



GAVI/13/593/pe/sc

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

17 October 2013

Dear Minister,

Annual Progress Report submitted by Ghana

I am writing in relation to Ghana'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 Ghana 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 Ghana
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 Ghana:

Type of support	Appendix	Approved for 2014
NVS - Measles second dose	B-1	US\$ 436,500
NVS – Pneumococcal	B-2	US\$ 16,497,000
NVS – Pentavalent	B-3	US\$ 1,629,000
NVS – Yellow Fever	B-4	US\$ 786,500
NVS - Rotavirus	B-5	US\$ 4,137,000

GAVI support to Ghana for **Measles Second Dose, Pneumococcal and Rotavirus vaccine** ends in 2014. The Country may seek an extension of GAVI support for **the above mentioned vaccines** by submitting both:

- An updated comprehensive Multi Year Plan (cMYP) valid from 2015 onwards, and;
- The 2013 Annual Progress Report or equivalent, due to the Secretariat by 15 May 2014.

We would like to highlight that Ghana 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 funds until the Partnership Framework Agreement has been signed between the GAVI Alliance and Ghana.

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 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.

GHANA – MEASLES SECOND DOSE VACCINE SUPPORT

This Decision Letter sets out the Programme Terms of a Programme

1. Country: Ghana																		
2. Grant Number: 1214-GHA-09a-X																		
3. Date of Decision Letter : 17 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 Duration¹: 2012-2014																		
9. Programme Budget (indicative):																		
<table border="1"> <thead> <tr> <th></th> <th>2012-2013</th> <th>2014</th> <th>Total²</th> </tr> </thead> <tbody> <tr> <td>Programme Budget (US\$)</td> <td>US\$842,048³</td> <td>US\$436,500</td> <td>US\$1,278,548</td> </tr> </tbody> </table>		2012-2013	2014	Total ²	Programme Budget (US\$)	US\$842,048 ³	US\$436,500	US\$1,278,548										
	2012-2013	2014	Total ²															
Programme Budget (US\$)	US\$842,048 ³	US\$436,500	US\$1,278,548															
10. Vaccine Introduction Grant: N/A																		
11. Indicative Annual Amounts:																		
<table border="1"> <thead> <tr> <th>Type of supplies to be purchased with GAVI funds in each year</th> <th>2012-2013</th> <th>2014</th> </tr> </thead> <tbody> <tr> <td>Number of Measles vaccines doses</td> <td></td> <td>1,171,700</td> </tr> <tr> <td>Number of AD syringes</td> <td></td> <td>969,100</td> </tr> <tr> <td>Number of re-constitution syringes</td> <td></td> <td>128,900</td> </tr> <tr> <td>Number of safety boxes</td> <td></td> <td>12,200</td> </tr> <tr> <td>Annual Amounts (US\$)</td> <td>US\$842,048⁴</td> <td>US\$436,500</td> </tr> </tbody> </table>	Type of supplies to be purchased with GAVI funds in each year	2012-2013	2014	Number of Measles vaccines doses		1,171,700	Number of AD syringes		969,100	Number of re-constitution syringes		128,900	Number of safety boxes		12,200	Annual Amounts (US\$)	US\$842,048 ⁴	US\$436,500
Type of supplies to be purchased with GAVI funds in each year	2012-2013	2014																
Number of Measles vaccines doses		1,171,700																
Number of AD syringes		969,100																
Number of re-constitution syringes		128,900																
Number of safety boxes		12,200																
Annual Amounts (US\$)	US\$842,048 ⁴	US\$436,500																
12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.																		
13. Self-procurement: N/A																		

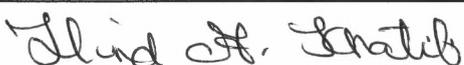
¹ This is the entire duration of the programme.

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 consolidated amount for all previously approved years.

14. Co-financing obligations: N/A		
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	
The Annual Progress Report	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
17 October 2013

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

1. Country: Ghana			
2. Grant Number: 1214-GHA-12c-X			
3. Date of Decision Letter : 17 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 Duration⁵: 2012-2014			
9. Programme Budget (indicative) :			
	2012-2013	2014	Total ⁶
Programme Budget (US\$)	US\$38,770,217 ⁷	US\$16,497,000	US\$55,267,217
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 Pneumococcal vaccines doses			3,118,600
Number of AD syringes			3,277,900
Number of safety boxes			36,400
Annual Amounts (US\$)	US\$38,770,217 ⁸	US\$16,497,000	
12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.			
13. Self-procurement: N/A			

⁵ This is the entire duration of the programme.

