



GAVI/13/174/sc/pe

The Minister of Health and Social Services  
Federal Ministry of Health and Social Services  
New Federal Secretariat Complex  
PMB 83  
Garki Abuja State  
Nigeria

1<sup>st</sup> May 2013

Dear Minister,

*Nigeria's Proposal to the GAVI Alliance*

I am writing in relation to Nigeria's proposal to the GAVI Alliance for New Vaccines Support for Pneumococcal vaccine and Yellow Fever Preventive Campaign, which was submitted to the GAVI Secretariat in August 2012.

Following a meeting of the GAVI Executive Committee (EC) on 15 February 2013 to consider the recommendations of the Independent Review Committee (IRC), I am pleased to inform you that Nigeria has been approved for Pneumococcal vaccine and Yellow Fever Preventive Campaign support.

The country will co-finance the procurement of Pneumococcal vaccine in accordance with the GAVI co-financing policy, and the terms and conditions of this letter.

Yellow Fever Preventive Campaigns are exempt from co-financing.

As mentioned in the Decision Letter for Phase 1 states, dated 3 December 2012, the global supply of pneumococcal vaccine will not meet all country requirements in the short term. This is due to an unprecedented demand for the vaccines and the lead time required by manufacturers to increase vaccine production. In order to increase available supplies, a pneumococcal vaccine tender is underway; therefore we are currently unable to confirm when the first shipment of the vaccine will be available. We expect to send you an update on the status of supply by end of 2<sup>nd</sup> quarter 2013, upon finalisation of the tender process. Please note that once the timing of supplies is confirmed and an introduction date is agreed, a Decision Letter will be issued with the number of doses to be funded by GAVI, as well as the co-financing amounts.

Similarly, global supply of Yellow Fever vaccines is extremely tight in the first half of this year. We will work with the Ministry to plan accordingly.

For your information, this document contains the following important attachments:  
Appendix A: Description of approved GAVI support to Nigeria – YF Preventive Campaign  
Appendix B: Financial and programmatic information for YF Preventive Campaign  
Appendix C: IRC Report – October 2012  
Appendix D: IRC Report – Review of country response to conditions – March 2013  
Appendix E: The terms and conditions of GAVI Alliance support

The GAVI Alliance has recently sent a new Partnership Framework Agreement (PFA) designed to improve the ease and efficiency for countries to understand the GAVI

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requirements, all in one clear and standardised document. For ease of reference, the PFA will include Appendices in the same format as Appendix B.

The following table summarises the outcome for each type of GAVI support applicable to Nigeria:

<b>New Vaccines Support</b> <i>Type of vaccine</i>	<b>Approved for the first year</b>	<b>Approved for the second year</b>
Yellow Fever Preventive Campaign	US\$18,537,000	US\$20,977,000
YF Operational Support	US\$11,065,000	US\$12,522,000

Please do not hesitate to contact my colleague Par Eriksson - [periksson@gavialliance.org](mailto:periksson@gavialliance.org) if you have any questions or concerns.

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

## Description of GAVI support to *Nigeria* (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 2013 and 2014 immunization programme as set out in Appendix B. Financing provided by GAVI for vaccines will be in accordance with:

- The GAVI Alliance Guidelines governing Nigeria’s proposal application; and
- The final proposal as approved by the IRC, including any subsequent clarifications.

The Yellow Fever vaccines provided are to be used for the YF Preventive campaign to immunize the target population as indicated in the proposal. 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 2013 and 2014.

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

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.

Yellow fever Preventive campaigns are exempt from co-financing.

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 then-current 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: Nigeria’s use of financial support for the introduction of new vaccinations through the preventive campaign with YF vaccine is subject to strict performance monitoring. The GAVI Alliance uses country systems for monitoring and auditing performance as well as 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 people immunised.

Nigeria 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 ICC, and as reported to WHO and UNICEF in the annual Joint Reporting Form (JRF). Please note that subsequent funding for additional YF preventive campaign phases are also subject to a review of the 2013 campaign in the 2014 APR. 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.

