



GAVI/13/614/ap/rk

The Minister of Health of the Union of Myanmar
Ministry of Health of the Union of Myanmar
International Health Division
Nay Pyi Taw Myo Daw
Myanmar

15 November 2013

Dear Minister,

Annual Progress Report submitted by Myanmar

I am writing in relation to Myanmar'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 with clarifications Myanmar for GAVI support as specified in the Appendices to this letter. Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements.

The Appendices includes the following important information:

- Appendix A: Description of approved GAVI support to Myanmar
- 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

The same appendices are also used in the Partnership Framework Agreement (PFA) – a new simplified arrangement that we are working to agree with your colleagues – that will replace this 'decision letter' format.

We would like to highlight that India received a Partnership Framework Agreement in February 2013. 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 subsequent tranches of HSS funds until the Partnership Framework Agreement has been signed between the GAVI Alliance and India.

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

Type of support	Appendix	Approved for 2013	Approved for 2014
Pentavalent	B 1	N/A	US\$8,372,500
Measles	B 2	N/A	US\$721,500
HSS	B 3	US\$8,353,249	N/A



Please do not hesitate to contact my colleague rkumar@gavialliance.org if you have any questions or concerns.

Yours sincerely,

A handwritten signature in black ink that reads "Hind A. Khatib".

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 Representative
 UNICEF Country Representative
 Regional Working Group
 WHO HQ
 UNICEF Programme Division
 UNICEF Supply Division
 The World Bank



Appendix A

Description of GAVI support to *Myanmar* (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 Myanmar’s Annual Progress Report (APR); and
- The APR as approved by 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 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: Myanmar'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.

Myanmar 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.

Myanmar VACCINE SUPPORT

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

1. Country: Myanmar					
2. Grant Number: 1216-MMR-04c-X					
3. Date of Decision Letter: 15 November 2013					
4. Date of the Partnership Framework Agreement: Not Applicable					
5. Programme Title: New Vaccine Support					
6. Vaccine type: Pentavalent					
7. Requested product presentation and formulation of vaccine: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID					
8. Programme Duration¹: 2012 -2016					
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):					
	2012-2013	2014	2015	2016	Total ²
Programme Budget US\$)	US\$17,747,703 ³	US\$8,372,500	US\$9,491,500	US\$9,337,000	US\$44,948,703
10. Vaccine Introduction Grant: Not applicable					
11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):⁴ The Annual Amount for 2014 has been amended.					
Type of supplies to be purchased with GAVI funds in each year	2012-2013	2014			
Number of Pentavalent vaccines doses		-	3,981,900		
Number of AD syringes		-	3,684,700		
Number of re-constitution syringes		-	-		
Number of safety boxes		-	40,900		
Annual Amounts (US\$)	US\$17,747,703 ⁵	US\$8,372,500			

¹ This is the entire duration of the programme.

² 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.

³ This is the consolidated amount for all previous years.

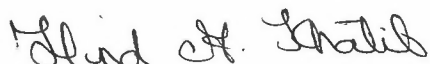
⁴ This is the amount that GAVI has approved..

⁵ This is the consolidated amount for all previously approved years.

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: 1216-MMR-04c-X-C. According to the Co-Financing Policy, the Country falls within the group Low Income. 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	2016
Number of vaccine doses	430,900	489,700	506,500
Number of AD syringes	-	-	-
Number of re-constitution syringes	-	-	-
Number of safety boxes	-	-	-
Value of vaccine doses (US\$)	US\$839,455	-	-
Total Co-Financing Payments (US\$) (including freight)	US\$883,000	US\$1,000,500	US\$1,010,000
15. Operational support for campaigns: Not applicable			
16. Additional documents to be delivered for future disbursements: Annual Progress Report 2013 Must be delivered by 15 May 2014			
17. Financial Clarifications: Not applicable			
18. Other conditions: Not applicable			

