



GAVI/13/593/pe/sc

The Secretary of State for Health
Department of State for Health and Social Welfare
The Quadrangle
Banjul
The Gambia

21 October 2013

Dear Minister,

Annual Progress Report submitted by Gambia

I am writing in relation to Gambia'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 Gambia 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 Gambia

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 Gambia:

Type of support	Appendix	Approved for 2013	Approved for 2014
NVS - Pneumococcal	B-1	US\$ 1,401,000	US\$ 1,219,000
NVS – Pentavalent	B-2	-	US\$ 716,000
NVS – Measles second dose	B-3	-	US\$ 43,500
Cash support – ISS	B-4	US\$ 68,840	-

We would like to highlight that Gambia received a Partnership Framework Agreement in March 2013. To date, we have not received the signatures of the Ministry of Health and Ministry of Finance on the Partnership Framework Agreement. Please be advised that the GAVI Alliance will no longer disburse subsequent tranches of HSS/ISS funds until the Partnership Framework Agreement has been signed between the GAVI Alliance and Gambia.

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

Yours sincerely,

Handwritten signature of Par Eriksson in black ink.

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 *Gambia* (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 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 cannot 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.

GAMBIA – PNEUMOCOCCAL VACCINE SUPPORT
This Decision Letter sets out the Programme Terms of a Programme

1. Country: Gambia					
2. Grant Number: 1215-GMB-12c-X					
3. Date of Decision Letter : 21 October 2013					
4. Date of the Partnership Framework Agreement: N/A (not signed yet)					
5. Programme Title: New Vaccine Support					
6. Vaccine type: Pneumococcal					
7. Requested product presentation and formulation of vaccine: Pneumococcal (PCV13), 1 dose(s) per vial , LIQUID					
8. Programme Duration¹: 2009-2015					
9. Programme Budget (indicative):					
	2009-2012	2013	2014	2015	Total ²
Programme Budget (US\$)	US\$ 3,097,392 ³	US\$1,401,000	US\$1,219,000	US\$1,308,000	US\$7,025,392
10. Vaccine Introduction Grant: N/A					
11. Indicative Annual Amount:⁴					
Type of supplies to be purchased with GAVI funds in each year	2009-2012	2013	2014		
Number of Pneumococcal vaccines doses		221,400	231,300		
Number of AD syringes		249,000	256,700		
Number of safety boxes		2,775	2,850		
Annual Amounts (US\$)	US\$ 3,097,392 ⁵	US\$ 1,401,000	US\$1,219,000		
12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.					
13. Self-procurement: N/A					

¹ This is the entire duration of the programme.

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

³ This is the consolidated amount for all previous years.

⁴ This is the amount that GAVI has approved.

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

14. Co-financing obligations: Reference code: 1215-GMB-12c-X-C - According to the Co-Financing Policy, the Country falls within the group Low Income. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.

Type of supplies to be purchased with Country funds in each year	2013	2014	2015
Number of vaccine doses	14,400	13,700	14,200
Value of vaccine doses (US\$)	US\$ 44,491	US\$46,203	
Total Co-Financing Payments (US\$) (including freight)	US\$47,500	US\$49,000	US\$50,500

15. Operational support for campaigns: N/A

	2014	2015
Grant amount (US\$)		

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: N/A

18. Other conditions: N/A

Signed by,



On behalf of the GAVI Alliance

Hind Khatib-Othman

Managing Director, Country Programmes

21 October 2013

GAMBIA – PENTAVALENT VACCINE SUPPORT
This Decision Letter sets out the Programme Terms of a Programme

