



The Equatorial Guinea Multi-Partner Trust Fund

Programme Document

Window	COVID19 Vaccination
Title	Towards an accelerated immunization program against Covid 19 for the Population of Equatorial Guinea.
MPTF Office Project Number (if applicable)	
Description	The current programme is a Joint-Programme (JP) in response to the COVID19 pandemic aiming at (i) accelerating the COVID19 Immunization of the population, and reinforcing the capacity of the Ministry of Health of Social Welfare on (ii) Logistics management and cold chain , and (iii) COVID19 patients support.
Universal Markers	<p><u>Gender Marker:</u> <i>(bold the selected; pls select one only)</i></p> <ul style="list-style-type: none"> a) Have gender equality and/or the empowerment of women and girls as the primary or principal objective. b) Make a significant contribution to gender equality and/or the empowerment of women and girls. c) Make a limited contribution or no contribution to gender equality and/or the empowerment of women and girls. <p><u>Human rights marker:</u></p> <ul style="list-style-type: none"> a) Leave no one beyond b) Build back better c) Health universal access
Fund Specific Markers	
Participating UN Organizations (PUNOs)	United Nations Resident Coordinator Office (UNRCO) United Nations Development Programme (UNDP) United Nations Children's Fund (UNICEF) World Health Organization (WHO)
Implementing Partners	Ministry of Health and Social Welfare
Programme and Project Cost	<p>Total Budget: U\$D 20,916,334</p> <p>Equatorial Guinea MPTF: U\$D 18,984,397.</p> <p>Other sources: U\$D 1,931,937</p> <ul style="list-style-type: none"> - WHO: U\$D 32,072 - UNICEF: U\$D 325,825 - UNDP: U\$D 1,574,040
Programme Duration	<p>Estimated Start Date: : 15 November 2021</p> <p>Duration (months): 12</p> <p>Estimated end date: 14 November 2022</p>

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2. Executive Summary

In response to the COVID19 pandemic and the Bata 7March explosions, and to accelerate its socioeconomic recovery response, the Government of Equatorial Guinea is currently focusing on the rolling-out of a comprehensive COVID 19 Immunization plan. In this regard, a UN Joint Programme has been elaborated to support the implementation and update the COVID 19 National Immunization plan in line with the United Nations Development Framework (UNDAF), the National Socioeconomic Response Plan (SERP) to COVID19 Impact, the recommendations from the UN-Government retreat in Riaba, and the UN Humanitarian response and recovery plan following the explosions in Bata

The programme aims at (i) supporting the acceleration of the rolling out of COVID 19 vaccine, (b) reinforcing the capacity of the Ministry of Health in Logistic Management of Vaccines and Medicines including cold chain management, and (c) reinforcing the capacity of the Health centers in the assistance of COVID 19 patients.

Three agencies are participating to the Programme, it includes the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), and the United Nations Development Programme (UNDP). Their proven experiences respectively on (i) health related issues, (ii) vaccine and cold chain management, and (iii) health procurement will be a significant value added in meeting the objectives of the Programme. UNICEF is also working alongside of WHO in the delivery of vaccines through the COVAX facility.

It is expected 762,500 ¹full doses of vaccines to be available in the country by the end of 2021, so that, 100% of eligible population will be fully vaccinated. In addition, the programme intends to improve the quality of the COVID19 patient's care at the dedicated Hospitals through the insurance of COVID19 related medicines availability and increase testing by reducing the risks of stock out of tests (PCR and antigens). Throughout the programme, the Ministry of Health will benefit from the reinforcement of capacity on the Logistic Management of Vaccines and medicines.

In addition, to ensure vaccine acceptance and adherence to the vaccination program by the population, a communication and social mobilization campaign, using mass media, social media, traditional channels and community mobilization, will be put in place. The aim is to inform the population about the vaccination program and the introduction of the Moderna vaccine in the country. The campaign will also aim to support and sustain adoption of appropriate preventive measures against COVID-19.

3. Situation Analysis

On 13 March 2020, Equatorial Guinea confirmed its first COVID-19 imported case and since then cases have gradually been on the rise until July 2020, when the peak was reached according to WHO, during the first wave. By the end of July 2020, the number of cases started to decrease, and the country lived a period of stability and control of the pandemic during few months, until mid-November 2020, when the number of cases started to raise again. Equatorial Guinea seems to be currently coming out from the second wave, with a decrease of the overall number of cases at national level; as per WHO and national authorities' information, the latest data from 03 July 2021 reports 8759 total cumulative cases, and a 1,0 positivity rate in the last 7 days.

