



GAVI/13/593/pe/sc

Minister of Health
Ministry of Health and Sanitation
Youyi Building - Brookfields
Freetown
Sierra Leone

18 October 2013

Dear Minister,

Annual Progress Report submitted by Sierra Leone

I am writing in relation to Sierra Leone's Annual Progress Report (APR) which was submitted to the GAVI Secretariat in May 2013.

In July 2013 your APR was reviewed by the GAVI Independent Review Committee (IRC) which recommended "Approval with Clarifications" of your APR. We have since received your response to the programmatic clarifications that were deemed satisfactory, and consequently are pleased to inform you that the GAVI Alliance has approved Sierra Leone for GAVI support as specified in the Appendices to this letter. Please note that there are outstanding financial clarifications to be provided, as specified in the Appendix C (IRC Report) to this letter, and failure to provide these financial clarifications may result in GAVI withholding further disbursements.

The Appendices includes the following important information:

Appendix A: Description of approved GAVI support to Sierra Leone

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 Sierra Leone:

Type of support	Appendix	Approved for 2014
NVS – Pneumococcal	B-1	US\$3,163,000
NVS – Pentavalent	B-2	US\$1,236,000
NVS – Yellow Fever	B-3	US\$ 98,500

Please note that the figures for pneumococcal vaccine support for 2013 have been increased following the revision to the target population.

We would like to highlight that Sierra Leone received a Partnership Framework Agreement in March 2018. 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 Sierra Leone.

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 Sierra Leone (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.

SIERRA LEONE – PNEUMOCOCCAL VACCINE SUPPORT

This Decision Letter sets out the Programme Terms of a Programme

1. Country: Sierra Leone					
2. Grant Number: 1215-SLE-12c-X					
3. Date of Decision Letter : 18 October 2013					
4. Date of the Partnership Framework Agreement: N/A (not signed yet)					
5. Programme Title: New Vaccine Support					
6. Vaccine type: Pneumococcal					
7. Requested product presentation and formulation of vaccine: Pneumococcal (PCV13), 1 dose(s) per vial , LIQUID					
8. Programme Duration¹: 2010-2015					
9. Programme Budget (indicative) :					
	2010-2012	2013	2014	2015	Total ²
Programme Budget (US\$)	US\$8,770,652 ³	US\$5,084,500	US\$3,163,000	US\$3,902,000	US\$20,920,152
10. Vaccine Introduction Grant: N/A					
11. Indicative Annual Amounts :					
Type of supplies to be purchased with GAVI funds in each year	2010-2012	2013	2014		
Number of Pneumococcal vaccines doses		816,200	600,600		
Number of AD syringes		811,200	661,500		
Number of safety boxes		9,025	7,350		
Annual Amounts (US\$)	US\$8,770,652 ⁴	US\$5,084,500	US\$3,163,000		
12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.					
13. Self-procurement: N/A					

¹ This is the entire duration of the programme.

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

³ This is the consolidated amount for all previous years.

⁴ This is the consolidated amount for all previously approved years.

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

Type of supplies to be purchased with Country funds in each year	2013	2014	2015
Number of vaccine doses	47,400	35,400	42,200
Value of vaccine doses (US\$)	US\$162,917	US\$119,975	
Total Co-Financing Payments (US\$) (including freight)	US\$173,000	US\$127,500	US\$150,000

15. Operational support for campaigns: N/A

	2014	2015
Grant amount (US\$)		

16. Additional documents to be delivered for future disbursements:

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

17. Financial Clarifications: N/A

18. Other conditions: N/A

Signed by,

Hind Khatib-Othman

On behalf of the GAVI Alliance

Hind Khatib-Othman

Managing Director, Country Programmes

18 October 2013

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

1. Country: Sierra Leone				
2. Grant Number: 0815-SLE-04c-X				
3. Date of Decision Letter : 18 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 Duration⁵: 2007-2015				
9. Programme Budget (indicative) :				
	2007-2013	2014	2015	Total ⁶
Programme Budget (US\$)	US\$13,531,760 ⁷	US\$1,236,000	US\$1,417,500	US\$16,185,260
10. Vaccine Introduction Grant: N/A				
11. Indicative Annual Amounts :				
Type of supplies to be purchased with GAVI funds in each year	2007-2013	2014		
Number of Pentavalent vaccines doses			585,300	
Number of AD syringes			629,900	
Number of safety boxes			7,000	
Annual Amounts (US\$)	US\$13,531,760 ⁸	US\$1,236,000		
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: 0815-SLE-04c-X-C - According to the Co-Financing Policy, the Country falls within the group Low Income. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.

