



GAVI/13/593/pe/sc

The Minister of Health and Social Services
Federal Ministry of Health and Social Services
New Federal Secretariat Complex - PMB 83
Garki Abuja State
Nigeria

17 October 2013

Dear Minister,

Annual Progress Report submitted by Nigeria

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

In July 2013 your APR was reviewed by the GAVI Independent Review Committee (IRC) which recommended "Approval with Clarifications" of your APR. We have since received your response to the programmatic clarifications that were deemed satisfactory, and consequently are pleased to inform you that the GAVI Alliance has approved Nigeria for GAVI support as specified in the Appendices to this letter. Please note that there are outstanding financial clarifications to be provided, as specified in the Appendix C (IRC Report) to this letter, and failure to provide these financial clarifications may result in GAVI withholding further disbursements.

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

Type of support	Appendix	Approved for 2014
NVS – Pentavalent	B-1	US\$33,242,000
NVS – Yellow Fever	B-2	US\$ 0

Please note that the following conditions still apply for the Yellow Fever Vaccine as communicated to you on the letter dated 18 July 2013:

- Nigeria fully financing YF vaccine in the years of 2014/2015.
- Nigeria integrating YF financing into its national planning and budgeting cycles 2014/2015.

We would like to highlight that Nigeria 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 Nigeria.

Please do not hesitate to contact my colleague Par Eriksson (periksson@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

Description of GAVI support to Nigeria (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 cannot 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.

NIGERIA – PENTAVALENT VACCINE SUPPORT
This Decision Letter sets out the Programme Terms of a Programme

1. Country: Nigeria				
2. Grant Number: 1215-NGA-04c-X				
3. Date of Decision Letter : 17 October 2013				
4. Date of the Partnership Framework Agreement: N/A (not signed yet)				
5. Programme Title: New Vaccine Support				
6. Vaccine type: Pentavalent				
7. Requested product presentation and formulation of vaccine: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID				
8. Programme Duration¹: 2012-2015				
9. Programme Budget (indicative) :				
	2012-2013	2014	2015	Total ²
Programme Budget (US\$)	US\$49,773,291 ³	US\$33,242,000	US\$38,132,000	US\$121,147,291
10. Vaccine Introduction Grant: N/A				
11. Indicative Annual Amounts :				
Type of supplies to be purchased with GAVI funds in each year	2012-2013	2014		
Number of Pentavalent vaccines doses			15,870,300	
Number of AD syringes			12,495,900	
Number of safety boxes			138,725	
Annual Amounts (US\$)	US\$49,773,291 ⁴	US\$33,242,000		
12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.				
13. Self-procurement: N/A				

¹ This is the entire duration of the programme.

² This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.

³ This is the consolidated amount for all previous years.

⁴ This is the consolidated amount for all previously approved years.

14. Co-financing obligations: Reference code: 1215-NGA-04c-X-C - According to the Co-Financing Policy, the Country falls within the group Intermediate. 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 purchased with Country funds in each year	2014	2015
Number of vaccine doses	6,371,400	8,783,300
Number of AD syringes	5,016,600	
Number of safety boxes	55,700	
Value of vaccine doses (US\$)	US\$12,415,731	
Total Co-Financing Payments (US\$) (including freight)	US\$13,345,000	US\$18,370,000

15. Operational support for campaigns: N/A

	2014	2015
Grant amount (US\$)		

16. Additional documents to be delivered for future disbursements: N/A

Reports, documents and other deliverables	Due dates
Annual Progress Report	15 May 2014

17. Financial Clarifications: The Country shall provide the clarifications stated in the IRC report attached as appendix C to GAVI*.

**Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements*

18. Other conditions: N/A

Signed by,

Hind Khatib

On behalf of the GAVI Alliance

Hind Khatib-Othman

Managing Director, Country Programmes

17 October 2013

NIGERIA – YELLOW FEVER VACCINE SUPPORT
This Decision Letter sets out the Programme Terms of a Programme

1. Country: Nigeria		
2. Grant Number: 0715-NGA-06b-X		
3. Date of Decision Letter : 17 October 2013		
4. Date of the Partnership Framework Agreement: N/A (not signed yet)		
5. Programme Title: New Vaccine Support		
6. Vaccine type: Yellow Fever		
7. Requested product presentation and formulation of vaccine: Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
8. Programme Duration⁵: 2004-2013		
9. Programme Budget (indicative) :		
	2004-2013	Total ⁶
Programme Budget (US\$)	US\$40,150,313 ⁷	US\$40,150,313
10. Vaccine Introduction Grant: N/A		
11. Indicative Annual Amounts :		
Type of supplies to be purchased with GAVI funds in each year	2004-2013	
Annual Amounts (US\$)	US\$40,150,313 ⁸	
12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.		
13. Self-procurement: N/A		

⁵ This is the entire duration of the programme.

