APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by
The Government of Benin
for
Meningitis A routine, with catch-up campaign

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

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

13 June 2013

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

February 2017

2.1.2 Country health and immunisation data

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

	2018	2019
Total government expenditure	2,581,724,137.93	

Total government health expenditure	91,320,831.09	
Immunisation budget	2,368,448.27	7,542,306.17

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	2018
To	2022

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

2014-2018

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	2019
To	2023

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

Nothing to Report

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.

Benin has a Customs and Indirect Duties Department which is attached to the Ministry of Economy and Finance. Customs inspects any product to be brought into the country. Upon delivery of vaccines and other vaccination inputs, the documents required for customs authorities are:

- The early warning document
- The pro forma invoice
- The parking list
- The air waybill

As far as custom duties are concerned, as matters stand, there is no exemption for vaccination inputs. As all inputs to the Expanded Programme on Immunization (EPI) are acquired through UNICEF Supply Division, the country uses a grant certificate provided by UNICEF to facilitate customs clearance. However, a procedure is under way to ensure that the State now covers the costs associated with the customs clearance of vaccination inputs.

2.1.5 National Regulatory Agency

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

In Benin, no National Regulatory Authority (NRA) has been established yet. This function is currently carried out by the National Directorate of Pharmacy, Drugs and Diagnostic Explorations (DPMED). For questions on this subject, the EPI addresses this structure through its National Health Products Procurement Committee (CNAPS), which meets every three months.

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$)				
Gavi support (US$)	770,268	793,310	816,817	840,728

PCV Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	233,785	211,497	219,401	542,344	634,397
Gavi support (US$)	3,352,959	2,989,385	3,101,100	2,825,065	2,789,719

Pentavalent Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	299,014	496,239	512,457	434,676	139,058
Gavi support (US$)	757,784	1,302,367	1,345,139	1,465,496	658,017

Rota Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	143,716	70,301	145,106	248,894	289,591
Gavi support (US$)	1,349,110	744,464	1,536,615	1,301,128	1,278,021

YF Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	89,747	82,789	85,060	84,113	98,380
Gavi support (US$)	426,314	445,489	457,704	466,371	461,373

MR Routine

	2020	2021	2022	2023
Country Co-financing (US$)	225,970	220,037	360,897	398,007
Gavi support (US$)	290,196	282,577	355,946	289,344

Summary of active Vaccine Programmes

	2019	2020	2021	2022	2023
Total country co-financing (US$)	766,262	1,086,796	1,182,061	1,670,924	1,559,433
Total Gavi support (US$)	6,656,435	6,565,211	7,539,952	7,254,734	5,476,474
Total value (US$) (Gavi + Country co-financing)	7,422,697	7,652,007	8,722,013	8,925,658	7,035,907

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).

1. Immunization equity

In Benin, the apparently satisfactory administrative immunization coverage hides significant disparities and inequities in immunization. Indeed, according to the 2017-2018 DHS, the percentage of 12-23 month-old children who received all the basic vaccines (CGB, 3 doses of Penta, 3 doses of OPV not including OPV at birth, and one dose of MCV varies from one department to another, ranging from 29% (Plateau department) to 71% (Atacora, Mono and Ouémé departments) for a national coverage of 57%.

The same survey reveals disparities in immunization coverage according to certain socio-demographic characteristics such as place of residence (78% coverage in Penta3 in urban areas compared to 70% in rural areas), birth rate (77% for seniors compared to 67% for children of rank 6 and above), wealth level (55% for the poorest compared to 86% for the richest) or mother's education level (67% for children born to uneducated mothers compared to 84% for those born to university mothers).

No gender-related disparities were found in the 2017-2018 DHS (73.5% coverage in Penta 3 for boys compared to 72.5% for girls), and the same is true for previous surveys such as the 2014 EPI External Review (81% for both girls and boys) and the 2012 DHS (74.4% for boys compared to 73.3% for girls).

The analysis of immunization equity, initiated by the ANV-SSP with the help of its Technical and Financial Partners in several Health Zones of the country from the end of 2017, made it possible to identify and estimate the population of the Communities Served Poorly or Not Served (CPPD) by vaccination in the targeted health zones. These are mainly groups/communities with mobility problems (nomadism, seasonal migration or absences linked to professional occupations), living in localities that are difficult or even inaccessible, periodically or throughout the year (natural obstacle, distance, etc.), or communities that do not use vaccination for various reasons (religion, political and administrative conflicts, prejudice about vaccination and its side effects, etc.).

