GAVI/14/263/lm/rk/hk

Dr. Kautu Tenaua
The Minister of Health and Medical Services
Ministry of Health and Medical Services
P.O. Box 268
Bikenibeu
Tarawa
The Government of Kiribati

01 July 2014

Dear Minister,

Kiribati's Proposal to the GAVI Alliance

I am writing in relation to The Government of Kiribati's proposal to the GAVI Alliance for New Vaccines Support (NVS) for Inactivated Polio Vaccine (IPV) which was submitted to the GAVI Secretariat in March 2014.

In April 2014 your application was reviewed by the GAVI Independent Review Committee (IRC) which recommended "Approval with Comments" of your application. Based on The Government of Kiribati's response to IRC's comments within the deadlines stated below, the GAVI Alliance has approved The Government of Kiribati for GAVI support for IPV, as specified in the Appendices to this letter.

Comment	Way forward	Deadline, agreed upon with the country
1. Follow WHO recommendations to give Penta vaccine in one thigh and PCV and IPV in the other thigh since Penta contains a greater number of antigens and tends to be associated with more local reactions. Ensure that the IPV injection site is separated by at least 2 cm from PCV injection site since they will be given in the same limb. Ensure that the precise limb each vaccine is to be given in (i.e. right vs. left) is specified in EPI guidelines/policy.	WHO recommendation for the administration of IPV will be implemented. Nurses will give IPV with the pneumococcal vaccine on the same thigh 2cm apart. This will be discussed more in the training, all vaccination procedures done according to EPI Policy/guidelines.	This will be completed during the health worker training for IPV introduction.
2. The EVM to be conducted in June 2014 should include an implementation plan. The cold	EVM will be discussed immediately by MOH. The implementation plan will be	During the next EVM scheduled for June 2014.

GAVI Alliance | 2 chemin des Mines 1202 Geneva Switzerland | Tel. +41 22 909 6500 Fax +41 22 909 6555 | www.gavialliance.org info@gavialliance.org

Comment	Way forward	Deadline, agreed upon with the country
chain assessment recently conducted will contribute to the EVM process and definition of future needs which is well aligned with the new holistic approach to EVM assessments. The country should be complimented for having taken this initiative.	developed with the assistance of WHO/UNICEF. A draft template has been developed and has been submitted. The template will be further developed based on recommendations after EVM	
3. Provide the planned date for the revision of the cMYP to include IPV.	WHO has committed to assist in the revision of cMYP which will take place from 11 to 29 August 2014. The cMYP will be provided as an addendum as well as a report during the next APR.	August 2014.

In order to ensure sufficient funding for all GAVI countries applying for IPV support, please note that The Government of Kiribati's initial allocation of IPV doses and associated supplies have been adjusted using UN population data[1] and WHO UNICEF estimates of DTP3 coverage in 2012, consistent with the calculation underlying the IPV budget approved by the GAVI Board in November 2013. Reflecting these adjustments, the Vaccine Introduction Grant (VIG) has been revised in line with UN population estimates of the birth cohort.

Following a country's introduction of IPV, in exceptional circumstances with clear supporting evidence of an additional need and in consultation with the country and partners, doses may be revised upwards to meet that need. Any such revision would be subject to GAVI's approval and reporting processes, and subject to sufficient GAVI funding for IPV being available.

Government of Kiribati received a Partnership Framework Agreement (PFA) in December 2013. To date, we have not received the signatures of the Ministry of Health and Ministry of Finance on the PFA. Please be advised that the GAVI Alliance will no longer continue its funding and support to Kiribati until the Partnership Framework Agreement has been signed between the GAVI Alliance and Kiribati.

The Appendices includes the following important information:
Appendix A: Description of approved GAVI support to The Government of Kiribati
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

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

[1] UN World Population Prospects, Revision 2012 (http://esa.un.org/wpp/)

Yours sincerely,

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 The Government of Kiribati

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 The Government of Kiribati

- 's proposal application; and
- The final proposal as approved by the Independent Review Committee (IRC), including any subsequent comments.

