APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by

The Government of Sudan

for

Measles-rubella 1st and 2nd dose 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

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

10 December 2013

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

No Response

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.

	2021	2022
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	2021
To	2024

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

2021-2022

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	2021
To	2025

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 process of custom clearances of vaccines starts with the receipt of the pre-shipment advice when the international health receive a copy that will be used have a clearance from the National council for Medicines and Poisons and from the Sudanese Standards and Metrology Organization (SSMO), then final clearance from customs. This process usually takes 15 days as maximum so pre-shipment advice has to be received two weeks before vaccine arrival

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 National Regulatory Authority (NRA), which is part of the National Council for Medicines and Poisons, is responsible for the safety, efficacy and quality of human and veterinary medicines, medical devices, and cosmetics. It is the responsible body for license of new vaccines and drugs so in addition to WHO re-qualification the country must register the MR vaccine in the National Council for Medicines and Poisons. Contact manahilhalim@hotmail.com and
Manhal Sid <manhal_s@yahoo.com>

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

	2021	2022
Country Co-financing (US$)		
Gavi support (US$)	1,629,474	1,654,248

MenA Routine

	2021	2022	2023	2024
Country Co-financing (US$)	454,252	679,959	912,272	1,147,309
Gavi support (US$)	972,174	768,221	223,866	1,764

PCV Routine

	2021	2022	2023	2024
Country Co-financing (US$)	10,875,940	16,278,115	9,873,091	12,416,290
Gavi support (US$)	22,030,835	17,130,526	5,473,747	3,105,263

Pentavalent Routine

	2021	2022	2023	2024
Country Co-financing (US$)	1,445,636	2,163,862	2,903,733	3,651,650
Gavi support (US$)	3,186,586	2,539,007	1,870,982	1,177,422

Rota Routine

	2021	2022	2023	2024
Country Co-financing (US$)	2,150,343	3,218,541	4,318,934	5,431,580
Gavi support (US$)	4,261,209	3,290,793	2,289,845	1,252,436

YF Routine

	2021	2022	2023	2024
Country Co-financing (US$)	736,949.37	1,129,433.08	1,470,790.41	1,849,597.17
Gavi support (US$)	1,726,150.69	1,431,083.42	1,052,024.65	701,938.55

Summary of active Vaccine Programmes

	2021	2022	2023	2024
Total country co-financing (US$)	15,663,120.37	23,469,910.08	19,478,820.41	24,496,426.17
Total Gavi support (US$)	33,806,428.69	26,813,878.42	10,910,464.65	6,238,823.55
Total value (US$) (Gavi + Country co-financing)	49,469,549.07	50,283,788.5	30,389,285.07	30,735,249.72

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).

The Republic of the Sudan is the third largest country in Africa, with a land area of 1,886,068 square kilometres (728,215 square miles) and has an estimated 2021 population of 44,909,353. It has a coastal line along the Red Sea and shares borders with seven countries with open borders and free movements across the borders. This brings high-risk of all VPDs outbreak and