Signed by,

On behalf of the GAVI Alliance



Hind Khatib-Othman
 Managing Director, Country Programmes
 15 November 2013

Myanmar VACCINE SUPPORT

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

1. Country: Myanmar					
2. Grant Number: 1216-MMR-09a-X					
3. Date of Decision Letter: 15 November 2013					
4. Date of the Partnership Framework Agreement: Not applicable					
5. Programme Title: New Support Vaccine					
6. Vaccine type: Measles Second Dose					
7. Requested product presentation and formulation of vaccine: Measles, 10 dose(s) per vial, LYOPHILISED					
8. Programme Duration⁶: 2012 -2016					
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):					
	2012-2013	2014	2015	2016	Total ⁷
Programme Budget (US\$)	US\$1,395,500 ⁸	US\$721,500	US\$762,500	US\$726,000	US\$3,605,500
10. Vaccine Introduction Grant: Not applicable.					
11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):⁹					
Type of supplies to be purchased with GAVI funds in each year	2012-2013	2014			
Number of Measles vaccines doses	-	1,986,900			
Number of AD syringes	-	1,315,700			
Number of re-constitution syringes	-	218,600			
Number of safety boxes	-	17,050			
Annual Amounts (US\$)	US\$1,395,500 ¹⁰	US\$721,500			

⁶This is the entire duration of the programme.

⁷This 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.

⁸This is the consolidated amount for all previous years.

⁹This is the amount that GAVI has approved.

¹⁰This is the consolidated amount for all previously approved years.



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: Not applicable
15. Operational support for campaigns: Not applicable
16. Additional documents to be delivered for future disbursements: Annual Progress Report 2013 Must be delivered by 15 May 2014.
17. Financial Clarifications: The Country shall provide the following clarifications to GAVI*:
18. Other conditions: Not applicable.

Signed by,

On behalf of the GAVI Alliance

A handwritten signature in black ink, appearing to read "Hind Khatib-Othman".

Hind Khatib-Othman
Managing Director, Country Programmes
15 November 2013

Myanmar HSS CASH SUPPORT

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

1. Country: Myanmar
2. Grant number: 0814-MMR-10a-Y
3. Date of Decision Letter: 15 November 2013
4. Date of the Partnership Framework Agreement: Not applicable
5. Programme Title: Health Systems Strengthening (HSS)
<p>6. HSS terms:</p> <p>The ultimate aim of HSS support is to ensure increased and sustained immunisation coverage through addressing health systems barriers in Country, as specified in:</p> <ul style="list-style-type: none"> • The relevant GAVI HSS guidelines – please contact your CRO at rkumar@gavialliance.org for the guidelines. • The relevant GAVI HSS application form - please contact your CRO at rkumar@gavialliance.org for the form. • Country's approved grant proposal and any responses to the HSS IRC's request for clarifications. <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"> • GAVI funding being available; • Submission of satisfactory Annual Progress Reports (APRs) by the Country; • Approval of the recommendation by an Independent Review Committee (IRC) for continued support by GAVI after the second year; • Compliance with any TAP requirements pursuant to the TAP Policy and under any Aide Memoire concluded between GAVI and the Country; • Compliance with GAVI's standard terms and conditions (attached in Appendix D or as set out in the PFA); and • 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.

7. Programme Duration¹¹: 2008-2014				
8. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement, if applicable):				
	2008-2012	2013	2014	Total ¹²
Programme Budget (US\$)	US\$10,292,641	US\$8,353,249	US\$14,134,610	US\$32,780,500
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	2008-2012	2013	Total¹³	
Annual Amount (\$US)	US\$10,292,641	US\$8,353,249	US\$18,645,890	
10. Financial Clarifications: The Country shall provide the following clarifications to GAVI ¹⁴ :				
For both ISS and HSS grants, Myanmar to submit for 2012 and subsequent years, consolidated financial statements that show closing and opening balances and expenditure for the period for all the implementing partners. WHO, UNICEF, Government of Myanmar and Non Governmental Organisations (NGOs). The financial statements should cover the period under review, typically, January to December. The individual financial statements (UNICEF, WHO, GoM and NGO) to be attached as appendices. Also see page 18 Appendix C.				
11. Documents/information to be delivered prior to HSS cash disbursement (Financial clarifications):				
GAVI/TAP carried out financial management assessment of the NGO (Myanmar Red Cross Society (MRCS) recommended by the GoM to carry out the infrastructure development component of the HSS grant. A grant agreement signed by Myanmar Red Cross Society, GAVI and GoM will be required before disbursement of the funds for construction. Other required reports are listed in the section below.				

¹¹This is the entire duration of the programme.

¹²This 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.

¹³This is the amount approved by GAVI.

¹⁴Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements

12. 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. 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

13. 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 HSFP 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 HSFP programme proposal. Utilisation of GAVI support stated in this letter will be subject to performance monitoring.