⁶ This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.

⁷ This is the consolidated amount for all previous years.

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

14. Co-financing obligations: Reference code: 1214-GHA-12c-X-C - According to the Co-Financing Policy, the Country falls within the group Intermediate. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.

Type of supplies to be purchased with Country funds in each year	2014
Number of vaccine doses	238,700
Number of AD syringes	250,900
Number of safety boxes	2,800
Value of vaccine doses (US\$)	US\$809,680
Total Co-Financing Payments (US\$) (including freight)	US\$873,000

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
The Annual Progress Report	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
17 October 2013

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

1. Country: Ghana				
2. Grant Number: 0715-GHA-04c-X				
3. Date of Decision Letter : 17 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 Duration⁹: 2002-2015				
9. Programme Budget (indicative) :				
	2002-2013	2014	2015	Total ¹⁰
Programme Budget (US\$)	US\$92,032,566 ¹¹	US\$1,629,000	US\$6,158,000	US\$99,819,566
10. Vaccine Introduction Grant: N/A				
11. Indicative Annual Amounts :				
Type of supplies to be purchased with GAVI funds in each year	2002-2013	2014		
Number of Pentavalent vaccines doses			779,600	
Number of AD syringes			541,400	
Number of safety boxes			6,025	
Annual Amounts (US\$)	US\$92,032,566 ¹²	US\$1,629,000		
12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.				
13. Self-procurement: N/A				

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.

¹² This is the consolidated amount for all previously approved years.

14. Co-financing obligations: Reference code: 0715-GHA-04c-X-C - According to the Co-Financing Policy, the Country falls within the group Intermediate. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.

Type of supplies to be purchased with Country funds in each year	2014	2015
Number of vaccine doses	110,900	488,300
Number of AD syringes	77,000	
Number of safety boxes	875	
Value of vaccine doses (US\$)	US\$215,937	
Total Co-Financing Payments (US\$) (including freight)	US\$231,500	US\$1,026,000

15. Operational support for campaigns: N/A

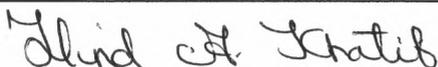
	2014	2015
Grant amount (US\$)		

16. Additional documents to be delivered for future disbursements:

Reports, documents and other deliverables	Due dates
The Annual Progress Report	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
17 October 2013

GHANA – YELLOW FEVER VACCINE SUPPORT
This Decision Letter sets out the Programme Terms of a Programme

1. Country: Ghana				
2. Grant Number: 0715-GHA-06a-X				
3. Date of Decision Letter : 17 October 2013				
4. Date of the Partnership Framework Agreement: N/A (not signed yet)				
5. Programme Title: New Vaccine Support				
6. Vaccine type: Yellow Fever				
7. Requested product presentation and formulation of vaccine: Yellow Fever, 5 dose(s) per vial, LYOPHILISED				
8. Programme Duration¹³: 2001 -2015				
9. Programme Budget (indicative) :				
	2001-2013	2014	2015	Total ¹⁴
Programme Budget (US\$)	US\$7,360,489 ¹⁵	US\$786,500	US\$779,000	US\$8,925,989
10. Vaccine Introduction Grant: N/A				
11. Indicative Annual Amounts :				
Type of supplies to be purchased with GAVI funds in each year	2001-2013	2014		
Number of Yellow Fever vaccines doses			703,800	
Number of AD syringes			697,500	
Number of re-constitution syringes			154,900	
Number of safety boxes			9,475	
Annual Amounts (US\$)	US\$7,360,489 ¹⁶	US\$786,500		
12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.				
13. Self-procurement: N/A				

¹³ This is the entire duration of the programme.

¹⁴ 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.

¹⁵ This is the consolidated amount for all previous years.

¹⁶ This is the consolidated amount for all previously approved years.

14. Co-financing obligations: Reference code: 0715-GHA-06a-X-C - According to the Co-Financing Policy, the Country falls within the group Intermediate. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.

