

Submitted by
The Government of Burkina Faso
for
HPV routine, with multi-age cohort in the
year of introduction

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

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

Initial self-financing

Date of Partnership Framework Agreement with Gavi

26 June 2013

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

April 2017

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.

2019

2020

Total government expenditure	3,153,889,238
Total government health expenditure	362,065,010
Immunisation budget	4,616,803

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

2011

To

2022

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

2016-2020

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

2016

To

2020

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

Sans objet

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 Directorate of Prevention through Immunization ensures the management of vaccines and consumables. Supplies are made through UNICEF country and supply division in Copenhagen. Vaccines are exempt from customs duties.

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.

In Burkina Faso, the National Agency for the Regulation of Pharmaceutical Products (ANRP) including vaccines was created in 2018. Prior to that date, the regulation of pharmaceutical products was carried out by the General Directorate of Laboratory Pharmacy and Medicines (DGPML). In 2006, WHO evaluated the implementation of the regulatory functions of an ANR, which made it possible to assess the licensing function in Burkina Faso. In addition, an evaluation by the WAEMU in 2013 allowed Burkina Faso to be classified as a reference country for the approval of health products in the WAEMU zone.

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2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

	2020	2021	2022
Country Co-financing (US\$)			
Gavi support (US\$)	822,941	837,565	852,400

Measles SD Routine - Strat 1

	2020	2021	2022
Country Co-financing (US\$)			
Gavi support (US\$)			

MenA Routine

	2020	2021	2022	2023	2024
Country Co-financing (US\$)	256,690	576,720	591,283	278,270	283,138
Gavi support (US\$)	703,316	1,274,104	1,307,455	525,912	535,113

PCV Routine

	2020	2021	2022	2023	2024
Country Co-financing (US\$)	951,754	434,872	447,909	454,473	462,424
Gavi support (US\$)	14,936,289	6,146,662	6,330,930	6,423,701	6,536,089

Pentavalent Routine

	2020	2021	2022	2023	2024
Country Co-financing (US\$)	404,692	956,981	978,740	438,918	446,597
Gavi support (US\$)	1,117,014	2,520,118	2,578,107	1,211,484	1,232,680

Rota Routine

	2020	2021	2022	2023	2024
Country Co-financing (US\$)	684,216	363,793	374,699	380,189	386,841
Gavi support (US\$)	17,147,865	9,202,083	9,477,949	9,616,835	9,785,089

Summary of active Vaccine Programmes

	2020	2021	2022	2023	2024
Total country co-financing (US\$)	2,297,352	2,332,366	2,392,631	1,551,850	1,579,000

Total Gavi support (US\$)	34,727,425	19,980,532	20,546,841	17,777,932	18,088,971
Total value (US\$) (Gavi + Country co-financing)	37,024,777	22,312,898	22,939,472	19,329,782	19,667,971

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:

- o Health work force: availability and distribution;
- o Supply chain readiness;
- o Gender-related barriers: any specific issues related to access by women to the health system;
- o Data quality and availability;
- o Demand generation / demand for immunisation services, immunisation schedules, etc;
- o Leadership, management and coordination: such as key bottlenecks associated with the management of the immunisation programme, the performance of the national/ regional EPI teams, management and supervision of immunisation services, or broader sectoral governance issues;
- o Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement and execution of resources;
- o Other critical aspects: any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports.

Describe lessons learned and best practices on the effectiveness of implemented activities to

improve coverage and equity; recommendations on changes or new interventions that might be required to accelerate progress (include data to support any findings or recommendations).