Signed by,

On behalf of the GAVI Alliance



Hind Khatib-Othman
 Managing Director, Country Programmes
 15 November 2013

IRC NVS COUNTRY REPORT
Geneva, November 2012

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

1. Background Information

Surviving Infants (2012): 1 541 016 (JRF)

DTP3 coverage (2012):

- JRF Official Country Estimate: 85%
- WHO/UNICEF Estimate: 85%

Table 1. NVS and INS Support

NVS and INS support	Approval Period
HepB monoval	2002 -2009
DTP -HepB-Hib	2012 -2016
Measles	2012 -2016
INS	2002 -2006

Table 2. Cash Support

Cash support	Approval Period
ISS 1	2002 -2013
HSS	2008 -2014

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

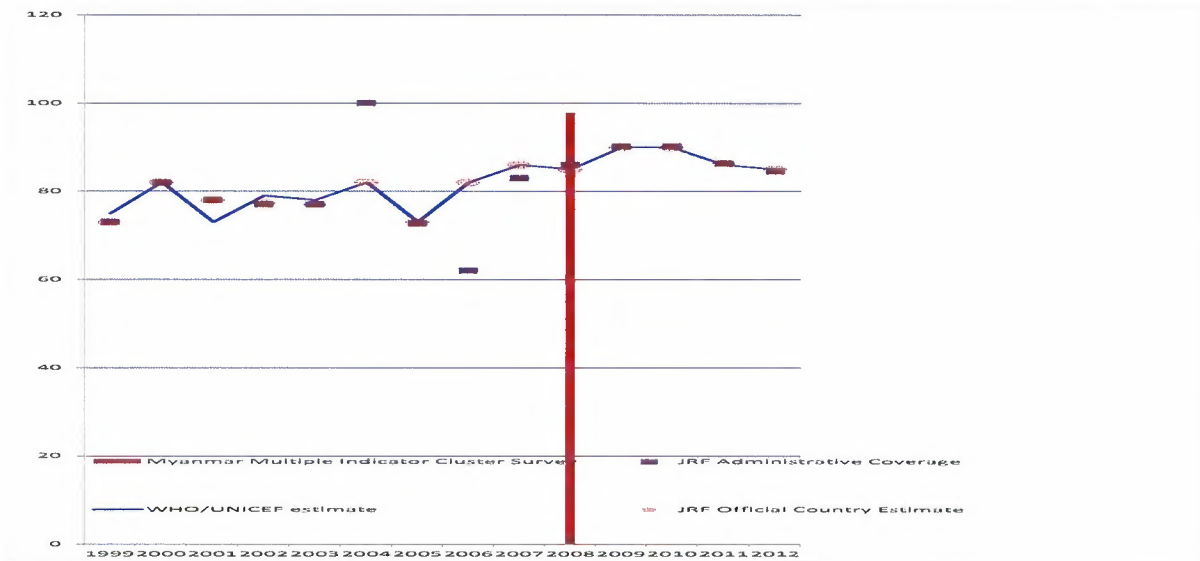
The country has both an ICC and NHSC Committee, which are chaired by the Director General of Disease Control of Department of Health. There are 25 members in the HSCC and 9 members in the ICC. Representatives from the CSO are presented at the HSCC (Merlin, Myanmar Red Cross, Myanmar Nurse and Midwifery Association and Myanmar Women Affairs Federation). Representatives from some other Ministries are also presented at the HSCC. The HSS component, including the budget adjustments was discussed and endorsed by the NHCC, during its 5th meeting in May 2013. The issues related to the EPI activities for the coming year were discussed during the ICC meeting.

3. Programme and Data Management

Since 2006 the vaccine coverage rates range between 80-90%. Of note is that there has not been any population census for the last 30 years and all programmes work according to the best estimates. However, the country is planning to conduct a census in 2014 and this will clarify a lot of the denominator issues.

The immunization achievements in 2012 were lower than in 2011. Due to the security issues the immunization activities were impossible to carry out in several townships. The NIP is in discussions with the authorities of those townships to solve these problems. The reported DPT 3 coverage in 2012 was 85%, and it is planned to increase this to 93% in 2013.

Figure 1: DTP3 coverage rate in Myanmar, 1999-2012



The IRC notes with the concern, that decreasing number of districts are achieving > 80% DTP3 coverage (to 211 in 2011, from 289 in 2009). However, the NIP is planning to conduct advocacy meetings with regional governments to find ways to overcome the access barriers in hard to reach areas such as the special administrative areas near the border of Myanmar and Thailand where many former refugees are located.