Type of supplies to be purchased with Country funds in each year	2014	2015
Number of vaccine doses	377,600	437,500
Number of AD syringes	374,200	
Number of re-constitution syringes	83,100	
Number of safety boxes	5,100	
Value of vaccine doses (US\$)	US\$369,730	
Total Co-Financing Payments (US\$) (including freight)	US\$422,000	US\$502,500

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
The Annual Progress Report	15 May 2014

17. Financial Clarifications: N/A

18. Other conditions: N/A

Signed by,

Hind Khatib

On behalf of the GAVI Alliance

Hind Khatib-Othman

Managing Director, Country Programmes

17 October 2013

GHANA – ROTAVIRUS VACCINE SUPPORT
This Decision Letter sets out the Programme Terms of a Programme

1. Country: Ghana			
2. Grant Number: 1214-GHA-13b-X			
3. Date of Decision Letter : 17 October 2013			
4. Date of the Partnership Framework Agreement: N/A (not signed yet)			
5. Programme Title: New Vaccine Support			
6. Vaccine type: Rotavirus			
7. Requested product presentation and formulation of vaccine: Rota, 2 dose(s)			
8. Programme Duration¹⁷: 2012-2014			
9. Programme Budget (indicative) :			
	2012-2013	2014	Total ¹⁸
Programme Budget (US\$)	US\$9,781,048 ¹⁹	US\$4,137,000	US\$13,918,048
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 Rotavirus vaccines doses		1,642,800	
Annual Amounts (US\$)	US\$9,781,048 ²⁰	US\$4,137,000	
12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.			
13. Self-procurement: N/A			

¹⁷ This is the entire duration of the programme.

¹⁸ 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.

¹⁹ This is the consolidated amount for all previous years.

²⁰ This is the consolidated amount for all previously approved years.

14. Co-financing obligations: Reference code: 1214-GHA-13b-X-C - According to the Co-Financing Policy, the Country falls within the group Intermediate. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.

Type of supplies to be purchased with Country funds in each year	2014
Number of vaccine doses	189,400
Number of AD syringes	
Value of vaccine doses (US\$)	US\$452,127
Total Co-Financing Payments (US\$) (including freight)	US\$476,500

15. Operational support for campaigns: N/A

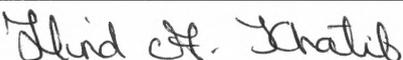
	2014	2015
Grant amount (US\$)		

16. Additional documents to be delivered for future disbursements:

Reports, documents and other deliverables	Due dates
The Annual Progress Report	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
17 October 2013

Type of report: Annual Progress Report

Country: Ghana

Reporting period: 2012

Date reviewed: 21 July 2013

1. Background Information

Surviving Infants (2012): JRF: 985,422

DTP3 coverage (2012):

- JRF Official Country Estimate: 92%
- WHO/UNICEF Estimate: 92%

Table 1. NVS and INS Support

NVS and INS support	Approval Period
Panta	2002 – 2015
Yellow Fever	2001 – 2015
Rotavirus	2012 - 2014
MenA	2012 - 2012
Measles	2012 - 2014
PCV13	2012 - 2014
HPV Quadrivalent	2013 - 2014
INS	2003 - 2005

Table 2. Cash Support

Cash support	Approval Period
ISS 1	2001-2011
Preventive Campaign MenA	2012-2012 – move above
HSS	2008-2013*
CSO Type B	2010-2012**

* Last tranche released 1st qtr 2013.

**CSO Type B support originally through 2010, was delayed, ended in 2012.

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

ICC membership consisted of WHO, UNICEF and several departments of MoH and five CSOs (Coalition of NGOs in Health, Rotary International, Paediatric Society of Ghana, Ghana Registered Midwives Association, and Church of Jesus Christ of Latter Day Saints). The committee was chaired by Director-General of Ghana Health Services. HSCC membership is broad and includes major multi- and bi-lateral organizations, CSOs and key departments of MoH.

ICC met 11 times in 2012, while HSCC met 4 times. Both ICC and HSCC have approved the 2012 APR. Based on the minutes, the role of ICC included approved the annual APR and held discussions and agreements concerning a wide arrange of key issues related to GAVI supported projects including procurement and distribution of vaccines and equipment, data collection and quality, HSS related activities, etc.. The ICC also expressed concerned about the target population changes from the projected 2000 Population and Housing Census (PHC) data to the actual 2010 PHC data. It advised the GHS M&E Department to expedite getting the district breakdown for the 2010 PHC data and that the EPI Programme to solicit funds from other sources to support routine immunization.

It looks ICC has been well functioning to help achieve the goal of GAVI funded programs. The HSCC's minutes are the same as ICC's and committees appear to be blended.

