



GAVI/13/687/ap/rk  
The Minister of Health and Medical Services  
Ministry of Health and Medical Services  
P.O. Box 268  
Bikenibeu  
Tarawa  
Republic of Kiribati

11 December 2013

Dear Minister,

***Annual Progress Report submitted by Kiribati***

I am writing in relation to Kiribati'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 8 to 11 October 2013 to consider your APR, I am pleased to inform you that the GAVI Alliance has approved Kiribati 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 Kiribati
- 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 Kiribati:

Type of support	Appendix	Approved for 2014
NVS Pentavalent	B-1	US\$4,000
NVS Pneumococcal	B-2	US\$35,000

Please do not hesitate to contact my colleague [rajkumar@gavialliance.org](mailto:rajkumar@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



## Appendix A

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

#### New Vaccines Support (NVS)

The GAVI Alliance has approved the Country’s request for supply of vaccine doses and related injection safety materials 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.

**KIRIBATI VACCINE SUPPORT**

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

<b>1. Country:</b> Kiribati				
<b>2. Grant Number:</b> 0815-KIR-04a-X				
<b>3. Date of Decision Letter:</b> 11 December 2013				
<b>4. Date of the Partnership Framework Agreement:</b> Not applicable				
<b>5. Programme Title:</b> New Vaccine Support (NVS)				
<b>6. Vaccine type:</b> Pentavalent				
<b>7. Requested product presentation and formulation of vaccine:</b> DTP-HepB-Hib, 1 dose(s) per vial, LIQUID				
<b>8. Programme Duration<sup>1</sup>:</b> 2008-2015				
<b>9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):</b>				
	2008-2013	2014	2015	Total <sup>2</sup>
Programme Budget (US\$)	US\$125,138 <sup>3</sup>	US\$4,000	US\$7,500	US\$136,638
<b>10. Vaccine Introduction Grant:</b> Not applicable				
<b>11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):<sup>4</sup></b>				
Type of supplies to be purchased with GAVI funds in each year	2008-2013	2014		
Number of Pentavalent vaccines doses	-	1,200		
Number of AD syringes	-	1,200		
Number of re-constitution syringes	-	-		
Number of safety boxes	-	25		
Annual Amounts (US\$)	US\$125,138 <sup>5</sup>	US\$4,000		
<b>12. Procurement agency:</b> UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.				

<sup>1</sup> This is the entire duration of the programme.

<sup>2</sup> 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.

<sup>3</sup> This is the consolidated amount for all previous years

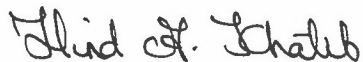
<sup>4</sup> This is the amount that GAVI has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently.

<sup>5</sup> This is the consolidated amount for all previously approved years.

<b>13. Self-procurement:</b> Not applicable		
<b>14. Co-financing obligations: Reference code:</b> 0815-KIR-04a-X-C according to the Co-Financing Policy, the Country falls within the group graduating. 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	1,700	6,600
Number of AD syringes	1,600	-
Number of re-constitution syringes	-	-
Number of safety boxes	50	-
Value of vaccine doses (US\$)	US\$4,224	-
Total Co-Financing Payments (US\$) (including freight)	US\$5,000	US\$18,500
<b>15. Operational support for campaigns:</b> Not applicable		
<b>16. Additional documents to be delivered for future disbursements:</b>		
Reports, documents and other deliverables	Due dates	
Annual Progress report	15 May 2014	
<b>17. Financial Clarifications:</b> Not applicable		
<b>18. Other conditions:</b> Not applicable		

