

Progress in Preventive Cholera Vaccination and Diagnostics

GTFCC OCV Working Group Meeting

Allyson Russell – Programme Manager, Cholera & Typhoid, Vaccine Programs Team

Milestones to celebrate!

Collective vision and effort is making progress toward End Cholera 2030 Roadmap goals

ACTION

January 2023

Gavi preventive OCV programme launched (Approved in 2018 by Gavi Board as part of VIS 2018)

IMPACT

Enables larger, multi-year plans with operational cost funding to be developed and funded;

Critical step forward for increased demand predictability for manufacturers & ability for countries to plan;

Advocacy tool for resource mobilization for other control interventions

May 2023

OCV Market Shaping Roadmap published including ten-year Strategic Demand Scenarios

Diagnostics funding window opened

Paves the way and aligns partners and countries around actions to improve vaccine supply, predictable demand, and innovation in OCVs

Provides long-term forecasted demand volumes to manufacturers and Gavi for financial planning & resource mobilization

September 2023

1st country approved by Gavi Independent Review Committee for multi-year preventive cholera vaccination plan (DRC!)

2 more highly endemic countries applied (Bangladesh & Mozambique!)

Thirteen countries had Rapid Diagnostic Test applications recommended for approval!



Country demand backed by Gavi Decision Letters critical for manufacturer interest

Country planning for preventive OCV campaigns soon to begin; sufficient time to allow for robust planning for high coverage campaigns

Improved surveillance will help target pOCV to be efficient and effective in controlling cholera

July-October 2023

UNICEF tender for OCV supply in 2024-2028 nearly complete

GTFCC Supply Allocation Framework advanced development

Long term agreements between UNICEF and manufacturers will enable new entrants to the market and scale up of vaccine production

Confirmed supply availability will allow transparent and equitable allocation and country planning

Preventive programme for OCV (pOCV) transitioned to Gavi portfolio in January 2023 – key aspects and what comes next

Multi-year plans for use of OCV preventively in identified priority areas for multi-sectoral control (PAMIs) is a critical component for countries to achieve the End Cholera Roadmap 2030 objectives

Key aspects of Gavi-supported pOCV programme

- Multi-year phased campaign plan
- No co-financing of doses for preventive campaigns, unless over-reliance on use of vaccine for cholera control
- Operational costs for campaign implementation provided by Gavi
- NITAG endorsement recommended & ICC approval required
- Countries strongly encouraged to:
 - Coordinate and integrate with national health and immunization plans
 - Leverage campaigns to identify and reach communities with other needed health interventions (vaccines, medicines, commodities etc.)
 - Strengthen surveillance using Gavi's RDT support to target resources including OCV effectively and efficiently

pOCV pipeline

- Countries with doses approved (via former GTFCC mechanism): 3 (*Ethiopia, Nigeria, S. Sudan*)
- Applications in Gavi review & approval process: 3 (*Bangladesh, DRC, Mozambique*)
- Additional applications expected in next 6 months: 2+

Approaches to balance OCV needs & improve market health

- Gavi Alliance OCV Market Shaping Roadmap to improve market health: predictable demand; supply meets demand; innovation in market (2023)
- GTFCC Supply Allocation Framework for allocation of available preventive supply between countries (nearly completed - 2023)
- ICG Guideline for use of OCV for cholera outbreaks (2013)

Reminder to leverage other Gavi support for cholera prevention and control

Vaccine support

Routine
Vaccination &
Introduction

Preventive
Vaccination
Campaigns
(pOCV)

(Vaccines &
Operational
Costs)

Outbreak
Response
Vaccination
Campaigns
(Vaccines (via
ICG),
Operational
Costs, and TA
for
preparedness
and response)

Diagnostic tests

Program support

Health System
Strengthening

Cold Chain
(CCEOP)

Partners
Engagement
Framework –
TCA

Equity
Accelerator
Fund

Innovation Top-
Up

Important to leverage HSS and TCA funds to support cholera vaccination activities and strengthen surveillance systems

Application how-to: Gavi guidelines

Gavi Guidelines can be found by visiting:

Gavi.org → Programmes & Impact → How our support works → [Gavi Support Guidelines](#)

Includes:

[Application Process Guidelines](#)



[Directives pour le processus de demande de Gavi](#)

[Programme Funding Guidelines](#)



[Directives de financement du programme Gavi](#)

[Vaccine Funding Guidelines](#)



[Directives de Gavi pour le financement du soutien aux vaccins](#)

[Budget Eligibility Guide](#)



[Guide d'éligibilité budgétaire de Gavi](#)

&

Templates, Instructions, 'Standalone' application materials



Application how-to: Vaccine Funding Guidelines ***KEY RESOURCE***

Purpose: Guiding document for how to apply for Gavi vaccine grants (i.e., new vaccine introduction or campaigns), with specific requirements by vaccine

[English](#) | [Français](#)

Key sections:

Section 2: Gavi support for vaccines and campaigns. Details expectations and requirements for vaccine applications.

Section 3.1: OCV specific guidance on what Gavi funds, expectations for applications, and required documents































Vaccine Funding Guidelines		2		
Table of contents				
<p>Use these guidelines to understand how Gavi, the Vaccine Alliance supports the introduction and scaling up of vaccines; key considerations for applying for new vaccine support and Gavi-supported campaigns; and requirements for each Gavi-supported vaccine.</p> <p>These guidelines complement other guidance, such as the Gavi Programme Funding Guidelines and Budget Eligibility Guide.</p>				
Table of contents				
1	Introduction	3		
2	Gavi support to introduce and scale up vaccines	4		
	2.1 Comprehensive planning of Gavi support to reach immunisation goals	4		
	2.2 Equity and prioritisation of routine immunisation	5		
	2.3 Gavi support for new vaccine introductions, campaigns and optimisation	8		
	2.4 Required considerations for countries requesting campaign support	10		
	2.5 Gavi support for vaccines optimisation and switches	12		
	2.6 Support to middle-income countries	19		
3	Vaccine programme guidelines	20		
	3.1 Oral cholera vaccine	21		
	3.2 Human papillomavirus vaccine	26		

Application how-to: Budget Eligibility

Budget Eligibility Guide remains a central reference guide, which guides on:

1. Which objectives can be financed by which grant types
2. Which costs are eligible for each grant type

[English](#) | [Français](#)

