



GAVI/13/597/dlc

The Minister of Health  
Ministry of Health  
Kichik Deniz Kuc.4  
370014 Baku  
Azerbaijan

20 November 2013

Dear Minister,

***Annual Progress Report submitted by Azerbaijan***

I am writing in relation to Azerbaijan's Annual Progress Report (APR) which was submitted to the GAVI Secretariat in May 2013.

Following a meeting of the GAVI Independent Review Committee (IRC) from 15 to 26 July 2013 to consider your APR, I am pleased to inform you that the GAVI Alliance has approved Azerbaijan for GAVI support as specified in the Appendices to this letter. This letter and its appendices includes the support for the introduction of pneumococcal vaccine (PCV10) as it was approved by the GAVI Executive Committee (EC), at its meeting on 26 September 2011.

The Appendices includes the following important information:

Appendix A: Description of approved GAVI support to Azerbaijan

Appendix B: Financial and programmatic information per type of support

Appendix C: A summary of the IRC Report

Appendix D: The terms and conditions of GAVI Alliance support

Azerbaijan received a Partnership Framework Agreement in April 10, 2013 – a new simplified arrangement that we are working to agree with your colleagues – that will replace this 'decision letter' format. To date, we have not received the signatures of the Ministry of Health and Ministry of Finance on the Partnership Framework Agreement. Please be advised that the GAVI Alliance will no longer disburse HSS funds until the Partnership Framework Agreement has been signed between the GAVI Alliance and Azerbaijan.

The following table summarises the outcome for each type of GAVI support for Azerbaijan:

Type of support	Appendix	Approved for 2014
Health Systems Strengthening Support (HSS)	B-1	US\$ 205,500
New Vaccines support (Pneumococcal vaccine)	B-2	US\$ 2,504,500
New Vaccines support (Pentavalent vaccine)	B-3	US\$ 561,500



Please do not hesitate to contact my colleague Nilgun Aydogan ([naydogan@gavialliance.org](mailto:naydogan@gavialliance.org)) if you have any questions or concerns.

Yours sincerely,

PP

A handwritten signature in blue ink, consisting of the letters "HKO" in a stylized, cursive font, enclosed within a blue oval. To the right of the oval, the name "Hind Khatib-Othman" is written in a smaller, cursive script.

Hind Khatib-Othman  
Managing Director, Country Programmes

cc:           The Minister of Finance  
              The Director of Medical Services  
              Director Planning Unit, MoH  
              The EPI Manager  
              WHO Country Office  
              UNICEF Country Office  
              WHO EURO  
              WHO HQ  
              UNICEF Programme Division  
              UNICEF Supply Division  
              UNICEF regional office  
              The World Bank



## Description of GAVI support to Azerbaijan (the “Country”)

### New Vaccines Support (NVS)

The GAVI Alliance has approved the Country’s request for supply of vaccine doses and related injection safety material which are estimated to be required for the immunization programme as set out in Appendix B. Financing provided by GAVI for vaccines will be in accordance with:

- The GAVI Alliance Guidelines governing Country’s Annual Progress Report (APR); and
- The APR as approved by the the Independent Review Committee (IRC), including any subsequent clarifications.

The vaccines provided will be used as the country has proposed. The principles of the WHO-UNICEF-UNFPA joint statement on safety of injections (WHO/V&B/99.25) shall apply to all immunisation provided with these vaccines.

Item number 11 of Appendix B-2 and B-3 summarises the details of the approved GAVI support for vaccines in the years indicated.

Any required taxes, customs, toll or other duties imposed on the importation of vaccines and related supplies can not be paid for using GAVI funds.

GAVI is not responsible for any liability that may arise in connection with the distribution or use of vaccines and related supplies after title to such vaccines and related supplies has passed to the country, excluding liability for any defect in vaccines and related supplies, which remain the responsibility of the applicable manufacturer.

### *Country Co-financing*

In accordance with the GAVI Co-financing Policy, the Country has agreed to make the required contribution to co-financing vaccine doses as indicated in Appendix B. Item number 14 of Appendix B summarises the budget and the quantity of supply that will be procured with country’s funds in the corresponding timeframe. The total co-financing amount indicates costs for the vaccines, related injection safety devices (only applicable to intermediate and graduating countries) and freight.

