

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

12 February 2015

Dear Minister,

Decision Letter: Somalia's Proposal to Gavi, the Vaccine Alliance

I am writing in relation to Somalia's proposal to Gavi for New Vaccines Support (NVS) for Inactivated Polio Vaccine (IPV) which was submitted to the Gavi Secretariat in September 2014.

In November 2014 your application was reviewed by the Gavi Independent Review Committee (IRC) which recommended "Approval with Recommendations" of your application. Based on Somalia's satisfactory response to the Senior Country Manager to address the IRC's comments, Gavi has approved Somalia for Gavi support for IPV, as specified in the Appendices to this letter.

Please note that there is not expected to be sufficient quantities of the 10-dose vial available to support the introduction of IPV in Somalia, therefore Somalia has for the time being been allocated the 5-dose vial product presentation.

In November 2014, WHO revised its guidance on the application of the WHO Multi-Dose Vial Policy for IPV (attached note). This revision means that indicative wastage rates are reduced from 50% to 20% for the 10-dose vial and 30% to 15% for the 5-dose vial. The change in guidance will apply from May 2015 once the manufacturers have moved the Vaccine Vial Monitor (VVM) from the cap to the label. As Somalia is expected to receive its first shipment with the VVM on the label, the lower indicative wastage rate has been applied to calculate the approved doses in all years.

In order to ensure sufficient funding for all Gavi countries applying for IPV support, please note that Somalia's initial allocation of IPV doses and associated supplies have been adjusted using UN population data¹ and WHO UNICEF estimates of DTP3 coverage in 2013, consistent with the calculation underlying the IPV budget approved by the Gavi Board in November 2013. Reflecting these adjustments, the Vaccine Introduction Grant (VIG) has been revised in line with UN population estimates of the birth cohort.

Following a country's introduction of IPV, in exceptional circumstances with clear supporting evidence of an additional need and in consultation with the country and partners, doses may be revised upwards to meet that need. Any such revision would be subject to Gavi's approval and reporting processes, and subject to the availability of supply and sufficient Gavi funding for IPV.

The Appendices include the following important information:

¹ UN World Population Prospects, Revision 2012 ()

- 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 support

Please do not hesitate to contact my colleague Anne Cronin (acronin@gavi.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

Attached: IPV MDVP note

Description of Gavi support to *Somalia* (the “Country”)

New Vaccines Support (NVS)

Gavi 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:

- Gavi Alliance Guidelines governing Somalia’s proposal application; and
- The final proposal as approved by the the Independent Review Committee (IRC), including any subsequent recommendations.

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.

The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programmes in the Country; and (ii) the use or distribution of vaccines and related supplies after title to such supplies has passed to the Country. Gavi shall not be responsible for providing any additional funding to replace any vaccines and related supplies that are, or became, defective or disqualified for whatever reason.

Country Co-financing

****Note: Gavi’s usual co-financing requirements do not apply to IPV. However, Somalia is encouraged to contribute to vaccine and/or supply costs for IPV.****

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 agreements between PAHO (whichever is applicable) and the country, and not to Gavi. 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.

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.

If the purchase of any 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 will 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).

Monitoring and Annual Progress Reports or equivalent: 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. Gavi uses country systems for monitoring and auditing performance and other data sources including WHO/UNICEF immunisation 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) or equivalent. The APR or equivalent 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 or equivalent will also contain information on country's compliance with the co-financing arrangements outlined in this letter. APRs or equivalent 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 APRs or equivalent and availability of funds.

Somalia SUPPORT for INACTIVATED POLIO VACCINE (IPV)

