



GAVI/13/597/dlc

The Minister of Labour, Health and Social Affairs
Ministry of Labour, Health and Social Affairs
30, K. Gamsakhurdia Ave.
0160 Tbilisi
Georgia

14 November 2013

Dear Minister,

Annual Progress Report submitted by Georgia

I am writing in relation to Georgia'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 Georgia 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 Georgia

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 Georgia:

Type of support	Appendix	Approved for 2014
New Vaccines Support (Pneumococcal vaccine)	B-1	US\$740,500
New Vaccines Support (Rotavirus vaccine)	B-2	US\$108,500
New Vaccines Support (Pentavalent vaccine)	B-3	US\$60,500



Please do not hesitate to contact my colleague Nilgun Aydogan (naydogan@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
 WHO HQ
 WHO EURO
 UNICEF regional office
 UNICEF Programme Division
 UNICEF Supply Division
 The World Bank



Appendix A

Description of GAVI support to Georgia (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.

Georgia VACCINE SUPPORT

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

1. Country: Georgia					
2. Grant Number: 1316-GEO-12b-X / 13-GEO-08a-Y					
3. Decision Letter date: 14/11/2013					
4. Date of the Partnership Framework Agreement: Not applicable					
5. Programme Title: New Vaccine Support					
6. Vaccine type: Pneumococcal					
7. Requested product presentation and formulation of vaccine: Pneumococcal (PCV10), 2 dose(s) per vial , LIQUID					
8. Programme Duration¹: 2014-2016					
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):					
	2013	2014	2015	2016 ²	Total
Programme Budget (US\$)	US\$0	US\$740,500	US\$845,500	US\$369,500	US\$1,955,500
10. Vaccine Introduction Grant: Disbursed in November 2013.					
11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):³					
Type of supplies to be purchased with GAVI funds in each year	2013	2014			
Number of Pneumococcal vaccines doses	0	137,500			
Number of AD syringes	0	139,200			
Number of re-constitution syringes	0	0			
Number of safety boxes	0	1,575			
Annual Amounts (US\$)	US\$0	US\$740,500			

¹ This is the entire duration of the programme.

² This is the total amount endorsed by GAVI for the entire duration of the programme.

³ This is the amount that GAVI has approved.

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: 1316-GEO-12b-X-C According to the Co-Financing Policy, the Country falls within the Graduating 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 vaccine doses	0	28,500	71,900	111,100
Number of AD syringes	0	28,900		
Number of re-constitution syringes				
Number of safety boxes	0	325		
Value of vaccine doses (US\$)	0	US\$96,619		
Total Co-Financing Payments (US\$) (including freight)	0	US\$101,500	US\$252,500	US\$392,000

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

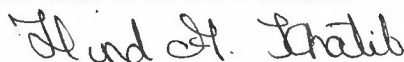
17. Clarifications: The Country shall provide the following clarifications to GAVI prior to the disbursement of the Annual Amount in 2013.
Not applicable

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

18. Other conditions: Not applicable

Signed by,

On behalf of the GAVI Alliance



Hind Khatib-Othman
 Managing Director, Country Programmes

14 November 2013

Georgia VACCINE SUPPORT

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

1. Country: Georgia				
2. Grant Number: 1215-GEO-13b-X				
3. Decision Letter date: 14/11/2013				
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 Duration⁴: 2012-2015				
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):				
	2012-2013	2014	2015	Total ⁵
Programme Budget (US\$)	US\$339,864 ⁶	US\$108,500	US\$39,500	US\$487,864
10. Vaccine Introduction Grant: Disbursed in January 2012.				

⁴ This is the entire duration of the programme.

⁵ 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.

⁶ This is the consolidated amount for all previous years.

11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):⁷

Type of supplies to be purchased with GAVI funds in each year	2012-2013	2014
Number of Rotavirus vaccines doses		42,000
Number of AD syringes		
Number of re-constitution syringes		
Number of safety boxes		
Annual Amounts (US\$)	US\$339,864 ⁸	US\$108,500

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-GEO-13b-X-C According to the Co-Financing Policy, the Country falls within the graduating 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	2014	2015
Number of vaccine doses	82,500	108,000
Number of AD syringes		
Number of re-constitution syringes		
Number of safety boxes		
Value of vaccine doses (US\$)	US\$194,983	
Total Co-Financing Payments (US\$) (including freight)	US\$205,500	US\$271,000

15. Operational support for campaigns: Not applicable

⁷ This is the amount that GAVI has approved.

