APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by

The Government of Guinea

for

Measles 1st and 2nd dose routine;Meningitis A routine, with catch-up campaign and Measles follow-up

Gavi
The Vaccine Alliance

Reach Every Child
www.gavi.org

1 Gavi Grant terms and conditions

1.2 Gavi terms and conditions

1.2.1 Gavi terms and conditions

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

GAVI GRANT APPLICATION TERMS AND CONDITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

1.3 Gavi Guidelines and other helpful downloads

1.3.1 Guidelines and documents for download

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

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

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

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

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

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

2 Review and update country information

2.1 Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Initial self-financing

Date of Partnership Framework Agreement with Gavi

8 July 2013

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

September 2016

2.1.2 Country health and immunisation data

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

	2018	2019
Total government expenditure		

Total government health expenditure	
Immunisation budget	

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	2015
To	2024

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	
To	

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

No Response

2.1.4 National customs regulations

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

The MenACV vaccine is a pre-qualified and certified vaccine by WHO. With regard to the customs regulations in force at country level, vaccines are exempt from customs duties and taxes.

MCV is also certified and used domestically.

2.1.5 National Regulatory Agency

Please provide information on the National Regulatory Agency in the country, including status (e.g. whether it is WHO-certified). Please mention a point of contact with phone number and e-mail address. UNICEF will support the process and may need to communicate licensing requirements to the vaccine manufacturers where relevant.

The NRA has been set up and has drawn up its institutional development plan and operates within the National Directorate of Pharmaceuticals, which interacts with WHO and UNICEF for the marketing authorization of all products, including vaccines. Dr. TRAORE Falaye Tel: +224 628 53 28 80/+224655 772 792. Email : latraore2007@gmail.com/ latraore2005@yahoo.fr

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

	2019	2020	2021	2022
Country Co-financing (US$)				
Gavi support (US$)	422,129	458,056	441,929	448,741

Pentavalent Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	279,173	217,198	496,113	506,161	232,702
Gavi support (US$)	724,500	599,502	1,307,677	1,334,224	642,294

YF Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	100,901	94,799	96,644	98,130	99,616
Gavi support (US$)	483,500	510,111	520,039	528,036	536,032

Summary of active Vaccine Programmes

	2019	2020	2021	2022	2023
Total country co-financing (US$)	380,074	311,997	592,757	604,291	332,318
Total Gavi support (US$)	1,630,129	1,567,669	2,269,645	2,311,001	1,178,326
Total value (US$) (Gavi + Country co-financing)	2,010,203	1,879,666	2,862,402	2,915,292	1,510,644

2.3 Coverage and Equity

2.3.1 Coverage and equity situation analysis

Note: If a recent analysis of the coverage and equity analysis is already available, for example as part of a Joint Appraisal report, you may simply reference the report and section where this information can be found.

Describe national and sub-national evidence on the coverage and equity of immunisation in the country and constraints to improvement. In particular, identify the areas and groups of low coverage or high inequity linked to geographic, socioeconomic, cultural or female literacy considerations, as well as systematically marginalized communities. Specify both the areas and/or populations with low coverage (%) and those with the largest absolute numbers of un-/under-vaccinated children. Among data sources, consider administrative data, coverage surveys, DHS/MCS, equity analyses, Knowledge-Attitude-Practice surveys, and patterns of diseases like measles.

Describe the challenges underlying the performance of the immunisation system, such as:

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

- Leadership, management and coordination: such as key bottlenecks associated with the management of the immunisation programme, the performance of the national/ regional EPI teams, management and supervision of immunisation services, or broader sectoral governance issues;
- Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement and execution of resources;
- Other critical aspects: any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports.

Describe lessons learned and best practices on the effectiveness of implemented activities to improve coverage and equity; recommendations on changes or new interventions that might be required to accelerate progress (include data to support any findings or recommendations).

Taking into account equity issues in immunization, the results of the 2018 DHS show that immunization coverage varies according to certain socio-demographic characteristics. The proportion of children who received all basic vaccines is higher in urban areas than in rural areas (81 per cent compared to 21 per cent). Results by region show discrepancies, with basic immunization coverage ranging from a minimum of 8% in Labé to a maximum of 37% in Conakry and 36% in Kankan. Socio-economic variables also influence the level of childhood immunization coverage: for example, among those whose mothers have no education, only 22 per cent have received all basic vaccines compared to 35 per cent among those whose mothers have secondary education or higher. According to gender, girls and boys have the same right of access to immunization services despite cultural considerations.

Also, children and women in rural households are less vaccinated because of the accessibility of care and the availability of households (field work). For example, between 2016 and 2018, the analysis of administrative data shows a slight decline in the coverage of the service package, particularly the supply of vaccination in rural and peri-urban areas.

Since then, efforts are being made to improve equity in immunization in several areas that will allow operational strategies to be taken into account to reach hard-to-reach populations, including island areas, the poor in remote urban and rural areas, hilly and valleys of Fouta, religious groups and transhumant populations. This includes the continuation of the extension of the immunization equity analysis initiated by UNICEF in 2018.

2.4 Country documents

2.4.1 Upload country documents

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

Note that only general country documents are uploaded here; at the end of section 3 (sub-

section “Upload new application documents”) you will be required to provide those documents that are specific to the support requested (for example the new vaccine introduction plan and/or campaign plan of action, new budget, application endorsements etc.)

Country and planning documents

✓	**Country strategic multi-year plan** Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	PPAC Guinee 20162020 révisé Juillet 2018.doc_10-09-18_17.58.20.docx
✓	**Country strategic multi-year plan / cMYP costing tool**	PPAC Guinee 20162020 révisé Juillet 2018.doc_14-09-18_13.21.35.docx
✓	**Effective Vaccine Management (EVM) assessment**	GuineeRapportGEV2 04 16Final_10-09-18_18.14.59.doc
✓	**Effective Vaccine Management (EVM): most recent improvement plan progress report**	EvaluationPlan d27améliorationVF 6 08 18_10-09-18_16.51.03.docx
✓	**Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators**	EDS 2018_03-09-19_14.27.23.pdf
✓	**Data quality and survey documents: Immunisation data quality improvement plan**	7 PlanAmeliorationQualiteDonneesPAQD PEV 20182020_03-09-19_12.15.38.pdf

✓	**Data quality and survey documents: Report from most recent desk review of immunisation data quality**	GUINEE Analysis Donnees 230318_11-09-18_17.19.19.docx
✓	**Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation**	GuinéeRapport final des résultats cles MICS 2016 29 mai 2017_11-09-18_17.24.15.doc
✓	**Human Resources pay scale** If support to the payment of salaries, salary top ups, incentives and other allowances is requested	Ressources humaines et échelle salariale_04-09-19_18.53.29.docx

Coordination and advisory groups documents

✓	**National Coordination Forum Terms of Reference** ICC, HSCC or equivalent	Arrete CCIA GuinéeArrêtévdef_10-09-18_18.11.43.docx
✓	**National Coordination Forum meeting minutes of the past 12 months**	ListeprésencemembreCCIA30 Août 19_04-09-19_18.34.13.pdf PV CCIA 30_aout 2019 1_04-09-19_18.32.11.docx CR de la réunion du CCIA10 aout_10-09-18_18.13.03.docx

Other documents

✓	**Other documents (optional)** Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge-Attitude-Practice surveys or other demand-related surveys, if available.	PAOPEV2019CNPEVGuinéerevu le 22 janvier 2019_04-09-19_18.46.35.docx

3.1 Measles 1st and 2nd dose routine

3.1.1 Vaccine and programmatic data

3.1.1.1 Choice of presentation and dates

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

Note 3

Measles 1st and 2nd dose routine

Preferred presentation	M, 10 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes ☒ No ☐
2nd preferred presentation	
Is the presentation licensed or registered?	Yes ☒ No ☐
Required date for vaccine and supplies to arrive	30 November 2020
Planned launch date	28 December 2020
Support requested until	2020

3.1.1.2 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.

Not applicable (traditional vaccine)

3.1.1.3 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.

3.1.2 Target Information

3.1.2.1 Targets for routine vaccination

Please describe the target age cohort for the Measles 1st dose routine immunisation:

Note 4

9 weeks ☐ months ☒ years ☐

Please describe the target age cohort for the Measles 2nd dose routine immunisation:

15 weeks ☐ months ☒ years ☐

	2020
Population in the target age cohort (#)	439,905
Target population to be vaccinated (first dose) (#)	417,910

Population in the target age cohort for last dose(#)	439,905
Target population to be vaccinated for last dose (#)	307,934
Estimated wastage rates for preferred presentation (%)	20

3.1.3 Co-financing information

3.1.3.1 Vaccine and commodities prices

Price per dose (US$) - Measles routine, 1st and 2nd dose

	2020
10 doses/vial,lyo	0.29

Commodities Price (US$) - Measles routine, 1st and 2nd dose (applies only to preferred presentation)

	2020
AD syringes	0.036
Reconstitution syringes	0.004
Safety boxes	0.005
Freight cost as a % of device value	4.18

3.1.3.2 Country choice of co-financing amount per vaccine dose

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

Note 5

	2020
Country co-financing share per dose (%)	69.69
Minimum Country co-financing per dose (US$)	0.2

Country co-financing per dose (enter an amount equal or above minimum)(US$)	0.2

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

Measles routine, 1st and 2nd dose

	2020
Vaccine doses financed by Gavi (#)	401,800
Vaccine doses co-financed by Country (#)	732,400
AD syringes financed by Gavi (#)	1,048,000
AD syringes co-financed by Country (#)	
Reconstitution syringes financed by Gavi (#)	
Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	11,550
Safety boxes co-financed by Country (#)	
Freight charges financed by Gavi ($)	10,813
Freight charges co-financed by Country ($)	19,708

2020

Total value to be co-financed (US$) Country	227,000
Total value to be financed (US$) Gavi	177,000
Total value to be financed (US$)	404,000

3.1.3.4 Estimated projection of the required domestic financing for the measles monovalent component of MCV1

Countries are required to domestically finance the first dose in their measles containing vaccine routine (MCV1) in order to be able to receive Gavi support for any measles/ measles-rubella programmes. Below is the estimated projection of the required domestic financing for MCV1, based on the information provided in the previous sections.