This Decision Letter sets out the Terms of a Programme

1. Country: Somalia				
2. Grant Number: 1518-SOM-25b-X / 15-SOM-08h-Y				
3. Date of Decision Letter: 12 February 2015				
4. Date of the Partnership Framework Agreement: Not applicable				
5. Programme Title: NVS, IPV Routine				
6. Vaccine type: Inactivated Polio Vaccine (IPV)				
7. Requested product presentation and formulation of vaccine²: Inactivated Polio Vaccine, 5 dose(s) per vial, LIQUID				
8. Programme Duration³: 2015 - 2018				
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement): <i>Please note that endorsed or approved amounts for 2018 will be communicated in due course, taking into account updated information on country requirements and following Gavi's review and approval processes.</i>				
	2015	2016	2017	Total ⁴
Programme Budget (US\$)	US\$148,000	US\$588,000	US\$444,000	US\$1,180,000
10. Vaccine Introduction Grant: US\$383,500				
11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):⁵				
Type of supplies to be purchased with Gavi funds in each year	2015	2016		
Number of IPV vaccines doses	71,900	286,200		
Number of AD syringes	69,500	274,400		
Number of safety boxes	775	3,025		
Annual Amounts (US\$)	US\$148,000	US\$588,000		
12. Procurement agency: UNICEF				

² Please refer to section 18 for additional information on IPV presentation.

³ This is the entire duration of the programme.

⁴ This is the total amount endorsed by Gavi for 2015 to 2017.

⁵ This is the amount that Gavi has approved.

13. Self-procurement: Not applicable	
14. Co-financing obligations: Gavi's usual co-financing requirements do not apply to IPV. However, Somalia is encouraged to contribute to vaccine and/or supply costs for IPV.	
15. Operational support for campaigns: Not applicable	
16. 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
Annual Progress Report or equivalent	15 May 2015
17. Financial Clarifications: The Country shall provide the following clarifications to Gavi*:	
<i>*Failure to provide the financial clarifications requested may result in Gavi withholding further disbursements</i>	
18. Other conditions: If Somalia envisages a switch in product presentation, it is encouraged to incorporate elements for both IPV presentations in your initial introduction preparations, in order to minimise the need for later interventions and facilitate the switch. In those circumstances, in principle, no product switch grant will be provided to Somalia.	

Signed by,
On behalf of Gavi



Hind Khatib-Othman
Managing Director, Country Programmes
12 February 2015

Independent Review Committee (IRC) Country Report
Gavi Secretariat, Geneva • 10 - 24 November 2014
Country: Somalia

1. Type of support requested: IPV

Planned start date (Month, Year)	Duration of support	Vaccine presentation(s) (1 st , 2 nd , and 3 rd choice)
October 2015	2015 to 2018	10 dose 1 st choice
		5 dose 2 nd
		1 dose 3 rd

2. In-country governance mechanisms (ICC/HSCC) and participatory proposal development process

The health service is coordinated by Somali Health Sector Committee (SHSC) which is composed of health authorities from federal government, Somaliland and Punt Land, Somali donor group, Somali civil society representatives, UN agencies mainly WHO and UNICEF and international NGOs. SHSC meets quarterly and under the SHSC there is EPI working group with active participation of WHO and UNICEF.

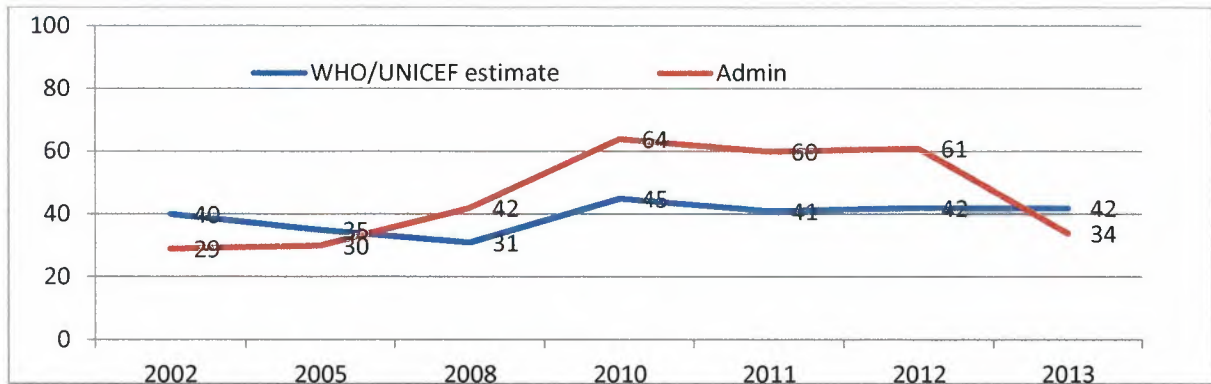
The SHSC members (24) endorsed the IPV introduction proposal on 8th of September 2014, however there are no minutes provided with the application. The partners that endorsed the application include representatives of western embassies, DFID, WHO, UNICEF, COOP, JHNP, etc. A director from MOH signed; however, there is no signature from either the Minister of Health or the Minister of Finance.

