



GAVI/13/174/sc/pe

The Minister of Health
Ministry of Health
P.O.Box M 44
Accra
Ghana

10 April 2013

Dear Minister,

Ghana's Proposal to the GAVI Alliance

I am writing in relation to Ghana's proposal to the GAVI Alliance for New Vaccines Support for Measles-Rubella campaign, which was submitted to the GAVI Secretariat in August 2012.

Following a meeting of the GAVI Executive Committee (EC) on 15 February 2013 to consider the recommendations of the Independent Review Committee (IRC), I am pleased to inform you that Ghana has been approved for Measles-Rubella campaign support as specified in the Appendices to this letter. The support also includes vaccine introduction grant and operational support which were approved by GAVI DCEO on 27 March 2013.

For your information, this document contains the following important attachments:

Appendix A: Description of approved GAVI support to Ghana

Appendix B: Financial and programmatic information for Measles-Rubella campaign

Appendix C: A summary of the IRC Report

Appendix D: The terms and conditions of GAVI Alliance support

The GAVI Alliance has recently sent a new Partnership Framework Agreement (PFA) designed to improve the ease and efficiency for countries to understand the GAVI requirements, all in one clear and standardised document. For ease of reference, the PFA will include Appendices in the same format as Appendix B.

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

New Vaccines Support <i>Type of vaccine</i>	Approved for 2013
Measles Rubella campaign	US\$ 8,435,000
Measles Rubella Vaccine Introduction Grant	US\$ 873,000
Measles Rubella Operational Support	US\$7,522,000

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

Yours sincerely,



Hind Khatib-Othman
Managing Director, Country Programmes

cc: The Minister of Finance
 The Director of Medical Services
 Director Planning Unit, MoH
 The EPI Manager
 WHO Country Representative
 UNICEF Country Representative
 Regional Working Group
 WHO HQ
 UNICEF Programme Division
 UNICEF Supply Division
 The World Bank

Description of GAVI support to *Ghana* (the “Country”)

New Vaccines Support (NVS)

The GAVI Alliance has approved the Country’s request for supply of vaccine doses and related injection safety material which are estimated to be required for the 2013 immunization programme as set out in Appendix B. Financing provided by GAVI for vaccines will be in accordance with:

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

The MR vaccines provided are to be used for the MR campaign to immunize children in the age range as in the proposal. The principles of the WHO-UNICEF-UNFPA joint statement on safety of injections (WHO/V&B/99.25) shall apply to all immunisation provided with these vaccines.

Item number 11 of Appendix B summarises the details of the approved GAVI support for vaccines in 2013.

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

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

MR campaigns are exempt from co-financing.

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

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

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

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

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

Monitoring and Annual Progress Reports: Ghana’s use of financial support for the introduction of new vaccinations with Measles-Rubella campaign is subject to strict performance monitoring. The GAVI Alliance uses country systems for monitoring and auditing performance as well as other data sources including WHO/UNICEF immunization coverage estimates. As part of this process, National Authorities will be requested to monitor

and report on the numbers of children immunised and the delivery of funds to co-finance the vaccine.

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

14. Co-financing obligations: Reference code:

According to the Co-Financing Policy, the Country falls within the Intermediate group. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.

Type of supplies to be purchased with Country funds in each year	2013	2014	2015	2016
Number of vaccines doses				
Number of AD syringes				
Number of re-constitution syringes				
Number of safety boxes				
Value of vaccine doses (US\$)				
Total Co-Financing Payments (US\$) (Including freight)				

15. Operational support for campaigns: The support for operational costs for MR campaign will be disbursed in cash to the account as mentioned in the proposal unless otherwise specified.

	2013
Grant amount (US\$)	US\$7,522,000

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

Reports, documents and other deliverables	Due dates

17. Clarifications: N/A

18. Other conditions: N/A

Signed by

On behalf of the GAVI Alliance



Hind Khatib-Othman

Managing Director, Country Programmes

10 April 2013

MEASLES-RUBELLA VACCINE SUPPORT

This Decision Letter sets out the Programme Terms.

1. Country: Ghana					
2. Grant Number: 13-GHA-18a-X / 13-GHA-08e-Y / 13-GHA-20a-Y					
3. Decision Letter no: 2					
4. Date of the Partnership Framework Agreement: N/A					
5. Programme Title: New Vaccine Support					
6. Vaccine type: Measles-Rubella					
7. Requested product presentation and formulation of vaccine: Measles Rubella, 10 dose(s) per vial, LYOPHILISED					
8. Programme Duration¹: 2013					
9. Programme Budget (indicative): (subject to the terms of the Partnership Framework Agreement)					
	2013	2014	2015	2016	Total²
Programme Budget (US\$)	US\$8,435,000				US\$8,435,000
10. Vaccine Introduction Grant: US\$ 873,000 payable up to 6 months before the introduction					
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
Number of Measles-Rubella vaccines doses					12,844,500
Number of AD syringes					12,844,500
Number of re-constitution syringes					1,425,800
Number of safety boxes					158,400
Annual Amounts (US\$)					US\$8,435,000
12. Procurement agency: UNICEF					
13. Self-procurement: Not applicable					

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 amount that GAVI has approved.

