GAVI/13/201/MK/RK

The Minister of Public Health
Ministry of Public Health
Vientiane
Lao PDR

11 April 2013

Dear Minister,

Lao PDR's Proposal to the GAVI Alliance

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

I am pleased to inform you that following the recommendations of the Independent Review Committee (IRC), Lao PDR has been approved by the DCEO on 27th March 2013 for GAVI support as specified in the Appendices to this letter.

For your information, this document contains the following important attachments:
Appendix A: Description of approved GAVI support to Lao PDR
Appendix B: Financial and programmatic information for Measles-Rubella Vaccine Introduction Grant
Appendix C: A summary of the IRC Report
Appendix D: The terms and conditions of GAVI Alliance support

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

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

New Vaccines Support *Type of vaccine*	**Approved for the first year**
Measles Rubella Vaccine Introduction Grant	US$ 150,000

GAVI Alliance
2 chemin des Mines
1202 Geneva
Switzerland
Tel. +41 22 909 6500
Fax +41 22 909 6555
www.gavialliance.org
info@gavialliance.org

Please do not hesitate to contact my colleague Raj Kumar - rajkumar@gavialliance.org if you have any questions or concerns.

Yours sincerely,

Hind Khatib-Othman
Managing Director, Country Programmes

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

Appendix A

Description of GAVI support to *Lao PDR* (the "Country")

New Vaccines Support (NVS)

The GAVI Alliance has approved the Country's request as set out in Appendix B. Financing provided by GAVI for vaccines will be in accordance with:

- The GAVI Alliance Guidelines governing Lao PDR's proposal application; and
- The final proposal as approved by the IRC, including any subsequent clarifications.

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 in 2013

Any required taxes, customs, toll or other duties imposed on the importation of vaccines and related supplies cannot be paid for using GAVI funding.

GAVI is not responsible for any liability that may arise in connection with the distribution or use of vaccines and related supplies after title to such vaccines and related supplies has passed to the country, excluding liability for any defect in vaccines and related supplies, which remain the responsibility of the applicable manufacturer.

GAVI support will only be provided if the Country complies with the following requirements:

Transparency and Accountability Policy(TAP): Compliance with any TAP requirements pursuant to the GAVI TAP Policy and the requirements under any Aide Memoire concluded between GAVI and the country.

Financial Statements & External Audits: Compliance with the then-current GAVI requirements relating to financial statements and external audits.

Grant Terms and Conditions: Compliance with GAVI's standard grant terms and conditions (attached in Appendix D).

Monitoring and Annual Progress Reports: Lao PDR's use of financial support for the introduction of new vaccinations with Measles-Rubella vaccine is subject to strict performance monitoring. The GAVI Alliance uses country systems for monitoring and auditing performance as well as other data sources including WHO/UNICEF immunization coverage estimates. As part of this process, National Authorities will be requested to monitor and report on the numbers of children immunised and the delivery of funds to co-finance the vaccine.

Lao PDR will report on the achievements and request support for the following year in the Annual Progress Report (APR). The APR must contain information on the number of children reported to have been vaccinated with DTP3 and 3 doses of pentavalent vaccine by age 12 months, based on district monthly reports reviewed by the ICC, and as reported to WHO and

UNICEF in the annual Joint Reporting Form (JRF). The APRs will also contain information on country's compliance with the co-financing arrangements outlined in this letter. APRs endorsed by the ICC, should be sent to the GAVI Secretariat no later than 15 May every year Continued funding beyond what is being approved in this letter is conditional upon receipt of satisfactory Annual Progress Reports and availability of funds.

Appendix B

Measles-Rubella VACCINE SUPPORT

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

1. **Country:** Lao PDR
2. **Grant Number:** 13-LAO-08e-Y
3. **Decision Letter no:** 2
4. **Date of the Partnership Framework Agreement:** N/A
5. **Programme Title:** New Vaccine Support (NVS)
6. **Vaccine type:** Measles-Rubella
7. **Requested product presentation and formulation of vaccine:** N/A
8. **Programme Duration**[1]**:** 2013
9. **Programme Budget (indicative): (subject to the terms of the Partnership Framework Agreement)**

	2013	2014	2015	2016	Total[2]
Programme Budget (US$)	N/A	N/A	N/A	N/A	N/A

10. **Vaccine Introduction Grant:** US$ 150,000 payable up to 6 months before the introduction.
11. **Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):**[3]

Type of supplies to be purchased with GAVI funds in each year	2013
Number of Measles-Rubella vaccines doses	N/A
Number of AD syringes	N/A
Number of re-constitution syringes	N/A
Number of safety boxes	N/A
Annual Amounts (US$)	N/A

12. **Procurement agency:** Not applicable.
13. **Self-procurement:** Not applicable.