Reference: Joint Apraisal 2019, page 13

2.4 Country documents

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

[9. BFA PPAC 2016-2020 Revision 2017 Version finale 27-02-18 14.52.53.pdf](#)



Country strategic multi-year plan / cMYP costing tool

[cMYP Costing Tool V3.9.3 KDG FEVRIER 2017 28-02-18 09.24.22.xlsx](#)



Effective Vaccine Management (EVM) assessment

[0. BFA Rapport Final GEV BFA Version Finale 28-02-18 09.37.55.pdf](#)

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Effective Vaccine Management (EVM): most recent improvement plan progress report
[0. BFA Rapport MEO Plan Amélioration GEV version finale_28-02-18_09.49.26.pdf](#)
- 
Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators
[0. RAPPORT final SARA III 2016_01-03-18_10.08.02.pdf](#)
- 
Data quality and survey documents: Immunisation data quality improvement plan
[0. PAQD 2018-2022 BFA_28-02-18_10.18.49.pdf](#)
- 
Data quality and survey documents: Report from most recent desk review of immunisation data quality
[ANALYSE REVUE DE LA QUALITE DES DONNEES PEV 2017BURKINA FASO_27-04-18_08.58.19.pdf](#)
- 
Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation
[0. Rapport Audit qualité 2016_01-03-18_10.33.23.pdf](#)
- 
Human Resources pay scale

If support to the payment of salaries, salary top ups, incentives and other allowances is requested

[Decret Indémnité_28-02-18_10.42.43.pdf](#)

Coordination and advisory groups documents

- 
[InvitationExtraCCIA_03-09-18_10.53.21.jpg](#)

National Coordination Forum Terms of Reference

ICC, HSCC or equivalent



**National Coordination Forum
meeting minutes of the past 12
months**

[5. Rapport CCIA DU 17 Novembre
2017VF_19-04-18_10.29.18.pdf](#)

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.

[0. Assistance
technique 2018 contribution VF_01-07-
17_15.42.22_28-02-18_13.13.40.pdf](#)

3 HPV routine, with multi-age cohort in the year of introduction

3.1 Vaccine and programmatic data

Choice of presentation and dates

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

Note 3

HPV routine

Preferred presentation HPV4, 1 dose/vial, Liquid

Is the presentation
licensed or registered? Yes ☐ No ☒

2nd preferred
presentation HPV2, 2 doses/vial,
Liquid

Is the presentation
licensed or registered? Yes ☒ No ☐

Required date for vaccine and supplies to arrive 15 March 2022

Planned launch date 15 May 2022

Support requested until 2023

HPV multi-age cohort vaccination (MAC)

Preferred presentation HPV4, 1 dose/vial, Liquid

Is the presentation licensed or registered? Yes ☒ No ☐

2nd preferred presentation HPV2, 2 doses/vial, Liquid

Is the presentation licensed or registered? Yes ☐ No ☒

Required date for vaccine and supplies to arrive 8 January 2022

Planned launch date 15 May 2022

Support requested until 2023

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.

In Burkina Faso, the national regulatory authority for pharmaceutical products (ANRP) including vaccines also ensures the licensing of products (pre-qualified or not pre-qualified). The procedure consists of the following steps:

- receipt of the file
- evaluation by the Expert Committee for the Evaluation of Medicinal Products, Vaccines and other Immunological Products

- opinion of the Commission for the Registration of Health Products (CEPS)
- decision of the Director General of the ANRP.

The total duration of this process in Burkina Faso is 120 days.

However, a batch release procedure exists even if the vaccine is not licensed.

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 Sources

For HPV, Gavi supports the vaccination of girls aged 9-14 years (as For the text on data source - Countries are encouraged to work with their national statistical office, the Ministry of Education and refer to additional sources of data (e.g. UNPOPULATION (WHO), UNPD, UNESCO data estimates) for assistance in estimating the size of the national target population. In case of significant differences between estimates, countries should take the estimated average of a national and a UN data source (e.g. UNPD) to avoid underestimation as well as overestimation.

Source 1 : e.g. Ministry of Education

RGPH 2006

Source 2 : e.g. UNESCO

Ministry of Education (MENAPLN)

Source 3 : e.g. UN Population estimates (WHO)

UN POPULATION (WHO)

3.2.2 Phasing

If the country is not doing a phased introduction, then kindly fill out the multi age cohort targets in the Targets for multi-age cohort vaccination table, only for the year of introduction.

Will the country do a phased introduction?

