



GAVI/13/597/dlc/ac

The Minister of Health
Federal Ministry of Health
Transitional Federal Government of Somalia
Mogadishu
Somalia

20 December 2013

Dear Minister,

Annual Progress Report submitted by Somalia

I am writing in relation to Somalia'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 Somalia 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 Somalia
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 following table summarises the outcome for each type of GAVI support for Somalia:

| Type of support | Appendix | Approved for year 2014 |
|--|----------|------------------------|
| New Vaccines support (Pentavalent vaccine) | B | US\$2,550,500 |

Please do not hesitate to contact my colleague Anne Cronin (acronin@gavialliance.org) if you have any questions or concerns.

Yours sincerely,


RANJANA KUMAR
o/c

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 Somalia (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.

Somalia VACCINE SUPPORT

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

| | | | | |
|--|----------------------------|---------------|---------------|--------------------|
| 1. Country: Somalia | | | | |
| 2. Grant Number: 1315-SOM-04c-X | | | | |
| 3. Decision Letter date : 20/12/2013 | | | | |
| 4. Date of the Partnership Framework Agreement: Not applicable | | | | |
| 5. Programme Title: New Vaccines Support | | | | |
| 6. Vaccine type: Pentavalent | | | | |
| 7. Requested product presentation and formulation of vaccine: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | | | | |
| 8. Programme Duration¹: 2013-2015 | | | | |
| 9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):: | | | | |
| | 2013 | 2014 | 2015 | Total ² |
| Programme Budget (US\$) | US\$2,891,500 ³ | US\$2,550,500 | US\$2,476,500 | US\$7,918,500 |
| 10. Vaccine Introduction Grant: Not applicable- already disbursed | | | | |

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. *Ceci est le montant consolidé pour toutes les années précédentes.*

11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):⁴

| Type of supplies to be purchased with GAVI funds in each year | 2013 | 2014 |
|---|----------------------------|---------------|
| Number of Pentavalent vaccines doses | | 1,213,000 |
| Number of AD syringes | | 1,121,600 |
| Number of re-constitution syringes | | |
| Number of safety boxes | | 12,450 |
| Annual Amounts (US\$) | US\$2,891,500 ⁵ | US\$2,550,500 |

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: 1315-SOM-04c-X-C According to the Co-Financing Policy, the Country falls within the low-income group. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.

| Type of supplies to be purchased with Country funds in each year | 2014 | 2015 |
|--|-------------|-------------|
| Number of vaccine doses | 131,300 | 128,100 |
| Number of AD syringes | | |
| Number of re-constitution syringes | | |
| Number of safety boxes | | |
| Value of vaccine doses (US\$) | US\$255,729 | |
| Total Co-Financing Payments (US\$) (including freight) | US\$269,000 | US\$261,500 |

⁴ This is the amount that GAVI has approved.

⁵ This is the consolidated amount for all previously approved years. *Ceci est le montant consolidé pour toutes les années approuvées précédentes.*

| | |
|--|-------------|
| 15. Operational support for campaigns: Not applicable | |
| 16. Additional documents to be delivered for future disbursements: | |
| Reports, documents and other deliverables | Due dates |
| Annual Progress Report 2013 | 15 May 2014 |
| 17. Financial Clarifications: The Country shall provide the following clarifications to GAVI*: Non applicable <i>*Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements</i> | |
| 18. Other conditions: Not applicable | |

Signed by,
On behalf of the GAVI Alliance

Hind Khatib-Othman
Hind Khatib-Othman
Managing Director, Country Programmes
20/12/2013 2013

o/c
RANJANA KUMAR

Type of report: Annual Progress Report

Country: Somalia

Reporting period: 2012

Date reviewed: July 2013

1. Background Information

Surviving Infants (2012): 329,231.

DTP3 coverage (2012):

-
-

CMYP 2011-2015

JRF Official Country Estimate: 61%

WHO/UNICEF Estimate: 42%

Table 1. NVS and INS Support

| NVS and INS support | Approval Period |
|---|-----------------|
| DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 2013-2015 |
| INS | 2003-2005 |

Table 2. Cash Support

| Cash support | Approval Period |
|--------------|-----------------|
| ISS | 2003-2007 |
| HSS | 2010-2015 |

Somalia reports on 2012 NVS and HSS windows and requests support for Penta and next tranche of HSS for 2014.

