

# APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by  
**The Government of Zimbabwe**  
for  
Measles-rubella follow-up campaign



# 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

Preparatory transition

##### Date of Partnership Framework Agreement with Gavi

17 May 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.

	2020	2021
Total government expenditure	1,715,976,331	

Total government health expenditure	100,910,716	
Immunisation budget	3,500,000	5,759,340

**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

2025

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

2016-2020

**Is the cMYP we have in our record still current?**

Yes

No

If you selected “No”, please specify the new cMYP period, and upload the new cMYP in country documents section.

*Note 1*

From

2021

To

2025

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

The new cMYP is being developed covering period 2021 to 2025

### 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.**

If vaccines are procured from a WHO prequalified manufacturer they don't require any pre-delivery inspection. As long as the vaccines comply with standard delivery requirements.

### 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 Medicines Control Authority of Zimbabwe

Mrs Nyambayo +263 772 222 2280

## 2.2 National Immunisation Programmes

### 2.2.2 Financial Overview of Active Vaccine Programmes

#### HPV Routine

*Note 2*

	2021	2022	2023	2024
Country Co-financing (US\$)	179,692	307,940	258,610	304,856
Gavi support (US\$)	4,015,962	3,740,964	1,786,581	1,791,546

#### IPV Routine

	2021	2022
Country Co-financing (US\$)		
Gavi support (US\$)	1,017,531	1,019,530

#### PCV Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	539,708	661,836	418,409	489,213

Gavi support (US\$)	7,691,548	7,624,765	3,266,417	3,257,728
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#### Pentavalent Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	235,835	83,731	97,876	114,381
Gavi support (US\$)	650,943	817,106	817,623	816,551

#### Rota Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	150,585	174,512	203,899	238,431
Gavi support (US\$)	1,594,640	1,598,088	1,597,259	1,592,801

#### Summary of active Vaccine Programmes

	2021	2022	2023	2024
Total country co-financing (US\$)	1,105,820	1,228,019	978,794	1,146,881
Total Gavi support (US\$)	14,970,624	14,800,453	7,467,880	7,458,626
Total value (US\$) (Gavi + Country co-financing)	16,076,444	16,028,472	8,446,674	8,605,507

## 2.3 Coverage and Equity

### 2.3.1 Coverage and equity situation analysis

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

Describe national and sub-national evidence on the coverage and equity of immunisation in the country and constraints to improvement. In particular, identify the areas and groups of low coverage or high inequity linked to geographic, socioeconomic, cultural or female literacy considerations, as well as systematically marginalized communities. Specify both the areas and/or populations with low coverage (%) and those with the largest absolute numbers of un-

/under-vaccinated children. Among data sources, consider administrative data, coverage surveys, DHS/MCS, equity analyses, Knowledge-Attitude-Practice surveys, and patterns of diseases like measles.

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

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

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

Coverage and Equity Assessment - Sections 2.2 and 2.3  
2022 MR Campaign Plan of Action - Section 3

## 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  
[Zimbabwe EPI cMYP Revised 10 Sept 201810091819.12.59 17-01-19\\_09.56.30.docx](#)
- ✓ **Country strategic multi-year plan / cMYP costing tool**  
[ZimcMYPCostingToolV3.9.4Sept 201810091819.14.48 17-01-19\\_09.56.47.xlsx](#)
- ✓ **Effective Vaccine Management (EVM) assessment**  
[ZimbabweEVMFinalReport2020 2 1\\_31-08-21\\_15.10.19.doc](#)
- ✓ **Effective Vaccine Management (EVM): most recent improvement plan progress report**  
[ZimbabweEVMCIPFinal\\_31-08-21\\_15.18.00.xls](#)
- ✓ **Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators**  
[Zimbabwe 2017 draft.0 DQR Report071217 Group 6 216071805.06.04 17-01-19\\_09.22.40.docx](#)
- ✓ **Data quality and survey documents: Immunisation data quality improvement plan**  
[Zimbabwe Data Improvement PlanJan2019\\_27-01-19\\_16.15.27.docx](#)
- ✓ **Data quality and survey documents: Report from most**  
[Zimbabwe Data Quality Report 27 January 2019\\_27-01-19\\_17.01.10.docx](#)