⁸ This is the consolidated amount for all previously approved years.

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*:

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

18. Other conditions: Not applicable

Signed by,

On behalf of the GAVI Alliance



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

Georgia VACCINE SUPPORT

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

1. Country: Georgia				
2. Grant Number: 1115-GEO-04b-X				
3. Date of Decision Letter: 14/11/2013				
4. Date of the Partnership Framework Agreement: Not applicable				
5. Programme Title: New Vaccine Support				
6. Vaccine type: Pentavalent				
7. Requested product presentation and formulation of vaccine: DTP-HepB-Hib, 2 dose(s) per vial, LYO				
8. Programme Duration⁹: 2009-2015				
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):				
	2009-2013	2014	2015	Total ¹⁰
Programme Budget (US\$)	US\$2,089,744 ¹¹	US\$60,500	US\$91,500	US\$2,241,744
10. Vaccine Introduction Grant: Not applicable				

⁹ This is the entire duration of the programme.

¹⁰ 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.

¹¹ This is the consolidated amount for all previous years.

11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):¹²		
Type of supplies to be purchased with GAVI funds in each year	2009-2013	2014
Number of Pentavalent vaccines doses		27,200
Number of AD syringes		26,400
Number of re-constitution syringes		15,000
Number of safety boxes		300
Annual Amounts (US\$)	US\$2,089,744 ¹³	US\$60,500
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-GEO-04b-X-C According to the Co-Financing Policy, the Country falls within the graduating 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	2014	2015
Number of vaccine doses	124,700	142,200
Number of AD syringes	120,600	
Number of re-constitution syringes	68,500	
Number of safety boxes <i>Nombre de</i>	1,375	
Value of vaccine doses (US\$)	US\$244,083	
Total Co-Financing Payments (US\$) (including freight)	US\$276,500	US\$314,000
15. Operational support for campaigns: Not applicable		

¹² This is the amount that GAVI has approved.

¹³ This is the consolidated amount for all previously approved years.

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.

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

18. Other conditions: Not applicable

Signed by,

On behalf of the GAVI Alliance



Hind Khatib-Othman
Managing Director, Country Programmes

14 November 2013

Type of report: Annual Progress Report

Country: Georgia

Reporting period: 2012

Date reviewed: 23 July 2013

1. Background Information

Surviving Infants (2012): 57,790 (UNPD)
(2012): 53,372 (JRF)

DTP3 coverage (2012): 94% (JRF Official Country Estimate)
92% (WHO/UNICEF estimate)

Table 1. NVS and INS Support

NVS and INS support	Approval Period
Hep B monovalent	2002 – 2008
DTP – Hep B - Hib	2009 – 2015
Rota	2012 - 2015
PCV10	2013 - 2016
INS	2002 - 2004

Table 2. Cash Support

Cash support	Approval Period
ISS	2002 - 2006
HSS	2007 - 2011

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

The ICC and the HSCC are led by the deputy Minister of Health and is composed of top-level representatives of the MOH Agencies, WHO, UNCEF, USAID as well as technical experts from various division of the MOH, the NCDC, the paediatrician-head of Respiratory Disease Association. No representative from CSOs and other Ministries e.g. MOF.

The ICC met 4 times during 2012. Minutes were provided showing the wide range of topics and issues discussed (procurement of the vaccines for 2012; rotavirus vaccine introduction; Immunization Week; supplementary market research conducted by the NCDC to procure vaccines for year 2012; GAVI APR 2011; corrections in JRF to be sent to the WHO/EURO; GAVI procurement issues; vaccine coverage data, strategy for the measles vaccination strategy, including potential an MR routine vaccination; introduction of Rotavirus vaccine and results of public opinion survey carried out in Georgia prior to Rotavirus introduction). The ICC and the HSCC met jointly on May 14, 2013 to discuss APR 2012 and its approval as well as corrections in JRF to be sent to the WHO/EURO, and use of HHS funds.

