GAVI/13/757/ap/at

Dr. Nafsiah Mboi, SpA, MPH
Minister, Health Ministry of Indonesia
Jl H.R.Rasuna Said Blok X.5 Kav. 4-9
Blok A, 2ndFloor,
Jakarta, Indonesia,

13 December 2013

Dear Minister,

Annual Progress Report submitted by Indonesia

I am writing in relation to Indonesia's Annual Progress Report (APR) which was submitted to the GAVI Secretariat in June 2013.

Following a meeting of the GAVI Independent Review Committee (IRC) from 7-22 November 2013 to consider your APR, I am pleased to inform you that the GAVI Alliance has approved with clarifications Indonesia for GAVI support as specified in the Appendices to this letter. We have since received your response to these clarifications, that were deemed satisfactory. Consequently, I am pleased to inform you that the GAVI Alliance approved Indonesia for Pentavalent support as specified in the Appendices to this letter.

Indonesia received a Partnership Framework Agreement in March 2013. To date, we have not received the signatures of the Ministry of Health and Ministry of Finance on the Partnership Framework Agreement. Please be advised that the GAVI Alliance will no longer disburse subsequent tranches of HSS funds until the Partnership Framework Agreement has been signed between the GAVI Alliance and Indonesia.

The Appendices includes the following important information:
Appendix A: Description of approved GAVI support to Indonesia
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 same appendices are also used in the Partnership Framework Agreement (PFA) – a new simplified arrangement that we are working to agree with your colleagues – that will replace this 'decision letter' format.

The following table summarises the outcome for each type of GAVI support for Indonesia:

Type of support	Appendix	Approved for 2014
Pentavalent vaccine	B	US$23,931,500

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The disbursement of the approved funds will be calculated considering the new programme indicative Budget (submitted by the country and recommended by the IRC) and the disbursements already effected by GAVI to the Programme. The 2013 approval amount has been reduced from US$ 10,024,000 to US$ 6,546,000 based on the actual utilization of the funds during 2013. The total amount approved under the new indicative Programme Budget for 2013 and 2014 adds up to US$30,477,500. From this figure has been deducted the US$10,024,000 already disbursed in 2013. Consequently, GAVI secretariat will process a disbursement request of US$20,453,500. See the table below for further details.

	2013	2014	Total
Disbursement already effected	US$10,024,000		
Indicative programme budget	US$6,546,000	US$23,931,500	US$30,477,500
Less disbursement effected			US$10,024,000
New disbursement in 2013 and 2014			US$20,453,500

Please do not hesitate to contact my colleague Andrew Thomson at athomson@gavialliance.org if you have any questions or concerns.

Yours sincerely,

Hind A. Khatib

Hind Khatib-Othman
Managing Director, Country Programmes

cc: The Minister of Finance
The Director of Medical Services
Director Planning Unit, MoH
The EPI Manager
WHO Country Representative
UNICEF Country Representative
Regional Working Group
WHO HQ
UNICEF Programme Division
UNICEF Supply Division
The World Bank

Appendix A

Description of GAVI support to *Indonesia* (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.

Appendix B

Indonesia VACCINE SUPPORT

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

1. **Country:** Indonesia
2. **Grant Number:** 1314-IDN-04d-Y / 1516-IDN-04d-Y
3. **Date of Decision Letter:** 13 December 2013
4. **Date of the Partnership Framework Agreement:** Not applicable
5. **Programme Title:** New Vaccine Support
6. **Vaccine type:** Pentavalent
7. **Requested product presentation and formulation of vaccine:** Not applicable
8. **Programme Duration**[1]**:** 2013 -2016
9. **Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):**

	2013	2014	2015	2016	Total[2]
Programme Budget (US$)	US$6,546,000	US$23,931,500	US$13,843,500	US$6,855,500	US$51,176,500

10. **Vaccine Introduction Grant:** Not applicable.
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	2014
Number of Pentavalent vaccines doses	3,668,100	13,415,500
Number of AD syringes	3,263,400	11,800,000
Number of safety boxes	36,225	131,000
Annual Amounts (US$)	US$6,546,000	US$23,931,500

12. **Procurement agency:** Not Applicable
13. **Self-procurement:** Self-procurement applies to co-financed portion and GAVI funds

[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.