## recent desk review of immunisation data quality



**Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation**

[Zimbabwe 2019 Performances analysis and data desk review 10042020\\_31-08-21\\_15.26.02.docx](#)



**Human Resources pay scale**

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

[Circular 01 2015 to UN Entities DSA Rates for Govt & IP Officials 24-04-18\\_14.53.04.pdf](#)

## Coordination and advisory groups documents



**National Coordination Forum Terms of Reference**

ICC, HSCC or equivalent

[ZICC Terms of Reference Circulated Final 31-08-21\\_15.38.01.pdf](#)



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

[2022 MR SIA ZIMNITAG endorsement 31-08-21\\_15.33.40.pdf](#)

[ICCEndorsement 31-08-21\\_15.29.45.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-

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[ZimTCV Plan of ActionFinal27January2019\\_27-01-19\\_16.24.34.docx](#)

Attitude-Practice surveys or other demand-related surveys, if available.

### 3 Measles-rubella follow-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 follow-up campaign

Preferred presentation	MR, 10 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd preferred presentation	MR, 5 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Required date for vaccine and supplies to arrive	1 June 2022
Planned launch date	1 September 2022
Support requested until	2022

##### 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.**

The country will invoke Section 75 of the Public Health Act to use unregistered vaccines provided they are WHO pre-qualified.

### 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 campaign vaccination

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

*Note 4*

From 9 weeks  months  years

To 59 weeks  months  years

	2022
Population in target age cohort (#)	2,130,088
Target population to be vaccinated (first dose) (#)	2,130,088
Estimated wastage rates for preferred presentation (%)	5

### 3.2.2 Targets for measles-rubella routine first dose (MR1)

To be eligible for measles and rubella vaccine support, **countries must be fully financing with domestic resources the measles mono-valent vaccine component of MCV1** which is

already in their national immunisation schedule, or have firm written commitments to do so. Please provide information on the targets and total number of doses procured for measles first dose.

	2022
Population in the target age cohort (#)	517,632
Target population to be vaccinated (first dose) (#)	517,632
Number of doses procured	635,210

### 3.3 Co-financing information

#### 3.3.1 Vaccine and commodities prices

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

	2022
10 doses/vial,lyo	0.72

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

	2022
AD syringes	0.036
Reconstitution syringes	0.004
Safety boxes	0.005
Freight cost as a % of device value	1.94

#### 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*

	2022
Country co-financing share per dose (%)	5.01

Minimum Country co-financing per dose (US\$)	0.036
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.036

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

#### Measles-rubella follow-up campaign

	2022
Vaccine doses financed by Gavi (#)	2,126,500
Vaccine doses co-financed by Country (#)	110,100
AD syringes financed by Gavi (#)	2,343,100
AD syringes co-financed by Country (#)	
Reconstitution syringes financed by Gavi (#)	
Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	25,775
Safety boxes co-financed by Country (#)	
Freight charges financed by Gavi (\$)	35,614

Freight charges co-financed by Country (\$)	1,844
	2022
Total value to be co-financed (US\$) Country	81,000
Total value to be financed (US\$) Gavi	1,666,000
Total value to be financed (US\$)	1,747,000

### 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 7*

	2022
Minimum number of doses financed from domestic resources	252,851
Country domestic funding (minimum)	182,305.57

### 3.3.5 Co-financing payment

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

The co-financing requirements will be included in the 2022 annual budget of the Ministry to ensure campaign costs are catered for in the 2022 budget. The Government budgeting process for the coming year starts in October and end November of each year. Budget confirmations are done in December.

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

**Please provide evidence that the co-financing obligations for the new introduction have been budgeted for, and elaborate on how the country plans to pay for the fully self-**

**financing amounts. Please discuss the extent to which medium-term immunisation/health plans and medium-term expenditure frameworks incorporate the additional costs associated with this introduction. Discuss any co-financing defaults that may have happened in the last five years.**

not applicable

Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of:

February

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

Month

April

Year

2022

### 3.4 Financial support from Gavi

#### 3.4.1 Campaign operational costs support grant(s)

Measles-rubella follow-up campaign

#### Population in the target age cohort (#)

*Note 8*

2,130,088

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

0.55

#### Total in (US\$)

1,171,548.4

Funding needed in country by

30 April 2022

### 3.4.2 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.

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

698064

**Total amount - Other donors (US\$)**

196064

**Total amount - Gavi support (US\$)**

2835423

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

0.33

**Amount per target person - Other donors (US\$)**

0.092

**Amount per target person - Gavi support (US\$)**

0.65

### 3.4.3 Key Budget Activities

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

Planning and training meetings, outreach activities, transport, advocacy, communication and social mobilization, vaccine and supplies distribution, waste management, production of data collection tools, post campaign coverage survey, surveillance.