IRC NVS COUNTRY REPORTGeneva, 8th – 19th October 2012**Type of support requested:** NVS**Vaccines requested:** Measles-Rubella Preventive Campaign**Country profile/Basic data (2011)**

Population	24,804,793	Infant mortality rate (2010)	50/1000
Birth cohort	992,192	Govt. Health expenditure	6%
Surviving infants	969,813 (AF) 942,582 (cMYP)	General Gov't expenditure on health as % of Gen Gov't expenditure	1%
DTP3 coverage (administrative)	91%	GNI/capita	USD 1,410
		Co-financing country group	Intermediate

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

Ghana requests support for a seven-day measles rubella (MR) preventative campaign (16,055,512 MR vaccine doses as lyophilised 10-dose vials) to be carried out in October 2013, and a grant to introduce MR vaccine into routine immunisation services in 2014. The cost of the request is USD 19,238,529, including total costs of campaign logistics, 91% of operational costs of the campaign, and a vaccine introduction grant.

2. History of GAVI support**Table 1: NVS and INS Support**

NVS and INS support	Approval Period
Pentavalent	2002-2015
Yellow Fever	2001-2015
INS	2003-2005

Table 2: Cash Support

Cash support	Approval Period
ISS 1	2001-2006
HSS	2008-2012
CSO Type B	2010

3. Composition & Functioning of the ICC

Ghana's ICC membership is composed of CSOs, WHO, UNICEF, and MoH representatives. The main functions of the ICC are:

- To foster solid partnership by collating all available inputs and resources from inside and outside the country in order to maximize resources for the good of the child;
- Support national level to review and support work plans, such as NIDs, EPI annual plans, EPI 5 year plans, surveillance plans, etc;
- Enhance transparency and accountability by reviewing use of funds and other resources together with the EPI Programme at regular intervals;
- Support and encourage information sharing and feedback at national and/or implementing levels within the country and interested partners outside the country;
- Ensure that the Programme Manager receives both technical and political support that helps to validate his or her authority on issues pertaining to EPI; and
- Address technical issues as and when they arise, such as introduction of new antigens, strengthening immunization services.

The ICC met five times in 2012, including on 30 August 2012, when the committee endorsed the current application for the MR campaign and introduction of the MR vaccine into routine EPI in Ghana.

4. Status of the National Immunisation Programme

The country provides sound justification for introducing the measles-rubella (MR) vaccine. Ghana has been implementing measles reduction strategies, such as strengthening routine immunisation, catch-up and follow up supplementary immunisation activities (SIAs), and effective case-based disease surveillance, since the late 1990s. These strategies have led to significant reductions in measles morbidity and mortality. Suspected cases of measles have reduced significantly and no deaths attributable to measles have been recorded in the country since 2003, following the first nationwide catch-up measles SIA targeting children aged 9 months to 14 years in December 2002. A four-year measles SIA cycle was initially adopted following the catch-up in 2002, and follow-up SIAs were conducted in 2006 and 2010. However, in 2011, a year after the last follow-up measles SIA was held, Ghana reported six measles outbreaks. In addition, there has been an increasing number of rubella cases in the country. Of a total of 1,600 measles-negative febrile-rash cases tested for rubella in 2011, about 582 (36%) were confirmed rubella positive. Confirmed rubella cases have been increasing over the years from 135 confirmed cases in 2009 to 160 confirmed cases in 2010. As a result, Ghana has taken the decision to conduct the next round of measles SIAs in 2013 using the MR vaccine. The campaign will target all persons aged 1-14 years old; a total of 11,571,539 people. The MR vaccine will subsequently be introduced nationwide into routine immunisation in 2014.

Ghana has had consistently high routine measles vaccination coverage of more than 90% since 2009, according to WHO-UNICEF estimate. The country hopes that the routine MR vaccine will also attain this high coverage.

Regarding past performance with new vaccine introductions, Ghana introduced the yellow fever vaccine into routine immunisation in 1992; the Hepatitis B and *Haemophilus influenzae* type b (Hib) vaccines as the pentavalent combination DTP-HepB-Hib in 2002; and PCV13 together with rotavirus and second-dose measles vaccines in 2012.

The proposal form states that gender has been considered in the introduction plan. However, it is unclear where or how it has been addressed in the plan. Ghana does not routinely report on sex-disaggregated immunisation data. The Ghana Demographic and Health Survey (2008) highlighted that

there were no barriers to immunisation with regards to socio-economic and gender factors. This was evidenced by the measles coverage of 88.5% for males and 91.7% for females and Penta-1 coverage of 97.9% for males and 98.2% for females. There was also no disparity in immunisation coverage with regards to mother's education, wealth quintile, and region or place of residence (rural/urban).