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 cannot be paid for using GAVI funds.

The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programmes in the Country; and (ii) the use or distribution of vaccines and related supplies after title to such supplies has passed to the Country. GAVI shall not be responsible for providing any additional funding to replace any vaccines and related supplies that are, or became, defective or disqualified for whatever reason.

Country Co-financing
****Note: GAVI's usual co-financing requirements do not apply to IPV. However, Kiribati is encouraged to contribute to vaccine and/or supply costs for IPV. ****

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 agreements between 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).

For all vaccines except IPV: 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 or equivalent: 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 immunisation 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) or equivalent. The APR or equivalent 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 or equivalent will also contain information on country's compliance with the co-financing arrangements outlined in this letter. APRs or equivalent 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 or equivalent and availability of funds.

Appendix B

Kiribati
SUPPORT for
INACTIVATED POLIO VACCINE (IPV)

This Decision Letter sets out the Programme Terms of a Programme

1. **Country:** Kiribati
2. **Grant Number:** 1518-KIR-25a-X / 15-KIR-08h-Y
3. **Date of Decision Letter:** 01 July 2014
4. **Date of the Partnership Framework Agreement:** Not yet signed
5. **Programme Title:** NVS, IPV Routine
6. **Vaccine type:** Inactivated Polio Vaccine (IPV)
7. **Requested product presentation and formulation of vaccine**[1]**:** Inactivated Polio Vaccine, 1 dose(s) per vial, LIQUID
8. **Programme Duration**[2]**:** 2015 - 2018

[1] Please refer to section 18 for additional on IPV presentation.
[2] This is the entire duration of the programme.

9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):

Please note that endorsed or approved amounts for 2017 and 2018 will be communicated in due course, taking into account updated information on country requirements and following GAVI's review and approval processes.

	2015	2016	Total[3]
Programme Budget (US$)	US$14,000	US$11,500	US$25,500

10. Vaccine Introduction Grant: US$100,000

11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):[4]

Type of supplies to be purchased with GAVI funds in each year	2015
Number of IPV vaccines doses	4,200
Number of AD syringes	4,500
Number of re-constitution syringes	
Number of safety boxes	50
Annual Amounts (US$)	US$14,000

12. Procurement agency: UNICEF

[3] This is the total amount endorsed by GAVI for 2015 to 2016.

[4] This is the amount that GAVI has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently.

13. Self-procurement: N/A

14. Co-financing obligations:
GAVI's usual co-financing requirements do not apply to IPV. However, The Government of Kiribati is encouraged to contribute to vaccine and/or supply costs for IPV.

15. Operational support for campaigns: N/A

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

Reports, documents and other deliverables	Due dates
Annual Progress Report or equivalent	To be agreed with GAVI Secretariat in the context of GAMR Joint Appraisal for support in 2014 and 2015.

17. Financial Clarifications: Not applicable.

18. Other conditions: If The Government of Kiribati envisages a switch in product presentation, it is encouraged to incorporate elements for both IPV presentations in your initial introduction preparations, in order to minimise the need for later interventions and facilitate the switch. In those circumstances, in principle, no product switch grant will be provided to The Government of Kiribati.

Comment	Way forward	Deadline, agreed upon with the country
1. Follow WHO recommendations to give Penta vaccine in one thigh and PCV and IPV in the other thigh since Penta contains a greater number of antigens and tends to be associated with more local reactions. Ensure that the IPV injection site is separated by at least 2 cm from PCV injection site since they will be given in the same limb. Ensure that the precise limb each vaccine is to be given in (i.e. right vs. left) is specified in EPI guidelines/policy.	WHO recommendation for the administration of IPV will be implemented. Nurses will give IPV with the pneumococcal vaccine on the same thigh 2cm apart. This will be discussed more in the training, all vaccination procedures done according to EPI Policy/guidelines.	This will be completed during the health worker training for IPV introduction.

