



GAVI/13/288/dlc/ac

The Minister of Health
Ministry of Health
P.O.Box 88
Juba
The Republic of South Sudan

6 May 2013

Dear Minister,

South Sudan's Proposal to the GAVI Alliance

I am writing in relation to South Sudan's proposal to the GAVI Alliance for New Vaccines Support for pentavalent vaccine which was submitted to the GAVI Secretariat in August 2012.

Following a meeting of the GAVI Independent Review Committee from 1 to 8 March 2013 to consider your final application and the responses to conditions recently submitted, I am pleased to inform you that the GAVI Alliance has approved South Sudan 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
- Appendix B: Financial and programmatic information
- Appendix C: The IRC Report
- Appendix D: The terms and conditions of GAVI Alliance support

The GAVI Alliance 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 officials in your Ministry shortly in relation to finalizing this transition to the PFA with detailed supporting information.

Please do not hesitate to contact my colleague Anne Cronin (acronin@gavialliance.org) if you have any questions or concerns.

Yours sincerely,

A handwritten signature in blue ink that reads "Hind Khatib-Othman".

Hind Khatib-Othman
Managing Director, Country Programmes

cc: Minister of Finance
Director of Medical Services
Director Planning Unit, MoH
EPI Manager
WHO Country Rep.

UNICEF Country Rep.
Regional Working Group
WHO HQ
UNICEF Programme Division
UNICEF Supply Division



The World Bank

Appendix A

Description of GAVI support to “South Sudan” (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 the country’s proposal application; and
- The final proposal as approved by the the Independent Review Committee (IRC), including any subsequent clarifications.

The vaccines provided will be used as the country has proposed. The principles of the WHO-UNICEF-UNFPA joint statement on safety of injections (WHO/V&B/99.25) shall apply to all immunisation provided with these vaccines.

Item number 11 of Appendix B summarises the details of the approved GAVI support for vaccines in the years indicated.

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

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

Country Co-financing

In accordance with the GAVI Co-financing Policy, the Country has agreed to make the required contribution to co-financing vaccine doses as indicated in Appendix B. Item number 14 of Appendix B summarises the budget and the quantity of supply that will be procured with country’s funds in the corresponding timeframe. The total co-financing amount indicates costs for the vaccines, related injection safety devices 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, 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: The 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 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.

The 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.

Pentavalent VACCINE SUPPORT

This sets out the terms of a Programme.

1. Country: South Sudan				
2. Grant Number: 1416-SDS-04c-X / 14-SDS-08a-Y				
3. Decision Letter no: 1				
4. Date of the Partnership Framework Agreement: n/a				
5. Programme Title: NVS				
6. Vaccine type: Pentavalent				
7. Requested product presentation and formulation of vaccine: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID				
8. Programme Duration¹: 2014 -2016				
9. Programme Budget (indicative): (subject to the terms of the Partnership Framework Agreement)				
	2014	2015	2016	Total²
Programme Budget (US\$)	US\$3,657,500	US\$2,944,500	US\$3,023,000	US\$9,625,000
10. Vaccine Introduction Grant: US\$ 355,000 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	2014			
Number of Pentavalent vaccines doses	1,689,000			
Number of AD syringes	1,739,900			
Number of re-constitution syringes				
Number of safety boxes	19,325			
Annual Amounts (US\$)	US\$3,657,500			
12. Procurement agency: : UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.				
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.

14. Co-financing obligations: Reference code: 1416-SDS-04c-X-C

According to the Co-Financing Policy, the Country falls within the Low Income group. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.

