

CAMBODIA MEASLES VACCINE SUPPORT
This Decision Letter sets out the Programme Terms of a Programme

1. Country: Cambodia			
2. Grant Number: 1215-KHM-09a-X			
3. Date of Decision Letter: 24 September 2014			
4. Date of the Partnership Framework Agreement: 06 November 2013			
5. Programme Title: NVS, Measles second dose Routine			
6. Vaccine type: Measles			
7. Requested product presentation and formulation of vaccine: Measles, 10 dose(s) per vial, LYOPHILISED			
8. Programme Duration¹: 2012 - 2015			
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):			
	2012-2014	2015	Total ²
Programme Budget (US\$)	US\$725,500 ³	US\$0	US\$725,500
10. Vaccine Introduction Grant: Not Applicable			

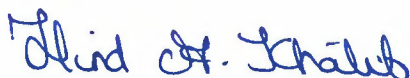
¹ This is the entire duration of the programme.

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 consolidated amount for all previous years.

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	2012-2014	2015
Number of Measles vaccines doses		
Number of AD syringes		
Number of re-constitution syringes		
Number of safety boxes		
Annual Amounts (US\$)	US\$725,500 ⁵	US\$0
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: Not applicable.		
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 or equivalent	To be agreed with Gavi Secretariat	
17. Financial Clarifications: Not applicable.		
18. Other conditions: Not applicable.		

Signed by,



On behalf of the Gavi Alliance
Hind Khatib-Othman
Managing Director, Country Programmes
24 September 2014

⁴ This is the amount that GAVI has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently.

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