**YELLOW FEVER VACCINE SUPPORT**

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

<b>1. Country:</b> Nigeria				
<b>2. Grant Number:</b> 1315-NGA-06q-X				
<b>3. Decision Letter no:</b> 1				
<b>4. Date of the Partnership Framework Agreement:</b> N/A				
<b>5. Programme Title:</b> New Vaccine Support				
<b>6. Vaccine type:</b> Yellow Fever				
<b>7. Requested product presentation and formulation of vaccine:</b> Yellow Fever, 10 dose(s) per vial, LYOPHILISED				
<b>8. Programme Duration<sup>1</sup>:</b> 2013 - 2015				
<b>9. Programme Budget (indicative): (subject to the terms of the Partnership Framework Agreement)</b>				
	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>Total<sup>2</sup></b>
Programme Budget (US\$)	US\$18,537,000	US\$20,977,000	US\$24,472,000	US\$63,986,000
<b>10. Vaccine Introduction Grant:</b> N/A				
<b>11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):<sup>3</sup></b>				
Type of supplies to be purchased with GAVI funds in each year	<b>2013</b>	<b>2014</b>		
Number of Yellow Fever vaccines doses	17,874,100	20,227,300		
Number of AD syringes	18,895,500	21,383,200		
Number of re-constitution syringes	1,984,100	2,245,300		
Number of safety boxes	231,775	262,275		
Annual Amounts (US\$)	US\$18,537,000	US\$20,977,000		
<b>12. Procurement agency:</b> UNICEF				
<b>13. Self-procurement:</b> N/A				

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

<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 that GAVI has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently.

**14. Co-financing obligations: Reference code:**

According to the Co-Financing Policy, the Country falls within the Intermediate 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	2016
Number of vaccines doses				
Number of AD syringes				
Number of re-constitution syringes				
Number of safety boxes				
Value of vaccine doses (US\$)				
Total Co-Financing Payments (US\$) (Including freight)				

**15. Operational support for campaigns: N/A**

	2013	2014
Grant amount (US\$)	US\$11,065,000	US\$12,522,000

**16. Additional documents to be delivered for future disbursements: Not applicable**

Reports, documents and other deliverables	Due dates

**17. Clarifications: The Country shall provide the following clarifications prior to the disbursement of the Annual Amount in 2013:****18. Other conditions: N/A**

Signed by  
On behalf of the GAVI Alliance

Hind Khatib-Othman  
Managing Director, Country Programmes  
1<sup>st</sup> May 2013

## IRC NVS COUNTRY REPORT

Geneva, 8<sup>th</sup> – 19<sup>th</sup> October 2012

Type of support requested: NVS  
 Vaccines requested: Pneumococcal – Response to conditions  
 Yellow Fever Preventive Campaign

## Country profile/Basic data (2012)

Population	169,019,328	Infant mortality rate (2007)	75 per 1,000
Birth cohort - PCV - YF (9 months to 45 years)	6,585,921 73.95 million	Govt. Health expenditure as a percentage of GDP	6 %
Surviving infants	6,344,760	GNI/capita (2009)	\$1,190
DTP3 coverage (2011) - JRF - WHO/UNICEF	61% 47%	Co-financing country group*	Intermediate

\*low income, intermediate or graduating

## 1. Type of support requested/Total funding/Implementation period

**Pneumococcal:** Nigeria is requesting PCV10, 2 doses per vial, liquid. The total value of the GAVI request (vaccine and injection equipment) is US\$ 150,661,000. In addition, the country is going to contribute an amount of US\$ 30,576,000. The introduction covers the period April 2013-2015 and coverage targets are set at 27%, 53% and 87%, respectively. The introduction will be phased in order to reduce burden on country's cold chain capacity, financial resources and program performance.

**Yellow Fever:** Nigeria is the only African country of the 13 West and Central African YF High Risk Countries that has not conducted a National Preventive Campaign under the Yellow Fever investment case (2007-2011). The country is requesting Yellow Fever Vaccine, 10 doses per vial, lyophilized. The total campaign is estimated to cost US\$ 147,578,481, of which US\$ 54,662,908 is for operations. GAVI is being requested to part-finance the campaign in the form of vaccines (bundled with syringes, safety boxes and vaccination cards) and operational costs.

