



GAVI/13/245/MK/RK

The Minister of Health and Family Welfare
Ministry of Health and Family Welfare
Dhaka
Govt. of the Peoples' Republic of Bangladesh

11 April 2013

Dear Minister,

Bangladesh's Proposal to the GAVI Alliance

I am writing in relation to Bangladesh's proposal to the GAVI Alliance for New Vaccines Support for Measles-Rubella campaign, which was submitted to the GAVI Secretariat in January 2013.

Following a meeting of the GAVI Independent Review Committee from 1 to 8 March 2013 to consider your final application and the responses to conditions recently submitted, I am pleased to inform you that the GAVI Alliance has approved with clarifications Bangladesh for GAVI support as specified in the Appendices to this letter.

Bangladesh needs to provide satisfactory clarifications as indicated in Annex B to be received within 30 days.

Measles-Rubella campaigns are exempt from co-financing.

For your information, this document contains the following important attachments:
Appendix A: Description of approved GAVI support to Bangladesh
Appendix B: Financial and programmatic information for Measles-Rubella campaign
Appendix C: A summary of the IRC Report
Appendix D: The terms and conditions of GAVI Alliance support

The following table summarises the outcome for each type of GAVI support applicable to Bangladesh:

New Vaccines Support <i>Type of vaccine</i>	Approved for the first year
Measles Rubella campaign	US\$ 39,830,500
Measles Rubella Operational Costs	US\$ 33,586,500



Please do not hesitate to contact my colleague Ranjana Kumar,
rkumar@gavialliance.org if you have any questions or concerns.

Yours sincerely,

A handwritten signature in blue ink, reading "Hind Khatib-Othman".

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 Bangladesh (the “Country”)

New Vaccines Support (NVS)- Measles-Rubella campaign

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 2013 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 proposal application; and
- The final proposal 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 2013

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

Measles-Rubella campaigns are exempt from co-financing

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).

Monitoring and Annual Progress Reports: «Country»'s use of financial support for the introduction of new vaccinations with Measles-Rubella vaccines is subject to strict



performance monitoring. The GAVI Alliance uses country systems for monitoring and auditing performance as well as 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 the delivery of funds to co-finance the vaccine.

Bangladesh 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.

MEASLES-RUBELLA VACCINE SUPPORT

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

1. Country: Bangladesh					
2. Grant Number: 13-BGD-18a-X / 13-BGD-20a-Y					
3. Decision Letter no: 1					
4. Date of the Partnership Framework Agreement: N/A					
5. Programme Title: New Vaccine Support (NVS)					
6. Vaccine type: Measles-Rubella					
7. Requested product presentation and formulation of vaccine: Measles Rubella, 10 dose(s) per vial, LYOPHILISED					
8. Programme Duration ¹ : 2013					
9. Programme Budget (indicative): (subject to the terms of the Partnership Framework Agreement)					
	2013	2014	2015	2016	Total ²
Programme Budget (US\$)	39,830,500				39,830,500
10. Vaccine Introduction Grant: N/A					
11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement): ³					
Type of supplies to be purchased with GAVI funds		2013			
Number of vaccines doses		60,972,400			
Number of AD syringes		57,355,400			
Number of re-constitution syringes		6,768,000			
Number of safety boxes		711,775			
Annual Amounts (US\$)		39,830,500			
12. Procurement agency: UNICEF					
13. Self-procurement: Not applicable.					
14. Co-financing obligations: Not applicable					

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 amount that GAVI has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently. *Ceci est le montant approuvé par GAVI. Prière de modifier les montants annuels indicatifs des années précédentes si cela change ultérieurement*

15. Operational support for campaigns: The support for operational costs for campaign will be disbursed in cash to the account as mentioned in the proposal unless otherwise specified.

	2013
Grant amount (US\$)	33,586,500

16. Additional documents to be delivered for future disbursements: Not applicable

17. Clarifications: The Country shall provide the following clarifications prior to the disbursement of the Annual Amount in 2013:

- Please submit to the GAVI Secretariat a budget that specifies the unit costs and the number of personnel for various line items related to human resources and volunteers: Refreshment for volunteers and vaccinators; HR for surveillance; Volunteer incentives; Human resources (GAVI ISS volunteers).
- Please submit an updated cMYP costing tool that includes the costs of the MR campaign.