Type of supplies to be purchased with Country funds in each year	2014	2015	2016	2017
Number of vaccines doses	177,500	151,500	156,500	
Number of AD syringes				
Number of re-constitution syringes				
Number of safety boxes				
Value of vaccine doses (US\$)	US\$352,170			
Total Co-Financing Payments (US\$) (Including freight)	US\$373,500	US\$310,000	US\$319,500	

15. Operational support for campaigns: Not applicable

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

Reports, documents and other deliverables	Due dates
Annual Progress Report 2012	15 May 2013

17. Clarifications: The Country shall provide the following clarifications prior to the disbursement of the Annual Amount in 2013:

18. Other conditions: Not applicable.

Signed by
On behalf of the GAVI Alliance



Hind Khatib-Othman
Managing Director, Country Programmes
6 May 2013

IRC NVS Country Report

Country: South Sudan
Type of support requested: NVS
Vaccines requested: Pentavalent (DTP-HepB-Hib)
Reviewed: Geneva, 8th – 19th October 2012

Country profile/Basic data (2012)

Population	10,446,363	Infant mortality rate (year)	84/1000
Birth cohort	417,854	Govt. Health expenditure	7 %
Surviving infants	382,754	GNI/capita (year)	\$ 984
DTP3 coverage		Co-financing country group	
- (2011 APR, administrative)	80%	- Proposal	Low
- (2011/2012, EPI survey)	54%	- GAVI Documents	Intermediate
- (2011, WHO/UNICEF)	46%		

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

- Pentavalent vaccine (DTP-HepB-Hib), 10 doses per vial, liquid, for routine immunization use, for a period of three years from 2014 up to 2016.
- Penta requested for 2014 for a total of 1,866,019 doses (398,085 surviving infants x 100% coverage x 3 doses x 1.25 wastage factor x 1.25 buffer stock factor) in the value of US\$ 3,644,185 in 2014, followed by US\$ 2,934,272 in 2015, and US\$ 3,012,154 in 2016.
- Vaccine Introduction Grant in the value of US\$ 354,641 (443,301 births x US\$ 0.80).

2. History of GAVI support

Table 1. NVS and INS Support

NVS and INS support	Approval Period
INS	2002-2004

Table 2. ISS and HSS Support

ISS and HSS Support	Approval Period
ISS	2002-2011
HSS	2009-2011

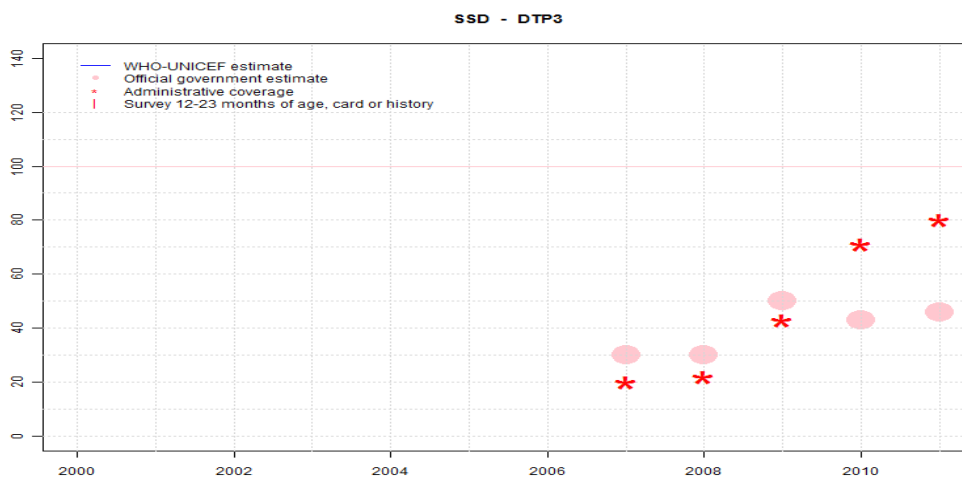
3. Composition & Functioning of the ICC

The ICC met twice in 2011-2012. Attendance at and proceedings of the meetings suggest that the committee is a functioning coordination mechanism, though regularity of its meetings has to be improved. The proposal for the introduction of Penta was endorsed by the ICC in August 2012

4. Status of the National Immunization Programme

Administrative statistics suggest that immunization coverage has risen sharply from about 20% in 2008 to 80% in 2011. In June 2012, WHO/UNICEF produced its first joint estimate of 46% for DTP3 coverage in South Sudan. The proposal argues that this figure underestimates current coverage. Plans for confirming current coverage with a survey are not discussed in the proposal.