Countries may select to co-finance through UNICEF Supply Division, PAHO’s Revolving Fund, or self-procure their co-financing requirement following their own procedures, except for the Pneumococcal vaccine that needs to be procured through UNICEF.

If the purchase of the co-financed supply is carried out through UNICEF or PAHO, the payment is to be made to UNICEF or PAHO (whichever is applicable) as agreed in the Procurement Services Memorandum of Understanding between UNICEF or PAHO (whichever is applicable) and the country, and not to the GAVI Alliance. Please keep in contact with UNICEF or PAHO (whichever is applicable) to understand the availability of the relevant vaccine(s) and to prepare the schedule of deliveries.

The total co-financing amount expressed in item number 14 of Appendix B does not contain costs and fees of the relevant Procurement Agency, such as contingency buffer and handling fees.



Information on these extra costs and fees will be provided by the relevant Procurement Agency as part of the cost estimate to be requested by the country. UNICEF/PAHO will share information with GAVI on the status of purchase of the co-financed supply. In accordance with the GAVI Co-financing Policy (<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>), the co-financing contribution is payable annually to UNICEF/PAHO.

If the purchase of the co-financed supply is carried out by the Government, following its own procurement procedures and not procuring from UNICEF Supply Division or PAHO's Revolving Fund, the Government must submit to GAVI satisfactory evidence that it has purchased its co-financed portion of the vaccines and related supplies, including by submitting purchase orders, invoices, and receipts to GAVI. GAVI encourages that countries self-procuring co-financed products (i.e. auto-disable syringes and syringe and needle disposal boxes) ensure that products appear on the applicable WHO list of pre-qualified products or, for syringe and needle disposal boxes, that they have obtained a certificate of quality issued by a relevant national authority.

**GAVI support will only be provided if the Country complies with the following requirements:**

Transparency and Accountability Policy(TAP): Compliance with any TAP requirements pursuant to the GAVI TAP Policy and the requirements under any Aide Memoire concluded between GAVI and the country.

Financial Statements & External Audits: Compliance with the GAVI requirements relating to financial statements and external audits.

Grant Terms and Conditions: Compliance with GAVI's standard grant terms and conditions (attached in Appendix D).

Country Co-financing: GAVI must receive proof of country co-payment from the Country such as invoices or shipment receipts if neither UNICEF nor PAHO is the procurement agent for country co-financed vaccine for the prior calendar year.

Monitoring and Annual Progress Reports: Country's use of financial support for the introduction of new vaccinations with the vaccine(s) specified in Appendix B is subject to strict performance monitoring. The GAVI Alliance uses country systems for monitoring and auditing performance and other data sources including WHO/UNICEF immunization coverage estimates. As part of this process, National Authorities will be requested to monitor and report on the numbers of children immunised and on co-financing of the vaccine.

Country will report on the achievements and request support for the following year in the Annual Progress Report (APR). The APR must contain information on the number of children reported to have been vaccinated with DTP3 and 3 doses of pentavalent vaccine by age 12 months, based on district monthly reports reviewed by the Immunisation Coordination Committee (ICC), and as reported to WHO and UNICEF in the annual Joint Reporting Form (JRF). The APRs will also contain information on country's compliance with the co-financing arrangements outlined in this letter. APRs endorsed by the ICC, should be sent to the GAVI Secretariat no later than 15 May every year. Continued funding beyond what is being approved in this letter is conditional upon receipt of satisfactory Annual Progress Reports and availability of funds.