Since the beginning of the pandemic, the Government of Equatorial Guinea has implemented a series of measures and established a National Committee to prevent and respond to the spread of COVID-19. To support the Government of Equatorial Guinea to ensure urgent and robust response, the United Nations

¹ 600,000 new vaccines full dose + 162,500 full doses of SINOPHARM

in Equatorial Guinea, together with the Government and partner organizations, have prepared and implemented an Emergency Response Plan to COVID19, for which it was able to mobilize new partners and additional funding. Nevertheless, as the pandemic evolved, it became clear the need to respond to the socioeconomic dimensions of the crisis. Following the UN Secretary General call in March 2020, the UN Equatorial Guinea started preparing a Socioeconomic Response Plan (SERP) ²to the impact of COVID19 validated by the Government in June 2021.

During the first semester of 2021, to accelerate its socioeconomic recovery, the Government of Equatorial Guinea is focusing on rolling out a comprehensive COVID 19 immunization plan. In Feb 2021, the government launched a vaccination campaign against Covid-19, with the introduction of a vaccine not yet approved by WHO Emergency committee. An initial 100,000 doses were received to vaccinate priority groups (medical personnel, military personnel, people with certain chronic diseases and the elderly). An additional 225,000 doses were offered by China to accelerate the campaign and enlarge the target population to all above 18 years old including foreign nationals. As of 03 July 2021, 153,679 were vaccinated with the first dose, 55% men against 45% female, from a total of 269,982 doses that were administrated. As such, COVID vaccines roll out must be accelerated over the next months to achieve herd immunity as soon as possible. The immunization plan is accompanied with a national wide awareness raising campaign, a comprehensive surveillance, testing and treatment components.

The United Nations System Agencies have supported the Government in the development of three major communication and social mobilization campaigns focusing on prevention against COVID 19 in all districts of the country, including the training of 100 IEC Agents, 65 NGO volunteers, 37 journalists and communicators, 80 community leaders, 37 primary health care workers, among others, in addition to assistance in the production of audiovisual and printed material for community awareness. An important step in institutional communication has been the launch by the Government of a website of the Ministry of Health (guineasalud.com) that offers updated data on the evolution of the pandemic in the country every 48 hours, as well as the systematic organization of press conferences.

To support the Government of Equatorial Guinea with the implementation of this urgent and robust response to COVID19 pandemic, the United Nations in Equatorial Guinea is mobilizing funds to accelerate the rolling out a comprehensive immunization plan including prevention and treatment components. Specifically, the mobilized resources will be used to respond the urgent need to accelerate the immunization of Equatorial Guinea population, to decrease mortality and morbidity rates due to COVID19 and create enabling conditions for the socioeconomic recovery.

4. Strategies, including lessons learned and the proposed joint programme What is the specific need/problem the intervention seeks to address?

The vaccination was launched on February 11, with the vaccination of the Vice President of the Republic as the leader in the establishment of vaccination against COVID 19 in the country, followed by the President of the Republic himself, the first Lady and later all members of the Government. This is contributing to motivate the population to be vaccinated.

One month after the launch of the vaccination in the country, 14 vaccination posts have been established (fixed and provisional): 10 on the Bioko island and 4 in the Continental Region. In these vaccination posts, to date a total of 269,982 doses were administrated as of 03 July 2021.

Since past few weeks, vaccination posts have been extended in the country's 18 district hospitals, which requires closer monitoring by a team of trained personnel. In fact, many vaccination posts have broken

² The SERP is organized in five (05) core areas of intervention, and is guided by the "Leave No One Behind" principle, therefore focused in the on most vulnerable people and population groups particularly affected by the pandemic, including children, youth and adolescents, women and girls, female-headed households, informal workers, elderly. The response plan is organized in five (05) key thematic areas: (i) Health, (ii) Social protection; (iii)Economic recovery; (vi) Macroeconomic response and multilateral cooperation; and (v) Social cohesion and Community resilience.

refrigerators, that means vaccination cannot be implemented in these centers according to the initial plan. Urban vaccination centers are becoming overcrowded. It is also necessary to increase the number of centers to reduce the number of people, thus avoiding the violation of preventive measures. The crowds of people at the vaccination posts, many of them without respecting the prevention rules of Covid-19, such as physical distancing and the correct use of masks, pose a high risk of contagion of the disease.

