GAVI/14/2264//LM/RK/HK

Dr. S. R. Upreti
Director, Child Health Division
Ministry of Health, Royal Government of Nepal
Kathmandu
Nepal

02 July 2014

Dear Dr. Upreti,

Government of Nepal*'s Proposal to the GAVI Alliance*

I am writing in relation to The Government of Nepal's proposal to the GAVI Alliance for New Vaccines Support (NVS) for Inactivated Polio Vaccine (IPV) which was submitted to the GAVI Secretariat in March 2014.

In April 2014 your application was reviewed by the GAVI Independent Review Committee (IRC) which recommended "Approval with Comments" of your application. Based on the comments received from the country, GAVI has approved the Government of Nepal for GAVI support for IPV as specified in the Appendices to this letter.

In order to ensure sufficient funding for all GAVI countries applying for IPV support, Nepal's initial allocation of IPV doses and associated supplies have been adjusted using UN population data[1] and WHO UNICEF estimates of DTP3 coverage in 2012, 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 sufficient GAVI funding for IPV being available.

Nepal received a Partnership Framework Agreement (PFA) in March 2013. To date, we have not received the signatures of the Ministry of Health and Ministry of Finance on the PFA. Please be advised that the GAVI Alliance cannot continue its funding and support to Nepal until the Partnership Framework Agreement has been signed between the GAVI Alliance and Nepal.

The Appendices includes the following important information:
Appendix A: Description of approved GAVI support to Nepal
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

[1] UN World Population Prospects, Revision 2012 (http://esa.un.org/wpp/)

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 rajkumar@gavialliance.org if you have any questions or concerns.

Yours sincerely,

Hind Khatib-Othman
Managing Director, Country Programmes

cc:

WHO Representative
UNICEF Representative
Regional Working Group
WHO HQ
UNICEF Programme Division
UNICEF Supply Division

Appendix A

Description of GAVI support to The Government of Nepal

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 The Government of Nepal's proposal application; and
- The final proposal as approved by the Independent Review Committee (IRC), including any subsequent comments.

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 cannot 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, Nepal is encouraged to contribute to vaccine and/or supply costs for IPV. ****

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 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. The GAVI Alliance 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 Annual Progress Reports or equivalent and availability of funds

Appendix B

Nepal
SUPPORT for
INACTIVATED POLIO VACCINE (IPV)

This Decision Letter sets out the Programme Terms of a Programme

1. **Country:** Nepal
2. **Grant Number:** 1418-NPL-25c-X / 14-NPL-08h-Y
3. **Date of Decision Letter:** 01 July 2014
4. **Date of the Partnership Framework Agreement:** Not yet signed
5. **Programme Title:** NVS, IPV Routine
6. **Vaccine type:** Inactivated Polio Vaccine (IPV)
7. **Requested product presentation and formulation of vaccine**[1]**:** Inactivated Polio Vaccine, 10 dose(s) per vial, LIQUID
8. **Programme Duration**[2]**:** 2014 - 2018
9. **Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):**
   Please note that endorsed or approved amounts for 2017 and 2018 will be communicated in due course, taking into account updated information on country requirements and following GAVI's review and approval processes.

	2014	2015	2016	Total[3]
Programme Budget (US$)	US$501,500	US$1,394,500	US$1,189,500	US$3,085,500

10. **Vaccine Introduction Grant:** US$462,000

[1] Please refer to section 18 for additional on IPV presentation.
[2] This is the entire duration of the programme.
[3] This is the total amount endorsed by GAVI for 2014 to 2016.

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	2014	2015
Number of IPV vaccines doses	418,900	1,166,700
Number of AD syringes	276,500	733,200
Number of re-constitution syringes		
Number of safety boxes	3,050	8,075
Annual Amounts (US$)	US$501,500	US$1,394,500

12. Procurement agency: UNICEF

13. Self-procurement: Not applicable.

14. Co-financing obligations:
GAVI's usual co-financing requirements do not apply to IPV. However, The Government of Nepal is encouraged to contribute to vaccine and/or supply costs for IPV.

15. Operational support for campaigns: N/A

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	To be agreed with GAVI Secretariat in the context of GAMR Joint Appraisal for support in 2014 and 2015.

17. Financial Clarifications: Not applicable.

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

18. Other conditions: If Government of Nepal 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 The Government of Nepal.