## 2. History of GAVI support

Table 1. NVS and INS Support

NVS and INS support	Approval Period
DTP-HepB-Hib	2012 - 2015
Meningococcal	2011 - 2013
Yellow Fever	2007 - 2015
INS	2008 - 2010

Table 2. Cash Support

Cash support	Approval Period
ISS 1	2001 - 2006
HSS	2008 - 2013

### **3. Composition & Functioning of the ICC**

The ICC Membership includes national health authorities (Federal MoH, National PHC Development Agency), key international partners (UNICEF, WHO, USAID, CHAI, World Bank) and civil society organizations (CHAN, NERFON, RI, Red Cross Society in ICC). In 2011-2012 the ICC discussed, on a regular basis, progress, challenges and required follow-up actions for routine and supplemental immunization activities (Polio NIDs, MenAfricVAc campaign), and results and follow-up actions to NIP studies and evaluations (2010 National Immunization Coverage Survey; 2010 EVM and improvement plan). It also reviewed and endorsed the 2011-2015 cMYP, the GAVI NVS application in 2011, Nigeria's co-financing obligations to the GAVI NVS award and the 2011 APR. In addition, the joint ICC/HSCC meeting reviewed and endorsed the re-programming proposal for the GAVI HSS window. The ICC approved the responses needed for the conditional approval of PCV10 at its last meeting in August 2012. The request for the YF Preventive Campaign was not approved during the August ICC; instead, its approval took place on October 11<sup>th</sup> 2012, through a virtual ICC meeting. The ICC approval for YF Campaign was submitted to GAVI only on 12<sup>th</sup> October 2012.

### **4. Status of the National Immunization Programme**

Routine immunization is provided at the health facilities in Nigeria through the public health system (mainly in LGA health facilities) and the private sector, which is a key player in health care delivery service in most states in Nigeria. The current antigens administered for children 0-11 months old and women of child bearing age are BCG, OPV, DPT, MV, YF, HepB and TT. However, the Government of Nigeria plans to introduce a Pentavalent vaccine (DPT+HBV+Hib) nationwide (already introduced in some states) to replace the traditional DPT and HBV by 2012, PCV by 2013, and Rotavirus vaccine in subsequent years.

Data quality is a major problem in Nigeria. There are significant differences between administrative and WHO/UNICEF data. HMIS and data quality improvements are part of the reprogrammed HSS support. The proposal mentions that lessons learned have been taken into account from other campaigns but these are not specified. High wastage has been addressed by capacity building of health workers.

Gender issues have not been addressed as part of the application; in the proposal it is stated that 'gender is not an issue in immunization in the country'. Equity has not been addressed either. The country does not routinely report on sex-disaggregated data, only from surveys e.g. the national immunization coverage surveys.

### **5. Comprehensive Multi Year Plan (cMYP) overview**

The cMYP was updated from the 2009-2014 cMYP and modified to cover the period from 2011-2015 to align it with the National Strategic Health Development Plan 2010-2015, to reflect the current status of New Vaccine Introduction in Nigeria, and for guaranteeing financial sustainability of immunization services in the planned five-year period. It outlines processes for phased introduction of Pentavalent and Pneumococcal vaccines starting in 2012 and 2013, respectively.

The plan is estimated to cost US\$ 2.4 billion over the five-year period; one-quarter of the cost is contributed by vaccines and injection supplies and one-third is due to SIAs. The funding gap based on secured funds averages 63% over the five-year period, while that gap, based on secured and probable funds, including potential GAVI support averages 21% over the same period. Using secured funds only, there is an almost 10-fold increase, with significant variations in the cost components of the funding gap between 2011 and 2015. In 2011, less than 10% of the funding gap is contributed by vaccines and injection supplies, while an estimated 70% is due to SIAs. The situation is reversed by 2015, with about 50% of the funding gap being contributed by vaccines and supplies, while SIAs contribute less than 25%. As well as the NIP seems to be duly included in the National Primary



Health care development Agency, so does the eMYP vis a vis other key National Health Policies and Plans.