**Decision letter for cash support-HSS**
**This Decision Letter sets out the Programme Terms of a Programme.**

<b>1. Country:</b> Azerbaijan
<b>2. Grant number:</b> 0914-AZE-10a-Y
<b>3. Decision Letter date:</b> 20/11/2013
<b>4. Date of the Partnership Framework Agreement:</b>  Not applicable
<b>5. Programme Title:</b> Health Systems Strengthening (HSS)
<b>6. HSS terms:</b>  The ultimate aim of HSS support is to ensure increased and sustained immunisation coverage through addressing health systems barriers in Country, as specified in: <ul style="list-style-type: none"> <li>• The relevant GAVI HSS guidelines – please contact your CRO at <a href="mailto:naydogan@gavialliance.org">naydogan@gavialliance.org</a> for the guidelines.</li> <li>• The relevant GAVI HSS application form - please contact your CRO at <a href="mailto:naydogan@gavialliance.org">naydogan@gavialliance.org</a> for the form.</li> <li>• Country’s approved grant proposal and any responses to the HSS IRC’s request for clarifications.</li> </ul> <p>Any disbursements under GAVI’s HSS cash support will only be made if the following requirements are satisfied:</p> <ul style="list-style-type: none"> <li>• GAVI funding being available;</li> <li>• Submission of satisfactory Annual Progress Reports (APRs) by the Country;</li> <li>• Approval of the recommendation by an Independent Review Committee (IRC) for continued support by GAVI after the second year;</li> <li>• Compliance with any TAP requirements pursuant to the TAP Policy and under any Aide Memoire concluded between GAVI and the Country;</li> <li>• Compliance with GAVI’s standard terms and conditions (attached in Appendix [D] or as set out in the PFA); and</li> <li>• Compliance with the then-current GAVI requirements relating to financial statements and external audits, including the requirements set out for annual external audit applicable to all GAVI cash grants as set out in GAVI’s grant terms and conditions.</li> </ul>
<b>7. Programme Duration<sup>1</sup>:</b> 2009-2014

<sup>1</sup> This is the entire duration of the programme.

**8. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement, if applicable):**

	2009-2012	2013	2014	Total <sup>2</sup>
Programme Budget (US\$)	977,000	0	205,500	1,182,500

**9. Indicative Annual Amounts (indicative) (subject to the terms of the Partnership Framework Agreement):**

The following disbursements are subject to the conditions set out in sections 6, 10, 11 and 12:

Programme Year	2009-2012	2013	2014	Total <sup>3</sup>
Annual Amount (\$US)	977,000	0	205,500	1,182,500

**10. Financial Clarifications:** The Country shall provide the following clarifications to GAVI<sup>4</sup>:

If the bank account information most recently provided to GAVI has changed or changes prior to disbursement, the country will need to complete a bank account information form. Please contact [gavihss@gavialliance.org](mailto:gavihss@gavialliance.org) for the form.

**11. Documents to be delivered for future HSS cash disbursements:**

The Country shall deliver the following documents by the specified due dates as part of the conditions for approval and disbursements of the future Annual Amounts.

Reports, documents and other deliverables	Due dates
Annual Progress Reports (APRs). The APRs shall provide detail on the progress against milestones and targets against baseline data for indicators identified in the proposal, as well as the PBF indicators as listed in section 6 above. The APRs should also include a financial report on the use of GAVI support for HSS (which could include a joint pooled funding arrangement report, if appropriate) and use of performance payments, which have been endorsed by the Health Sector Coordination Committee (HSCC) or its equivalent.	15 May 2014 or as negotiated with Secretariat
Interim unaudited financial reports. Unless stated otherwise in the existing Aide Memoire between GAVI and the Country, the Country shall deliver interim unaudited financial reports on the HSS cash support no later than 45 days after the end of each 6-month reporting period (15 February for the period covering 1 July – 31 December and 15 August for the period covering 1 January – 30 June). Failure to submit timely reports may affect future funding.	15 February and 15 August
In order to receive a disbursement for the second approved year of the HSS grant (2014), Country shall provide GAVI with a request for disbursement, which shall include the most recent interim unaudited financial report.	As necessary

<sup>2</sup> This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.

<sup>3</sup> This is the amount approved by GAVI.

<sup>4</sup> Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements


**12. Other conditions: The following terms and conditions shall apply to HSS support.**

Cash disbursed under HSS support may not be used to meet GAVI's requirements to co-finance vaccine purchases.