Yes ☐

No ☒

3.2.3 Targets Information

For HPV, Gavi supports the vaccination of girls aged 9-14 years (as recommended by WHO), based on the following cohorts: Routine cohort - countries are required to identify a single year cohort of girls to be immunised on a routine basis. (e.g. 9 years old) Additional multi-age cohort – in the first year of routine introduction (or initial year of each phase, if the country chooses a phased introduction), countries also have the option to immunise additional girls within the recommended age groups (e.g. 10-14 years), that are older than the routine cohort. Note: Countries may choose proxy age of girls based on a school grade (e.g. grade 5 corresponds to approximately 10 year olds). However, grades usually have a range of different aged girls so it is important to keep in mind that girls under 9 years should not be vaccinated, and doses for girls older than 14 years are not provided by Gavi. The base year information should be completed for the year in which the application is being completed.

3.2.4 Targets for routine vaccination

Please describe the target age cohort for the HPV routine immunisation:

9

	2022	2023
Population in the target age cohort (#)	327,714	337,546
Target population to be vaccinated (first dose) (#)	327,714	337,546
Target population to be vaccinated (last dose) (#)	327,714	337,546

Estimated wastage rates for preferred presentation (%)	5	5
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3.2.5 Targets for multi-age cohort vaccination

Please describe the target age cohort for the additional multi-age cohort in the year of introduction. Keep coverage estimates high if you choose to continue vaccinating in the subsequent year.

From 10

To 14

	2022	2023
Population in target age cohort (#)	1,498,724	1,545,184
Target population to be vaccinated (first dose) (#)	1,498,724	1,545,184
Target population to be vaccinated (last dose) (#)	1,498,724	1,545,184
Estimated wastage rates for preferred presentation (%)	5	5

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US\$) - HPV routine

	2022	2023
1 dose/vial,liq	4.05	4.05

Commodities Price (US\$) - HPV routine (applies only to preferred presentation)

	2022	2023
AD syringes	0.036	0.036
Reconstitution syringes		
Safety boxes	0.005	0.005

Freight cost as a % of device value	1.04	1.04
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Price per dose (US\$) - HPV multi-age cohort in the year of introduction

	2022	2023
1 dose/vial,liq	4.05	4.05

Commodities Price (US\$) - HPV multi-age cohort in the year of introduction (applies only to preferred presentation)

	2022	2023
AD syringes	0.036	0.036
Reconstitution syringes		
Safety boxes	0.005	0.005
Freight cost as a % of device value	1.04	1.04

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 4

	2022	2023
Country co-financing share per dose (%)	4.94	4.94
Minimum Country co-financing per dose (US\$)	0.2	0.2
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.2	0.2

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

HPV routine

	2022	2023
Vaccine doses financed by Gavi (#)	818,300	679,200
Vaccine doses co-financed by Country (#)	42,000	34,900
AD syringes financed by Gavi (#)	910,300	748,300
AD syringes co-financed by Country (#)		
Reconstitution syringes financed by Gavi (#)		
Reconstitution syringes co-financed by Country (#)		
Safety boxes financed by Gavi (#)	10,025	8,250
Safety boxes co-financed by Country (#)		
Freight charges financed by Gavi (\$)	42,136	34,944
Freight charges co-financed by Country (\$)	2,163	1,794
	2022	2023
Total value to be co-financed (US\$) Country	172,500	143,000
Total value to be financed (US\$) Gavi	3,394,000	2,817,000
Total value to be financed (US\$)	3,566,500	2,960,000

HPV multi-age cohort vaccination (MAC)

	2022	2023
Vaccine doses financed by Gavi (#)	3,147,400	3,244,900
AD syringes financed by Gavi (#)	3,297,200	3,399,500
Reconstitution syringes financed by Gavi (#)		
Safety boxes financed by Gavi (#)	36,275	37,400
Freight charges financed by Gavi (\$)	161,931	166,950
	2022	2023
Total value to be financed (US\$) Gavi	13,044,500	13,449,000
Total value to be financed (US\$)	13,044,500	13,449,000

3.3.4 Co-financing payment

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

The country's commitment through the signatures of the Minister of Health and the Minister of Finance constitutes a guarantee for the timely disbursement of co-financing.