The 2030 Agenda calls for integrated approaches across multiple sectors and goals, as well as collective action at all levels to achieve the Sustainable Development Goals (SDGs). Experience to date shows that joint programs are more effective in terms of coordination, coherence, and alignment. In addition, risks are better managed and transformative change are more tangible. The current Program aims at supporting the acceleration of immunization of Equatorial Guinea population. As such, firstly, considering the main area of intervention to be "Health", The World Health Organization (WHO) to be among the participating UN agencies for its extended experiences in Health and Immunization issues and regulations. Secondly, considering the area of intervention related to Immunization, the United Nations Children's Fund (UNICEF) to be among the participating UN Agencies as well for its proven experiences in Vaccines supply and distribution management, routine and sensitization campaigns related to Immunization.

Additionally, accompanying measures will be implemented. It includes, (i) the reinforcement of the capacity of the Ministry of Health in the Logistic Management system; (ii) the support to the availability of COVID19 quality medicines and related required equipment. As such, considering the United Nations Development Programme (UNDP) is already working on the digitalization of a part of the Logistic Management System of the Ministry of Health, and has experiences in the procurement of HIV/AIDS medicines, reagent, tests and related equipment and material, it will be part of the Participating agencies.

Based on the above, under the general coordination of the Resident Coordination Office (RCO), the participating Agencies, WHO, UNICEF and UNDP will focus on the following:

Outcome 1: The vaccine rollout in the country is accelerated.

In close collaboration with the Ministry of Health and Social Welfare, and the COVAX Facility, WHO and UNICEF will be responsible to support the COVID19 vaccines rollout. WHO will be responsible for (i) the update of the Immunization National Plan; (ii) the availability of COVID19 vaccines in the country; and the (iii) the implementation and monitoring of Vaccination Centers. UNICEF will lead on (i) the quality assurance of the vaccines including storage, cold chain management and distribution in Malabo and Bata; and (ii) the vaccines and COVID19 communication campaigns.

Outcome 2: The Logistic Management System of the Ministry of Health and Social Welfare is strengthened.

As the current joint Program is reinforcing the Logistic Management system capacity of the MoHSW, therefore, the MoHSW pharmacovigilance system is being reinforced as well. In close collaboration with the Ministry of Health and Social Welfare, and the participating agencies WHO and UNICEF, UNDP is leading the implementation of the Digitalized Logistic Management Information System (e-LMIS) at the Ministry of Health. The lead has been given to UNDP to maximize the synergy between the projects within the United Nations System and avoid the duplication of the initiative. In fact, UNDP is currently implementing digitalization project for which the implementation of the e-LMIS at the Ministry is part of the principal components of the project. Due to its limited resources, the project started with the vaccine module of the DHIS2 (District Health Information Software). In the framework of the current Program, it will be expanded to cover the whole e-LMIS.

Outcome 3: The COVID19 patients assistance capacity in the country is reinforced.

The accompanying measures are falling under this outcome. In close collaboration with the local Ministry of Health and Social Welfare, WHO Equatorial Guinea, UNICEF Equatorial Guinea, UNDP Supply Division in Copenhagen and UNDP Health Implementation Support Team (HIST) in Geneva and Copenhagen, UNDP is leading : (i) the procurement of COVID19 related Tests (PCR Test, RDT Antigen), COVID19 vaccine related equipment and materials, and COVID19 approved medicines by WHO; (ii) the procurement and installation of waste incinerator in Bata, and the repair of Waste-incinerator in Malabo.

5. Results Framework

Outcome 1	The vaccine rollout of the country is accelerated.				Outcome 1 Total Budget USD 16,262,818 ³
Outcome Indicator	Baseline	Target	Means of verification	Responsible Org	
1.1.a. Percentage of population by gender fully ⁴ vaccinated	3,66% ⁵	70% ⁶	Statistics from the Ministry of Health and Social Welfare (MoHSW) (www.guineasald.org)	WHO UNICEF	
Proposal Outputs	<p>1.1 National COVID 19 Immunization plan updated</p> <p>1.2 COVID19 Immunization centers operational with a reinforced monitoring system of significant immunization side effects</p> <p>1.3 Additional COVID19 Vaccines available in Equatorial Guinea</p> <p>1.4 COVID19 Vaccines distributed and stored under the right conditions for quality assurance</p> <p>1.5 Population sensitized on the importance of COVID19 Immunization and preventive measures against COVID</p> <p>1.6 Immunization agents properly trained on the vaccine administration as per WHO guidelines</p>				
Proposal Output	1.1.1. Availability of the updated National COVID Immunization Plan	Not updated	Updated	Communications and reports:	WHO

