



GAVI/13/200/MK/RK

The Minister of Health
Ministry of Health
151-153 Avenue Kampuchea Krom
Phnom Penh
Cambodia

11 April 2013

Dear Minister,

Cambodia's Proposal to the GAVI Alliance

I am writing in relation to Cambodia's proposal to the GAVI Alliance for New Vaccines Support for **Measles-Rubella campaign**, which was submitted to the GAVI Secretariat in August 2012.

Following a meeting of the GAVI Executive Committee (EC) on 15 February 2013 to consider the recommendations of the Independent Review Committee (IRC), I am pleased to inform you that Cambodia has been approved with clarifications for GAVI support as specified in the Appendices to this letter. The support also includes a Vaccine Introduction Grant and Operational Support which were approved by the DCEO on 27th March 2013. Cambodia has since provided a satisfactory response to the clarifications that were required by the IRC.

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 Cambodia

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

GAVI Alliance has sent a new Partnership Framework Agreement (PFA) designed to improve the ease and efficiency for countries to understand the GAVI requirements, all in one clear and standardised document. For ease of reference, the PFA will include appendices in the same format as Appendix B. GAVI will be in contact with you shortly in relation to this transition to the PFA with detailed supporting information.

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

New Vaccines Support <i>Type of vaccine</i>	Approved for the first year
Measles Rubella campaign	US\$ 3,818,500
Measles Rubella Vaccine Introduction Grant	US\$ 298,500
Operational support for campaigns	US\$3,220,000

Please do not hesitate to contact my colleague Raj Kumar - 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

Description of GAVI support to *Cambodia* (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 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 Cambodia’s proposal application; and
- The final proposal as approved by the IRC, including any subsequent clarifications.

The MR vaccines provided are to be used for the MR campaign to immunise children in the age range as indicated in the proposal. 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 cannot be paid for using GAVI funding.

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 then-current 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: Cambodia’s use of financial support for the introduction of new vaccinations with Measles-Rubella vaccine

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.

Cambodia 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 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: Cambodia					
2. Grant Number: 13-KHM-18a-X / 13-KHM-08e-Y / 13-KHM-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\$)	US\$3,818,500				US\$3,818,500
10. Vaccine Introduction Grant: US\$ 298,500 payable up to 6 months before the introduction.					
11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement): ³					
Type of supplies to be purchased with GAVI funds in each year	2013				
Number of Measles-Rubella vaccines doses	5,844,800				
Number of AD syringes	5,498,100				
Number of re-constitution syringes	648,800				
Number of safety boxes	68,250				
Annual Amounts (US\$)	US\$3,818,500				
12. Procurement agency: UNICEF.					
13. Self-procurement: 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*

14. Co-financing obligations: Not applicable	
15. Operational support for campaigns: The support for operational costs for MR campaign will be disbursed in cash to the account as mentioned in the proposal unless otherwise specified	
	2013
Grant amount (US\$)	US\$3,220,000
16. 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 the approval and disbursements of the future Annual Amounts.	
Reports, documents and other deliverables	Due dates
N/A	N/A
17. Clarifications: The Country has provided clarifications which were found satisfactory.	
18. Other conditions: Not applicable.	

Signed by
On behalf of the GAVI Alliance

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

IRC NVS Country Report

Country: Cambodia

Type of support requested: NVS

Vaccines requested: Measles Rubella Preventive Campaign

Reviewed: Geneva, 3rd – 19th October 2012

Country profile/Basic data (2010)

Population	14,741,414	Infant mortality rate (2010)	%45
Birth cohort		Govt. Health expenditure	%7
Surviving infants JRF	343,998	GNI/capita (2010)	\$610
Proposal 2012	388,003	Co-financing country group*	Low income
DTP3 coverage (administrative)	94%		

*low income, intermediate or graduating

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

Cambodia is requesting Measles Rubella (MR) vaccine (10 doses per vial, lyophilised). The total estimated cost of the MR vaccine SIA is US\$ 8,280,707, with a request to GAVI for support for US\$ 4,318,144 USD to cover vaccine and injection safety supplies and US\$ 3,219,582 to support SIA operational costs. The remaining balance of US\$ 742,980 for operational costs is expected to be provided by the United Nations Foundation or in-country health partners. Implementation period begins 2008 and ends 2015.