⁶ 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.

⁷ This is the consolidated amount for all previous years.

⁸ This is the consolidated amount for all previously approved years.

14. Co-financing obligations: Reference code: 0715-NGA-06b-X-C - According to the Co-Financing Policy, the Country falls within the group Intermediate. 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 purchased with Country funds in each year	2014	2015
Number of vaccine doses	6,355,200	8,954,300
Number of AD syringes	4,327,700	
Number of re-constitution syringes	699,100	
Number of safety boxes	55,800	
Value of vaccine doses (US\$)	US\$6,222,949	
Total Co-Financing Payments (US\$) (including freight)	US\$6,952,000	US\$10,119,000

15. Operational support for campaigns: N/A

	2014	2015
Grant amount (US\$)		

16. Additional documents to be delivered for future disbursements:

Reports, documents and other deliverables	Due dates
Annual Progress Report	15 May 2014

17. Financial Clarifications: The Country shall provide the clarifications stated in the IRC report attached as appendix C to GAVI*.

**Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements*

18. Other conditions: N/A

Signed by,

Hind A. Khatib

On behalf of the GAVI Alliance

Hind Khatib-Othman

Managing Director, Country Programmes

17 October 2013

Type of report: Annual Progress Report

Country: Nigeria

Reporting period: 2012

Date reviewed: July 2013

1. Background Information

Surviving Infants (2012): JRF – 6,344,760

DTP3 coverage (2012):

- JRF Official Country Estimate: 57
- WHO/UNICEF Estimate: 41

Table 1. NVS and INS Support

NVS and INS support	Approval Period
Yellow fever	2007-2015
Meningococcal	2011-2015
Pentavalent	2012-2015
PCV	2013-2015
INS	2008-2010

Table 2. Cash Support

Cash support	Approval Period
ISS 1	2001-2006
HSS	2008-2013

2. Composition and Functioning of Inter-agency Coordinating Committee (ICC) / Health Sector Coordinating Committee (HSCC)

The ICC met five times in 2012 and has representation from several organizations – FMOH, UNICEF, WHO, BMGF, CHAI, ALGON, JICA, and Ag.ED. It held a meeting on May 9, 2013 to approve the APR. The CSO members are 1. Clinton Health Initiative (CHAI). 2. Health Reform Foundation of Nigeria (HERFON) 3. Rotary International 4. Red Cross Society 5. Christian Health Association of Nigeria 6. MSF. 7. Bill and Melinda Gates Foundation. During the meeting, the committee discussed substantive issues and appears to be functioning.

The endorsement of the 2012 APR by the ICC covered both the ISS and HSS components but did not mention endorsement of yellow fever support.

