



GAVI/13/616/ap/rk

The Minister of Health
Ministry of Health
Mongolia

25 October 2013

Dear Minister,

Annual Progress Report submitted by Mongolia

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

Following a meeting of the GAVI Independent Review Committee (IRC) from 15 to 26 July 2013 to consider your APR, I am pleased to inform you that the GAVI Alliance has approved Mongolia 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 Country

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 Country:

Type of support	Appendix	Approved for 2014
Pentavalent	B 1	US\$307,000
Immunisation Support Services (ISS)	B 2	US\$ 92,900

Please do not hesitate to contact my colleague 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 Mongolia (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 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 can not 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.

Mongolia VACCINE SUPPORT
This Decision Letter sets out the Programme Terms of a Programme.

1. Country: Mongolia				
2. Grant Number: 0715-MNG-04a-X				
3. Date of Decision Letter: 25 October 2013				
4. Date of the Partnership Framework Agreement: Not applicable				
5. Programme Title: New Vaccine Support				
6. Vaccine type: Pentavalent				
7. Requested product presentation and formulation of vaccine: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID				
8. Programme Duration¹: 2005-2015				
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):				
	2005-2013	2014	2015	Total ²
Programme Budget (US\$)	US\$4,811,202 ³	US\$307,000	US\$171,500	US\$5,289,702
10. Vaccine Introduction Grant: Not applicable				
11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):⁴ The Annual Amount for 2014 has been amended.				
Type of supplies to be purchased with GAVI funds in each year	2005-2013	2014		
Number of Pentavalent vaccines doses	-	112,600		
Number of AD syringes	-	122,900		
Number of re-constitution syringes	-	-		
Number of safety boxes	-	1,375		
Annual Amounts (US\$)	US\$4,811,202 ⁵	US\$307,000		

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.

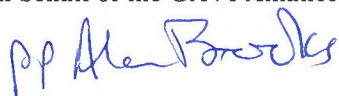
³ This is the consolidated amount for all previous years.

⁴ This is the amount that GAVI has approved.

⁵ This is the consolidated amount for all previously approved years.

12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.																							
13. Self-procurement: Not applicable.																							
14. Co-financing obligations: Reference code: 0715-MNG-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. <table border="1" data-bbox="300 577 986 1034"> <thead> <tr> <th>Type of supplies to be purchased with Country funds in each year</th> <th>2014</th> <th>2015</th> </tr> </thead> <tbody> <tr> <td>Number of vaccine doses</td> <td>155,500</td> <td>181,300</td> </tr> <tr> <td>Number of AD syringes</td> <td>169,500</td> <td></td> </tr> <tr> <td>Number of re-constitution syringes</td> <td></td> <td></td> </tr> <tr> <td>Number of safety boxes</td> <td>1,900</td> <td></td> </tr> <tr> <td>Value of vaccine doses (US\$)</td> <td>US\$393,464</td> <td></td> </tr> <tr> <td>Total Co-Financing Payments (US\$) (including freight)</td> <td>US\$424,000</td> <td>US\$489,500</td> </tr> </tbody> </table>			Type of supplies to be purchased with Country funds in each year	2014	2015	Number of vaccine doses	155,500	181,300	Number of AD syringes	169,500		Number of re-constitution syringes			Number of safety boxes	1,900		Value of vaccine doses (US\$)	US\$393,464		Total Co-Financing Payments (US\$) (including freight)	US\$424,000	US\$489,500
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15. Operational support for campaigns: Not applicable																							
16. Additional documents to be delivered for future disbursements: Annual Progress Report 2013 Must be delivered by 15 May 2014.																							
17. Financial Clarifications: Not applicable																							
18. Other conditions: Not applicable.																							

Signed by,
On behalf of the GAVI Alliance



Hind Khatib-Othman
 Managing Director, Country Programmes
 25 October 2013

DECISION LETTER FOR CASH SUPPORT
Immunisation Support Services (ISS)

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

1. Country: Mongolia			
2. Grant number: 0912-MNG-02-Y			
3. Date of Decision Letter: 25 October 2013			
4. Date of the Partnership Framework Agreement: Not applicable			
5. Programme Title: Immunisation Services Support (ISS)			
6. ISS terms: The Country is entitled to ISS reward for 2012 achievement of the immunisation programme. The ISS reward is calculated by taking the number of children less than one year immunised with DTP3 as reported in the 2012 WHO/UNICEF Joint Reporting Form (N=70,926) and subtracting the number of children vaccinated in 2011 (N=65,771) which was the highest amount previously achieved. The country is awarded US\$20 for each additional child vaccinated (N=4,645).			
7. Programme Duration⁶: 2007-2013			
8. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):			
	2007 – 2012	2013	Total
Programme Budget (US\$)	US\$ 397,000	US\$ 92,900	US\$ 489,900
9. Indicative Annual Amounts (indicative) (subject to the terms of the Partnership Framework Agreement)⁷:			
	2007 – 2012	2013	Total
Annual Amount(s) (US\$)	US\$ 397,000 ⁸	US\$ 92,900	US\$ 489,900

⁶ This is the entire duration of the programme

⁷ This is the amount that GAVI has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently.