 The Vaccine Alliance		Budget Eligibility Guide March 2022					
Cost grouping	Cost input	Which costs are eligible?			Indicative maximum as % of grant amount		
		HSS	EAF	VIGs, OPS, Switch	HSS	EAF	VIGs, OPS, Switch
4. Health Products, consumables and equipment	4.1 Immunisation session supplies				N/A	N/A	N/A
	4.2 Waste management supplies						>1-2%
	4.3 Health equipment and maintenance costs						N/A
	4.4 Other health products, consumables and equipment						N/A
5. Event related (trainings, meetings, workshops, launches)	5.1 Per diems/allowances related to events	REFER TABLE 3.1					
	5.2 Other costs (venue, subsistence, facilitation, materials etc.)				N/A		
6. Cold Chain	6.1 Cold storage large equipment				N/A	N/A	N/A
	6.2 Cold vehicles						
	6.3 CC small equipment						
	6.4 Cold Chain running and maintenance costs						
	6.5 Joint-investment for CCEOP						
	6.6 Other CC related costs						

Application how-to: pOCV Application Components

Standalone Vaccine Application



OCV application form

Timing, dose requirements, vaccine registration, financing overview



Workplan

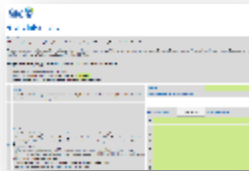
High level activity timeline and budget required



Targeted Areas

Identifies which sub-national levels are targeted (pre-populated list of districts)

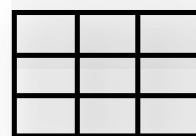
Budgeting & Reporting



Budget Summary



Detailed Budget



Budget calculations – country format

Vaccine specific attachments

1. Multi-Year Plan of Action

****Key document****

2. Hotspot Analysis Report

3. National Cholera Control Plan*

*Strongly recommended for first submission. For re-vaccination applications, NCP will be required.

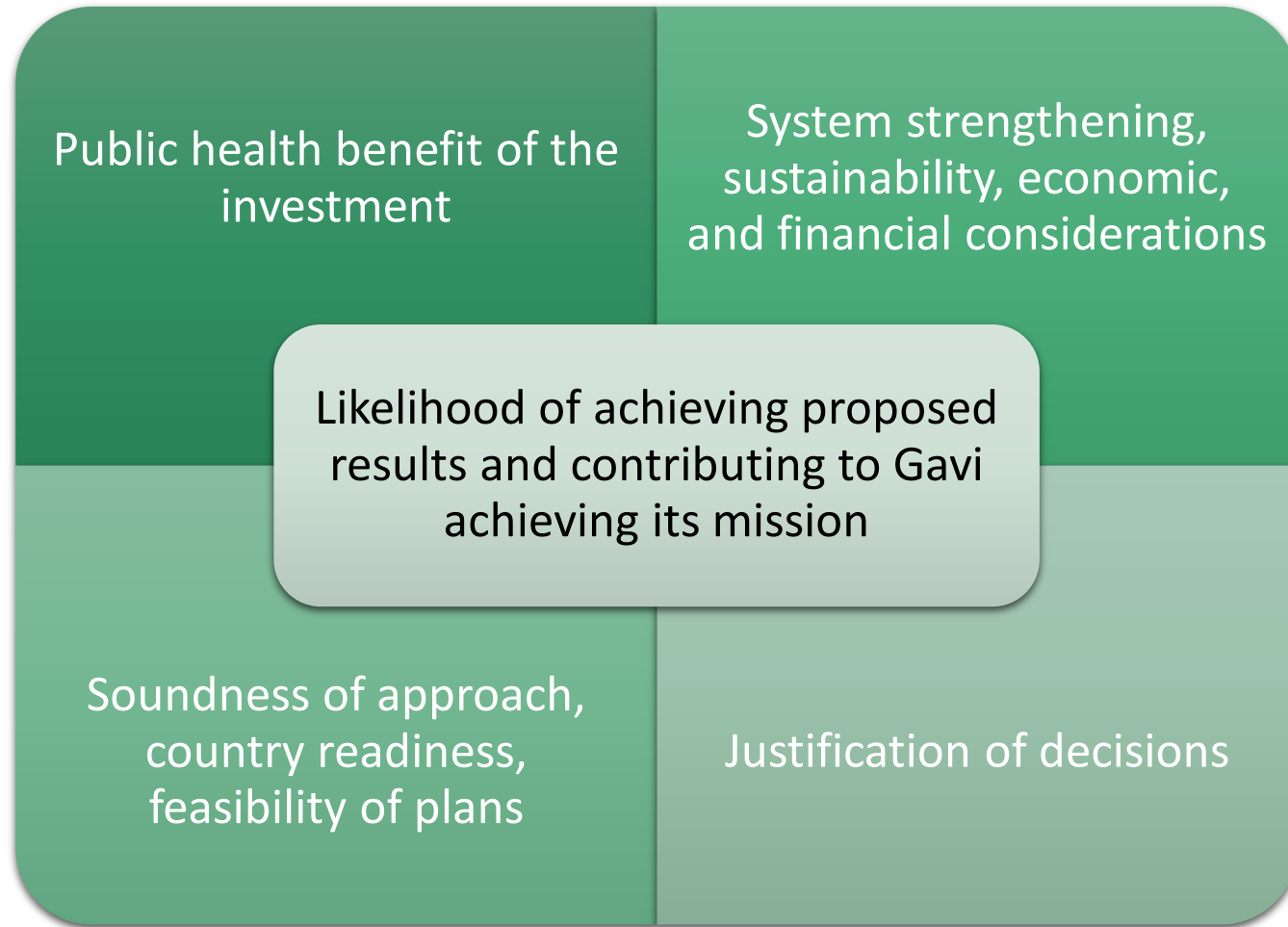
4. Reports from recent campaigns

5. NITAG recommendation

6. ICC Approval

7. MOH and MOF endorsement signatures

Applications are reviewed by an Independent Review Committee. What are they reviewing for?