Bottlenecks related to both these communities and the organization of immunization services were identified during the process, and their causal analysis led to the development of microplans that are currently being implemented.

This process also allowed the country to define strategic directions for equity, namely:

- the strengthening of advanced strategies adapted to the characteristics of the CPPDs;

- capacity building of staff for the retention of existing health workers;

- the strengthening of qualified human resources through the reorganization of services and the signing of temporary service contracts with additional staff;

- regular and real-time monitoring of the implementation of microplans;

- advocacy/social mobilization/communication to remove obstacles related to the demand for immunization services.

2. Immunization system performance

2.1. Health personnel

According to the SARA 2018 survey, vaccination services are provided by 73% of existing facilities in Benin. As for daily vaccination, only 32% of these facilities comply with the principle.

As for human resources, they constitute a worrying problem in the health sector in general, with a relatively low level of performance. By WHO standards, the number of health workers in the country is largely insufficient to meet the needs of the population (7.6 qualified staff per 10,000 inhabitants in 2017, compared to a standard of 25 per 10,000 inhabitants). This situation is equally worrying in the field of vaccination. Indeed, in 2018, only 62% of facilities had staff trained on the EPI compared to 60% in 2015, with a variation from 12% (Ouémé) to 87% (Alibori)

2.2 Gender

There are no gender-related barriers to vaccination in Benin. The health system in general and the vaccination system in particular offer the same guarantees of access for men and women. This absence of gender-related barriers is confirmed by the results of the above-mentioned various surveys (Conference part on equity).

2.3 Data quality and availability

Data quality is one of the main challenges facing Benin's Expanded Programme on Immunization. While the completeness of the data is generally satisfactory, the same cannot be said for the promptness, which remains low in some areas. In addition, triangulation of these data shows that there is a discrepancy between the doses administered of several antigens and the number of vaccinated children reported.

In contrast to the good performance reflected in these administrative data, WHO-UNICEF (WUENIC) estimates place DTP-Hib-HepB3 (Penta3) coverage at less than 80% (65% in 2014, 74% from 2015 to 2017 and 76% in 2018); estimates that are consistent with the results of the DHS and MICS 2014 survey, which reveal a gap of about 20% with administrative coverage.

In response to these data quality concerns, the ANV-SSP and the Ministry's Directorate of Programming and Foresight have developed a Data Quality Improvement Plan (DQIP). Its implementation will provide reliable immunization data by 2022 for better decision-making.

2.4 Demand generation

Drop-out rates (overall and specific) remain high in several municipalities in the country. In 2019, administrative data show that 48 municipalities (62% of the country's municipalities) had a drop-out rate of 10% or more in the first quarter despite ongoing efforts to improve.

Several strategies have been selected to improve demand for immunization in communities, including the Decentralized Immunization Initiative (DII). This is a communication for development (C4D) strategy currently being tested in four health zones across five communes (Cotonou, Abomey-Calavi, Sô-Ava, Savalou and Bantè). It focuses on the joint planning of local elected officials, health workers and communities for immunization activities (advanced strategies, sensitization, advocacy, partnership contracts with community radio stations). In view of its encouraging results, this approach should be extended in 2019 to three new health zones in the country with nine communes (Abomey, Djidja, Agbangnizoun, Zogbodomey, Bohicon, Zakpota, Covè, Zangnanado and Ouinhi).

In addition, there is a strategic communication plan (SCP) for routine immunization, developed in 2016 based on the shortcomings identified by the 2014 external review. This SCP takes into account the shortcomings related to the involvement of COGECs, local elected officials and civil society organizations, the partnership with the mass media. The activities aim at raising mothers' awareness of the need to preserve the child's health record, respect the vaccination schedule and knowledge of vaccine-preventable diseases at the parents' level.

Other activities are carried out to improve the EPI performance. These activities include the African Immunization Week and Child Survival Weeks, which include social mobilization in their implementation.

2.6 Management and coordination

The EPI is managed centrally by the ANV-SSP, which relies at the intermediate and peripheral levels on the actors of the Departmental Health Directorates and the actors of the health zones (municipal teams and nurse heads of stations).

Programme coordination is carried out at central level by the Inter-Agency Coordination Committee (ICC) for the EPI. This role is carried out at the intermediate level by the EPI's technical coordination groups, and at the peripheral level by the Health Zone Management Teams.

With regard to planning, a new Comprehensive Multi-Year Plan has been developed covering the period 2019-2023, and specific plans are available at national level (Polio Preparedness and Response Plan, Containment Plan, Data Quality Improvement Plan, etc.). An effort remains to be made to develop the various microplans for immunization at the operational level.