Figure 1. South Sudan EPI coverage administrative and estimates



Justification

There is limited evidence from South Sudan on the burden of Hepatitis B and *Haemophilus Influenzae* type B (Hib). A draft thesis report shows that the prevalence of HbsAg in pregnant women attending a national referral hospital was 11%.

Gender and equity

Gender issues have been addressed as part of the application in the proposal, but not taken further forward in the cMYP or introduction plan. In 2011, South Sudan had the highest maternal mortality and female illiteracy rates in the world. Data from the coverage verification surveys in 2011 shows that there are no gender differences in immunization utilization. Equity is not addressed, especially the issue of access to displaced populations and in the conflict affected areas.

5. Comprehensive Multi Year Plan (cMYP) overview

The cMYP covers the period 2012-2016 and therefore covers also the period of the NVS proposal, 2014-2016. An external comprehensive review of the immunization programme conducted in October 2011 provided enormous information on best practices, weaknesses, opportunities and lessons learned over the previous 5 years that forms the basis for developing the first multiyear plan of the newly founded Republic of South Sudan. The main focus of the plan is on sustaining immunization coverage improvements in a rapidly growing population and reaching all unimmunized children in every county; introduction of new and underused vaccines like Hepatitis B, *Haemophilus Influenzae* type B, pneumococcal and rotavirus vaccines; and maintaining a high quality and sensitive disease surveillance system at all levels in order to detect and respond timely to any VPD outbreaks.



The strategies and activities described and proposed in the plan seem to be well conceived, taking into account both past successes and weaknesses. The targets appear to be overly optimistic and will probably need to be revisited as the implementation of the plan progresses. Linkages with immunization campaigns are not well analysed in the plan.

6. New vaccine introduction plan

For the first year of vaccine introduction (2013) the targets for DTP (or Penta) coverage are specified as 100% and 92% for the first and third doses respectively. This appears to be overly optimistic. The plan includes a timeline of major activities required. The pre-introduction phase will cost US \$7,108,277. This will be financed by the government of South Sudan (US \$744,000), UNICEF (US\$ 2,108,500), WHO (US\$ 170,000), CDC/BMGF (US\$ 86,000) and the GAVI fund (US\$ 3,999,177), which includes the new vaccine introduction grant estimated at US\$ 354,677.

7. Improvement plan

An EVM assessment was conducted from December 2011 to February 2012 and an improvement plan was developed. During the period 2010/2012, UNICEF procured five cold rooms, some vaccine refrigerators and temperature monitoring equipment. Subsequent to the EVM assessment, additional cold chain equipment will be purchased to ensure adequate cold storage space, even if the 2-dose presentation of Penta is supplied rather than the 10-dose presentation by the time Penta is supplied in the last quarter of 2013.

The EVM assessment indicates a need for substantial improvement across all 9 criteria assessed. The aggregate performance across all criteria and all levels of the supply chain is only 42%. Performance at the central store is marginally higher at 47%, and at health centres it is low, at 37%. There is a major need for training and intervention at all levels. From the introduction budgetary request of US\$ 354,000, US\$ 139,000 is requested for training and another US\$ 107,000 for program management and monitoring and supervision. It is not specifically stated whether these items are earmarked specifically for strengthening cold chain logistics. The EVM improvement plan budgets US\$ 422,000 to implement the required improvements. The origin of the balance of resources is not specifically defined.