The proposed eligibility, vaccination schedule and introduction plans are consistent with WHO recommendations.

3. Situation analysis – Status of the National Immunisation Programme

The DPT3 coverage, both administrative and WHO/UNICEF estimate is low; it is around 40% on average for the previous 10 years.

Figure 1. DPT3 coverage by year, Somalia



As a result of insecurity in most parts of the country, data quality is a concern and one third of the target population (about 100,000 children) have no access to immunisation service.

The internal appraisal in July 2014 highlights that “the country did not meet any of its coverage targets in 2013. Targets for all the traditional EPI vaccines were missed, and in some cases, targets were missed by very wide margins (26% vs 80%)”.

Somalia introduced pentavalent vaccine in 2013 and it is being administered in up to 300 MCH centres in the country. The country is divided into three zones, Somali land, Punt Land and the central and southern part of the country including the capital.

Somaliland and Punt Land conducted comprehensive EPI review in 2012 and the major strengths were the cold chain capacity and standard equipment available at all levels.

The recording and reporting system for both vaccines and vaccinated children has been found to be poor. Based on the recommendation of the EPI review the HMIS system was transferred from UNICEF to MOH and tools were standardized, printed and distributed. HMIS units were established in the three zones. Surveillance assessments and reviews were also conducted following the polio outbreak in 2013.

Somalia reported cVDPVs cases annually from 2008 to 2013 and there was a wild poliovirus outbreak in 2013 with 194 cases and 4 cases in 2014. IPV will be introduced nationwide and will be administered at 14 weeks of age with DPT3, it will be administered IM 0.5ml on the right thigh as pentavalent is administered on the left thigh. There is no plan to undertake catch up strategies for older children.

4. Overview of national health documents

The current cMYP is from 2011 to 2015 and does not include IPV, but the introduction plan indicated that a new cMYP will be developed in 2015 for the period of 2016 to 2020 and IPV will be included.

5. Gender and Equity

- The Gender Inequality Index for Somalia is 0.776 (with a maximum of 1 denoting complete inequality), placing Somalia at the fourth highest position globally.

Fragility:

- The country has been in civil strife for over two decades and with weak central government. International organizations and several NGOs have been involved in delivering immunisation service apparently with less than optimum coordination.

Equity issues:

- The proposal states that for most vaccinations, coverage does not vary significantly between boys and girls, even though the proposal also states that coverage for “all” vaccinations shows boys at 14% coverage versus 9% in girls. (MICS 2011)
- Children in urban areas are more likely to be vaccinated compared to their rural counterparts; 40% of urban children received measles vaccination compared to 23% of rural children.

Mitigating strategies:

Capacity building:

- The content of health worker training emphasises the communication of equal treatment for all children irrespective of the gender and the reporting of such discrimination when it occurs. Supervisors are also trained to report and take immediate action, in an event of overt/covert gender discrimination.
- In as much as possible, women are given priority in vaccinator selection during campaigns resulting in a high proportion (75%) of females in campaigns.

Community and Social mobilisation

- Advocacy activities including dialogues, sensitisation meetings and round table discussions are planned to target clan, district, community and religious and local clan leaders as they are the gatekeepers in the community and play important roles in terms of vaccine acceptance, especially in high risk areas.
- As research has shown that the radio is one of the most popular communication channels, specific messages through the local radio in local languages using the clan leaders.

6. Proposed activities, budgets, financial planning and financial sustainability

Somalia has budgeted for the maximum allowable support of US\$ 383,500 based on the birth cohort and the budget includes 7% administrative fee on the sub-total of US\$ 356,655.