Type of supplies to be purchased with Country funds in each year	2014	2015
Number of vaccine doses	63,400	72,900
Value of vaccine doses (US\$)	US\$123,395	
Total Co-Financing Payments (US\$) (including freight)	US\$130,000	US\$149,000

15. Operational support for campaigns: N/A

	2014	2015
Grant amount (US\$)		

16. Additional documents to be delivered for future disbursements:

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

18 October 2013

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

1. Country: Sierra Leone				
2. Grant Number: 0715-SLE-06b-X				
3. Date of Decision Letter : 18 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, 10 dose(s) per vial, LYOPHILISED				
8. Programme Duration⁹: 2003-2015				
9. Programme Budget (indicative) :				
	2003-2013	2014	2015	Total ¹⁰
Programme Budget (US\$)	US\$2,032,282 ¹¹	US\$98,500	US\$229,000	US\$2,359,782
10. Vaccine Introduction Grant: N/A				
11. Indicative Annual Amounts :				
Type of supplies to be purchased with GAVI funds in each year	2003-2013	2014		
Number of Yellow Fever vaccines doses		88,000		
Number of AD syringes		93,900		
Number of re-constitution syringes		12,000		
Number of safety boxes		1,175		
Annual Amounts (US\$)	US\$2,032,282 ¹²	US\$98,500		
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-SLE-06b-X-C - According to the Co-Financing Policy, the Country falls within the group Low Income. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.

Type of supplies to be purchased with Country funds in each year	2014	2015
Number of vaccine doses	20,800	44,900
Value of vaccine doses (US\$)	US\$20,283	
Total Co-Financing Payments (US\$) (including freight)	US\$22,000	US\$48,500

15. Operational support for campaigns: N/A

	2014	2015
Grant amount (US\$)		

16. Additional documents to be delivered for future disbursements:

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

17. Financial Clarifications: N/A

18. Other conditions: N/A

Signed by,

Hind A. Khatib

On behalf of the GAVI Alliance

Hind Khatib-Othman

Managing Director, Country Programmes

18 October 2013

Type of report: Annual Progress Report
Country: Sierra Leone
Reporting period: 2012
Date reviewed: July 2013

1. Background Information

Surviving Infants (2012): JFR 220.013

DTP3 coverage (2012):

- JRF Official Country Estimate: 84%
- WHO/UNICEF Estimate: 84%

Table 1. NVS and INS Support

NVS and INS support	Approval Period
Yellow Fever	2007-2015
DTP-HepB-Hib	2007-2015
PCV 13	2010-2015
Rotavirus	2012-2015
HPV bivalent	2013-2014
INS	2002-2004

