ANNEX II

of the Commission Implementing Decision on the Annual Action Plan 2014 for the Human Development component of the Global Public Goods and Challenges (GPGC) Programme

Action Document for Multi-annual contribution 2014-16 to the programme "GAVI: Introducing pneumococcal vaccines in the low-income ACP countries - phase 3"

1. IDENTIFICATION

Title/Number	Introducing pneumococcal vaccines in the low-income ACP countries - phase 3 (GAVI) CRIS number: DCI-HUM/2014/342-776		
Total cost	Total amount of EU budget contribution: EUR 30 000 000 EUR 10 000 000 for 2014 EUR 10 000 000 for 2015 EUR 10 000 000 for 2016 subject to the availability of appropriations following the adoption of the relevant budget.		
Aid method / Management mode and type of financing	Project Approach Grant – direct award		
DAC-code	12250	Sector	Infectious disease control

2. RATIONALE AND CONTEXT

2.1. Summary of the action and its objectives

This action aims at subsidising the introduction of pneumococcal vaccines in the low-income ACP countries eligible for GAVI Alliance (Global Alliance for Vaccination and Immunisation) support.

The objective is to contribute to the MDG 4 "Reduction of child mortality", through the procurement and delivery of pneumococcal vaccines on the basis of country applications duly approved by the GAVI Alliance Board.

This action is the continuation to the previous action "Introducing pneumococcal vaccines in the Least Developed ACP countries phase 2"[1].

[1] DCI-SANTE/2012/287-316

2.2. Context

Diseases caused by the *Streptococcus pneumoniae* bacterium (*S. pneumoniae* or pneumococcus) continue to be a **major public health problem**. Serious diseases frequently caused by pneumococci include pneumonia, meningitis and febrile bacteraemia; in addition, otitis media, sinusitis and bronchitis are more common but less serious manifestations of infection. Moreover, HIV infection increases the risk of pneumococcal disease by 20 to 40 times and antibiotic resistance makes treatment more difficult and more expensive.

In 2013, the WHO[2] estimated that 1.1 million children under five year-old die of pneumococcal disease every year, most of whom live in developing countries. **Pneumococcal diseases are the major cause of child mortality that can be prevented by a vaccine**. In a recent communication, the Commission noted that *"although some progress has been made to reduce child mortality (MDG 4) including the impact of the Global Alliance on Vaccines and Immunization (GAVI), close to 15% of children in Sub-Saharan Africa still die before the age of 5."*[3]

Recognizing the heavy burden of pneumococcal disease occurring in young children and the safety and efficacy of Pneumococcal Conjugate Vaccine (PCV) in children under 5, WHO considers that it should be a priority to include this vaccine in national immunisation programmes, particularly in countries where mortality among children aged under 5 years is above 50/1000 live births or where more than 50 000 children die annually.

Immunisation protects individuals not only against contracting an illness *per se*, but also against the long-term effects of that illness on their physical, emotional and cognitive development. Healthy children are able to attend school more regularly and to learn more efficiently when in class. Workers from healthy communities, particularly women, need to take less time off to care for sick relatives. Immunisation is a key tool for improving survival and strengthening economies. As such, immunisation contributes to MDG 1 (poverty reduction) by improving economic growth, MDG 2 (primary schooling) by improving educational outcomes and MDG 4 (child mortality) by improving health outcomes.

2.2.1. Regional context

The highest rates of child mortality are still in sub-Saharan Africa, with an under-five mortality rate of 98 deaths per 1,000 live births in 2012[4]—more than 15 times the average for developed regions.

Sub-Saharan Africa faces a unique and urgent challenge in accelerating progress. By mid-century it will be the region with the single biggest population of children under 5, accounting for 37% of the global total and close to 40% of all live births. And it is the region with least progress on under-five mortality to date.

Within sub-Saharan Africa, there is beginning to be a divergence in child survival trends between Eastern and Southern Africa, and West and Central Africa. Eastern and Southern Africa has managed to reduce its under-five mortality rate by 53% since 1990. In contrast, West and Central Africa has seen a drop of just 39% in its under-five mortality rate since 1990, the lowest among all regions.