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.

Not applicable

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:

March

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

Month

October

Year

2022

3.4 Financial support from Gavi

3.4.1 Routine Vaccine Introduction Grant(s)

HPV routine

Number of girls in the target population

327,714

Gavi contribution per targeted girl (US\$)

2.4

Total in (US\$)

786,513.6

Funding needed in country by

30 September 2021

3.4.2 Multi-age cohort operational costs support grant(s)

HPV multi-age cohort vaccination (MAC)

Population in the target age cohort (#)

Note 5

1,498,724

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

0.65

Total in (US\$)

974,170.6

Funding needed in
country by

30 September 2022

3.4.3 Operational budget

Please complete the Gavi budgeting and planning template to document how the **Gavi Vaccine Introduction Grant** and the **MAC Operational Costs support** grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the MAC and the introduction of the HPV 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.

Budget for the vaccine introduction activities**Total amount - Gov. Funding / Country Co-financing (US\$)**

133,884

Total amount - Other donors (US\$)

112,385

Total amount - Gavi support (US\$)

786,514

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

0.40

Amount per girl - Other donors (US\$)

0.34

Amount per girl - Gavi support (US\$)

2.4

Budget for the MAC operational costs support

Total amount - Gov. Funding / Country Co-financing (US\$)

299,745

Total amount - Other donors (US\$)

0

Total amount - Gavi support (US\$)

974,767

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

0.2

Amount per girl - Other donors (US\$)

0.0

Amount per girl - Gavi support (US\$)

0.65

3.4.4 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.

Main activities of the budget :

- raising awareness among new stakeholders
- update the operational plan and budget
- managing the disbursement of funds at sub-national levels
- collaborate with the Ministry of Education to support HPV vaccination in schools
- plan activities at the sub-national level
- ensure vaccine supply
- distributing vaccines, social mobilization materials, data tools
- staff development
- ensure social mobilization
- conducting the post-introduction evaluation of the HPV vaccine

For cost and input aspects see work plan and budget forecasting model.

3.4.5 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 funds allocated for the introduction of the HPV vaccine will be managed by the PADS, which is the source of finance for the DRS and the districts. Each structure has an account into which the said funds will be transferred through a request for funding. There is a management procedure manual applicable to the Gavi funds.

3.4.6 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.

Not applicable

3.4.7 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.

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

The funds are to be transferred to the government via the PADS account.

3.4.8 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

The technical assistance requested for the implementation of HPV introduction had already been requested from PATH, WHO and UNICEF.

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.

In Burkina Faso, gynaecological cancers occupy the first place and human papilloma virus infection is a main risk factor. According to the global Globocan 2008 database, incidence for all ages is 34.7 per 100,000 women and mortality 25.5 per 100,000 women (80 for women > 45 years of age). It is the 2nd most common cancer in women and the 1st cause of cancer mortality in the female population. Its discovery is generally late, and in 80% of cases it is not an effective treatment.

In view of the frequency and consequences of cervical cancer and following the recommendations of its partners (WHO, UNICEF), Burkina Faso is committed to introducing the vaccine.

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 introduction of the HPV vaccine at the national level is taken into account in the 2019 action plan of the Directorate of Prevention through Vaccination and in the strategic plan for the fight against cancer in Burkina Faso.

The revision of the 2016-2020 cMYP planned for September 2019 will include this vaccination as one of the new vaccines to be introduced.

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 ICC at its August 30 session approved the documentation to be submitted for the scale-up of HPV vaccine administration.

The National Immunization Technical Advisory Groups (NITAG) drafted a recommendation note on scaling up of HPV vaccine administration at the request of the Minister of Health.

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?