18. Other conditions: Not applicable.

Signed by
On behalf of the GAVI Alliance



Hind Khatib-Othman
Managing Director, Country Programmes
11 April 2013

IRC NVS Country Report

Country: Bangladesh
 Type of support requested: NVS
 Vaccines requested: Measles Rubella Preventive Campaign
 Reviewed: Geneva, 8th – 19th October 2012

Country profile/Basic data

Population (2013; UNPD)	154,393,847	Infant mortality rate (2011)	43/1000
Birth cohort (2011; proposal)	3,400,432	Govt. Health expenditure as % of General Govt. Expenditure	6%
(2013; UNPD)	2,980,108		
(2013; cMYP)	3,831,567		
Surviving infants (2011; proposal)	3,254,214	GNI/capita (2010; World Bank)	\$ 640
Target population (9 months to 15 years; 2013; proposal)	58,659,692*		
(0 to 14 years; 2011 census)	51,741,247*		
(0 to 14 years; 2010; UNPD)	46,543,000		
DTP3 coverage (2011; WHO-UNICEF)	96%	Co-financing country group	Low

*At request of the IRC, the Bangladesh NIP submitted documentation from the 2011 national population census on the total population (149,772,364) and the percentage of the population 0 to 14 years of age (34.5%). This represents a reduction of 13% in the size of the target population and funds and vaccines required to support the campaign.

1. Type of support requested/Total funding/Implementation period

- MR, 10 doses per vial, lyophilised.
- Doses originally requested = 58,659,692* x 1.18 wastage factor x 1.25 buffer stock = 86,523,047 doses for a one-time MR campaign.
- Funds originally requested = 46,704,866 USD* for vaccines and injection supplies + 38,128,800* USD for operational costs of the MR campaign
- Bangladesh is no longer eligible for a vaccine introduction grant (to support the first year of routine rubella immunization).
- Implementation period: All funded activities to be completed by the end of 2013.

2. History of GAVI support

NVS and INS support	Approval Period
Hep B	2002-2012
Pentavalent	2009-2015
MSD	2012-2016
INS	2004-2006
Cash support	Approval Period
ISS	2009-2011
HSS	2009-2012

3. Composition & Functioning of the ICC

GAVI's 2012 APR Monitoring Report concluded that "Representation and proceedings of 3 ICC meetings held in 2011 and 2012 suggest that the ICC is a well-functioning coordination mechanism." However, the minutes note that discussion was "threadbare" at the meeting where the present proposal was signed. It was signed by most members of the ICC, including representatives of two CSO's (BRAC and Rotary), two bilateral donors (JICA and USAID), WHO and UNICEF.

The minutes of this ICC meeting and the documents accompanying the proposal do not provide any evidence that a budget for procurement of MR for routine immunization was presented and discussed by the ICC.

4. Status of the National Immunisation Programme

The country successfully introduced Hepatitis B and Hib (Penta) vaccines. Phased introduction of MSD is scheduled to begin in 2012. Estimates from administrative statistics, surveys and JRF have all consistently shown that routine coverage with DPT3/Penta3 and with MCV1 have been greater than 80% since 2006 (or even earlier).

Data from administrative statistics and post-campaign surveys have also shown that the catch up measles SIA in 2006 (targeting ages 9 months to 14 years) and the follow-up measles SIA in 2010 (targeting ages 9 months to 4 years) each achieved a coverage of 87%/88% by survey and 101%/100% by administrative statistics. The current application provides evidence that lessons learned from the successful completion of these two measles SIA have informed planning for the proposed MR campaign.

Given the coverage based upon administrative statistics that was achieved with the two measles SIAs, it is reasonable to plan the MR campaign assuming that it will also achieve 100% coverage based upon administrative statistics. The target age group should be specified as "9 months to 14 years" (not "9 months to 15 years").