1. Country: Gambia				
2. Grant Number: 0915-GMB-04c-X				
3. Date of Decision Letter : 21 October 2013				
4. Date of the Partnership Framework Agreement: N/A (not signed yet)				
5. Programme Title: New Vaccine Support				
6. Vaccine type: Pentavalent				
7. Requested product presentation and formulation of vaccine: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID				
8. Programme Duration⁶: 2009-2015				
9. Programme Budget (indicative):				
	2009-2013	2014	2015	Total ⁷
Programme Budget (US\$)	US\$2,969,846 ⁸	US\$716,000	US\$501,000	US\$4,186,846
10. Vaccine Introduction Grant: N/A				
11. Indicative Annual Amounts:⁹				
Type of supplies to be purchased with GAVI funds in each year	2009-2013	2014		
Number of Pentavalent vaccines doses		339,100		
Number of AD syringes		367,100		
Number of safety boxes		4,075		
Annual Amounts (US\$)	US\$2,969,846 ¹⁰	US\$716,000		
12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.				
13. Self-procurement: N/A				

⁶ This is the entire duration of the programme.

⁷ 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.

⁸ This is the consolidated amount for all previous years.

⁹ This is the amount that GAVI has approved.

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

14. Co-financing obligations: Reference code: 0915-GMB-04c-X-C - According to the Co-Financing Policy, the Country falls within the group Low Income. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.

Type of supplies to be purchased with Country funds in each year	2014	2015
Number of vaccine doses	36,800	25,900
Value of vaccine doses (US\$)	US\$71,478	
Total Co-Financing Payments (US\$) (including freight)	US\$75,500	US\$53,000

15. Operational support for campaigns: N/A

	2014	2015
Grant amount (US\$)		

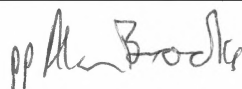
16. Additional documents to be delivered for future disbursements:

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

17. Financial Clarifications: N/A

18. Other conditions: N/A

Signed by,



On behalf of the GAVI Alliance

Hind Khatib-Othman

Managing Director, Country Programmes

21 October 2013

GAMBIA – MEASLES SECOND DOSE VACCINE SUPPORT

This Decision Letter sets out the Programme Terms of a Programme

1. Country: Gambia					
2. Grant Number: 1216-GMB-09a-X					
3. Date of Decision Letter : 21 October 2013					
4. Date of the Partnership Framework Agreement: N/A (not signed yet)					
5. Programme Title: New Vaccine Support					
6. Vaccine type: Measles Second Dose					
7. Requested product presentation and formulation of vaccine: Measles, 10 dose(s) per vial, LYOPHILISED					
8. Programme Duration¹¹: 2012-2016					
9. Programme Budget (indicative):					
	2012-2013	2014	2015	2016	Total ¹²
Programme Budget (US\$)	US\$50,769 ¹³	US\$43,500	US\$34,500	US\$32,500	US\$161,269
10. Vaccine Introduction Grant: N/A					
11. Indicative Annual Amounts:					
Type of supplies to be purchased with GAVI funds in each year	2012-2013	2014			
Number of Measles vaccines doses			118,200		
Number of AD syringes			80,500		
Number of re-constitution syringes			13,000		
Number of safety boxes			1,050		
Annual Amounts (US\$)	US\$50,769 ¹⁴	US\$43,500			
12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.					
13. Self-procurement: N/A					
14. Co-financing obligations: N/A					

¹¹ This is the entire duration of the programme.

¹² 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.

¹³ This is the consolidated amount for all previous years.

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

15. Operational support for campaigns: N/A

	2014	2015
Grant amount (US\$)		

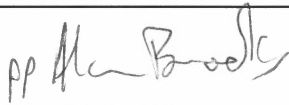
16. Additional documents to be delivered for future disbursements:

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

17. Financial Clarifications: N/A

18. Other conditions: N/A

Signed by,



On behalf of the GAVI Alliance

Hind Khatib-Othman

Managing Director, Country Programmes

21 October 2013

GAMBIA – IMMUNISATION SERVICES SUPPORT (ISS)