3. Programme and Data Management

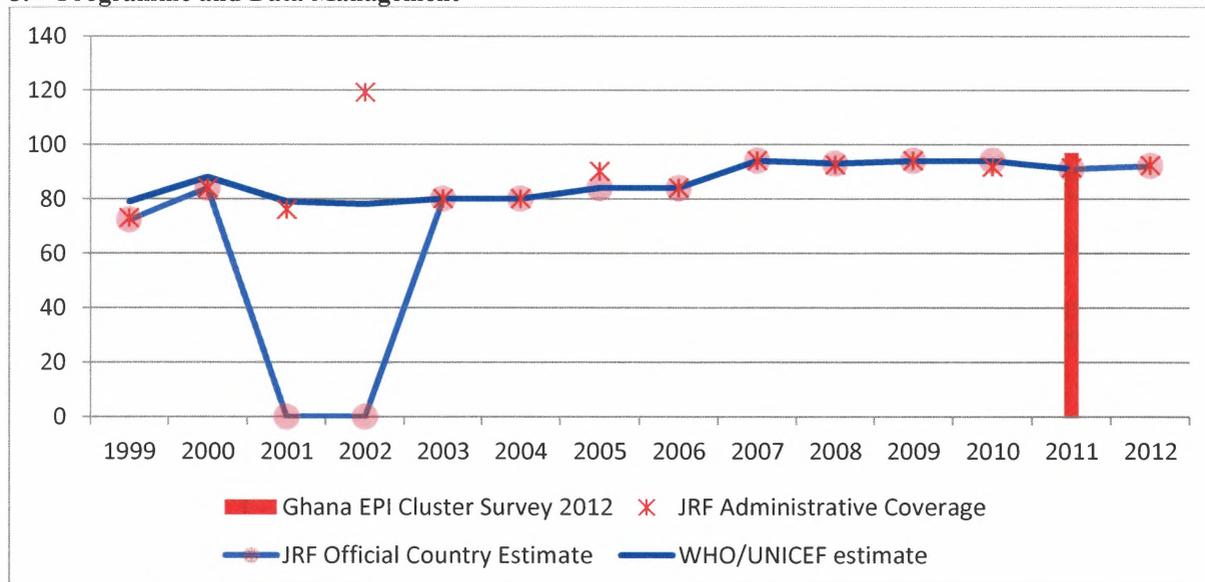


Figure 1 Trend in DPT3, Ghana 1999 – 2012

Ghana has continued to make a great achievement in terms of coverage rates of traditional vaccines. The coverage targets proposed in the 2011 APR have been maintained in 2012, except the 2nd dose of measles being changed from 94% to 85%. The country did not report the cases of measles, wild polio. The country has successfully introduced two new vaccines: Rotavirus and PCV13 in 2012, after undertaking a series of well-organized preparatory activities. Ghana also has won 2 out of 8 awards at the GAVI Partners meeting. However, the country has still been facing several challenges in maintaining and improving its immunization services for children.

The quality of immunization service data, collected from Ghana district health information management system, is generally very good. There was no much discrepancy between the figures emanating from Ghana’s administrative data and the estimates of WHO/UNICEF. The country conducts the EPI coverage survey in the first quarter of every year, trying to identify problems and challenges in the implementation of the immunization programs, as well as data quality. The Ghana Health Service has monthly meeting at the national level, discussing data management especially data accuracy and consistency, and providing feedbacks to the regions and districts.

4. Gender and Equity Analysis

The 2012 APR presents the sex-disaggregated data on DPT3 based on the DHS conducted in 2008. There was no any disparity of service coverage rate between male and female children (88.8% vs. 88.8%). It seems that Ghana does not have a plan to collect sex-disaggregated data via routine health information system in the near future. However, the country did try to map out so-called “hard to reach” communities to improve immunization service delivery via CSO Type B grant supported by GAVI since 2012 (details see below).

5. Immunisation Services Support (ISS)

ISS support was reported in the national health sector budget. The country did not receive the payment from GAVI in 2012, but did have a carryover fund of US\$ 690,415. It spent US\$ 370,742 on following activities: procurement and servicing/maintenance of vehicles, refrigerators/spare parts, construction of cold rooms, data management, and improvement of injection safety.

The allocation of ISS budget was approved by ICC. The use of ISS fund for specific activities was Director General of Ghana Health Services. No financial management problem was reported in the 2012 APR. TAP requests the country to submit the audit report for the use of ISS fund in 2012.