[2] http://www.who.int/mediacentre/factsheets/fs331/en/
[3] COM(2010)128 final, 30.03.2010.
[4] http://www.who.int/maternal_child_adolescent/documents/levels_trends_child_mortality_2013.pdf?ua=1

The Latin America and Caribbean region and the East-Asia and Pacific region have witnessed significant reductions of MDG4, achieving the goal respectively in 2014 and 2013 (reductions of 65% between 1990 and 2012). Under-five mortality caused by pneumonia represents respectively 12% and 15% of the overall burden of mortality.

However, Oceania is the only region with Sub-Saharan Africa where the reduction of under-5 mortality rate has been less than half since 1990.

2.2.2. Sector context: policies and challenges

In 2010, Pneumococcal Conjugate Vaccines (PCV) 10 and PCV 13 obtained WHO pre-qualification. These vaccines make available broader serotype coverage than PCV 7, and address strains of the bacterium which are more prevalent in ACP countries and which severely affect children. They have the potential to prevent more than 70% of childhood pneumococcal disease in Africa.

51 countries have currently been approved for GAVI support to introduce pneumococcal conjugate vaccine into their national immunisation programmes, of which 38 are ACP-countries.

The roll-out of the pneumococcal vaccines in developing countries with the GAVI Alliance support is now underway across three continents. Since 2010, over 25 GAVI-eligible countries have started rolling out pneumococcal vaccines.

The objective of the GAVI Alliance is to vaccinate 90 million children in 58 countries against pneumococcal diseases by 2015.

However, as much as roll-out of the pneumococcal conjugate vaccine has proved efficient to reduce under-five mortality in GAVI-eligible countries, one challenge is to reach the remote and more vulnerable population in countries. GAVI's approval of the vaccines roll-out implies that national health structures are considered robust enough to effectively manage this roll-out; however complementary activities are necessary to further strengthen the health system in order to reach the more difficult to access population.

2.3. Lessons learnt

The GAVI Alliance has undertaken a second evaluation report in September 2010 which sets out the main findings of an independent assessment of the achievements in its global Phase II (2007-2010). It notably underlines that the GAVI Alliance has succeeded in attracting funding to immunisation that probably would not have occurred in its absence. There is also strong evidence that GAVI's flagship program, new vaccine support, has accelerated countries' introduction of life saving vaccines and immunisation outcomes. At the end of 2012, an estimated 11 million children were immunised against pneumonia through GAVI support.

An evaluation on Pneumococcal Pilot AMC process and design, carried out in 2012, found that, while there are some areas for improvement, the design process and design elements of this Pilot have contributed, at least in part, to increasing the supply and uptake of PCV

This action will take into account the relevant recommendations of the abovementioned evaluations as well as the results of the previous action, whose final report should be provided to the European Commission before December 2015.

The EU, together with the members of its constituency, continuously advocates within the GAVI Board for a complementarity of the immunisation programme and broader health system strengthening activities.

2.4. Complementary actions

The *Agenda for Change*[5] provides that "*the EU should take action to develop and strengthen health systems, reduce inequalities in access to health services, promote policy coherence and* ***increase protection against global health threats*** *so as to* ***improve health outcomes*** *for all*".

In this framework, the European Commission's objective is to support developing countries to design and implement *"national policies, strategies and programmes to make faster progress towards achieving the health MDGs"*. This approach is to be *"pursued consistently by the EU through bilateral channels and participation in global initiatives and international fora"* [6].

This action is complementary to the support provided under thematic budget lines and through the intra-ACP strategy on programmes focusing on major poverty-related diseases (the contribution to the GFATM) and on activities to strengthen the capacity of health systems in developing countries to deliver basic universally available healthcare (e.g. the WHO Policy Dialogue). This action is also complemented with programmes to address specific key priorities in the ACP region, favouring sector-wide approaches and in a manner complementing and adding value to country and regional action and including non-communicable diseases (such as the EC/ACP/ WHO Renewed Partnership on pharmaceutical policies).