Myanmar has been free from polio since 2007. However, in spite of this, in 2012 a vaccine-derived poliovirus outbreak was reported in one of the Northern states. A polio mass immunization campaign was later successfully implemented, to deal with this situation.

The EPI is planning to upgrade from a paper based to a electronic data management system. A data quality audit will be conducted in 2013-2014 and a national-wide EPI coverage survey has been planned for 2014.

The new Expanded Programme of Immunization EPI Plan is developed for 2012-2016



4. Gender and Equity Analysis

Myanmar indicates that there are no gender related barriers to immunization access. Nevertheless sex-disaggregated NIP coverage data are not available to verify the statement. However, in some communities the restriction for daily activities for women can be observed, which may have implications for the children immunization.

The NIP is planning to conduct advocacy meetings with regional governments to find ways to overcome access barriers in areas hard to reach. Furthermore, a study was conducted to identify and analyse factors affecting the motivation and retention of midwives working in hard-to-reach areas. The results of this study will help drafting a strategy by the Department of Health to tackle this issue.

5. Immunisation Services Support (ISS)

The management of the ISS funds is done in close collaboration with WHO Office. Funds are released from WHO to EPI on the MOH account to be disbursed to state, regional and local level. The ISS funds were used for strengthening of activities in weak performing health Centres. The funds were used for annual EPI evaluation meeting, for the workshop to review and revise EPI and surveillance policy, Polio eradication activities and support of cold chain engineers. Support was provided to access population in hard to reach areas, and volunteers were also supported to reach the remote communities.

As part of the EPI strengthening activities to prepare for the introduction of new vaccines Myanmar conducted an AEFI workshop inviting WHO and international consultants to strengthen AEFI Surveillance. In addition to that, the ISS funds were also used to strengthen AFP surveillance and operational costs were provided for case reporting and investigation. An external audit of the ISS support window was conducted in 2012.

The country is not entitled for an ISS reward as fewer children were vaccinated in 2012 as compared to previous highest achieved.

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

GAVI has committed support to Myanmar's proposal for Measles and Penta as per 2010 APR.

Pentavalent: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

The country introduced Penta on 6 November 2012. The country planned a mid-year introduction; however, due to Penta supply availability, the shipment was delayed. Furthermore, the country faced a Polio Vaccine derived outbreak and other disaster management issues and therefore delayed the introduction of the vaccine.

Measles second dose: 10 dose(s) per vial, LYOPHILISED

5. MSD was introduced on 6 November 2012 and this introduction was delayed for the same reasons as the pentavalent vaccine (i.e., competing



priorities). The country received in 2012 2,429,600 doses of MSD. No deliveries for MSD were postponed and no stock-outs were reported.

The IRC notes that the country demonstrates good progress in implementing the 2011 EVM recommendations. A very detailed Improvement Plan exists. In April 2013, the country has conducted a cold chain logistic management workshop. In order to deal with the wastage rates due to the introduction of multi dose vials, a special policy was developed and introduced for implementation.

Myanmar received in 2012 a new vaccines introduction grant in the total amount of US\$ 2,418,000. Only 12% was absorbed in 2012.

In 2012, in Myanmar number of children vaccinated with DTP3 was 1 303 246, and they are planning to vaccinate 1 386 808 children in 2014. At the same the drop our rate for DTP in 2012 was 5% and they are planning to decrease it up to 2 % in 2014.

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

Myanmar belongs to the low-income co-financing group. The country started mandatory co-financing of pentavalent vaccine in 2012. Myanmar is a good performer: timely payment of the co-financing obligation; it has already paid for the 2013 co-financing requirement.

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

The Country has an injection safety policy.

9. Health Systems Strengthening (HSS)

The Goal of the HSS is to achieve improved service coverage for essential PHC components of immunization and maternal and child health in support of 2/3 reduction in under 5 child mortality between 1990 and 2015, through strengthening programme coordination, improving health planning systems and strengthening of human resources management.

The funds to carry out these activities were distributed between the UNICEF and WHO. The last is responsible for the overall management and administration of the HSS programme and activities. UNICEF is responsible for procurement of supplies for the GAVI-supported townships. With the involvement of WHO and UNICEF country offices as the external and internal funds disbursement and management mechanism at the various levels, the HSS fund management has been effective. However, some HSS TAP issues have been observed that the country should clarify.