#### 3.4.4 Financial management procedures

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

Funds will be coming through UNICEF and will be administered accord to HACT processes.

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

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

Yes

No

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

Adherence to government policy on payment Dailly Subsistance allowance

#### 3.4.6 Fiduciary management

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

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

UNICEF

#### 3.4.7 Use of financial support to fund additional Technical Assistance needs

**Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the “One TA plan”) with a view to**

**assess that required support for the implementation of the new vaccine support is contained in the approved technical assistance plan. If gaps in technical assistance are identified for the new vaccine support, the additionally required technical assistance may be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template. In addition, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance (if already identified) below.**

*Note 10*

PATH/WHO should be funded to conduct a post campaign coverage survey

### 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 Campaign Plan of Action, please cite the sections only.**

The measles elimination strategies highlight the need for attaining 95% coverage with 2 doses of routine measles vaccination, given at 9 and 18 months of age, and through periodic supplemental immunization activities (SIAs), such as mass campaigns, to reduce the immunity gap, block the transmission of the measles virus, reduce the risk of measles outbreaks and ultimately to eliminate the measles in the country. Unfortunately, despite having had relatively high immunization coverage rates, Zimbabwe has not met these global and regional targets. The measles-rubella vaccine first dose coverage in 2018, 2019 and 2020 were 89, 86% and 84% respectively. MCV2 coverage for the country has remained less than 80% since its introduction in 2015. With the decreasing coverage since 2017 number of unvaccinated with MCV1 has been increasing. In addition, only 10 of the 63 districts managed to attain > 95% administrative first dose coverage in 2020.

In 2019, a follow up measles-rubella vaccination campaign, targeting all children less than 5 years was conducted. This achieved an administrative coverage of 91%, missing the target of 95% nationally. WHO recommends that countries routinely conduct a risk assessment to understand the risk for measles outbreak and implement mass vaccination campaigns before accumulation of susceptible children.

WHO recommends that in countries where routine immunization cannot maintain high levels of immunity to measles, measles supplementary immunization activities (SIAs) should be done before the estimated number of susceptible children reaches the size of one birth cohort. In Zimbabwe, based on the WHO-UNICEF Estimates of National Immunization Coverage (WUENIC), MCV1 coverage was 85% in 2019 and MCV2 coverage was 75%. In order to estimate a profile as of 31 December 2022, MCV1 and MCV2 coverage in 2020 through 2022 was assumed to be the same as the WUENIC estimate for 2019, the last year when WUENIC was available.

The last national SIA was conducted in 2019 with the target age group of 9 months-5 years. The administrative coverage of the SIA was 91%. The coverage estimated by a post-campaign coverage survey was 79%. With these assumptions and input data, if no SIA is conducted before end of 2022, the number of measles-susceptible children under 5 years of age would be 405 918 by 31 December 2022, which is 1.05 times the number of children born in the most

recent year. The large number of measles-susceptible children, exceeding the size of the estimated birth cohort in 2022, puts Zimbabwe at risk of large measles outbreaks.

### 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 is going to be in line with NDS1 objectives of reducing morbidity and mortality due to communicable disease such as measles. The strategy aligns to National Health Strategy, cMYP and Measles elimination strategy

### 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.**

4.1 Coordination: Ensure coordination of government and partner organizations' activities in support of immunization programme

4.2 Resource mobilization: Create long-term visibility on resources and facilitate resource mobilization, as well as endorse country applications for immunization grants.

4.3 Communication Strategy: Promote public awareness, participation and support for immunization at all levels

4.4 Governance: Adherence to best practices, standards, prescribed ethical standards, norms on the provision and supply of vaccines as well as monitoring Government and partner's commitment (Financial, technical etc.)