Signed by,

**On behalf of the GAVI Alliance**  
Hind Khatib-Othman



Managing Director, Country Programmes  
11 December 2013

## KIRIBATI VACCINE SUPPORT

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

<b>1. Country:</b> Kiribati				
<b>2. Grant Number:</b> 1215-KIR-12c-X				
<b>3. Date of Decision Letter:</b> 11 December 2013.				
<b>4. Date of the Partnership Framework Agreement:</b> Not applicable				
<b>5. Programme Title:</b> New Vaccine Support				
<b>6. Vaccine type:</b> Pneumococcal				
<b>7. Requested product presentation and formulation of vaccine:</b> Pneumococcal (PCV13), 1 dose(s) per vial , LIQUID				
<b>8. Programme Duration<sup>6</sup>:</b> 2013-2015				
<b>9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):</b>				
	2013	2014	2015	Total <sup>7</sup>
Programme Budget (US\$)	US\$69,000 <sup>8</sup>	US\$35,000	US\$31,000	US\$135,000
<b>10. Vaccine Introduction Grant:</b> Not applicable				
<b>11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):<sup>9</sup></b> The Annual Amount for 2014 has been amended.				
Type of supplies to be purchased with GAVI funds in each year	2013	2014		
Number of Pneumococcal vaccines doses	-	5,400		
Number of AD syringes	-	5,600		
Number of re-constitution syringes	-	-		
Number of safety boxes	-	75		
Annual Amounts (US	US\$69,000 <sup>10</sup>	US\$35,000		

<sup>6</sup> This is the entire duration of the programme.

<sup>7</sup> 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.

<sup>8</sup> This is the consolidated amount for all previous years.

<sup>9</sup> This is the amount that GAVI has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently.

<sup>10</sup> This is the consolidated amount for all previously approved years.



<b>12. Procurement agency:</b> UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.		
<b>13. Self-procurement:</b> Not applicable		
<b>14. Co-financing obligations: Reference code:</b> 1215-KIR-12c-X-C According to the Co-Financing Policy, the Country falls within the group graduating. 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	3,600	5,400
Number of AD syringes	3,400	-
Number of re-constitution syringes		-
Number of safety boxes	50	-
Value of vaccine doses (US\$)	US\$11,450	-
Total Co-Financing Payments (US\$) (including freight)	US\$12,500	US\$18,500
<b>15. Operational support for campaigns:</b> Not applicable.		
<b>16. Additional documents to be delivered for future disbursements:</b>		
Reports, documents and other deliverables	Due dates	
Annual Progress report	15 May 2014	
<b>17. Financial Clarifications:</b> Not applicable		
<b>18. Other conditions:</b> Not applicable		

Signed by,  
**On behalf of the GAVI Alliance**  
 Hind Khatib-Othman

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

Managing Director, Country Programmes  
 11 December 2013

**Type of report: Annual Progress Report**

**Country: Kiribati**

**Reporting period: 2012**

**Date reviewed: 9 October 2013**

---

## 1. Background Information

Surviving Infants (2012): UNPD: 2 270; JRF: 2 680

DTP3 coverage (2012):

JRF Official Country Estimate: 94%

WHO/UNICEF Estimate: 94%

**Table 1. NVS and INS Support**

NVS and INS support	Approval Period
Pneumococcal (PCV13)	2013 – 2015
DTP-HepB-Hib (Penta)	2009 – 2015

**Table 2. Cash Support**

Cash support	Approval Period
HSS	N/A
Vaccine introduction grant	Released in 2013

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

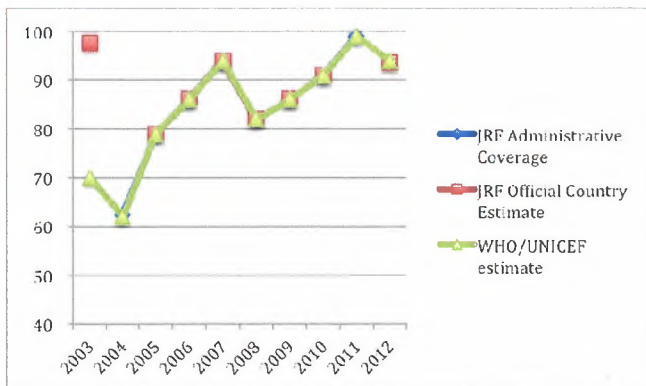
According to the APR, the ICC is functioning in the Country. Representatives from the Ministry of Health, and Finances together with WHO and Pacific UNICEF are presented at the Committee, but no CSOs presented at the Committee. Unfortunately minutes from the meeting were not available, to discuss the issues tackled by the ICC. No representatives' from the NGOs are presented at the Committee. ICC discussed the need to use national census and raised the issue of sustainability of vaccines beyond 2015

## 3. Programme and Data Management

DTP3 coverage for both JRF and WHO/UNICEF estimate is consistently high, in 2012 at 94% [see Figure 1].