2. The EVM to be conducted in June 2014 should include an implementation plan. The cold chain assessment recently conducted will contribute to the EVM process and definition of future needs which is well aligned with the new holistic approach to EVM assessments. The country should be complimented for having taken this initiative.	EVM will be discussed immediately by MOH. The implementation plan will be developed with the assistance of WHO/UNICEF. A draft template has been developed and has been submitted. The template will be further developed based on recommendations after EVM	During the next EVM scheduled for June 2014.
3. Provide the planned date for the revision of the cMYP to include IPV.	WHO has committed to assist in the revision of cMYP which will take place from 11 to 29 August 2014. The cMYP will be provided as an addendum as well as a report during the next APR.	August 2014.

Signed by,

Mary Brooks (OIC)

On behalf of the GAVI Alliance
Hind Khatib-Othman
Managing Director, Country Programmes
01 July 2014

Appendix C

Independent Review Committee (IRC) Country Report
GAVI Secretariat, Geneva • 28 April – 1 May 2014
Country: Kiribati

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1. Type of support requested: IPV

Planned start date *(Month, Year)*	Duration of support	Vaccine presentation(s) *(1^{st}, 2^{nd}, and 3^{rd} choice)*
January 2015	2015-2018	1 dose/vial: outer islands; 5 dose/vial: Tarawa
		2 dose/vial: outer islands; 5 or 10 dose/vial for Tarawa
		5 dose/vial for outer islands; 10 dose/vial for Tarawa

2. In-country governance mechanisms (ICC/HSCC) and participatory proposal development process.

The GAVI application for IPV introduction was completed by government, UNICEF and WPRO focal points. Signatures endorsing the application from both the Minister of Health and Minister of Finance were provided.

The Republic of Kiribati has an existing well-functioning ICC consisting of members from WHO, UNICEF, Ministry of Health and Medical Services (MHMS), Ministry of Finance (MoF), Ministry of Education (MoE). The country does not have a functioning National Regulatory Authority (NRA), academic and training institutions whose nominees could be involved in the decision making process. The ICC is the responsible body for the introduction of new vaccines.

The application for IPV support was discussed at an ICC meeting held on March 25. The meeting was attended by individuals from various government ministries and departments (MOE, MOFED, MHMS) as well as WHO and UNICEF. There was no CSO representation at the meeting. The minutes indicate that the ICC endorsed the IPV proposal. The need to conduct an EVM as a requirement of the IPV application was also discussed during the meeting and there was commitment provided to conducting an EVM in June 2014. Signatures of the ICC endorsing the IPV application were included in the application form.

3. Situation analysis – Status of the National Immunisation Programme

The population of Kiribati is scattered over 23 small atolls over a vast ocean area. The unique geographical and cultural characteristics and its less developed economic conditions provide unique challenges. The National Immunization Program provides vaccination with all traditional vaccines. With GAVI support, the country implemented use of the pentavalent vaccine in 2008 and PCV in 2013.

Immunization services along with other primary health care services are delivered by health centres and dispensaries either through special immunization sessions organized at health facilities on specific days or "on demand" in the health facilities. "On demand" immunization is limited to health facilities with functioning refrigerators. It is estimated that 40% of all children immunized are vaccinated "on demand" in health facilities but in general "demand' is low. Opportunistic vaccination prompted by nursing staff is limited.
The country has consistently demonstrated high immunization coverage levels. The official country estimate for DTP3 coverage in 2012 was 94%, in line with WUNIC estimates. No coverage survey has been conducted in recent years. Data quality issues have been noted regarding calculation of birth cohorts and target populations both in this application and in previous applications and reviews.

No EPI coverage survey has been conducted in the last five years. However, internal programme reviews were carried out. Lessons learnt from those reviews were included in the IPV Introduction Plan and included: transportation issues, outreach arrangements, equipment availability, proper use of recording and reporting forms and registers, and the need for better target population and resultant vaccine calculations to avoid shortages in manpower and vaccines. Some of these lessons learned are incorporated into this proposal.