There is a strong political will on the part of the government in the effort to achieve immunization independence. Burkina Faso joined the Vaccine Independence Initiative (VII) in 1997. This initiative aims to ensure government ownership of the EPI by creating a secure budget line dedicated exclusively to the purchase of vaccines and consumables. A major effort by the State has been observed since 2000, with the increase in the budget line. In order to sustain the achievements of the IIV efforts, Burkina has opted for a gradual reduction in GAVI support for new vaccines in favour of a progressively greater assumption of responsibility by the government and other partners. In addition, to make up for the delay in transferring funds for the purchase of vaccines, a mechanism for pre-financing vaccines by UNICEF is in progress.

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.

Difficulties have been addressed in the implementation plan. Proposals for solutions to address these difficulties have also been made in this document (pages 1 to 4).

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 introduction of HPV vaccine at the national level will be integrated into routine immunization. The fixed strategy will be chosen in health structures and the advanced strategy in schools and communities (advanced strategy site). This combination of strategies will reach both in-school and out-of-school girls.

The core activities of the introduction will be used to improve routine immunization. These will include :

- putting the systematic micro plans in place
- use 9-year-old girls as a relay for information to parents on the vaccination of other children targeted by the EPI (under 2 years of age) in their entourage.

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

These supplementary funds contribute to increasing the supply of immunization services and the coverage of new vaccine-preventable diseases. There are no plans to introduce other vaccines in conjunction with HPV.

3.6 Report on Grant Performance Framework

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



HPV implementation plan

Replaces the NVIP for the HPV vaccine application

[1. HPV ImplementationPlanFRLastMay 2020 14-05-20 22.26.31.docx](#)

[1. Plan de mise en oeuvre PVH Burkina Faso 28-08-19 12.29.22.pdf](#)



Gavi budgeting and planning template

[3. Budget HPV Burkina Faso Révisé VF 14-05-20 22.27.14.xlsm](#)

[1. Modèle de prévision budgétaire HPV Cohorte systematique 02-09-19 15.00.37.xlsm](#)

[2. Modèle de prévision budgétaire Cohorte Multi Age CMA 02-09-19 15.01.10.xlsm](#)

Endorsement by coordination and advisory groups



National coordination forum meeting minutes, with endorsement of application, and including signatures

[Lettre Invitation CCIA Extraordinaire HPV 30-08-19 13.38.02.pdf](#)



NITAG meeting minutes

[RapportCCIA22052020 12-06-20 18.00.52.pdf](#)

[1. Note Recommandation HPVBF 30-08-19 12.41.25.pdf](#)

with specific recommendations on the
NVS introduction or campaign

[3. Rapport GTCV3ème Réunion HPV 30-08-19 12.43.35.pdf](#)

[2. Reponse Lettre Ministre 1 30-08-19 12.42.23.pdf](#)

Vaccine specific



HPV region/province profile

[3. HPV Application Region Profile FR Renseigné 28-08-19 12.38.47.xlsx](#)



HPV workplan

[2. HPV workplan FR BFA 080819 28-08-19 12.41.01.xlsx](#)



Other documents (optional)

Kindly upload any additional documents
to support your HPV application

[2. Rapport ECV HPV BF 30-08-19 13.02.12.pdf](#)

[4. RAPPORT evaluation SANTE ADOLESCENTS 30-08-19 13.04.03.pdf](#)

[1. PIERapport BF Janvier 2017 bon 30-08-19 12.59.20.pdf](#)

[4. PLAN DE COMMUNICATION HPV BF 22082019 VP 30-08-19 13.07.22.pdf](#)

[Rapport CCIA Extraordinaire HPV 30 Août 2019 02-09-19 15.01.41.pdf](#)

[2. PLAN DE COMMUNICATION HPV BF révisé 14-05-20 22.28.37.docx](#)

[4. Burkina Fasoreponsecommentaires
Gavidemande VPH_14-05-20_22.29.18.docx](#)

[RapportCCIA22052020_12-06-
20_17.13.06.pdf](#)

[1 REPONSES AUX COMMENTAIRES DE
GAVI 120620_12-06-20_19.28.10.docx](#)