The main problems identified in the management and coordination of the programme are:

- the poor functionality of accountability mechanisms at all levels (central departmental and peripheral);

- weaknesses in the use of information for decision-making at all levels;

- the poor functionality of monitoring and evaluation bodies at departmental and peripheral level (irregularity of meetings, poor implementation of recommendations, etc.);

- the low exploitation of supervision and monitoring results at national, intermediate and peripheral levels.

2.5. Financing

The financing of routine immunization activities comes mainly from the support of the Government, Technical and Financial Partners through the grant for the purchase of vaccines and consumables and the provision of fuel for the implementation of operations. Benin has been financing all of its traditional vaccine needs since 2000. Under-used vaccines and new vaccines are largely financed by Gavi with co-financing by the State (1/5th). Community funding, mobilized at the peripheral level, also contributes to the implementation of advanced strategies (maintenance of cold chain equipment, support for vaccination strategies, support for training and training supervision, etc.).

Supplementary immunization activities are mainly funded by technical and financial partners such as WHO, UNICEF, Rotary International, etc., with a small government contribution for these SIAs.

2.4 Country documents

Upload country documents

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

Note that only general country documents are uploaded here; at the end of section 3 (sub-section "Upload new application documents") you will be required to provide those documents that are specific to the support requested (for example the new vaccine introduction plan and/or campaign plan of action, new budget, application endorsements etc.)

Country and planning documents

✓	**Country strategic multi-year plan** Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	PPAc 2019202321.11.2018Draft0_24-04-19_14.04.36.pdf
✓	**Country strategic multi-year plan / cMYP costing tool**	cMYPCostingToolVBENIN 141118_21-08-19_15.16.51.xlsx
✓	**Effective Vaccine Management (EVM) assessment**	Bénin Rapport GEV 2017 version finale 2_21-08-19_15.19.49.pdf
✓	**Effective Vaccine Management (EVM): most recent improvement plan progress report**	RAPPORT DE MISE EN OEUVRE DU PLAN AMELIORATION DE LA GEV 2017_21-08-19_16.03.43.docx
✓	**Data quality and survey documents: Final report from**	EDSB 2017 Rapport préliminaire_21-08-19_16.26.35.pdf

	most recent survey containing immunisation coverage indicators	Revue documentaire qualité des données BENIN 2018_21-08-19_16.11.43.docx
✓	**Data quality and survey documents: Immunisation data quality improvement plan**	PAQD PEV BENIN vf_21-08-19_15.32.50.pdf
✓	**Data quality and survey documents: Report from most recent desk review of immunisation data quality**	Revue documentaire qualité des données BENIN 2018_01-09-19_12.36.54.docx
	Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation	**No file uploaded** This in-depth review is planned to be completed by the end of the year
	Human Resources pay scale If support to the payment of salaries, salary top ups, incentives and other allowances is requested	**No file uploaded** Data are not available

Coordination and advisory groups documents

✓	**National Coordination Forum Terms of Reference** ICC, HSCC or equivalent	Arrêté CCIAPEV Bénin_21-08-19_15.14.34.pdf
✓	**National Coordination Forum meeting minutes of the past 12 months**	PV 3ème réu CCIA 10 juillet 18_21-08-19_15.11.45.pdf PV 4ème réu CCIA 2019_21-08-19_15.11.17.pdf

PVCCIAExtra janv19_21-08-19_15.10.51.pdf

PVCCIAT118_21-08-19_15.10.14.pdf

Other documents

Other documents (optional)

Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge-Attitude-Practice surveys or other demand-related surveys, if available.

No file uploaded

Nothing more to add

3 Meningitis A routine, with catch-up campaign

3.1 Vaccine and programmatic data

Choice of presentation and dates

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

Note 3

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	1 June 2020

Planned launch date	1 December 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	1 June 2020
Planned launch date	1 November 2020
Support requested until	2020

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.

Selected presentations are all licensed and are therefore included in the national list of drugs and vaccines authorized in Benin.

3.1.3 Vaccine procurement

Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund.Does the country request an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or Gavi)?

