



GAVI/13/597/dlc/ac

The Minister of Public Health and Population
Ministry of Public Health and Population
P.O. Box 299
Sana'a
Yemen

9 December 2013

Dear Minister,

Annual Progress Report submitted by Yemen

I am writing in relation to Yemen'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 Yemen for GAVI support as specified in the Appendices to this letter.

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

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

Type of support	Appendix	Approved for year 2014
New vaccines support (Pentavalent vaccine)	B-1	US\$4,500,000
New Vaccines support (Rotavirus vaccine)	B-2	US\$4,155,500
New Vaccines support (Pneumococcal vaccine)	B-3	US\$13,160,500



Please do not hesitate to contact my colleague Anne Cronin (acronin@gavialliance.org) if you have any questions or concerns.

Yours sincerely,

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

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 Yemen (the “Country”)

New Vaccines Support (NVS)

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

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

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

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

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

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

Country Co-financing

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

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

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



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

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

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

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

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

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

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

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

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

Country will report on the achievements and request support for the following year in the Annual Progress Report (APR). The APR must contain information on the number of children reported to have been vaccinated with DTP3 and 3 doses of pentavalent vaccine by age 12 months, based on district monthly reports reviewed by the Immunisation Coordination Committee (ICC), and as reported to WHO and UNICEF in the annual Joint Reporting Form (JRF). The APRs will also contain information on country's compliance with the co-financing



arrangements outlined in this letter. APRs endorsed by the ICC, should be sent to the GAVI Secretariat no later than 15 May every year. Continued funding beyond what is being approved in this letter is conditional upon receipt of satisfactory Annual Progress Reports and availability of funds.

Yemen VACCINE SUPPORT

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

1. Country: Yemen				
2. Grant Number: 0715-YEM-04a-X				
3. Decision Letter date : 9/12/2013				
4. Date of the Partnership Framework Agreement: Not applicable				
5. Programme Title: New Vaccines Support				
6. Vaccine type: Pentavalent				
7. Requested product presentation and formulation of vaccine: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID				
8. Programme Duration¹: 2005-2015				
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):				
	2005-2013	2014	2015	Total ²
Programme Budget (US\$)	US\$57,574,702 ³	US\$4,500,000	US\$4,386,000	US\$66,460,702
10. Vaccine Introduction Grant: Not applicable as already disbursed				

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.

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	2005-2013	2014
Number of Pentavalent vaccines doses		2,132,700
Number of AD syringes		2,243,600
Number of re-constitution syringes		
Number of safety boxes		24,925
Annual Amounts (US\$)	US\$57,574,702	US\$4,500,000
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: 0715-YEM-04a-X-C. According According to the Co-Financing Policy, the Country falls within the group Intermediate. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.		
Type of supplies to be purchased with Country funds in each year	2014	2015
Number of vaccine doses	847,500	793,200
Number of AD syringes	891,500	
Number of re-constitution syringes		
Number of safety boxes	9,900	

⁴ This is the amount that GAVI has approved.



Value of vaccine doses (US\$)	US\$1,651,431	
Total Co-Financing Payments (US\$) (including freight)	US\$1,788,500	US\$1,669,000
15. Operational support for campaigns: Not applicable		
16. Additional documents to be delivered for future disbursements:		
Reports, documents and other deliverables	Due dates	
Annual Progress Report 2013	15 May 2014	
17. Financial Clarifications: The Country shall provide the following clarifications to GAVI*: Non applicable <i>*Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements</i>		
18. Other conditions: Not applicable		

Signed by,

On behalf of the GAVI Alliance

Hind Khatib-Othman
 Managing Director, Country Programmes
 9 December 2013

Yemen VACCINE SUPPORT

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

1. Country: Yemen				
2. Grant Number: 1215-YEM-13b-X				
3. Decision Letter date : 9/12/2013				
4. Date of the Partnership Framework Agreement: Not applicable				
5. Programme Title: New Vaccine Support				
6. Vaccine type: Rotavirus				
7. Requested product presentation and formulation of vaccine: Rota, 2 dose(s)				
8. Programme Duration⁵: 2012-2015				
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):				
	2012-2013	2014	2015	Total ⁶
Programme Budget (US\$)	US\$7,891,126 ⁷	US\$4,155,500	US\$4,255,000	US\$16,301,626
10. Vaccine Introduction Grant: Not applicable as already disbursed.				