2024 dates likely to be similar to 2023

ROUND OPENING (ON THE PORTAL)	2023 DEADLINE FOR SUBMISSION	2023 IRC MEETING (INDICATIVE DATES)
~2mths prior	17 January	13–24 March
~2mths prior	18 April	19–30 June
~2mths prior	18 July	19–29 September
~2mths prior	3 October	27 Nov – 8 Dec

Recommendations for a strong MY-POA

- ❖ Demonstrate thinking around **feasibility to implement**: realistic work plan, consideration of other EPI activities & HR needs, cold chain capacities (gap analysis and plan)
- ❖ Clear **program governance and management** structure, roles of disease control & EPI teams, partners.
- ❖ Clearly justify **prioritization of PAMIs** for vaccination, in particular if this is a **re-vaccination**
- ❖ Include maps and tables to succinctly and clearly present information
- ❖ Explore and explain **plans for integration** or explain reasons for non-integration with other immunization and health activities
- ❖ Ensure vaccination strategies and community engagement approaches **reflect gender barriers**, and use evidence-based approaches to **generate demand**
- ❖ Detailed **description of target population** – size, rural/urban, barriers - and which **vaccination strategy** to be used
 - ❖ Comment how strategy proposed (door-to-door, fixed site) reflects learning from past polio and OCV campaigns - is it feasible?
 - ❖ Provide detailed description of who and where the **hard-to-reach populations** are; how they will be reached, and resources needed for these strategies
- ❖ Ensure **budget is aligned** with plans described in MY-POA (e.g., number of campaign days, number of vaccination teams, inclusion of all activities described in MY-POA to be funded by Operational Cost Grant, and all budget lines have a description in MY-POA)

Think big! How can country capacities and systems be strengthened with 3-5 years of funding?

Feedback from September IRC Meeting

Main questions raised in first pOCV review

OCV – Game-changer for cholera control

Recommendations:

- Gavi to request from countries to include in planning the challenges for implementation of large-scale OCV campaigns and propose concrete activities, adapted to the local context
- Gavi and partners to support countries to develop practical strategies and activities to use the opportunity of OCV campaigns for supporting other health related and cholera control activities
- Gavi and partners to encourage countries to document findings and experience for lessons sharing

1. Sufficient justification for non-endemic PAMIs?
2. Timing between rounds balances feasibility and reaching highest coverage?
3. Does vaccination strategy reflect polio campaign learnings, and is feasible?
4. How will the country ensure minimal disruption to other immunization and health services?
5. If/what is the cold chain gap and how will this be addressed?
6. Are PCCS plans in line with WHO recommendations, and conducted timely to be useful for future campaign planning?

Links between Gavi cholera diagnostics and vaccine support

Diagnostic support and vaccine support for cholera is intended to be complementary and expected to be overlapping in time. Examples of use:

Before or during preventive campaign planning

- RDTs can be used to improve surveillance data to inform preventative OCV plans (e.g., improve quality of surveillance data to decide where OCV is needed; re-ordering of PAMIs for vaccination within already approved list)

Note: If PAMI analysis is completed, OCV applications should be based on the existing analysis, while country works on improving surveillance data prospectively for future analyses



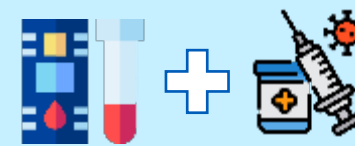
After campaigns

- Following initial phases of pOCV campaigns, diagnostic tests can inform whether and where a repeat phase is warranted – without diagnostic tests, campaigns may continue in an area in response to AWD cases, even if none of them are cholera



During outbreaks

- During cholera outbreak – diagnostic tests may be used to identify areas of highest need to vaccinate in “real time”
- RDTs may also be used to monitor incidence and understand trajectory of outbreak to inform other response activities



AVAILABLE SUPPORT: Gavi cholera diagnostics support funds procurement of RDTs, with no co-financing nor linked cash support

IN SCOPE

Procurement of diagnostic tests

- Fully-funded **procurement of validated rapid diagnostic tests (RDTs)**. Tests available are –

Developer	Details	Regulatory status
Arkray Healthcare	Crystal VC: Rapid Visual Immunochromatographic Test for Detection of V. cholerae O1 and O139 antigen in Stool	CE-IVD ¹
Abbott	Bioline Ag O1 and O139 Antigen Test	CE-IVD ¹

- No co-financing** is required until at least end-2025.
- To ensure long-term financial sustainability, **countries will be expected to eventually contribute some of their resources** and gradually assume full responsibility for funding cholera diagnostics.

OUT OF SCOPE

Operational costs

- Operational funding for introduction or expansion of cholera diagnostic funding is not available through this mechanism. Revision of surveillance guidelines, training, development of reporting tools, and distribution of cholera RDTs should be **funded through other means**.
- Potential sources of operational cost or technical assistance support include** (more details in Funding Guidelines):
 - Gavi Health System Strengthening (HSS) funding – could support surveillance strengthening activities
 - Global Task Force for Cholera Control and Country Support Platform – may be able to provide technical support and capacity building

Customs clearance

- Please note that **country is responsible for paying or securing waiver of customs clearance, insurance, handling, and storage** upon arrival of RDTs

Partner support to countries for pOCV planning & implementation



- Develops recommendations for surveillance, hotspot definition, and vaccination planning
- **Primary technical advisor** to countries' cholera control planning
- Reviews and endorses NCP and targeted areas for preventive vaccination
- **Provides guidance and** (in some cases) **TA** to develop OCV application
- **Provides technical review of pOCV plans**
- **Allocates OCV** based on framework
- Supports and monitors implementation & learning



- Develops and maintains funding guidelines and application materials
- Facilitates application pre-screening, IRC reviews, and approvals
- Convenes Independent Review Committee to evaluate applications and provide recommendations
- **Provides vaccines and funding** for planning and implementation
- **Supports and monitors implementation & learning**

Note: ICG remains responsible for management of OCV stockpile for emergency use, including reviewing and providing approval for emergency use applications

Thank you! Questions?