Comment	Way forward	Deadline, agreed upon with the country
1. Indicate the timeline to update cMYP to include the IPV	To provide new cMYP which includes IPV. To be also submitted as a report during the next APR.	A new cMYP will be developed in 2015.
2. Indicate if synergies can be leveraged for the IPV introduction with the upcoming introduction of PCV	Following the application, UNICEF SD has indicated that it will be able to make PCV10 available in September 2014.	IPV introduction is scheduled on 17 September 2014 while the PCV introduction will take place in November 2014.

Signed by,

On behalf of the GAVI Alliance
Hind Khatib-Othman
Managing Director, Country Programmes
01 July 2014

Appendix C

Independent Review Committee (IRC) Country Report
GAVI Secretariat, Geneva • 28 April – 1 May 2014
Country: NEPAL

- **Type of support requested: IPV**

Planned start date *(Month, Year)*	Duration of support	Vaccine presentation(s) *(1st, 2nd, and 3rd choice)*
September 2014	**2014-2018**	**1. 10-dose vials**
		2. 5-dose vials
		3. 2-dose vials

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

- The ICC committee convened in 18th March 2014 to review the proposal and endorsed the introduction of single dose of IPV into routine immunization schedule at 14 weeks

- The ICC committee was represented by a wide range of independent experts and key stakeholders and includes government representatives, Department of Health Services, Child Health Division, DoHS, Logistics and Management Division, DoHS, Child Health Division, DoHS, Rotary International, Polio Plus Committee, NHEICC, DoHS, World Bank, Management Division, DoHS, SABIN, UNICEF and World Health Organization and chaired by Director General of Child Health

- The ICC committee also expresses their concerned on a number of issues including the multiple injections in a vaccination (penta, PCV and IPV) which might be an issue as the parents might reject/refuse the vaccination. The committee also discussed issues related to the training planning, injection safety, cold chain, and vaccine management in relation to introduction of IPV as well as discussion on process of shifting from tOPV to bOPV. In addition, the AFP surveillance was also discussed. The minutes was provided and approved by the committee

- The signature list of the ICC member endorsing the initiative was provided includes both national (Deputy Minister & DG preventive) and international stakeholders. No civil society organizations were involved

- The GAVI application was signed by the Secretary, Ministry of Health & Population. However, no signature of MoF was provided.

- The GAVI application for IPV support was prepared by EPI with the assistance from UNICEF and WHO country focal points.

- ICC committee minutes do not refer to any NITAG decision on approval of introduction of IPV in routine immunization schedule and the replacement of trivalent OPV with bivalent OPV.

- Situation analysis – Status of the National Immunisation Programme

The Expanded Programme on Immunization was launched 1979 and was considered to be one of the government's highest priority programs. The immunization program has helped in reducing the under 5 mortality rate as well as maternal mortality from vaccine preventable diseases (VPDs) and has contributed in achieving Millennium Development Goals (MDG) 4 and 5. Since then Nepal has successfully introduced HepB, Hib, JE and Rubella (MR) vaccine into routine immunization in the past 10 years

The Government through its national policy has emphasized reaching poor and marginalized population with equitable services including immunization. In this regard the government adopts a long term immunization plan with priority activities identified and as well as financial sustainability plans.

The EPI Programme provides vaccination against 9 major killer diseases. Although the immunization service is mainly delivered through the government health network, however there is a slow but increasing trend of immunization service delivery through the private sector especially in urban areas. All vaccines under National Immunization Programme are given free of cost including through the private sector.

Administrative data and official country estimates of DTP3 coverage do not differ from WUENIC data. The coverage survey done in 2009 shows 88% coverage for all antigens, 92% coverage for DPT3, 90% coverage for measles and 96% for BCG. The survey also showed higher immunization coverage for all antigens in the following populations: male, urban population, women with high education (above10+), hilly region, western region, highest wealth quintile and in Braham/Chettri/Newar communities.

Coverage and data quality is progressively improving. The reported DTP3/penta3 coverage has been high (90%) and continues to track both the WHOUNICEF. DPT dropout rates have fluctuated between 3-5% for several years. The 2012 data indicated a dropout rate of 0%. Data Quality Self-Assessments (DQSAs) were conducted in 15 districts to assess administrative coverage data. The APR indicates that verification and data quality assessment will continue to improve administrative data.

The coverage survey conducted in various time period shows high coverage. The National Demographic Health Survey (NDHS) in 2001, 2006 and 2011 shows national OPV coverage of >91%. The coverage data provided is consistent in the application form and the cMYP.