Note 6

	2020
Minimum number of doses financed from domestic resources	
Country domestic funding (minimum)	

3.1.3.5 Co-financing payment

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

The budget of the Ministry of Health represented 5.6% of the national development budget (NDB) in 2017. It increased from 3.22% in 2015 to 8.2% in 2018.

To secure the financing of immunisation, a rigorous follow-up of the implementation of the recommendations resulting from the October 2017 forum, including the government's commitment on sustainable financing of immunisation, will be made by the EPI Coordination on the one hand and the ICC and the National Assembly's Health Commission on the other hand.

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.

Non 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:	November

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

Month	November
Year	2020

3.1.4 Financial support from Gavi

3.1.4.1 Routine Vaccine Introduction Grant(s)

Measles-rubella 1st and 2nd dose routine

Live births (year of introduction)

488,783

Gavi contribution per live birth (US$)

0.8

Total in (US$)

391,026.4

Funding needed in country by	30 June 2020

3.1.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Gavi Vaccine Introduction Grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the introduction of the new vaccine. Please ensure to upload the completed budgeting and planning template as part of this application.

If Gavi's support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template. In the following fields please provide an overview of your request.

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

100,000

Total amount - Other donors (US$)

50,000

Total amount - Gavi support (US$)

317,757

Amount per target person - Gov. Funding / Country Co-financing (US$)

0.23

Amount per target person - Other donors (US$)

0.12

Amount per target person - Gavi support (US$)

0.65

3.1.4.3 Key Budget Activities

List the key budgeted activities to be undertaken in implementing the requested support. Please provide details on the key cost drivers, inputs and assumptions required for these activities.

Headings	Government funding	Gavi requested support	Support from other partners
	USD	USD	USD
Service provision			4,800
HR Capacity Building	100,000	135,022	50,000
Advocacy and social mobilization			53,211
Procurement Management and Supply Chain	133,855		
Programme management			109,593
Programme support			15,131

Unit costs details are provided in the attached budget worksheet.

3.1.4.4 Financial management procedures

Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including any procurement to be incurred.

Financial management procedures will be managed by the Alliance member partners (UNICEF/WHO).

For activities implementation, the EPI will submit requests to the Alliance member partners. These make funds available for the implementation of activities through banking to the beneficiary structures, purchases will follow the procedures implemented by the Alliance partners.

Supporting documents (activity report and others) will be presented to the partners after the activity has been carried out.

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

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

Yes☒ No☐

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

Nothing to report

3.1.4.6 Fiduciary management

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

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

Funds will be managed by the Alliance member partners (UNICEF/WHO/UAGCP), and then by Gavi.

3.1.4.7 Use of financial support to fund additional Technical Assistance needs

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

Note 8

Technical assistance provided by Alliance partners will be required for the implementation of the plan for the introduction of the 2nd dose of MCV and PIE (post-introduction evaluation).

3.1.5 Strategic considerations

3.1.5.1 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.

See MCV2 introduction plan, section: 2.2 Epidemiological context, 5.2 EPI situation (see section EPI Target Disease Surveillance System and Data Management).

3.1.5.2 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.

This plan is in line with the country's strategic document, namely the NHDP (2015-2024) and the cMYP (2016-2020).

In the 2016-2020 cMYP, the country had planned the routine introduction of MCV2 in the 4th quarter of 2019 after a follow-up campaign against measles. It is in this context that a first submission was made in 2019 and not approved by the Gavi IRC.

3.1.5.3 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.

ICC

- Coordinate interventions between partners to support implementation (including immunization activities),

- Facilitate the implementation of the policy,

- Approve all strategic immunization documents and plans,

- Mobilize the necessary resources to carry out EPI activities

- Evaluate the implementation of action plans and the implementation of these various orientations on a quarterly basis

NITAG

- Advise MPH on immunization policies, optimal strategies, surveillance, data collection and information

- Identify data or research needs for evidence-based decision-making and policy development to adapt global and regional recommendations to the national context

3.1.5.4 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?

Immunisation remains the most cost-effective public health strategy and is a key component of poverty reduction. Thus, it is well placed in the fight against the disease in the National Health Development Plan (NHDP) 2015-2024.

The financial sustainability of the programme is reflected in the following measures:

1. The share of government funding that covers not only staff salaries, but also other operating expenses;

2. The establishment of a line in the national budget dedicated to the purchase of vaccines, which is funded each year:

3. The increase in the budget allocated to health from 2.4% in 2014 to 8.2% in 2018, which has a positive impact on the allocations to the programme; the derogation granted to health care facilities in general and to health centres responsible for immunization in particular for the use of revenue generated by their activities in financing immunisation;

4. The availability of partners to support the programme in the implementation of its activities; the latter thus contributing to the improvement of vaccine coverage;

5. The accountability of the Minister of Health, like his counterparts who thus become authorising officers of budget allocations, at the same time as the establishment of financial controllers in ministerial departments.

In any case, the efficient, effective and transparent use of resources and the performance of the immunization programme are the valuable lever for mobilizing all the necessary resources. Changes underway in the country offer hope for obtaining the resources needed to finance the economy in general, and health and immunization in particular.

To secure the financing of immunisation, a rigorous follow-up of the implementation of the recommendations resulting from the October 2017 forum, including the government's commitment on sustainable financing of immunisation, will be made by the EPI Coordination on the one hand and the ICC and the National Assembly's Health Commission on the other hand.

Hope is permitted with the will at the highest national level and the determination of bilateral and multilateral partners to support the government in the implementation of immunization activities is a definite guarantee for the success of the program.

3.1.5.5 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 faced by the programme can be summarized as follows:

1. the low supply of fixed-site vaccination, which takes place only at the level of the 413 public health centres out of 1,468 health centres and posts in the country according to the 2017 SARA survey

2. the high population density in urban areas, especially in Conakry (1,930,838), Siguiri (788,193), Boké (523,199), Kindia (510,624) and Dinguiraye (228,467);

3. the persistence of cases of refusal/reticence in some communities;

4. the poor accessibility and use of health services leading to low vaccination coverage of target children: 82% of HCs have populations with difficult access;

5. the poor performance of the monitoring system

6. fear for health workers to record high wastage rates (refusal to open a 10-dose vial of MCV for a single child);

7. vaccine stock-outs;

8. the poor implementation of an immunization platform in the second year of life

In addition to these above-mentioned risk factors, there is also the low motivation and insufficient quality of health personnel, which hinder the provision of immunization services. The link between these risks contributes to the occurrence of recurrent measles outbreaks.

Point 6 of the document, Strategies and activities for the introduction of MCV2 in the routine EPI, describes the entire introduction procedure taking into account the situation analysis.

3.1.5.6 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.

This introduction will provide an opportunity to review and disseminate the national immunization schedule and other data collection and management tools. The contact for MenA will be the opportunity to catch up with children who have missed their dose of other vaccines such as pentavalent, MCV and yellow fever.

To increase the utilization rate of MenA immunization services, information and communication activities will be intensified at immunization sites and in communities to generate real community engagement and reduce program drop-out rates.

In accordance with the emergency plan for the recovery of immunization coverage, the parents of children who missed the various appointments will be contacted by telephone in order to catch up with these children.

Community health workers (CHWs) and community relays will be involved in the active search for the lost to follow-up. Active research sessions for these children will be organized by the providers to catch up with them. In urban areas, visits to nurseries and kindergartens to check

the vaccination status of children will be taken into account in the activities of community relays (Reco).

Specific strategies such as the deployment of teams of women traders with the necessary equipment, vaccines and other inputs will be developed to reach marginalized, poor and hard-to-reach populations.

The meningitis vaccine is administered at 9 months of age. Children who arrive after the age specified in the calendar will receive it up to 18 months at the same time with the second dose of MCV.

The following activities will be capitalized to strengthen routine immunization:

Planning

- The MenA vaccine introduction planning process will also update the mapping of hard-to-reach and underserved populations in the country's 38 health districts

Training/skills development

- The training of stakeholders during the MenA introduction process will take into account all areas of immunization

Logistics, Cold Chain, Vaccine Management and Waste Management

The following activities before introduction will be beneficial for routine immunization

- Update inventories of cold chain equipment (cold rooms, refrigerators, freezers, isothermal boxes, vaccine carriers, etc.)

- Review cold chain capabilities, repair broken equipment and ensure proper maintenance of cold chain equipment.

- Prepare an inventory of incinerators and repair those that are broken down

- Make routine immunization vaccines and management tools available in all facilities that provide immunization services.

Surveillance

- Strengthening the knowledge and skills of health workers regarding common adverse events following immunization (AEFI) and their management during training.

- Training health workers in the use of standard case definitions for vaccine preventable diseases and reporting standards improves case detection by health workers.