³ MDTF USD 15,904,921; WHO USD 32,072; UNICEF: USD 325,825

receiving 2 doses if required

⁴ 136,124 vaccinated for which 56,843 received the second dose

⁵ 600,000 full doses as a direct contribution from the current project, + 162,500 full doses with the SINOPHARM vaccine

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Indicators				MoHSW WHO	
1.2.1a Number of Operational COVID 19 Immunization centers	24	36		Communications /reports: MoHSW WHO	WHO
1.2.1b Percentage of Operational COVID 19 Immunization centers equipped with an effective monitoring system to record and report on significant immunization side effects.	0	90%		Communications /reports: MoHSW WHO	WHO
1.2.1c Number of Health Workers ⁷ trained as specialist for effective vaccine management.	0	3		Communications /reports: MoHSW WHO UNICEF	UNICEF
1.3.1 Quantity of available full doses vaccine in the Country	162,500	762,500 ⁸		Communications /reports: MoHSW WHO COVAX UNICEF	WHO
1.4.1a Percentage of un-useful doses COVID19 Vaccine due to inappropriate cold chain management	N/A	<5%		Communications /reports: MoHSW WHO UNICEF	UNICEF
1.4.1b Percentage of COVID19 Immunization centers updating their monthly stock and consumption	30%	>90%		Communications /reports: MoSHW UNICEF	UNICEF

⁷ Training for Trainers

⁸ 600,000 full doses as a direct contribution of the project

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	1.4.1c Percentage of donated COVID19 vaccines properly stored and supplier informed within 72 hours	N/A	>90%	Communications /reports: MoHSW UNICEF	UNICEF
	1.4.1d Number of Health Workers trained in logistics and cold chain management.	1	40	Communications /reports: MoHSW UNICEF	UNICEF
	1.5.1a Number of COVID19 Immunization awareness and social mobilization campaign with the new vaccine conducted	0	2	Communications /reports: MoHSW UNICEF	UNICEF
	1.5.1b Number of people reached by awareness and social mobilization campaigns on prevention and related COVID19 Immunization promotion activities	0	1,131,215 ⁹	Communications /reports: MoHSW UNICEF	UNICEF
	1.6.1 Number of Health Workers trained in COVID19 Vaccine administration	0	120	Communications /reports: MoHSW WHO	WHO
Outcome 2	The Logistic Management system of the Ministry of Health and Social Welfare is strengthened.				Outcome 2 Total Budget USD 1,567,500¹⁰
Outcome Indicator	2.1a Number of operational Logistic Management software at the MoHSW	0	2 ¹¹	Communications /reports: MoHSW	UNDP
Proposal Outputs	2.1 Digitalized Logistic Management system available at the MoHSW.				
Proposal Output	2.1.1a Number of COVID19 Immunization centers equipped with an operational	0	36	Communications /reports:	UNDP

⁹ EPI estimations (MoHSW)

¹⁰ MDTF: USD 1,067,500; UNDP: USD 500,000

¹¹ DHIS2 vaccines module, and the e-LMIS

Indicators	digitalized information system				MoHSW UNDP WHO	
	2.1.1b Number of Health Facilities equipped with a digitalized Logistic Management System.	0	22		Communications /reports: MoHSW UNDP WHO	UNDP
Outcome 3	The COVID19 patient's assistance capacity in the country is reinforced.					
Outcome Indicator	3.1a Proportion of designated health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis (SDG indicator 3.b.3)	31%	40%		Communications /reports: MoHSW	UNDP
Proposal Outputs	3.1 Waste incinerators ¹³ available and operational in the Health facilities of Bata and Malabo					
	3.2 One-year stock of COVID19 PCR and RD Antigens Tests available					
	3.3 One-year COVID19 medicines stock available					
Proposal Output Indicators	3.1.1a Number of waste incinerators operational at the Regional Hospitals (Bata and Malabo)	0	2		Communications /reports: MoHSW WHO	UNDP
	3.1.1b Number of Health Workers trained in the use and maintenance of the Waste-incinerators	0	8		Communications /reports: MoHSW WHO	UNDP

¹² MD/TF: USD 2,011,976; UNDP: USD 1,074,040

¹³ Waste-incinerators is initially being installed in the framework of, but not limited to, vaccines waste management. It will contribute as such to the improvement of the quality of COVID19 patients.