⁵ This is the entire duration of the programme.

⁶ 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.

⁷ This is the consolidated amount for all previous years.

11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):⁸

Type of supplies to be purchased with GAVI funds in each year	2012-2013	2014
Number of Pentavalent vaccines doses		1,650,200
Number of AD syringes		
Number of re-constitution syringes		
Number of safety boxes		
Annual Amounts (US\$)	US\$7,891,126 ⁹	US\$4,155,500

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

13. Self-procurement: Not applicable

14. Co-financing obligations: Reference code: 1215-YEM-13b-X-C. According to the Co-Financing Policy, the Country falls within the group Intermediate. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.

Type of supplies to be purchased with Country funds in each year	2014	2015
Number of vaccine doses	190,200	228,800
Number of AD syringes		
Number of re-constitution syringes		
Number of safety boxes		

⁸ This is the amount that GAVI has approved.

⁹ This is the consolidated amount for all previously approved years.

Value of vaccine doses (US\$)	US\$454,152	
Total Co-Financing Payments (US\$) (including freight)	US\$478,500	US\$575,500
15. Operational support for campaigns: Not applicable		
16. Additional documents to be delivered for future disbursements:		
Reports, documents and other deliverables		Due dates
Annual Progress report 2013		15 May 2014
17. Financial Clarifications: The Country shall provide the following clarifications to GAVI*: Not applicable <i>*Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements</i>		
18. Other conditions: Not applicable		

Signed by,

On behalf of the GAVI Alliance



Hind Khatib-Othman
Managing Director, Country Programmes

9 December 2013

Yemen VACCINE SUPPORT

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

1. Country: Yemen				
2. Grant Number: 1115-PAK-12c-X				
3. Decision Letter date : 9/12/2013				
4. Date of the Partnership Framework Agreement: Not applicable				
5. Programme Title: New Vaccines Support				
6. Vaccine type: Pneumococcal				
7. Requested product presentation and formulation of vaccine: Pneumococcal (PCV13), 1 dose(s) per vial , LIQUID				
8. Programme Duration¹⁰: 2010-2015				
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):				
	2010-2013	2014	2015	Total ¹¹
Programme Budget (US\$)	US\$55,040,858 ¹²	US\$13,160,500	US\$14,710,000	US\$82,911,358
10. Vaccine Introduction Grant: Not applicable as already disbursed				

¹⁰ This is the entire duration of the programme.

¹¹ 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.

¹² This is the consolidated amount for all previous years.

11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):¹³

Type of supplies to be purchased with GAVI funds in each year	2010-2013	2014
Number of Pneumococcal vaccines doses		2,487,600
Number of AD syringes		2,603,300
Number of re-constitution syringes		
Number of safety boxes		28,925
Annual Amounts (US\$)	US\$55,040,858 ¹⁴	US\$13,160,500

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

13. Self-procurement: Not applicable.

14. Co-financing obligations: Reference code: 1115-YEM-12c-X-C. According to the Co-Financing Policy, the Country falls within the group Intermediate. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.

Type of supplies to be purchased with Country funds in each year	2014	2015
Number of vaccine doses	190,800	239,400
Number of AD syringes	199,300	
Number of re-constitution syringes		
Number of safety boxes	2,225	

¹³ This is the amount that GAVI has approved.

¹⁴ This is the consolidated amount for all previously approved years.



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Value of vaccine doses (US\$)	US\$646,019	
Total Co-Financing Payments (US\$) (including freight)	US\$696,500	US\$863,500
15. Operational support for campaigns: Not applicable		
16. Additional documents to be delivered for future disbursements:		
Reports, documents and other deliverables		Due dates
Annual Progress Report 2013		15 May 2014
17. Financial Clarifications: The Country shall provide the following clarifications to GAVI*: Non applicable <i>*Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements</i>		
18. Other conditions: Not applicable		

Signed by,
On behalf of the GAVI Alliance

Hind Khatib-Othman
Managing Director, Country Programmes
9 December 2013

Type of report: Annual Progress Report

Country: YEMEN

Reporting period: 2012

Date reviewed: July 2013

1. Background Information

Surviving Infants (2012): 840,296

DTP3 coverage (2012):