In case the Country wishes to alter the disbursement schedule over the course of the HSS programme, this must be highlighted and justified in the APR and will be subject to GAVI approval. It is essential that Country's Health Sector Coordination Committee (or its equivalent) be involved with this process both in its technical process function and its support during implementation and monitoring of the HSS programme proposal. Utilisation of GAVI support stated in this letter will be subject to performance monitoring.

Signed by,

On behalf of the GAVI Alliance

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Hind Khatib-Othman  
Managing Director, Country Programmes

20November 2013

**Azerbaijan VACCINE SUPPORT**

**This Decision Letter sets out the Programme Terms of a Programme.**

<b>1. Country:</b> Azerbaijan				
<b>2. Grant Number:</b> 1315-AZE-12b-X /13-AZE-08a-Y				
<b>3. Decision Letter date:</b> 20/11/2013				
<b>4. Date of the Partnership Framework Agreement:</b> Not applicable				
<b>5. Programme Title:</b> New Vaccine Support				
<b>6. Vaccine type:</b> Pneumococcal				
<b>7. Requested product presentation and formulation of vaccine:</b> Pneumococcal (PCV10), 2 dose(s) per vial , LIQUID				
<b>8. Programme Duration<sup>5</sup>:</b> 2013-2015				
<b>9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):</b>				
	2013	2014	2015	Total <sup>6</sup>
Programme Budget (US\$)	US\$270,000	US\$2,504,500	US\$2,046,000	US\$4,820,500
<b>10. Vaccine Introduction Grant:</b> Country will receive the vaccine introduction grant (127,000\$US) for PCV10 upon submission of PCV10 introduction grant budget and plans.				

<sup>5</sup> This is the entire duration of the programme.

<sup>6</sup> This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.



**11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):<sup>7</sup>**

Type of supplies to be purchased with GAVI funds in each year	2013	2014
Number of Pneumococcal vaccines doses	38,800	468,400
Number of AD syringes	350,400	162,700
Number of re-constitution syringes		
Number of safety boxes	3,900	1,825
Annual Amounts (US\$)	US\$270,000	US\$2,504,500

**12. Procurement agency:** UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.

**13. Self-procurement:** Not applicable.

**14. Co-financing obligations: Reference code:** 1315-AZE-12b-X-C According to the Co-Financing Policy, the Country falls within the graduating group. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.

Type of supplies to be purchased with Country funds in each year	2013	2014	2015
Number of vaccine doses	8000	97,200	174,000
Number of AD syringes	8100		
Number of re-constitution syringes			
Number of safety boxes	100		
Value of vaccine doses (US\$)	US\$27,261		
Total Co-Financing Payments (US\$) (including freight)	US\$29,000	US\$345,500	US\$610,500

**15. Operational support for campaigns:** Not applicable

<sup>7</sup> This is the amount that GAVI has approved.

**16. Additional documents to be delivered for future disbursements:**

Reports, documents and other deliverables	Due dates
Annual Progress Report 2013	15 May 2014

**17. Financial Clarifications:** The Country shall provide the following clarifications to GAVI\*:


***Not applicable***

*\*Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements*

**18. Other conditions:** Not applicable

Signed by,

**On behalf of the GAVI Alliance.**

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Hind Khatib-Othman  
Managing Director, Country Programmes

20 November 2013

**Azerbaijan VACCINE SUPPORT**
**This Decision Letter sets out the Programme Terms of a Programme.**

<b>19. Country:</b> Azerbaijan				
<b>20. Grant Number:</b> 1215-AZE-04a-X				
<b>21. Decision Letter date:</b> 20/11/2013				
<b>22. Date of the Partnership Framework Agreement:</b> Not applicable				
<b>23. Programme Title:</b> New Vaccine Support				
<b>24. Vaccine type:</b> Pentavalent				
<b>25. Requested product presentation and formulation of vaccine:</b> DTP-HepB-Hib, 1 dose(s) per vial, LIQUID				
<b>26. Programme Duration<sup>8</sup>:</b> 2011-2015				
<b>27. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):</b>				
	2011-2013	2014	2015	Total <sup>9</sup>
Programme Budget (US\$)	US\$3,277,922 <sup>10</sup>	US\$ 561,500	US\$347,500	US\$4,186,922
<b>28. Vaccine Introduction Grant:</b> Not applicable				

<sup>8</sup> This is the entire duration of the programme.