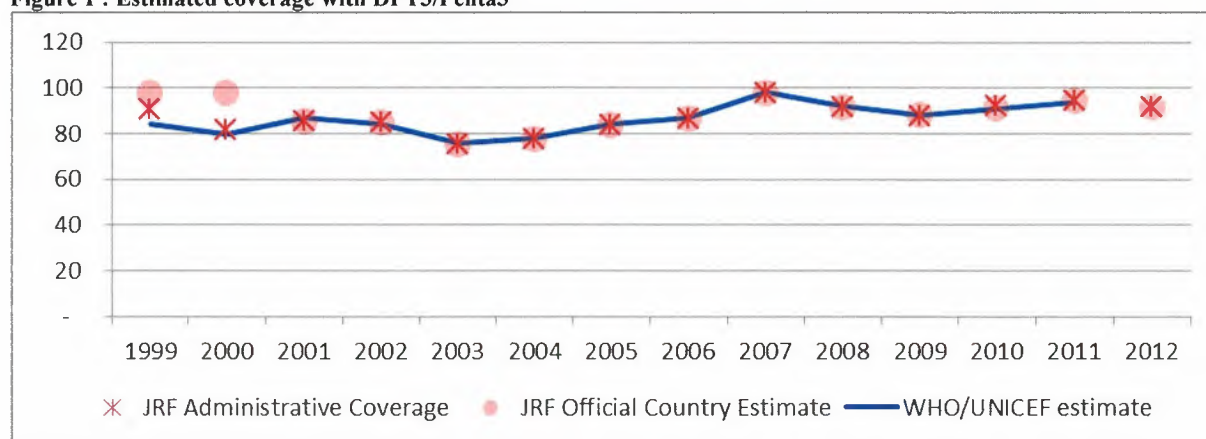
3. Programme and Data Management

Georgia is a well performing country.

Except for 2009 (88%), DPT3 coverage has been above 90% for the preceding five years (WHO/UNICEF). JRF Administrative Coverage, JRF Country Official estimate and WHO/UNICEF estimate are aligned.

DPT1-3 dropout rate increases from 0.84% in 2011 to 2.13% in 2012.

Figure 1 : Estimated coverage with DPT3/Penta3



MOH considers that Immunization coverage with main antigens is still sub-optimal, with organisation and structural system changes taking place at health sector, roles and responsibilities still were not clearly defined and not yet documented posing a threat to programme performance.

Public Health services are funded through private sector providers and insurance. In this context, the APR notes that although EPI has remained a national priority and coverage are high, the organisational and structural system changes taking place at health sector, are posing a threat to programme performance. Public Health services are now funded through private sector providers and insurance. This creates many challenges to the EPI programme, including unclear and misalignment of incentives for health care providers to deliver immunisation services.

Main objectives of the programme are the following: reach 95% of coverage by OPV3 and maintenance of polio free status; decrease morbidity and prevent measles-related deaths; increase other vaccines coverage including awareness raising; improving surveillance; strengthen vaccine safety and introduce new vaccines, Rotavirus (2013) and Pneumococcal (2014).

The APR does not report any activities aimed at improving data quality.

Changes were made for the births and surviving infants figures justified by the new figures transmitted by Civil Registry (GeoStat): total number of births is 57,413 and surviving infants is 56,809. The MoH considers that Civil Registry data more reliable, therefore, this data are used in APR. And the JRF has been revised accordingly.

4. Gender and Equity Analysis

No disaggregated data are available and no such collection of such data is planned. The APR states that “both males and females have equal access to the immunization services in Georgia”.

5. Immunisation Services Support (ISS)

N/A

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

All vaccines

The country delayed the rotavirus vaccine introduction from 2012 to March 2013 – and the PCV-10 introduction to 2014. Pentavalent and BCG vaccines stock-out took place for two months on central and district levels, caused by the delay of procurement. It was related with the review of general Governmental procurement procedures and health reform at the MoH.