No note provided on whether a comprehensive EPI review was carried out at anytime, nor an AFP surveillance review was undertaken. However, the AFP surveillance indicated robust surveillance indicators (Non-polio rate 5/100,000 in children under 15 yrs of age), and good infrastructure with no reporting of wPolio since 1999.

An important weakness was elaborated related to vaccination services and the need to increase access of immunization for urban slums, marginalized and migratory populations. The plans provided to tackle effectively the immunization in these areas
With rapid urbanization more people are migrating to urban areas and there is limited availability of public health services. Health care services in urban areas are mostly provided by the private sector. No strategic plans are provided to address involvement of the growing private sector.

The AEFI surveillance system was launched in 2004 with 31 sentinel sites expanded to 75 districts. An AEFI field guide was revised and flash cards on flow chart of the reporting of AEFI cases were developed for distribution and to establish a reporting system in all districts. An independent AEFI committee was formed in 2009 for proper investigation of AEFI and monitoring of vaccine safety and all serious AEFI cases are investigated and causality assessment is done by AEFI committee members. A feedback on surveillance data is carried on regular bases. Health staff have been trained on AEFI reporting, recording and investigation. No annual (2014) comprehensive EPI Plan is provided.

- **Overview of national health documents**

The IPV introduction isn't part of the cMYP which was adopted for 2011-2016. Furthermore, the country has not provided any plans or dates for the revision of the cMYP. Annual EPI work plan are made every year following review of past year achievements, constraints and recommendations.

- **Gender and Equity**

Nepal has a Gender Inequality Index (GII) value of 0.485, ranking it 102 out of 148 countries in the 2012 index. In Nepal, 33.2 percent of parliamentary seats are held by women, and 17.9 percent of adult women have reached a secondary or higher level of education compared to 39.9 percent of their male counterparts (UNDP). For every 100,000 live births, 170 women die from pregnancy related causes; and the adolescent fertility rate is 86.2 births per 1000 live births. Female participation in the labor market is 80.4 percent compared to 87.6 for men.

- **Proposed activities, budgets, financial planning and financial sustainability**

The country does not plan to co-finance IPV since this is not part of requirement. Currently, the government of Nepal procures all traditional vaccines for routine immunization from its own resources, and co-finances with GAVI for pentavalent vaccine (DPT-HepB-Hib). Only OPV for campaigns are procured through external resources. Furthermore, the Government

has also been providing the additional funds for immunization in each fiscal year. The future resource requirements and financing gap analyses are detailed in the cMYP. The total cost estimated (Fiduciary management arrangement data) for IPV vaccine introduction is $1,168,212 out of which $ 510,195 (almost 50%) will be financed through the GAVI VIG.

Details of operational contributions showed that >50% of the total funds financed by GAVI goes to Vehicles and Transportation ($268,591) followed by Human Resources (incentives) ($72,691)

There is a category that includes strengthening of regional training centers, but do not identify what sort of activities will be carried out. Other allocations sound reasonable.
The total estimated number of birth cohort in 2014 will be *671,701* and based on US$0.8/child, the total costs requested is *US$510,195* However, the actual figure is *$673,160*. The earlier figure was calculating based on surviving infant while the latter should be based on birth cohort. The requirement for IPV is estimated based on annual target of reaching 90% of children aged <1y plus 25% buffer stock.There is an audit of the VIG narrated in the IPV introduction plan.

- **Specific comments related to requested support**

New vaccine introduction plan

The IPV introduction is in line with the Polio Eradication and Endgame Strategic Plan as well as SAGE recommendations. The introduction of IPV will be national wide in September 2014 given at 14weeks and co-administered intramuscularly with third dose of OPV3, DTP-HepB-Hib 3 (PENTA) and PCV3.

Immunization services are provided mainly through fixed and outreach clinics and the estimated target population is >90% based on birth cohort.

The social mobilization strategy focuses on creating awareness and increasing demand for all vaccines at different levels, as well as on highlighting the need for the IPV vaccine and end game strategy. In addition, the advocacy and IEC materials will be developed targeting local communities, religious leaders, political leaders and parents.

The IPV vaccine, as single-dose and 10-dose vials are already licensed in the DDA, (National Licensor authority) Nepal.

Insufficient information was provided on the synergies (relating to trainings, supervisions, advocacy, communication packages etc) between the IPV introduction and the current on-going introduction activities for strengthening Immunization coverage. The EPI Programme manager along with other stakeholders will lead and oversee the implementation of the different components of the plan.