2. History of GAVI support

Table 1. NVS and INS Support

NVS and INS support	Approval Period
Pentavalent	2010-2015
DTP-HepB	2001-2009
INS	2002-2004

Table 2. Cash Support

Cash support	Approval Period
ISS1	2002-2006
ISS2	2008-2015
HSS	2007-2015

3. Composition & Functioning of the ICC

Cambodia has a functioning ICC/HSCC, referred to as the Technical Working Group for Health (TWG-H). The principal function of the TWG-H is to ensure effective coordination of the response of the Royal Government of Cambodia, led by the Ministry of Health, in responding to the health

challenges of the country. While the TWG-H helps to identify realistic policy goals, it is the RGC/MOH that takes policy decisions. The TWG-H facilitates the implementation, monitoring and evaluation and, where necessary, modification of the Health Strategic Plan linking with other sectors and their TWGs as needed. The TWG-H helps all stakeholders to fully participate in dialogue on issues within its scope.

4. Status of the National Immunisation Programme

Cambodia has a good immunization coverage history. Although there have been a few small dips, since 2002 there has generally been good progress in the immunization coverage levels and it now stands at 94%.

The current WHO estimates are that the annual incidence of congenital rubella syndrome (CRS) in Cambodia is 0.1 to 4 cases per 1000 live births, rising to 1400 cases during an epidemic, translating to an average of 85 to 260 cases of CRS every year. Surveillance data from the National Immunization Programme and the National Institute of Public Health reported 1,096 lab confirmed rubella cases in 2011. While most cases occurred in children less than 15 years of age, approximately 36% of females cases were greater than 15 years of age, raising the probability that pregnant women will be infected, and their children will be born with congenital rubella syndrome. A surveillance program – partnership with the Cambodia Paediatric Society – has been set up to manage rubella. At present, rubella vaccine is not provided through the routine national immunization programme in Cambodia, although it is known to be provided in the private sector. The country now wishes to carry out the proposed activities as part of its efforts to eliminate measles in 2012.

There was a successful measles SIAs in 2011, and the introduction of the 2nd routine measles doses at 18 months. Given the target age cohorts, the majority of this SIA will be undertaken in schools and will require effective coordination between the Ministries of Health and Education. MR SIA 2013 financial requirements are provided in the updated cMYP costing 2008-2015. Procurement of vaccine and injection safety supplies will be fully supported through GAVI. Total operational costs for the SIA are estimated to be US\$ 3,962,562 (or US\$ 0.80 per child), with GAVI funding US\$ 3,219,582 (US\$ 0.65 per child) and the remainder (US\$ 742,980) being provided from UN Foundation/in country SWAP funding sources. Further information on the MR SIA 2013 is provided in the detailed planning guide that has been developed.

Gender and equity issues

Gender issues are addressed as part of the application. For example, in the undated addendum to the cMYP 2008-2015 that is specifically on the measles/rubella vaccine introduction, some relevant surveillance data is given. However, it is stated that the MR vaccine will initially be introduced only as part of the infant immunization schedule and there are no plans to provide MR vaccine to women of child bearing age or post partum mothers in 2014 and 2015. However, during that period, rubella and CRS surveillance data will be collected and a possible rubella serosurvey undertaken to provide evidence as to whether or not women of child bearing age need to be targeted.

In the proposal it is stated that the 2010 EPI review found four socio-economic barriers affecting equity in the delivery of immunisation services and achieving full immunisation:

1. Migration of people, usually in search of work;
2. People who live in rural areas can not only live some distance from a health facility, but can live where there are poor quality roads and/or seasonal flooding;
3. Ethnic minorities who may have a different language and cultural identity; and
4. Urban slum dwellers and squatters who are often the poorest of the poor in comparison with the rural poor.

The proposal states that as a result of the 2010 review, the national immunization programme increased its efforts to reach these high risk/under-served populations in the measles SIA in 2011 and

as part of the routine EPI from 2012. For the 2013 MR campaign, the focus on high-risk communities will be continued. All provinces and operational districts will be requested to identify their high risk communities based on the known access of each village or urban community to immunization services. During 2012, new micro-planning guidelines are being developed.

The country does not routinely report sex-disaggregated data. According to the 2010 DHS there is a minimal gap in gender disaggregated coverage rates e.g. female DPT3 coverage rates (85%) were slightly higher than the coverage rates for males (84).

5. Comprehensive Multi Year Plan (cMYP) overview

The cMYP was updated in April 2010 to incorporate the inclusion of a 2nd dose of measles vaccine as part of the routine EPI schedule (introduced June 2012), with an addendum development in May 2012 to incorporate the inclusions of measles/rubella vaccine into the routine EPI schedule and undertaking of a wide age range measles/rubella vaccine supplementary immunization activity. This addendum has provided a great deal of detail on these plans for the campaign and later integration. These updates to the cMYP are fully in line with the goals of the Health Strategic Plan 2008 - 2015. Financial costing for the cMYP and the updates are used by the NIP for inclusions in wider health planning processes.