14. Co-financing obligations: Reference code: 1314-IDN-04d-Y-C - 1516-IDN-04d-Y-C, according to the Co-Financing Policy, the Country falls within the Graduating 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 urchased with Country funds in each year	2013	2014	2015	2016
Number of vaccine doses	917,100	6,607,700	11,655,300	15,394,200
Number of AD syringes	815,900			
Number of safety boxes	9,075			
Value of vaccine doses (US$)	US$1,587,343			
Total Co-Financing Payments (US$) (including freight)	US$1,636,500	US$11,787,500	US$20,765,500	US$27,420,500

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 (APR) 2013	15 May 2014

17. Financial Clarifications: Not applicable

18. Other conditions: Not applicable

Signed by,
On behalf of the GAVI Alliance

Hind M. Khatib

Hind Khatib-Othman
Managing Director, Country Programmes
13 December 2013

Appendix C

NEW PROPOSALS IRC COUNTRY REPORT
GAVI Secretariat, Geneva, 7 – 22 November 2013
Country: Indonesia

1. Type of support requested

Type of support requested	Planned start date *(Month, Year)*	Duration of support	Vaccine presentation(s) *(1st and 2nd choice, if applicable)*
Pentavalent (Accelerated Introduction Proposal)	2013	2013-2016	DTP-HepB-Hib, 10 doses/vial, Liquid

2. Background

Indonesia originally applied for NVS co-funding in May 2011 to support introduction of locally-manufactured Hib vaccine. The national EPI was already using locally-manufactured DPT-HepB (Tetra) vaccine, and wanted to convert to pentavalent by adding the Hib component. BioFarma, the local vaccine manufacturer, was developing a Hib vaccine, and was aiming to bring it to market in combination with its existing Tetra vaccine. Licencing of the pentavalent vaccine 'PentaBio' was completed in June 2013.

Indonesia's NVS application was given 'Approval with Conditions' by the IRC in July 2011, revised and given 'Approval with Clarifications' in February 2012, and finally given 'Approval' in May 2012. Outstanding TAP issues on previous GAVI cash grants to Indonesia were also cleared by the country during this period.

3. Situation analysis

The application form submitted in May 2011 was intended to cover the period 2013-2016, but because the cMYP only covered the period up to 2014, the data tables were completed for the first two years only, i.e., for 2013 and 2014. When completing the application form, the country and GAVI Secretariat had calculated the co-funding amounts for the pentavalent vaccine and figures for GAVI and Government contributions in 2013 and 2014 are detailed below (Table 1):

	2013	**2014**	**2015**	**2016**	**Totals (US$)**
GAVI	9,321,000	13,367,000			**22,688,000**

funds					
IDN funds	1,810,000	9,377,500			**11,187,500**
Totals	**11,131,000**	**22,744,500**			**33,875,500**

Table 1: Calculated co-financing for Penta vaccine, 2013-2014

As the country correctly states, a specific tailor made co-financing table was needed to take into account the phased introduction, since the GAVI portal cannot deal with this complexity and does not correctly allow for province-wise phasing-in of the vaccine.

The country considered that the rate of phasing-in planned (i.e., four provinces in year 1, adding a further 10 provinces in year 2, and adding the final 19 provinces in year 3) would lead to very uneven rate of government funding, and in collaboration with the GAVI co-financing team, proposed to GAVI the alternative scheme shown in Table 2:

	2013	**2014**	**2015**	**2016**	**Totals**
GAVI funds	9,211,500	12,722,500	21,403,500	7,832,500	**51,170,000**
Govt. funds	1,919,500	9,971,500	19,842,500	28,392,000	**60,125,500**
Totals	**11,131,000**	**22,694,000**	**41,246,000**	**36,224,500**	**111,295,500**

Table 2: Proposed co-financing for Penta vaccine, 2013-2016, Indonesia

The co-financing amounts eventually approved by the GAVI Board (and now available from the Secretariat) were further revised as per Table 3:

	2013	**2014**	**2015**	**2016**	**Totals**
GAVI funds	10,024,000	13,946,000			**23,970.000**
Govt funds	2,088,500	10,888,000			**12,976,500**
Totals	**12,112,500**	**24,834,000**			**36,946,500**

Table 3: Co-financing as Agreed by GAVI board, 2013-2016, Indonesia

4. Accelerated Pentavalent Introduction

Based on this WHO position on Hib vaccines and a recommendation from the Indonesian Technical Advisory Group (ITAG), the MoH decided to include the Hib antigen in the national immunisation schedule via a combined pentavalent (DPT-HepB-Hib) in a 5 dose vial. The vaccine was registered by the National Regulatory Authority (NRA) in June 2013, and launched by the Minister of Health in August 2013. The pentavalent vaccine was initially introduced into four provinces - West Java, DI Jogyakarta, Bali and West Nusa Tenggara - and under the original NVS proposal, was to

have been phased into the remaining 29 provinces over the period 2014 – 2016.