It is a concern that no part of the Plan seems to be addressing the issue of insecurity and conflicts affecting some areas of the country.

#### 6. New vaccine introduction plan/Underused vaccine introduction plan

**Pneumococcal:** The key strategies outlined for the successful introduction of this new vaccine can be summarized as follows: GAVI-supported phased introduction of the vaccines; increasing access to and utilization of the routine immunization program; building the capacity of health staff to deliver immunization; improving vaccine management, logistics, and vaccine wastage and injection safety; strengthening monitoring and supervision system; undertaking communication and advocacy activities; strengthening the surveillance system; and improving program management. Activities contained in this plan were budgeted for in the eMYP 2011-2015.

**Yellow Fever:** An introduction plan for the YF Campaign in high risk areas of the country has been developed and covers a five year period, from 2013 to 2017. The overall campaign plan covers more than the three year period, but the use of GAVI support is proposed for the first three (instead of four) years, in a phased approach. Ideally and eventually, 100% of the states in the country should be covered. For states to be covered in the fifth year and after, an alternative financing will be sourced. The activities described in the campaign plan follow a logical sequence and cover the most key managerial and programmatic areas needed to ensure its success.

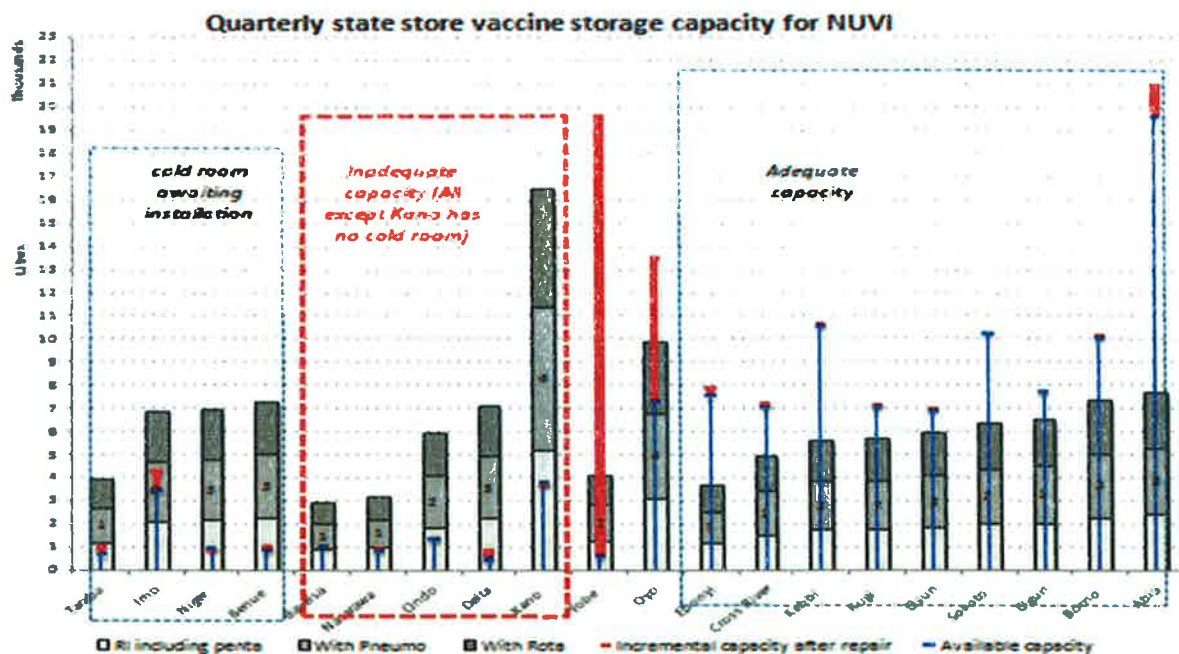
#### 7. Improvement plan

Nigeria completed an EVM from December 2010 to February 2011 and the ICC committed to implementing the improvement plan by December 2012. Several partners and the Government of Nigeria have committed substantial resources to ensure that the implementation program is adequately funded. Nigeria has also updated the plan until July 2012, the results of which are summarised below.