Whilst the supply and installation of cold chain equipment addresses problems of vaccine storage capacity if managed correctly, it does not address other key cold chain and logistics issues related to the introduction of a new vaccine. A cold chain inventory, which is in preparation, will provide a basis for an eventual rehabilitation plan. A rehabilitation plan is critical but not defined in the proposal or introductory plan.

Data quality is one of the major issues identified in the EVMA, but measures to improve data quality are not specifically addressed. Vaccine distribution is rated very poorly at all levels of supply. There is no discussion of transport arrangements and responsibilities and no discussion of outreach or mechanisms to assure regular outreach activity. Equipment has been provided, both at central cold stores and for refrigerators, to assure good temperature monitoring. There is no discussion as to how this data will be collected, analysed and used to ensure vaccine quality. The practice of removing baskets from refrigerators is common and frequently causes damage to freeze sensitive vaccines such as Penta. Health worker knowledge and practices are weak and will need to be improved substantially through



rigorous training prior to the introduction of Penta. This is South Sudan's first attempt to introduce a new vaccine. Much needs to be done to strengthen its cold chain and logistics capacity by 2014 in order to successfully introduce Penta.

8. Cold chain capacity

Given the strong partner support and actions already initiated to procure cold chain equipment, the cautious approach adopted to use a 10-dose liquid presentation as first preference, while scaling up storage capacity to accommodate a 2-dose lyophilized presentation, the IRC has no major concerns about the capacity of South Sudan to store the new vaccine. The IRC does, however, have concerns about the country's capacity to improve knowledge and logistical support mechanisms in the short time available.

9. Financial Analysis

The introduction grant budget of US\$ 354,677 is higher than the maximum allowable budget under GAVI guidelines. According to the proposal, GAVI would finance 100% of total introduction costs, whereas in the introduction plan GAVI would finance around 11%. The proposed GAVI grant is dominated by management (18%), training (39%), social mobilization (17%) and surveillance (12%). The specification of program management cost and 'other' costs differ between the introduction plan and GAVI proposal. A very large cold chain cost of US\$ 2 million is included to be financed by 'other sources' in the introduction plan.

In the introduction plan it was noted that "GAVI would finance US\$ 354,677; the government US\$ 744,000, UNICEF US\$ 2,108,500, WHO US\$ 170,000 and CDC/BMGF US\$ 86,000. These cost estimates are additional costs over and above the financing commitments to the program in 2012/2013." The Pentavalent introduction is forecast for 2014 and is included in the cMYP. Total cold chain equipment purchases are estimated to be around US\$ 3 million. UNICEF is included in the financing tables as a key source of funds. The GAVI proposal noted the vaccine introduction is aligned to the National Health Sector Development plan targets and indicators, and matches most of the planning period.

The cMYP excel sheet indicates country NIP resource needs are forecast to increase from US\$ 26,650,543 in 2011 to US\$ 32,937,420 by 2016. The funding gap based on secured funding is 82% of resource needs, and 13% with probable and secured. UNICEF accounts for a third of probable funding and WHO 41%. The 2012 Monitoring IRC noted South Sudan was heavily dependent on donor support, with UNICEF and WHO contributing 43% and 47% of total NIP spending. Less than 5% of vaccine procurement in 2014 is forecast to be sourced from government in the cMYP excel sheet. All vaccines in 2011 were purchased using UNICEF finances.

Using data from the South Sudan National Bureau of Statistics, the country belongs to the GAVI low income grouping. The country estimated the GNI per capita to be 2,267 SDG in 2010, equivalent to US\$ 984. The country has not defaulted on co-financing, but TAP issues for ISS funding were noted by the 2012 Monitoring IRC.

10. Consistency across proposal documents

There appears to be reasonable consistency among various documents, particularly between the cMYP and the New Vaccine Introduction plan. The introduction plan has an interesting



focus on the preparatory work needed to introduce Penta to replace DTP, presumably in the assumption that after the introduction period Penta will be an integral part of the EPI schedule, as opposed to DTP. In this sense, the proposal addresses planning, training and monitoring efforts in a systematic way.