DTP-HepB+Hib vaccines lyophilised in 10 vials presentation

The number of children vaccinated in 2012 was 49,175 and the 2014 is significantly higher at 59,253. The number of pentavalent vaccines received in 2012 was 150,600. This is significantly different from the number of pentavalent requested for 2014 at 211,388. In addition the stock at end 2012 was 10 months of vaccines, which indicates over-stocking versus actual needs. Extracted data from APR shows planned wastage of 10% in 2014, yet the wastage reported in 2012 is 1% and no explanation is provided. Hence the pentavalent vaccines requirements need to be reviewed and adjusted. DPT3 target is 95% for 2014; Expected wastage rate of 10% for future years which is quite low for 10 dose, liquid vials

Rotavirus vaccines

- The country did not introduce the rotavirus as planned in 2012 due to elections and changes in the cabinet and ministry. The rotavirus was introduced in March 2013 so therefore coverage and other details will be reported in next APR.
- The request for rotavirus vaccine amounts to 118,650 doses corresponding to a coverage rate of 81.8%.
- 108,000 doses were received by Dec. 31, 2012 for introduction in 2013.

NVS introduction grants

An introduction grant (\$100,000) was provided but only \$4,886 was spent and \$95,114 is carried forward in the remainder of 2013 because of delay in introduction. No detailed expenditure of New Vaccines Introduction Grant funds provided in the APR 2012

Rota PIE:

- Post Introduction Evaluation (PIE) planned for November 2013

Measles SIAs:

- Country has experienced Measles outbreaks (like other countries in the region)
- WHO had recommended SIA but the country hesitant because of the choice of vaccine proposed from Korea or India, the operational costs of SIAs and the fear of AEFIs (as 2008).
- UNICEF was approach for doing selective vaccinations using MR

Vaccine management:

- The country experienced two months stock-out for DPT-HEPb-Hib, DPT and BCG vaccines at central and district levels, caused by the delay of procurement. It was related with the review of general Governmental procurement procedures and health reform at the MoH;



- Last EVM was in July 2011; main weakness being: vaccine arrival management at all levels, stock management, temperature monitoring, maintenance and distribution at central level.
- The program continues to execute the initial EVM improvement plan of Sept. 2011.

Surveillance

- Sentinel surveillance is conducted for rotavirus diarrhea, pediatric bacterial meningitis, pneumococcal and meningococcal disease;
- Rotavirus and Invasive Bacterial Diseases sentinel surveillance data are regularly reviewed by the ICC for recommendations and send to the WHO RO on monthly basis;
- Surveillance data are also included and used in the training package for clinical and health authorities prior to starting new vaccine introduction
- Sentinel surveillance data were key element for the MOH in decision making process regarding introduction of ROTA and PCV vaccines and will be used to monitor and evaluate the impact of vaccine introduction and use

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

Georgia is in the graduating group. The country has met its entire co-financing requirement for pentavalent and for rotavirus in a timely manner. The Government is disbursing the totality of co-financing that amount to \$208,936 for vaccines.

Overall EPI spending was US\$1,927,977. The government's part was US\$ 1,171,434 (60%) GAVI's proportion is US\$ 676,335 (35%) and is the second largest proportion. Other sources of funding include WHO, UNICEF.

The Government finances all traditional vaccines (up to \$766,820) and their respective injection safety materials and will continue to fund traditional vaccines and co-finance new vaccines.

The government is supposed to provide about 81 % of secure financing (\$13, 444, 619). The donor secure and probable financing is estimated to be \$1.610 million in total for entire projection period.

All scenarios are financially sustainable if country receives financial support for the introduction of new vaccines (Rota and PCV). The government with its committed budget and GAVI co-financing level will be able to cover additional required resources.

Financial procedures and fund disbursement are managed by the NCDC and monitored by the Government Accounting Agency.

CRO mentions that an Immunization Financing and Sustainability Assessment been conducted during 2012, as Georgia being a graduating country, although this was not acknowledge in the APR 2012. The assessment revealed some in the systems weaknesses and concerns related to privatization. It also provided insight and recommendations on NRA, NITAG capacity, procurement issues, legislation and advocacy for immunization program. It is also mention that a transition plan supported by GAVI and its partners is in place.

No Financial Management Assessment and no external audit have been conducted.

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

The country has an injection safety policy

No obstacles encountered during the safety policy plan implementation

At all immunization units already used to utilize AD syringes for vaccination. The syringes are collected into safety boxes and immediately after utilization and afterwards then incinerated or buried, or disposed by special services dealing with utilization of solid medical wastes.



