2016	National PMVC prior to YFI	High sero-prevalence ³	Ro≥1.25	Risk level
1	Angola	1	Y				High
2	Benin			Y		Y	High
3	Burkina Faso	5		Y		Y	High
4	Cameroon	5	Y	Y			High
5	C. A. R.	3				Y	High
6	Chad	1	Y	Y			High
7	Congo	2	Y			Y	High
8	Côte d'Ivoire	7	Y	Y		Y	High
9	DRC	4	Y		Y		High
10	Eq. Guinea		Y				High
11	Ethiopia	1	Y		N		High
12	Gabon		Y ⁴	Y		Y	High
13	Gambia			Y		Y	High
14	Ghana	1	Y			Y	High
15	Guinea	10		Y		Y	High
16	Guinea-Bissau		Y ⁵			Y	High
17	Kenya	2			N		High
18	Liberia	5		Y		Y	High
19	Mali	2				Y	High
20	Niger					Y	High
21	Nigeria	3				Y	High
22	Senegal	5	Y	Y		Y	High
23	Sudan	4	Y		Y ⁶		High

³ Serosurvey demonstrating neutralizing antibody prevalence >3% in at least one zone (multidisciplinary risk assessment).

⁴ Cases were recently laboratory confirmed.

⁵ Imported cases were recently confirmed (area of origin unclear).

⁶ In Sudan, the national average was 5.1%, ranging from 2.1–7.3%.

	Country	# YF outbreaks 1990–2016	Recent report of YF cases 2011-2016	National PMVC prior to YFI	High sero-prevalence ³	Ro≥1.25	Risk level
24	South Sudan	1			Y ⁷		High
25	Sierra Leone	3				Y	High
26	Togo			Y		Y	High
27	Uganda	2	Y		Y		High
1	Burundi					N	Moderate
2	Eritrea					N	Moderate
3	Mauritania					N	Moderate
4	Rwanda				N	N	Moderate
5	Sao Tome & P.					NA	Moderate
6	Somalia					N	Moderate
7	Tanzania (United Republic of)					N	Moderate
8	Zambia				N	N	Moderate

Notes:

Ro = basic reproductive number; PMVC = preventive mass vaccination campaign; YFI = Yellow fever Initiative; Y = yes; N = no; NA = not available.

- In Ethiopia, the YF risk assessment found evidence of risk and virus circulation limited to the south-western part of the country. South-western Ethiopia only is therefore considered to be at high risk.
- National PMVC prior to the YFI refer to the campaigns conducted in francophone West Africa in the 1940s–1960s, except for Gabon and the Gambia, which conducted national mass campaigns in response to epidemics in 1995 and 1979, respectively.

⁷ In South Sudan, the national average was 7.2%, ranging from 4.5 to 8.6%.

Annex B Recommended immunization activities to be completed by high-risk countries, EYE strategy, 2017–2026