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



10. Additional documents to be delivered for future disbursements: The Country shall deliver the following documents by the specified due dates as part of the conditions to approval and disbursements of the future Annual Amounts.

Reports, documents and other deliverables	Due date
The Annual Progress Report 2013	15 May 2014

11. Financial Clarifications: Not applicable

12. Other conditions: Not applicable.

Signed by,

On behalf of the GAVI Alliance

A handwritten signature in blue ink, appearing to read "pp Alan Brooke".

Hind Khatib-Othman
Managing Director, Country Programmes
25 October 2013

IRC NVS COUNTRY REPORT
Geneva, November 2013

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

1. Background Information

Surviving Infants (2012): 73,331 (JRF) and 62,330 (UNDP)

DTP3 coverage (2012):

- JRF Official Country Estimate: 100%
- WHO/UNICEF Estimate: 99%

Table 1. NVS and INS Support

NVS and INS support	Approval Period
DTP-Hep B-Hib	2007-2015
INS	2005-2007

Table 2. Cash Support

Cash support	Approval Period
ISS 1	2008-2012
HSS	2010-2012

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

It is difficult to gauge the relative roles of the HSCC and ICC, or whether the committees have separate roles and responsibilities. Minutes are provided for two meetings, both described as a meeting for the ICC and HSCC, and both held in the Ministry of Health on 2/5 2013. The first ICC meeting on that date endorsed the 2012 APR; discussions in both meetings were wide-ranging and covered HSS funded activities, including implementation challenges such as reaching internal migrants, upgrading cold chain equipment and the need for improvements in data collection and analysis.

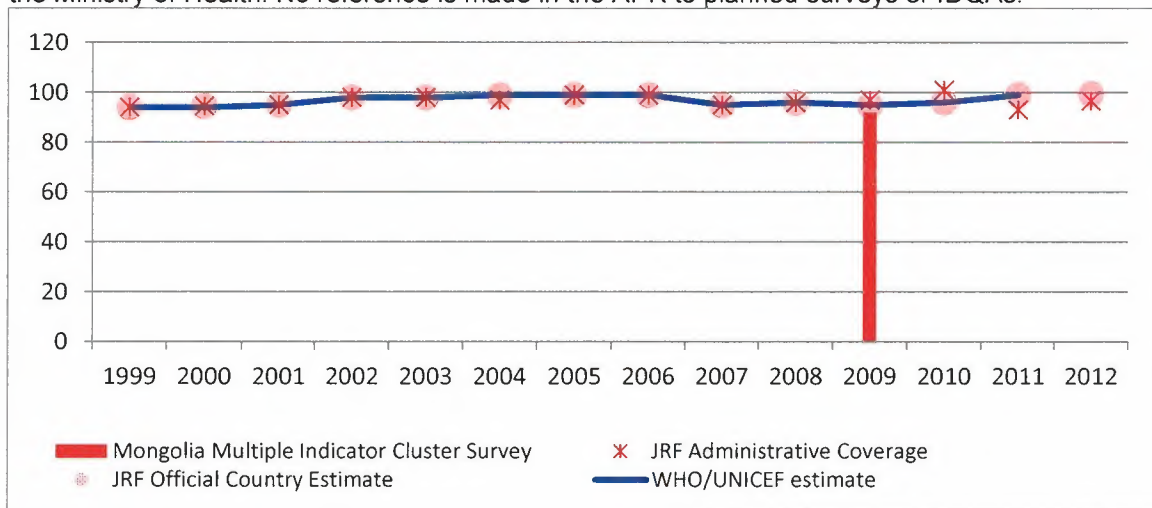
All relevant signatures have been provided by the country. The same CSO is represented on both committees (the 'Immunisation Health' NGO). No further CSOs or development partners other than JICA are listed as attending the two meetings. There is no information as to the number of ICC or HSCC meetings conducted in 2012.

3. Programme and Data Management

Mongolia is a high performing country whose DTP3 coverage has been above 94% since 2000. The APR notes that due to internal migration, estimated coverage will differ marginally

from administrative coverage, which is mainly based on target population data and updated by the relevant local health authority.

Actions to improve administrative data systems between 2010-2012 include: Vaccine-preventable Disease data management training, conducted for national and sub-national health workers; more effective use of demographic data by provinces for coverage estimation; quarterly feedback provided to sub-national levels on immunisation coverage and VPD surveillance. The RED strategy will continue to roll out, with focus on improving data management. An integrated database for all health activities is under development by the Ministry of Health. No reference is made in the APR to planned surveys or IDQAs.