Based on the date proposed by the country to launch the IPV vaccination, the vaccine need to be at the country at least a month or more prior to introduction dates i.e. July 2014, in order to be distributed and reach at all Health services levels which might require 2-3 weeks. Henceforth, the secretariat (GAVI/UNICEF) definitely will need to carefully monitor vaccine distribution and timelines of introduction.

Vaccine management and cold chain capacity

The current cold chain system includes a central cold store in Kathmandu, 6 regional cold rooms, 75 district cold stores and sub-centers at the peripheral level.
The present cold chain capacity of 55m3 at the central store is sufficient to accommodate all vaccines inclusive of Pnuemo scheduled for introduction by 2015. The introduction of Rota in 2016 will cause a shortfall in storage capacity however. The exact shortfall will be determined in the next EVMA scheduled for Q2/Q3 2014.
The Government is currently updating the inventory of all cold chain equipment from central to district level. Based on need for additional space for each district, a replacement plan will be developed and implemented based on urgency. The government is taking serious steps to strengthen its cold chain system at all levels.
GAVI HSS is focused on expansion of vaccine sub stores below the district level and replacement of old aged cold chain equipment. This should be completed before the introduction of Rota vaccine in 2016

The IPV VIG earmarks $56,000 for cold chain support in the form of maintenance. Government contribution would be an additional $30,000.

A detailed and well laid out EVM implementation plan is provided based upon the 2011 assessment and more than 75% of listed actions for improvement are either complete or in progress.

Waste management

The country does have appropriate plans on waste management and could easily accommodate the IPV introduction.

Training, Community Sensitization & Mobilisation Plans

The training and community sensitization materials will be updated accordingly prior to the introduction of IPV vaccine. Social mobilization materials and IEC activities will be conducted to create awareness and to stress the importance of IPV vaccination among the general community.

Monitoring and evaluation plans

Monitoring of introduction of IPV will be conducted as per the existing MoH reporting and monitoring system for all immunizations. The Management Division will organize annual

review meetings at regional level and a national review at central level. In addition, the country plans to conduct a Post Introduction Evaluation (PIE) about 6-12 months after vaccine introduction. The AEFI surveillance system is well established, all health staff are well trained and informed on AEFI reporting, recording and investigation. Serious AEFI cases are reported immediately, investigated and causality assessment are carried out. Non serious AEFI cases are reported on a monthly basis.

- **Country document quality, completeness, consistency and data accuracy**

The documents and plans provided were almost complete, were of high quality and maintained a good consistency throughout especially the data consistency

- **Overview of the proposal**

Strengths:

- Had earlier demonstrated successfully introduction new vaccines
- Plans provided in the introduction on the post-introduction evaluation for IPV
- Had maintained relatively a high vaccination coverage
- Adequate cold chain at the national, regional and provincial levels and overall vaccine & supply management and distribution
- Good overall improvement in vaccine utilization and reduction in wastage and dropout rate
- Plans elaborated related to immunization services for urban slums, marginalized and migratory populations

Weaknesses:

- Updating the current cMYP to include the IPV vaccine introduction, or indicate a plan to update the cMYP to include the IPV introduction
- Synergies are not well address between the IPV and PCV introductory plan activities
- Shortage of human resources at national level
- No strategic plans provided to address involvement and strengthening of growing private sectors
- The need to increase access of immunization services for urban slums, marginalized and migratory populations

Risks:

- Multi injection at the same session (receive 3 injections (Penta, Pneumococcal and IPV) and this might create some concern among the mothers
- We need to make sure the Local funds are secured to support introductory activities

Mitigating strategies:

- Ensure timely decision letter and disbursement of VIG to allow for IPV introduction by the September 2014 timeline

- Conclusions
  The EPI program is a robust program as evidenced by high coverage, good data consistency, good plans in place and absence of Polio importation as South-Asia Region has been recently certified by WHO as having eliminated Polio. The EPI Programme also showed a strong will to build on previous lessons gain from previous experiences in introduction of new vaccines. In addition, the country has a strong government commitment, strong partnership and political will achieve the targets

Recommendations: Approval with Comments

- Consider revising the timeline for introduction in line with VIG release
- Revise the VIG budget calculation based on birth cohort, the target population for 2014.
- Indicate the timeline to update cMYP to include the IPV
- Indicate if synergies can be leveraged for the IPV introduction with the upcoming introduction of PCV

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.