4. Overview of national health documents

The current cMYP has not been updated to include the introduction of IPV and timeline for updating the document is not provided. A progress report on the implementation of the improvement plan is not included with the application documents. The last EVM was conducted in 2009. The country has indicated a commitment in the IVP Introduction Plan to conduct an EVM in June 2014.

It is planned to set up a working group involving the EPI manager, people from health information system, from other programmes if needed to update all forms, handbook etc. and document them in cMYP.

5. Gender and Equity

The IPV application states that sex-disaggregated immunization data is not available and that they do not believe that there is any gender related barriers to access. The GII shows the loss in human development due to inequality between female and male achievements in the three GII dimensions. Due to a lack of relevant data, the GII has not been calculated for this country (UNDP). However, another source shows that the average loss in potential human development is 68% for Kiribati. With high maternal mortality, adolescent fertility, and low female political participation, Kiribati only performs well in women's educational attainment compared to men.

Gender inequality evident in traditional Kiribati social structures such as the "maneaba" community council and "unamane" male elders has persisted. Unequal gender norms, roles and relations have multiple and additive effects on health across the lifespan. Unfair and

discriminatory feeding practices, division of work and environmental exposures, lower opportunities for political participation and access to health services and, importantly, gender-based violence stem from gender inequality. In Kiribati, GBV has been normalized and viewed as an acceptable or even deserved form of discipline for women who do not fulfill their prescribed gender roles (Rasanathan & Bhushan 2011).

Other equity issues include the scattered and remote islands and ensuring the immunization capacity strengthening and services reach those locations. The proposal plans to mitigate this by ensuring that activities like training are conducted along with other planned activities to share costs. Vaccine distribution will be done along with other drugs. To mitigate barriers, strong awareness campaigns are planned and involve heads of islands in the planning and ownership.

6. Proposed activities, budgets, financial planning and financial sustainability

The funding is requested through GAVI and partners (WHO and UNICEF) with co-financing by MHMS. A total of $146,016 are needed for introduction and of this $ 101,456 is requested from GAVI, $ 10,070 from WHO and $ 10,490 from UNICEF. The Kiribati Government will contribute $ 34,000.

The country does not plan to co-finance IPV since this is not a requirement for this window. The government funds all traditional vaccines, with the exception of Pentavalent and Pneumococcal vaccines and all co-financing requirements have been met. Kiribati is a graduating GAVI country; plans to absorb the cost of all vaccines post-graduation are in place.

The country has estimated the operational costs for IPV implementation at $156,016 USD. The country has not followed GAVI VIG calculation instructions. Due to the low birth cohort the country is eligible for the minimum $100,000 VIG; however, the country has requested a VIG from GAVI of $101,456, which exceeds this eligibility value. The country plans to directly contribute $34,000 (20%) to the operational costs and UNICEF (6.7%) and WHO (6.5%) have committed to contribute the outstanding amounts. It is not clear if the government commitments to the operational costs have been fully secured. The country will need to address the $1,456 funding gap resulting from the miscalculation of the GAVI VIG.

The country has indicated in the IPV introduction application that the one-time vaccine introduction grants (US£ 101,456) should be transferred to the government. As no FMA has been done for Kiribati, the country needs to provide Attachment 4 i.e. a description of their proposed funding mechanism to manage the IPV introduction grant, especially covering the following processes:

a) Budget execution arrangements including internal controls.
b) Procurement arrangement
c) Accounting and financial reporting

7. Specific comments related to requested support

New vaccine introduction plan

The New Vaccine Introduction Plan for IPV clearly outlines the justification for the introduction of one dose IPV into the routine immunization program in Kiribati, in line with the Polio Eradication and Endgame Strategic Plan and the recent WHO SAGE position paper.