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

The APR reports that the HSC (Health Sector Committee) met 4 times in 2012 and again in 2013 to endorse the APR submission where 2 major issues were discussed: population figures and sustainability of the program.

Minutes of 7 HSC meetings in 2012 are provided as supporting documentation to the APR (no donor participation). 14 CSO's are members of the ICC. All minutes of the meetings chaired by the Health Sector Coordinator of a UN Agency are well structured and clear and provide a comprehensive and regular picture of activity status and pending actions.

The 2012 APR was presented to the Health Sector Committee and consensus was reached on the APR. Endorsement was supposed to be effected, at the next meeting, which takes place every three months; in Mogadishu from 23-25 June 2013. Due to the recent attack against the UN compound on June 19, the meeting was cancelled. The meeting is now being rescheduled for early July. No endorsement of the APR is available to the IRC. The application is signed by the delegate of the Ministry of Health but not by the Ministry of Finance.

3. Programme and Data Management

The main issues relating to program and data management in Somalia are:

- Immunization coverage is calculated administratively using data collected from MCHs, and outreach activities. Data is collected and transferred to UNICEF by

partners through the HMIS system, where coverage is calculated by UNICEF and WHO, and endorsed by local health authorities. These same figures are reported as the Official Estimates for Somalia.

- Immunization coverage as reported by MICS is lower than administrative coverage. The discrepancy can be explained by the lack of accuracy of numerator and denominator.
- Duplication of routine data and incomplete reporting in some cases and, some NGOs do not report the number of children they vaccinate to the HMIS.
- Absence of a recent census. The last population census was in 1974. Additionally, the increasing number of districts; the large pastoral and nomadic population; and displacement of population due to drought/famine and civil unrest makes it difficult to determine an accurate denominator.
- Populations in stable regions may be higher because of the massive influx of populations from conflict areas, while the population may be lower in areas of conflict because of the displacement of populations to neighbouring countries or to other regions.

DPT3 coverage (JRF Official) is reported at 61% in 2012 with wastage rates of 25%, with UNICEF/WHO estimates 20% lower.



4. Gender and Equity Analysis

According to MICS 2011, in Somaliland and Punt land, no discrimination was observed between girls and boys in terms of immunization. The APR also states that no discrimination has been observed in terms of immunization services. In all training sessions, vaccinators are instructed to advise parents to present all their children, irrespective of sex, for immunization. With GAVI HSS support, the community-based Health Management Information System is expected to roll out in 2013. Data will be collected at community level with the support of Female Health Workers.

The APR reports that due to insecurity, the EPI program cannot reach some areas, which means that people living in those conflict areas are denied access to immunization services, among others. Geographic and ethnic inequity is major concerns.

5. Immunisation Services Support (ISS)

Somalia is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012. Somalia has immunised more children in 2012, but the difference between JRF and

WHO/UNICEF estimated levels of coverage exceeds GAVI approved levels **so no reward** is due. No TAP issues are pending.

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

Somalia received a NVS grant for 2013-2015 for pentavalent vaccine (10 doses per vial, liquid) scheduled to start in 2013. No NVS vaccine was shipped /received in 2012.

Pentavalent vaccines was introduced in April 2013 in the whole country. Major activities will be reported next year.

An EVM was conducted in Feb-Mar of 2013; the improvement plan is not yet available from the consultants. Minutes indicated that some cold chain equipment has been procured, which is in excess of actual need. All sharp wastes is reported as collected in safety boxes, incinerated and buried.

A Post Introduction Evaluation (PIE) is planned for December 2014.

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

Somalia is classified in the low-income co-financing group in 2013/2014 and will be responsible for co-financing vaccinations at US\$0.20/dose. The country has no co-financing history.