Advocacy, social mobilization, communication

- The official launch of the introduction by the higher authority to have a mobilizing effect and a strong advocacy in favour of vaccination;

- Strengthening communication through the dissemination of key messages in support of routine immunization;

- The mobilization of the media during the introduction remains a great opportunity to contract with the media for the benefit of routine immunization;

- Use collaboration with schools and the education system to implement school-based immunization policies (e.g., audits of routine immunization at school entry) and introduce routine immunization activities in schools.

- Raising parents' awareness of the importance and availability of vaccination and the vaccination schedule, and free vaccination services.

Supervision, monitoring and evaluation

- Pre-introduction supervision based on the WHO district assessment tool to ensure operational readiness will take into account all activities related to strengthening the routine EPI;

- Supervision will be organized at all levels during the implementation of activities;

The post-introduction evaluation will be conducted between 3 and 6 months after the introduction and lessons learned will be used to improve the routine EPI and for subsequent introductions.

3.1.5.7 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 9

Guinea plans to introduce the second dose of MCV into the vaccination schedule in January 2021, one month after the measles follow-up campaign in the 38 districts and meningitis catch-up vaccination campaigns in 17 districts. Other interventions such as vitamin A supplementation and deworming will be integrated into these campaigns.

This 6th vaccination contact will be an opportunity to offer the child a broader package of interventions: the strengthening of pre-school consultation in terms of monitoring the child's staturo-weight growth, vitamin A supplementation for children aged 6 to 59 months, deworming with Mebendazole for children aged 12 to 59 months.

This routine introduction of MCV2 will also make it possible to review the child's vaccination record and make up for missed doses of other antigens in accordance with the national schedule.

MCV2 offers the opportunity to collaborate more with the Ministries of Social Action, Women's Development and Early Childhood and Education by verifying the immunization status of children in order to catch up with those who have missed vaccine doses.

The distribution of MCV2 will follow the existing routine vaccine regimen and will take place at the same time as the follow-up campaign vaccine.

3.1.5.8 Indicative major measles and rubella activities planned for the next 5 years

Summarise in one paragraph the indicative major measles and rubella activities planned for the next five years that are reflected in the annual EPI plan (e.g. measles second dose introduction, measles or measles follow up campaign, etc.).

For the next 5 years, the revision of the cMYP with a view to introducing new vaccines: combined Measles-Rubella, PCV13, Rota vaccine and continue the implementation of the measles elimination plan.

3.1.6 Report on Grant Performance Framework

3.1.6.1 Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate targets were calculated (where applicable). These appear as “calculated targets”. If you wish to revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

Required

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

Optional

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

Please note that the GPF is filtered by default to only show indicators that are relevant to the specific types of support contained in the application. You may view the entire GPF by using the

“Grant Status” filter. Please ensure your pop-up blocker is disabled when launching the GPF.

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

3.1.7 Upload new application documents

3.1.7.1 Upload new application documents

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

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

Application documents

✓	**New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist & activity list and timeline** If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be combined into one document to minimise duplication.	Plan VAR2 VF_100919_12-09-19_10.25.36.docx Annex4checklistIntroduction VAR_12-09-19_10.26.11.xls
✓	**Gavi budgeting and planning template**	VF14 102018Budgétaire VAR2 2_09-09-19_10.17.18.xlsm Prévision budgétaireMenARougeole°2020Guinée_12-09-19_10.26.34.xlsm
✓	**Most recent assessment of burden of relevant disease** If not already included in detail in the Introduction Plan or Plan of Action.	Charge de morbidite_18-09-19_14.54.44.docx

Endorsement by coordination and advisory groups

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

The minutes of the national coordination forum meeting should mention the domestic funding of MCV1

PV CCIA 30_aout 2019 1_04-09-19_19.07.53.docx

✓ **NITAG meeting minutes**

with specific recommendations on the NVS introduction or campaign

GTCV 1_13-09-19_16.19.38.jpeg

GTCV 2_13-09-19_16.20.08.jpeg

GTCV 3_13-09-19_16.20.36.jpeg

GTCV 4_13-09-19_16.21.01.jpeg

GTCV 5_13-09-19_16.21.34.jpeg

GTCV 6_13-09-19_16.22.04.jpeg

Vaccine specific

✓ **cMYP addendum**

Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP

PPAC Guinee 20162020 révisé Juillet 2018.doc_09-09-19_10.18.39.docx

✓ **Annual EPI plan**

Annual EPI plan detailing planning of all measles and rubella-related activities for the current year, including realistic timelines, designated responsible individual(s) and a budget

PAOPEV2019CNPEVGuinéerevu le 22 janvier 2019_04-09-19_19.08.49.docx

✓ **MCV1 self-financing commitment letter**

If the country is not yet financing the measles monovalent component of

Lettre dengagement signée_09-09-19_11.28.32.pdf

MCV1, a letter signed by the Minister of Health and Minister of Finance committing for the country to self-finance MCV1 from 2018 onwards.

✓	**Measles (and rubella) strategic plan for elimination** If available	09102018Plan strategique dElimination rougeole en Guinee_2019 20223 Septembre 2018_09-09-19_11.28.53.doc
✓	**Other documents (optional)**	PlanNationalDéveloppementSanitaire20152024_13-09-19_16.35.44.docx

3.2 Meningitis A routine, with catch-up campaign

3.2.1 Vaccine and programmatic data

3.2.1.1 Choice of presentation and dates

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

Note 10

Meningitis A routine

Preferred presentation	MenA, 10 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes ☒ No ☐
2nd preferred presentation	
Is the presentation licensed or registered?	Yes ☒ No ☐
Required date for vaccine and supplies to arrive	30 June 2020

Planned launch date	17 August 2020
Support requested until	2020

Meningitis A catch-up campaign

Preferred presentation	MenA, 10 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes ☒ No ☐
2nd preferred presentation	
Is the presentation licensed or registered?	Yes ☒ No ☐
Required date for vaccine and supplies to arrive	31 August 2020
Planned launch date	4 November 2020
Support requested until	2020

3.2.1.2 Vaccine presentation registration or licensing

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

The MenA 10µg vaccine in 10-dose vials is registered and used in the country during the 2014 and 2015 prevention campaigns. However, the 5µg form in a 10-dose vial that will be used for routine immunization for children aged 9 to 11 months will follow the normal country registration procedure 3 months before its introduction into the routine EPI.

3.2.1.3 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.

3.2.2 Target Information

3.2.2.1 Targets for routine vaccination

Please describe the target age cohort for the routine immunisation:

Note 11

11 weeks ☐ months ☒ years ☐

	2020
Population in target age cohort (#)	452,146
Target population to be vaccinated (first dose) (#)	135,644
Estimated wastage rates for preferred presentation (%)	20

3.2.2.2 Targets for campaign vaccination

Please describe the target age cohort for the campaign:

Note 12

From 12 weeks ☐ months ☒ years ☐

To 59 weeks ☐ months ☒ years ☐

2020

Population in target age cohort (#)	439,905
Target population to be vaccinated (first dose) (#)	307,934
Estimated wastage rates for preferred presentation (%)	20

3.2.3 Co-financing information

3.2.3.1 Vaccine and commodities prices

Price per dose (US$) - Meningitis A routine

	2020
10 doses/vial,lyo	0.54

Commodities Price (US$) - Meningitis A routine (applies only to preferred presentation)

	2020
AD syringes	0.036
Reconstitution syringes	0.004
Safety boxes	0.005
Freight cost as a % of device value	3.85

Price per dose (US$) - Meningitis A catch-up campaign

	2020
10 doses/vial,lyo	0.71

Commodities Price (US$) - Meningitis A catch-up campaign (applies only to preferred presentation)

	2020
AD syringes	0.036
Reconstitution syringes	0.004
Safety boxes	0.005
Freight cost as a % of device value	2.93

3.2.3.2 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 13

	2020
Country co-financing share per dose (%)	36.9
Minimum Country co-financing per dose (US$)	0.2
Country co-financing per dose (enter an amount equal or above minimum)(US$)	0.2

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

Meningitis A routine

	2020
Vaccine doses financed by Gavi (#)	135,700
Vaccine doses co-financed by Country (#)	76,300
AD syringes financed by Gavi (#)	195,900
AD syringes co-financed by Country (#)	
Reconstitution syringes financed by Gavi (#)	
Reconstitution syringes co-	

financed by Country (#)	
Safety boxes financed by Gavi (#)	2,175
Safety boxes co-financed by Country (#)	
Freight charges financed by Gavi ($)	2,369
Freight charges co-financed by Country ($)	1,333

	2020
Total value to be co-financed (US$) Country	42,500
Total value to be financed (US$) Gavi	84,500
Total value to be financed (US$)	127,000

Meningitis A catch-up campaign

	2020
Vaccine doses financed by Gavi (#)	385,000
AD syringes financed by Gavi (#)	338,800
Reconstitution syringes financed by Gavi (#)	
Safety boxes financed by Gavi (#)	3,750
Freight charges financed by Gavi ($)	1,396

	2020

Total value to be financed (US$) Gavi	289,500
Total value to be financed (US$)	289,500

3.2.3.4 Co-financing payment

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

The budget of the Ministry of Health represented 5.6% of the national development budget (NDB) in 2017. It increased from 3.22% in 2015 to 8.2% in 2018.