OCV Deep Dive Training:
[Slides and recording available here](#)
(or email to request the link)

Contact:
arussell@gavi.org



Backup slides

To apply for cholera RDT procurement support countries must complete and sign a short application form and quantify annual RDT requirements

REQUIRED

[LINK](#)

Application form

- Standalone application form with **inputs related to country surveillance, RDT deployment and distribution strategy, cholera epidemiology, & reporting**. Succinct with **~6 pages** for inputs, plus (optional) attachments of country National Cholera Plan
- Applications must be **signed by the Minister of Health and Director of Finance for Minister of Health** (MoF signature is recommended by not required – as for YF Dx)

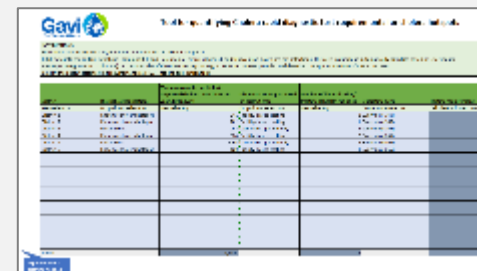


REQUIRED

[LINK](#)

Diagnostics Requirement Quantification

- Cholera diagnostics applications require an **evidence-informed calculation** of Rapid Diagnostic Test (RDT) annual volume
- We provide an optional 'standard methodology' for countries without an existing process in the form of a logic flow and Excel. It requires inputs only on:
 - Target surveillance units (districts)
 - Number of health facilities that identify and/ or treat Cholera in those target districts



pOCV application: Developing a Multi-Year Plan of Action (MY-POA)

❖ Context:

- Health system structure
- Status of NCP
- Cholera situational analysis
- Vaccine registration status and process

- ❖ Objectives, targets, and justification, especially for re-vaccination
- ❖ Incorporation of previous campaign lessons learned
- ❖ Governance and coordination
- ❖ Macroplan – activities and timeline
- ❖ Implementation strategies to reach targeted population, considering equity and previous lessons learned. Includes a detailed vaccination team structure and plan

- ❖ Program management structure, roles of disease control & EPI teams
- ❖ Linkages and integration with other plans and interventions (WASH, vaccine intros, health campaigns, zero-dose)
- ❖ Advocacy and communications; social mobilization & community engagement
- ❖ Cold chain gap analysis & plan to address
- ❖ Monitoring, vaccination tracking, reporting, and evaluation
- ❖ Strengthening surveillance – plans and where funding will come from

Best practices: Vaccination team composition

Consider and describe:

Composition

Each vaccination team will include:

- ➡ one or ideally two vaccinators for vaccination and vaccine reconstitution;
- ➡ one or more trained volunteers (depending on the vaccination strategy used and on the vaccination post needs) for:
 - screening, registration and dispensing any non-invasive interventions – e.g. OPV, vitamin A, deworming tablets, etc.;
 - finger marking, tally sheet marking and filling vaccination card;
 - assisting in crowd control and social mobilization activities;
 - acting as announcer, continuously communicating the schedule of dates/ times/locations of the vaccination posts to the respective communities;
 - acting as canvasser for the house-to-house canvassing strategy.

Daily Targets per Vaccinator

Personnel requirements, with added staff specific for each level (district, regional or provincial, national), can be estimated using the following calculation norms:

PERSONNEL REQUIREMENTS	
Vaccinator (permanent post)	= 100–150 children per vaccinator per day in urban areas = 75–100 children per vaccinator in rural areas
Vaccinator (temporary post)	= 100–150 children per vaccinator per day in urban areas = 75–100 children per vaccinator per day in rural areas
Vaccinator (mobile post)	= 100 children per vaccinator per day
Vaccinator (house-to-house vaccination)	= 50–75 children per vaccinator per day
Volunteers	2 per each permanent and temporary post team 1 per each mobile and house-to-house vaccination team
Announcers (volunteer)	1 per each vaccination team
Canvassers (volunteer)	For 5% of permanent, temporary and mobile teams

Refer to WHO's [Planning and implementing high-quality supplementary immunization activities for injectable vaccines field guide](#)

Best practices: Vaccination teams based on population to reach

Consider and describe:

Strategies for harder to reach populations

Locations	Number of persons to reach	Reason for HTR	Vaccine delivery mode	Team composition	Daily target per vaccinator	Other special strategies	Resource needs
Districts A, D	400,000	Security compromised; mountainous	Door-to-door	2 vaccinator; 2 volunteers; 1 security personnel	150	-Engagement of local leaders in advance	-Transport -Leaders' meetings
Districts M, Z	200,000	Nomadic	Mobile outreach teams	1 vaccinators; 2 volunteers	75	-Identification and mapping of communities -Multi-antigen delivery	-Transport -Planning exercises -Additional vaccine carriers
Etc.							

Application guidance:

Campaign monitoring strategies to consider, plan and budget

Pre-campaign

- Readiness assessment
- Surveys to understand community perceptions, accessibility considerations

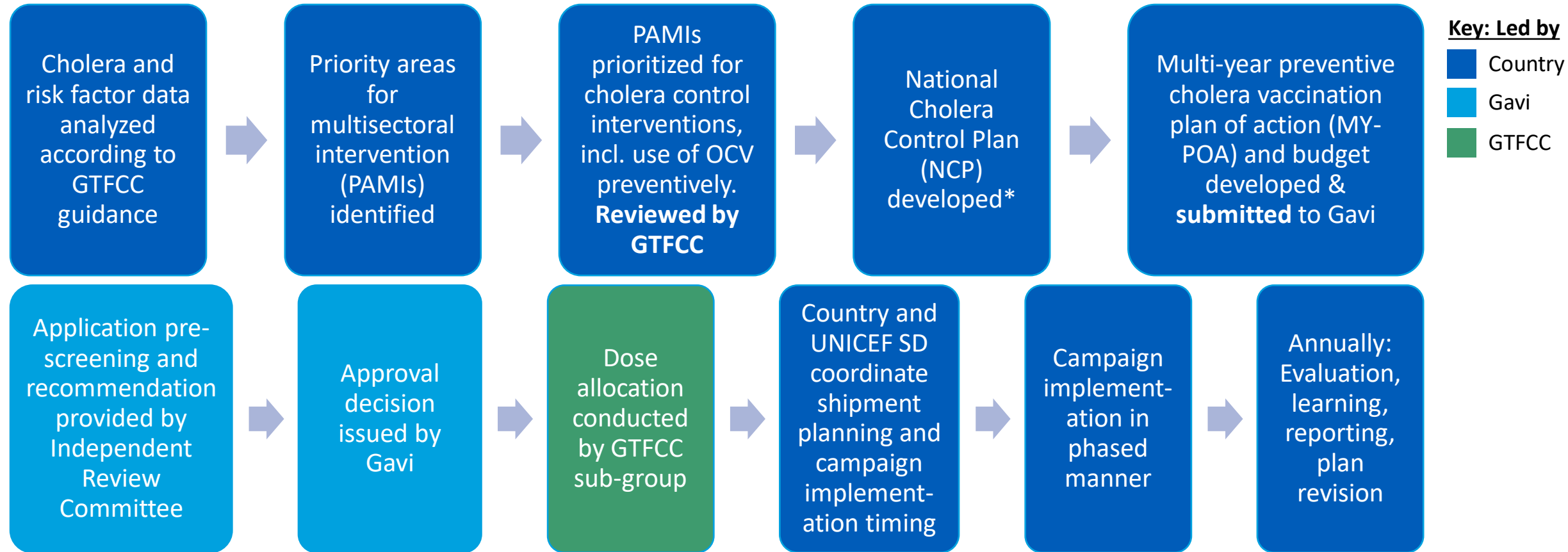
Intra-campaign

- Individual vaccination tracking (adult vaccination records; electronic records innovation?)
- Reporting to Health Management Information System (HMIS)
- Real time monitoring of vaccination activity and identification of missed households or communities (e.g., Rapid convenience monitoring)
 - Mop up activities based on real time monitoring
- Cold chain monitoring
- Adverse Event Following Immunization (AEFI)