**Table 3. Progress in Improvement Plan (as of July 2012)**

Status	National		State		LGA		HFs	
	2011	2012	2011	2012	2011	2012	2011	2012
Achieved	64%	74%	41%	43%	47%	47%	35%	35%
Partly Achieved	7%	14%	16%	23%	3%	3%	24%	24%
In Progress	17%	5%	16%	16%	33%	33%	24%	24%
In view	12%	7%	27%	18%	17%	17%	17%	17%
	100%	100%	100%	100%	100%	100%	100%	100%

Nigeria conducted a cold chain assessment funded by the Federal Government (16 States in 2011 and 20 States in 2012). The results of this assessment are published and provide nationwide data on cold chain capacity at all levels of the cold chain, with scenarios for the introduction of Penta, PCV13 and Rota. The graphs below summarize the situation. At State level, all but five States have sufficient cold storage capacity to accommodate all NVS and margins to accommodate YF; the shortfall in the other five states will be addressed. The cold chain assessment provides graphical presentation at all levels, indicating lack of capacity where critical. Major gaps exist at LGA and ward levels. Quantities are defined.



A major outsourced rehabilitation program is underway to address critical issues, despite serious constraints in terms of management responsibility at certain levels of the cold chain. Capital injection will come from the Federal Government and Partners (FGoN US\$ 2m, JICA US\$ 2.8m through UNICEF). UNICEF has also committed to procuring three cold rooms for Benue, Imo and Taraba states, and EU SIGN has planned to procure a cold room for Kano and refrigerators for the 24 EU States in 2013. In August 2012, the ICC approved the procurement of 98 refrigerators, LGA’s phased procurement of 2,322 solar refrigerators for wards, and six cold rooms (878 in phase 1).

Measures for appropriate management of routine and campaign waste are also underway.

## 8. Cold chain capacity

Nigeria was requested by the IRC in 2012 to satisfy the following condition with respect to the introduction of PCV13. :

*“Nigeria is requested to provide evidence of adequate cold storage capacity for the group of states/LGAs in phase 2 and phase 3 of PCV introduction, focussing on lower levels and including costs, sources of financing, and timelines.”*

Since this request was made, Nigeria has been obliged to seek GAVI concurrence to introduce Penta over a two year timeframe rather than three years as originally envisaged, due to the non availability of DTP vaccines.

The detailed analysis of the cold chain assessment, progress made since the 2011 EVM and funding commitment of partners and the ICC indicate that Nigeria will be able to sufficiently expand its vaccine storage capacity at all levels to accommodate PCV13 in 2014. With careful planning, the expansion will also provide adequate vaccine storage capacity for a phased YF campaign in 2013/2014/2015 (other campaigns are also planned). Nigeria has strong national capability and is well supported by partners to successfully manage the campaign. Nigeria has provided sufficient evidence to the IRC, inclusive of costs, sourcing of funding and timelines to satisfy the terms of the IRC condition.

## **9. Financial Analysis**

The country is applying for a preventive YF campaign and a conditional approval for PCV10. In the case of PCV, the key clarification is related to cold chain. The country has provided estimates for repair of 30% of non-functional PQS positive storage equipment at all levels in the PCV10 phase one introduction, with NPHCDA and partners having committed to provide these funds by the end of Q1 2012. Walk-In Cold Rooms have been procured by UNICEF and the NPHCDA and 418 solar powered fridges have been procured to fill 23% of health facilities with outstanding capacity gaps. The CRO noted Nigeria has problems with its cold chain, both in terms of capacity and in relation to supply management. Reprogramming of GAVI HSS support targeting cold chain capacity and management, data quality and general management of the EPI program has been conducted.