[1] This is the entire duration of the programme.
[2] This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.
[3] This is the amount that GAVI has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently. *Ceci est le montant approuvé par GAVI. Prière de modifier les montants annuels indicatifs des années précédentes si cela change ultérieurement*

14. Co-financing obligations: Not applicable

15. Operational support for campaigns: Not applicable

	2013
Grant amount (US$)	N/A

16. Additional documents to be delivered for future disbursements: Not applicable

Reports, documents and other deliverables	Due dates
N/A	N/A

17. Clarifications: N/A

18. Other conditions: Not applicable

Signed by
On behalf of the GAVI Alliance

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

IRC NVS Country Report

Country: Lao PDR
Type of support requested: NVS
Vaccines requested: Measles Rubella Vaccine Introduction Grant
Reviewed: Geneva, 8th – 19th October 2012

Country Profile/Basic Data

Population (GAVI-2012) Population (MOH-2012)	6,373,934 6,534,405
Birth cohort (GAVI-2012) Birth cohort (MOH-2012)	139,845 182,981
Surviving infants (GAVI 2012) Surviving Infants (MOH-2012)	134,641 173,105
DTP3 coverage* WHO/UNICEF Estimate (2011) JRF Country Estimate (2009) JRF Administrative (2011)	 78% 67% 78%

Infant mortality rate (GAVI-2012)	37.21/1000
Country Co-Financing	Intermediate
GNI/capita (2011)	$1130
Government Health Expenditure as % of Total Expenditure (2010)	5.9%
Total Health expenditure as % GDP (2010)	4.5%

*Note: > 5 years since nationally representative household survey – coverage survey is being planned for 2013.
Source: GAVI Country Hub Data, JRF forms, WHO, World Bank, Country Application

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

Lao PDR is requesting a vaccine introduction grant (VIG) amounting to US$ 147,000 to support a nationwide introduction of MR vaccine (10 dose/vial lyophilized) into the routine schedule in 2013.

2. History of GAVI support

Table 1. NVS and INS Support

NVS and INS support	Approval Period
DTP+Hep B	2002-2009
Hep B mono	2006-2010
Penta	2009-2015
PCV	2013-2015
INS	2002-2004

Table 2. Cash Support

Cash support	Approval Period
ISS	2002-2012
HSS	2010-2010

3. Composition & Functioning of the ICC

Lao PDR has an ICC/HSCC, referred to as the Health Planning and Financing Technical Working Group, which met nine times in 2011 and includes representation from the government, WHO, UNICEF, Lux Development, UNFPA, JICA and CSOs (Save the Children, Lao Red Cross, CESVI, CARE, World Concern and Lao Women's Union). Lao also has an immunization technical working group (TWG) that meets 3-4 times a year and includes representation from the NIP, other government departments, UNICEF and WHO. The minutes attached to the application that endorse the proposal appear to be from a TWG meeting held on August 30, 2012. In addition to endorsement of the GAVI proposal, updates on PCV availability, discussions on first and second choice PCV presentation selection, and debriefs from the WPRO TAG meetings were discussed.

The application also mentions an ICC/HSCC meeting held on September 7, 2012 to endorse the proposal, but no minutes have been provided for this meeting. A NITAG has not been established as of yet, but the cMYP indicates a goal for implementing a NITAG in 2013. The NIP Manager prepared the GAVI application, with technical assistance from WHO. Signatures from the Minister of Health, Minister of Finance, WHO, UNICEF, and Lux Development were provided in support of the application. Signatures from the remaining members of the ICC or TWG were not provided.

4. Status of the National Immunization Programme

a) Overview

The Lao PDR NIP was initiated in 1979 as a pilot project delivering the six traditional vaccines, gradually extending to all provinces by 1989. GAVI supported the introduction of Hepatitis B vaccine in 2002 through use of a quadrivalent vaccine (DTP-HepB) vaccine, followed by *Hib* vaccine introduction in 2009 in a pentavalent vaccine. Monovalent Hepatitis B birth dose was piloted in 2004 and since 2007 is being given in three central hospitals and two provincial hospitals. The joint UNICEF/WHO/UNFPA initiative for maternal and neonatal tetanus elimination (MNTE) has been introduced in all provinces, and Vitamin A supplementation and de-worming services were added to the routine immunization program in 2005.