To secure the financing of immunisation, a rigorous follow-up of the implementation of the recommendations resulting from the October 2017 forum, including the government's commitment on sustainable financing of immunisation, will be made by the EPI Coordination on the one hand and the ICC and the National Assembly's Health Commission on the other hand.

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.

Non 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:	November

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

Month	November
Year	2020

3.2.4 Financial support from Gavi

3.2.4.1 Routine Vaccine Introduction Grant(s)

Meningitis A routine

Live births (year of introduction)

452,146

Gavi contribution per live birth (US$)

0.8

Total in (US$)

361,716.8

Funding needed in country by	30 June 2020

3.2.4.2 Campaign operational costs support grant(s)

Meningitis A catch-up campaign

Note 14

No Response

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

0.65

Total in (US$)

285,938.25

Funding needed in country by	30 June 2020

3.2.4.3 Operational budget

Please complete the Gavi budgeting and planning template to document how the **Gavi Vaccine Introduction Grant** and the **Campaign Operational Costs support** grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the campaign and the introduction of the new vaccine. Please ensure to upload the completed budgeting and planning template as part of this application.

If Gavi's support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template. In the following fields please provide an overview of your request.

Budget for the vaccine introduction activities

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

100,000

Total amount - Other donors (US$)

50,000

Total amount - Gavi support (US$)

332,413

Amount per target person - Gov. Funding / Country Co-financing (US$)

0.23

Amount per target person - Other donors (US$)

0.11

Amount per target person - Gavi support (US$)

0.94

Budget for the campaign operational costs support

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

32,684

Total amount - Other donors (US$)

50,000

Total amount - Gavi support (US$)

544,290

Amount per target person - Gov. Funding / Country Co-financing (US$)

0.037

Amount per target person - Other donors (US$)

0.057

Amount per target person - Gavi support (US$)

0.62

3.2.4.4 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.

"Cost classification Allocated budget

Gavi"

Government Contribution Partner Contribution Other Funding Contribution Gavi TOTAL

1. Human Resources (HR) - 100,000- - 152,980 252,980

2. Transport -

3. External Professional Services (EPS) - - - - 163,452 163,452

4. Health products, consumables and equipment - - - - 4,800 4,800

5. Events (meetings, training, workshops, launches) - - - 73,269 73,269

6. Communication materials and publications - - 50,000 - - - - 50,000

7. Program Administration - - - - - 19,725 19,725 19,725

TOTAL 100,000 50,000 – 414,226 564,226

"Cost classification

Gavi" Government Contribution Partner Contribution Contribution Gavi TOTAL Contribution

1. Human Resources (HR) 32,684 50,000 407,976 490,660

2. Transport -

3. External Professional Services (EPS) -

4. Health products, consumables and equipment - - - 87,509 87,509

5. Events (meetings, training, workshops, launches) - - 25,894 25,894

6. Cold chain -

7. Infrastructure (INF) and non-medical equipment (NHE) -

8. Communication materials and publications - - 7,468 7,468 7,468

9. Program administration - - - 15,443 15,443 15,443

TOTAL 32,684 50,000,000 544,290 626,974

3.2.4.5 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.

Financial management procedures will be managed by the Alliance member partners (UNICEF/WHO).

For activities implementation, the EPI will submit requests to the Alliance member partners. These make funds available for the implementation of activities through banking to the beneficiary structures, purchases will follow the procedures implemented by the Alliance partners.

The supporting documents (activity report and others) will be presented to the partners after the activity has been carried out.

3.2.4.6 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.

For the time being, no additional information on human resource costs is available.

3.2.4.7 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.

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

Funds will be managed by the Alliance member partners (UNICEF/WHO/UAGCP) and then by Gavi.

3.2.4.8 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 16

Technical assistance provided by Alliance partners will be required for the implementation of the introduction plan, the catch-up campaign (cohort monitoring) and the PIE (post-introduction evaluation).

3.2.5 Strategic considerations

3.2.5.1 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.

Guinea is part of the "meningitis belt", 17 of the 38 health districts (Gaoual, Koundara, Dabola, Dinguiraye, Faranah, Kissidougou, Kankan, Kérouané, Kouroussa, Mandiana, Siguiri, Koubia, Labé, Lélouma, Mali, Tougué and Beyla) are at high risk of cerebrospinal meningitis.

From 2005 to 2010, epidemics were recorded in the health districts of Lola, N'Nzérékoré, Tougué, Faranah and Labé for a total of 831 cases and 139 deaths, representing a lethality of 16.7%.

From 2011 to 2012, 488 suspected cases of meningitis and 39 deaths were recorded by the early warning system, representing a lethality rate of 6%. The Dinguiraye health district recorded 121 suspected cases of meningitis, including 7 deaths in the first 17 weeks of epidemiology in 2011. Of these cases, 12 were confirmed with Neisseria meningitidis type A (NmA).

From 9 to 15 June 2014, a reactive campaign with MenAfriVac was conducted following the outbreaks recorded since 2012. During this campaign, 467,768 people aged 1-29 years were vaccinated with an administrative coverage of 105% in the most affected health districts of Siguiri and Mandiana.

In 2015, as a prelude to the introduction of the MenAfriVac vaccine in the routine EPI, Guinea organized a preventive vaccination campaign against meningitis in 17 high-risk health districts with an average vaccination coverage of 95%.

Between 2014 and 2019, 2,322 suspected cases of meningitis and 192 deaths were recorded by the surveillance system, representing a case-fatality rate of 8%, of which one positive Neisseria meningitidis type A (NmA) case was confirmed by the laboratory after culture at the PCR in 2017, which shows the risk that the country is running, although preventive catch-up campaigns were organized between 2014 and 2015, and 66% of children in the 5-month-old age group were affected by the disease.

3.2.5.2 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.

In its 2016-2020 cMYP, the country plans to introduce the MenA vaccine routinely targeting 452,146 children aged 9-11 months in the second half of August 2020 and a birth cohort monitoring campaign targeting 869,335 children aged 12-59 months in November 2020.

3.2.5.3 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.

ICC

- Coordinate interventions between partners to support implementation (including immunization activities),

- Facilitate the implementation of the policy,

- Approve all strategic immunization documents and plans,

- Mobilize the necessary resources to carry out EPI activities

- Evaluate the implementation of the action plans and the implementation of these various orientations on a quarterly basis

NITAG

- Advise MPH on immunization policies, optimal strategies, surveillance, data collection and information

- Identify data or research needs for evidence-based decision-making and policy development to adapt global and regional recommendations to the national context

3.2.5.4 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?

Immunization remains the most cost-effective public health strategy and is a key component of poverty reduction. Thus, it is well placed in the fight against the disease in the National Health Development Plan (NHDP) 2015-2024.

The financial sustainability of the programme is reflected in the following measures:

1. The share of government funding that covers not only staff salaries, but also other operating expenses;

2. The establishment of a line in the national budget dedicated to the purchase of vaccines, which is funded each year:

3. The increase in the budget allocated to health from 2.4% in 2014 to 8.2% in 2018, which has a positive impact on the allocations to the programme; the derogation granted to health care facilities in general and to health centres responsible for immunization in particular for the use of revenue generated by their activities in financing immunisation;

4. The availability of partners to support the programme in the implementation of its activities; the latter thus contributing to the improvement of vaccination coverage;

5. The accountability of the Minister of Health, like his counterparts who thus become authorising officers of budget allocations, at the same time as the establishment of financial controllers in ministerial departments.

In any case, the efficient, effective and transparent use of resources and the performance of the immunization programme are the valuable lever for mobilizing all the necessary resources. Changes underway in the country offer hope for obtaining the resources needed to finance the economy in general, and health and immunization in particular.

To secure the financing of immunisation, a rigorous follow-up of the implementation of the recommendations resulting from the October 2017 forum, including the government's commitment on sustainable financing of immunisation, will be made by the EPI Coordination on the one hand and the ICC and the National Assembly's Health Commission on the other hand.

Hope is permitted with the will at the highest national level and the determination of bilateral and multilateral partners to support the government in the implementation of immunization activities is a definite guarantee for the success of the program.

3.2.5.5 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 faced by the programme can be summarized as follows:

(i) the low supply of fixed-site immunization, which takes place only at the level of the 413 public health centres out of 1,468 health centres and posts in the country according to the 2017 SARA survey

(ii) the high population density in urban areas, especially in Conakry (1,930,838), Siguiri (788,193), Boké (523,199), Kindia (510,624) and Dinguiraye (228,467);

(iii) the persistence of cases of refusal/reticence in some communities;

(iv) the poor accessibility and use of health services leading to low vaccination coverage of target children: 82% of HCs have populations with difficult access;

(v) the poor performance of the monitoring system

(vi) fear for health workers to record high wastage rates (refusal to open a 10-dose vial of MCV for a single child);

(vii) vaccine stock-outs;

(viii) the poor implementation of an immunization platform in the second year of life

In addition to these above-mentioned risk factors, there is also the low motivation and insufficient quality of health personnel, which hinder the provision of immunization services.

3.2.5.6 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.

This introduction will provide an opportunity to review and disseminate the national immunization schedule and other data collection and management tools. The contact for MenA will be the opportunity to catch up with children who have missed their dose of other vaccines such as pentavalent, MCV and yellow fever.

To increase the utilization rate of MenA immunization services, information and communication activities will be intensified at immunization sites and in communities to generate real community engagement and reduce program drop-out rates.

In accordance with the emergency plan for the recovery of immunization coverage, the parents of children who missed the various appointments will be contacted by telephone in order to catch up with these children.