The estimated total cost of the campaign in 2013-2016, using the Excel sheet titled 26<sup>th</sup> August, is US\$ 143 million (US\$ 147 million in GAVI proposal summary), with US\$ 50.1 million for operational support estimated in the same sheet (US\$ 54.7 million in GAVI proposal summary). GAVI is being requested to support vaccine procurement for the amount of US\$ 64.2 million (Table Annex 3.1 D) and operational support by US\$ 38.2 million (Table 7.2.2). Given the target population and an operational support factor of US\$ 0.65 per target person, the requested operational budget of US\$ 38 million is within GAVI policy guidelines. Based on the value of the request and total campaign cost provided in the spreadsheet, the country will finance 76% of the operational costs of the YF campaign.

A detailed YF campaign budget has been provided in an Excel workbook. Of the total operational costs, personnel account for 54% and logistics and cold chain for 21%. There appears to be a calculation error in the estimation of human resource costs. (Row 7 is again included in the salary calculation for matrix p4:y30 of the 3-Personnel Allowances sheet).

The cMYP has not been updated to include the YF campaign. PCV is included from 2013. When only secured funding is considered, the gap is estimated to be 64%. However, the country's assessment of funding gap is not realistic, as the plan does not include the YF campaign. Consolidated tables presented in the cMYP suggest government funding accounts for 64% of secured funds between 2011 and 2015.

The cMYP cost tool indicates all traditional antigens were procured by the government in 2008. Projections until 2015 suggest some of procurement need for traditional antigens is unfunded.

## **10. Co-financing arrangements**

YF campaigns do not entail co-financing, although it is noted that Nigeria has never defaulted. The 2012 Monitoring IRC was provided with numerous TAP issues when considering cash windows. They included late submission of financial statements, discrepancies, lack of opening and closing balances and showing only broad expenditures by objectives.

## **11. Consistency across proposal documents**

Both the cMYP and the Health Development Plan have timeframes that finish in 2015; these are aligned. The timeframe of the preventive campaign is inconsistent, as the proposal mentions 2013-2015, in the financial calculations the proposed period is 2013-2016, and according to the Introduction Plan the period is 2013-2017 so as to cover the whole country.

## 12. Overview of the proposal: Strengths & weaknesses

### Strengths:

- The introduction plan for PCV is seems to be well integrated into the cMYP and shows clear and well phased activities.
- The YF campaign proposal is well conceived, even if it is not included in the cMYP, based on previous campaign experience gained in the country, with a solid phased Introduction Plan for the campaign expansion to the high risk LGAs and States over a period of at least three years.

### Weaknesses:

- Given the general low level of coverage of other routine antigens, PCV coverage could be affected by the same problems and fail to achieve high coverage levels as anticipated in the plan.
- As far as cold chain and logistics are concerned, the peripheral levels of the system need strengthening both at LGA and HF.
- The Yellow Fever campaign is not included in the cMYP. A number of inconsistencies were found in the report, in particular in terms of the campaign duration, 2013-2015 or 2013-2016, and its associated budgets (for three or four years). It seems that Nigeria will continue the YF campaign beyond GAVI's support (i.e. after 2015), but in some instances it costs year 4, which is not part of this application, and this is thought to be confusing.
- A detailed YF campaign budget has been provided in an Excel workbook. Of the total operational costs, personnel account for 54% and logistics and cold chain for 21%. There appears to be a calculation error in the estimation of human resource costs. (Row 7 is again included in the salary calculation for matrix p4:y30 of the 3-Personnel Allowances sheet). Removal of row 7 from the formula in this matrix would reduce operational costs by somewhere in the order of US\$ 11 million of total campaign cost estimates.

### Risks:

There is no mention of how access to immunization services will be assured in areas of insecurity and conflict.

### Mitigating factors:

Strong national and international rationale to perform the YF campaign, as well as to introduce PCV in the routine immunization services of Nigeria

## 13. Recommendations

<b>Vaccine:</b>	<b>PCV</b>
<b>Recommendation:</b>	<b>Approval</b>
<b>Vaccine:</b>	<b>Yellow Fever Preventive Campaign</b>
<b>Recommendation:</b>	<b>Approval with conditions</b>

### Conditions:

1. *Financial:* The Country is requested to update personnel allowances calculations. The formulas appear to double count these expenditures, as row 7 is again included in the salary calculations for matrix 28 p4:y30 of the 3-Personnel Allowances sheet.
2. *Programmatic:* The Country is requested to ensure harmonization of the three year campaign activities budget (even though Nigeria has calculated a longer campaign period which will not require GAVI support).