This Decision Letter sets out the Programme Terms of a Programme

1. Country: Gambia			
2. Grant number: 0712-GMB-02-Y			
3. Date of Decision Letter : 21 October 2013			
4. Date of the Partnership Framework Agreement: N/A (not signed yet)			
5. Programme Title: Immunisation Services Support (ISS)			
6. ISS terms: The Country is entitled to ISS reward for 2012 achievement of the immunisation programme. The ISS reward is calculated by taking the number of children less than one year immunised with DTP3 as reported in the 2011 WHO/UNICEF Joint Reporting Form (N=68'670) and subtracting the number of children vaccinated in 2012 (N=72,112) which was the highest amount previously achieved. The country is awarded US\$20 for each additional child vaccinated (N=3'442).			
7. Programme Duration¹⁵: 2002-2013			
8. Programme Budget (indicative) :			
	2002-2012	2013	Total ¹⁶
Programme Budget (US\$)	US\$602,800	US\$68,840	US\$671,640
9. Indicative Annual Amounts (indicative):			
	2002 – 2012	2013	Total
Annual Amount(s) (US\$)	US\$ 602,800 ¹⁷	US\$ 68,840	US\$ 671,640
10. Additional documents to be delivered for future disbursements: The Country shall deliver the following documents by the specified due dates as part of the conditions to approval and disbursements of the future Annual Amounts.			
Reports, documents and other deliverables		Due date	
See below – Financial clarifications required		ASAP	

¹⁵ This is the entire duration of the programme.

¹⁶ 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.

¹⁷ This is the consolidated amount for all previously approved years.

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

- Audit reports for 2011 and 2012;
- 2012 bank statements;
- Clarification on the difference of GMD of 515,326 or US\$48,256 between (i) 2011 APR closing balance and 2012 APR opening balance; and (ii) 2012 FS closing balance and 2012 FS opening balance;
- The Country is reminded to address the clarifications from the previous monitoring round by providing clarifications on the expenditures breakdown for the year 2010 for the amount of US\$ 65,671 and by providing the opening and closing balances in the 2009 financial statements.

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

12. Other conditions: N/A

Signed by,



On behalf of the GAVI Alliance

Hind Khatib-Othman

Managing Director, Country Programmes

21 October 2013

Type of report: Annual Progress Report

Country: Gambia

Reporting period: 2012

Date reviewed: July 2013

1. Background Information

Surviving Infants (2012): Source: WHO pre-assessment: JRF: 73,738

DTP3 coverage (2012):

- JRF Official Country Estimate: Source: WHO pre-assessment 98%
- WHO/UNICEF Estimate: Source: WHO pre-assessment 98%

Table 1. NVS and INS Support

NVS and INS support	Approval Period
Hepb monoval	2002-2008
DTP-Hib	2002-2015
Hib monoval	2002
<i>Pneumococcal (PCV10)</i>	2009-2011
<i>Pneumococcal (PCV13)</i>	2009-2015
<i>DTP-HepB-Hib</i>	2009-2015
<i>Measles</i>	2012-2016
<i>ROTA</i>	2013-2016
INS	2002-2004

Table 2. Cash Support

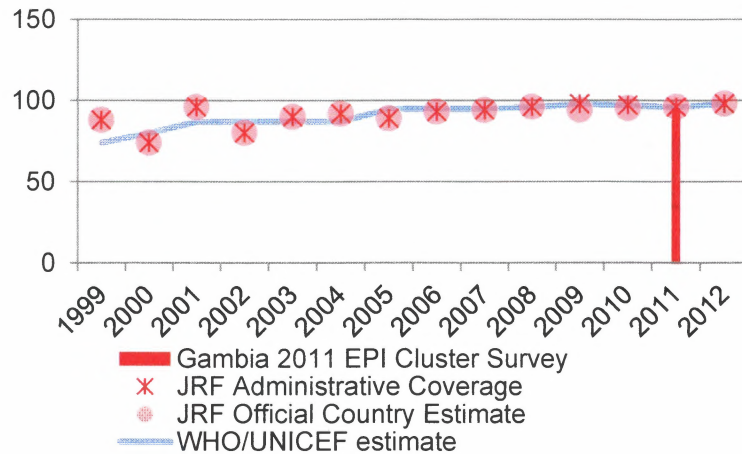
Cash support	Approval Period
ISS 1	2002-2004
INS	2002-2004
HSS	2010 – 2012 (AM not signed)

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

The ICC met 3 times in 2012 and its meeting are attended by MOH, WHO, UNICEF, Rotary Int'l, The Gambia Red Cross Society, Child Fund, Action AID Gambia and Catholic Relief Services. Minutes of the 2012 meetings are attached as well as the minute of the May 2013 meeting that approved the submission to GAVI of the present APR. The ICC seems to be working fairly effectively and discussing key issue of EPI implementation including the preparatory work and implementation plans of the forthcoming Men A Campaign to be implemented in November 2013 and the introduction of ROTA vaccine in 2013. The APR states that there is no active HSSC Committee because the Gambia has not yet implemented the HSS GAVI Grant.