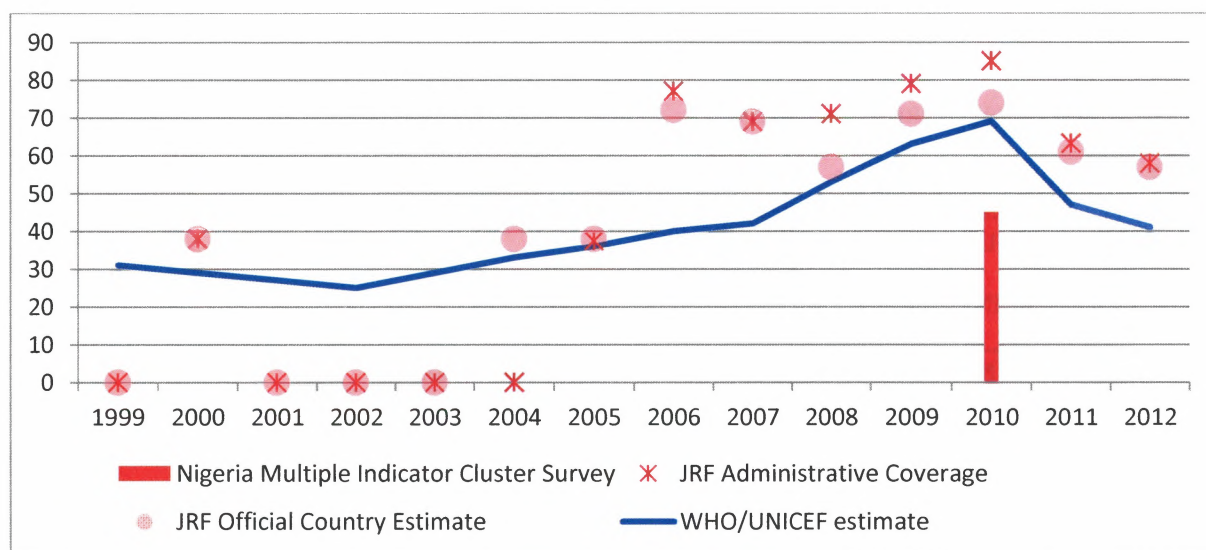
3. Programme and Data Management

The APR reports that the NIP performed well for some antigens but that they had stock-outs for DTP and yellow fever, leading to lower coverage - DPT3 of 57% and Yellow fever 46%. The coverage for these two antigens declined from its 2011 coverage of DPT3 (63%) and YF (75%). This was also due to a delay in the release of funds for procurement. Un-immunized children increased by 21% (555,846 children) in Dec. 2012 as compared to Dec. 2011.

This resulted in a high proportion of planned Fixed and Outreach Services not held: Only 53% & 35% of States conducted > 80% of their planned Fixed Sessions and Outreach Sessions respectively as at December 2012 and Non-achievement of 75% DPT3 target in all the states.

Another issue is that the JRF DTP3 administered doses decreased by 843,000 (18%) in 2011 as compared to 2010, and the number of surviving infants registered in 2011 as compared to 2010 increased by 10%.

There is a substantial difference between the official DTP3 coverage rates of 57% and the WHO-UNICEF rate of 41%. The APR reports on efforts to improve data quality through conducting DQS in 2013 in 36 States + FCT to improve the capacity of health workers on data management in 1,161 health facilities nationally. They also are conducting monthly Data Quality Checks at state, Zone & National levels, monthly review meetings with Local Immunization Officers to review data & discuss progress, regular DQS by States, national DQS (2010, 2011, 2012), and sharing routine Immunization feedback with stakeholders.



Gender and Equity Analysis

The NIP now has sex-disaggregated data for DTP3 coverage. The DTP3 coverage is 52% for boys and 48% for girls. Apart from this data from the National Immunization Coverage Survey and other past surveys, the routine administrative immunization data is not disaggregated by gender. This 4% difference between DTP3 coverage for boys and girls may require attention from the program.

It is however, more concerning that there is no mention of strategies to address equity of access.

4. Immunisation Services Support (ISS)

No GAVI ISS funds were received in 2011 & 2012. The funds disbursed to States in 2012 were the balance on the committed funds in-country. The current revised GAVI/ISS disbursement funds were approved by ICC and were recommended by the Large Country Task Team visit for 6 monthly disbursement. The program received \$82,381 in ISS funds in 2012 from interest income and exchange gains. They also had \$13,107,489 funds leftover from previous years.

Expenditures with GAVI ISS funds totalled \$7,084,429. The activities supported with the GAVI ISS funds were: 1) State level activities - support supervision, cold chain maintenance, and social mobilization; 2) Local Government Level activities - supportive supervision for five LGA, monthly LGA review meeting, cold chain minor maintenance; and 3) health facility activities - community announcement for outreach services, vaccine collection for outreach services, and outreach services. At the national level, the expenses were for logistics for GAVI Consultants to monitor activities at the state / LGA levels and for national Data Quality Self-Assessment.

The remaining ISS funds have been reprogrammed and are the same as before. Nigeria is not eligible for an award.

5. New and under-utilised Vaccines Support (NVS) Pentavalent

The program received fewer than its approved doses of pentavalent vaccine in 2012. The reason for the reduction in doses was that the vaccine introduction was delayed from April until June 2012 because of a delay in the arrival of the introduction grant. As a result, key pre-introduction activities such as training of health workers and printing of updated data tools and manuals were delayed.

The country has major problems with vaccine management. They had a stock-out of DTP in 2011 that spilled over into first and second quarter of 2012.

GAVI approved introduction grants of 2.03 million USD and 2.24 million USD for phase 1 and phase 2 and gave instructions that the funds be assessed from ISS funds that were available in the country.

2014 vaccine request

Targets for 2014 (penta 3) are 30% higher than the achievements (number of children vaccinated by DTP3 and Penta 3). Although, this is above the GAVI rules (maximum of 10% higher than achievements in 2012), given the justification provided by country regarding significant stock outs in 2011 and 2012 and increased interest in pentavalent in the population, IRC approves the request for 2014.

Wastage rates of 25% for Penta are targeted. This is the GAVI ceiling figure.

Yellow Fever

The program had a six-month stock-out of yellow fever vaccine due to inadequate supply and delivery from manufacturers during a global shortfall of yellow fever vaccine production. About 70% of supplies for the year were delivered between October to December 2012.