4.5 Technical oversight role and guidance: Through its technical coordinating committee, provide a technical oversight role and guidance for the planning, implementation, monitoring, and evaluation of routine immunization and SIAs to achieve high and equitable coverage

### 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 country have met all its cofinancing obligations in the past three years. For the increase in the burden of co-financing the country will advocate for government funding in the 2022 cycle.

### 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.**

- Vaccine hesitancy groups continue to pose threats to the success of the immunisation program in Zimbabwe although some achievements have been made so far in engaging them. A number of children from these hesitancy groups are being vaccinated using different approaches such as vaccinating at convenient/ unusual times and engagement of community-based workers from those sects.
- Late disbursement of funds by UNICEF  
Decline/stagnation in coverages was attributed to the following factors:
- Specific days for MR vaccination by some health facilities
  - Poor screening at health facilities - missed opportunities
  - Ineffective defaulter tracking and reminder system
  - Vaccine hesitancy
  - Leadership and management
  - Inconsistent immunization outreach activities
  - Poor integration of health services targeted for the same recipient

### 3.5.6 Improving coverage and equity of routine immunisation

**Explain how the proposed NVS support will be used to improve the coverage and equity of routine immunisation, by detailing how the proposed activities and budget will contribute to overcoming key barriers.**

The 2022 MR campaign will be a major opportunity to further strengthen routine immunization and surveillance in Zimbabwe. Trainings for the MR campaign will be integrated with routine immunization and surveillance issues, for example, health workers will be trained on RED/REC micro-planning when training them on micro-planning for the campaign. The capturing of zero dose children in campaign monitoring will inform location of underserved and zero dose communities to influence development of strategies to reach them with routine health services including immunizations. Furthermore, the coverage survey will obtain information on specific factors influencing vaccination status. This will again be used in developing strategies, including communication strategies, towards vaccination of the underserved/hard to reach communities.

The EPI program intends to strengthen linkages with partners such as Econnet Wireless, Lions club international, urban councils (eg Harare, Bulawayo, Chitungwiza and Mutare), health

centre committees, traditional and religious leaders and associations like UDACIZA during the 2022 MR campaign. The country will also involve CBOs during the MR campaign to carry out defaulter tracing, community dialogue and advocacy for routine immunization. It will be emphasized that these linkages and partnerships should continue beyond the campaign to also support routine immunization and surveillance in the country.

Advocacy, Communication and Social Mobilization activities and IEC materials will aim not just to promote the MR campaign but routine immunization and surveillance as well. Key messages to promote routine immunization will be developed and integrated into MR campaign materials such as posters, radio and TV productions. The implementation of ACSM activities will be reviewed and documented as part of the campaign report. Review of effectiveness of social mobilisation will be done and discussions will be conducted on how to build on this for routine immunisation.

Supportive supervision provided during the MR campaign will be integrated with routine immunization and surveillance. Capacity building of health workers on aspects of routine immunization such as micro-planning, monitoring, vaccine management and VPD surveillance will be done during the MR campaign pre-implementation, implementation and post-implementation supportive visits.

A post-campaign meeting of the national co-ordination committee to review lessons learned will be conducted within a month of the campaign. These will then be further discussed with MOHCC top management and ICC to inform revision of annual EPI plan to take the lessons learnt into account.

### 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 11*

Dry Stores- Construction of dry stores will improve capacity of vaccine and supply storage capacity

Health Post- Improves access to immunisation services in hard to reach/underserved populations

Advocacy Communication and Social Mobilisation - To reach underserved communities and maintain routine services .

Strengthening surveillance- Skills and knowledge acquired during training will be used in future assignments

TCA- HR support for the campaign.

Cold Chain Assessment- Provides an opportunity to identify gaps and strengthen cold chain capacity.