<sup>9</sup> This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.

<sup>10</sup> This is the consolidated amount for all previous years.

<b>29. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):<sup>11</sup></b>		
Type of supplies to be purchased with GAVI funds in each year	2011-2013	2014
Number of Pentavalent vaccines doses		206,200
Number of AD syringes		216,100
Number of re-constitution syringes		
Number of safety boxes		2,425
Annual Amounts (US\$)	US\$3,277,922 <sup>12</sup>	US\$ 561,500
<b>30. Procurement agency:</b> UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF		
<b>31. Self-procurement:</b> Not applicable		
<b>32. Co-financing obligations: Reference code:</b> 1215-AZE-04a-X-C According to the Co-Financing Policy, the Country falls within the graduating group. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.		
Type of supplies to be purchased with Country funds in each year	2014	2015
Number of vaccine doses	285,300	368,700
Number of AD syringes	298,900	
Number of re-constitution syringes		
Number of safety boxes	3,325	
Value of vaccine doses (US\$)	US\$ 721,950	
Total Co-Financing Payments (US\$) (including freight)	US\$ 776,500	US\$995,000
<b>33. Operational support for campaigns:</b> Not applicable		

<sup>11</sup> This is the amount that GAVI has approved.

<sup>12</sup> This is the consolidated amount for all previously approved years.

**34. Additional documents to be delivered for future disbursements:**

Reports, documents and other deliverables	Due dates
Annual Progress Report 2013	15 May 2014


**35. Financial Clarifications:** The Country shall provide the following clarifications to GAVI\*:

**Not applicable**

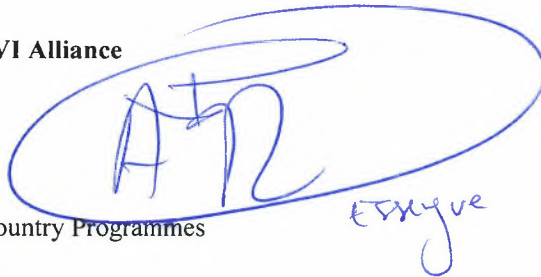
*\*Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements*

**36. Other conditions:** Not applicable

Signed by,  
**On behalf of the GAVI Alliance**

  
Hind Khatib-Othman  
Managing Director, Country Programmes

20 November 2013



**Type of report: Annual Progress Report**  
**Country: Azerbaijan**  
**Reporting period: 2012**  
**Date reviewed: July 2013**

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**1. Background Information**

Surviving Infants (2012): 139,752 Source: WHO pre-assessment

DTP3 coverage (2012):

- JRF Official Country Estimate: 93% Source: WHO pre-assessment
- WHO/UNICEF Estimate: 75% Source: WHO pre-assessment

**Table 1. NVS and INS Support**

NVS and INS support	Approval Period
HepB monovalent	2001-2008
DTP-HepB	2001-2001
DTP-HepB-Hib	2013-2015
Pneumococcal PCV10	2013-2015
Pneumococcal PCV13	2013-2015
INS	2003-2005