3. Programme and Data Management

DPT3 coverage is high and remains on the level of 98% for the last 2 years. Drop out rate is around 1%. Same high coverage goes with all other vaccines. Reported number of total births, infants' deaths and surviving infants are in line with originally approved targets, no difference at all.



This appears to be a successful program; the only issue in terms of coverage seems to be the level of TT+ at 67% which shows a significant difference from the 98% of all other antigens. In terms of targets there is no problem with those proposed by the Country for the coming years and no significant changes are needed in the numbers of births and surviving infants.

The main activities in 2012 were related to the strengthening of Cold Chain, Surveillance and Monitoring systems, capacity building particularly at the field level and finally the implementation of one round of Polio NID for children aged 0-5, with the coverage of more than 100%.^C The Country conducted an immunization evaluation and Multiple Indicator Cluster surveys. The Data Quality Assessment was also implemented, with an objective to improve the immunisation data at the service delivery level. The country is currently conducting sentinel surveillance on rotavirus and this is being lead by the National Public Health Laboratories. Results of this study are not yet available.

One of the problem indicated by the country relates to the data quality at health facility levels, and poor management of data collection, analyse and reporting. In order to improve that situation it was decided to establish a committee for data management and verification.

It needs to be mentioned that the EVM assessment in 2011 touched on coverage data and pointed that “population and target population data of health facilities and regions show large regional disparities (up to 44%) between MoHSW EPI records and the planning unit of MoHSW. These disparities could have major implications on real coverage data. A national census is planned for 2013, which should improve transparency”. The national EPI Programme is still faced with challenges and some of these include inadequate funding and high staff attrition.

While working on introduction of Measles Second Dose (MSD), Country had implemented Information and Education campaigns, conducted trainings for the Health staff, prepared Cold Chain equipment and finally had implemented pre and post introduction monitoring.

According to the currently adopted National EPI multiyear plan for 2012-2016, country is facing following problems with the Cold Chain: There is no clear government budget line item for the procurement and maintenance of cold chain equipment; insufficient fuel for the stand-by generators; lack of cold van for vaccine transportation; and no cold chain technicians at Regional level; one of the six regions is without a vaccine store.

4. Gender and Equity Analysis

Coverage data are not disaggregated by gender; the APR states that In The Gambia, there is no gender related barrier to immunisation services. In 2012, the EPI data collection tools (tally books registers etc) were reviewed to capture gender related data. however it is of concern the fact that TT+ for Pregnant women coverage levels are much lower than those of all the infant antigens.

The high coverage levels would also prove that there are no particularly hard to reach communities in Gambia or if there are they are indeed very small in size.

5. Immunisation Services Support (ISS)

The main ISS activities were related to the Cold Chain support of EPI services with transportation and fuel, incentives for central and regional staff (25% of total expenditures) and printing some immunization materials. However detailed information on those activities is missing. The Country is entitled for an ISS reward for having immunized 3442 more children in 2012. Few issues are mentioned as pending by TAP.

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

Measles second dose was introduced in 2012 and there are plans for a PIE to be conducted in 2013. Penta and PCV 10 were introduced in 2009 with a subsequent switch to PCV13. The 2010 PIE report contains many interesting suggestions; it documents lessons learned that would be useful also in the preparation for the introduction of ROTA in 2013.

According to the APR for 2012, the latest EVM assessment took place in May 2010. However, the EVM report itself indicates that assessment took place in May-June 2011. The next EVM is planned for 2015.