the experience of the recent outbreak cVDPV2 with importation of virus from Chad, Sudan reported 58 cVDPV2 cases from 15 States is a good example of the risk of open cross borders. Sudan is a multiracial, multicultural nation distributed along 18 states and 189 localities only four of them, which completely closed because of conflict, lies South Kordofan and Blue Nile states. Most of the Sudan's population is rural; with an urban population of just 33.2% and 8% are pastoralists. There are 2.2 million internally displaced people, and refugees from neighbouring countries amount to another 2 million 74% of (south Sudanese refugees) out of camps.
Poverty in Sudan is complex, and it is experienced in multiple interrelated dimensions, which include monetary and non-monetary poverty resulting in overall low living standards. Thus, two thirds of Sudanese are living below the national poverty line and poverty rates vary significantly across states, with the highest rates observed in conflict-affected states. Malnutrition is a problem of public health significance in Sudan for the past three decades, with most vulnerable groups being women and children under five years
The indicators for education, health and water are low and the progress towards SDGs is very slow. The overall basic school enrolment rate is 74% which is below the target of universal coverage. The basic education outcomes are low and vary greatly across states and gender. Only three out of four children of basic school age are receiving a formal education. Access to water is 63%, while access to sanitation is much lower. Water and sanitation are critical to health. Although there are multiple sources for water in Sudan, it did not meet MDG targets for water supply and sanitation and still has a long way to go to meet universal access by 2030
Sudan Current Political situation: The country now controlled by military-civilian-led transitional government, the transitional Council, the country facing a lot of challenges in progressing and passing through very critical situation.
Health work force: availability and distribution:
The Expanded Programme on Immunization (EPI) program in Sudan is three tiers; federal, state and locality. The federal is part of the National Ministry of Health, It lies under the Primary Health Care Directorate (PHC) which in turn under the Undersecretary. At state level, The EPI is under the supervision of SMoH, Director General and PHC directorate. At locality, it is part of the Health Department under the PHC section. The program well-structured at all levels with clear guidelines and policies.
The immunization programme in Sudan has a satisfactory human resources distributed at all levels including the EPI managers at National and states level, the locality operation officers, the AFP and VPD surveillance officers, the supply chain officers, vaccinators and administrative staff.
The migration of health professionals and turnover of the staff are one of the chief constrains in the health system at all levels including immunization. Immunization services are provided through all four levels; the national, state, locality and the health facility/service delivery points (fixed, outreach and mobile strategies). Additional, the program suffered of severe loss of human resources at all levels and most of the vaccinators did not have jobs within the health hierarchy and work as volunteers. FMoH raised this issue to the higher levels, to resolve the problem and help develop capacity building system to equip and motivate the vaccinators was conveyed to the higher government officials and a direction to all states to create jobs within the health system for the vaccinators, but this is not operationalized up to date. Addition to this effort , FMOH is moving towards the approach of integration of services and reducing the vertical program power, this beside endorsing different task shifting for more holistic approach in order to reduce the impact of staff shortage especially at service delivery points. The outcome of this initiative on availing human resources and reduce the high turnover is not evaluated yet. The main clear intervention from the EPI program supported by its partners is the replacement and refresher trainings and capacity building activities.
Supply chain readiness:
EPI has a vertical supply chain system and procurement of vaccine, injection supplies and CCE

is mostly through UNICEF supply system. Within the WHO prequalification standards.
Sudan conduct EVM in February 2020, Improvement plan was developed (attached both the report and the IP)
Increase the equitable coverage through fixed immunization sites; the investment from CCEOP and HSS2 in procurement and deployment of cold chain equipment and the support from UNICEF will contribute to opening new fixed immunization sites mainly in communities with no previous access to fixed immunization services
• In the areas of poor access during the rainy season, routine immunization will be intensified during the dry seasons early in the year and then after the rainy season; also, these areas will be prioritized for extension of new sites and cold chain installation in short and long term
• Update of home visits guideline to serve both tracing the defaulter and search and find the zero-dose children to link them with the immunization site in their catchment areas in the context of fixed and outreach for the first phase
• Analysis of zero dose reported cases in the AFP/VPDs surveillance.
• Coordinate with the local stakeholders to map areas with low coverage in areas depend on the mobile teams and acceleration and use of community health workers in defaulter tracing and children with zero dose to link them with the monthly mobile visits
• Plan and conduct Periodic Intensification of Routine Immunization (PIRI) as indicated by RED/REC approach analysis of RI coverage.
• Provide technical assistance and resources to districts previously reporting low coverage, high numbers of unvaccinated children (districts of Darfur region and North Kordofan in 2021/2022) within the context of the cMYP
o Support selective multi-antigen PIRI as needed
o Prioritize these districts for surveillance strengthening and outbreak response