Figure 1: DTP3 coverage in Kiribati:





There are some discrepancies in the Immunization coverage targets presented at the CMYP and the APR, especially in regard to PCV13 estimations. According the APR it is in the range of 90-94%, while in CMYP, it is around 87%.

The data on the total-surviving infants is subject for concern. The targets for 2013 and 2014 are twice less then the target for 2012 (1976 in comparison to 3 329), while there is no such a difference in the numbers of total pregnant women and total infants death. As a result of this difference, originally approved targets for all the vaccines for the coming years, are in the range of 153 up to 166% (for DPT3 in 2015). The point is that country has two sources of denominators- National and Nurses census and differences could be raised due to births happened after the census conducted.

During the 2012 Integrated Child Health Week was held on South Tarawa and Tabiteuea North. Supportive supervision visits were taken place in South Tarawa. Installation of refrigerators was carried out in 14 outer islands.

There is no AEFI expert review committee, however country reports national level capacity for pharmaco vigilance and sentinel surveillance for rota diarrhoea, paediatric meningitis

#### 4. Gender and Equity Analysis

No sex -disaggregated data is available, but there are plans to collect this kind of data. Generally, No gender-related barriers experienced, all eligible children were received their vaccination according to the Kiribati Immunization Schedule.

#### 5. Immunisation Services Support (ISS) : N/A

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

##### **Pentavalent vaccines (DTP-HepB-Hib) 1 dose vials presentation, liquid**

According the decision letter country was supposed to receive 9 957 doses of vaccine. Though it had not received any, during the 2012. The delivery of 9 000 doses were postponed. 5,750 doses were delivered in February 2013.

**Targets for 2014 are in line with reported achievements for 2012.**



### **Pneumococcal (PCV13) vaccine**

According to the decision letter, the country was supposed to receive 6 454 doses of vaccine, but no shipment was done during the year. The delivery of 5 250 doses of vaccine was postponed for the next year. The vaccine was introduced in May 2013, through the national campaign. The remote islands were the last ones, due to unreliable flight, and as a result the vaccine was introduced in September.

*The 2014 vaccine request: **Targets for 2014 similar to penta targets for 2014.***

The Post Introduction Evaluation (PIE) is planned for 2013, after six months from the introduction of PCV13 vaccine. It is also foreseen that the country could repeat PIE in one year, in order to compare the progress after the initial campaign.

The last VMA was conducted in Sep 2010, next planned Oct 2013.

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

Kiribati is listed as a graduating country, paying (co-financing) for its vaccines annually, this goes from its recurrent budget. Co-payment for Penta was above the required rates for the first two years and then as per GAVI norms. The co-financing for PCV follows GAVI norms. There has been a cut-off budget from the government that gives some problems to the Ministry of Health to face the cost. The government is paying for traditional vaccines. Kiribati pays for all its traditional vaccines from the government budget.

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

In 2010, Rotary International District 2650 donated a new type of incinerator for the disposal of medical waste including EPI waste, and all AD supplies in South Tarawa are incinerated. In the Outer Islands, used injection waste is burned and buried. A safe disposal system and guidelines for used injection waste still need to be clearly established.

## **9. Health Systems Strengthening (HSS): N/A**

## **10. Organization Type A/Type B (CSO): N/A**

## **11. Risks and mitigating factors**

Due to the isolation and remoteness of many outer islands, effective communication systems for reporting disease outbreaks and immunization coverage is challenging. Lack of transport can make it tricky to enable vaccine distribution, outreach immunization sessions and supervision visits. Limited human resources and high vulnerability to external forces can be problematic for the sustainability of EPI activities.



## **12. Summary of 2012 APR Review**

Overall this is a good program that has been able to deal efficiently with the introduction of new vaccine during this year and achieve high level of coverage for most vaccines. Unfortunately the issue related to the Surviving infants data still is not solved out. The challenge for the future is linked to the financial sustainability of the EPI as Country is planning to take over the financing of EPI in the next few years.

## **13. IRC Review Recommendations**

- **ISS**

Not applicable, country is not eligible for a reward.

- **NVS**

- 1) Approve 2014 NVS support for the DTP-HepB-HiB vaccine, based on country request target
- 2) Approve 2014 NVS support for the Pneumococcal (PCV13) vaccine based on country request target



## 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.