



GAVI/13/597/dlc

The Federal Minister of Health
Federal Ministry of Health
PO Box 303
Khartoum
Sudan

21 October 2013

Dear Minister,

Annual Progress Report submitted by Sudan

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

Following a meeting of the GAVI Independent Review Committee (IRC) from 15 to 26 July 2013 to consider your APR, I am pleased to inform you that the GAVI Alliance has approved Sudan for GAVI support as specified in the Appendices to this letter.

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

We would like to highlight that Sudan received a Partnership Framework Agreement in 26 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 Sudan.

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

Type of support	Appendix	Approved for 2014
New Vaccines Support (Pentavalent vaccine)	B-1	US\$6,954,500
New Vaccines Support (Rotavirus vaccine)	B-2	US\$4,640,500
New Vaccines Support (Pneumococcal vaccine)	B-3	US\$24,001,000



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

Yours sincerely,

Hind A. Khatib

Hind Khatib-Othman
Managing Director, Country Programmes

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



Appendix A

Description of GAVI support to 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 Country’s Annual Progress Report (APR); and
- The APR as approved by the the Independent Review Committee (IRC), including any subsequent clarifications.

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

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

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

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

Country Co-financing

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

Countries may select to co-finance through UNICEF Supply Division, PAHO’s Revolving Fund, or self-procure their co-financing requirement following their own procedures, except for the Pneumococcal vaccine that needs to be procured through UNICEF.

If the purchase of the co-financed supply is carried out through UNICEF or PAHO, the payment is to be made to UNICEF or PAHO (whichever is applicable) as agreed in the Procurement Services Memorandum of Understanding between UNICEF or PAHO (whichever is applicable) and the country, and not to the GAVI Alliance. Please keep in contact with UNICEF or PAHO (whichever is applicable) to understand the availability of the relevant vaccine(s) and to prepare the schedule of deliveries.



The total co-financing amount expressed in item number 14 of Appendix B does not contain costs and fees of the relevant Procurement Agency, such as contingency buffer and handling fees.

Information on these extra costs and fees will be provided by the relevant Procurement Agency as part of the cost estimate to be requested by the country. UNICEF/PAHO will share information with GAVI on the status of purchase of the co-financed supply. In accordance with the GAVI Co-financing Policy (<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>), the co-financing contribution is payable annually to UNICEF/PAHO.

If the purchase of the co-financed supply is carried out by the Government, following its own procurement procedures and not procuring from UNICEF Supply Division or PAHO's Revolving Fund, the Government must submit to GAVI satisfactory evidence that it has purchased its co-financed portion of the vaccines and related supplies, including by submitting purchase orders, invoices, and receipts to GAVI. GAVI encourages that countries self-procuring co-financed products (i.e. auto-disable syringes and syringe and needle disposal boxes) ensure that products appear on the applicable WHO list of pre-qualified products or, for syringe and needle disposal boxes, that they have obtained a certificate of quality issued by a relevant national authority.

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

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

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

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

Country Co-financing: GAVI must receive proof of country co-payment from the Country such as invoices or shipment receipts if neither UNICEF nor PAHO is the procurement agent for country co-financed vaccine for the prior calendar year.

Monitoring and Annual Progress Reports: Country's use of financial support for the introduction of new vaccinations with the vaccine(s) specified in Appendix B is subject to strict performance monitoring. The GAVI Alliance uses country systems for monitoring and auditing performance and other data sources including WHO/UNICEF immunization coverage estimates. As part of this process, National Authorities will be requested to monitor and report on the numbers of children immunised and on co-financing of the vaccine.

Country will report on the achievements and request support for the following year in the Annual Progress Report (APR). The APR must contain information on the number of children reported to have been vaccinated with DTP3 and 3 doses of pentavalent vaccine by age 12 months, based on district monthly reports reviewed by the Immunisation Coordination Committee (ICC), and as reported to WHO and UNICEF in the annual Joint Reporting Form (JRF). The APRs will also contain information on country's compliance with the co-financing



arrangements outlined in this letter. APRs endorsed by the ICC, should be sent to the GAVI Secretariat no later than 15 May every year. Continued funding beyond what is being approved in this letter is conditional upon receipt of satisfactory Annual Progress Reports and availability of funds.