• Gender-related barriers: any specific issues related to access by women to the health system: Sudan is a diversified country and certain degree of gender disparities could not be ruled out. There is no documented evidence to conclude existence of gender-based disparities in accessing PHC/immunization services in Sudan. However, the existing routine immunization data shows that, it is almost equal percentage of vaccinated children, where males is (49%) and females is (51%).
Also in a positive note, volunteers providing routine and supplementary immunization services are predominantly females. In addition to that, in areas (e.g. Eastern zone of Sudan) that have certain norms related to limiting women contact with foreigners especially males, vaccination teams are usually selected from the local communities female volunteers as much as possible in order to ensure gender equity during the vaccination campaigns.
• Data quality and availability: The EPI information system includes coverage and disease data, supply chain and vaccine management data and communication data. The reliability and accuracy of the reporting system is assessed using data quality self-assessment (DQS) which is implemented as a routine supervisory tool where most of the important issues of quality of the system where included. The flow of reports is bottom up, the report collected from the vaccination sites of all strategies; from outreach and mobile to the fixed sites, then locality, state and lastly submitted to the national level.
• Last DQA done in 2020, by EMRO support and international consultants, Data improvement plan was developed and approved (attached the report and improvement plan)
• Demand generation / demand for immunization services, immunization schedules, etc.: Throughout years, EPI managed to build a strong communication network of volunteers in the ground and good engagement of community leaders as well as COS. Additionally, the use of midwives and community health workers in demand generation for health services in general and vaccination in particular have outstanding effect in demand generation and raising community awareness about the immunization schedule and the its importance. Still the

demand generation is very weak for routine immunization on the other hand it is very strong and effective during the SIAs and the main reason is the shortage of funds. Sudan has good experience in using the introduction of new vaccine as an opportunity for advocacy and aware raising for all routine vaccines. Advocacy for yellow fever vaccine is already started by orientation of the higher governmental officials, the process will continue to involve the decision makers at all levels and then to raise the community awareness activities which will start at least four months prior to launching of the introduction in July 2020. The Sudanese Pediatrics association will be involved from start to be part of the introduction and supporting awareness campaign. Leadership, management and coordination: such as key bottlenecks associated with the management of the immunization programme, the performance of the national/ regional EPI teams, management and supervision of immunization services, or broader sectoral governance issues;
The structure of EPI is designed to meet the work needs of the program at the three levels of government. Under EPI manager, there are 5 units, which are representing the main functions of the program, namely planning, routine immunization operations, cold chain, VPDs surveillance, and supplementary immunization activities. At the level of state, the structure of EPI organogram is similar to the federal one, but it is not completed in all states. In some states, the EPI manager is the responsible for routine immunization as well. At the locality, level there is immunization officer who is public health officer in most of localities. The program has relations with many departments in the FMOH some of them under PHC like health promotion department, disease surveillance department and some of them under the other general directorate of health like CPD, PHI, HA which are under the general directorate of human resource. There is technical advisory committees (NITAG and disease specific) to help decision making Strong partnership with UN agencies, WHO and UNICEF, GAVI, International and national NGOs are making a supportive environment for EPI programme success.
The program has national policy and updated cMYP, which clearly pave the program work, in addition to the strong coordination bodies.

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;

Throughout the previous year's government expenditure was limited to payment of the permanent EPI staff at all levels (National, state, District, health unit), as well as supporting the programme with some transportation and other logistical issues. As EPI considered a high priority in the government agenda, it started to invest more on the current EPI resources since 2006, where it funded the cost of injection supplies. From 2008 onwards, co-finance payment for new and underutilized vaccines paid timely and vaccines became a line item in national health budget in 2015. More government commitment shown in 2016 when MOF put a clear line item to support procurement of cold chain equipment and confiding of preventive campaign. In 2017, Government of Sudan finally accepted to come in with UNICEF and contribute to the cost of traditional vaccines to reach full self-financing by 2025.

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

✓	**National Immunization Strategy (NIS)** or Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	Final cMYP 20172020 2_30-04-19_00.02.44.docx
✓	**Country strategic multi-year plan / cMYP costing tool**	Copy of cMYPCostingToolV3 9 vpre virsion draft2_03-05-19_15.42.41.xlsx
✓	**Effective Vaccine Management (EVM) assessment**	Sudan EVM Assessment final_04-05-19_23.46.37.pdf
✓	**Effective Vaccine Management (EVM): most recent improvement plan progress report**	Progress Report on cEVM Improvement Plan for Sudan up to December_2018 004_04-05-19_23.53.33.docx
	Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators	**No file uploaded**

✓	**Data quality and survey documents: Immunisation data quality improvement plan**	Sudan DQA reportApril 5 1 002_03-05-21_19.00.13.docx
	Data quality and survey documents: Report from most recent desk review of immunisation data quality	**No file uploaded**
	Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation	**No file uploaded**
	Human Resources pay scale If support to the payment of salaries, salary top ups, incentives and other allowances is requested	**No file uploaded**

Coordination and advisory groups documents

✓	**National Coordination Forum Terms of Reference** ICC, HSCC or equivalent	F RI HSCC signatures_20-05-19_10.52.23.pdf
✓	**National Coordination Forum meeting minutes of the past 12 months**	MM1NHCC27.03.2019_22-05-19_18.28.27.docx

Other documents

✓	**Other documents (optional)**	YFRAreportFinal_03-05-19_16.01.56.pdf

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.