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	3.2.1a Percentage of designated Health facilities without PCR and RD Antigens stock-out	0%		50%	Communications /reports: MoHSW WHO	UNDP
	3.2.1b Percentage of designated Health facilities without medicines stock-out	0%		50%	Communications /reports: MoHSW WHO	UNDP
OUTCOMES 1,2,3 TOTAL BUDGET						USD 20,916,334 USD¹⁴

¹⁴ MDTF: USD 18,984,397/WHO: USD 32,072/ UNICEF: USD 325,825/ UNDP: USD 1,574,040

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6. Management and Coordination Arrangements

The office of the United Nations Resident Coordinator (RCO) will ensure overall coordination with the implementing agencies and facilitate the policy dialogue with the national authorities and the US Embassy. It will assume the secretariat of the steering committee that it expects to organize three meetings over the twelve months period of the project implementation. RCO will also hold monthly internal meetings with the agencies. It is also foreseen to have a kickoff and closing events to launch the project and present its outcomes and the key recommendations from the external evaluation. RCO will be responsible for the overall project visibility and external communication.

The Steering Committee meets when deemed necessary and it is responsible for the following tasks:

- Provide general oversight and exercising overall accountability of the JP.
- Review JP status and oversee the overall progress against the results framework through monitoring, reporting and evaluation.
- Review the periodic progress reports consolidated by the MPTF Administrative Agent and the Secretariat based on the progress reports submitted by the Implementing Entities.
- Commission a final independent evaluation on the overall performance of the JP.
- Approve extensions and updates to the JP, as required.

7. Fund Management Arrangements

The Equatorial Guinea MPTF uses a pass-through fund management modality where the Multi-Partner Trust Fund Office acts as the Administrative Agent (AA) of the Fund.

The Administrative Agent will:

- Make disbursements to Participating UN Organizations from the Fund Account based on decisions from the Steering Committee, in line with the budget set forth in the Program Document.

The Participating UN Organizations will:

- Assume full programmatic and financial responsibility and accountability for the funds disbursed by the AA.
- Establish a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent.

Each UN organization is entitled to deduct their indirect costs on contributions received according to their own regulation and rules, considering the size and complexity of the program. Each UN organization will deduct a maximum of 7% as overhead costs of the total allocation received for the agency.

8. Monitoring, Evaluation and Reporting

Monitoring

The RCO will ensure the overall monitoring of the Joint Programme. The participating UN Organizations will be responsible of the monitoring of assigned outputs and activities in the framework of their specific monitoring standard and policies. Accordingly, each participating agency should develop and implement a monitoring plan. Joint field monitoring missions will also be conducted with the partners. The findings will be informing the reporting and assess project implementation progress and bottlenecks.

Reporting

Narrative reports

The Participating UN Organizations will present the following reports to the Secretariat for consolidation and further transmission the Administrative Agent:

- a) Annual narrative reports to be provided no more than three months (March 31st) after the end of the calendar year.
- b) Final narrative reports after the end of activities contained in the program-related approved document, including the final year of such activities, to be submitted no more than four months (April 30th) in the following year after the financial closure of the Fund.

Annual and final reports will exhibit results based on evidence. Annual and final narrative reports will compare actual results against estimated results in terms of outputs and outcomes and they will explain the reasons of higher or lower performance. The final narrative report will also include the analysis of how the outputs and outcomes have contributed to the Fund's global impact and key findings and recommendations from the external evaluation.

Financial Reports

The Participating UN Organizations HQs will present the following financial statements and reports to the Administrative Agent:

- c) Annual financial statements and reports to December 31st, regarding released resources by the Fund to them; these shall be provided no more than four months (April 30th) after the ending of the calendar year.
- d) Final certified financial statements and financial reports after the completion of activities contained in the program-related approved document, including the final year of such activities, to be submitted no more than six months (June 30th) in the following year after the financial closure of the Fund.

Evaluation

An external evaluation will be conducted at the end of the implementation of the program. This external evaluation will be organized by UNDP Evaluation Office.