To cover the co-financing requirements for the first year the Somalia Federal Government requested UNICEF to assist by paying the contribution on its behalf throughout the Joint Health Nutrition Programme (JHNP) funds. . In total 291,500 US dollars will be paid by UNICEF to buy 136,500 doses of pentavalent vaccines.

The new government is yet to fund immunization activities. So far, there are about 67 immunization partners that are funding immunization activities across CSZ with UNICEF and WHO as the major financiers. UNICEF will continue to provide traditional vaccines in 2013 and 2014.

The first tranche of Vaccine Introduction Grant (VIG) (\$114,000) was received and fully expended in 2012. The second tranche of US\$ 190,000, was released in 2013. VIG expenditures were focused upon: training of health workers, launching and social mobilisation for the introduction of Pentavalent vaccine

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

Somalia is not reporting on Injection Safety Support (INS) in 2012. An injection safety policy is to be developed in 2014

9. Health Systems Strengthening (HSS) (2010-2015)

Objectives of HSS:

Objective 1: To improve availability and utilization of immunisation and other essential maternal and child health services by 2014- through strengthening and supporting 40 MCH/Health centres based on the Essential Package of Health Services (EPHS).

Objective 2: To improve the access of rural communities to immunisation and other basic but essential preventive, promotive and curative health services by the year 2014, through support to: 80 Health posts and CHWs; and introducing on a pilot basis a new cadre of 240

Female Community- based Health Workers (FCHWs) providing mainly preventive services to a defined catchment population

Objective 3: To improve awareness and demand for immunization and other essential quality maternal and child health services by the year 2014, through implementation of a comprehensive and sustained campaign of behavioural change communication.

Objective 4: To provide evidence (on utilization, impact and cost of services) in order to generate appropriate, equitable and affordable health care delivery models for maximisation

of efficiency and equity of immunisation and other essential services, through managing a programme of operational/health system research.

Activities of HSS

Responsibilities for the 39 defined activities listed under the 4 objectives are shared between WHO and UNICEF and funds channelled directly to the partners. Progress is reported on 5 of the 14 activities under the 1st objective, 10 of the 14 activities under objective 2, 100% of

the activities under objective 3, and 3 of the 8 activities under objective 4. Progress does not imply that activities are complete but some progress made. The APR provides a details explanation of progress against each activity. The IRC estimates that 17% of the planned program for objective 1 has been implemented, 38% of Objective 2, 46% of Objective 3, and 16% of Objective 4. 34% of funds allocated for 2012 (\$2738641) were expended, and \$4.31m carried over to 2013.

Major Constraints noted are major delays (2 yrs.) between signing the HSS agreement and fund disbursement which necessitated some reprogramming and rescheduling and major delays in recruitment of FHW's and supervisors. Funds were available however to implement the 2012 program. The APR elaborates in great detail the accomplishments and problems of program implementation in 2012. Progress is reported regularly to the HSC and health advisory board. Numerous CSO's have been involved in implementation of various activities.

There are no fund management issues, sufficient funds were carried forward to 2012 to implement the program, and 2012 funds were received early in 2013.

M&E: Table 9.3 of M&E indicators is not completed in the APR. It appears that no M&E mechanisms have been put in place and the country plans to strengthen the on-going HMIS reform in order to collect useful data to monitor the impacts of HSS activities.

Funds Disbursement:

34% (\$897,892) of funds budgeted for 2012 and received in country were expended. This is a significant improvement over 2011 where only 1.7% of funds were expended. A balance of \$4,311,137 is carried forward from 2012. A further \$2,476,727 is requested for 2013.

The budget for 2013 was revised upwards to \$4.3 from \$2.92m and approved. A detailed activity plan absorbing the entire budget carried over from 2012 is provided.

A detailed plan for 2014 is proposed with further budgetary adjustments and estimated costs for each activity is provided in the APR for 2014. No funds are requested for calendar year 2014

GAVI is only 1 of 7 donors providing HSS support to Somalia. Total donor commitments for HSS support through 2015 approximate \$33m. GAVI's HSS commitment is \$5.8m. 4 donors fund Joint Health and Nutrition Programme (JHNP) which is a comprehensive multi-donor, multi-partner five year programme aimed at improving maternal and child health and

reducing mortality, while strengthen the systems that support improved quality and access to health care. GAVI is the only donor with a focus specifically oriented towards EPI.