2.5. Donor coordination

The GAVI Alliance is a public-private partnership in the field of immunisation. The Alliance aligns public and private resources in a global effort to create greater access to the benefits of immunisation by bringing together the main actors in immunisation including developing country and donor governments, the World Health Organization, UNICEF, the World Bank, the vaccine industry in both industrial and developing countries, research and technical agencies, civil society organisations, the Bill & Melinda Gates Foundation and other private philanthropists.

The nature and scope of the programmes financed by the GAVI Alliance are deliberated and endorsed by the **GAVI Alliance Board[7], in which the European Commission currently takes part**, together with France, Germany and Luxembourg, under the donor country

[5] COM (2011) 137 final, 13.10.2011

[6] COM(2010)128 final, 30.03.2010.

[7] The GAVI Alliance Board is made up of four renewable and 14 rotating members. The renewable members are: UNICEF, the WHO, the Gates Foundation and the World Bank. As of today, the rotating seats are distributed as follows: five for developing country governments (constituencies currently chaired by Moldova, Uganda, Senegal, Afghanistan, Bangladesh), five for donor country governments (constituencies currently chaired by European Commission, Italy, Sweden, the UK and Australia) and one each for research and health institutes (constituency currently chaired by Aga Khan University), the vaccine industry in industrialised countries (constituency currently chaired by Crucell), the vaccine industry in developing countries (constituency currently chaired by Biological E) and civil society groups (constituency currently chaired by Future Generations International).

constituency currently represented by the European Commission. France and Germany represent the constituency respectively in the Programme and Policy Committee and in the Audit and Finance Committee, which advise the Board on all key decisions to be taken.

GAVI Alliance is supported by a large number of EU Member States (the Netherlands, United Kingdom, Sweden, Denmark, France, Italy, Spain, Ireland, Denmark, Germany and Luxembourg) and other key donors (Canada, Australia, Norway, USA, South Africa, Brazil and the Bill and Melinda Gates Foundation).

Presently and in parallel to this action, the GAVI Alliance makes available the Pneumococcal Conjugate Vaccines (PCV) to eligible countries under the Advance Market Commitment (AMC) Terms and Conditions. In this pilot innovative funding mechanism, donors commit funds to guarantee the price of vaccines once they have been developed. Presently, a total of US$ 1.5 billion has been committed by Italy, the UK, Canada, the Russian Federation, Norway, and the Gates Foundation. Currently, only PCV10 and PVC13 are AMC eligible.

GAVI Alliance vaccine support to countries aligns to the **Paris and Busan Declarations principles** of ownership, alignment, harmonisation, managing for results and mutual accountability as follows:

– supports national priorities, integrated delivery, budget processes and decision making. The provision of pneumococcal vaccine follows **coordination at country** level between the government, donors and organisations such as the WHO and UNICEF and responds to **demand from the Ministries of Health and Finance** in accordance with their **national programmes and budget cycles;**

– immunisation activities are undertaken by the Ministry of Health **using country systems;**

– the **government is responsible and accountable** for achieving the targets and continuation of the support is linked to results. Moreover, an enhanced assessment of countries' performance is undertaken annually;

– recipient countries can use their own procurement procedures, through the provision of the GAVI Alliance self-procurement policy, as long as countries can assure that international expectations of assured quality are met, e.g. through the procurement of WHO prequalified product.

3. DETAILED DESCRIPTION

3.1. Objectives

The **overall objective** is to contribute to reducing child mortality, in line with Millennium Development Goal (MDG) 4, by subsidising the introduction of pneumococcal vaccines in the low-income ACP Countries eligible for GAVI Alliance support.

The **specific objective** is to fund procurement and delivery of pneumococcal vaccines in low-income ACP Countries on the basis of country applications duly approved of by the GAVI Alliance Board.