In early 2013, the MoH, in discussions with GAVI Secretariat and the WHO country office, had considered the possibility of a faster rate of vaccine introduction compared to the original plan and ultimately decided that this would be possible. BioFarma was able to revise its production schedule, and advised MOH that it could deliver the required amounts of vaccine in line with the new requirement. Therefore, a proposed acceleration strategy was developed under which the pentavalent could be phased into all 29 other provinces in the country during 2014, rather than being spread over a two-year period as originally planned. The new phasing proposed was to introduce the vaccine into four provinces in July 2013, into another 10 provinces in early 2014 for the start of immunisation in February 2014, and then into the remaining 19 provinces during April and May 2014. According to this timetable, pentavalent would be introduced nationwide in a period of just 18 months, compared to the four years that was needed to phase in the tetravalent (DPT-HepB) vaccine in 2004. This meant that around 2 million infants would gain access to the vaccine much earlier that would have been possible under the original strategy. The updated co-financing implications of the accelerated introduction were subsequently endorsed by the ICC and confirmed by meeting minutes dated 29 October 2013.

The impact of the various alternative strategies is shown graphically in Figure 1, and it will be noted that the proposed accelerated rate of pentavalent introduction will result in a much faster rate of funding provided initially, but thereafter, funding levels remain virtually constant for the remainder of the support period to 2016. The original strategy as proposed in the NVS application of May 2011 involved slower rates of vaccine introduction, and hence slower changes in funding levels.

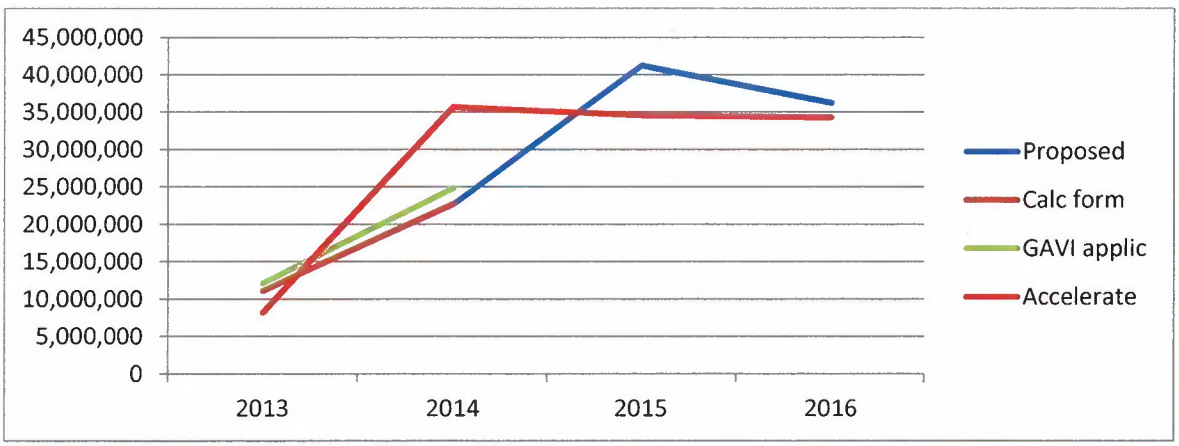

Figure 1: Impact of Different Co-financing Strategies

5. Overview of National Health Documents

None of the usual materials such as the cMYP, a Strategic Health Plan, a New Vaccines Introduction Plan, or other national health documents were provided with this application to IRC because this application for NVS support had already been approved by GAVI, and this proposal was only for an acceleration of vaccine introduction and a change in the schedule of funding. The total funding amounts remain unchanged as already approved by GAVI in May 2012.

Routine immunisation coverage data as reported by MoH to WHO and published on the WHO website is shown in Table 4.

	2012	2011	2010	2009	2008	2007	2006	2000	1990	1980
BCG	89	97	97	93	89	92	93	87	94	61
DTP1	88	93	94	89	86	93	93	87	-	-
DTP3	73	83	83	82	77	88	87	77	88	-
OPV3	78	92	93	89	91	84	84	74	89	
HB0	80	80	75	68	52	83	41	55	-	-
HB3	73	83	83	82	78	84	72	65	-	-
Measles	84	89	89	82	83	88	88	73	85	-

Table 4: Nationally Reported Immunisation Coverage, Indonesia

The corresponding WHO/UNICEF estimated coverage data for the same period is shown in Table 5, and it will be noted that there are significant differences between the two sets of data for all antigens and for all years.