Yes☐	No☒

If you have answered yes, please attach the following in the document upload section:* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

3.2 Target Information

3.2.1 Targets for routine vaccination

Please describe the target age cohort for the routine immunisation:

Note 4

	9	weeks ☐	months ☒	years ☐

	2020
Population in target age cohort (#)	385,453
Target population to be vaccinated (first dose) (#)	192,726
Estimated wastage rates for preferred presentation (%)	20

3.2.2 Targets for campaign vaccination

Please describe the target age cohort for the campaign:

Note 5

From	1	weeks ☐	months ☐	years ☒
To	9	weeks ☐	months ☐	years ☒

	2020
Population in target age cohort (#)	1,573,504

Target population to be vaccinated (first dose) (#)	1,494,829
Estimated wastage rates for preferred presentation (%)	10

3.3 Co-financing information

3.3.1 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

3.3.2 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 6

	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

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

Meningitis A routine

	2020
Vaccine doses financed by Gavi (#)	192,800
Vaccine doses co-financed by Country (#)	108,400
AD syringes financed by Gavi (#)	278,300
AD syringes co-financed by Country (#)	
Reconstitution syringes financed by Gavi (#)	
Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	3,075

Safety boxes co-financed by Country (#)	
Freight charges financed by Gavi ($)	3,364
Freight charges co-financed by Country ($)	1,893

	2020
Total value to be co-financed (US$) Country	60,500
Total value to be financed (US$) Gavi	120,000
Total value to be financed (US$)	180,500

Meningitis A catch-up campaign

	2020
Vaccine doses financed by Gavi (#)	1,659,300
AD syringes financed by Gavi (#)	1,644,400
Reconstitution syringes financed by Gavi (#)	
Safety boxes financed by Gavi (#)	18,100
Freight charges financed by Gavi ($)	6,769

	2020
Total value to be financed (US$) Gavi	1,256,000
Total value to be financed (US$)	1,256,000

3.3.4 Co-financing payment

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

Benin's EPI is managed by an Agency with financial autonomy whose funds are guaranteed insofar as the Government makes the resources directly available in a treasury account according to the Ministry of Health's forecasts, once the Agency has expressed its needs. Resources can be used as soon as the Board of Directors votes on the budget. For vaccine procurement, after the costing, the Director General issues a cheque and resources are made available to Copenhagen via the Ministry of Finance. To date, the country regularly honours its co-financing.

If your country is in the accelerated transition phase for Gavi support, please answer the following question:

Please provide evidence that the co-financing obligations for the new introduction have been budgeted for, and elaborate on how the country plans to pay for the fully self-financing amounts. Please discuss the extent to which medium-term immunisation/health plans and medium-term expenditure frameworks incorporate the additional costs associated with this introduction. Discuss any co-financing defaults that may have happened in the last five years.

N/A

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:	June

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

Month	June
Year	2020

3.4 Financial support from Gavi

3.4.1 Routine Vaccine Introduction Grant(s)

Meningitis A routine

Live births (year of introduction)

461,854

Gavi contribution per live birth (US$)

0.8

Total in (US$)

369,483.2

Funding needed in country by	31 May 2020

3.4.2 Campaign operational costs support grant(s)

Meningitis A catch-up campaign

Population in the target age cohort (#)

Note 7

1,573,504

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

0.65

Total in (US$)

1,022,777.6

Funding needed in country by	31 May 2020

3.4.3 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$)

354,283

Total amount - Other donors (US$)

55,780

Total amount - Gavi support (US$)

298,502

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

0,919

Amount per target person - Other donors (US$)

0,145

Amount per target person - Gavi support (US$)

0,774

Budget for the campaign operational costs support

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

1,077,761

Total amount - Other donors (US$)

117,365

Total amount - Gavi support (US$)

960,395

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

0,685

Amount per target person - Other donors (US$)

0,075

Amount per target person - Gavi support (US$)

0,610

3.4.4 Key Budget Activities

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

The main activities of the budget for the catch-up campaign are the following:

- Communication and social mobilization activities
- Organization of meetings of the national committee for the coordination and monitoring of campaign activities
- Organization of meetings of the departmental coordination and monitoring committees of the campaign
- National mission to assess the level of preparation of the Men A campaign
- Departmental workshops for training trainers and micro-planning of the Men A campaign
- Organization of a national workshop to review the Men A campaign
- Production of campaign tools/materials (Vaccination cards on Gavi and other NLs)
- Purchase of consumables and drugs for AEFI management (including paracetamol and cotton)
- National supervision of the campaign
- Support of resource persons for supervision, campaign implementation, training, data management, waste management, AEFI management
- Transport of vaccinators, supervisors at departmental level,
- Transport of national supervisors, national consultants

- Purchase of office supplies and equipment

- AEFI monitoring and management

- Preparation and implementation of the post-campaign evaluation

- Development of posters, leaflets, technical sheets on the characteristics and management of the Men A vaccine, reading of the PCV, agitation test, PFMD, storage of vaccines

- Transport supply of vaccines and consumables to departments, municipalities and health centres

- Elaboration of the logistics plan, contingency plans and waste management plans in the health zones

- Capacity building of stakeholders on waste management

- Maintenance of cold chain equipment

- Programme and fund management

The cost factors take into account perdiems, fuel, the cost of production of management and communication support tools, the purchase of maintenance parts for cold chain equipment, etc.