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

Penta vaccine

In 2012, the shipment of 2,284,110 doses of Penta was received in Ghana, 1,425,100 less than what was planned in 2011. The postpone of over one-third of the quantity was due to the avoidance of overstocking in the country. No other management related problem was related to the delivery of Penta vaccine was reported in the 2012 APR.

There will be no much changes in the request of Penta vaccine delivery for 2014. The number of children vaccinated with the 3rd dose of Penta increased from 887,086 in 2011 to 908,821 in 2012. The targets for Penta

in 2014 is within GAVI limit and therefore approved by IRC. It is not clear why the 2012 APR set up much higher wastage rate in 2013-2015 (5% in 2012, and expected rates in 2013/15 – 10%).

Yellow fever vaccine

The country received 1,206,800 doses of Yellow Fever vaccines in 2012, as planned in 2011. The coverage rate for 2012 was 92%. No problems related to the delivery of Yellow fever vaccines, such as shipment, stock level, etc., were reported. It is expected that the coverage rate for 2013 -2015 increased to 94%. The targets for Yellow Fever vaccine in 2013 and 2014 is within GAVI limit and therefore approved by IRC. Based on the 2012 APR, the wastage rate would increase from 19% in 2012 to 25% in 2014. It is not clear why such a projection was made.

Measles vaccine

The country received 2,285,300 doses of Measles vaccines, as planned in 2011. The introduction of Measles 2nd dose in April 2012 was part of the African Vaccination Week. No problems related to the introduction were reported in the APR.

Rotavirus vaccine

The country received 1,799,914 doses of Rotavirus vaccines in 2012. The shipment of Rotavirus vaccine arrived much later than what was planned. Such a delay affected the introduction to this new vaccine in Ghana, particularly allowing little time to pilot the introduction to the vaccine. The target for Rotavirus vaccine in 2014 is within GAVI limit and therefore approved by IRC.

PCV13

The country received 3,648,473 doses of PCV12 vaccine in 2012, as planned in 2011. The introduction to the new vaccine has been undertaken since middle 2012. No problems related to its implementation were reported in the 2012 APR. The target for PCT13 in 2014 is within GAVI limit and therefore approved by IRC.

MenA

A MenA campaign was undertaken in October 2012. The total number of doses of 3,329,000 was received before the campaign, the quantity was slightly lower than what was planned (the planned number of doses was 3539200 in the Decision Letter). However, the campaign was conducted without any shortage problem. The administrative data show the coverage rate being 98%, while the EPI coverage survey indicated the coverage of 90%. The wastage rate was only 3%. APR provides details on the campaign and lesson learned from it.

EVM

The last EVM was undertaken in September 2010. The country has made strong progress in implementing the EVM Improvement Plan, and there are no cold chain capacity issues or capacity deficits at any level. Improvement activities have included construction of 9 cold rooms (93% completed), purchase of 6000 vaccine carriers, purchase of 400 cold boxes, and procurement of 11 cold vans. The next EVM is scheduled for September 2014.

A Post Introduction Evaluation was planned in January 2013 and is now rescheduled in Aug 2013.

The country does not make any request for changes in vaccine presentation for 2014.

The country is requested to clarify the discrepancies between Penta and Yellow Fever doses shipped and reported received.

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

Ghana falls into the intermediate group of co-financing. Since 2009 the country has started to co-finance Penta and Yellow Fellow vaccines. From 2012 the country has co-financed Rotavrius and PCT13. The country has fulfilled its financial commitment to the procurement of these vaccines, based on the agreements with GAVI. It has not been in any default over the past four years. The country has been a high performer with timely payment of the co-financing obligation.

The country requested in the 2012 APR the provision of technical assistance in the areas of high level advocacy in order to mobilize funds to support increasingly co-financing requirement of the immunization services, as several new vaccines have been introduced in 2012 and the co-financing budget for 2013 and 2013 has significantly risen.

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

The country has developed a national injection safety plan including waste management since 2006. However, due to lack of sufficient funding and creation of new districts in the recent years, providing these new districts with incinerators remains a challenge (32 new districts have been given incinerators), although the country aims to provide all the districts with incinerators. In addition, many districts need funds to service old incinerators. Sharp wastages were processed by the incinerators. The districts without incinerators used burnt the wastages.

Plans are underway for the construction of incinerators for the 45 new districts and Government has procured 20 mobile incinerators which could easily be transported to problematic areas in times of emergency.