9. SDG Targets and Indicators

Sustainable Development Goals (SDGs) [select max 3 goals]			
<input type="checkbox"/>	SDG 1 (No poverty)	<input type="checkbox"/>	SDG 9 (Industry, Innovation and Infrastructure)
<input type="checkbox"/>	SDG 2 (Zero hunger)	<input type="checkbox"/>	SDG 10 (Reduced Inequalities)
<input checked="" type="checkbox"/>	SDG 3 (Good health & well-being)	<input type="checkbox"/>	SDG 11 (Sustainable Cities & Communities)
<input type="checkbox"/>	SDG 4 (Quality education)	<input type="checkbox"/>	SDG 12 (Responsible Consumption & Production)
<input type="checkbox"/>	SDG 5 (Gender equality)	<input type="checkbox"/>	SDG 13 (Climate action)
<input type="checkbox"/>	SDG 6 (Clean water and sanitation)	<input type="checkbox"/>	SDG 14 (Life below water)
<input type="checkbox"/>	SDG 7 (Sustainable energy)	<input type="checkbox"/>	SDG 15 (Life on land)

<input type="checkbox"/>	SDG 8 (Decent work & Economic Growth)	<input type="checkbox"/>	SDG 16 (Peace, justice & strong institutions)
<input type="checkbox"/>	SDG 17 (Partnerships for the Goals)		

Relevant SDG Targets and Indicators

Target	Indicator # and Description	Estimated % Budget allocated
3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	<i>3.b.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis</i>	27%

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10. Risk

Event	Categories Financial Operational Organizational Political (regulatory and/or strategic)	Level 3 – Very High 2 – Medium High 1 - Low	Likelihood 6 – Expected 5 – Highly Likely 4 – Likely 3 – Moderate 2 – Low Likelihood 1- Not Likely 0 – Not Applicable	Impact 5 – Extreme 4 – Major 3 – Moderate 2 – Minor 1 – Insignificant	Mitigating Measures (List the specific mitigation measures)	Risk Owner
Risk1: Delays in arrivals of Vaccines, Tests, medicines and related equipment and materials in the country due to the unavailability of stocks and/or flights or customs clearance	<i>Operational</i>	2 – Medium High	4 – Likely	4 – Major	<p>Maintain close contact with COVAX to ensure procurement priority (WHO)</p> <p>Emergency procurement will be activated. (UNDP)</p> <p>When launching the process, at least one-month margin will be considered regarding the estimated dates of arrival (ETA) in the country. (UNDP)</p> <p>A contingency plan for vaccine distribution will be developed. Ensure that the vaccines are stored in accepted freezers, cold accumulators with the current freezers for the advanced strategy. (UNICEF)</p> <p>With the support of the MoHSW waiver for Diplomatic Franchise for Airport shipments will be negotiated with the Ministry of Trade and the Promotion of Small and Medium-sized Businesses and the General Direction for Customs. (RCO)</p>	<p>UNDP WHO UNICEF RCO</p>

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Risk2: Unavailability of the COVID 19 "moderna vaccines.	Operational	2 – Medium High	4 – Likely	4 – Major	RCO will approach the MoHSW and the Embassy of the United States of America in EG to discuss the possibility of unavailability of the "Moderna" COVID19 vaccines, to obtain approval for the procurement of other ¹⁶ COVID19 vaccines brand.	RCO
Risk3: Resistance to the acceptance of vaccination ¹⁷ .	Political	2 – Medium High	2 – Low Likelihood	4 – Major	Use lessons learned from the introduction of the present Covid 19 vaccine in used in the country. Engage policy and decision makers, recognized public personalities, celebrities, etc. Conduct social mobilization activities to reach out to communities. Unify messages to avoid confusion among the population.	UNICEF
Risk 4: Significant delays from Equatorial Guinea to submit its application to join the COVAX facility. This will impact the number of beneficiaries benefiting from this intervention	Operational	1 - Low	4 – Likely	3 – Moderate	RCO will pursue the dialogue with MAEC to support process of joining the COVAX Facility. RCO will also seek assistance from US Embassy during advocacy policy dialogue. WHO and UNICEF will continue advocating to MoHSW and assist with the COVAX application process	RCO, WHO and UNICEF

¹⁶ COVID19 Vaccines brand recognized by WHO within the framework of COVAX.

¹⁷ As the country already introduced the Sinopharm vaccine, the introduction of the "Moderna " vaccine (presence of two types of vaccines in the same campaign) represents a change in the immunization offer to the population and therefore leads to the risk of resistance in the acceptance of vaccination.