3 Measles-rubella 1st and 2nd dose routine, with catch-up campaign

3.1 Vaccine and programmatic data

3.1.1 Choice of presentation and dates

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

Note 3

Measles-rubella 1st and 2nd dose routine

Preferred presentation	MR, 5 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes ☐ No ☒
2nd preferred presentation	MR, 10 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes ☐ No ☒
Required date for vaccine and supplies to arrive	30 November 2022
Planned launch date	22 January 2023
Support requested until	2025

Measles-rubella catch-up campaign

Preferred presentation	MR, 10 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes ☐ No ☒

2nd preferred presentation	MR, 5 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes ☐ No ☒
Required date for vaccine and supplies to arrive	25 December 2022
Planned launch date	19 February 2023
Support requested until	2023

3.1.2 Vaccine presentation registration or licensing

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

No Response

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 MR 1st dose routine immunisation:

Note 4

	9	weeks ☐	months ☒	years ☐

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

	18	weeks ☐	months ☒	years ☐

	2023	2024	2025
Population in the target age cohort (#)	1,843,806	1,894,590	1,946,882
Target population to be vaccinated (first dose) (#)	1,677,863	1,743,023	1,810,600
Population in the target age cohort for last dose(#)	1,843,806	1,894,590	1,946,882
Target population to be vaccinated for last dose (#)	1,585,673	1,648,293	1,713,256
Estimated wastage rates for preferred presentation (%)	30	30	30

3.2.2 Targets for campaign vaccination

Gavi will only provide support to countries for Rubella Containing Vaccine catch-up campaign by providing doses of MR vaccine for a target population of males and females aged 9 months to 14 years (the exact range in the scope of 9 months to 14 years old will depend on MR in the country).
Gavi will always provide 100% of the doses needed to vaccinate the population in the target age cohort.
Please describe the target age cohort for the measles-rubella catch-up campaign: (from 9m-14y).

From	6	weeks ☐	months ☒	years ☐
To	14	weeks ☐	months ☐	years ☒

	2023
Population in target age cohort (#)	20,729,537
Target population to be vaccinated (first dose) (#)	20,729,537
Estimated wastage rates for preferred presentation (%)	10

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

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

	2023	2024	2025
5 doses/vial,lyo	0.9	0.9	0.9

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

	2023	2024	2025
AD syringes	0.2	0.2	0.2
Reconstitution syringes	0.3	0.3	0.3
Safety boxes	0.15	0.15	0.15
Freight cost as a % of device value	0.05	0.05	0.05

Price per dose (US$) - Measles-rubella catch-up campaign

	2023
10 doses/vial,lyo	0.72

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

	2023
AD syringes	0.2
Reconstitution syringes	0.3
Safety boxes	0.15

Freight cost as a % of device value	0.05

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 5

	2023	2024	2025
Country co-financing share per dose (%)	33.26	33.26	33.26
Minimum Country co-financing per dose (US$)	0.3	0.3	0.3
Country co-financing per dose (enter an amount equal or above minimum)(US$)	0.3	0.3	0.3

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

Measles-rubella routine, 1st and 2nd dose

	2023	2024	2025
Vaccine doses financed by Gavi (#)	4,006,100	3,357,200	3,488,300
Vaccine doses co-financed by Country (#)	1,827,500	1,538,100	1,598,200
AD syringes financed by Gavi (#)	3,346,700	2,592,900	2,694,100
AD syringes co-financed by Country (#)	1,526,600	1,187,900	1,234,300
Reconstitution syringes financed by Gavi (#)			