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

Somalia is not reporting on CSO (Type A & B) fund utilisation.

11. Risks and mitigating factors

There are major risks in Somalia of sustainability, and poor performance. Until civil conflicts terminate these risks are likely to remain. There appears little scope for mitigation other than continuing to provide support and wait for change.

The GAVI secretariat in collaboration with partners is encouraged to closely monitor penta vaccine flow and adjust supply based upon absorption rates of stocks, and to consider reprogramming HSS support with a specific objective of simplification, adjustment of the implementation timeframe and more direct focus on support to achieve EPI objectives.

12. Summary of 2012 APR Review

The IRC acknowledges the complexities of the situation in Somalia and commends the country and partners for their efforts. More than 60 partners are supporting EPI activities and UNICEF funds traditional vaccines. Formal endorsement of the APR submission is required.

The 2014 Coverage Targets increase dramatically from coverage reported in 2012 and exceed GAVI norms for coverage improvement.

Near term sustainability is assured by partners, with \$33m earmarked for HSS through 2015 in addition to the GAVI program. Co-financing is assured by partners and traditional vaccines funded by UNICEF.

The program performance hinges upon partner commitment and direct operational involvement. Mechanisms appear to be in place, and provide a strong enabling environment for GAVI support for Pentavalent introduction and HHS although HSS performance in 2012 remains mediocre (34% of target)

Implementation of the HSS Window has improved substantially in 2012, The IRC estimates that the portion of progressed activities are commensurate with the 34% of funds expended for 2012 (\$2738641). \$4.31m are carried over to 2013. Whilst this is far from targeted levels, it represents a major improvement over 2011 performance.

Clear budgeted HSS plans are provided for 2014 but not the M&E framework. The GAVI secretariat is encouraged to review the objectives of HSS support with Somalia and the partners with a view to possible reprogramming to more directly focused upon present day priorities and reschedule support as may be appropriate. No HSS funding is requested for 2014 in the application.

13. IRC Review Recommendations

ISS

- **NVS:** Country is not qualified for Rewards for the 2012 achievements,
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID:

Approve 2014 NVS support, with the target adjusted in accordance of GAVI rules, and subject to satisfactory clarifications detailed in Section 14,

- **HSS**

Insufficient Information/Re-submission. Country is requested to provide additional information detailed in Section 14 and 15, which will be reviewed in the next Monitoring IRC

14. Clarification Required with Approved Funding

Short-term clarifications

(a) NVS: Programmatic clarifications

- i. Targets for 2014 DPT3 to align with achievements in 2012 and wastage rates for 2014 to be revised as per GAVI norms.
- ii. An EVM Improvement plan is provided

(b) VIG: Country to submit FS for 2012 for VIG.

c) HSS: TAP clarifications

- The issue raised in 2011 APR as reported in 2011 Decision Letter to be addressed. The 2011 FS did not provide information on the opening and closing balance as well as total expenditures in 2011. Country requested to provide revised 2011 FS showing opening and closing balances as well as total details expenditures incurred in 2011.
- Explain the difference of US\$179,135 between 2012 APR opening balance of US\$ 2,738,641 and 2011 APR closing balance of US\$ 2,559,506,
- Explain difference in expenditure of US\$367,265.55 between 2012 APR, US\$ 897,892 and 2012 FS, US\$530,626.45,
- Explain the difference of US\$80,254 between FS cash received (US\$2,390,133) and cash disbursed as per GAVI records – US\$2,470,387,
- Country to submit revised 2012 FS indicating opening balance, expenditure and closing balance.

Mid-term/long-term clarifications (if applicable)

N/A

15. Request Re-submission of APR HSS Section

a. HSS:

- i. Review the objectives of HSS support with Somalia and the partners with a view to possible reprogramming to be more directly focused upon present day priorities and reschedule support as may be appropriate. Submission of reprogramming by 15 September 2013.
- ii. The M&E framework (Section 9.3) of the APR to be completed in the revised submission

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.