The originally estimated size of the target population for the MR campaign (specified in the proposal as 58,659,692) needed to be verified. The Measles and Rubella Supplementary Immunization Activity Plan says that, according to the national population census of 2011, the age group from 0 to 14 years constitutes 39% of the total population. In contrast, previous national censuses of Bangladesh showed that this age group constituted roughly 33% of the population and that this percentage is declining each year as a result of declining fertility. Hence, UNPD estimates that the 2010 population 0 to 14 years was 46,543,000. At request of the IRC, the Bangladesh NIP submitted documentation from the 2011 national population census on the total population (149,772,364) and the percentage of the population 0 to 14 years of age (34.5%).

The proposal provides adequate epidemiological evidence to justify the MR catch-up campaign and the introduction of RCV into routine immunization. An MR campaign will have the added benefit of advancing efforts at measles elimination.

Gender and equity issues have not been addressed as part of the application. The country does not routinely report sex-disaggregated data on immunizations services. However, surveys have provided sex-disaggregated estimates of

immunization coverage and these surveys have shown no disparity between the sexes in immunization access.

5. Comprehensive Multi Year Plan (cMYP) overview

The cMYP 2011 – 2016 covers the entire period (2013) during which all Rubella-Containing Vaccine (RCV) NVS activities funded by GAVI will be implemented. However, no mention is made in the cMYP document or cMYP costing tool of any of the MR campaign activities to be funded by the present proposal to GAVI. There is a section of the costing tool that can be used to estimate the vaccine and supply costs for an MR campaign. However, this section has not been filled in for the current Bangladesh version of the costing tool.

There are also sections of the costing tool that can be used to estimate the vaccine and supply costs for routine RCV immunization. These sections have been completed; however, the proposal and accompanying introduction plan do not include any summary of these costs. Thus, these documents provide no evidence that any estimate of the costs associated with introduction of RCV into the routine immunization program were presented and discussed by the ICC, the Minister of Health or the Minister of Finance.

6. New vaccine introduction plan

The “Measles and Rubella Supplementary Immunization Activity plan 2013” is an MR campaign plan rather than a “comprehensive plan for the introduction of RCV into the national programme” (as specified in the GAVI guidelines). It includes only a short paragraph on plans to introduce RCV into the routine immunization program. The only evidence provided of progress preparing for the introduction of RCV into the routine immunization program is a copy of the invoice for ordering the first 2,200,000 doses of MR vaccine.

The proposal and the plan document that good progress has been made strengthening measles/rubella and AEFI surveillance. Appropriate plans are included for sentinel surveillance for Congenital Rubella Syndrome (CRS) and a communication strategy to inform the public about rubella and rubella immunization.

7. Cold chain and vaccine management Improvement plan

The MR campaign plan does not adequately address certain cold chain and logistics issues, although 8.67 million USD are earmarked in the operational budget for cold chain equipment and maintenance, and 4.41 million USD to increase the cold chain capacity increase at central level. Together, these two line items represent 30% of the 38 million USD requested for operational costs. The content and complementarity of these two line items is not clear.

8. Cold chain capacity

The required net storage space for vaccines is underestimated by 30% for vaccines, and the storage volumes required for diluents is not included in the estimations of storage volumes required at fixed vaccination locations.

The MR SIA plan does not address cold box and vaccine carrier requirements, and measures to produce icepacks. It should be noted that MR is supplied with a VVM type 14, hence controlled temperature management during peripheral store and transport is required, especially post reconstitution.

9. Financial Analysis

Given that the total national immunisation expenditure in 2011 was 41 million USD, the MR campaign represents a large increase in funding for 2013. There is limited information relating as to how operational expenditures would be utilized, apart from broad expenditure categories. Cost components have not been adequately described or justified. For example, of the total of 38 million USD for operational support, more than a third relates to cold chain capacity and maintenance (13 million USD). The need for this quantum of expenditure is unclear, as the proposal goes to some length to detail that, apart from hiring capacity at the central level, the cold chain is being strengthened with GAVI HSS funds and the cold chain capacity would be adequate for the proposed MR campaign. Some discussion of how current HSS funds and the MR support will be coordinated to support cold chain strengthening would be appropriate.