Reconstitution syringes co-financed by Country (#)			
Safety boxes financed by Gavi (#)	36,850	28,550	29,650
Safety boxes co-financed by Country (#)	16,800	13,075	13,600
Freight charges financed by Gavi ($)	85,304	70,614	73,373
Freight charges co-financed by Country ($)	38,912	32,352	33,616

	2023	2024	2025
Total value to be co-financed (US$) Country	1,750,500	1,469,000	1,526,000
Total value to be financed (US$) Gavi	3,837,000	3,206,000	3,331,000
Total value to be financed (US$)	5,587,500	4,675,000	4,857,000

Measles-rubella catch-up campaign

	2023
Vaccine doses financed by Gavi (#)	23,009,800
AD syringes financed by Gavi (#)	22,802,500
Reconstitution syringes financed by Gavi (#)	
Safety boxes financed by Gavi (#)	250,850

Freight charges financed by Gavi ($)	379,989

	2023
Total value to be financed (US$) Gavi	17,909,000
Total value to be financed (US$)	17,909,000

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 6

	2023	2024	2025
Minimum number of doses financed from domestic resources	1,316,720	1,104,594	2,897,456
Country domestic funding (minimum)	1,187,681.44	996,343.79	2,613,505.31

3.3.5 Co-financing payment

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

The Federal Ministry of health include budget line specifically for vaccine co-finance and agreed with the ministry of finance to pay the co-finance portion in tranches with emergency health need to ensure regular fund flow. The Minster of health and Finance are both committed to immunization need in general and specially government co-share for different donor supported projects including immunization

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.

NA

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	2023

3.4 Financial support from Gavi

3.4.1 Routine Vaccine Introduction Grant(s)

Measles-rubella 1st and 2nd dose routine

Live births (year of introduction)

1,843,806

Gavi contribution per live birth (US$)

0.8

Total in (US$)

1,475,044.8

Funding needed in country by	29 November 2022

3.4.2 Campaign operational costs support grant(s)

Measles-rubella catch-up campaign

Population in the target age cohort (#)

Note 7

20,729,537

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

0.65

Total in (US$)

13,474,199.05

Funding needed in country by	30 December 2022

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$)

1010540.68

Total amount - Other donors (US$)

512009

Total amount - Gavi support (US$)

1,290,665

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

0.55

Amount per target person - Other donors (US$)

0.28

Amount per target person - Gavi support (US$)

0.7

Budget for the campaign operational costs support

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

1538958.27

Total amount - Other donors (US$)

442170.30

Total amount - Gavi support (US$)

13474197.08

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

0.07

Amount per target person - Other donors (US$)

0.02

Amount per target person - Gavi support (US$)

0.65

3.4.4 Key Budget Activities

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

Service Delivery
2. Capacity building of human resources
3. Procurement & supply chain management
4. Health information systems
5. Advocacy, communication and social mobilization (ACSM)

3.4.5 Financial management procedures

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

The budget will be transferred to WHO and UNICEF according to their mandate, PSC will be deducted , procurement through UNICEF . and detailed budget request will be submitted from MOH according to guideline and financial rules of each organization

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.

Yes the budget submitted in this application will be used to cover only the HR for the campaign and vaccine introduction to cover their per diem only, as per GAVI guidelines , no salary or top up for any of HR

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%.**

yes through WHO and UNICEF

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

Technical assistance had been started since development of the proposal , in term of that WHO technically supported development of the MR 5- years strategic plan, development of the MR proposal , update of the cMYP as part of the PEF TCA 2020, in addition to analysis of the country measles immunity profile . Additional technical support will be needed during preparation and implementation of the introduction and implementation of the MR in routine and the campaign

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.

As guided by IA 2030, Sudan cMYP 2021-2025 and PSR 2021-2025 and Measles and Rubella 5-year strategic plan to achieve Measles elimination in all country by 2025, Sudan can achieve measles elimination, rubella control and CRS prevention instead of eliminating Measles only by introducing RCVs. Measles vaccine delivery strategies provide an opportunity for synergy and a platform for advancing rubella and CRS elimination., according to the study conducted in Khartoum and Gezira states in which infants with CRS have been confirmed in 17 % of the cases. Conducting this catch-up campaign will give protection to most of the children in the identified age group (9 months to under 15 years) especially those who are zero dose or not protected by neither natural infection nor previous vaccination, and this will prevent of shifting the rubella cases to higher age and subsequently reducing CRS cases and streamlined toward Rubella and CRS elimination. In addition, in November 2011, GAVI opened a funding window

to support the introduction of RCVs using the strategies recommended by SAGE in 2011 (13). These strategies comprise conducting an initial wide age range catch-up vaccination campaign, combined with introducing MR vaccine in the routine childhood immunization programme, using MR vaccine in all subsequent follow-up campaigns, and introducing rubella and CRS monitoring activities and this opportunity is a cost-effective intervention.