4. Gender and Equity Analysis

The APR states that no sex-disaggregated data are collected in Mongolia and there are no plans to do so. Furthermore, there are no gender-related issues in Mongolia in terms of immunisation access. Review of the HSS activity plan for 2012 suggests that gender barriers and wider equity issues may well apply. It appears that work on reaching hard to reach and unregistered populations and on engagement with communities has either been challenging or less prioritised. The HSS goal is to improve MCH outcomes in selected districts among poor, disadvantaged and difficult to reach populations, through strengthening health service capacity in delivering integrated services. In addition 2/5 2013 ICC minutes refer to the difficulties of reaching certain groups of women and children (e.g. those living on a dump) for registration and health care provision. Similar issues were flagged in the 2012 IRC report.

5. Immunisation Services Support (ISS)

The country is eligible for an ISS reward and qualifies in 2012, based on 4,645 more children being immunised than in 2009, the year of previous highest achievement. The amount earned is \$ 92,900.

ISS programme activity

The APR reports seven activities as having been undertaken in 2012 making use of ISS funds, six of which have a direct link to immunisation implementation: advocacy during NID and WHO immunisation week; catch-up immunisation; procurement of cold chain and computing equipment; AEFI training; training of physicians in 'general involvement in immunisation activities'; manual on immunisation 'history'. The seventh activity was training on multi-sectoral activities.

ISS fund utilisation in 2012

The ISS financial statement for 2012 states that ISS funds available in 2012 were \$ 357,118. A total of \$277,547 was spent in 2012; the balance carried forward on 31/12 2012 was \$79,571. By 21/5 2013 the balance remaining in ISS fund was \$13,832, with \$65,739 having been expended to date in 2013.

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

Penta: 2012 performance

The overall GAVI support to Penta is for \$5,583,702. The total Penta dose allocation to the country for 2012 was 212,440 doses, of which 163,100 doses had been received by 31/12 2012; the APR states that delivery of 49,400 doses was postponed. No stock outs or over stocks are reported for 2012. No programmatic or financial clarifications are outstanding. The country appears to have addressed its co-financing commitments in line with the 2012 IRC recommendation. Wastage for 2012 is reported at 1%, as against a 5% maximum target. The country is not requesting any change in presentation for 2014. The country received a Vaccine Introduction Grant in 2004.

Penta: 2014 vaccine request

GAVI support for Penta in 2014 will be for \$450,000. The 2014 request for Penta is realistic and achievable. The dropout rate is maintained at 1%. The 2014 request is for 237,738 doses, of which GAVI will provide 144,690 and the country co-finance 93,048.

Cold chain capacity

An EVMA was conducted in July-August 2012. Its key findings were that the Mongolia National Immunisation Programme is overall a well-functioning system. Following the EVM assessment an improvement plan was developed for the three levels with attention to EVM criteria, task description, level of priority, responsibility, budget, target start, target end and completion indicator. A total of 31 items were listed in the improvement plan that will address the weaknesses of the cold chain system at each of the three levels. The implementation status of the improvement plan will be submitted to GAVI in the 2013 APR. The next EVMA is scheduled for September 2015.

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

Mongolia is a graduating country. It began mandatory co-financing of Pentavalent vaccine in 2012. The country is a high performer and has made timely payment of its co-financing obligation.

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

Injection safety procedures are set out in the Health Minister's order 313 of 2003. All waste from Ulan Bator hospitals is disposed of by a one company through disinfection and destruction. Elsewhere medical waste is burned (Health Minister's order 158 of 2011). Mongolia does not have dedicated vaccine pharmacovigilance capacity or a national AEFI committee. In addition, there is no development plan for vaccine safety. Strengthening the surveillance system is reported as a priority EPI activity for 2014. The APR reports sentinel surveillance is conducted for rotavirus diarrhoea and pneumococcal disease, that special studies are conducted and issues discussed in the ICC; no further details are provided.

9. Health Systems Strengthening (HSS)

Situation of existing HSS grant

The approval date for the HSS proposal was September 2009. The support window was originally between 2010 and 2012; this has been extended to 2013. Mongolia was approved for HSS funding to the value of \$504,500. The final tranche of \$171,500 was disbursed in 2012.

The 2012 IRC report on the 2011 APR requested a number of short-term HSS programmatic clarifications to be managed by the HSCC. These referred to completion of APR sections relating to progress on activities and against indicators. In future APR submissions the HSCC was requested to follow annual reporting guidelines closely, for complete and quality reporting on the HSS section. The country did not respond to the clarifications. Since the 2012 APR shows that the activities have been/are being carried out and the HSS balance as



of 21 May 2013 stood at \$2,303, GAVI decided to disburse the final tranche, so as to avoid interruption of activities. It is apparent when comparing the 2012 IRC report, with its concerns over low rate of implementation and expenditure in 2011, with the 2012 APR and the HSS pre-assessment, that implementation of HSS activities has seen considerable expansion in 2012 and Q1 2013.