Unit costs are not specified for major equipment purchases, or for major operational costs such as volunteer incentives and program management items. A program management proportion of 17% (6.3 million USD) and human resource cost of 0.15 million USD and 2.1 million USD for volunteer incentives require some financial explanation. Sustaining outreach supervision due to inadequate staff and funding was noted as a key constraint by the ICC. Some budget details as to how this challenge is being addressed would be welcomed by the IRC, particularly given the scale of the campaign.

The proposal asks GAVI to cover 100% of the costs (operational as well as vaccine and injection supplies) of the 2013 MR campaign. No financial contribution from the government of Bangladesh or any other partner is indicated.

The proposed campaign would more than double national immunization expenditure from that in 2011. The approved addition of MSD in routine immunization in Q4 of 2012 and PCV 10 in Q3 of 2013 will also substantially increase expenditures. An increase of this order is likely to test absorptive capacity, although the NIP has previous experience with somewhat smaller national campaigns in 2006 and 2010.

Some of the details required to support the application are missing. For example, the inability of the country to update the EVM improvement plan for 2012, failure to include proposed MR campaign costs in the cMYP costing tool, and errors in the cMYP costing tool prevent an assessment of financial sustainability and highlight the need for improved planning and program management. Unit cost estimates for major cost items would make an assessment of value for money feasible.

10. Co-financing arrangements

GAVI has no requirements for co-financing of the procurement of vaccines used during GAVI-supported campaigns.

11. Consistency across proposal documents

The cMYP has not been updated to be consistent with the proposal. More importantly, the documents that were presumably presented and discussed by the ICC (the main proposal document and the "Measles and Rubella Supplementary Immunization Activity plan") do not provide any indication of the recurrent cost of introducing RCV into the routine EPI program or of how these costs will be financed.

12. Overview of the proposal: Strengths & weaknesses

Strengths:

An MR catch-up campaign and subsequent high levels of routine MR coverage will put Bangladesh on course to eliminate both rubella and measles. The Bangladesh EPI program has clearly demonstrated that:

- it can achieve and maintain coverage of greater than 80% with routine immunization of infants with measles;
- it can achieve coverage of greater than 80% of the targeted population during a massive catch-up or follow-up SIA;
- it has established a system for case-based surveillance of measles and rubella which meets basic standards; and
- it is building on lessons learned from successful campaigns and routine activities.

Weaknesses:

- The available documents do not provide any evidence that a budget for introduction of RCV into routine immunization (with a marginal cost of roughly USD 2 million/year) was presented and discussed by the ICC or key government officials. The proposal itself and the accompanying plan include no estimates at all of these costs;
- The proposal and the budget for the MR campaign are not consistent with the documentation submitted from the 2011 national population census; and
- The proposal and the accompanying plan include limited information as to how operational expenditures would be utilised, apart from broad heads of expenditure.

Risks:

A shortfall of funding for procurement of MR vaccine could disrupt the financing of the EPI program. Interruption of routine RCV immunization could increase susceptibility to CRS.

13. Recommendations

Vaccine: Measles Rubella Preventive Campaign

Recommendation: Approval with conditions

Condition 1: Provide a plan for the introduction of RCV into the national program that includes estimation of the marginal recurrent cost of procuring MR vaccine for routine immunization. This plan should be endorsed by the members of the ICC.

Condition 2: Provide additional details about plans and preparations for the MR SIA including:

- a. a budget that is consistent with estimates of the target population based upon the 2011 national census (total population of 149,772,364 x 0.345);
- b. a more detailed budget. In particular, more detail is required in the budget for cold chain equipment, maintenance, transport and outsourced services;

- c. a summary of progress to date with implementation of the recommendations of the 2011 EVM assessment; and
- d. an update on the status of the cold chain assessment/inventory, including evidence that adequate storage capacity is available at all storage levels for the MR campaign.