No national dedicated vaccine pharmacovigilance capacity, nor national AEFI expert review committee and institutional development plan for vaccine safety. However, Georgia has a risk communication strategy with preparedness plans to address vaccine crises.

9. Health Systems Strengthening (HSS)

No activity has been implemented in the year 2012. All the activities that were planned for the year 2012 are shifted to the year 2013. The amount of 124,000 USD is still in the accounts.

According to the country, the HSS program is on hold since 2011 because of the health sector reform and the re-organization of the health system at all levels in the country. Since 2012, health programmers, including immunization service is delivered to the population by the private insurance companies, causing dramatic changes among health staff, quality of service delivery and NIP financing.

There are five objectives of the HSS proposal relating to (1) motivation of personnel, (2) skills upgrading, (3) supportive supervision, (4) Increased skills of PHC medical personnel (doctors and nurses) related to immunization, and (5) Improve capacity of Public Health institutions to deliver services.

Reports in M & E are made of progress in implementation of training programs and supervision visits. Similarly, a brief plan is presented for ongoing HSS activities in the areas of training and supervision for 2012.

At the ICC conducted on 14 May, 2013, it was decided to conduct supportive supervision activities at all levels and trainings of health staff, in order to support immunization goals and GAVI may play critical role in that process to improve EPI in Georgia.

A list of objectives that Georgia would like to reach with support of HSS remaining funds from GAVI is indicated In APR 2012 for which country is requesting GAVI approval. As graduating country Georgia does not qualify for any additional cash support.

Progress during 2012:

Coverage still above 90% and ICC/HSCC is functional.
The country is on track for ROTA introduction despite delays due to elections, and institutional changes.

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

N/A

11. Risks & mitigations

There is an on-going privatization of the health sector in Georgia. Though childhood vaccination is paid by Government, some of the functions such as supervision, injection safety and training aspects are not necessarily taken into account in the new system. Roles and responsibilities of various stakeholders are not clear. This poses a significant risk to the immunization systems and the vaccination coverage performance

12. Summary of 2012 APR Review

Georgia is a well performing country and despite the difficulties the coverage remains high. However more attention needs to be given to sustainability issues due to the health sector reform and privatization. Country does not provide any activity on HSS support since 2010.



In the current institutional context of the country where substantial institutional improvements are required, the CRO reported that a transition plan supported by GAVI and partners is in place to address some of the critical issues affecting the programmatic activities and sustainability immunization program around the privatization. However a more sound and detailed HSS plan should be provided as a clarification for remainder of HSS fund to show alignment with this transition plan.

13. IRC Review Recommendations

- **ISS – N/A**
- **NVS**
DTP-HepB+Hib – GEO is approved for 2014 NVS support subject to clarification
ROTA – GEO is approved for 2014 NVS support as per country targets.
- **HSS**
Approve a no-cost extension based on the activities programme included in the APR2012.

14. Clarification Required with Approved Funding

(a) Programmatic clarifications

- a. NVS – DTP-HepB+Hib: adjust target to achievement



Appendix D

GAVI Alliance Terms and Conditions

Countries will be expected to sign and agree to the following GAVI Alliance terms and conditions in the application forms, which may also be included in a grant agreement to be agreed upon between GAVI and the country:

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance for this application will be used and applied for the sole purpose of fulfilling the programme(s) described in this application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for this application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THIS PROPOSAL

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in this application. The GAVI Alliance will document any change approved by the GAVI Alliance, and this application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance, all funding amounts that are not used for the programme(s) described in this application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in this application, or any GAVI Alliance-approved amendment to this application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in this application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with this application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.



CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the government confirm that this application is accurate and correct and forms a legally binding obligation on the Country, under the Country's law, to perform the programmes described in this application.

***CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE
TRANSPARANCY AND ACCOUNTABILITY POLICY***

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and will comply with its requirements.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to this application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in this application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in this application.

USE OF COMMERCIAL BANK ACCOUNTS

The eligible country government is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support, including HSS, ISS, CSO and vaccine introduction grants. The undersigned representative of the government confirms that the government will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.