Table 2. Cash Support

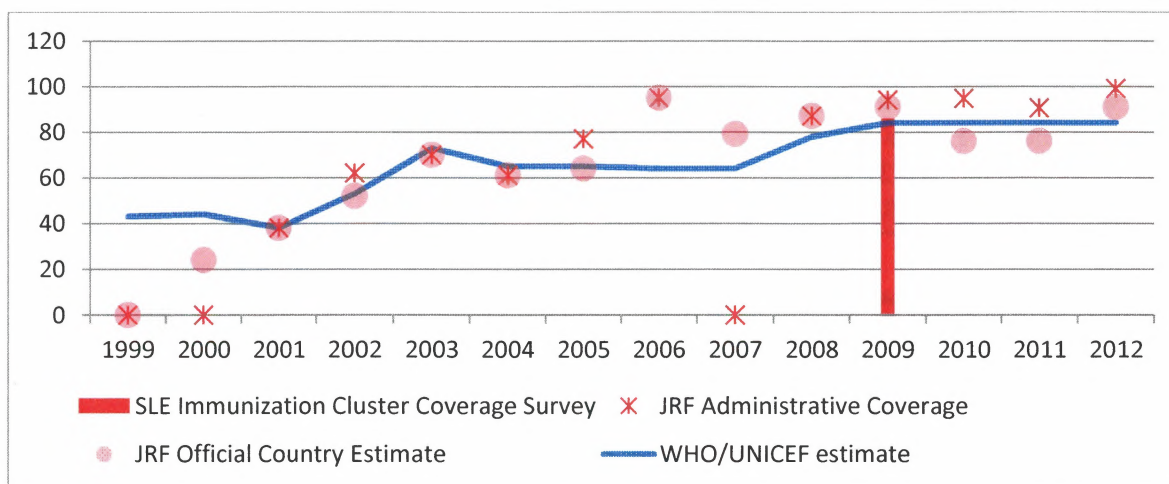
Cash support	Approval Period
ISS	2001-2011
HSS	2008-2014

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

HSCC representation includes Ministry of Health and Sanitation, UNICEF, WHO, DFIF, UNFPA and two Civil Society Organizations Health for all coalition and Inter Religious Council. APR was only endorsed by WHO, UNICEF and MoH&S because following GAVI financial audit “key professional staff charged with the responsibility of managing GAVI funds have been suspended from work and charged to court for misuse of GAVI funds ... financial documents are now with Court prosecutors.” A request for extension of time to submit several documents was approved by CRO with agreement that “Sierra Leone should submit the APR 2012 with the available information and update the missing information by June 2013.” The ICC is now the HSSG in Sierra Leon. No additional information or minutes are provided.

3. Programme and Data Management

WHO estimate DTP coverage has been stable at 84% since 2009. JRF coverage has fluctuated 8-14 percentage points above or below this estimate. Explanation provided for this difference is that total births have been adjusted downwards in 2012 resulting in significantly higher coverage compared to originally approved targets. Per CRO report, “The 2012-2016 cMYP was updated in December 2012. Birth rate in cMYP is 4%, in APR they used 4.2% which is the reason why the targets are slightly different.”



2012 Annual performance review meetings and 2013 health planning conducted for all districts; national meeting held with districts to harmonize target populations indicators and programme objectives; updated data collection and reporting forms for all levels; national and district staff trained on data management; use of the new DVDMT.

Administrative data was the only source for the immunization coverage data in 2012. However there were some major activities to improve administrative data systems which include: annual performance review meetings in 2012 and health planning meeting for all districts in 2013; National meeting held with districts to harmonize target population indicators and programme objectives; Training of National and district staff on data management and use of the new DVDMT

4. Gender and Equity Analysis

Gender

APR states “There are some gender-related barriers affecting immunization services. Some of these barriers are due to socio-economic condition in the country. The economic activities of some women, (petty trading, farming) does not give them time to take their children for immunization services. The economically disadvantaged women focus more on their daily economic activities; hence not prioritising immunization of their children. DHS 2008 shows 60.6 vs.59.9 % DTP3 coverage for males and females.

Equity

Discrepancies in DTP3 coverage vary by geographic area (lowest in the North region 49% vs. highest in West 76.7); wealth quintile (55% lowest vs. 72% highest), and education level (67.2% none vs. 89.6% secondary and above) reported.

5. Immunisation Services Support (ISS)

The ISS funds in Sierra Leone have been mainly used to support operational issues of the immunisation service delivery, including outreach services. The remaining fund was used to Support coordination activities at national level and heightened community awareness in districts. In 2012, there were challenges in accessing the GAVI ISS funds mainly due to the long approval process. Per TAP screening, country is to clarify the difference of US\$22,000 between ISS funds disbursed by GAVI (\$ 691,000) and funds indicated as received by Sierra Leone in the 2012 APR (\$ 669,000), as well as provide bank statement showing closing balance as at December 31, 2012. ISS window closed as of 2011 therefore no reward requested.