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 proposal aligns with two objectives of cMYP 2021-2025 which are;
1. Meet National control and elimination targets
2. Introduce new improved vaccines and technologies of national priority

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.

NITAG reviewed the evidence for the MR introduction in RI and the MR campaign and recommended and approved the NVI, while the NHSCC/PDSC reviewed the proposal and assess the need and benefit of the MR introduction putting into account the program capacity , financial implication and sustainability .

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?

Capital and recurrent costs for the introduction of the MR vaccine are included and calculated in the The MR introduction will increase the cost of co -finance but there is high political

commitment, Sudan Has never default in vaccines co finance to Gavi, comprehensive multi-year plan of the EPI and will updated annually.

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.

1- Country economic crisis, inflation and devaluation of SDG
2- Ageing of the immunization car fleet and most of cars are off roads implicated transportation cost
3- Increase in the price of the fuel cost because of phase manner reduction of government support to fuel;
4- COVID -19 Pandemic and its consequences in health services, curfew and lockdown and need for IPC measures
5- Compliance of health care providers with the IPC guidelines for campaign and service delivery
6- Insecurity and hard to reach areas
7- Very high turnover of HR
8- Competing activities e.g. COVID19 vaccination and other VPD outbreak responses (OCV)

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.

To ensure equity in immunization access, special emphasis is placed on reaching the underserved/vulnerable section of the population through robust micro-planning and implementing strategies/ actions to reach all children, especially those in insecurity, hard to reach and closed areas and ensuring the inclusion of additional strategies and activities at each level of the immunization system that targets the high-risk communities (Refugees, IPDs, Returnees bordering and nomads) through appropriate strategies
Action to ensure immunization equity for zero dose children;
• Increase the equitable coverage through fixed immunization sites; the investment from CCEOP and HSS2 in procurement and deployment of cold chain equipment and the support from UNICEF will contribute to opening new fixed immunization sites mainly in communities with no previous access to fixed immunization services
• In the areas of poor access during the rainy season, routine immunization will be intensified during the dry seasons early in the year and then after the rainy season; also, these areas will be prioritized for extension of new sites and cold chain installation in short and long term
• Update of home visits guideline to serve both tracing the defaulter and search and find the zero-dose children to link them with the immunization site in their catchment areas in the context of fixed and outreach for the first phase

• Analysis of zero dose reported cases in the AFP/VPDs surveillance.
• Coordinate with the local stakeholders to map areas with low coverage in areas depend on the mobile teams and acceleration and use of community health workers in defaulter tracing and children with zero dose to link them with the monthly mobile visits

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

The federal ministry of health and the partners work together to ensure planning and regular review mechanisms are in place to ensure synergies and complementary between different programme and funds. The fund through HSS grants, CCEOP, TCA, vaccine introduction, partner's and donors funds are all aligned and managed to cover the overall gap and ensure equity. FMoH is working to strengthen the oversight bodies and management to ensure system is in place to coordinate the overall interventions.

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.).

Reduce MCV1-MCV2 dropout to <10%, Reach the 10-15% of children not reached, introduce rubella vaccination in January 2023, conduct MR mass vaccination campaign targeting 9month to 15befor the introduction of the MR in RI, strengthen measles and rubella surveillance and response and Build capacity of staff at all levels to implement MR activities on an on-going basis.

3.6 Report on Grant Performance Framework

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.

3.7 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	final Plan of Action for Measles_Rubella campaign and RI_18-02-22_23.36.19.doc

and campaign plan of action can be combined into one document to minimise duplication.