This action is the continuation to the previous action "Introducing pneumococcal vaccines in the Least Developed ACP countries phase 2"[8].

3.2. Expected results and main activities

It is expected that the support of the European Commission to GAVI will contribute to 14 million children vaccinated with life-saving pneumococcal vaccines through the existing routine national immunisation programmes in 2015 among GAVI-supported ACP low-income countries.

The **expected results** are:

1. Pneumococcal vaccines (including syringes and safety boxes) will be provided to Ministry of Health, in accordance with each country proposal.

2. National immunization rates and vaccine coverage by the pneumococcal vaccines are improved and/or sustained.

The **activities to be carried out** are:

– Procurement of vaccines (including syringes and safety boxes) by UNICEF Supply Division on behalf of GAVI Alliance

– Shipment of vaccines to beneficiary countries according to the shipment plan

– Delivery of vaccines to Ministries of Health for distribution at district level

Vaccines are incorporated into routine immunisation programmes by the Ministries of Health. The Ministry of Health captures data on children reached in Annual Progress reports which are submitted to GAVI Alliance.

UNICEF is one partner of the GAVI Alliance, and is thus considered a partner for this specific action.

Three major **objectively verifiable indicators** will be used to assess the degree of achievement of the expected results and successful implementation of activities:

– Number of doses of pneumococcal vaccines provided to Ministries of Health

– Number of infants immunized with pneumococcal vaccines

– Pneumo Vaccine coverage

Vaccines will be procured for the low-income ACP countries whose applications for support have been approved by GAVI Alliance. The number of doses to be procured will be based on the estimated size of the birth cohort in approved applications.

Vaccines will be shipped and delivered to MoH in the concerned countries according to the shipment plan of UNICEF Supply Division.

Vaccines will be stored and then distributed nation-wide by the MoH in the respective countries. Immunisation will take place as part of countries' routine immunisation programme.

[8] DCI-SANTE/2012/287-316

Countries will report back to GAVI on numbers of children immunized in the Annual Progress Report (APR), which is due the following year.

For new introductions, countries are provided a Vaccine Introduction Grant[9] by GAVI.

3.3. Risks and assumptions

The following assumptions have been made for effective implementation:

– a continued stable supply of vaccine from manufacturers and stable pricing of vaccines;

– GAVI Alliance is able to secure and verify data from countries and good cooperation between governments and their ICCs allows proper implementation and monitoring of the immunisation activities, including the procurement and the delivery of the vaccines undertaken by UNICEF Supply Division on GAVI Alliance's behalf;

– the governments are able to secure the sources of funding envisaged in their financial plans for implementation of the immunisation programmes;

– the national socio-economic, political and cultural climates do not impede in-country implementation of the immunisation activities.

Risks are the consequences of assumptions that do not hold true during the implementation of the project. Most programmes of this nature will pose risks of varying nature. However it is possible to minimise the overall impact of the risk through proper management and mitigation, and the number of potential beneficiary countries will make it possible to ensure that overall this risk will not affect the purpose of this action to be implemented by the GAVI Alliance.

3.4. Cross-cutting issues

Gender

The GAVI Alliance is committed to supporting countries to overcome gender-related barriers to accessing immunisation services and ensuring that all girls and boys, women and men, get equal access to appropriate immunisation and related health services that respond to their different health needs. First approved by the GAVI Board in 2008, the GAVI Alliance Gender Policy aims to increase access to immunisation through gender sensitive and where relevant gender transformative programmes in order to sustainably increase immunisation coverage. The Gender Policy was revised in 2013 taking into account new evidence which shows that gender-related barriers prevent both boys and girls from receiving vaccination. The GAVI Alliance has proposed the following strategic directions to pursue the goals of the revised Gender Policy: a) ensuring gender sensitive funding and programmatic approaches; b)

[9] The aim of GAVI's vaccine introduction grant is to facilitate the timely and effective implementation of critical activities in the national vaccine introduction plan in advance of a new vaccine introduction. The grant is mostly used by countries to support a share of the cost of pre-introduction activities such as health worker training, information, education and communication (IEC) and social mobilisation, expansion or rehabilitation of some cold chain equipment and additional vehicles, or technical assistance. All grants are subject to fiduciary oversight measures as per GAVI's Transparency and Accountability policy.

generating, supporting, reporting, and analysing new evidence and data; c) advocating for gender equality as a means to improve immunisations coverage; and d) increasing accountability for gender-related results. Annual Reports are submitted to the GAVI Alliance Board on the progress.