REPUBLIC OF SUDAN'S VACCINE SUPPORT

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

1. Country: Republic of Sudan			
2. Grant Number: 1114-SDN-04a-X			
3. Decision Letter date: 16/10/2013			
4. Date of the Partnership Framework Agreement: Not applicable			
5. Programme Title: New Vaccine Support			
6. Vaccine type: Pentavalent			
7. Requested product presentation and formulation of vaccine: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID			
8. Programme Duration¹: 2008-201			
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):			
	2008-2013	2014	Total ²
Programme Budget (US\$)	US\$69,067,194 ³	US\$6,954,500	US\$76,021,694
10. Vaccine Introduction Grant: 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 consolidated amount for all previous years.

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	2008-2013	2014
Number of Pentavalent vaccines doses		3,291,700
Number of AD syringes		3,620,800
Number of re-constitution syringes		
Number of safety boxes		40,225
Annual Amounts (US\$)	US\$69,067,194 ⁵	US\$6,954,500
12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.		
13. Self-procurement: Not applicable		
14. Co-financing obligations: Reference code: 1114-SDN-04a-X-C According to the Co-Financing Policy, the Country falls within the intermediate 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	
Number of vaccine doses	462,000	
Number of AD syringes	508,200	
Number of re-constitution syringes		
Number of safety boxes	5,650	
Value of vaccine doses (US\$)	US\$900,140	
Total Co-Financing Payments (US\$) (including freight)	US\$976,000	
15. Operational support for campaigns: Not applicable		

⁴ This is the amount that GAVI has approved.

⁵ This is the consolidated amount for all previously approved years.



16. Additional documents to be delivered for future disbursements:

Reports, documents and other deliverables	Due dates
Annual Progress Report 2013	15 May, 2014

17. Financial Clarifications: The Country shall provide the following clarifications to GAVI*:
Not applicable

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

18. Other conditions: Not applicable.

Signed by,
On behalf of the GAVI Alliance

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

Hind Khatib-Othman
Managing Director, Country Programmes

21 October 2013



REPUBLIC OF SUDAN’S VACCINE SUPPORT

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

1. Country: Republic of Sudan			
2. Grant Number: 1114-SDN-13b-X			
3. Decision Letter no: 16/10/2013			
4. Date of the Partnership Framework Agreement: Not applicable			
5. Programme Title: New Vaccine Support			
6. Vaccine type: Rotavirus			
7. Requested product presentation and formulation of vaccine: Rota, 2 dose(s)			
8. Programme Duration⁶: 2011-2014			
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):			
	2011-2013	2014	Total ⁷
Programme Budget (US\$)	US\$33,028,322 ⁸	US\$4,640,500	US\$37,668,822
10. Vaccine Introduction Grant: Not applicable			

⁶ This is the entire duration of the programme.

⁷ 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.

⁸ This is the consolidated amount for all previous years.

11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):⁹		
Type of supplies to be purchased with GAVI funds in each year	2011-2013	2014
Number of Rotavirus vaccines doses		1,842,800
Number of AD syringes		
Number of re-constitution syringes		
Number of safety boxes		
Annual Amounts (US\$)	US\$33,028,322 ¹⁰	US\$4,640,500
12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.		
13. Self-procurement: Not applicable.		
14. Co-financing obligations: Reference code: 1114-SDN-13b-X-C According to the Co-Financing Policy, the Country falls within the intermediate 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
Number of vaccine doses		249,500
Number of AD syringes		
Number of re-constitution syringes		
Number of safety boxes		
Value of vaccine doses (US\$)		US\$595,746
Total Co-Financing Payments (US\$) (including freight)		US\$628,000
15. Operational support for campaigns: Not applicable		

⁹ This is the amount that GAVI has approved.

¹⁰ This is the consolidated amount for all previously approved years.



Additional documents to be delivered for future disbursements:	
Reports, documents and other deliverables	Due dates
Annual Progress Report 2013	15 May, 2014

16. Financial Clarifications: The Country shall provide the following clarifications to GAVI*:
**Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements*

17. Other conditions: Not applicable.

Signed by,
On behalf of the GAVI Alliance

Hind A. Khatib

Hind Khatib-Othman
Managing Director, Country Programmes

21 October 2013

SUDAN’S VACCINE SUPPORT

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

1. Country: Republic of Sudan			
2. Grant Number: 1214-SDN-12c-X			
3. Date of Decision date : 16/10/2013			
4. Date of the Partnership Framework Agreement: Not applicable			
5. