**Preventive Ebola Vaccination**

**PLAN OF ACTION TEMPLATE**

1. **Context and rationale**

Please provide background/contextual information regarding your country's proposed Ebola preventive vaccination plan. This should include the following details:

1. **Objectives**: Outline the primary objectives and goals of the vaccination activities, including any specific targets or milestones to be achieved.
2. **Rationale**: Provide rationale and justification for undertaking preventive Ebola vaccination, citing public health concerns and any pertinent socio-political or cultural factors. Include how preventive vaccination complements the country's broader strategy for Ebola outbreak preparedness, detection and response, as well as fits into country national immunization strategy (NIS) and/or other national health and immunisation plans.
3. **Previous outbreaks and Ebola vaccination activities**: Detail any previous Ebola outbreaks and Ebola vaccination efforts (including for healthcare and frontline workers) in your country, with numbers vaccinated, proportion vaccinated by target population (if available) and key learnings.

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1. **Vaccination objectives and targeting**

Please provide a description of the vaccination strategies (e.g., nationwide or sub-national; phased or non-phased), targeted geographies, and targeted population groups as follows:

1. **Vaccination plan**: Briefly describe the chosen vaccination strategy (national or sub-national, phased or not phased) and the rationale for the selection. Outline the criteria for determining the sequence of phases and any considerations for integrating learning into adaptation or modification of the plan.
2. **Geographic targeting**
	1. **Risk Tier 1 countries[[1]](#footnote-2)**: Provide rationale for selection and prioritisation (where applicable) of geographic areas to target within the country, given historical data on Ebola incidence and other risk factors. If available, also include information on ‘zoonotic reservoirs’, i.e. areas which are at a higher risk of Ebola zoonotic spillovers, accounting for environmental, climactic, and anthropogenic factors.
	2. **Risk Tier 2 countries[[2]](#footnote-3)**: Provide rationale for selection and prioritisation (where applicable) of geographic areas to target within the country, given known risk factors. Provide additional information on population mobility and migration patterns from countries with previous EVD outbreaks, highlighting any factors that contribute to increased risk of cross-border spread of Ebola. Include data on border crossings, international travel trends, and any known pathways of population movement that could facilitate disease transmission if these data are available.
3. **Target Populations**

Please provide justification for the inclusion of each target population in the plan of action, quantify the number to be vaccinated for each population, and explain how the number to be vaccinated in each was quantified.

1. **Identification of target population to vaccinate:** Discuss any risk assessment considerations and explain the rationale behind including each identified target population in the vaccination plan. Consider factors such as occupational exposure risk, role in outbreak response and community engagement, and/or potential to contribute to disease transmission.
2. **Quantification of target population size:** Quantify the number to vaccinate within each target population group (include a range if precise figure not known), by geographic area or health centre catchment area. Describe how the number to be vaccinated within each group was quantified, and any plans to further enumerate the population prior to vaccination.
3. **Integration with Overall Strategy:** Explain how the inclusion of these groups aligns with the overall objectives and strategies of the vaccination plan, emphasising the importance of targeted interventions for effective disease control and prevention.
4. **Summary**
	1. Complete the table indicating administrative areas to be targeted (ID number if available for GIS shapefile), target population numbers by population group, dose requirements accounting for estimated coverage to be achieved during the vaccination activity, and planned timing of the vaccination activities.

*Note*: *The total number of doses required by year will need to be manually entered into the Gavi Portal Application at the time of submission, in addition to inclusion in this document.*

**Detailed target population:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Administrative Area | Target Population | AEligible population to be vaccinated | BCoverage target (%) | AxBTarget population (accounting for estimated coverage) | Planned timing of vaccination (month/year) |
| *e.g., District A* | *e.g., healthcare workers* |  |  |  |  |
|  | *e.g., Ebola rapid response team members* |  |  |  |  |
|  | *e.g., community health workers* |  |  |  |  |
| *e.g., District B* |  |  |  |  |  |
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**Summary dose requirement (to be inserted in Gavi Country Portal Application Form):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2024 | 2025 | 2026 |
| Eligible population |  |  |  |
| Target population (accounting for estimated coverage) |  |  |  |
| Wastage factor |  |  |  |

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1. **Coordination and governance**
2. Describe the coordination structure among key stakeholders, including government agencies, international organizations, NGOs, and local community leaders, to ensure effective collaboration and to support implementation efforts. List key partners and identify roles of each partner in planning, implementation, and monitoring and evaluation.
3. Briefly list and describe the task teams (i.e., “sub-committees”) to be created and/or leveraged for the vaccination planning, including any intra-governmental or intersectoral coordination mechanisms for Ebola prevention relevant to the pEbola vaccination. List members or government units represented in each task team and their primary role(s). Typical task teams to support large preventive campaigns and indicative roles are described in the Annex to this document. Given the targeted and unique nature of preventive Ebola vaccination, countries are encouraged to propose streamlined task teams that best suit the Ebola immunisation activities, leveraging existing structures where appropriate.
4. Provide a description of the engagement of the National Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) (or equivalent advisory group) in developing and endorsing this request.

*Note that an ICC or equivalent endorsement is required for the application, whereas a NITAG recommendation is advisable but not strictly required if deemed not appropriate in the country context.*

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1. **Implementation Strategies & Workplan**
2. Please detail the proposed activities, implementation phases, and key milestones and/or performance indicators. Proposed activities include, but are not limited to:
3. Vaccine storage and distribution logistics
4. Enumeration of target population groups and microplanning.
5. Training of healthcare workers, vaccinators, data clerks, social mobilisation/community engagement officers as well as supervisors at the district or national level
6. Community engagement and mobilisation efforts (to be detailed in Section V)
7. Planned vaccination sites, vaccination strategies (e.g. healthcare facilities, temporary fixed sites in workstation e.g. MoH, outreach and mobile teams) and vaccination team structure and daily target (i.e., team composition and target number to be vaccinated per day)

For each target population group, please describe a specific and differentiated strategy and associated activities to ensure high vaccination coverage.

1. Supervision approach and vaccination activity monitoring approaches (including team structure and roles and responsibilities)
2. Vaccine administration and AEFI monitoring (to be detailed in Section VIII)
3. Vaccination tracking, intra-campaign monitoring, and evaluation mechanisms (to be detailed in Section VIII)
4. Cold chain and waste management
5. Gavi encourages countries to identify synergies and build linkages between its cash support on immunisation activities of various antigen grants for other immunisation campaigns as well as for routine immunisation (including adult vaccinations). Please identify other vaccination activities planned concurrently or in the same year as preventive Ebola vaccination, and the potential to leverage synergies between planned and existing Gavi support, including planned new vaccine introductions, campaigns and health systems strengthening (HSS) support. If relevant, describe how the country will mitigate any programmatic and financial risks associated with multiple introductions and campaigns in the same year.
6. Please provide a workplan (i.e., activity timeline) outlining the proposed activities and approximate dates. Refer to the [WHO Supplemental Immunization Activity Guide](https://www.who.int/publications/i/item/9789241511254) for guidance.

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1. **Advocacy, Communication, Target Population Engagement and Social Mobilisation**

Please provide a description of the country’s advocacy, communication, and community engagement strategies, particularly for at-risk population groups. These plans should be designed to provide relevant information about the risks of EVD and infection prevention, the effectiveness of vaccination in reducing mortality due to EVD among vaccinated individuals, and the expected side effects of vaccination and its management. Countries are also encouraged to implement systems to monitor and address rumours regarding Ebola vaccination. This includes:

1. Advocacy, Communication, Engagement and Social Mobilisation:
	1. Describe strategies to engage with relevant authorities, private sector, local leaders and other influential persons at all levels, and persons eligible for vaccination in the target area about preventive vaccination, its importance, the importance of vaccinating all eligible individuals, and general EVD infection prevention. How and when will this information be disseminated should be included.
	2. Describe how rumour monitoring and management will be conducted.
	3. Include a clear indication of how crisis communication will occur, such as in the case of an AEFI.
2. Barriers to Access:
	1. Describe any identified barriers to accessing vaccination services (focusing on adult vaccination among specific professional groups if possible), as well as socioeconomic disparities, geographic challenges, gender or cultural factors.
	2. Include available data and articulate strategies planned to address these barriers when possible, building in strategies used by the country for reaching high immunisation coverage among these groups (e.g. lessons from COVID-19 vaccination).
3. Vaccine Hesitancy:
	1. Describe any known vaccine hesitancy among adult populations, in particular healthcare workers from previous experience. Include available data and articulate strategies planned to address these barriers when possible, building in strategies used by the country for reaching high immunisation coverage among these groups (e.g. lessons from COVID-19 vaccination).
	2. Describe how mobilisers and vaccinators will be trained to communicate with persons who may be vaccine hesitant, incorporating lessons from past HCW and FLW vaccination.

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1. **Logistics management and cold chain**

Current Ebola vaccines require [ultra cold-chain capacity for storage](https://www.fda.gov/media/133748/download) and must be refrigerated after thawing if not used immediately. Cold chain storage capacity, and transport requirements should be adequately taken into consideration in preventive vaccination planning.

Provide details on the logistics and distribution systems that will be used to ensure safe vaccination delivery and minimise vaccine wastage. Describe current cold chain capacity (at central and peripheral levels) as relevant for this vaccination plan, including any gaps in storage, distribution, and temperature monitoring. Funding needs to temporarily increase storage, distribution and transportation capacity, and temperature monitoring, if any, should be included in the budget.

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1. **Monitoring, Evaluation and AEFI management**

**Vaccination tracking**: Countries are encouraged to propose context-appropriate approaches for individual vaccination tracking (i.e., home-based records or individual vaccination records), and a national system for tracking vaccinated individuals (such as through a national immunisation database).

**Adverse event reporting and management**: The plan should reflect the approach for establishing or strengthening management and reporting of serious and non-serious adverse events following immunisation (AEFI). Plans should include how potential AEFIs will be detected and investigated, what committees will be established or utilised to determine causality, and how communications will be handled (can reference Communications section, where appropriate). Refer to the [WHO manual on surveillance of AEFI](https://www.who.int/publications/i/item/9789241507769) for guidance.

**Monitoring and Evaluation**:Given the targeted nature of preventive vaccination, a standard post-campaign coverage survey is not recommended. Please describe (and include in the activity timeline) plans for:

1. Enumeration of the targeted populations prior to the vaccination activity to ensure the correct quantification of the target population.
2. Intra-campaign monitoring and mop up approaches.
3. Vaccination record keeping and daily reporting during the vaccine activity.
4. Calculation of the proportion of the target population reached (vaccination coverage).
5. Inclusion of results in a technical report that incorporates best practices and learnings from the vaccination activity planning and implementation.

Countries are encouraged to plan a pre- and/or post-campaign rapid assessment to better understand vaccine acceptance and refusals to inform future vaccination activities. Additional learning opportunities could also be proposed.

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1. **Technical Assistance**

Gavi funds through its Partner Engagement Framework / Targeted Country Assistance (TCA) tailored and differentiated technical assistance in response to specific country needs. Please review the country’s currently approved technical assistance 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 implementation of this vaccination activity, the additional technical assistance requested may be funded through the campaign Operational Costs Grant or from other partners. In this case, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance and include the relevant costs in the budget and PoA.

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1. **Registration and importation of vaccines**

Please describe national customs and import regulations and processes for the delivery of vaccines, and estimated time that these procedures will take. *Note: This text can be copied and pasted into the Gavi Portal Application Form at the time of submission.*

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1. **Budget (attach in country portal using standard template)**

A detailed budget using the standard [Gavi Budgeting and Reporting Template](https://www.gavi.org/news/document-library/gavi-budgeting-reporting-template) reflecting the vaccination activity costs and financing sources must be included for the entire vaccination plan period. Immunisation activity costs and financing sources must be included for the entire vaccination plan period.

**Annex**

**Communications task force:** This task force typically develops a communications plan and timeline for implementation, develops key messages and materials, prepares briefing documents, etc. and oversees implementation of the communications activities. This task force should work with the technical task force to support micro-planning. This task force will also document lessons learned in coordination with technical task force after implementation.

**Technical task force:** This task force typically develops the operation plan and guidelines for preventive vaccination, prepares a macro-budget, coordinates micro-planning (develops a template; holds trainings, meetings, reviews; syntheses into a national revised budget), develops training guides, recording and reporting tools and oversees updates to national information systems as appropriate, and forms for the vaccination activities (coordinating with communications and logistics task forces), develops materials for training and coordinates training of vaccination teams and supervisors, and oversees the implementation of the vaccination activity.

**Evaluation & post-campaign/vaccination steering committee:** This committee, typically formed from members of the technical task force, the implementing partner for the technical report, and other interested partners, will oversee the development of the technical report, monitor its implementation, review the results, and interpret the findings.

**Logistics task force:** Logistics planning is best ensured through establishment of a logistics task force well in advance of the vaccination activities. The logistics task force should be charged with developing a detailed supply chain management plan that includes storage and distribution plan for vaccines and devices to ensure adequate cold chain, transportation and logistics capacity and oversight at all levels. This task force should work with the technical task force to support micro-planning and develop logistics tools and forms. This task force will also develop and implement the waste management plan.

**Advocacy and Inter-sectoral coordination:** This task force advocates with other partners, decision makers, etc. to support vaccination activities, describes how other sectors of the government and private sector may be involved in planning and implementation. Coordination with faculties of medicine/health and medical councils, for example, may be necessary to effectively reach healthcare workers.

1. Countries that have previously reported confirmed cases of EVD caused by *Orthoebolavirus zairense* (including imported cases). [↑](#footnote-ref-2)
2. Countries which share a border with a country that has experienced an EVD outbreak resulting from a suspected animal-to-human spillover event (i.e., not as a result of an imported case). [↑](#footnote-ref-3)