IRC Review of Country Response to Conditions

Reviewed:

Geneva, 1st – 8th March 2013

14. Review of Country Response to Conditions

Response to Condition 1: *Provide a plan for the introduction of RCV into the national program that includes estimation of the marginal recurrent cost of procuring MR vaccine for routine immunization. This plan should be endorsed by the members of the ICC.*

Comments: Documentation is provided to show that an ICC technical sub-committee approved the decision to introduce measles second dose into the routine immunization schedule, although it is unclear from these minutes whether the additional recurrent costs of this decision were presented and discussed. The response does include a 5-year operational plan and budget that estimates the cost of MR vaccine for routine immunization. The response does not include any updates of the cMYP or the cMYP costing tool (previous versions of which did not adequately address introduction of RCV or the MR campaign). The response notes that MR was introduced into routine immunization in October and that data from November suggests that the NIP is on course to achieve higher than 80% coverage during the first year.

Conclusion: Condition 1 met.

Response to Condition 2: *Provide additional details about plans and preparations for the MR SIA including:*

- a. *a budget that is consistent with estimates of the target population based upon the 2011 national census (total population of 149,772,364 x 0.345);*
- b. *a more detailed budget. In particular, more detail is required in the budget for cold chain equipment, maintenance, transport and outsourced services;*
- c. *a summary of progress to date with implementation of the recommendations of the 2011 EVM assessment; and*
- d. *an update on the status of the cold chain assessment/inventory, including evidence that adequate storage capacity is available at all storage levels for the MR campaign.*

Comments: The response reduces the size of the target population to make it consistent with the 2011 national census. The budget for operational costs is reduced accordingly (**condition 2a is met**) by reducing expenditures for cold chain equipment from about 12 million USD to 8 million and reducing expenditures for surveillance and monitoring from 6 million USD to 5 million USD.

The response includes a budget with more details on cold chain equipment, maintenance and transport. However, this more detailed budget still lacks detail (i.e. unit costs) for major line items related to personnel (e.g. 4,175,259 USD for "Refreshment for volunteers and vaccinators"; 1,932,868 USD for "HR for surveillance"; 2,145,900 USD for "Volunteer incentives") (**condition 2b is partially met**).

The response includes a summary of progress to date with implementation of the recommendations of the 2011 EVM assessment. Out of 11 recommendations, 6 have been implemented, 4 are in the process of being implemented and 1 is planned (**condition 2c is met**).

The response includes a summary of cold chain capacity for the MR campaign. This summary notes that to store the MR campaign vaccines the net volume of cold storage needs to increase by 127 cubic meters at national level (to be hired from commercial cold stores as for previous measles SIAs), 84,000 litres at district level (to be dealt with by sending the 157,000 litres of MR campaign vaccines to the district level in 2 separate shipments) and 27,000 litres at upazila level (to be dealt with by sending the 157,000 litres of MR campaign vaccines to the upazila level in 2 separate shipments) (**condition 2d is met**).

Plans for the MR campaign do not include any discussion of measures to prevent gender inequities.

It would be helpful if the application better described the concrete measures that would be taken prior to and during the upcoming MR campaign based upon lessons learnt from previous SIAs.

Conclusion: Condition 2 is partially met.

15. Review of Country Response to Conditions

Vaccine: Measles Rubella Preventive Campaign

Recommendation: Approval with clarifications

Clarifications:

1. Please submit to the GAVI Secretariat a budget that specifies the unit costs and the number of personnel for various line items related to human resources and volunteers: Refreshment for volunteers and vaccinators; HR for surveillance; Volunteer incentives; Human resources (GAVI ISS volunteers).
2. Please submit an updated cMYP costing tool that includes the costs of the MR campaign.

Note to Bangladesh: The IRC encourages the NIP to conduct post-SIA coverage surveys with adequate samples to measure sex-disaggregated coverage in each of the 7 regions of the country. The IRC also encourages the NIP to incorporate into the plans for the MR campaign, measures to assure equal coverage of boys and girls.

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
TRANSPARENCY 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.