Post-campaign

- Documenting learning
- Coverage survey within 3 months of conclusion of 2nd (often an independent group, can be supported by WHO Country Office or other partner but must be included in budget)

Process overview: Steps for development and implementation of a preventive cholera vaccination plan



**Note: Multi-year preventive cholera vaccination plan can be developed and application submitted to Gavi even if the NCP is not finalized, but the vaccination plans should be reflected in NCP under development and the application should include an update on the status of the NCP*

HOW TO APPLY: Countries must complete and sign a short application form, including detailing quantification of annual RDT need

REQUIRED

[LINK](#)

Application form

- Standalone application form with **inputs related to country surveillance, RDT deployment and distribution strategy, cholera epidemiology, & reporting.**
Succinct with **~6 pages** for inputs, plus (optional) attachments of country National Cholera Plan
- Applications must be **signed by the Minister of Health and Director of Finance for Minister of Health** (MoF signature is recommended by not required – as for YF Dx)



RECOMMENDED

Funding Guidelines

- Provide an overview of **key context, resources, and considerations** for applying for Cholera diagnostics support
- Reference **preventative Oral Cholera Vaccine applications**, should a country wish to apply for both simultaneously



Available in next VFG edition – key information in application form for now

OPTIONAL

[LINK](#)

Diagnostics Quantification Tool

- Cholera diagnostics applications require an **evidence-informed calculation** of Rapid Diagnostic Test (RDT) annual volume
- This Excel provides a **standard and simple way to calculate** demand, requiring inputs only on:
 - Target districts
 - Number of health facilities that identify and/or treat Cholera in those target districts

A thumbnail image of an Excel spreadsheet titled 'Diagnostics Quantification Tool' with a Gavi logo. It shows a table with columns for 'Country', 'District', 'Number of health facilities', and 'RDT annual volume'. The table has several rows of data, with some cells highlighted in green and others in blue.

What can be changed after approval, and what is the process?

One IRC recommendation for approval is issued for the entire campaign, even if it is phased and spans multiple years.

Any changes to the plan beyond those included in the IRC recommendation must be communicated to the Gavi Senior Country Manager and GTFCC OCV Focal Point before implementation. Some changes will require additional approvals. These include:

- Requires new IRC approval:
 - Change in targeted geography or population
 - Increase of total budget ceiling (through simplified application form)
- Requires High-Level Review Panel (HLRP) approval:
 - Increase in total doses needed if >5% of total doses approved

Requires only communication to Gavi and GTFCC, but no approval from HLRP or IRC:

- If a campaign in an approved geography is shifted from one year to the next (forward or backward in sequence), due to dose allocation or in-country implementation challenges, this does not require any additional approvals from IRC or HLRP as long as cash support and doses needed are in line with original approval.
- Removing a targeted area (e.g., because vaccinated with ICG request while awaiting preventive campaign) also does not require HLRP or IRC approval.

Vaccine support for OCV available to Gavi-eligible countries

	Vaccine support	Financial support	Programmatic guidance
Preventive Campaigns in Priority Areas for Multisectoral Interventions (PAMIs) (via Gavi Country Portal)	Doses fully financed by Gavi Repeated use in short time interval may be subject to co-financing	Operational cost support provided by Gavi based on country transition status (\$0.65/\$0.55/\$0.45 per dose; expectation for 2 nd dose to have integrated activities) In addition: Targeted Country Assistance (TCA) & Health Systems Strengthening (HSS) funds to be leveraged	Multi-year phased campaign plans in cholera hotspots Annual dose allocation & planning cycle High 2-dose coverage required NITAG recommendation & ICC endorsement (or equivalent) needed
Emergency Response Campaigns (via ICG)	Doses fully financed by Gavi	Operational cost support provided by Gavi via WHO to facilitate rapid implementation (\$0.65 per dose)	One time emergency campaigns in areas with confirmed outbreak or pre-emptive vaccination Priority on rapid implementation of 1 st dose

Support overview:

Key aspects of preventive OCV (pOCV) programme

Scope of support

- ❖ **Multi-year phased campaign** plans consolidated into one application, modified annually as needed and within approved ceilings
- ❖ **No co-financing of doses for preventive campaigns**, unless over-reliance and multiple campaigns in short time period in same location
- ❖ **Operational costs provided** and tiered based on country transition status