GAVI approval for PCV was obtained in 2012 and introduction is tentatively planned for 2013 depending on global supply constraints. Discussions are being held with respect to introduction with a PCV13 (1st preference) vs. PCV10 (2nd preference) product. Concerns were flagged in the 2012 Lao PDR Monitoring IRC Report regarding the readiness for introduction of PCV in 2013 due primarily to concerns with the cold chain and financial commitment. In addition to the current proposal for routine MR introduction, future vaccine introduction planned include MCV2 introduction at school entry in 2015 and introduction of JE vaccine in provinces where there is epidemiologic justification.

The NIP is heavily dependent on donor support; the government does not fund traditional vaccines and injection supplies. A major obstacle for the NIP is the almost exclusive reliance on the delivery of immunization services through outreach and mobile teams at periodic intervals throughout the year. Service utilization at "fixed" health centers remains very low, with only 5% of the population seeking services at this level, and therefore there is an almost complete absence of routine vaccination services at these fixed sites.

The UNICEF/WHO MCV routine coverage estimate for 2011 was 69%, a substantial increase from the 43% coverage estimate in 2005. Administrative coverage achieved during the MR campaign in 2011 (97%) and the previous measles SIA in 2007 (96%) is greater than the 90% administrative coverage requirement in the GAVI application. The application acknowledges that stronger efforts are needed to increase routine coverage for MCV. Activities being implemented to accomplish this include a reach every village approach in remote areas, and increasing routine outreach to six times a year instead of the current four times a year.

The key lessons learned from the MR campaign included in the application were concerns with injection safety, cold chain and logistics, and inadequate hands-on training. Actions identified to address these issues included, training activities on injection safety, creating an EVM improvement plan, procuring fridge tags, improvements to the vaccine distribution system, training on vaccine management and increased competency based training on immunization. An EPI review was also conducted in May 2012. Some key recommendations included increasing government funding contribution to EPI activities, developing new IEC materials to reach the underserved, maintaining high quality cold chain and distribution services and applying innovative delivery strategies such as the reach every village approach.

b) Gender & Equity Issues

The country does not routinely report sex-disaggregated data on immunization. Gender and equity issues have been mentioned in the proposal and in the cMYP but not further addressed as part of the application. The proposal states that 'both boys and girls receive immunization in the same way if this service is offered to the community' but does not give any information about immunization rates among males and females. It is also stated that during the last EPI review conducted in the country, barriers were found 'in certain ethnic minorities', especially among migrant workers from neighboring countries. The migrant families, if they are illegal, tend to refuse vaccination or other health services because of the fear of being discovered and the lack of trust in the local government. Also many do not speak the local language.

In the cMYP it is mentioned that challenges to deliver immunization and other health services include the difficult mountainous terrain, scattered highly diverse populations with different ethnic groups, many different languages and extreme poverty. The cMYP goes on to say that coverage performance in the Northern provinces remains poorer than in the central and the southern provinces. Even within better-performing provinces, pockets of poorly performing rural and even urban districts have been noted. Internal migration is noted to be a particular problem. 'This indicates fundamental problems with inequity of access to immunization services. This is reinforced by the fact that the percentage of districts with coverage for DPT3 of > 85% is 28.7% in 2010.'

5. Comprehensive Multi Year Plan (cMYP) overview

The cMYP (2012-2015) is in line with the implementation period for the application, however, it does not include the findings from the MR campaign conducted in 2011 and the introduction plan for MR into the routine schedule. The application indicates a timeline of September 2012 for updating the cMYP. The cMYP does include the intent to conduct a MR campaign in 2011 and the goal to introduce routine rubella vaccination in 2012/2013, along with a costing analysis for its introduction.

The cMYP provides an appropriate situation analysis of the status of the NIP. The document is aligned with the 7th National Health Sector Development Plan 2011-2015 with respect to timing and goals for maternal and infant mortality reduction. The cMYP is also aligned with the Strategy and Planning Framework for the Integrated Package of Maternal and Neonatal and Child Health Services 2009-2015. The cMYP does discuss synergies between different immunization campaigns, such as use of MR vaccine for any future measles SIA activities and provision of OPV during the MR campaign in 2011.

6. New Vaccine Introduction Plan (Plan of Action)

An MR catch-up campaign targeting those between 9 months and 19 years was successfully carried out from Nov-Dec 2011, achieving 97% coverage (administrative). The MR vaccine was made available through a donation from SII and UNF, and the Lao PDR government provided the operational funds for the campaign. Orientation and training on the MR vaccine was conducted

nationwide during the campaign preparation stage from August-October 2011. In addition to MR vaccine, the campaign delivered OPV (0-59 months), vitamin A (6-59 months) and de-worming (12-59 months).