Kiribati is planning to implement IPV nationwide in January 2015, but has left the option open to delay introduction until June 2015 if there is need for more community awareness or preparatory activities. The country has indicated that the target population for IPV vaccine will be 100% of surviving infants. However, there were discrepancies noted between the birth cohort and the estimated number of surviving infants. Surviving infant values are higher than the birth cohort from 2015-2018. In addition no data (i.e. fertility rates, infant mortality, etc.) was provided to justify the substantial projected increase in the estimated surviving infants from 3179 to 5174 during the period from 2014-2018.

IPV will be administered at 14 weeks along with Penta3 and PCV3, which is line with WHO SAGE recommendations. The country has indicated that IPV will be given IM at the same site as Pentavalent vaccine, while PCV will be given in the other thigh. Guidelines for administration of multiple vaccines should clearly indicate which thigh (right or left) the vaccine should be administered in and for the administration of multiple vaccines in one limb, there should be a minimum separation of 2 cm between injection sites i.e. they should not be given at the "same site". It is also recommended that PCV and IPV be given in one limb and Penta in the other limb, given the higher number of antigens and the slightly increased local reactions associated with Penta.

The vaccine introduction plan indicates that vaccine and associated supplies procurement will be conducted through UNICEF SD and that the country does not procure vaccines directly. The country has indicated differing preferences for vaccine presentation for the main island of Tarawa and the outer islands. Since the outer islands have very small populations, the first preference for these locations was the 1-dose/vial presentation in order to reduce wastage, while the first preference indicated for the more populated Tarawa was a 5-dose/vial presentation. As second preference, the country has indicated a 2-dose/vial presentation for the outer islands. As per the IRC briefing from UNICEF SD, a 2-dose/vial presentation will not be available to countries. The third preference indicated is for a 5-dose/vial presentation for the outer islands and a 10-dose/vial presentation for Tarawa.

Given the small population of Kiribati, it may be easier logistically for the country to use a 1-dose/vial presentation for the entire population (UNICEF SD has confirmed availability of a 1-dose presentation for Kiribati).

The country does not have a functioning NRA and national licensure will not be required for IPV. WHO prequalified vaccines undergo an expedited process for national registration and no other regulatory requirements are necessary.

Vaccine management and cold chain capacity

No EVM Improvement plan is provided. This is a mandatory document.

The country has indicated in the introduction plan (p.10) a commitment to conduct an EVM in June 2014, and also that last EVM (EVSM) was conducted in 2009.

The country has 4 new pieces of cold chain equipment that will apparently cater for the IPV need. No details are provided. A cold chain assessment has been recently conducted and recommendations will be implemented by June 2014 that includes addressing gaps. The IPV budget includes $4,000 to purchase new refrigerators and $6,000 for an incinerator. Additional equipment needs include 1 vaccine refrigerator and freezer at the central store, and 3

refrigerators for new clinics. The ICC meeting raised concerns about fire risk from multiple fridge installations

The country is requesting a single dose presentation of IPV due to the unique nature of its island populations (Approx. 5,000 target. population). There are no specific issues in respect of CCL.

Waste management

No concerns regarding waste management were flagged. Incinerators are used for disposal of waste in Tarawa and in the outer islands burning and burying is conducted.

Training, Community Sensitisation & Mobilisation Plans:

A TOT approach will be utilized for previous new vaccine introductions and support from WHO and UNICEF will be obtained as needed. Training activities will be conducted from September to November 2013 and will address all topics relevant to the introduction. Pre-introduction supervisory visits will be conducted to ensure all necessary materials are in place.

Creating awareness amongst political leaders will be conducted by MoH officials. Community awareness campaigns will be conducted using various methods including, awareness meetings, posters, banners and leaflets. Communications materials will be prepared that include key messages that will be delivered through radio, newspapers, churches, pamphlets, posters flyers, banners, etc. All IEC materials developed will be field-tested on different target groups prior to introduction. A launching ceremony will be planned at the national level.