Community health workers (CHWs) and community relays will be involved in the active search for the lost to follow-up. Active research sessions for these children will be organized by the providers to catch up with them. In urban areas, visits to nurseries and kindergartens to check the vaccination status of children will be taken into account in the activities of community relays (Reco).

Specific strategies such as the deployment of teams of women traders with the necessary equipment, vaccines and other inputs will be developed to reach marginalized, poor and hard-to-reach populations.

The meningitis vaccine is administered at 9 months of age. Children who arrive after the age specified in the calendar will receive it up to 18 months at the same time with the second dose of MCV.

The following activities will be capitalized to strengthen routine immunization:

Planning

The MenA vaccine introduction planning process will also update the mapping of hard-to-reach and underserved populations in the country's 38 health districts

Training/skills development

The training of stakeholders during the MenA introduction process will take into account all areas of immunization

Logistics, Cold Chain, Vaccine Management and Waste Management

The following activities before introduction will be beneficial for routine immunization:

Update inventories of cold chain equipment (cold rooms, refrigerators, freezers, isothermal boxes, vaccine carriers, etc.)

Review cold chain capabilities, repair broken equipment and ensure proper maintenance of cold chain equipment.

Prepare an inventory of incinerators and repair those that are broken down

Make routine immunization vaccines and management tools available in all facilities that provide immunization services.

Surveillance

Strengthening the knowledge and skills of health workers regarding common adverse events following immunization (AEFI) and their management during training;

Training health workers in the use of standard case definitions for vaccine preventable diseases and reporting standards improves case detection by health workers.

Advocacy, social mobilization, communication

The official launch of the introduction by the higher authority to have a mobilizing effect and a strong advocacy in favour of vaccination;

Strengthening communication through the dissemination of key messages in support of routine immunization;

The mobilization of the media during the introduction remains a great opportunity to contract with the media for the benefit of routine immunization;

Use collaboration with schools and the education system to implement school-based immunization policies (e.g., audits of routine immunization at school entry) and introduce routine immunization activities in schools.

Raising parents' awareness of the importance and availability of vaccination and the vaccination schedule, and free vaccination services.

Supervision, monitoring and evaluation

Pre-introduction supervision based on the WHO district assessment tool to ensure operational readiness will take into account all activities related to strengthening the systematic EPI;

Supervision will be organized at all levels during the implementation of activities;

The post-introduction evaluation will be conducted between 3 and 6 months after the introduction and the lessons learned will be used to improve the systematic EPI and for subsequent introductions.

3.2.5.7 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 17

Guinea plans to introduce the MenAfrivac vaccine and the second dose of MCV into the routine immunization schedule in 2020. In addition, the country has planned measles follow-up vaccination campaigns in 2020 for target populations from 6 to 59 months and meningitis catch-up vaccination campaigns for children from 12 to 59 months. In accordance with WHO guidelines, these campaigns should be organized three months after the routine introduction of MenAfrivac. A total of 17/38 health districts will be affected by measles-MenAfrivac integration.

The activities related to the introduction of the MenAfrivac vaccine into the routine EPI as well as those of the measles monitoring campaign will be capitalized for the preparation and successful organization of the said campaign. Some activities below are cited for illustrative purposes as:

- Meetings to coordinate and monitor EPI activities with regional directors and prefectural health directors and their staff will be organized.

o The first will review the routine introduction of the vaccine and provide guidance on the campaign.

o The second will be a meeting to review the campaign and monitor the performance of the routine EPI.

- Integrated microplanning for the introduction of MenAfrivac and MCV2 in the routine EPI will take into account the strategies and activities of cohort monitoring campaigns against meningitis and monitoring against measles;

- The main objective of the integrated strategic communication plan is to get parents or caregivers of children to present them to the vaccination service. Respect the vaccination schedule and increase the confidence of parents and caregivers of children in vaccination services, which are among other things, the specific objectives set out in this strategic document.

The integrated rumour response plan will be updated to manage possible vaccine-related events (AEFI, rumours, press reports against vaccination, etc.).

- Training of field workers will take place during the routine introduction of the new MenAfrivac vaccine and MCV2.

- Additional support staff will be trained during the implementation of the campaign.

During implementation, specific vaccination posts will be set up in the vaccination sites to receive only children under one year of age who are to receive the other routine vaccines according to their vaccination schedule.

Vaccination with MenAfrivac is an opportunity to increase MCV1 coverage.

Vaccination contact with MenA will also provide an opportunity to offer the child a broader package of interventions (vitamin A supplementation, MILDA distribution, deworming, and malnutrition management, etc.)

3.2.5.8 Controlled Temperature Chain (CTC)

Extra Gavi support is available for countries wishing to make use of a Controlled Temperature Chain strategy when implementing their Men A preventive mass campaign or catch-up campaign. Countries interested to use Men A vaccine in a CTC during their preventive mass campaign are encouraged to summarise how they will use CTC, when they plan to start using it, and how they will comply with the WHO guidelines during implementation.

The need to use more vaccines in CTC has been endorsed by key global health actors and is part of the framework encompassing the activities from now until 2020 of the Global Vaccine Action Plan (GVAP)

This approach allows specific vaccines to be maintained at room temperature, up to 40°C, under controlled and monitored conditions for a limited period of time (at least 4 days) and immediately prior to administration

Guinea is preparing to reuse MenAfriVac 10 µg which can be subjected to the controlled temperature chain (CTC) during mass vaccination campaigns in view of the success recorded in other countries between 2014 and 2015, such as DRC, Togo, South Sudan, Ivory Coast and Ethiopia. This technique will make it possible to meet the following technical and logistical challenges: low capacity of the rapid cold chain at the operational level during the implementation of the campaign in order to achieve the targets. During planning, the essential elements, in particular storage sites, vaccination sites, supervision axes and freezing points for cold accumulators, crossing points for cross-border populations, the locations of special populations will be clearly represented on a map prepared for each health district and the following criteria will be used to select priority health districts that can implement this approach:

1. Selected health districts (with target populations)

a. Criteria for the selection of HD/HA

The following criteria will be used in the selection of health districts (Health Areas) that can carry out the MenAfriVac campaign in their entirety or in part with the CTC:

The data from the available district inventories and the various campaign reports carried out in the districts (Difficulties in supplying sites) will support the decision of the applicability of the CTC in some districts;

In addition to the fact that the MenAfriVac campaign in targeted districts is not integrated with other vaccine activities requiring a traditional cold chain with the risk of confusion in the field, other criteria will be useful in the choice of health areas in particular:

- Health district with managers trained in EPI Technical Management able to supervise vaccination teams;

- Health district with insufficient vaccine storage capacity;

- Health district with insufficient production of cold accumulators; Health district with health centres serving a nearby population but with limited ice production capacity;

- Health district with low cold chain coverage;

- Health district with health areas that are difficult to access (mountain relief, forest or riverside health areas, distances between the health districts of the storage site and the health centres or vaccination sites represent more than one day's travel;

- Health district where temperatures do not exceed 40°C (from October)

- The MenAfriVac campaign is not integrated with other activities;

b. Targeted health districts.

Remain to be determined during the microplanning according to the criteria mentioned above

2. Description of the CTC MOE

The central level supplies the regions and districts directly. Districts distribute vaccines and other inputs to storage sites and sometimes to health areas for target vaccination.

It is from health centres (storage sites) that the implementation of the CTC will begin, where vaccines are removed from the traditional cold chain (+2°C to +8°C) and transported at a temperature of more than 8°C and < 40°C for at most 4 days until the last kilometre where the campaign's target population is gathered at pre-selected vaccination sites. At this level, the temperature limit indicators will therefore be placed in isothermal or cool boxes without accumulators and containing the vaccines. Temperature monitoring will be carried out whenever necessary. Executives in the targeted health districts will already be provided with weather information for the campaign period and this will be documented.

Should the CTC be carried out in a few health areas or in any whole district?

- Some districts will evaluate on the issue of carrying out vaccination with CTC in an entire district or a few health areas within it.

3. Budget

a. Development of technical guidelines

The logistics team supported by the technical section will develop technical guides for this campaign for health districts with CTC.

b. Elaboration of microplans specific to the CTC

In addition to the usual planning, managers are asked to estimate the specific input requirements for the MenA campaign in particular:

- Targets of vaccination teams with CTC

- Number of vaccination teams with CTC

- Number of temperature limit indicators with a 50% reserve

- Number of monitoring sheets at CTC

- Number of people to be trained per level of the chain

- Need for training and management tools

Experienced logisticians will be part of the teams that will be deployed in the regions/districts to support them in carrying out microplans, including the consideration of vaccination with the CTC.

c. Temperature indicators

Two types of temperature indicators will be used:

Limit temperature indicators

Libero: Some health districts will be targeted for a temperature mapping study of the MenAfriVac vaccine during the campaign

It should be noted that VVM will also be used to assess the quality of the vaccine to be administered to children.

d. Training/Supervision

Health system managers at all levels (central, regional and operational) who will be deployed in supervision will be adequately trained on the CTC.

Training at the final level will take place over three days and will target actors from vaccination teams and other community leaders.

Appropriate tools will be made available at all levels and used for this purpose.