5. Comprehensive Multi Year Plan (cMYP) overview

Ghana is applying for support for an MR catch-up SIA to take place for seven days in October 2013, which will require 16,055,512 doses of the MR vaccine. The application is accompanied by a detailed rubella-containing vaccine (RCV) introduction plan (planned introduction in 2014) and a comprehensive multi-year immunisation plan (cMYP). The EPI cMYP (2010-2014) is aligned with the Health Sector Medium Term Development Plan (2010-2013). With regards to the content, the cMYP has been updated to incorporate the MR vaccine SIAs in 2013 and subsequent introduction in routine immunisation in 2014. A measles-only SIA was planned for 2014 in the previous cMYP, and has now been cancelled.

National planning and budgeting in Ghana is carried between May and October each year for the ensuing year. The cMYP is the medium-term plan for the EPI in Ghana, and provides the strategic direction of the immunisation programme for the specified period. The current cMYP was initially prepared for the period 2007-2011, and later revised to 2010-2014 to accommodate the plans to introduce new vaccines. The cMYP is consistent with the goals of the Global Immunisation Vision and Strategy (GIVS), aimed at achieving the Millennium Development Goals (MDGs).

6. New vaccine introduction plan

Counting on its previous experience of introducing new childhood vaccines, achievement and maintenance of high coverage for measles-containing vaccine both during supplementary and routine immunisation activities, and considering the increased incidence of rubella in the country, Ghana has decided to introduce RCV vaccine into the EPI programme. Ghana requests that GAVI supports the country by providing a vaccine introduction grant (US\$ 0.80 per child in the birth cohort) to facilitate activities in the first year of MR introduction into routine immunisation. The MR introduction into routine immunisation will be preceded by a nation-wide SIA in 2013 for children aged 1-14 years old. Activities to be implemented include micro planning and training at all levels, social mobilisation, logistics distribution and mass vaccination at fixed posts in all communities including hard-to-reach areas, as well as waste management. The cost of the SIA in October 2013 is estimated at USD 19,368,032, which will cover procurement of vaccines and supplies, social mobilisation activities, planning and training, health worker incentives and operational costs. The entire cost of all logistics (USD 11,104,271) will be covered by GAVI, as well as 91% (USD 7,521,500) of the operational costs. The rest of the operational costs (USD 740,260) are expected to be covered by the Government of Ghana with the support of partners.

7. Improvement plan

An Effective Vaccine Management (EVM) assessment was carried out in September 2010 to assess the quality of the country's vaccine supply chain. The next EVM is expected in June 2013. The improvement plan was updated in May 2012 but does not provide an item by item status of the plan. The main issues identified in 2010 were stock management and temperature control. In response to the recommendations of the evaluation, nine new cold rooms have been installed regionally, large capacity refrigerators installed in almost every district, and intermediate-sized refrigerators are being supplied to health centres. Additional cold boxes and vaccine carriers have also been procured and each of the 10 regions is equipped with cold vans purchased through the global fund. Freeze tags have been purchased to monitor freeze risk during transportation. Measures to address waste management

are also adequate, with hub cutters to be used to reduce waste volumes. Ghana has progressed well in implementing the EVM improvement plan and no major issues remain. Funds from the vaccine introduction grant will be used to procure waste management equipment (USD 52,000) and cold chain maintenance (USD 26,000).

8. Cold chain capacity

There are no cold chain capacity issues. Recommendations of the 2010 EVM have been implemented for the most part, inclusive of procurement of additional cold chain equipment at regional, district and health centre levels. There is no capacity deficit at any level and the cold chain can readily accommodate vaccine for the MR campaign in 2013 and well as other MVS and traditional vaccines. Details are provided in the plan of action for RCV introduction.

9. Financial Analysis

According to the Application Form, the total operational budget of the campaign is USD 8,263,761, while the country asks GAVI to finance 91% of the budget (USD 7,521,500). "The rest of the cost of the new vaccine introduction (USD 148,075) will be covered by the Government of Ghana with the support of partners". These partners include WHO, UNICEF, Rotary, JICA and USAID (Plan of Action for MR introduction).

More than half of the total budget is allocated to human resources (54%), mainly per diems. The second highest expenditure is related to waste management (12%). The cMYP did not include MR campaign operational costs in 2013 year resource requirement projections (only vaccine and injection supply costs in the value of USD 10,248,142.00).

10. Co-financing arrangements

Co-financing is not applicable to MR campaigns.

11. Consistency across proposal documents

The information presented in the application form and accompanying documents was consistent.

12. Overview of the proposal: Strengths & weaknesses

Strengths:

- Well written, detailed plan for the MR campaign and eventual introduction of MR vaccine into routine services, with careful attention to lessons learned from earlier introductions.
- The application appears to have broad support in governmental agencies.
- Excellent prior coverage has been achieved both with routine immunisations and supplementary immunisation services. Good efforts to document rubella disease burden.

Weaknesses:

None found.

13. Recommendations

Vaccine:	Measles Rubella Preventive Campaign
Recommendation:	Approval

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.