Gavi support forms part of a larger budget to cover the operational costs related to IPV introduction to the amount of US\$ 527,855 that is presented as a summary table in the proposal as well as in the cost template. The difference

is covered by WHO/UNICEF support (US\$ 81,200) to support activities under different cost categories and from existing Gavi HSS funding for planning and preparations (US\$ 90,000).

The costs are provided by line items; unit costs are not quite properly outlined (e.g. line item: "Mass media campaign"; unit description: "lumpsum"; unit price: "US\$ 36,000"; multiplier: "1"). The line items are rather detailed and the budgeted costs for training, workshops and material seem reasonable.

The country indicates that the one-time VIG should be transferred to WHO (US\$ 200,415) and UNICEF (US\$ 183,085). The country is not planning to co-finance the vaccine (which is not mandatory).

7. Specific comments related to requested support

New vaccine introduction plan

- The IPV introduction plan has detailed timelines from the preparation of the introduction plan to the submission, conducting micro planning, training, social mobilisation, revising the monitoring tools to the vaccine distribution and launching in October 2015.
- IPV will be administered with DPT3 at 14 weeks, 0.5ml IM and if the children come to HFs later than three months IPV will be given with DPT1.
- Somalia preferred the 10 dose vial IPV with 50% wastage rate because it needs lower storage space than the other products and with the new development of using it for 28 days following open MDVP, the wastage rate could be lower.
- Somalia will introduce IPV nationwide (all three zones) and WHO, UNICEF and more than 40 CSOs and international NGOs will support the introduction financially and technically. The country is not planning to introduce other new vaccines at the same time.
- Somalia planned to achieve 60% IPV coverage in the last quarter of 2015 and 70% in 2016, this plan is from a baseline of 34% administrative and 42% WHO/UNICEF estimate in 2013.
- Somalia does not have a National Regulatory Authority; and there is no requirement as Somalia uses WHO pre-qualified vaccines, procured through UNICEF to be registered in the country.

Vaccine management and cold chain capacity

The cold chain system consists of the Primary Vaccine Store (PVS) in Nairobi, zonal and regional vaccine stores and service deliveries located within the country. The Primary Vaccine Store gets its supplies twice a year. The store further dispatches to all zonal stores twice a year using mainly air transport. Then, regions collect their supplies every three months, from zonal stores. All health facilities collect vaccines and supplies from regional stores on monthly basis. Vaccines and related supplies are transported from the Nairobi Primary vaccine Stores by air; and in country transportation is made using mostly land and to some areas through air.

An EVM assessment was conducted in the first quarter of 2013; and an improvement plan based on the EVM recommendations was developed.

This plan shows no budget for any of the improvement tasks listed, no planned start and finish date for any of the activities, and no completion indicators. No status report on this improvement plan was provided. Thus it cannot be determined whether any of EVM the improvement activities are being implemented to schedule. It has been stated in the application that most of the activities related to recommendations of the EVM improvement plan are covered and the cold chain is one of the strengths. It is suggested that the cold chain is ready to accommodate the IPV 10 dose vial.

There is adequate cold chain capacity in regional and district stores and at health facility level, standardized equipment in place, and good storage temperatures of refrigerators.

At the primary level, in Somaliland and in Punt land, there is adequate vaccine storage capacity. However South Central Zone (SCZ) will need extra cold chain storage capacity of 1,671 litres to fill gaps which will be addressed through the 40 m³ cold room, awaiting installation.

Waste management

Somalia is bundling all vaccines with appropriate auto-disable syringes for injections and safety boxes for disposal of used syringes and vials. Waste management for EPI in Somalia is part of the country-wide health care waste management plan which promotes the use of waste disposal units at district, hospitals and service delivery levels. The current practices indicate that waste disposal is made using either incineration or burn and bury.

Training, Community Sensitisation & Mobilisation Plans

Cascaded training will be conducted from central to peripheral level. Somalia planned to conduct advocacy meetings, dialogues and round table discussions involving clan, religious, and district and community leaders. Social mobilisation efforts will be done targeting professional associations, religious leaders, NGOs, CBOs and other community groups. The structures of other ministries including MOE and MOJ and Religious Affairs will be also used and school children will be used to convey the message to the community.