Cambodia plans to achieve major milestones in the year 2015, which include increasing DPT3 coverage up to 90%, strengthening/establishing surveillance for vaccine preventable diseases including new vaccines, maintenance of polio free status and identifiable progress towards elimination neonatal tetanus in 2008 (to less than 1 case of NT per 1,000 live births), measles elimination in 2012 (to less than 1 case confirmed per 1 million population) and hepatitis B control as major public health problems by the year 2012 (to less than 2% carrier rate for children at 5 year age), strengthening research and surveillance for new interventions, including evaluation and introduction of new vaccines such as Japanese encephalitis, Haemophilus influenza type B (Hib), and pneumococcal infections.

6. New vaccine introduction plan

Cambodia outlines an adequate, well-adjusted vaccine introduction plan. Cambodia's current immunization performance is sound, both for routine EPI, with greater than 90% measles vaccine coverage rates for infants under 1 year reported in recent years, and the undertaking of two successful measles SIA in 2011, which place the country in a strong position to implement the proposed MR SIA in late 2013.

The country has sought to review its decision to focus greater attention on a fixed site strategy to determine whether or not this strategy contributes to less than optimal coverage rates in some areas. This initiative will also seek to utilize the strategy of the NIP to identify, target and intensively monitor coverage in high-risk communities (urban poor, remote rural, ethnic and migrant populations). Given the targeted age cohorts, the majority of this effort will be undertaken in schools and will require effective coordination between the MoH and MoE. Important and concrete components of this strategy are:

- a) The development of new micro plans at Health Centre level, which will identify and prioritize High Risk Communities and ensure regular health services especially through outreach.
- b) Improving linkages between Health Centre's and High Risk Communities, through the minority assessment of the immunization status of children during outreach sessions, and quarterly monitoring of progress in all High Risk Communities.

- c) Strengthening the role and capacities of village Health Volunteers in High Risk Communities to identify children and mother due for vaccinations, ensuring that they are present at regular immunization sessions, and monitoring immunization completion rates.

Main weaknesses and constraints of new vaccine introduction outlined include:

- Difficulty to control payment for vaccination by the midwife strategy, allowing the midwife to deliver Hep B birth dose vaccine when deliver a baby at home.
- There are management and logistical difficulties associated with keeping Hep B vaccine outside the cold chain.

Program strengths

The NIP commenced introduction of Hepatitis B birth dose in 2004. Initially, the strategy focused on health facility administration of the birth dose. Given the very low rate of delivery in public facilities (<10%), the program was expanded to outreach health services. By the end of 2005, coverage of birth dose reached 28%, only 2% lower than the expected target. The introduction of combined vaccine proceeded smoothly. By 2005 100% of districts were reached with the combined vaccine. There was no decline in coverage associated with the new vaccine introduction effort.

7. Improvement plan

An EVM was conducted in March 2012 for the four levels of the cold chain system. The Primary level has attained an assessment score above the 80% threshold in five EVM criteria (E3, E4, E7, E8 and E9). Sub-national and Low delivery levels have not attained an 80% score on any of the criteria, whereas the Service level has a significant score of 85% in criteria E3. Overall, the average assessment score of the NIP is satisfactory.

Weak criteria scores were listed in the EVM improvement plan. There were ten items listed in the plan, which were ranked as high priority to address the weaknesses that were identified by the EVM assessment. Responsible organizations for the implementation are NIP, UNICEF and WHO. Each item was budgeted with a start, completion date and completion indicator.

An amount of US\$ 20,000 from the introduction grant will be allocated for the CCEM and US\$ 200,000 for the training.

8. Cold chain capacity

The Primary level vaccine store has a positive vaccine storage capacity of 36.43 m³ and negative vaccine storage of 12 m³, which are sufficient for the introduction of MR and the subsequent routine and MR immunization. An estimate that was conducted for the positive storage has shown that the total vaccine storage requirements exceed the available vaccine storage capacity of the primary level store. However, by considering two supply shipments per year, the vaccine storage capacity at the primary level store will be sufficient from 2013, when the MR campaign is implemented and when it is incorporated with the routine EPI.

Similarly, the vaccine storage capacities were assessed at the provincial and district levels. One of 24 provincial stores has a shortfall of vaccine storage capacity and 7 of 77 districts have a shortfall of vaccine storage capacity. Increasing the number of supply interval from the primary vaccine store to the provincial and district vaccine stores can be arranged to rectify shortfall of storage capacities.