Accuracy of coverage figures remains an issue, which is more linked to the real problems the country is facing in the post-conflict situation and that has primarily to do with excessive mobility of the population.

11. Overview of the proposal: Strengths & weaknesses

Strengths:

- Fairly systematic approach to program planning and implementation, with reasonable sources of information to form the basis for decision making. South Sudan has made good progress raising immunization coverage from very low levels.
- The vaccine introduction plan is thorough.
- With the supply of conventional DTP vaccine now constrained, it may be essential for South Sudan to switch over to the more readily available Penta vaccine.

Weaknesses:

- The proposed target of 100% coverage does not appear justified by the available evidence. The most recent administrative statistics from 2011 suggested 80% coverage, but recent surveys (2010 SHHS, 2011 coverage verification survey) suggested that coverage was lower than estimated from administrative statistics for the same period.
- Scarce reliability of data due to the fragility of the situation and to the new country coming out of a conflict situation.
- Several cold chain management issues.
- Strategies to ensure access to displaced populations and in the conflict-affected areas have not been addressed.
- If 25% wastage is anticipated, a wastage factor of 1.33 should be used rather than a wastage factor of 1.25.

Risks: Unpredictability of future developments vis a vis the conflict, particularly in the absence of efforts made to move in the direction of peace building. If the decision to procure Penta vaccine is delayed until the next WHO/UNICEF official estimates, UNICEF notes that the vaccine may not be available in time for the planned first shipment in October 2013.

Mitigating factors: International support likely to encourage peace building efforts. GAVI should communicate further with UNICEF about deadlines for committing to procurement of that vaccine for South Sudan

12. Recommendations

Vaccine: Pentavalent (DTP-HepB-Hib)
Recommendation: Approval with conditions

Conditions:

The country to produce a plan with timeline and budget for introduction of Pentavalent vaccine that addresses:

- transport arrangements and operation & maintenance costs;
- vaccine distribution, outreach, supervision, monitoring and management;
- training of health workers; and
- data collection and management.

IRC Review of Country Response to Conditions

Reviewed: Geneva, 1st – 8th March 2013

13. Review of the response to conditions

Conditions: *The country to produce a plan with timeline and budget for introduction of Pentavalent vaccine that addresses:*

- *transport arrangements and operation & maintenance costs;*
- *vaccine distribution, outreach, supervision, monitoring and management;*
- *training of health workers; and*
- *data collection and management.*

Comments: The response includes a timeline and budget for introduction of Pentavalent vaccine. The revised plan includes a discussion of transport arrangements, as well as discussions of micro-planning, management, training, supervision, data management and monitoring.

One priority that is not mentioned is a follow-up immunization coverage survey to determine whether coverage has increased dramatically as assumed by the proposal (i.e. DPT3 coverage increasing from 54% in 2010/2011 to targeted 92% in 2014).

Conclusion: **The conditions were met.**

14. Updated recommendations

Vaccine: Pentavalent (DTP-HepB-Hib)
Recommendation: Approval

Note to South Sudan:

The GAVI IRC recommends that the NIP set targets that are consistent with the findings of a more recent survey. Available data suggests that an appropriate target would be a reasonable increase beyond the 54% DPT3 coverage documented by the survey conducted from December 2011 to July 2012⁴.

⁴ The survey documented immunizations that were delivered as long ago as December of 2009 and as recently as July of 2012 (note that the coverage estimate of 54% includes some children who received DPT3 after 12 months of age). The coverage estimate of 54% can be taken as representative of the mid- point of this 31 month time period (March 2011). In contrast, the reported estimate of coverage based upon administrative statistics for the 12 month period centered on March 2011 was almost 80%. It is the impression of the IRC that the over-estimation of coverage based upon administrative statistics is likely due to an under-estimation of the target population (as has been suggested by the large numbers of children who were reached during polio NIDs).





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.