The main activities of the budget for the introduction are the following:

- Communication and social mobilization activities

- Assessment of the level of preparation for the introduction of Men A

- Training of the actors involved in immunization at all levels

- Supervision of health workers in charge of vaccination in the post-introduction period

- Post-introduction evaluation 6 months later (microplanning, implementation, report)

- Quantification for the estimation of vaccine and consumables needs and development of FORECAST

- Supply of vaccines and consumables to departmental depots

- Acquisition of slow-cold chain equipment (50 coolers, 1,000 vaccine holders, 3,000 accumulators) and continuous temperature recorders

- Programme and fund management

Cost factors include perdiems, fuel, meeting room rentals, supervisor transportation, etc.

3.4.5 Financial management procedures

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

As the country is under GMR, following the programme capacity assessment, as a transitional measure, the funds for all Gavi grants in Benin will be managed by UNICEF under one or more tripartite agreements to be concluded between the Ministry, UNICEF and Gavi.

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

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

Yes☒ No☐

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

We do not have any specific information to provide

3.4.7 Fiduciary management

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

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

Funds for operational costs will be transferred to UNICEF and their management supported by a GAVI/UNICEF/MoH Tripartite Agreement.

3.4.8 Use of financial support to fund additional Technical Assistance needs

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

Note 9

Currently, the programme is supported by a financial technical assistant on TCA Unicef following the weaknesses observed in the financial mechanism during the evaluation of the programme's capacity in 2017.

3.5 Strategic considerations

3.5.1 Rationale for this request

Describe the rationale for requesting these new programme(s), including the burden of disease. If already included in detail in the Vaccine Introduction Plan or Campaign Plan of Action, please cite the sections only.

The reasons for this request are presented in the National Plan for Introduction and Immunization Campaign Men Afrivac in the context and justification chapters and in Chapter 2.5 Epidemiological profile of meningitis in the sub-region and in Benin.

3.5.2 Alignment with country strategic multi-year plan / comprehensive multi-year plan (cMYP)

Please describe how the plans and key assumptions in this request align with the most recent country strategic multi-year plan (cMYP) and other national health and immunisation plans.

The government of Benin is committed to protecting vulnerable people from vaccine preventable diseases through an Expanded Programme on Immunization (EPI) that is implemented by the National Agency for Immunisation and Primary Health Care (ANV-SSP). This commitment is strongly expressed in the various plans (PNDS 2018-2022, PPAC 2019-2023). This ambition is reinforced by the Government's Programme of Action (PAG 2016-2021), which aims to "give a sustainable boost to Benin's economic and social development". This commitment is reflected in the constant search for complete and correct immunization of target groups (children under 5 years of age, pregnant women, others) through the implementation of an effective EPI. The country's vaccine independence through the regular payment of traditional vaccines on the one hand, and co-financing for new vaccines on the other hand, constitutes an achievement for the improvement of the health of its population.

The current PNDS (2019-2023) gives an important place to the permanent availability of vaccines and medical consumables. The Comprehensive Multi-Year Plan for Immunization (cMYP 2019-2023) identifies seven priorities: (i) Programme management; (ii) Human resources management; (iii) Cost calculation and financing; (iv) Vaccine supply, analysis and logistics; (v) Immunization services; (vi) Surveillance and reporting; and (vii) On-demand generation and communication. It is linked to the PNDS, which defines in the strategies to combat infant and child mortality the different sessions for organizing immunization (fixed and advanced strategies) as well as the "Reaching Every District" (RED) approach. The introduction of new cold vaccines is reflected in the cMYP 2019-2023 in Chapter IV.3 Priorities in Table 28: National milestones and objectives priorities on pages 111 and 112. Benin has planned in this cMYP the introduction of the Men A vaccine into the routine EPI as well as a mini-campaign to

catch up. The submission is scheduled for 2019 for an introduction and a mini-campaign in 2020.

3.5.3 Coordination Forum (ICC, HSCC or equivalent) and technical advisory committee (NITAG)

Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request.
If any of Gavi's requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the reasons and the approach to address this. Requirements can be found in the general application guidelines.
In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG.