Requirements to apply

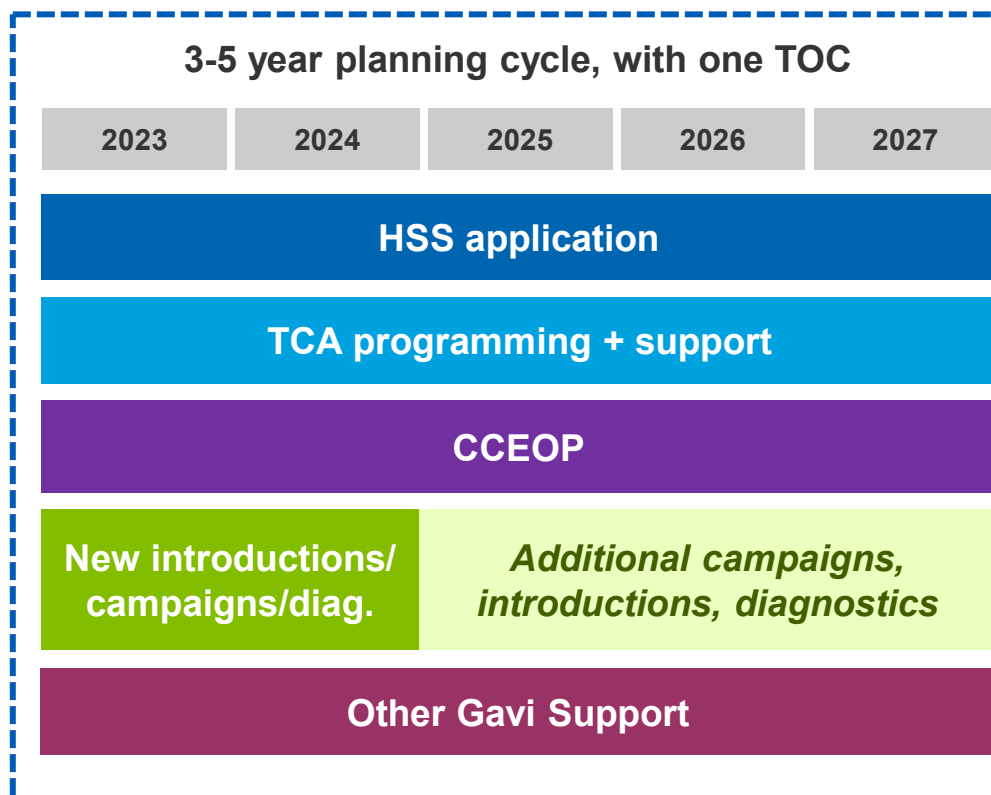
- Vaccination plans **must be based on Priority Area for Multisectoral Intervention analysis and prioritization for pOCV following GTFCC guidance**
- ***NCP strongly recommended, required for re-vaccination applications***

Encouraged activities

- ❖ **Integration in national immunization strategies**, health sector plans, other Gavi funding mechanisms (FPP, HSS, TCA) strongly encouraged and demonstrated coordination between surveillance and EPI units required
- ❖ Opportunities to **leverage campaigns to identify and reach communities with other needed health interventions** (vaccines, medicines, commodities etc.) should be explored

Applying for Gavi grants using multi-year planning

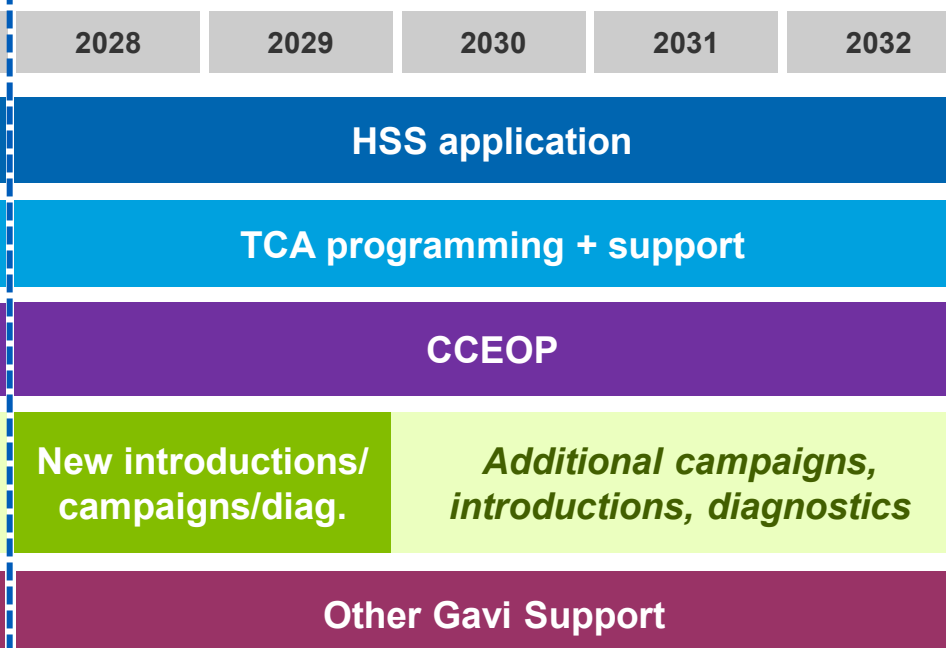
Countries encouraged to plan an **integrated request (i.e., full portfolio plan – FPP)** across all support types anticipated they will need during 3–5-year grant period



1 application spanning multiple support types and multiple years and **1 review** by Independent Review Committee (IRC)

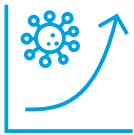
Vaccines and diagnostics to be implemented in **first two years** of planning cycle should aim to submit jointly.

However, if bandwidth is too stretched or unforeseen need arises later, countries can submit **standalone applications** ad hoc outside of the integrated request, especially for **years 3-5**.



BACKGROUND CONTEXT: Cholera diagnostic tests can inform vaccine campaigns & support prevention and response

Epidemiological & vaccine context



Increasing cholera outbreaks globally require prevention & response

- **30 outbreaks in 2022**, representing 145% increase from prior 5-year average.
- Estimated **2.9 M cases and 95,000 cholera deaths annually** – though data is poor.



New preventative vaccine support, but limited vaccine supply globally

- **Oral cholera vaccines (OCV) are not part of RI**, due to short period of protection (2-3 years)
- **OCV used for outbreak response**, managed by the ICG
- New Gavi window for **preventative OCV campaigns** (pOCV) opened in 2023 for targeted campaigns
- **Limited OCV supply globally**

Gaps diagnostic tests can address



Identify (sub-national) hotspots to vaccinate

- Reliance on clinical syndromes risks capturing cases of acute watery diarrhea (AWD) not caused by cholera
- **Improved identification of areas with regular cholera transmission** for pOCV campaigns
- Preliminary **modelling work indicates the efficiency of pOCV campaigns could be doubled** if countries use diagnostic confirmed surveillance data



Guide delays or re-targeting of campaigns

- Following initial phases of pOCV campaigns, **diagnostic tests can inform whether a repeat phase is warranted** – without diagnostics, campaigns may continue in an area in response to AWD cases, even if none of them are cholera

Application components: OCV Application Form in Gavi Country Portal

You will be asked to include the following in the online application form:

- Period of support requested
- Target population by year
- Customs regulations & vaccine licensing status or process
- Alignment with national strategies
- Strategies to use campaigns to improve coverage of routine immunization
- Synergies with other Gavi grants and possible integration
- Additional needs for technical assistance
- Updated versions of country documents (NIS, EVM, Data quality plan, Equity analysis, ICC TOR)
- Total budget contribution from Gavi, government, other donors
- Compliance with financial guidelines and fiduciary management