One of the important activities planned under the HSS grant is a pilot study of the MCH Voucher Scheme and Hospital Equity Fund (HEF) project pilot in township (Yedashay). The Myanmar Red Cross is planning to construct sub rural health facility.



The IRC notes that despite the success stories several things still need to be improved. The under 5 mortality data is not available for the last two years and the number of districts with good DPT 3 coverage is decreasing. Data on deliveries by skilled birth attendance is also not available and the last available one is far from the desired target.

In all but 7 of the 18 activity areas there was no report on the status of the activity available on the date of reporting, but the country is expecting to get these by end of the year. Some of the planned HSS activities have a limited progress.

Overall, the reprogrammed activities for 2014 make sense and the IRC hopes that the country keeps up the pace in implementing and achieving the planned activities under the HSS programme. The request for \$8.3m is approved.

GAVI HSS interventions evaluation is planned for 2015

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

N/A

11. Risks and mitigating factors

Myanmar faces various security issues as well as on-going ethnic conflicts in its Eastern and Western border areas, which hamper the activities of the NIP. Furthermore, the country is now opening up and many Western agencies/donors are becoming active in the country. Without strong coordination between the different partners and the country, activities and funds in the country may risk not to be efficiently implemented/spend.

12. Summary of 2012 APR Review

Myanmar is reporting Penta and MSD performance in 2012 and requesting Penta and MSD support for 2014. The country has achieved to maintain acceptably high coverage levels given the circumstances and the program performance steadily improves; denominator and data quality issues are being addressed along with other critical issues relating to program performance. The IRC notes with concern that during the last 2 years country had faced outbreaks of vaccine preventable Diseases. Those two outbreaks underline the necessity of strengthening of surveillance systems. The continuation of HSS seems as an important activity, as it supports country to carry on its Workforce Strategic Plan for 2012-2017. The IRC noticed that several targets and indicators of HSS activity are hopeful to be available in a few months' and requests for an update on the progress made in the next APR. It is commendable that the country has already paid the co-financing contribution for new vaccines. The IRC observed that there was no mentioning of GAVI in the new EPI programme for 2012-2016, developed by the Myanmar.



13. IRC Review Recommendations

- **ISS**
 1. Country is not eligible for ISS reward in 2012 because fewer children were immunised.
- **NVS**
 - 1) Approve 2014 NVS support for pentavalent vaccine based on country request target.
 - 2) Approve 2014 NVS support for MSD second dose, based on country request target
- **HSS**
 - 1) Approve country-funding request (\$8.3m) subject to TAP clarifications mentioned below.

14. Clarification Required with Approved Funding

(a) Financial clarifications/outstanding TAP issues

ISS:

- Country to submit revised 2012 APR to revise the US\$ of US\$183,962 being WHO management fees for 2011 included in the brought forward balance which has created a difference in 2011 APR closing balances was US\$ 2,628,038 while 2012 APR opening balances is US\$ 2,812,000.
- APR closing balance is US\$1,759,812. FS submitted do not show closing balances, country to submit consolidated FS showing clearly MoH and UNICEF opening balances, expenditure and closing balances for the period 1 Jan to 31 December 2012.
- The revised 2012 APR should show expenditure for both MoH and UNICEF and explain the difference of US\$934,225 between total expenditure in APR of US\$1,349,188 and MoH FS expenditure of US\$414,963.

HSS:

- Country to submit consolidated FS showing clearly MoH and UNICEF opening balances, expenditure for the period and closing balances for the period 1 Jan to 31 December 2012.
- Explain the difference between APR and FS of expenditure of US\$114,595. Expenditure APR: US\$ 768,106. Expenditure in UNICEF FS is US\$388,747, while expenditure reported in MoH audited FS is US\$493,954. Total expenditure is US\$882,701.



- Explain the difference of US\$3,477,666 between cash disbursed as per GAVI records (US\$ 5,061,666) and cash received in UNICEF FS, which is US\$1,584,000.

Notes on the IRC report:

Please notice that the clarifications mentioned in this report are dated from July 2013. Those clarifications were sent to the country and the country responded to them in a manner that GAVI secretariat has judged satisfactory for the matter of this Decision Letter. Nevertheless, a follow up from the country may be needed.



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.