Good governance

The technical and management capacity of Ministries of Health will be enhanced by the leading role they play in planning, implementing and monitoring the immunisation programmes. Moreover, the project will further contribute to providing all children with immunisation against the major infectious diseases.

3.5. Stakeholders

The target population will be **infants** in the Least Developed ACP Countries supported by the GAVI Alliance.

National governments lie at the heart of national immunisation services and play a crucial role in formulating and implementing Expanded Programmes on Immunisation (EPI). The Ministries of Health (MoH) and of Financial Affairs (MoF) (the operational and financial plans in the application have to be endorsed by the MoF) decide whether or not to apply for GAVI Alliance support and what types of support would be appropriate for their country.

Governments convene their national **Inter-agency Coordinating Committees (ICC)** to permit partners to participate in planning and monitoring the immunisation programmes. Governments prepare a comprehensive multi-year plan, receive the vaccines, distribute them to districts and regions, monitor the number of children vaccinated, keep accurate records of immunisation rates and prepare Annual Progress Reports (APRs) for review, notably by the ICC. In every target country, an ICC is established, made up of senior representatives of the partner agencies and organisations (both governmental and non-governmental) involved in developing or providing immunisation services. The composition of the ICC is variable in terms of representation and activity as is their role in oversight of the immunization related activities at the country level. ICCs may focus exclusively on immunisation or on a broader set of child or mother-and-child health services. Most meet at least four times a year and are chaired by senior Ministry of Health officials. Amongst others, the national ICCs' responsibilities include:

– reviewing, signing and submitting applications for support to the GAVI Alliance Secretariat;

– participating in preparing, signing and submitting the country's APR, together with the required supporting documents, to the GAVI Alliance Secretariat;

– reviewing and submitting data quality audit reports to the GAVI Alliance Secretariat;

– monitoring implementation of immunisation programmes and tracking disease surveillance data; and

– providing a record of their deliberations in the minutes of each of their meetings.

The GAVI Alliance Secretariat determines the number of doses needed, based on country applications, UNICEF/WHO data and previous experience. It liaises with the UNICEF Supply Division for the negotiation with the suppliers, and the procurement of vaccines. It keeps track, along with the countries concerned, of any additional needs, pre-screens the annual country progress report ahead of its assessment and reports on any special issue or problem to the GAVI Alliance Board.

While GAVI Alliance finances vaccines purchase, it has no direct role in procurement. Vaccines are procured and delivered to countries by **UNICEF Supply Division (SD)**. UNICEF SD is a major procurer of vaccines for low-income countries, purchasing vaccines on their behalf using funds from aid agencies, countries themselves, GAVI Alliance and other organisations. The collaboration between GAVI Alliance and UNICEF was legally formalised on May 19th, 2006 in a "Memorandum of Understanding" on the operational aspects of UNICEF's role as a procurement agency for the GAVI Alliance.

UNICEF SD negotiates with suppliers, purchases and ships the vaccines to the MoH and it is a critical supporting partner in country as member of the ICC on application development, implementation and monitoring.

On its website[10], UNICEF SD publishes planned and actual shipments and confirmed arrivals of new and underused vaccines funded by GAVI Alliance, including pneumococcal (number of doses and dates of arrival are stated).

4. IMPLEMENTATION ISSUES

4.1. Financing agreement

In order to implement this action, it is not foreseen to conclude a financing agreement with the partner country, referred to in Article 184(2)(b) of Regulation (EU, Euratom) No 966/2012.