2

Review and update country information

ne (preventive)

3.1.1 Choice of presentation and dates

For each type of support please specify start and end date. ¹

Oral Cholera Vaccine preventive mass vaccination campaign

Preferred presentation YF, 10 doses/vial, Lyophilised UPDATE

Is the presentation licensed or registered? ☒ Yes ☐ No

2nd preferred presentation SELECT

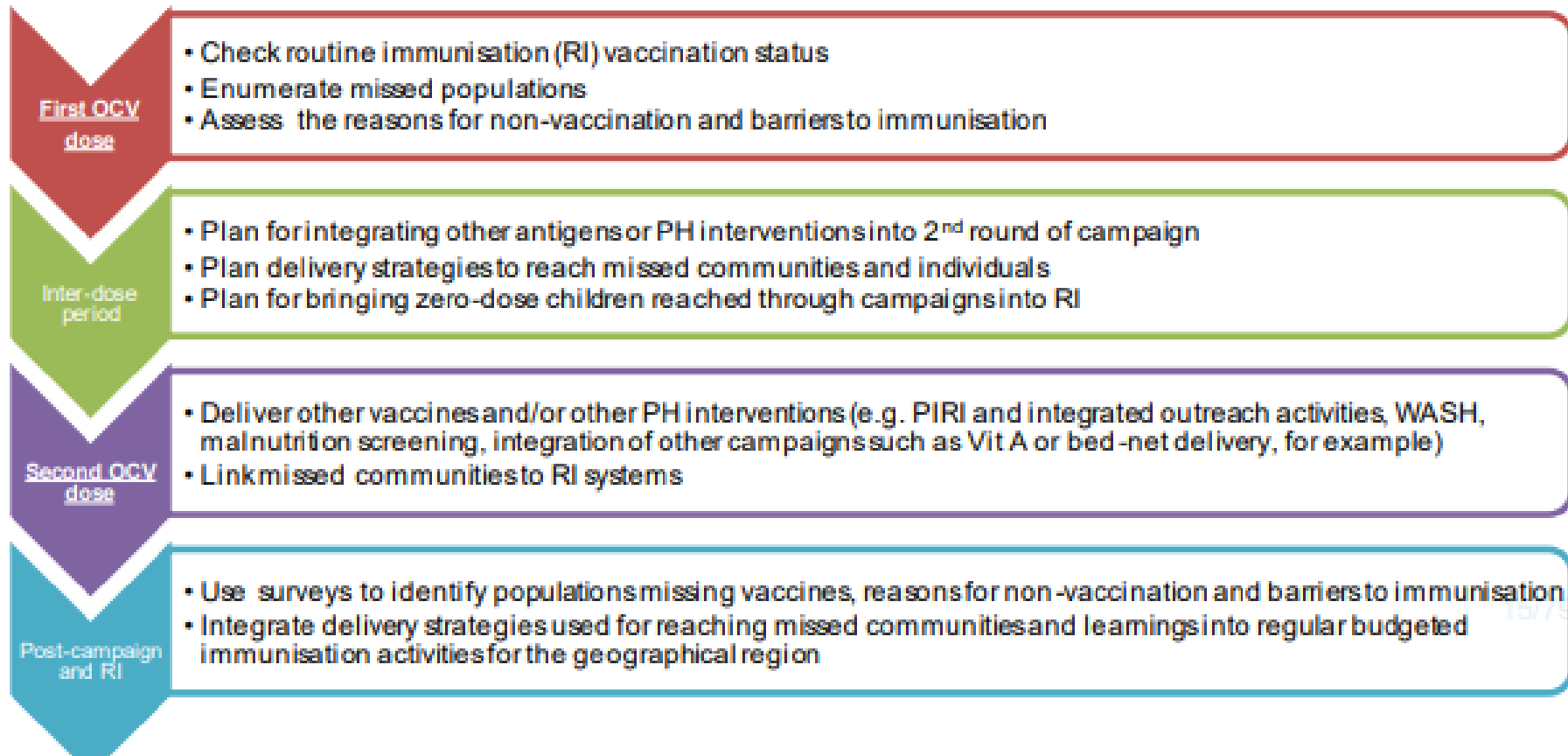
Is the presentation

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Best practices: Consider opportunities to leverage OCV for other health sector objectives

Opportunities to integrate other immunisation & health activities into OCV campaigns:



Reporting guidance:

Reporting requirements for pOCV

Within 1 week of
every campaign

GTFCC Key Indicators Monitoring Tool → [GTFCC online database](#)
National reporting e.g., HMIS

Within 3 months of
2nd round
campaign

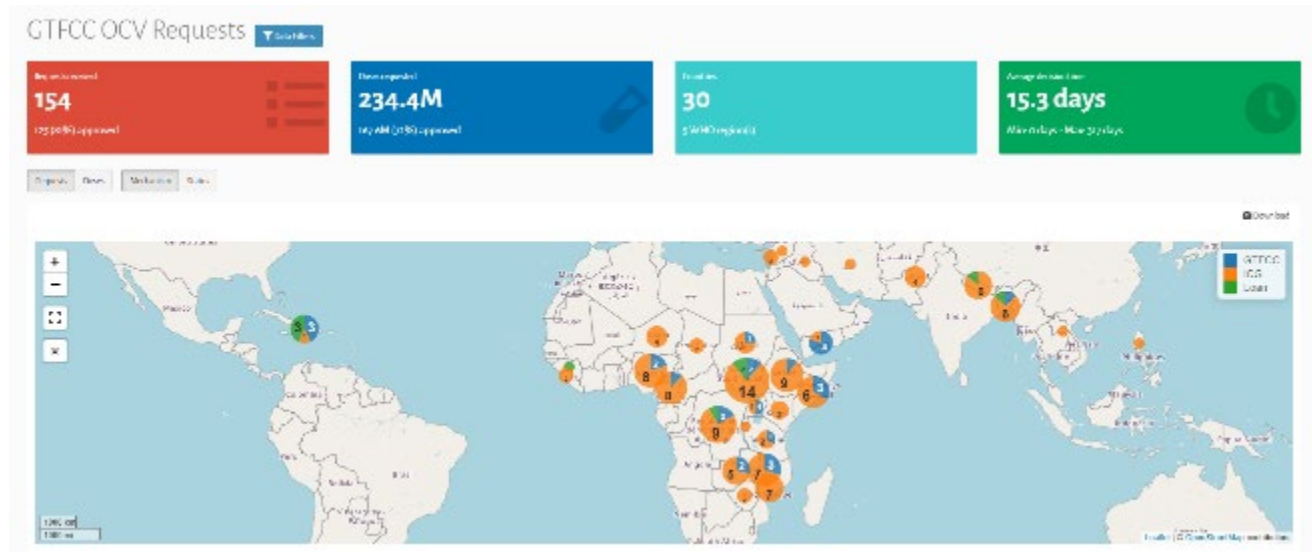
Technical report → [Gavi](#)
National review meetings