[2. RapportCCIA22052020_12-06-
20_19.29.26.pdf](#)

[3. RapportsGEV2019 Version finale_12-06-
20_19.34.26.pdf](#)

[4. ANALYSE REVUE DE LA QUALITE DES
DONNEES PEV 2017BURKINA FASO_12-
06-20_19.39.18.pdf](#)

[5. Analyse des performances
immunisationJRF10042020_12-06-
20_20.47.02.pdf](#)

[3. Evaluation des coûts VPH BurkinaVersion
validée au CCIA 17nov17TT_30-08-
19_13.03.20.pdf](#)

[7.
RAPPORTSARAQoC201820082019Final_12-
06-20_20.53.30.pdf](#)

[6. Plan damélioration des données pour
Burkina Faso_12-06-20_20.47.55.pdf](#)

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

	2020	2021	2022
Country Co-financing (US\$)			
Gavi support (US\$)	822,941	837,565	852,400

Measles SD Routine - Strat 1

	2020	2021	2022
Country Co-financing (US\$)			
Gavi support (US\$)			

MenA Routine

	2020	2021	2022	2023	2024
Country Co-financing (US\$)	256,690	576,720	591,283	278,270	283,138
Gavi support (US\$)	703,316	1,274,104	1,307,455	525,912	535,113

PCV Routine

	2020	2021	2022	2023	2024
Country Co-financing (US\$)	951,754	434,872	447,909	454,473	462,424
Gavi support (US\$)	14,936,289	6,146,662	6,330,930	6,423,701	6,536,089

Pentavalent Routine

	2020	2021	2022	2023	2024
Country Co-financing (US\$)	404,692	956,981	978,740	438,918	446,597
Gavi support (US\$)	1,117,014	2,520,118	2,578,107	1,211,484	1,232,680

Rota Routine

2020	2021	2022	2023	2024
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Country Co-financing (US\$)	684,216	363,793	374,699	380,189	386,841
Gavi support (US\$)	17,147,865	9,202,083	9,477,949	9,616,835	9,785,089

Total Active Vaccine Programmes

	2020	2021	2022	2023	2024
Total country co-financing (US\$)	2,297,352	2,332,366	2,392,631	1,551,850	1,579,000
Total Gavi support (US\$)	34,727,425	19,980,532	20,546,841	17,777,932	18,088,971
Total value (US\$) (Gavi + Country co-financing)	37,024,777	22,312,898	22,939,472	19,329,782	19,667,971

New Vaccine Programme Support Requested

HPV routine, with multi-age cohort in the year of introduction

	2022	2023
Country Co-financing (US\$)	172,500	143,000
Gavi support (US\$)	16,438,500	16,266,000

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\$)

	2020	2021	2022	2023	2024
Total country co-	2,297,352	2,332,366	2,565,131	1,694,850	1,579,000

financing (US\$)					
Total Gavi support (US\$)	34,727,425	19,980,532	36,985,341	34,043,932	18,088,971
Total value (US\$) (Gavi + Country co-financing)	37,024,777	22,312,898	39,550,472	35,738,782	19,667,971

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
OUEDRAOGO Issa	Direceteur de la prévention par les vaccinations	0022670226787	issayann09@yahoo.fr	Ministère de la santé

Comments

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

The complexity of the application requires a very high-speed connection. Its lightness will be well appreciated.

Government signature form

The Government of Burkina Faso 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:

HPV routine, with multi-age cohort in the year of introduction

The Government of Burkina Faso 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)

Name

Date

Signature

Minister of Finance (or delegated authority)

Name

Date

Signature

For countries requesting HPV support, with a school linked strategy, the signature of the Minister of Education (or delegated authority) is also required.

Minister of Education (or delegated authority)

Name

Date

Signature

¹ In the event the Country has not yet executed a Partnership Framework Agreement, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

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

Co-financing requirements are specified in the guidelines.

NOTE 5

Note: The population in the target age cohort used here is the number you entered for year one in the target information section.

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.