Cold Chain Capacity or Issues

Comprehensive cold chain assessment for 20 states was carried out in June 2012 which led to repair of 567 solar refrigerators which expanded storage. The country plans to revamp subnational level (LGA & HFs) cold chain infrastructure functionality from 47% to 80% of EVM recommendations in 2013 and 2014. 152 solar refrigerators were supplied to 148 LGAs in 13 States and FCT (Penta phase 1).

An EVM was conducted in March 2013.

Surveillance systems/data for new vaccines

Sentinel surveillance is conducted for rotavirus diarrhoea, paediatric bacterial meningitis or pneumococcal or meningococcal disease.

General capacity of the country to meet 2014 targets

It is unclear whether the country can meet its 2014 targets given the many challenges in the country and differences between WHO/UNICEF coverage and official estimates.

6. Vaccine Co-financing, Financial Sustainability and Financial Management

2014 Co-financing group: intermediate

Nigeria started mandatory co-financing of yellow fever vaccine in 2011 and pentavalent vaccine in 2012. They have paid their co-financing on time. They also pay for all of their traditional vaccines.

7. Injection Safety Support (INS) and Adverse Events Following Immunisation Systems

Nigeria has an injection safety plan. Bundling of injection materials is a key component of this policy. Incineration is also a key aspect of the policy but the practice is not fully entrenched because of limited access to incinerators available at secondary and tertiary health facilities only.

Health Systems Strengthening (HSS)

The goal of the GAVI HSS is to strengthen the National health system and reposition it to deliver effective, efficient and sustainable health services. The general objective is to develop the Ward Health System in 960 wards to deliver PHC services based on minimum health care package by 2010.

The country reported a delay in transfer of funds 2012 and was unable to carry out all of their activities. The major activity was the provision and distribution of tools to 499 HFs. Reprogramming of funds was been approved for the year 2013 with an amount of \$40,366,964.

The country is not requesting another tranche of funding. Instead, it will be submitting a new application in 2013.

Review of 2014 Plan for HSS

Activities are planned under Objectives 3 and 4 only and appear to be appropriate. The activities include Activity 3.5 (Sentinel Sites for Meningococcal A): budget increased from 53,000 to 350,000; Activity 4 (Expand vaccine storage capacity, training in vaccine management, and improve cold maintenance) Budget \$2.466m.

8. Civil Society Organization Type A/Type B (CSO)

NA

9. Risks and mitigating factors

Delay in disbursements, security factors, and poor monitoring and supervision.

10. Summary of 2012 APR Review

Nigeria has a program that is facing many challenges – declining immunization coverage, aging cold chain infrastructure, and weak systems. Despite this, it was able to introduce pentavalent vaccine and carry out several HSS and ISS activities. However, shortages of vaccines (DPT, Yellow Fever and TT) in 2012 severely impacted the national performance.

HSS progress and performance in 2012 is well documented thanks to an excellent set of indicators. This was a result of the reprogramming of 2012. Achievement has been limited due to the late disbursement of funds to the program. It is also noted that as of funds for 2013 were not disbursed until July and program implementation has not begun due to delays by Nigeria in confirming new bank accounts. 2014 is the final year for HSS support and the country plans to use the funding for Meningococcal A surveillance and improvements in cold chain storage, training and maintenance.

11. IRC Review Recommendations

- **ISS: NA**
- **NVS: Pentavalent and Yellow Fever**
Approve 2014 NVS support, as per country request (based on clarifications already provided by country)
- **HSS**

NA

12. Clarification Required with Approved Funding

Short-term clarifications

Surviving Infant Data

The numbers of surviving infants registered in 2011 as compared to 2010 have increased by 10%. Clarification/Justification is requested.

Financial clarifications/outstanding TAP issues

NVS

1. Country requested to submit 2012 financial statement (FS) and 2012 audit report
2. Country to provide detailed analysis of expenditures incurred in 2012
3. Country to provide bank statement

ISS

- (a) Country requested to provide the revised section 6.1 of 2012 APR showing closing balance and total expenditure consistent with the same in 2012 audited FS: (a) gap of NG 8,907,563 between closing balance reported on APR and closing balance on audited financial statements; (b) gap of NG 6,491,291 between total expenditure reported on APR and total expenditure reported on audited financial statements. Country to submit the bank statement showing the 2012 opening and closing balance
- (b) Country to address the issues of VAT raised in GAVI 's letter of review of the 2008-2011 audit reports (audited financial statements)

C. HSS

- (a) Country requested to provide revised section 9.1.3a and 9.1.3b of 2012 APR showing closing balance consistent with the same in 2012 audited FS - there is a minor gap of NG 931,254
- (b) Country to submit the bank statement showing the 2012 opening and closing balance
- (c) Country to address the issues of VAT raised in GAVI 's letter of review of the 2008-2011 audit reports

Other issues: HSS Support is terminating. An end of Investment report should be requested by the secretariat

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.