**Table 2. Cash Support**

Cash support	Approval Period
ISS 1	2001-2006
HSS	2009-2013

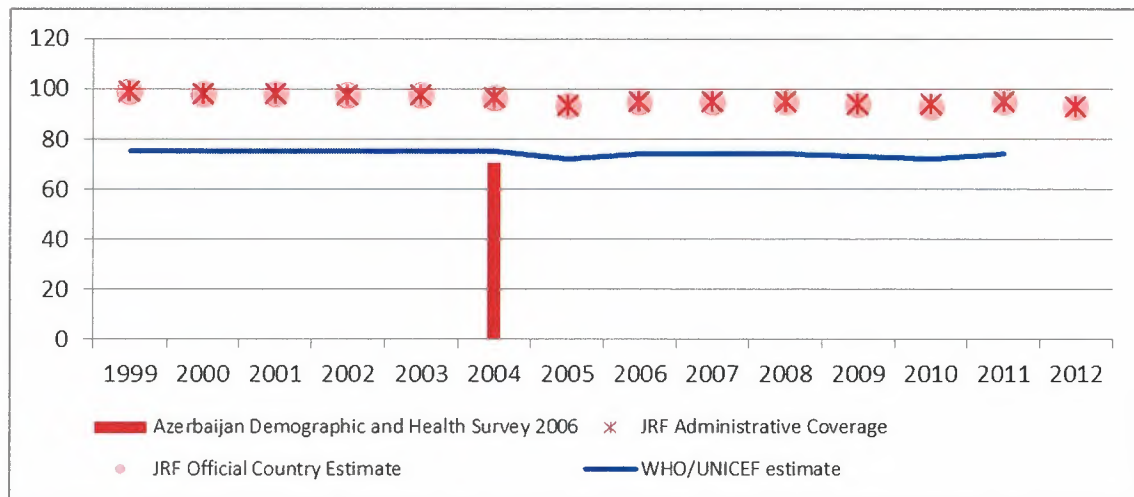
**2. Composition and Functioning of Inter-agency Coordinating Committee (ICC) / Health Sector Coordinating Committee (HSCC)**

The APR reports that there were 2 ICC meetings in 2012. There is indication of CSOs on the ICC. The minutes available show that members at the meeting were from CCM Secretariat, the MOH, USAID, UNICEF World Bank.

The Center of Public Health and Reforms (CPHR) held a series of meetings comprising 5 in 2012 and 9 in 2013 of which one was a teleconference; and tracked progress of decisions, responsibilities of tasks on the HSS development process from the actions and schedule of execution of the objective No.1 of the GAVI Project “Health System Strengthening”.

### 3. Programme and Data Management

The WHO/UNICEF DTP3 coverage in 2012 was 75% a slight increase from the previous years' 74%. The DTP3 country official estimates have been well above the 90% mark for the last over the last decade resulting in a persistent discordance of close to 20% over the same period. This indicates problems with data quality. The DTP drop-out rate has been below 5% though out. The last survey was conducted almost a decade ago.



The APR reports achievement of high coverage (country official estimates) of above 90% for all the antigens. There were adequate supplies for the programme. A challenge identified at local level was the registration of surviving infants at medical institutions which was addressed by improving the electronic registry of immunisation and the development of a module for vaccine management. Country cited the improved registration exercise of surviving infants as a reason for not achieving their targets. This resulted in change of targets presumable increase in denominator.

### 4. Gender and Equity Analysis

There is no sex disaggregated data. The APR reports that all children have access to immunization irrespective of gender. There are no gender problems in the republic.

### 5. Immunisation Services Support (ISS)

They are not eligible for ISS since 2006 and did not receive ISS rewards since 2008 or 2009 and after that they moved in to graduation and became ineligible for the ISS.

### 6. New and under-utilised Vaccines Support (NVS)

The UNICEF pre-assessment indicates that there is a discrepancy between the total Pentavalent doses for 2012 as per the DL (371,800) and the 191,898 doses the country reports in the APR as According to UNICEF's record, 147,850 doses were delivered in 2012. No doses were postponed to delivery in 2013. IRC also notes that DTP3 administered doses in 2012 in the APR (126,900) differs from the JRF administered doses (129,732).

The main problem encountered was the VVM colour change with 2-3 months of arrival in the country including vaccines stored at the national stores. Investigation of temperature monitoring on temperature charts showed that there was no violations of "cold regimen". Due to changes in VVM change, 1000 doses of vaccine of DTP-Hib-HepB Easy five TM produced by Panacea Biotec were written off.

No new vaccine was introduced in 2012. Pneumococcal: Introduction scheduled for 2013. Due to supply availability the country switched to PCV 10. The PCV 10 introduction is expected for September 2013.