**Issue:** Estimated quantities of vaccines and consumables include 25% provision for buffer stock. This buffer provision of vaccines and consumables should be removed and the request adjusted accordingly.

**Recommendation:** The IRC recommends that the first year of the campaign is implemented and that Nigeria demonstrate a successful implementation prior to approval of the following two years.

## IRC REVIEW OF COUNTRY RESPONSE TO CONDITIONS

Geneva, 1<sup>st</sup> – 3<sup>rd</sup> March 2013

### 1. Review of Country Response to Conditions

The initial IRC report (Nov 2012) approved support for Nigeria with two conditions. The two conditions were financial and programmatic in nature. Concern was also raised on the level of buffer provision for the vaccines and supplies. Additionally, the IRC recommended that Nigeria demonstrate a successful implementation in the first year prior to approval of the following two years.

*Condition 1: Financial: The Country is requested to update personnel allowances calculations. The formulas appear to double count these expenditures, as row 7 is again included in the salary calculations for matrix 28 p4:y30 of the 3-Personnel Allowances sheet.*

**Comments:** The revised calculation (highlighted in red) multiplies the daily rate for a state team member, as indicated in the Basic criteria & standards for the establishment of the budget -NI, by 200 (the number of persons from this level, 6) which is consistent with the figure reflected in 1-Criteria, standard, demographic data sheet and the number of days indicated in the same Criteria, standard, demographic data sheet.

**Conclusion: The first condition is met.**

*Conditions 2: Programmatic: The Country is requested to ensure harmonization of the three year campaign activities budget (even though Nigeria has calculated a longer campaign period which will not require GAVI support).*

**Comments:** The ICC members endorsed the updating of the cMYP to include YF for its current duration, while its timeline will be aligned with all other national documents, such as the country's Strategic Health Development Plan. This will take place in 2014.

While the states where the preventive campaign is taking place are consistent in the budget and in the proposal, the phased approach is now separated to clearly indicate the cost of each phase by year. This is important because it will determine the annual cost of the campaign across the states and, more importantly, the support to be provided by GAVI in line with the life of the current cMYP. As per the Government of Nigeria's latest submission in response to conditions, the current cost of the preventive campaign for the period 2013-2015 is shown in the table below and amounts to US\$ 104,574,672.

Cost Category/YEAR	Full needs for new vaccine introduction in US\$	Funded with GAVI introduction Grant US\$
<b>Total/ 2013</b>	30,654,206	30,654,206
<b>Total/ 2014</b>	34,510,618	34,510,618
<b>Total/ 2015</b>	39,410,233	39,410,233
<b>Total/ 2013-2015</b>	104,574,672	104,574,672

**Conclusion: The second condition is met.**

**Issue:** *Estimated quantities of vaccines and consumables include 25% provision for buffer stock. This buffer provision of vaccines and consumables should be removed and the request adjusted accordingly.*

**Comments:** The buffer has been removed both in the budget as well as the narrative proposal, and the estimated wastage rate of 5% has remained unchanged from the original proposal.

**Conclusion:** The issue is addressed.

## **2. Updated Recommendations**

**Vaccine:** Yellow Fever Preventive Campaign  
**Recommendation:** Approval

**Note:** Recommendation for approval is for a 3-year period (2013-2015), in line with the current cMYP.

**Note to Nigeria:** Given the prolonged and extensive nature of the YF campaign effort in Nigeria, it is recommended that an evaluation that includes a coverage survey and documents the lessons learned during the first year be conducted. The evaluation should be endorsed by the ICC and performed by a working group involving key partners and stakeholders and some independent participants.

**Note to GAVI Secretariat:** GAVI should ensure an adequate budget for these evaluation activities.

## **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.