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and reduced the cost effectiveness of the action due to high cost of procuring the MODERNA vaccines, medicines etc. directly through the pharmaceutical company at non-negotiated prices						
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11. Work plans and budgets

Budget by UNDG Categories

Budget Lines	WHO	UNICEF	UNDP	Total USD	%
1. Staff and other personnel	240.000 USD	315.000 USD	289.000 USD	844.000 USD	4,45%
2. Vaccines, Supplies, Commodities, Materials	12.660.000 USD	264.180 USD	975.000 USD	13.899.180 USD	73,21%
3. Equipment, Vehicles, and Furniture	83.470 USD	325.729 USD	312.500 USD	721.699 USD	3,80%
4. Contractual services	97.000 USD	315.000 USD	700.000 USD	1.112.000 USD	5,86%
5. Travel	68.000 USD	90.000 USD	500.000 USD	658.000 USD	3,47%
6. Transfers and Grants to Counterparts	132.480 USD	243.553 USD	31.515 USD	407.548 USD	2,15%
7. General Operating and other Direct Costs	15.000 USD	15.000 USD	70.000 USD	100.000 USD	0,53%
Sub Total Programme Costs	13.295.950 USD	1.568.462 USD	2.878.015 USD	17.742.427 USD	
8. Indirect Support Costs* 7%	930.717 USD	109.792 USD	201.461 USD	1.241.970 USD	6,54%
TOTAL MDTF	14.226.667 USD	1.678.254 USD	3.079.476 USD	18.984.396,79 USD	100,00%

Total, Budget Participating Agencies Contribution	32.072 USD	325.825 USD	USD 1.574.040	1.931.937,00 USD
Total, Joint-Programme Budget	14.258.739 USD	2.004.079 USD	4.653.516 USD	20.916.334 USD

600.000 MODERNA Complete Doses (21,10 \$ e.o.)

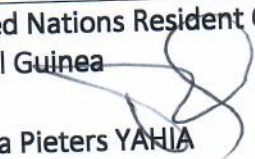

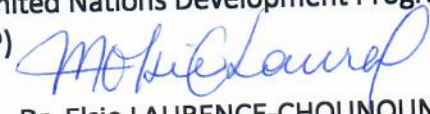

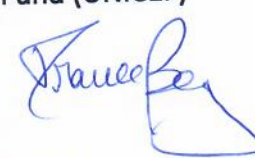
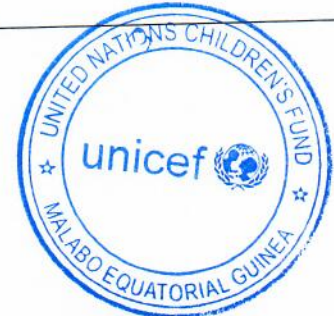


COVERAGE = 56% Population >18 y.o.

COVERAGE GLOBAL = MODERNA 600 K+ SINOPHARM 100 % Population >18 y.o.

MDTF = 18.984.397 USD

* The rate shall not exceed 7% of the total of categories 1-7, as specified in the COVID-19 Response MOU and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, in line with UNSDG guidance.

Signatures

<p>For: United Nations Resident Coordinator Office Equatorial Guinea</p> <p>Name: Lila Pieters YAHIA </p> <p>Title: UN Resident Coordinator ai Equatorial Guinea</p> <p>Date: 1/11/2021</p>	<p>For: </p> <p>Name:</p> <p>Title:</p> <p>Date:</p>
<p>For: United Nations Development Programme (UNDP) </p> <p>Name : Dr. Elsie LAURENCE-CHOUNOUNE</p> <p>Title: Resident Representative</p> <p>Date: 29 Oct. 2021</p>	<p>For: </p> <p>Name:</p> <p>Title:</p> <p>Date:</p>
<p>For: United Nations Children's Fund (UNICEF)</p> <p>Name: France BEGIN </p> <p>Title: Resident Representative</p> <p>Date: 1 Novembre 2021</p>	<p>For: </p> <p>Name:</p> <p>Title:</p> <p>Date:</p>
<p>For: World Health Organization (WHO) </p> <p>Name: George AMEH </p> <p>Title: Resident Representative</p> <p>Date: 29/10/21</p>	<p>For:</p> <p>Name:</p> <p>Title:</p> <p>Date:</p>

V. 1