- 82%

JRF Official Country Estimate:

- 82%

WHO/UNICEF Estimate: Source:

Table 1. NVS and INS Support

NVS and INS support	Approval Period
ROTA	2012-2015
DTP-Hepb-Hib	2007-2015
PCV 10	2010-2010
PCV13	2011-2015
INS	2002-2004

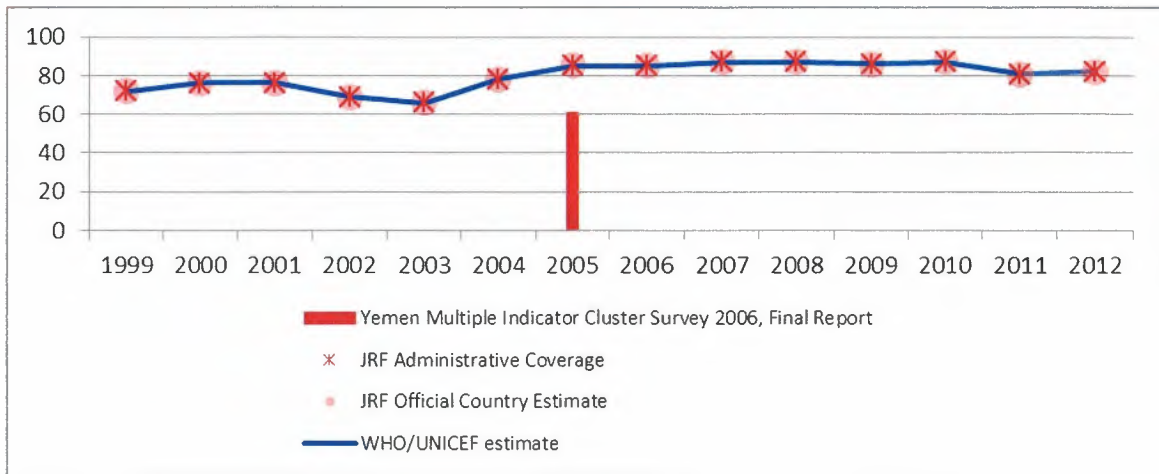
Table 2. Cash Support

Cash support	Approval Period
ISS	2001-2012
HSS	2007 - 2011

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

The combined ICC/HSCC met 2 times in 2012. It has representation from partners and only one CSO. The ICC/HSCC met in May 2013 and approved the last ICC/HSCC minutes of previous meeting on 29 August 2012, the Annual Progress report for 2012, the HSS Program activities for 2013, and the new proposal for GAVI Support.

3. Programme and Data Management



Overall, coverage remains above 80% since 2006. The last survey was the MICS in 2006 and there was no important discrepancy. There is a plan to conduct DHS in the 2nd half of 2013. A DQS was conducted randomly targeting 62 districts and 171 HFs in 17 governorates.

Data quality activities appear to be limited to trainings for EPI staff and review meetings. Country describes a plan to computerize coverage data at the governorate level but no timeline details are provided for this systems strengthening activity.

Yemen is not eligible for ISS rewards in 2012 due to decreased number of children immunized for DTP3.

Gender and Equity Analysis

There is no mention of gender issues in the APR, no disaggregated data are collected, nor are there plans for future collection of gender sensitive information. Of concern is the fact that TT2 coverage in 2012 seems to have declined to only 13% and this should be considered a gender discrimination issue to address as soon as possible. The IRC recommends that the country include plans to collect sex disaggregated data in its HSFP application.

The country has expressed an intention to intensify program activities in areas affected by conflict, which shows consideration for equity.

4. Immunisation Services Support (ISS)

No ISS funding was received in 2011. US\$ 318,000 in ISS funding was carried into 2011 and US\$ 188,000 was spent during the year. APR shows good financial implementation in 2012, although there is a balance carried over to 2013.



Key activities in 2012 included 4 rounds of outreach activities in 61 districts (contributing 25% of total coverage); supervisory visits to 7 governorates, 22 districts and 214 HFs; implementation of DQS in 62 districts and 171 health facilities, 2 national polio campaigns for children under 5 with coverage of 97% in both rounds; a national measles campaign achieving 93% coverage (around 8 million children); OPV with coverage of 89%; implementation of SNIDs in 57 districts with coverage of 97%; and distribution of 34 refrigerators.