During the campaign's MOE, health logistics experts will be deployed to the health regions to support regional teams in all stages at least three weeks before the campaign to actively participate in vaccine distribution.

e. Monitoring and evaluation

Documenting the strengths and weaknesses identified in the HDs with CTC

Number of vials of vaccines with VVM Virus (CTC<> traditional CC)

Loss in closed and open vials (CTC<> traditional CC)

Number of limit temperature indicators that have changed colour

Number of people vaccinated per day by teams working in CTC compared to those working otherwise

% of HDs that organized the campaign with CTC

% of staff trained in CTC

3.2.6 Report on Grant Performance Framework

3.2.6.1 Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate targets were calculated (where applicable). These appear as “calculated targets”. If you wish to revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

Required

1. In addition to the calculated targets, country targets are required to be submitted for outcome indicators. These targets should align to those in your cMYP or NHSP. If these targets are not in your cMYP or NHSP, or are the same as the calculated targets, please enter “NA” for each target value.

2. Additional indicators that appear in the Performance Framework that are not included in the application form. Please enter targets for these indicators.
3. For many indicators, reporting dates have been pre-populated. For those that have not yet been pre-populated, please add reporting dates.

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

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

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

3.2.7 Upload new application documents

3.2.7.1 Upload new application documents

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

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

Application documents

✓	**New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist & activity list and timeline** If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be combined into one document to minimise duplication.	Annex4checklisten4introductionMenA en routnie_12-09-19_10.21.01.xls GuinéePlan daction campagneSuiviMenAVF09092019_12-09-19_10.20.25.docx GuinéePlanintroMenAroutineVF09092019_12-09-19_10.19.54.docx Annex4checklisten4introductionMenA en routnie_09-09-19_11.23.50.xls

✓	**Gavi budgeting and planning template**	TableauSynthèseBudget.MenAxlsx_12-09-19_10.21.35.xlsx Prévision budgétaireMenARougeole°2020Guinée_12-09-19_10.22.25.xlsm CAMPAGNE VF 02092019Budget MENA FINAL_09-09-19_11.10.36.xlsm Introduction budget MenARoutine 02092019 FINAL 1_09-09-19_11.10.08.xlsm
✓	**Most recent assessment of burden of relevant disease** If not already included in detail in the Introduction Plan or Plan of Action.	Charge de morbidite_13-09-19_17.16.46.docx
✓	**Sources and justification of campaign target population estimates (if applicable)**	Cible Mena Campagne rattrapage en 2020 3_13-09-19_17.13.36.xlsx

Endorsement by coordination and advisory groups

✓	**National coordination forum meeting minutes, with endorsement of application, and including signatures**	GuinéeChronogrammeAVSRoutineMenA2020_04-09-19_20.03.24.xlsx PV CCIA 30_aout 2019 1_04-09-19_19.52.33.docx
✓	**NITAG meeting minutes**	GTCV 2_13-09-19_16.45.15.jpeg GTCV 3_13-09-19_16.45.45.jpeg

	with specific recommendations on the NVS introduction or campaign	GTCV 4_13-09-19_16.46.12.jpeg GTCV 5_13-09-19_16.46.42.jpeg GTCV 6_13-09-19_16.47.13.jpeg GTCV 1_13-09-19_16.47.42.jpeg

Vaccine specific

✓	**Risk assessment report or District Prioritisation Tool (DPT)**	Evaluation Risque MenA_13-09-19_17.01.18.docx
✓	**Consensus meeting report**	PV CCIA 30_aout 2019 1_13-09-19_16.55.33.docx
✓	**The areas and the target population per district or region where the catch up will be conducted, including the source**	Cible Mena Campagne rattrapage en 2020_04-09-19_20.20.59.xlsx
✓	**Other documents (optional)**	GuinéeChronogrammeAVSRoutineMenA2020_12-09-19_10.28.13.xlsx

3.3 Measles follow-up campaign

3.3.1 Vaccine and programmatic data

3.3.1.1 Choice of presentation and dates

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

Note 18

Measles follow-up campaign

Preferred presentation	M, 10 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes ☒ No ☐
2nd preferred presentation	
Is the presentation licensed or registered?	Yes ☒ No ☐
Required date for vaccine and supplies to arrive	30 September 2020
Planned launch date	4 November 2020
Support requested until	2020

3.3.1.2 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.

Vaccine registered and used in the country

3.3.1.3 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.

3.3.2 Target Information

3.3.2.1 Targets for campaign vaccination

Please describe the target age cohort for the measles follow-up campaign:

Note 19

From	6	weeks ☐	months ☒	years ☐
To	59	weeks ☐	months ☒	years ☐

	2020
Population in target age cohort (#)	2,199,523
Target population to be vaccinated (first dose) (#)	2,199,523
Estimated wastage rates for preferred presentation (%)	10

3.3.2.2 Targets for measles routine first dose (M1)

To be eligible for measles and rubella vaccine support, **countries must be fully financing with domestic resources the measles mono-valent vaccine component of MCV1** which is already in their national immunisation schedule, or have firm written commitments to do so. Please provide information on the targets and total number of doses procured for measles first dose.

	2020

Population in the target age cohort (#)	439,905
Target population to be vaccinated (first dose) (#)	417,910
Number of doses procured	483,895

3.3.3 Co-financing information

3.3.3.1 Vaccine and commodities prices

Price per dose (US$) - Measles follow-up campaign

	2020
10 doses/vial,lyo	0.29

Commodities Price (US$) - Measles follow-up campaign (applies only to preferred presentation)

	2020
AD syringes	0.036
Reconstitution syringes	0.004
Safety boxes	0.005
Freight cost as a % of device value	4.18

3.3.3.2 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 20

	2020
Country co-financing share per dose (%)	
Minimum Country co-financing per dose (US$)	0.2
Country co-financing per dose (enter an amount	0.265

equal or above minimum)(US$)	

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

Measles follow-up campaign

	2020
Vaccine doses financed by Gavi (#)	352,600
Vaccine doses co-financed by Country (#)	2,088,900
AD syringes financed by Gavi (#)	2,419,500
AD syringes co-financed by Country (#)	
Reconstitution syringes financed by Gavi (#)	
Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	26,625
Safety boxes co-financed by Country (#)	
Freight charges financed by Gavi ($)	9,595
Freight charges co-financed by Country ($)	56,843

	2020
Total value to be co-financed (US$) Country	647,000

Total value to be financed (US$) Gavi	229,500
Total value to be financed (US$)	876,500

3.3.3.4 Estimated projection of the required domestic financing for the measles monovalent component of MCV1

Countries are required to domestically finance the first dose in their measles containing vaccine routine (MCV1) in order to be able to receive Gavi support for any measles/ measles-rubella programmes. Below is the estimated projection of the required domestic financing for MCV1, based on the information provided in the previous sections.

Note 21

	2020
Minimum number of doses financed from domestic resources	483,895
Country domestic funding (minimum)	138,877.86

3.3.3.5 Co-financing payment

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

Not applicable

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.

Non applicable

Following the regulations of the internal budgeting and financing cycles the	November

Government will annually release its portion of the co-financing funds in the month of:	

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

Month	November
Year	2020

3.3.4 Financial support from Gavi

3.3.4.1 Campaign operational costs support grant(s)

Measles follow-up campaign

Population in the target age cohort (#)

Note 22

2,199,523

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

0.65

Total in (US$)

1,429,689.95

Funding needed in country by	30 June 2020

3.3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Campaign Operational Costs support grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the campaign. Please ensure to upload the completed budgeting and planning template as part of this application.

If Gavi's support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template. In the following fields please provide an overview of your request.

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

117,526

Total amount - Other donors (US$)

720,007

Total amount - Gavi support (US$)

1,401,471

Amount per target person - Gov. Funding / Country Co-financing (US$)

0.05

Amount per target person - Other donors (US$)

0.33

Amount per target person - Gavi support (US$)

0.64

3.3.4.3 Key Budget Activities

List the key budgeted activities to be undertaken in implementing the requested support. Please provide details on the key cost drivers, inputs and assumptions required for these activities.

"Cost classification

Gavi" Allocated budget

Government contribution Partner contribution Partner contribution Gavi contribution TOTAL

1. Human Resources (HR) 117,526 15,000 957,377
1,089,903

2. Transport -

3. External Professional Services (EPS) 118,886 118,886

4. Health products, consumables and equipment 705,007
210,888 210,888

5. Events (meetings, training, workshops, launches) 114,320
114,320

TOTAL			117,526	720,007
1,401,471	2,224,004			

3.3.4.4 Financial management procedures

Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including any procurement to be incurred.

Financial management procedures will be managed by the Alliance member partners (UNICEF/WHO).

For activities implementation, the EPI will submit requests to the Alliance member partners. These make funds available for the implementation of activities through banking to the beneficiary structures, purchases will follow the procedures implemented by the Alliance partners.

The supporting documents (activity report and others) will be presented to the partners after the activity has been carried out.

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

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

Yes☒ No☐

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

Nothing to report

3.3.4.6 Fiduciary management

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

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

Funds will be managed by the Alliance member partners (UNICEF/WHO/UAGCP) and then by Gavi.

3.3.4.7 Use of financial support to fund additional Technical Assistance needs

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

Note 24

Technical assistance provided by Alliance partners will be required for the implementation of the measles monitoring campaign plan.

3.3.5 Strategic considerations

3.3.5.1 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 Campaign Plan of Action, please cite the sections only.

The Republic of Guinea has a comprehensive multi-year plan that takes into account the measles elimination strategy with the main objective of meeting the target for measles elimination performance indicators. Since 2006, the country has been conducting case-based surveillance. Any case detected by the structures using a case definition is notified, investigated and the samples collected are forwarded to the laboratory for diagnostic confirmation.