4.2. Indicative operational implementation period

The indicative operational implementation period of this action, during which the activities described in sections 3.2. and 4.3. will be carried out, is 36 months from the date of entry into force of the financing agreement or, where none is concluded, from the adoption of this Action Document, subject to modifications to be agreed by the responsible authorising officer in the relevant agreements. The European Parliament and the relevant Committee shall be informed of the extension of the operational implementation period within one month of that extension being granted.

4.3. Implementation components and modules

The implementation method is **direct management** with the European Commission (Headquarters) as the contracting authority. This action will be implemented through a direct award of a grant contract to the GAVI Alliance on the basis of *de facto* monopoly.

[10] Http://www.unicef.org/supply/index_gavi.html

4.3.1. Grant: direct award (direct management)

(a) Objectives of the grant, fields of intervention, priorities of the year and expected results

The **overall objective** is to contribute to reducing child mortality, in line with Millennium Development Goal (MDG) 4, by subsidising the introduction of pneumococcal vaccines in the low-income ACP countries eligible for GAVI Alliance support.

The **specific objective** is to fund procurement and delivery of pneumococcal vaccines in low-income ACP countries on the basis of country applications duly approved of by the GAVI Alliance Board.

(b) Justification of a direct grant

Under the responsibility of the authorising officer by delegation, the grant may be awarded without a call for proposals to the GAVI Alliance.

Under the responsibility of the authorising officer by delegation, the recourse to an award of a grant without a call for proposals is justified because the GAVI Alliance[11] holds a *de facto* monopoly as referred in article 128 of the Financial Regulation and in article 190 1c of the RAP:

– GAVI Alliance is a global Health Initiative in the immunisation field which works as a Public-Private Partnership. The GAVI Alliance aligns public and private resources in a global effort to create greater access to the benefits of immunisation by bringing together the main actors in immunisation including developing country and donor governments, the World Health Organization, UNICEF, the World Bank, the vaccine industry in both industrial and developing countries, research and technical agencies, civil society organisations, the Bill & Melinda Gates Foundation and other private philanthropists. This unique forum therefore holds a specific status in the development arena with an unparalleled and catalytic role in the achievement of the fourth MDG: reducing the mortality of children under 5.

– GAVI Alliance is the sole organisation with knowledge and competence in the immunisation field, which acts at the same time as fundraiser of funding for procurement of new vaccines, shaping the vaccine market, working with countries to strengthen their immunisation systems, and bringing together the various stakeholders needed to successfully implement and sustain programmes.

(c) Essential selection and award criteria

The essential selection criteria are financial and operational capacity of the applicant.

The essential award criteria are relevance of the proposed action to the objectives of the call; design, effectiveness, feasibility, sustainability and cost-effectiveness of the action.

[11] This *de facto* monopoly situation has already been recognised by previous EU Decisions that have awarded direct grants to GAVI Alliance, e.g. the Written Procedure n° PE/2516/2005 and PE/2010/6752.

(d) Maximum rate of co-financing

For this action, **full financing** is considered in view of the Commission Regulation 966/2012 which provides in its article 192 that financing in full may be authorised in the case it is essential for the action to be carried out. For this action, in order to clearly target the EU contribution, the grant contract will only cover this contribution. It will include a specific budget breakdown that will define the exact quantities of vaccines to be procured and delivered, whose total value will be equal to that of the grant contract.

(e) Indicative trimester to contact the potential direct grant beneficiary

3rd trimester of 2014

4.4. Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act shall apply.

4.5. Indicative budget

The value of the pneumococcal vaccines (including syringes, safety boxes and freight) decided by the GAVI Alliance Board, in favour of the GAVI Alliance-eligible ACP countries, and in effect received by these countries should be at least equal to the amount of the grant contract signed between the European Commission and GAVI Alliance

Module	Amount in EUR
4.3.1 – Direct grant (direct management)	30 000 000

A budgetary commitment will be made for EUR 10 million contribution for 2014, and the EUR 20 million contribution for 2015/2016, subject to the availability of appropriations following the adoption of the relevant budget.