The 2012 achievement was 129,732 compared to the 2014 target of 155,537 which represents as 20% increase. The country's justification for its targets is that according to data on 2012 birth cohort due to improved registration and implementation of e-health card system, target group size for 8 months available at the MoH higher than in previous years. With the improved reporting, analysis of all available data was to be conducted. The ehealth and data improvements are still part of the HSS work and are on-going. The country is receiving additional assistance from WHO EURO on these issues. It is planned to further TA to be provided to Azerbaijan within 2014 business plan for data assessment and quality improvement work. Given this justification for upholding the targets as proposed, the IRC approves the targets for both penta and pneumococcal

An EVM was conducted in 2011, comprehensive recommendations provided and a plan adopted and signed by the ICC. The plan assigns responsibilities and schedules for completion. There is enough cold room capacity at the central locations. The updates/requirements for PCV 10 implementation are implemented and readiness assessment is on-going. The assessment including the cold chain requirements will be concluded and report will be available by the end of July 2013.

The PIE in 2012 reports documentation in vaccination log books and registries is reported as very good; however vaccine coverage, vaccine wastage, and drop-out rates are not calculated at the health facility level. Vaccine coverage is calculated at the district and central levels. The PIE of 2012 determines that Vaccine management in sites visited was adequate, and there were no reported vaccine expirations or stock-outs. There was a well-established system of vaccine delivery from the national level to the district level and on to the health facilities. There was adequate cold chain capacity at all levels, including district and health facility levels. The cold chain equipment in the majority of sites visited was in good and functional condition. However, in some health facilities, refrigerators did not maintain the appropriate temperature range required for vaccine storage and not all health facilities had temperature-monitoring devices inside the refrigerators. Temperature monitoring devices were not consistently used during vaccine transport.

## **7. Vaccine Co-financing, Financial Sustainability and Financial Management**

The country is in the Graduating co-financing group. Azerbaijan started mandatory co-financing of pentavalent vaccine in 2011. The table 5.5a appears to have missing information as it does not reflect the country's co-financing contributions. Funding for the immunisation programme appears to be mainly from government. GAVI and WHO are the other funders. It is a good performer with timely payment of the co-financing obligation; self-procuring; pays a significantly higher price per dose than the UNICEF price. There are no TAP issues. Being a graduating country, the country should be considering a transition and/or sustainability plan. A joint visit was conducted for immunisation financing assessment for Azerbaijan and a report is awaited. The assessment looked into various areas in relation to graduation:

- financial sustainability - review of fiscal space for health and immunisation financing;
- future potential vaccine introductions (country is interested in HPV for near future);
- procurement and tendering issues (for future self-procurement);
- capacity of NRA and NITAG;
- and capacity for planning, ME and overall programmatic sustainability issues.

## **8. Injection Safety Support (INS) and Adverse Events Following Immunisation Systems**

The country has an injection safety plan that is being implemented. There have been no obstacles in its implementation. The government provides funds for injection safety





materials and for the traditional vaccines and co-financed vaccines. There is presence of and adverse events system in place.

## **9. Health Systems Strengthening (HSS)**

### **Situation of existing HSS grant**

The HSS programme in Azerbaijan in 2008 but delays in the FMA agreement resulted in the funds for the first year of the programme being transferred in April 2012. The Monitoring IRC 2011 had recommended an amount of \$ 394,765 with clarifications for the second year of implementation (2013). The country has come back with updates to the following sections of HSS proposal as to reflect the latest dynamics in the health system gaps (health workforce, stewardship and health information systems) and HSS partnership landscape.

### **Objectives of HSS:**

1. Improve the capacity of eight training institutes, 42 educators and 640 mid-level health workers through a strengthened postgraduate education system.
2. Strengthen the health information system for better monitoring of child and maternal health services.
3. Strengthen capacity and tools to plan cost and budget for the immunisation programme.