The country's sentinel surveillance on rotavirus is being conducted by the National Public Health Laboratories. Results of this study are not yet available. In 2012 Gambia did not experience any problem in receiving on time due amounts of vaccines nor experienced any stock out.

Calculations of vaccines and proper injection AD equipment required for the period 2012 to 2015 are based on sound targets for the program and refer to PENTA, Measles second dose and PCV13

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

Gambia belongs to the low income co-financing group. There is a budget line for the procurement of vaccines and consumables and the Government is purchasing all traditional vaccines

It started mandatory co-financing of pentavalent vaccine in 2008 and pneumococcal vaccine in 2009; it is a good performer: defaulted in 2008 due to a misunderstanding of the policy but it procured 2008 and 2009 co-financing quantities together in 2009; in 2010, it co-financed a significantly higher number of doses of pentavalent vaccine than the minimum required.

From the information in the APR it would appear that, from the point of view of looking at financial gaps, an FMA has been conducted only partially.

The Aide Memoire is yet to be signed by Government and GAVI. The Ministry has started the process of establishing a Project coordination unit, and GAVI is expected to conduct an assessment on the capacity of the PCU. A project accountant is not yet recruited.

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

There is no National Expert Committee on Injection safety nor on AEFI nor a National Communication Strategy to deal with vaccine crises.

9. Health Systems Strengthening (HSS)

The Gambia was approved for and never received HSS funds before or during January to December 2011. The Aide Memoire jointly agreed between the GAVI Alliance Secretariat (GAVI) and the Government of the Gambia (GoG), represented by the Ministry of Health and Social Welfare (MoHSW) and the Ministry of Finance and Economic Affairs (MoFEA) of the Gambia has not been signed since March 07, 2011.

In November 2012, a GAVI Mission visited the country and after consultation with the MoHSW and partners agreed on the following: The Ministry of Health and Social Welfare to strengthen the existing Project Coordinating Unit (PCU) with the recruitment of an accountant to manage both HSS and ISS funds. This is in line with current PCU arrangements where each project funds are handled by individual/designated accountant eg. Global Funds Tb grants, GF Malaria grant and HIV grant. The current ICC TOR will be broadened to include the coordination of HSS grant. Separate bank accounts have been opened as required (indicate dates). The National Audit Office agreed to carry regular audit exercises on HSS and ISS grants and has begun audit of 2010 and 2011 ISS funds. The former senior Management team went very far in strengthening the Project Coordination Unit by the recruitment of a project coordinator and an accountant before December 2012. However, due to the change of the Minister and the Permanent Secretary of MoHSW, this could not be achieved.

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

N/A

11. Risks and mitigating factors

The risk is linked to the possibility that the HSS window funds will not be used as successfully as the other resources up to now and that they will not help to improve TT coverage levels showing one of the weaknesses of the health system in the Country. Mitigating factor is the interest of so many partners to work on EPI and ensure its success.

12. Summary of 2012 APR Review

Overall this is a good program which has been able to deal efficiently with the introduction of new vaccines during the last few years and achieve very high level of coverage for most vaccines; the challenge for the future is linked to the way that HSS funds will be used to strengthen the system and help, for example, towards sustainability of EPI and improvement of the TT+ coverage for pregnant women which is the only indicator lagging behind the average levels of coverage achieved by Infant Antigens

13. IRC Review Recommendations

- **ISS:** Eligible for ISS reward
- **NVS:** Penta, MSD, PCV 13

Approve 2014 NVS support based on country request target

- **HSS:** NA

14. Clarification Required with Approved Funding

ISS: The Country is requested to provide:

-Audit reports for 2011 and 2012.

-2012 bank statements.

-Clarification on the difference of GMD of 515,326 or US\$48,256 between (i) 2011 APR closing balance and 2012 APR opening balance; and (ii) 2012 FS closing balance and 2012 FS opening balance.

-The Country is reminded to address the clarifications from the previous monitoring round by providing clarifications on the expenditures breakdown for the year 2010 for the amount of US\$ 65,671 and by providing the opening and closing balances in the 2009 financial statements.

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.