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

Changes in targets were due to change in total births annual growth rate and for targets to be consistent with what is in the revised cMYP. Targets were changed due to coverage change in 2012.

The EPI coverage in 2012 is higher than the targets set. Therefore, the targets for the following years were adjusted to reflect the 2012 achievement. Wastage change reflects the revised cMYP.

2012 performance

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Total doses of Penta received (866,800) are lower than the doses in decision letter (938,626) due to lower vaccine utilization as indicated in the coverage of Penta. No stock out reported for 2012. Stock level reported as of January 2013 was 415,480 doses.

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

Total PCV 13 dose received (711,000) is higher than what is in the decision letter (449,168). APR states that this is “because more children were immunized with PCV as was anticipated.” To prevent stock outs, UNICEF preponed shipments in 2012, so Sierra Leone received some of the approved 2013 doses in 2012. No stock out reported for 2012. Stock level reported as of January 2013 was 271,500 doses.

Yellow Fever, 10 dose(s) per vial, LYOPHILISED

Total doses of YF received were 431,300. No stock out reported for 2012. Stock level reported as of January 2013 was 312,800 doses.

In view of the excess stock in all antigens, country plans to prepare a shipment plan using the forecasting tool, based on the country’s previous yearly consumption and early communication to UNICEF Sierra Leone office in order to better forecast vaccination needs.

2014 vaccine request

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Target is set at 230,442 children to achieve 93% coverage. Adjustments are needed in view of existing 2012 stock balance. Drop out rate in 2012 is 8.8%, vs. 7.9 in 2013 and 7% in 2014. Wastage planned for 15% significantly lower than 25% reported in 2012.

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

Target set at 173,154 children to achieve 93% coverage however, CRO reports, “Recent discussions with the country indicate that the targets may have been set too low and need to be revised in line with the penta targets and past performance. CRO is following up.” Wastage 5%.

Yellow Fever, 10 dose(s) per vial, LYOPHILISED

Target set at 212,007 children to achieve 92% coverage. Supply of vaccine to take in to account existing 2012 stock balance. 10% wastage rate is low.

Comment on Cold Chain Capacity or Issues: The last EVM Assessment was conducted in March 2013 demonstrating a marked 2010 to 2013 EVM Performance Improvement. Average Performance was 71% for Primary Store, 65% for District Store and 63% for PHU.

Current national vaccine storage space adequate except OPV not stored as per WHO Norms. Introduction of Rota Vaccine will require 25m³ additional cold storage space; OPV routine and campaign vaccines should be stored at -15°C to -25°C. 20m³ Freezer Room required; Additional Dry Goods storage space required. Vaccine storage space is NOT adequate at 4 District stores. Large numbers of vaccine refrigerators at PHU’s need replacement by SDD solar refrigerators. Introduction of Rota Vaccine will require additional cold storage space at 8 District Stores. Next EVM planned for March 2016. Implementation plans include: Nationwide Maintenance of cold chain equipment, Increase cold chain capacity with an additional 40m³ cold room, Procurement of additional solar equipment and spare parts, Installation and use of Multilog, fridge tags at Central cold store, district and PHU refrigerators, Use of Vaccine management tools (SMT) to ensure proper stock management. Post Introduction Evaluation (PIE) for Pneumococcal introduction in 2011 provided.

Surveillance systems/data

Sierra Leone reports having surveillance systems in place including national dedicated vaccine pharmaco-vigilance capacity and sentinel surveillance for Rota, pneumo and bacterial meningitis. However, ICC does not review studies conducted on ROTA and PBM. Country uses data from the sentinel sites to monitor disease burden, measure impact of vaccinations and to guide intervention.

Based on data from PBM sentinel sites, streptococcus pneumonia is the commonest (22%) cause of morbidity.