Use of commercial cold storage facilities at the national airport can also be another option to cope up with shortage of vaccine storage capacity.

Waste management

Every province will be responsible for developing a "Waste Disposal Plan" to ensure that all used injection equipment is disposed of correctly by incineration according to the National EPI Policy. Safety boxes containing used injection equipment are to be kept in a secure location at the Health Centre or Operational District level until the end of the SIA, when they should be transported to the closest site with a high temperature incinerator that is approved for use by the Ministry of Health. Provincial Health Departments are ultimately responsible for ensuring that all safety boxes are disposed of correctly, and this is documented, with spot checks to be undertaken by NIP staff.

Total estimated safety boxes to be generated during this SIA are 67,000, with estimated days to burn calculated for at the provincial level in the MR SIA Background Paper. These estimates do not take into account the availability of incineration equipment at the operational district level, but should be used by provinces as guidance for the volume of used injection safety equipment that will be generated and the likely time required to dispose. Funding for transporting of filled safety boxes and incineration costs will be incorporated into the provincial level MR SIA budget.

9. Financial Analysis

The total operational cost of MR campaign is estimated at US\$ 4,102,562 and the country asks GAVI to finance 80% of the budget (US\$ 3,219,582). The country stated that the operational budget was based on historical costs of 2011 measles SIA and this time the average cost of operational costs per child is lower than in 2011. The government intends to finance the remaining US\$ 792,980 with financial support from UN Foundation (mediated by WHO) and pool funds (The Second Health Sector Support Program).

There is a minor inconsistency between the Plan for NVS introduction and the application form: the former refers to US\$ 3,962,562 at the total operational cost that differs from one in the AF; it also states that UN Foundation is supposed to finance US\$ 742,980 (the same figures were found in the customized cMYP costing tool). There is also discrepancy between the cMYP costing tool (customized version) vaccine cost estimates for the campaign and the application form: US\$ 3,721,507 vs. US\$ 4,412,521, correspondingly.

Expenses on human resources and vehicles & transportation constitute half of the budget. The MR introduction budget was estimated at US\$ 391,000 and 81% is supposed to be financed by GAVI (US\$ 317,728). Half of the introduction budget is allocated to training, and social mobilization is the second largest cost category (23% of the budget).

The country updated the cMYP (2008-2015) and provided the amendment as a standalone document. The original cMYP did not state explicitly whether the country anticipated a funding gap, although four financial sustainability strategies were discussed in the document. The cMYP amendment demonstrates countries awareness of incremental costs (US\$ 0.27 per dose) of switching from Measles to MR vaccine. The county states that the MoH is committed to finance incremental costs and increase budget allocation to routine immunization by US\$ 400,000 in 2013-2015.

According to financial tables in the customized cMYP costing tool, it seems the Government finances all routine vaccine costs complemented by GAVI support, although the sources of financing of routine vaccines and campaigns are not explicitly presented in the cMYP.

10. Co-financing arrangements

Co-financing is not applicable to MR campaigns.

11. Consistency across proposal documents

There were no inconsistencies across proposal documents.

12. Overview of the proposal: Strengths & weaknesses

Strengths:

- cMYP plans provide adequate details on capacity of human resources and health system strengthening, and acknowledgement that scale-up of human resources will be required for introduction of vaccine and vaccine planned in the future.
- Excellent discussion of likely needs.
- Indicates ways in which the campaign is to be integrated into other immunisation activities and services.
- Highlights linkages between HSS activities and immunisation coverage efforts and how they are used to solve delivery issues and improve levels of performance.
- One of the few countries that show activities intended to address possible inequalities related to gender, geography and socioeconomic disadvantage.

Weaknesses:

- cMYP proposal lacks details or adequate planning that will adequately deal with scaling up human resources, especially within urban community health centers. A number of flagged weaknesses are mentioned within the cMYP and proposal form, but no future planning is mentioned in scaling up health systems issues and human resources capacity.
- Linkages between all the activities listed in introductory grant tables and the more extended discussions of immunisation support activities are not adequately developed.

13. Recommendations

Vaccine: Measles Rubella campaign
Recommendation: Approval with clarifications

Clarifications:

1. Please clarify discrepancies in vaccine costs and operational costs across the application document;
2. Please provide correct figures for the birth cohort; and
3. Provide more specification and justification of the expenditure items (in tables/section 7.2.2 & 7.2.6). Especially important are those expenditures on human resources, training and social mobilisation. It is also necessary to ensure that there are clear linkages with the descriptions of the activities described in the text of the proposal.

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.