Within 6 months of
2nd round
campaign

Final technical report incl. post-campaign coverage survey
findings → [Gavi](#)

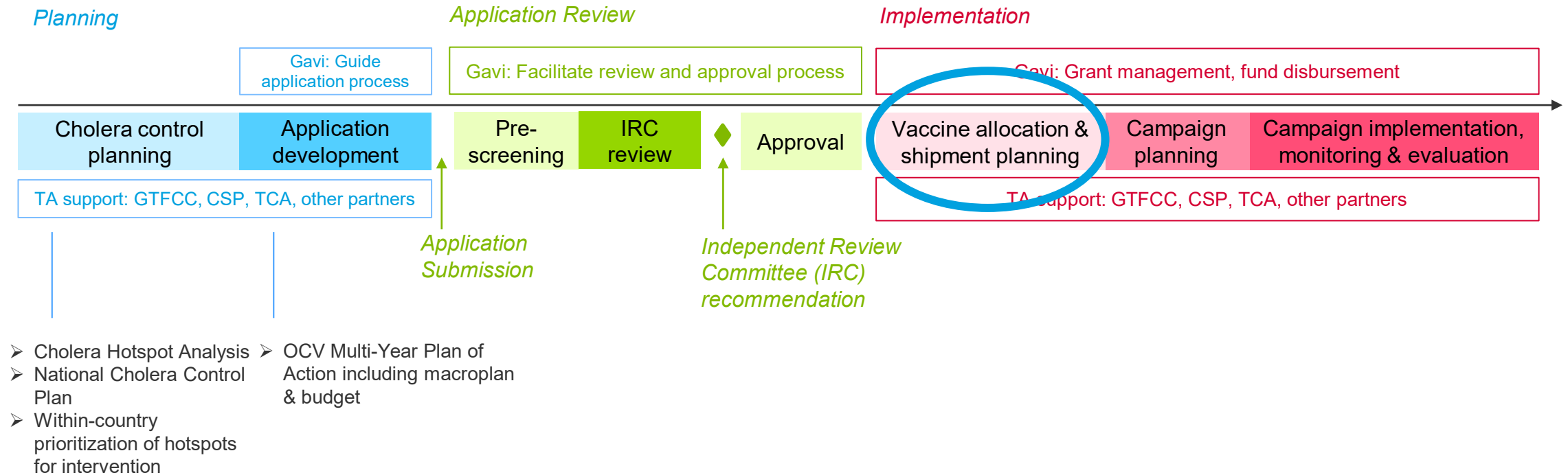
Reporting: GTFCC Indicator Reporting Tool & Dashboard

Go to section		Show/Hide									
Clear helper		Add rows									
		Remove all filters									
Request identification				General campaign informations							
Request ID		Country	State	County	Payam	City/Village/Neighbourhood	Campaign type	Campaign strategy	Population size	Description e.g. refugees, IDPs, fishermen, general population	Start date 1st dose



<https://reports.msf.net/public/ocv/>

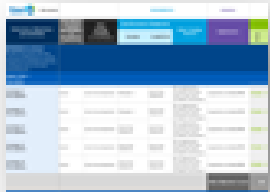
pOCV process overview



Standalone Vaccine Application: Workplan & Targeted Areas Template

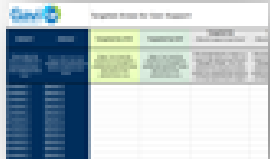
Note: This is one excel workbook with two tabs to complete

Standalone Vaccine Application



Workplan

High level activity timeline and budget required



Targeted Areas

Identifies which sub-national levels are targeted (pre-populated list of districts)

Workplan:

Include one row for pOCV with budget by quarter (Y1-2) & year (Y3-5)

Targeted areas:

Request Gavi to send a pre-populated list of sub-national administrative areas for your country. In Column H “Targeted by”, type “OCV campaign”, then indicate where OCV will be used using dropdowns (yes/no response)

[English](#) | [Français](#)

Budgeting & Reporting Template

Note: This is one excel workbook with multiple tabs to complete

Budgeting & Reporting



Budget Summary



Detailed Budget



Budget inputs – country format

[English](#) | [Français](#)

Budget Summary:

1. Enable macros
2. Enter grant type and total budget. OCV Ops grant worksheet will appear
3. Click box to add additional blank

Detailed Budget:

1. Paste budget in country's format with activity breakdown into blank worksheets
2. Summarize activities and costs into "Detailed budget" tab by cost category, with formulas linking to detailed calculations
 1. Pay close attention to cost categories. Ok to group by HR, transport, waste management, other
 2. Unit costs for years 3-5 can be estimated based on unit costs for years 1-2 plus an inflation factor (revised budget will be submitted closer to time of implementation, but cannot exceed approved ceiling of grant)

Gavi's OCV-specific Application Documents: *Multi-Year Plan of Action*

Vaccine specific attachments

1. Multi-Year Plan of Action

****Key document****

2. Hotspot Analysis Report

3. National Cholera Control Plan*

*Strongly recommended for first submission. For re-vaccination applications, NCP will be required.

4. Reports from recent campaigns

5. NITAG recommendation

6. ICC Approval

7. MOH and MOF endorsement signatures

When submitting the application in the country portal, the following documents must also be uploaded:

2. Hotspot analysis report
3. National Cholera Control Plan (NCP) *(Strongly recommended for all applications. Required for second applications for re-vaccination. If in process but not yet completed, please describe process and government entities involved in the MY-POA.)*
4. Reports from 3 most recent campaigns (OCV or others that may have targeted similar geographic areas or populations)
5. NITAG recommendation – Signed minutes in English (or local language and translated)
6. ICC endorsement – Signed minutes in English (or local language and translated)
****Alternatively, signed NCP including vaccination plan can be included.**
7. Minister of Health and Minister of Finance are required to sign the completed application form