The role of the ICC-EPI, created by Ministerial Order No. 9541/MSP/DC/SGM/DNPEV-SSP/SVAC/SA of 4 October 2005, is to:

- provide support for the definition of EPI policy guidelines, the preparation of strategic plans, annual EPI plans, the validation of submission documents for the introduction of new vaccines;
- mobilize the necessary resources for the implementation of the programme's action plans,
- periodically review progress in program delivery; and
- ensure that the use of the resources mobilized is optimized.

In order to provide technical and scientific support to the Ministry of Health in the definition, implementation, monitoring and evaluation of immunization policies and strategies, the National Consultative Committee for Vaccination and Vaccines of Benin (CNCV-Benin) was created and installed on 10 September 2013 following Ministerial Order No. 2013-063/MS/DC/SGM/CTJ/ANV-SSP/SA. The mission of this committee is to issue opinions and scientific recommendations based on factual data. Following the referral to the Minister of Health, in February 2019, the experts prepared and transmitted the recommendation note on the introduction of the MenAfriVac vaccine into the routine EPI.

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?

The EPI is developing several national resource mobilization strategies to effectively guarantee vaccine independence and ensure the programme sustainability. Financial sustainability strategies come from measures to improve the efficiency of available resources, to improve the

reliability of mobilizable resources and to mobilize additional resources at national and/or international level.

- To improve the effectiveness of available resources, main strategies envisaged are based on the following points:

- Reducing vaccine wastage rates;

- Maintenance of the cold chain through the implementation of a maintenance plan;

- Training of agents in cold chain management, which should improve vaccine storage and reduce waste.

- With regard to domestic resource mobilization: The Government of Benin has placed immunization at the centre of its priorities in the context of reducing maternal and infant morbidity and mortality. As such, government funding will be maintained and even increased in the following areas:

- The increase in funds allocated to the purchase of vaccines and consumables will make it possible to finance traditional and new vaccines.

- The development plan for health infrastructure (hospitals and health centres) to improve access to and use of services.

- Maintenance and rehabilitation of the cold chain.

- Strengthening rolling logistics.

- The Government contribution in the organization of supplementary immunization activities.

With this in mind, in October 2018, the country organized a round table on immunization recovery and financing. At the end of this round table, commitments were made to secure immunization financing in order to meet the EPI challenges. These include the establishment of a national immunization fund and the strengthening of governance and leadership at the immunization programme level.

- With regard to the mobilization of external resources: Cooperation programmes with multilateral institutions involved in EPI financing are subject to short cycles. The Government will continue to strengthen cooperation agreements with traditional and new EPI partners (UNICEF, WHO, GAVI, WB) in order to mobilize more external resources for the EPI.

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.

EPI Performance

The apparently satisfactory administrative immunization coverage hides significant disparities and inequities in immunization. Indeed, according to the 2017-2018 DHS, the percentage of 12-23 month-old children who received all the basic vaccines (BCG, 3 doses of Penta, 3 doses of OPV not including OPV at birth, and one dose of MCV varies from one department to another, ranging from 29% (Plateau department) to 71% (Atacora, Mono and Ouémé departments) for a national coverage of 57%.

The analysis of vaccination equity, starting at the end of 2017, made it possible to identify and estimate the population of the Communities Served Poorly or Not Served (CPPD) by vaccination in the targeted health zones. Bottlenecks related to both these communities and the organization of immunization services were identified during the process, and their causal analysis led to the development of microplans that are currently being implemented.

This process also allowed the country to define strategic directions for equity, namely:

- strengthening of advanced strategies adapted to the characteristics of the CPPDs;

- capacity building of staff for the retention of existing health workers;

- strengthening of qualified human resources through the reorganization of services and the signing of temporary service contracts with additional staff;

- regular and real-time monitoring of microplans implementation;

- advocacy/social mobilization/communication to remove barriers related to the demand for immunization services.

The problem of health personnel.

According to the SARA 2018 survey, immunization services are provided by 73% of existing facilities in Benin. As for daily vaccination, only 32% of these facilities comply with the principle.

The supply chain and vaccine logistics

It faces some difficulties, summarized as follows:

- delay in payment for traditional vaccines and share of co-financing that leads to delayed delivery of vaccines to the country, risk of stock-outs, which often leads to stock-outs.

- Insufficient logistics professional in the health zones: 94% (32/34) of the country's health zones do not have a health logistics specialist.

- low improvement in Effective Vaccine Management (EVM) scores, the latest EVM 2017 evaluation using only one criterion (E4: buildings, equipment and transport) out of nine reached the average score of 80% for the country as a whole.

- low use of logistics management tools (SMT, DVD_MT) for decision-making at the intermediate level.