Measles surveillance indicators:

Measles is one of the diseases preventable by vaccination. The country has faced recurrent episodes of measles over the past three years despite the organization and implementation of monitoring (February 2016) and response campaigns to the measles epidemic in February 2017. These measles epidemics are indicative of an accumulation of susceptible individuals in the population who are not protected by routine immunization and previous campaigns.

The two main measles surveillance indicators recommended by WHO are:

- the rate of reporting of suspected cases: at least 2 suspected cases of measles for

100,000 inhabitants per district per year;

- the percentage of districts (at least 80%) that have reported at least one suspected case of measles

Compared to the number of suspected cases, the system recorded a high increase in the number of suspected cases between 2014 and the first half of 2019.

In 2014 and 2015, the years of the EBOLA virus outbreak, the programme had the highest number of suspected measles cases (6,031 and 2,205 respectively); with a reduction in 2016 (1,304 suspected measles cases). The highest number of cases was reported in 2017 with 7,545 cases affecting the whole country.

Measles cases have been reported in the country for six (6) years. It should be noted that the largest number of cases was reported in 2017 with 7,545 cases and in the first half of this current 2019 year, 3,349 cases were reported.

In 2017, almost the entire country was affected by measles. 7,545 cases of measles were reported, including 582 positive cases.

At week 34, 2019, 3,349 cases of measles were reported, including 795 positive cases scattered in several sub-prefectures of the country. This raises fears that the 2017 situation will return.

Several sub-prefectures have been affected by measles epidemics that are preventable with an effective vaccination system.

Children who have developed measles 0 dose increase year on year from 53.84% in 2014 to 93.45% at the 33rd week of 2019 while those with a dose decrease from 5.12% in 2014 to 0.88% at the 33rd week of 2019. This further justifies the inadequacy of routine immunization services and the need for a mass campaign

3.3.5.2 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.

This plan is in line with the country's strategic document, namely the NHDP (2015-2024) and the cMYP (2016-2020).

In the cMYP 2016-2020, the country had planned the follow-up organization in the 4th quarter of 2019. It is in this context that a first submission was made in 2019 and not approved by the Gavi IRC.

3.3.5.3 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.

ICC

- Coordinate interventions between partners to support implementation (including immunization activities),

- Facilitate the implementation of the policy,

- Approve all strategic immunization documents and plans,

- Mobilize the necessary resources to carry out EPI activities

- Evaluate the implementation of the action plans and the implementation of these various orientations on a quarterly basis

NITAG

- Advise MPH on immunization policies, optimal strategies, surveillance, data collection and information

- Identify data or research needs for evidence-based decision-making and policy development to adapt global and regional recommendations to the national context

3.3.5.4 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?

Immunization remains the most cost-effective public health strategy and is a key component of poverty reduction. Thus, it is well placed in the fight against the disease in the National Health Development Plan (NHDP) 2015-2024.

The financial sustainability of the programme is reflected in the following measures:

1. The share of government funding that covers not only staff salaries, but also other operating expenses;

2. The establishment of a line in the national budget dedicated to the purchase of vaccines, which is funded each year:

3. The increase in the budget allocated to health from 2.4% in 2014 to 8.2% in 2018, which has a positive impact on the allocations to the programme; the derogation granted to health care facilities in general and to health centres responsible for immunization in particular for the use of revenue generated by their activities in financing immunisation;

4. The availability of partners to support the programme in the implementation of its activities; the latter thus contributing to the improvement of vaccination coverage;

5. The accountability of the Minister of Health, like his counterparts who thus become authorising officers of budget allocations, at the same time as the establishment of financial controllers in ministerial departments.

In any case, the efficient, effective and transparent use of resources and the performance of the immunization programme are the valuable lever for mobilizing all the necessary resources. Changes underway in the country offer hope for obtaining the resources needed to finance the economy in general, and health and immunization in particular.

To secure the financing of immunisation, a rigorous follow-up of the implementation of the recommendations resulting from the October 2017 forum, including the government's commitment on sustainable financing of immunisation, will be made by the EPI Coordination on the one hand and the ICC and the National Assembly's Health Commission on the other hand.

Hope is permitted with the will at the highest national level and the determination of bilateral and multilateral partners to support the government in the implementation of immunization activities is a definite guarantee for the success of the program.

3.3.5.5 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.

- Insufficient important information from the routine immunization programme to successfully plan the campaign with little consideration of the integrated microplans of the CS, DPS, DRS/ DCS

- Conflicting campaign agenda with National Planning Week and/or other public health interventions

- Non-optimal use of communication channels (health workers, private and public radio stations, public criers and social mobilizers)

- Daily circuit of unplanned and insufficient movement of vaccination teams in rural areas due to distances between populations and vaccination sites

- No local adjustment of the vaccination schedule in relation to the availability of parents of children (field work)

- Insufficient consideration of mobile and fixed strategies

- Insufficient proximity supervision (identification, training, misuse of supervision materials, number not required deployed in the field,)

- (Identify the real problems)

- Failure to organize rapid surveys of convenience during the campaign to identify pockets of non-vaccinated children and take corrective action to vaccinate them?

- Poor management of safety boxes (filling, storage and transport) to incineration sites

- Reluctance of some communities to accept vaccination

- No control of the denominator (target of vaccination)

- Poor data quality related to AEFI

- Weak functionality of the AEFI Case Management Committee

Point 6: Planning and implementation in the document took into account the difficulties listed above to improve the quality of the campaign.

3.3.5.6 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.

Taking into account the significant resources mobilized during SIAs, the organization of this campaign is an opportunity to strengthen routine immunization and equity.

Planning

The SIA planning process also makes it possible to update the mapping of hard-to-reach and underserved populations in the country's 38 health districts

It will also allow to update routine microplans during the microplanning workshops of the SIAs

Training/skills development

The training of SIA stakeholders will focus on the weaknesses of previous SIAs and will also address the situation of routine immunization and surveillance activities and thus consolidate essential skills related to good microplanning, vaccine handling, injection safety and waste management....

Logistics, Cold Chain, Vaccine Management and Waste Management

The following activities during the follow-up campaign will be beneficial for routine immunization:

Update inventories of cold chain equipment (cold room, refrigerators, freezers, isothermal boxes, vaccine carriers, etc.)

Review cold chain capabilities, repair broken equipment and ensure proper maintenance of cold chain equipment.

Prepare an inventory of incinerators and repair those that are broken down

Make routine immunization vaccines and management tools available in all facilities that provide immunization services.

Surveillance

Strengthening the knowledge and skills of health workers regarding common adverse events following immunization (AEFI) and their management during SIA training.

Training health workers in the use of standard case definitions for vaccine preventable diseases and reporting standards improves case detection by health workers.

Advocacy, social mobilization, communication

The official launch of the campaign by the higher authority with a mobilizing effect and a strong advocacy in favour of vaccination in general and also routine vaccination;

The mobilization of local authorities, religious leaders through advocacy for SIAs, also includes the routine EPI.

Strengthening communication through the dissemination of key messages in support of routine immunization;

Take advantage of the strong relationships that exist with the media during SIAs to contract with them (media) for the benefit of routine immunization;

Use collaboration with schools and the education system to implement school-based immunization policies (e.g., audits of routine immunization at school entry) and introduce routine immunization activities in schools.

Raising parents' awareness of the importance and availability of vaccination and the vaccination schedule, and free vaccination services.

Supervision, monitoring and evaluation

Prospective supervision of SIAs will also take into account aspects of routine

The completion of syntheses at different levels after SIAs will make it possible to take stock of the problems encountered in routine immunization and remedy them;

The LQS through the analysis of the reasons for not vaccinating children will provide useful information to strengthen IEC during routine immunization;

During the prefectural synthesis, the communication of the results of SIAs and routine immunization will involve local and community public officials.

3.3.5.7 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 25

The country plans to introduce the second dose of MCV into its immunization schedule immediately after the measles follow-up campaign in 2020. The introduction of the MenA vaccine in routine vaccination is also planned for the same year.

In addition, the country planned immunization intensification activities in 12 districts in 2019 and even 2020 after an equity-based analysis and implementation of the accelerated measles outbreak control plan in 16 epidemic districts. Several other activities are also planned.

For harmonious coordination and better monitoring of implementation, all these activities will be listed in the PAOs of the General Secretariat for Health, the National Health Security Agency and the Major Endemic Diseases Directorate at central level, in the PAOs of the Regional Health Directorates at regional level and finally in the PAOs of the Health Districts at peripheral level.

The activities related to the introduction of the MCV2 and MenA vaccine into the routine EPI, as well as those of the measles monitoring campaign and the meningitis A monitoring campaign, will be capitalized. These will include, among others:

- Coordination and follow-up meetings for preparatory and implementation activities

- Integrated microplanning for the introduction of MenA and MCV2 in the routine EPI will take into account the strategies and activities of measles and meningitis monitoring campaigns;

- The communication plan that will have to integrate the new routine EPI vaccination schedule and the critical activities of strengthening the routine during the campaign.

- The modification of the national EPI policy in order to integrate the implementation of the vaccination platform in the second year of life (2YL)

- Modification of tools (register, scorecards, vaccination booklet, etc.) to take into account 2YL

- Training of stakeholders.

3.3.5.8 Indicative major measles and rubella activities planned for the next 5 years

Summarise in one paragraph the indicative major measles and rubella activities planned for the next five years that are reflected in the annual EPI plan (e.g. measles second dose introduction, measles or measles-rubella follow up campaign, etc.).