Ambitious priority actions for 2013 and 2014 are to strengthen immunizations in conflict areas; increase coverage to >90%; improve vaccine management and cold chain; strengthen supportive supervision; ensure government co-financing for pentavalent, PCV and rotavirus, implement a Measles Rubella campaign, conduct a PIE for rotavirus in 2013; conduct an EPI review and EVM assessment; qualify the central store for Global Certification; sustain lab-based surveillance of bacterial meningitis, pneumococcal and rota virus diseases to assess the burden of these diseases; sustain polio free status through 2 rounds of polio NIDs yearly; and implement a third round of MNT campaign in the high risk areas.

ISS support is reflected in the national health sector budget.

Because the number of infants vaccinated with DTP3 reduced in 2012, Yemen does not qualify for an ISS reward.

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

Support is provided for Rotavirus, Pentavalent and PCV 13. Pentavalent was introduced in 2007, PCV13 in 2011, and Rotavirus in 2012. There was some delay with Rotavirus introduction due to unavailability on the global market. The targets for Pentavalent and PCV in terms of requested numbers of children exceed 10 percent of the 2010 maximum past achievement and unrest continues that might hamper achievement of higher targets. 2010 is mentioned since a higher number of children were reached with DTP3 than in 2011 and it was the last year without civil unrest.

Pentavalent and PCV shipments in 2011 were as expected, and this was confirmed by UNICEF. A planned delivery of 324,000 doses of PCV was delayed intentionally because of civil unrest. The total PCV doses reported by UNICEF with postponed delivery does not match the quantity stated in the APR. UNICEF's figure is 403,200 doses, and APR figure is 324,000 doses. The co-financing 2010 and 2011 quantity of 108,000 doses was delivered in March 2012. The stocks on January 1, 2012 were 1 million doses of Penta and 592,000 doses of PCV. No stock outs were reported among the 3 vaccines, however the country experienced shipment delays.



A vaccine introduction grant of US\$ 270,000 was received in 2011, but not spent, so it was carried into 2012. A PIE is planned for February 2013. The next EVM is scheduled for 2013.

The APR table for progress on targets achievement doesn't show progress on immunization coverage for the period 2007 to 2012, particularly after 2010. Indicators such as Penta 2012 coverage of 82% rather than 92%, and TT2 coverage (from 20% to 13% of CBAW 15-45 instead of the 90% proposed target) are particularly low.

The 2014 vaccine request seems to be appropriate and should be approved, even if some clarification is requested by UNICEF.

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

Yemen belongs to the intermediate co-financing group and started mandatory co-financing of pneumococcal vaccine in 2011 and rotavirus and pentavalent vaccines in 2012. The country has been a high performer with timely payment of the co-financing obligation. From 2008 to 2011, it voluntarily co-financed pentavalent vaccine **at higher levels** than the required minimum.

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

There is a national Injection safety policy that has been well implemented every year. The government is committed to injection safety, especially to the procurement of the safety injection equipments. The APR describes well the different types of AD syringes used to implement EPI.

8. Health Systems Strengthening (HSS)

The HSS activities budget and financial and auditing report are approved by the HSCC.

Despite security concerns and political unrest, the country shows some progress in implementing planned HSS activities as well as some progress in indicators. The country proposal was initially approved for 2007-2010, but because of delays was extended to the year 2012; few activities are planned for the year 2013. It should be noted that despite some progress, the Country overall is not achieving the targets set at initial submission and approval of the proposal.

The 2012 HSS activities were implemented according to 4 main objectives:

- Improve accessibility, quality & utilization of district health systems to underserved populations;
- Improve the efficiency and coordination of vertical programs;



- Improve central, governorate, and district level managerial systems to support these two process of outreach and integration;
- Develop the results-based model of district health service provision.

Some of the main activities related to the above objectives were implemented, however some needed more preparatory work and have been postponed to 2013. Among the postponed activities are supporting functional integration of services in 6 districts, integration of logistics, conducting promotional and advocacy workshops.