4.6. Performance monitoring

GAVI Alliance support to the countries is subject to performance monitoring to track the progress achieved in the previous year, to declare the planned targets for the following year and to verify the sustainability of existing financing mechanisms. Currently, governments prepare an Annual Progress Report (APR), assisted and validated by their ICC. These APRs are screened by the IRC and compared with the WHO-UNICEF Joint Reporting Form to verify the data.

The UNICEF Supply Division publishes planned and actual shipments and confirmed arrivals of vaccines financed by GAVI Alliance. It also indicates the weighted average prices paid for the vaccines.

GAVI is in the process of improving its grant management processes further. Strengthened routine monitoring will be phased-in during late 2014, with countries and partners using an online portal to refer to, and update progress against, the agreed targets for GAVI support. The frequency of reporting will be differentiated by country and opportunity such that it builds upon countries' existing monitoring and evaluation plans, systems, indicators, frameworks and review mechanisms. GAVI will extract much of the data required to populate these performance frameworks from existing sources (e.g. a country's existing Joint Reporting Form submission to WHO and UNICEF), while countries will be required to report to GAVI those quantitative and qualitative indicators and data items not already available from existing sources. It is important to GAVI to increase the ownership and involvement of in-country stakeholders in the grant renewal process, and to take into much greater account the understanding at country-level of the performance of immunisation and relevant health system strengthening, on-going challenges and opportunities and how GAVI support relates to these. In the future, alongside strengthened routine monitoring throughout the year, this should replace the Annual Progress Report currently required of countries. To meet these aims, GAVI plans to use existing in-country review processes – ideally those leading up to a Health Sector Joint Annual Review (JAR). When no such processes exist, then GAVI will work with in-country partners to identify the best timing for a GAVI-specific Joint Appraisal by the Alliance and ICC/HSCC. In order to increase the accountability of the Alliance a High Level Alliance Review Panel has been introduced to make recommendations to the GAVI Board or Chief Executive Officer (CEO) relating to approval of the next year of GAVI support, and to the Alliance for the ongoing management of the grants. To be aligned with country calendars and to best enable coordination with country budgetary and annual cycles, the Panel meets three times a year (May, July and October in 2014), and it takes a differentiated approach – focusing more on the larger, more complex or higher risk country grants.

4.7. Evaluation and audit

A final evaluation may be undertaken in the framework of the project. In line with good administrative practice, the evaluation could include other aspects of previous projects funded by the European Commission.

In case such an evaluation would be necessary, it will be funded through the thematic budget line 'Support measures".

Concerning the activities to be implemented by UNICEF SD on behalf of the GAVI Alliance (procurement, shipment and delivery of vaccines), financial transactions and financial statements shall be subject to the internal and external auditing procedures laid down in the Financial Regulations, Rules and directives of UNICEF. In this respect, the European Union may undertake, including on the spot, checks related to the actions financed by the EU, in accordance with the FAFA between the EU and the UN.

4.8. Communication and visibility

Communication and visibility of the EU is a legal obligation for all external actions funded by the EU.

This action shall contain communication and visibility measures which shall be based on a specific Communication and Visibility Plan of the Action, to be elaborated before the start of implementation and supported with the budget indicated in section 4.5 above.

The measures shall be implemented either (a) by the Commission, and/or (b) by the partner country, contractors, grant beneficiaries and entrusted entities. Appropriate contractual obligations shall be included in, respectively, financing agreements, procurement and grant contracts, and delegation agreements.

The Communication and Visibility Manual for European Union External Action shall be used to establish the Communication and Visibility Plan of the Action and the appropriate contractual obligations.

In coordination with the European Commission, GAVI Alliance will:

– issue a press release to announce the European Commission's decision to fund the procurement of new life-saving pneumococcal vaccines for children in some of the world's poorest countries;

– publish an article on the GAVI Alliance website acknowledging the EU's contribution;

– explore publications in relevant EU-related media ;

– produce printed material to be displayed or handed out during relevant EU events.