Objectives of HSS:

The goal of the GAVI HSS programme is to improve the health of mothers and children, especially the poor, disadvantaged groups and difficult to reach populations through strengthening of the health system to deliver an integrated package of maternal and child health services in locations selected for weak performance.

Objective 1: By 2012 institutionalize mechanisms for sustainable delivery of integrated package of maternal and child health services in project areas.

Objective 2: By 2012, ensure universal access to integrated package of health services by all mothers and children in project areas.

Objective 3: By 2012, identify and test an effective community partnership model to promote and deliver services in project areas.

Objective 4: Carry out safe and quality health services in project areas by providing regular on-site training and assistance.



HSS Activities

The APR reports key activities undertaken in 2012 as including: agreement on a package of essential maternal and child health services and its delivery mechanism; attention to opportunities for unregistered, remote, and homeless people to gain access to integrated basic social services, organised at district and *almag* levels.

There appears to have been good progress in implementing the 2012 plan: the country reports achievement of a 100% completion rate for many activities. The country does not report any problems of implementation for 2012 and Q1 2013. A number of activities were re-scheduled for 2012. However, detailed information is lacking in the 2012 APR on HSS activities to be conducted in 2013 (brief details are provided in the 2013 HSS Financial Statement).

M&E

This is an area of relative weakness for the HSS activities. The country should report on output indicators. The HSS pre-assessment also notes that a number of output/impact indicators require attention. Progress against targets (APR Table 9.3) has been effective since baseline, e.g. national DTP coverage rising from 95% to 96%.

Fund Disbursement

The Financial Statement for 2012 indicates total expenditure in 2012 of \$220,976 in 2012 and a balance taken forward to 2013 of \$70,267. Major budget lines in 2012 were training and workshops (\$126,682), supportive supervision and mobile team activities (\$53,374), procurement (\$20,960) and IEC (\$19,980). Expenditure in Q1 2013 was to the value of \$67,964, mainly in support of identical budget lines as in 2012: IEC (\$35,757), training and workshops (\$19,529) and procurement (\$12,678). The balance carried forward as of 21/5 2013 was \$2,303.

The other donor partner to support HSS in Mongolia is the international NGO World Vision, with a budget of \$736,000 for IEC activities in 2012. GAVI HSS funds are not reported in the national health budget. The 2/5 2013 ICC minutes mention a WHO RED programme, to be funded to the value of \$93,000.

The country is requested to provide a completed APR Table 9.5, so that progress against HSS activities planned for the whole of 2013 can be monitored when the 2013 APR is reviewed. It is recommended that the country conduct an end of programme evaluation for HSS. This should address equity and access issues as well as immunisation and related health outcomes. It is also recommended that the country provide details in the 2013 APR on specific action taken in 2013 to achieve activities that target hard to reach and unregistered populations. Access to such populations was a point of concern in the 2011 and 2012 IRC reports. When the 2012 activity plan is reviewed, it is apparent that work on reaching hard to reach and unregistered populations and on engagement with communities remains challenging, despite attention in 2012.

Civil Society Organization Type A/Type B (CSO): not applicable

Risks and mitigating factors

Concerns were expressed in ICC meetings about the post-funding sustainability of HSS activities, without decision on specific action to address such matters.

10. Summary of 2012 APR Review

The country is high performing; it qualifies for an ISS reward. HSS activities funded by GAVI have seen expansion in 2012 compared to previous years, with complete achievement of many activities and progress on others. Work on reaching hard to reach and unregistered populations remains challenging. The country has provided little information on the different mandates and roles and responsibilities of the ICC and HSCC; a more detailed account should be provided in the 2014 APR and minutes of all meeting submitted.

11. IRC Review Recommendations

**ISS**

The country was eligible for an ISS reward in 2012. The country is qualified for ISS reward for 2012 achievement (i.e. it fulfilled both conditions).

The country is requested to provide satisfactory financial clarifications and/or address outstanding TAP issues, as detailed in Section 13.

The country is requested to provide similar information for all ISS expenditure in 2013.

NVS**Penta**

Approve 2014 NVS support based on country request target.

HSS

NA

12. Clarification Required with Approved Funding**TAP clarifications****HSS**

- Country to submit bank statement confirming balance as at 31/12.2012
- Country to restate financial statement and APR to show receipt of US\$ 168,000 in 2012 instead of inclusion in the opening balance as at 1st January 2012.

ISS

- Country to submit bank statement confirming balance as at 31/2 2012
- Country to submit breakdown of expenditure of US\$277,547 in 2012



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.