Intersectoral Coordination-- Collaboration of various sectors

### 3.5.8 Indicative major Measles-rubella and rubella activities planned for the next 5 years

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

Sustaining and strengthening MR1 and MR2 coverage  
Meeting measles rubella elimination surveillance standards including genotyping  
Measles Rubella follow up campaign in 2022  
Strengthening functionality of measles elimination verification committee  
Documentation on measles elimination

## 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](mailto: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**  
[FINALMR Followup campaign plan of action 2506Cleanedupdated 20082021\\_31-08-21\\_14.35.28.docx](#)  

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.
-  **Gavi budgeting and planning template**  
[Zimbabwe2022 MR Budget Revised16August 2021\\_31-08-21\\_14.21.42.xlsm](#)
-  **Most recent assessment of burden of relevant disease**  
[MOH Zimbabwe Situational analysis 300404052119.11.28\\_31-08-21\\_14.42.12.docx](#)  

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

- ✓ **Sources and justification of campaign target population estimates (if applicable)** [Copy of Popn Projections 20122026 icds\\_04-05-21\\_19.27.15.xlsx](#)

### Endorsement by coordination and advisory groups

- ✓ **National coordination forum meeting minutes, with endorsement of application, and including signatures** [ICCEndorsement\\_31-08-21\\_15.42.37.pdf](#)

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

- ✓ **NITAG meeting minutes** [2022 MR SIA ZIMNITAG endorsement 31-08-21\\_15.44.05.pdf](#)  
with specific recommendations on the NVS introduction or campaign

### Vaccine specific

- ✓ **cMYP addendum** [MOH Zimbabwe Situational analysis 3004\\_04-05-21\\_18.06.40.docx](#)  
Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP

- ✓ **Annual EPI plan** [Copy of 2021EPIPlansIncQuarterlyPlans\\_04-05-21\\_18.37.45.xlsm](#)  
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

- ✓ **MCV1 self-financing commitment letter** [commitment letter\\_04-05-21\\_18.50.45.pdf](#)  
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.



### Measles (and rubella) strategic plan for elimination

If available

[Working Document MEASLES ELIMINATION STRATEGIC PLAN Dec2017PMEditions 9\\_04-05-21\\_18.19.17.docx](#)

**Other documents (optional)**

**No file uploaded**

## 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 12*

##### HPV Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	179,692	307,940	258,610	304,856
Gavi support (US\$)	4,015,962	3,740,964	1,786,581	1,791,546

##### IPV Routine

	2021	2022
Country Co-financing (US\$)		
Gavi support (US\$)	1,017,531	1,019,530

##### PCV Routine

	2021	2022	2023	2024

Country Co-financing (US\$)	539,708	661,836	418,409	489,213
Gavi support (US\$)	7,691,548	7,624,765	3,266,417	3,257,728

## Pentavalent Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	235,835	83,731	97,876	114,381
Gavi support (US\$)	650,943	817,106	817,623	816,551

## Rota Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	150,585	174,512	203,899	238,431
Gavi support (US\$)	1,594,640	1,598,088	1,597,259	1,592,801

**Total Active Vaccine Programmes**

	2021	2022	2023	2024
Total country co-financing (US\$)	1,105,820	1,228,019	978,794	1,146,881
Total Gavi support (US\$)	14,970,624	14,800,453	7,467,880	7,458,626
Total value (US\$) (Gavi + Country co-financing)	16,076,444	16,028,472	8,446,674	8,605,507

**New Vaccine Programme Support Requested**

## Measles-rubella follow-up campaign

	2022
Country Co-financing (US\$)	81,000
Gavi support (US\$)	1,666,000

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
Total country co-financing (US\$)	1,105,820	1,309,019	978,794	1,146,881
Total Gavi support (US\$)	14,970,624	16,466,453	7,467,880	7,458,626
Total value (US\$) (Gavi + Country co-financing)	16,076,444	17,775,472	8,446,674	8,605,507

#### 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
Colline Koline Chigodo	EPI Manager	+263 774 883 985	collinekoline@gmail.com	Ministry of Health and Child Care

#### Comments

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

No Response

## **Government signature form**

The Government of Zimbabwe 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 follow-up campaign

The Government of Zimbabwe 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.<sup>1</sup>*

**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

---

<sup>1</sup> 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**

If introduction month is other than January, please provide Year 1 targets that are pro-rated according to the introduction month.ure or to update figures; click on the balloon symbol to provide a note and/ or to indicate that this data is not available.

#### **NOTE 6**

Co-financing requirements are specified in the guidelines.

#### **NOTE 7**

\*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 8**

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

#### **NOTE 9**

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

#### **NOTE 10**

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

#### **NOTE 11**

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

#### **NOTE 12**

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.