Before conducting the MR campaign, a seroprevalence survey of 784 women between 15-35 years found high susceptibility to rubella infection in all age groups, but highest in the 15-19 year old group at 35.5%. In addition, surveillance data reveals sporadic rubella cases, and outbreaks have increased in recent years - at the time of submitting the application, 75 rubella cases had already been confirmed for 2012. No information was provided on CRS burden.

The country plans to introduce MR vaccine nationwide into the routine immunization schedule in 2013. MR will be given at 9 months of age in place of the single antigen measles vaccine. UNICEF has provided the funding for purchase of the MR vaccine and the vaccine has been procured through the UNICEF supply division. The evidence provided for introduction of RCV in the country's routine schedule consisted of a commercial invoice for MR vaccine from May 2012 indicating UNICEF supply division as the buyer, and a vaccine arrival report. A national plan for introduction of MR vaccine into the EPI (2012-2015) was provided that includes activities related to the following areas: preparatory activities; training, IEC; improvement of safe injection activities; surveillance & monitoring; transport and logistics; human resources; and general administration.

The application indicates plans for a follow-up MR campaign in 2014 or 2015 to bolster rubella coverage and provide a second dose opportunity for measles. Details on the follow-up campaign are not provided in the application and this activity is not included in the introduction plan or the cMYP (i.e. inclusion of adolescent girls/women of child bearing age, etc). The combination of routine immunization services and SIAs has been a successful approach in Lao PDR; there has been a considerable decrease in the number of confirmed measles cases in recent years. The planned SIA provides greater confidence that the necessary high coverage for MR vaccine will be maintained, since routine coverage for MCV has been significantly below 80% over the last five years.

Measles and Rubella surveillance systems were implemented in 2007, but the cMYP indicates that these systems still need substantial strengthening as Lao enters the measles elimination phase. All specimens collected from acute fever and rash cases are tested for both measles and rubella IgM. Lao PDR does not have a routine CRS surveillance system but plans to conduct a CRS retrospective study in 2013 to assess the incidence of CRS by looking at medical records in selected medical facilities where CRS cases would have been most likely to receive treatment. In addition to this, the MR introduction plan indicates that an assessment of the impact of MR vaccine on disease burden will be conducted in 2015 through a seroprevalence study, in line with WHO recommendations. This will be very useful for monitoring changes in age specific or sex specific prevalence to inform any necessary changes to the MR immunization strategy. Finally, the 2011 APR indicates that the country has a vaccine pharmacovigilance program, including a national AEFI expert review committee and an institutional development plan for vaccine safety, though no details on the system were provided.

7. Improvement Plan

An EVM was conducted in October 2010 for the four levels of the cold chain system. Central level assessment score was strong in criteria E3 (storage capacity) and E4 (buildings, equipment and transport). Provincial level assessment score was strong in criteria E2 (temperature monitoring). District level assessment score was strong in criteria E2 (temperature monitoring). Health centre level assessment score was about 60% in criteria E2 (temperature monitoring), E3 (storage capacity and E8 (vaccine management)

Strengths and weaknesses were identified by the EVM assessment. This was followed by an improvement plan to address the following weaknesses at all levels of the cold chain system namely:

a) vaccine storage capacity at all levels; b) vaccine distribution plan; c) standard operating procedures for emergencies, power or equipment failure and delays in shipments; d) training of health staff on shake test, VVM and other cold chain quality monitoring tool; e) maintenance structure and network; f) continuous temperature monitoring for central cold rooms and vaccine transport; g) system of reporting and repair of malfunctioning cold chain equipment; h) vaccine and logistic transport plan; and i) inventory of cold chain equipment. The majority of weaknesses were addressed, as indicated in the implementation status report. However, there was no report for the cold chain equipment inventory and vaccine storage capacity assessment that was mentioned to be implemented in the proposal.

8. Cold Chain Capacity

During the EVM assessment, the cold chain capacity was assessed at major centers that stock vaccines and was found to be sufficient. However, with the introduction of new vaccines such as PCV, Rota and JE, the vaccine storage capacity has to be increased. Introduction of MR vaccine will have no impact on the existing storage capacity at all levels as it was already introduced in the country during the national catch up campaign.

The vaccine storage capacity at the central level was estimated to be 18 m^3 (cMYP 2012-2015). Traditional vaccines storage capacity requirement, which include MCV, BCG, HepB, Penta, and TT, was estimated to be 6.7 m^3. Vaccine storage requirement for MR in 2013 at 1.2 WF and target population of 2,771,179 is around 8 m^3 (excluding diluents). More vaccine storage space will be required at the health facility level, as the diluent has to be refrigerated prior to administration of vaccines. More vaccine storage capacity is definitely required when PCV and Rota are introduced.