Monitoring and evaluation plans:

A working group will be convened to update existing data collection tools for the IPV introduction. No specific plans are provided regarding monitoring of the IPV implementation and there is no mention of a post-introduction evaluation.

An AEFI surveillance system was established in the country in 2006, but the country acknowledges that this system is weak. Kiribati does not have an AEFI Expert Review Committee. The EPI Program has taken measures to strengthen the AEFI system through the development of draft AEFI guidelines adapted from WPRO guidelines that include AEFI reporting forms and conducting basic training courses for HCW on vaccine safety,

8. Country document quality, completeness, consistency and data accuracy

The cMYP has not been updated to include the IPV introduction and no plans for updating the document were provided. In addition, there has not been an EVM in the country since 2009 and therefore the country does not satisfy the criteria that an EVM be conducted in the past 36 months. The application does indicate commitment to conduct an EVM in June 2014.

There were discrepancies noted between the birth cohort and the estimated number of surviving infants. Surviving infant values are higher than the birth cohort from 2015-2018. In addition, no data source/justification was provided to justify the substantial projected increase in the estimated surviving infants from 2014-2018.

9. Overview of the proposal

Strengths:

- Government finances all traditional vaccines and co-financing obligations have been met. As a graduating country, Kiribati has initiated plans to absorb all vaccine costs.
- Country has demonstrated successful ability to implement new vaccines with very good coverage achieved despite geographic challenges.
- Adequate cold chain capacity is available for IPV introduction for all presentation options

Weaknesses:

- Miscalculation of the VIG, which will result in a $1,456 funding gap for IPV introduction. It is also not clear if government funding for the operational commitments for IPV introduction have been secured.
- The cMYP has not been updated to include IPV and there is no mention of dates or plans to update the cMYP.
- The last EVM was conducted in 2009, more than 36 months ago.
- Discrepancies between birth cohort and surviving infants and inadequate information to explain the substantial increases in projected surviving infants from 2014-2018.
- No plans indicated for post-introduction evaluation (PIE).

Risks:

- Due to the isolation and remoteness of many outer islands, effective communication for disease and outbreak reporting is challenging and the lack of transport hampers the ability to distribute vaccines and conduct outreach immunization and supervisory visits
- Limited human resources and high vulnerability to external forces can be problematic for sustainability of EPI activities.

Mitigating Factors:

- The country plans to conduct an EVM in June 2014

10. Conclusions

Kiribati has provided sufficient justification and supporting information for approval of IPV introduction pending response to the below comments.

Recommandations

Approved with Comments

Comments:

1. Resubmit budget to GAVI using correct VIG calculation of $100,000 USD and indicate where the funding gap will be obtained. Also, clarify if the government funding committed to the operational costs for IPV introduction ($34,000 USD) has been secured. Provide Attachment 4 if the funds are to be transferred to the government.
2. Clarify the discrepancies between the birth cohort and the estimated number of surviving infants. Surviving infant values are higher than the birth cohort values for the period from 2015-2018. Provide data source/justification for the estimated increases in surviving infants indicated in the application for the period from 2014-2018.

3. Follow WHO recommendations to give Penta vaccine in one thigh and PCV and IPV in the other thigh since Penta contains a greater number of antigens and tends to be associated with more local reactions. Ensure that the IPV injection site is separated by at least 2 cm from PCV injection site since they will be given in the same limb. Ensure that the precise limb each vaccine is to be given in (i.e. right vs. left) is specified in EPI guidelines/policy.
4. For logistical ease, consider the use of the 1 dose/vial presentation for the entire country with an indicative wastage rate of 5%.
5. The EVM to be conducted in June 2014 should include an implementation plan. The cold chain assessment recently conducted will contribute to the EVM process and definition of future needs which is well aligned with the new holistic approach to EVM assessments. The country should be complimented for having taken this initiative.
6. Provide the planned date for the revision of the cMYP to include IPV.

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.