The IRC questions whether conducting 4 outreach integrated immunization sessions has helped to increase the annual national EPI coverage by 25% of the total targeted population. The minimum number of outreach sessions to contribute achieving higher coverage levels is 6. This could also explain the reason why BCG coverage appears to be lower than DTP3 in 2012 (64 versus 82). Some clarification on the National EPI policy recommended age brackets for immunization would be helpful.

The use of HSS funds up to now has not led to major results, and the IRC urges the country to consider adding two more rounds of outreach sessions whose funding could be supported by other partners that are supporting HSS activities. Other partners are Japanese International Cooperation (JICA), the World Bank, The Netherlands, and the WB in particular appears to be sufficiently resourced to support an increased number of outreach rounds.

A balance of HSS funds of US\$ 550,889 is being carried forward from 2012 into 2013. There is no additional request for support from HSS because the Country is submitting another request for HSFP support in 2013, which will be reviewed by the IRC later this year.

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

N/A

10. Risks and mitigating factors

The major risks for the recovery of high coverage rates of all relevant antigens (not only DTP3) are the unstable situation of the country with the possibility of conflict exacerbation; additionally the non impressive results of the implementation of the HSS window support call for the need to rethink the way in which the currently planned activities for 2013 could be strengthened. Mitigating factors could be the possibility of involving more closely other HSS partners in supporting the implementation of at least 6 rounds of outreach sessions instead of the current 4.

11. Summary of 2012 APR Review

Yemen's immunization program continues to be affected by the consequences of protracted civil unrest. Given this situation, the IRC views the currently proposed targets for 2013 as too ambitious. Coverage levels of



antigens such as BCG and TT2 are still fairly low, and it is unusual to see that PENTA3 coverage is higher than BCG. A clarification of 2014 vaccine doses to be introduced in 2013 is encouraged for Penta, PCV, and Rota.

Despite these constraints, introduction of several new vaccines (Penta, ROTA and PCV13) seems to be progressing reasonably well and should be supported. Coverage levels will be confirmed by a DHS to be conducted in 2013. . Strategies need to be carefully reviewed and perhaps revised based on global and regional evidence of what may promote better success.

The HSS program should seek new funding alliances to extend the number of outreach rounds to at least 6 per year. Particular attention should be given to readjusting the TT2 targets and addressing the issue of neglected TT coverage in the Country as a gender issue.

12. IRC Review Recommendations

- **ISS**

Not eligible for ISS rewards in 2012 due to decreased number of children immunized for DTP3.

- **NVS**

Approve 2014 NVS support, with the target adjusted in accordance of GAVI rules, [subject to satisfactory clarifications detailed in Section 13, if applicable]

- **HSS**

N/A

13 .Clarification Required with Approved Funding

Clarifications recommended by TAP

1. ISS + HSS + NVS

- Country to provide 2011 detailed expenditure report (Financial Report) for each programme (HSS, ISS and NVS)
- Country to submit the bank statement showing opening and closing balance of 2012

2. HSS

- Country to submit the 2012 audit report (period ended 31 March 2013)
- Country to explain the discrepancy of US\$ 90,943 (including gap of US\$ 2,785 due to exchange rate) between the total expenditure reported in 2011 APR and FS of US \$ 342,240 and that in the Detailed expenditure Report calculated as follows: \$763,980 (closing balance 2010) + \$786,500 (funds received in 2011) - \$1,299,183 (closing balance 2011) = \$ 251,297



3. ISS

- Country requested to submit the 2012 audit report (period ended on 31 march 2013)
- Country to check and correct the gap of US\$ 99,870 between the closing balance of US\$ 1,059,851 reported on 2012 APR and the closing balance of US\$ 1,159,721 reported in 2012 unaudited financial statements
- Country to check and correct the gap of US\$ 99,871 between the total expenditure of US\$ 279,223 reported on 2012 APR and the total expenditure of US\$ 179,721 reported in 2012 unaudited financial statements
- Country to submit 2012/2013 audit report (period ended 31 March 2013)

4. NVS

- Country to submit the 2012 audit report (period ended 31 March 2013)

Short-term clarifications

(a) **Programmatic clarifications** (specify for each or indicate if not applicable, N/A)

NVS: According to UNICEF SD data, the total PCV doses with postponed delivery to 2012 doses not match with the quantity stated in APR. UNICEF indicates 403,200 doses; APR indicates 324,000 doses. Clarification is requested.



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.