For the next 5 years, the revision of the cMYP with a view to introducing new vaccines: combined Measles-Rubella, PCV13, Rota vaccine and continue the implementation of the measles elimination plan.

3.3.6 Report on Grant Performance Framework

3.3.6.1 Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate targets were calculated (where applicable). These appear as “calculated targets”. If you wish to revise these target values, please revise in the application form – they are not editable in the

performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

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

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

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

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

3.3.7 Upload new application documents

3.3.7.1 Upload new application documents

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

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

Application documents

✓	**New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist & activity list and timeline**	Plan CAROU 100919 VF_12-09-19_10.24.04.docx Chronogramme carou 2019_12-09-19_10.24.31.xlsx

If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be combined into one document to minimise duplication.

Plan VAR2 VF _11-09-19_18.08.18.docx

✓ **Gavi budgeting and planning template**

VF 14102018BudgetCAR 2_09-09-19_11.18.09.xlsm

✓ **Most recent assessment of burden of relevant disease**

If not already included in detail in the Introduction Plan or Plan of Action.

Charge de morbidite_13-09-19_17.40.55.docx

✓ **Sources and justification of campaign target population estimates (if applicable)**

Estimation Ressources CAR 2019_13-09-19_17.46.30.xlsx

Endorsement by coordination and advisory groups

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

The minutes of the national coordination forum meeting should mention the domestic funding of MCV1

PV CCIA 30_aout 2019 104091919.52.33_09-09-19_11.18.43.docx

✓ **NITAG meeting minutes**

with specific recommendations on the NVS introduction or campaign

GTCV 4_13-09-19_17.49.23.jpeg

GTCV 5_13-09-19_17.49.51.jpeg

GTCV 6_13-09-19_17.50.25.jpeg

GTCV 3_13-09-19_17.48.47.jpeg

GTCV 1_13-09-19_17.47.49.jpeg

GTCV 2_13-09-19_17.48.18.jpeg

Vaccine specific

✓ **cMYP addendum**

Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP

PPAC Guinee 20162020 révisé Juillet 2018.doc_09-09-19_11.19.30.docx

✓ **Annual EPI plan**

Annual EPI plan detailing planning of all measles and rubella-related activities for the current year, including realistic timelines, designated responsible individual(s) and a budget

PAOPEV2019CNPEVGuinéerevu le 22 janvier 2019_04-09-19_19.17.07.docx

✓ **MCV1 self-financing commitment letter**

If the country is not yet financing the measles monovalent component of MCV1, a letter signed by the Minister of Health and Minister of Finance committing for the country to self-finance MCV1 from 2018 onwards.

Lettre dengagement signée_09-09-19_11.21.00.pdf

✓ **Measles (and rubella) strategic plan for elimination**

If available

09102018Plan strategique dElimination rougeole en Guinee_2019 20223 Septembre 2018_09-09-19_11.21.29.doc

✓ **Other documents (optional)**

Guinee Responses aux Commentaires du secrétariat de Gavi pour la resoumission des palns CAR et VAR2 2_09-09-19_11.22.16.docx

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 26

IPV Routine

	2019	2020	2021	2022
Country Co-financing (US$)				
Gavi support (US$)	422,129	458,056	441,929	448,741

Pentavalent Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	279,173	217,198	496,113	506,161	232,702
Gavi support (US$)	724,500	599,502	1,307,677	1,334,224	642,294

YF Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	100,901	94,799	96,644	98,130	99,616
Gavi support (US$)	483,500	510,111	520,039	528,036	536,032

Total Active Vaccine Programmes

	2019	2020	2021	2022	2023
Total country co-financing (US$)	380,074	311,997	592,757	604,291	332,318

Total Gavi support (US$)	1,630,129	1,567,669	2,269,645	2,311,001	1,178,326
Total value (US$) (Gavi + Country co-financing)	2,010,203	1,879,666	2,862,402	2,915,292	1,510,644

New Vaccine Programme Support Requested

Measles 1st and 2nd dose routine

	2020
Country Co-financing (US$)	227,000
Gavi support (US$)	177,000

Measles follow-up campaign

	2020
Country Co-financing (US$)	647,000
Gavi support (US$)	229,500

Meningitis A routine, with catch-up campaign

	2020
Country Co-financing (US$)	42,500
Gavi support (US$)	374,000

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

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

	2019	2020	2021	2022	2023
Total country co-financing (US$)	380,074	1,228,497	592,757	604,291	332,318
Total Gavi support (US$)	1,630,129	2,348,169	2,269,645	2,311,001	1,178,326
Total value (US$) (Gavi + Country co-financing)	2,010,203	3,576,666	2,862,402	2,915,292	1,510,644

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
DABO	Moustapha	+224 622 93 17 18	dabo.gnara@gmail.com	Coordination nationale PEV

Comments

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

No Response

Government signature form

The Government of Guinea 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:

Measles 1st and 2nd dose routine;Meningitis A routine, with catch-up campaign and Measles follow-up campaign

The Government of Guinea commits itself to developing national immunisation services on a sustainable basis in accordance with the national health and immunisation strategic plans. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

The co-financing commitments in this application include the amount of support in either supplies or cash that is requested from Gavi, and the financial commitment of the Government for the procurement of this new vaccine.

Please note that Gavi will not review this application without the signatures of both the Minister of Health and Minister of Finance (and Minister of Education, if applicable) or their delegated authority.

We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds and any needed vaccine co-financing will be included in the annual budget of the Ministry of Health.

We, the undersigned, further affirm that the requested funding for salaries, salary top-ups/allowances, per diems and incentives does not duplicate funding from other sources (e.g. from other donors).

We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this application.[1]

Minister of Health (or delegated authority)	**Minister of Finance (or delegated authority)**
Name	Name
Date	Date
Signature	Signature

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

Minister of Education (or delegated authority)

Name

Date

Signature

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

Appendix

NOTE 1
The new cMYP must be uploaded in the country document section.

NOTE 2
The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates. Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.

NOTE 3
* For more information on the vaccine presentations available, please refer to the detailed product profiles available here: http://www.gavi.org/about/market-shaping/detailed-product-profiles/

* Please note Gavi may not be in a position to accommodate all countries first product preferences. In such cases, Gavi will contact the country and partners to explore options.

* Due to a variety of factors, the launch date may vary compared to the date stipulated in the application. Gavi will work closely with countries and their partners to address these issues.

* For routine vaccine introduction, support is usually requested until the end of the country's valid cMYP, as per the guidelines and may be extended in the future. If you wish to request Gavi support for a shorter time period than the end of your cMYP you may do so.

* For campaigns the "support requested until" field will normally be one calendar year from the launch date, but can be extended for a phased campaign.

NOTE 4
* The population in the target age cohort represents 100% of people in the specified age range in your country.

* The target population to be vaccinated is the number of people in the cohort that are expected to be vaccinated.

* For indicative wastage rates, please refer to the detailed product profiles available here: http://www.gavi.org/about/market-shaping/detailed-product-profiles/

* The wastage rate applies to first and last dose.

NOTE 5
Co-financing requirements are specified in the guidelines.

NOTE 6
*The price used to calculate costs is based on UNICEF-single dose per vaccine procurement cost for measles monovalent vaccine.** This value will differ from the total cost if the vaccine selection is MR, as a country is only required to finance the cost of the measles monovalent vaccine.

NOTE 7
https://www.gavi.org/support/process/apply/additional-guidance/#leadership

NOTE 8
A list of potential technical assistance activities in each programmatic area is available here: http://www.gavi.org/support/pef/targeted-country-assistance/

NOTE 9
E.g. if two introductions are planned in the same year, there should be synergies at least in training and social mobilisation events.

NOTE 10
* 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/

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* 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 11
* The population in the target age cohort represents 100% of people in the specified age range in your country.

* The target population to be vaccinated is the number of people in the cohort that are expected to be vaccinated.

* For indicative wastage rates, please refer to the detailed product profiles available here: http://www.gavi.org/about/market-shaping/detailed-product-profiles/

* The wastage rate applies to first and last dose.

NOTE 12
Cohorts born between the preventive mass campaign and introduction of routine infant vaccination.

NOTE 13
Co-financing requirements are specified in the guidelines.

NOTE 14
Note: The population in the target age cohort used here is the number you entered for year one in the target information section.

NOTE 15
https://www.gavi.org/support/process/apply/additional-guidance/#leadership

NOTE 16
A list of potential technical assistance activities in each programmatic area is available here: http://www.gavi.org/support/pef/targeted-country-assistance/

NOTE 17
E.g. if two introductions are planned in the same year, there should be synergies at least in training and social mobilisation events.

NOTE 18
* 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/

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* 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.

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* 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 19

* The population in the target age cohort represents 100% of people in the specified age range in your country.

* The target population to be vaccinated is the number of people in the cohort that are expected to be vaccinated.

* For indicative wastage rates, please refer to the detailed product profiles available here: http://www.gavi.org/about/market-shaping/detailed-product-profiles/

* The wastage rate applies to first and last dose.

NOTE 20

Co-financing requirements are specified in the guidelines.

NOTE 21

*The price used to calculate costs is based on UNICEF-single dose per vaccine procurement cost for measles monovalent vaccine.** This value will differ from the total cost if the vaccine selection is MR, as a country is only required to finance the cost of the measles monovalent vaccine.

NOTE 22

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

NOTE 23

https://www.gavi.org/support/process/apply/additional-guidance/#leadership

NOTE 24

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

NOTE 25

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

NOTE 26

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.