- There is no sustainable renewal plan in place and equipment maintenance is not yet sufficient.

Faced with these difficulties, some possible solutions are proposed:

- Allocation of funds for the purchase of vaccines in year n-1 is based on the current cMYP forecasts

- Training of health logistics specialists

- Implementation of the ongoing GEV improvement plan

- Development and implementation of a plan for the renewal of cold chain equipment.

- Extension of the optimized logistics system to all the country's health zones.

Gender

there are no gender-related barriers to vaccination in Benin. The health system in general and the vaccination system in particular offer the same guarantees of access for men and women

Data quality and availability

Data quality is one of the main challenges facing Benin's Expanded Programme on Immunization. While the completeness of the data is generally satisfactory, the same cannot be said for the promptness, which remains low in some areas. In addition, triangulation of these data shows that there is a discrepancy between the doses administered of several antigens and the number of vaccinated children reported.

In response to these data quality concerns, the ANV-SSP and the Ministry's Directorate of Programming and Foresight have developed a Data Quality Improvement Plan (DQIP). Its implementation will provide reliable immunization data by 2022 for better decision-making.

Demand generation

Drop-out rates (overall and specific) remain high in several municipalities in the country. In 2019, administrative data show that 48 municipalities (62% of the country's municipalities) had a drop-out rate of 10% or more in the first quarter.

Several strategies have been selected to improve the demand for immunization in communities, including the Decentralized Immunization Initiative (DVI). This is a strategy based on communication for development (C4D) currently being tested. This approach, in view of its encouraging results, should be extended in 2019 to five new health zones in the country.

In addition, there is a strategic communication plan (SCP) for routine immunization, developed in 2016 based on the shortcomings identified by the 2014 external review.

Management and coordination

The EPI is managed centrally by the ANV-SSP, which relies at intermediate and peripheral levels on the actors of the Departmental Health Directorates and the actors of the health zones (municipal teams and nurse heads of stations).

Programme coordination is carried out at central level by the Inter-Agency Coordination Committee (ICC) for the EPI. This role is carried out at the intermediate level by the EPI's technical coordination groups, and at the peripheral level by the Health Zone Management Teams.

With regard to planning, a new Comprehensive Multi-Year Plan has been developed covering the period 2019-2023, and specific plans are available at national level (Polio Preparedness and Response Plan, Containment Plan, Data Quality Improvement Plan, etc.). An effort remains to be made to develop the various microplans for immunization at the operational level.

The main problems identified in the management and coordination of the programme are the following:

- Poor functionality of accountability mechanisms at all levels (central departmental and peripheral);

- Weaknesses in the use of information for decision-making at all levels;

- Poor functionality of monitoring and evaluation bodies at departmental and peripheral levels (irregularity of meetings, poor implementation of recommendations, etc.);

- Low exploitation of supervision and monitoring results at national, intermediate and peripheral levels.

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.

NVS as a submission is primarily a grant to the Immunization Program and, as such, several activities are planned in all areas of immunization, surveillance, logistics, data management.

More specifically, as an activity, we can mention:

-capacity building of officers on EPI management, monitoring, AEFI management, and waste management

The evaluation of the level of preparation of the campaign and post-introduction supervision are opportunities to improve the level of knowledge of providers in several EPI countries.

- acquisition from the campaign budget of slow cold chain equipment (vaccine carriers, coolers and briquettes) to strengthen the capacity of the cold chain

-A large number of social mobilization and advocacy activities in the introduction plan will ensure strong support from community leaders, populations and various stakeholders involved in the process will increase demand and acceptability not only for the new Men A vaccine but for all vaccines in the program in general.

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 10

In 2020, Benin is preparing to carry out a Men A catch-up vaccination campaign for children aged 1 to 9 years in November 2020, followed by the routine introduction of Men A vaccine for children aged 9 months one month later in December with substantial GAVI funding. An efficient budgeting of these two interventions was made in order to avoid duplication, so priority was given to communication activities in the budget of the introduction plan, although activities will have to be carried out for both interventions. We also have to introduce this year the GAVI-supported rotavirus diarrhoea vaccine and the hepatitis B at birth vaccine from the national budget. For the costs of introducing hepatitis that are not easily bearable from the national budget's own funds, for the vaccines that are purchased by the country, for greater efficiency and synergy of action, operational activities for the introduction of hepatitis will be carried out concurrently with those for rota on VIG Rota.

3.5.8 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.