Adverse events following immunization systems

The country has developed a national dedicated vaccine pharmacovigilance capacity and a national AEFI expert review committee. The country did monitor the adverse events following vaccinations. In October 2012, A MenA campaign was undertaken in three regions of Northern Ghana. The number of AEFI found was 621, but none of them attributed to MenA vaccine.

9. Health Systems Strengthening (HSS)

The HSS grant was approved in 2007 for the period of 2008 -2012, which has recently been extended to 2013. Progress has been very good. Most objectives have been fully achieved. For the others, the delays were well explained and plans are good for catching up in 2012.

The country has previously reprogrammed significant amount of funds under objective 2 “Expand functional CHPS coverage to deliver essential services especially for MDG 4 and 5”. No new reprogramming is requested in the 2012 APR.

A vast majority of activities planned in 2012 have been completed. Some activities have not or only partially been completed. Most indicators have shown progress. Generally speaking, there has been good progress in most of the activities. Of 17 activities planned, 9 activities were 100% completed, 3 activities completed 80%, 4 activities completed 50%.

M&E:

M & E indicators used in the APR are consistent with what were proposed in the project plan, focusing primarily on outputs. However, the outcome and impact indicators, which have been part of the HSS project application, are not reported at all in the APR. The country had planned to undertake a thorough review and evaluation of HSS support, but has not yet been implemented due to the changes in the service leadership.

The country did not receive any payment from GAVI in 2012. Its expenditure related to HSS activities in 2012 was US\$ 2,312,828, from the previous carryover. The country will complete the HSS grant by the end of 2013, as the country has implemented the HSS project for five years.

The IRC suggests that the end of year project report focus on the outcomes and impacts emanating from the implementation of the HSS project funded by GAVI.

10. Civil Society Organization Type B (CSO)

The CSO grant involves 12 NGOs operating in Ghana, under the Ghana Coalition of NGOs in Health. In 2012, three NGOs have worked in two districts (AAD and THLD) to reach 100 “hard to reach” communities (40 in AAD and 60 in THLD), in collaboration with DHMT and District Assembly. The country did not receive the payment from GAVI in 2012 and used the carryover from 2011 to continue to implement the activities proposed in the project application approved.

A national steering committee was established to oversee the implementation of the project and provide technical assistance required. Those implementing CSOs were actively engaging key local stakeholders and communities to raise awareness of and increase demands for immunization services, particularly in the 100 communities. Through the CSOs project, many NGOs in Ghana have now actively been involved in health system strengthening planning and activities. CSOs will continue to use different strategies to stimulate demand for immunisation services in hard to reach communities, facilitate the provision of regular scheduled outreach services in at least 8 newly created districts (including island rural communities and urban slums) and deepen the already existing activities in the 3 districts. Capacities of community leaders, women groups and community volunteers using local systems will be institutionalised to monitor community health.

11. Risks and mitigating factors

Changes in administrative structure (e.g. creation of new districts) have proposed risks, at least in a short term, for the effectiveness of implementing the EPI programs in Ghana, particularly in the remote and hard to reach communities. Extra efforts need to be made to help those new districts to be equipped with essential resources to achieve program objectives and targets.

12. Summary of 2012 APR Review

IRC commends that Ghana has continued to have a high level performance in achieving the objectives and targets in 2012. However, the coverage rates for a few vaccinations (e.g. measles vaccine) were not satisfactory. The coverage rates for Penta and Rotavirus vaccine are expected to increase to over 90% in 2013 from a modest coverage of almost 50% in the introduction year. The wastage rates for some vaccines still have a room to reduce in the near future. Data collection and quality has further improved in 2012. The HSS grant has supported a number of meaningful activities. M & E for GAVI projects needs to focus more on outcomes and impacts related indicators in the 2013 APR. The IRC requests that the country provide more details on process indicators for the CSO grant, to demonstrate how the CSO activities have improved immunization coverage in the 2013 APR.

13. IRC Review Recommendations

- **ISS:** N/A

- **NVS:** Penta, YF, MSD, Rotavirus, PCV 13

Approve 2014 NVS support based on country request target

- **HSS:** N/A

14. Clarification Required with Approved Funding

Short-term clarifications

(a) Financial clarifications/outstanding TAP issues

- a. ISS, VIG, HSS: the country is requested to submit the 2012 audited financial statements (audit report for 2012)
- b. CSOs Type B: The country is requested to submit the audit report for 2012.

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.