9. Financial Analysis

The country has made a request for a Measles and Rubella (MR) introduction grant of US$ 147,000. Laos will integrate MR in the routine program in 2013. The proposed GAVI grant is dominated by vehicle purchase (32%), training (34%) and human resources (12%). Most budget items have been included in the proposal. For example:

- 2013 training activities have been specified nationally and provincially. Key cost is provincial workshops across 17 provinces for provincial stakeholders and AHC managers;
- Vaccine truck for transporting vaccines from central level to provinces (US$ 20,000);
- Motorcycles for conducting outreach in 20 high risk districts (US$ 24,000); and
- Human resources – two data managers.

Based on the total costs provided, GAVI would support 26% of the introduction costs. A large proportion of 'other financed' costs relate to MR vaccine procurement. Total costs for the introduction are estimated to be US$ 560,000, but include costs of the SIA, which would precede the introduction. Key 'other financed' costs include MR vaccine procurement (UNICEF), surveillance (acute fever and rash surveillance, WHO, US$ 50,000), and assessment of the impact of MR vaccine on disease burden (WHO, US$ 50,000).

The CMYP covers 2012 to 2016. A total MR routine cost of US$ 0.9 million is included across the projection. The procurement of US$ 0.17 million of MR vaccine from UNICEF is provided in the introduction plan. The cMYP financing of vaccines is split between UNICEF and the Government of Luxemburg. No MR campaign costs appear to have been included in the CMYP.

The cMYP excel sheet indicates country NIP resource needs are forecast to increase from US$ 6.4 million in 2012 to US$ 11 million by 2016. The funding gap based on secured funding is around half

of resource needs, and 7% with probable funding. GAVI, WHO, UNICEF, WB and the Government of Luxembourg account for a large share of the probable funding. Government accounts for 36% of secured funding in the form of running costs.

Donors fund traditional vaccines. The 2012 Monitoring IRC noted "little has been spent/budgeted (about US$ 150,000) for cold chain in 2011-13 despite the call in the last monitoring IRC's report for investment in this area". The cMYP allocates US$ 248,511 for the purchase of cold chain equipment over the 2012-2016 period.

10. Co-financing Arrangements

Lao PDR is in the intermediate income group for co-financing. No co-financing is required for an introduction grant.

11. Consistency across proposal documents

There were no significant inconsistencies across proposal documents.

12. Overview of Proposal: Strengths & Weaknesses

Strengths:

- Successful MR campaign conducted in 2011 with 97% administrative coverage achieved.
- Proof for introduction of RCV into the routine program was met and the cMYP has been updated to include costing for the introduction.
- Use of epidemiologic information on burden of disease to justify introduction of the vaccine; case based surveillance for rubella has been integrated with measles case-based surveillance system, plans to conduct a retrospective study of CRS burden in 2013 and a seroprevalence study to assess impact of MR vaccine in 2015.

Weaknesses:

- Traditional vaccines continue to be funded by donors.
- Inadequate financial investment in the cold chain. Status of the report on the cold chain equipment inventory and vaccine storage capacity assessment at all levels of the cold chain system not provided. These should be reviewed during the next Monitoring IRC.
- Continued high reliance on outreach activities as opposed to immunization delivery at fixed sites.
- Coverage estimates are based on administrative data; last nationally representative household survey was conducted in 2005, next coverage survey is being planned for 2013.
- The cMYP has not been updated to include findings from the MR campaign conducted in 2011 and the MR vaccine introduction plan, though timeline of September 2012 to update was provided.
- Routine MCV coverage has increased from 43% in 2005 to 69% in 2011, but is still below 80%.
- No details are provided on the campaign, with MR planned for 2014 or 2015 as indicated in the application form (i.e. inclusion of adolescent girls/women of child bearing age, use of seroprevalence data from survey to be conducted in 2015 to tailor campaign, etc), and the plans for this campaign have not been included in the cMYP.

Risks:

- If the routine coverage rates for MR do not increase above current routine MCV coverage levels (69%) and further campaigns with MR are not conducted, there is a risk of "paradoxical" increased susceptibility to rubella among women of child bearing age.

Mitigating Factors:

- Ensure efforts to increase coverage of routine MR are implemented and update the cMYP to include plans to conduct a campaign with MR in 2014 or 2015 as indicated in the application form.
- The coverage rates for routine MR and future planned seroprevalence surveys to assess susceptibility to rubella should be closely monitored and used for planning future MR campaigns.

13. Recommendations

Vaccine: **Measles Rubella Vaccine Introduction Grant**
Recommendation: **Approval**

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.