Monitoring and evaluation plans

- The monitoring tools will be updated to include IPV and the opportunity will be used to include gender disaggregation. Monitoring and supportive supervision will be conducted as part of coverage improvement plan developed in 2013.
- IPV PIE is not included in the introduction plan and there was no PIE for pentavalent vaccine introduced in 2013.
- AEFI monitoring is included in the immunisation policy and all trainings include AEFI detection and monitoring. The existing surveillance system will be used for monitoring AEFI.

8. Country document quality, completeness, consistency and data accuracy

The introduction plan is comprehensive. There is a link of the introduction plan with HSS and \$90,000 HSS money will be used to cover some of the operational costs of IPV introduction.

The last census was in 1975 and the total population projected for 2015 in the cMYP is 10,082,902 and in the IPV proposal it is 11,171,468 (a difference of 1,088,566). The proposal estimated the total surviving infants for year 2015 to be 398,151 and with a coverage target of 60% the number of children to be vaccinated during the last quarter will be 69,676. However, this figure is very high as the 2013 DPT3 coverage was only 42% (WHO/UNICEF estimate) and should be revised.

9. Overview of the proposal

Strengths:

- Comprehensive and good introduction plan including good communication/sensitisation and training plans.
- The joint mission acknowledged that the cold chain system is strong.
- Despite insecurity in many parts of the country immunisation activities are going on in the country.
- The introduction activities are fully funded (VIG, HSS, WHO and UNICEF).
- Strong support from partners. WHO, UNICEF and NGOs have officers in every zone.

Weaknesses:

- No MOH and MOF signature attached to the proposal.
- No linkage of IPV introduction with current polio eradication efforts in the country outlined in the proposal.
- The application does not adequately address strategies to address the unique challenges of reaching nomadic populations.
- The three zones have their own MOHs and do not synchronize activities and this will duplicate efforts and need more resource e.g three launching ceremonies.
- Planned immunisation coverage targets never achieved in the previous years and may not be achieved in the coming years.
- Poor immunisation data quality
- HSS implementation has been delayed.
- Pentavalent vaccine post introduction evaluation not conducted.

Risks:

- With the current security situation and about one third of the target population without access to immunisation services, it will take a longer time for IPV to have high coverage and have impact on the polio situation in the country.
- Conflict intensifies and makes larger portions of the country inaccessible.

Mitigating strategies:

- Negotiation with all parties to have access to all areas and vaccinate all children at least two to three times per year.

10. Conclusions and summary of key findings:

Somalia is a priority country for polio eradication (tier 1) with low routine immunisation coverage, repeated outbreaks of WPVs and cVDPVs and exported WPVs to a number of countries in the region repeatedly. Somalia has received Gavi HSS and ISS supports before and has introduced pentavalent vaccine in 2013.

This proposal acknowledges the severe challenges in basic functioning of the health system, including such critical areas as documentation, data utilization, and health worker pay, training and support. The introduction of IPV may strengthen partnership and boost the routine immunisation coverage and does offer some possibility of better controlling ongoing cVDPV circulation.

11. Recommendations

Approval with recommendations

Recommendations for the Gavi secretariat:

- Discuss with partners (WHO and UNICEF) on the IPV coverage targets and adjust vaccine doses allocation as previous years targets were not achieved.
- Review the 2014 EVM Improvement plan.

Recommendations for Somalia government and local partners:

- Encourage the three zonal MOHs to use the opportunity of IPV introduction and meet regularly, exchange information and plan together.
- Indicate how the polio eradication resources (human and material) are being used to support the IPV introduction and other routine immunisation strengthening activities.
- Emphasize routine immunisation micro planning and support zonal authorities as much as possible given the limited authority of federal ministry of health.
- In consultation with WHO and UNICEF and CSOs in the country, develop a strategy to locate and access nomadic populations. Strategies could include spreading information and dates and times of immunisation outreach activities through traditional communication channels, combining outreach with food distributions and stronger linkages with traditional and religious leaders among the nomadic populations.
- Conduct pentavalent vaccine post introduction evaluation (PIE) as soon as possible and use the findings during the micro planning for IPV introduction.
- Provide status of EVM Improvement Plan.

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.