✓ **Gavi budgeting and planning template**

Sudan MR planing180222 1_18-02-22_23.22.04.xlsm

EPI rate card approved_14-10-21_23.39.52.pdf

DSA Update Gavi 2021_14-10-21_23.39.21.pdf

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

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

Sudan Measles immunity profile April 15 2021final_17-09-21_21.29.06.docx

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

Target_18-02-22_23.51.29.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

2nd DPSC meeting minutes_1_14-10-21_23.37.33.docx

DPSC Signature_14-10-21_23.18.49.pdf

✓ **NITAG meeting minutes**

with specific recommendations on the NVS introduction or campaign

NITAG meeting Minute Nov 2019_17-09-21_21.22.38.doc

Vaccine specific

cMYP addendum

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

cMYP 20212025 Doc May 2021 V2_17-09-21_21.26.35.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

EPI one PLAN 2021_ENGLISH COPY_18-02-22_23.39.19.docx

Other documents (optional)

SudanPrescreening_Feedback formMRMar 2022final_18-02-22_23.52.18.docx

SudanImprovment plan Progress report on EVM2cIP plan implementation up to Dec.2021_18-02-22_23.00.53.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.

The minister cometment letter 0001_18-02-22_23.46.45.pdf

Measles (and rubella) strategic plan for elimination

5yrSudan 02.05.2021final_17-09-21_20.00.14.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 11

IPV Routine

	2021	2022
Country Co-financing (US$)		
Gavi support (US$)	1,629,474	1,654,248

MenA Routine

	2021	2022	2023	2024
Country Co-financing (US$)	454,252	679,959	912,272	1,147,309
Gavi support (US$)	972,174	768,221	223,866	1,764

PCV Routine

	2021	2022	2023	2024
Country Co-financing (US$)	10,875,940	16,278,115	9,873,091	12,416,290
Gavi support (US$)	22,030,835	17,130,526	5,473,747	3,105,263

Pentavalent Routine

	2021	2022	2023	2024
Country Co-financing (US$)	1,445,636	2,163,862	2,903,733	3,651,650
Gavi support (US$)	3,186,586	2,539,007	1,870,982	1,177,422

Rota Routine

	2021	2022	2023	2024

Country Co-financing (US$)	2,150,343	3,218,541	4,318,934	5,431,580
Gavi support (US$)	4,261,209	3,290,793	2,289,845	1,252,436

YF Routine

	2021	2022	2023	2024
Country Co-financing (US$)	736,949.37	1,129,433.08	1,470,790.41	1,849,597.17
Gavi support (US$)	1,726,150.69	1,431,083.42	1,052,024.65	701,938.55

Total Active Vaccine Programmes

	2021	2022	2023	2024
Total country co-financing (US$)	15,663,120.37	23,469,910.08	19,478,820.41	24,496,426.17
Total Gavi support (US$)	33,806,428.69	26,813,878.42	10,910,464.65	6,238,823.55
Total value (US$) (Gavi + Country co-financing)	49,469,549.07	50,283,788.5	30,389,285.07	30,735,249.72

New Vaccine Programme Support Requested

Measles-rubella 1st and 2nd dose routine, with catch-up campaign

	2023	2024	2025
Country Co-financing (US$)	1,750,500	1,469,000	1,526,000
Gavi support (US$)	21,746,000	3,206,000	3,331,000

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$)

	2021	2022	2023	2024	2025
Total country co-financing (US$)	15,663,120.37	30,714,910.08	22,979,820.41	27,678,926.17	3,561,000
Total Gavi support (US$)	73,427,928.69	93,728,878.42	34,678,964.65	12,405,823.55	6,153,500
Total value (US$) (Gavi + Country co-financing)	89,091,049.07	124,443,788.5	57,658,785.07	40,084,749.72	9,714,500

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
Mr. Ismael Suleiman El sheikh	EPI manager	+249 122697343	ismaelsoba@gmail.com	FMOH
Dalya Eltyeb	PHC Director	+2499146199999	dalyaeltayeb@gmail.com	FMoH
DR Hanan	Immunization officer	+249900939253	abdoh@who.int	WHO

Comments

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

No Response

Government signature form

The Government of Sudan 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-rubella 1st and 2nd dose routine, with catch-up campaign

The Government of Sudan 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
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.