Country appears to be capable of meeting 2014 targets once shipment calculations have been adequately revised. Focus on cold chain capacity is needed for successful Rotavirus introduction in 2013-14. 2011 PIE for PCV13 noted: "Vaccination registers are already updated to accommodate rotavirus vaccine well over one year before introduction into the national schedule. This will undoubtedly help reduce the cost for introduction in terms of updating the data collecting tools before the vaccine is eventually introduced."

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

2014 Co-financing group: low income: Started co-financing yellow fever in 2008, pneumococcal vaccine in 2011, and pentavalent vaccine in 2012; Country has met co-financing fulfilment and has not been in default and is a good performer: in 2011, country voluntarily co-financed higher amount than the minimum required.

In terms of budget allocation, GOSL provides staff salary and infrastructure; UNICEF procures traditional vaccines and cold chain equipment and installs them, WHO provides technical support, GAVI contributes new vaccines in addition to HSS. GAVI funding accounts for 95% of new and underused vaccine expenditures and 63.7% of the total budget. APR states: All traditional vaccines are currently procured by UNICEF, and there is no specific budget line for EPI activities, to ensure a sustainable immunization financing nationwide. However, since the country have moved from a fragile to low income country, there are plans in place to create a budget line in the Ministry of Health and Sanitation to gradually start procuring traditional vaccines. The EPI Programme together with partners have held advocacy meetings with politicians for increased ownership of EPI services by the government. GAVI to support the EPI Programme to embark on advocacy through the HSSG / HSCC for a development of specific budget line, that will be factored into the Sierra Leone Joint programme Reporting Work Force (JPRWF) to enhance continual support on immunization activities."

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

Reported obstacles to INS include: Inadequate funding for training of health workers on injection safety. At present the incinerators used are made of bricks and could not last due to extreme temperatures. These incinerators are not sufficient and not of good quality. Meanwhile hand dug open pits are used to collect the waste and burned periodically. In terms of sharp disposal, "Used sharps are directly disposed into the safety box. Which are disposed by incineration or pit burning and burning. The problems encountered were mainly inadequate number of incinerators for final disposal of injection waste materials. There is only one incinerator at district level, which is not enough to serve all the PHUs generating injection waste. A comprehensive long term waste management plan has now been developed, in the light of an expanding EPI programme in Sierra Leone.

9. Health Systems Strengthening (HSS)

HSS monitoring section is to be revised at a later date due to non-receipt of reporting documents. Per CRO, "new PCU is being set up to take on financial management of GAVI cash support. The country has been asked to provide detailed work plan and budget for the remaining part of current HSS grant as well as first year of new HSFP grant."

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

11. Risks and mitigating factors

Financial sustainability of the program is a risk however the country seems to be making progress on this front through early co-financing and political advocacy of integrating EPI activities within Governmental budget.

12. Summary of 2012 APR Review

Sierra Leone is commended on its progress to improving immunization coverage, particularly maintenance of higher coverage rates and strides observed in cold chain improvement/rehabilitation. Vaccination targets are approved though there is concern about recurring high stock levels reported by the country. Better use of planning/forecasting tools is recommended to avoid this in the future. No HSS section was submitted and will be reviewed, as documents are made available.

13. IRC Review Recommendations

- **ISS** N/A
- **NVS**

The IRC recommends approval of 2014 Pentavalent, and Yellow Fever support per target requested by country.

The IRC recommends approval of 2014 PCV 13 support with the target adjusted in accordance of GAVI rules, and subject to satisfactory clarifications detailed in Section 14.

- **HSS: NA.**

14. Clarification Required with Approved Funding

Short-term clarifications

(a) **Programmatic clarifications** (specify for each or indicate if not applicable, N/A)

a. **PCV 13**

Targets for 2014 are less than that for DTP 3. Country to provide clarification for this plan.

(b) **Financial clarifications/outstanding TAP issues**

a. **ISS:**

- Country to clarify the difference of \$ 22,000 between ISS funds disbursed by GAVI (\$ 691,000) and funds indicated as received by Sierra Leone in the 2012 APR (\$ 669,000)
- Country to provide bank statement showing closing balance as at December 31, 2012.

15. Request Re-submission of APR HSS Section

16. Other issues

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.