	2012	2011	2010	2009	2008	2007	2006	2000	1990	1980
BCG	81	82	82	78	77	84	88	80	74	61
DTP1	91	86	87	82	79	86	86	85	82	-
DTP3	64	63	63	62	58	72	72	71	60	-
OPV3	69	70	71	67	75	72	78	75	60	_
HB0										
HB3	64	63	63	62	62	74	66	65	_	_
Measles	80	89	89	82	80	82	79	74	58	_

Table 5: WHO-UNICEF Estimated Immunisation Coverage, Indonesia

6. Gender and Equity

Indonesia is a huge, scattered archipelago spread over three time-zones, with around 17,000 islands, some 8,000 of which are inhabited. Among these, there are many very remote and hard-to-reach areas, and equity issues are a serious concern. There is much awareness of the need to address the issue however, and a special programme has been established within MOH to provide support for *'dis-advantaged areas, borders and the outer-most islands'.*

In addition to this equity initiative, a number of large and influential NGOs and FBOs focus attention on the gender aspects of health services, and these include: (a) 'Aisyiyah (faith-based women's organisation) - after Muhammadiyah (b) Muslimat NU Muslimat Nahdatul Ulama - (faith-based women's organisation) (c) PKK *Pemberdayaan Kesejahteran Keluarga* - Family Welfare Movement (national organisation of government officials' wives). The latter is highly active in family health issues and especially in supporting immunisation and women and child health programmes at sub-national levels. For equity, a key government/MOH programme is DTPK *Daerah Tertinggal, Perbatasan dan Kepulauan Terluar* 'programme for dis-advantaged areas, borders and the outer-most islands'

Very little information is provided in this application related to gender and other equity issues, but none of the usual materials that might have contained such data were provided. No sex disaggregated data is collected on routine immunisation but, in the under 23 month age group, there is little difference in vaccine coverage.

There is also little information on underperforming islands and districts and on strategies for reaching underserved populations, especially cultural minorities. Indonesia is not regarded as a child marriage "hot spot" and there is no analysis on whether the practice of early marriage (particularly in outlying regions) and the consequent removal of girls from school has any impact on the ability of caretakers and mothers to take their children for vaccination.
Nor is there detailed information on the access to, and uptake of, immunisation services by urban and rural area or by wealth quintile, and it is unclear whether such data is available.

7. Specific comments related to requested support

Cold Chain Improvement Plan

An EVM assessment was conducted in 2011 and in response to its findings, the country intends to replace some cold chain equipment at health centre and provincial levels over a period of three years. The EVM Improvement plan that was developed from the assessment details 11 high priority recommendations out of the total 24 recommendations, but it is unclear whether all or any of these have been implemented. The country switched from 10 dose vials for DTP to 5 dose vials for tetravalent (which are the same as those used for pentavalent) starting in 2004. The country has adapted its cold chain to accommodate this switch during the introduction of tetravalent over the period 2004 – 2008. Indonesia should provide an update on the status of the 11 high priority recommendations detailed in the EVM improvement plan.

8. Overview of the proposal

Strengths: A compelling case is made by the country for the rescheduling of disbursements from GAVI. The pentavalent accelerated introduction plan endorsed by the ICC provides sufficient rationale and justification for the request. The country has committed to the necessary co-financing obligations and has completed the licencing process to ensure that the vaccine can be manufactured and utilised at country level.

Weaknesses: No documentation or information is provided by the country to ascertain moves towards improvement on data quality, immunisation coverage and cold chain issues at national level. There is also no documentation provided from BioFarma that explains the faster rate of vaccine production that was recently advised to MoH and delivery arrangements that will be needed for this accelerated introduction. It is also not mentioned whether any additional inputs are required to enable this scale-up to be implemented.

Risks: Possible delays in the internal tendering and procurement procedures between MoH and the parastatal manufacturer Biofarma. Programme delivery depends on these processes been smooth, transparent and efficient at national level. Possible delays in the planned scale-up of vaccine production.

Mitigating strategies: Close monitoring by GAVI Alliance in-country partners.

9. Recommendations

Recommendation: **Approval with Clarifications**

Clarifications:

1. Indonesia should provide a comprehensive plan showing that the proposed pentavalent introduction strategy is realistic within the timeframe provided. This should include a detailed action plan and budget for all introduction preparatory activities with particular reference to training and IEC materials for the Hib antigen.

2. The country should provide an update on the status of the cold chain improvement plan that was developed following the 2011 EVM assessment.

Note: Although not part of this proposal, the country should provide evidence that data quality and immunisation coverage improvement plans have been introduced, and details should be included in the Annual Report for 2013 and be reflected in possible HSS programming.

Appendix D

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.