Benin did not opt for the use of the controlled temperature chain during the vaccination campaign

3.6 Report on Grant Performance Framework

Grant Performance Framework – Application Instructions

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

Required

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

Optional

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

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

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

3.7 Upload new application documents

3.7.1 Upload new application documents

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

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

Application documents

✓	**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 Intro et mini campagne MenAVF 30082019_01-09-19_12.25.33.docx
✓	**Gavi budgeting and planning template**	Budget Soumission Men A 030919 VF DVAC_04-09-19_11.10.46.XLSM
	Most recent assessment of burden of relevant disease If not already included in detail in the Introduction Plan or Plan of Action.	**No file uploaded** This information is already available in the plan.
✓	**Sources and justification of campaign target population estimates (if applicable)**	Pop_Campagne MenA_26-08-19_13.23.27.pdf Pop Routine MenA_26-08-19_13.22.33.pdf

Endorsement by coordination and advisory groups

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

PV dapprobation CCIA_01-09-19_12.45.51.docx

✓ **NITAG meeting minutes**

with specific recommendations on the NVS introduction or campaign

Signature cncv MenA_26-08-19_13.27.12.pdf

PV GTCV Réunion Ord MenA_26-08-19_13.25.14.pdf

Note Recommandations MenA Adoptée_26-08-19_13.26.04.pdf

Vaccine specific

✓ **Risk assessment report or District Prioritisation Tool (DPT)**

Rapport dévaluation Risques MenA BéninDraft0_02-09-19_07.20.47.docx

Consensus meeting report

No file uploaded

This report corresponds to the ICC approval already attached

✓ **The areas and the target population per district or region where the catch up will be conducted, including the source**

Pop_Campagne MenA_26-08-19_13.28.48.pdf

Other documents (optional) **No file uploaded**

Nothing more to add

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 11

IPV Routine

	2019	2020	2021	2022
Country Co-financing (US$)				
Gavi support (US$)	770,268	793,310	816,817	840,728

PCV Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	233,785	211,497	219,401	542,344	634,397
Gavi support (US$)	3,352,959	2,989,385	3,101,100	2,825,065	2,789,719

Pentavalent Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	299,014	496,239	512,457	434,676	139,058
Gavi support (US$)	757,784	1,302,367	1,345,139	1,465,496	658,017

Rota Routine

	2019	2020	2021	2022	2023

Country Co-financing (US$)	143,716	70,301	145,106	248,894	289,591
Gavi support (US$)	1,349,110	744,464	1,536,615	1,301,128	1,278,021

YF Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	89,747	82,789	85,060	84,113	98,380
Gavi support (US$)	426,314	445,489	457,704	466,371	461,373

MR Routine

	2020	2021	2022	2023
Country Co-financing (US$)	225,970	220,037	360,897	398,007
Gavi support (US$)	290,196	282,577	355,946	289,344

Total Active Vaccine Programmes

	2019	2020	2021	2022	2023
Total country co-financing (US$)	766,262	1,086,796	1,182,061	1,670,924	1,559,433
Total Gavi support (US$)	6,656,435	6,565,211	7,539,952	7,254,734	5,476,474
Total value (US$) (Gavi + Country co-financing)	7,422,697	7,652,007	8,722,013	8,925,658	7,035,907

New Vaccine Programme Support Requested

Meningitis A routine, with catch-up campaign

	2020
Country Co-financing (US$)	60,500

Gavi support (US$)	1,376,000

Total country co-financing (US$)	décem
Total Gavi support (US$)	
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$)	766,262	1,147,296	1,182,061	1,670,924	1,559,433
Total Gavi support (US$)	6,656,435	7,941,211	7,539,952	7,254,734	5,476,474
Total value (US$) (Gavi + Country co-financing)	7,422,697	9,088,507	8,722,013	8,925,658	7,035,907

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
DODOO Virgile Edouard	Directeur de la Vaccination	22997171744	dodoovirgile@gmail.com	Ministére de la Santé

Comments

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

Nothing to add

Government signature form

The Government of Benin 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:

Meningitis A routine, with catch-up campaign

The Government of Benin 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
Cohorts born between the preventive mass campaign and introduction of routine infant vaccination.

NOTE 6
Co-financing requirements are specified in the guidelines.

NOTE 7
Note: The population in the target age cohort used here is the number you entered for year one in the target information section.

NOTE 8
https://www.gavi.org/support/process/apply/additional-guidance/#leadership

NOTE 9
A list of potential technical assistance activities in each programmatic area is available here: http://www.gavi.org/support/pef/targeted-country-assistance/

NOTE 10
E.g. if two introductions are planned in the same year, there should be synergies at least in training and social mobilisation events.

NOTE 11
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.