The proposal has been updated in accordance with the IRC clarification to be more immunisation focused, and in line with system gaps identified in health workforce capacity particularly at primary health care level, stewardship and health information systems. The updates relate specifically to the following areas:

Section 5.2: Major Activities and Implementation Schedule revised implementation timelines for 2012-2014)

Sections 6.1 and 6.2: Impact, Outcome and Output Indicators

Section 7.2: Roles and responsibilities of key partners updated current support from government and in-country partners

Section 7.6: Technical assistance requirements (indicated TA needs for HSS program implementation in 2012-2014 and available support from government and other partners

The activities appear appropriate to achieve set objectives. A clear monitoring and evaluation framework is provided with appropriate indicators (both outcome and process) and targets. Areas of technical assistance required are clearly identified. The reprogramming lacks detailed budget as no unit costs for the various activities to be implemented are available. The IRC is satisfied with clarifications were submitted documents.

The country is requesting the disbursement of the next tranche of HSS funds of \$205,500. A report of expenditures of HSS funds (\$582,000) in the country indicates a slow burn rate of 11% as at mid-2013. The activities implemented were limited in scope and the monitoring framework in this short frame of implementation is not expected to show any changes.

The IRC recommends the next tranche of funds as requested.

## **10. Civil Society Organization Type A/Type B (CSO)**

NA

## **11. Risks and mitigating factors**

Risks: failure to transition from GAVI support, comprehensive and adequately address the issue of denominator in addressing data quality, inadequate partnerships around health systems. Mitigation factors: graduating country with local resources that can be tapped into for immunisation,



## 12. Summary of 2012 APR Review

The country has maintained its coverage consistently above 70% but there is the gap between the official estimates and the WHO/UNICEF estimates is large. Azerbaijan, in collaboration with WHO is taking the measures necessary to accurately assess target population data and program performance parameters. No specific adjustments are recommended until this process is complete. The MoH should consider conducting immunization coverage survey to validate the current administrative coverage data. Ministry of Health should develop guidelines on AEFIs. The Ministry of Health should update their inventory of cold chain equipment at the district and health facility levels and replace cold chain equipment that is too old or does not maintain the required temperatures

## 13. IRC Review Recommendations

- **ISS**

NA.

- **NVS**

Pentavalent

Approve 2014 NVS support based on country request target,

**Pneumo:**

Approve 2014 NVS support based on country request target,

- **HSS:** Approve country funding request of a total of USD 205,500



## Appendix D

### **GAVI Alliance Terms and Conditions**

Countries will be expected to sign and agree to the following GAVI Alliance terms and conditions in the application forms, which may also be included in a grant agreement to be agreed upon between GAVI and the country:

#### ***FUNDING USED SOLELY FOR APPROVED PROGRAMMES***

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance for this application will be used and applied for the sole purpose of fulfilling the programme(s) described in this application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for this application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

#### ***AMENDMENT TO THIS PROPOSAL***

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in this application. The GAVI Alliance will document any change approved by the GAVI Alliance, and this application will be amended.

#### ***RETURN OF FUNDS***

The Country agrees to reimburse to the GAVI Alliance, all funding amounts that are not used for the programme(s) described in this application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

#### ***SUSPENSION/ TERMINATION***

The GAVI Alliance 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 programmes described in this application, or any GAVI Alliance-approved amendment to this application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in this application if a misuse of GAVI Alliance funds is confirmed.

#### ***ANTICORRUPTION***

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with this application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

#### ***AUDITS AND RECORDS***

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance 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 Alliance 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 Alliance 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 the GAVI Alliance in connection with any audit.



***CONFIRMATION OF LEGAL VALIDITY***

The Country and the signatories for the government confirm that this application is accurate and correct and forms a legally binding obligation on the Country, under the Country's law, to perform the programmes described in this application.

***CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE  
TRANSPARANCY AND ACCOUNTABILITY POLICY***

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and will comply with its requirements.

***ARBITRATION***

Any dispute between the Country and the GAVI Alliance arising out of or relating to this application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance 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 language of the arbitration will be English.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: The GAVI Alliance 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.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in this application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in this application.

***USE OF COMMERCIAL BANK ACCOUNTS***

The eligible country government is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support, including HSS, ISS, CSO and vaccine introduction grants. The undersigned representative of the government confirms that the government will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.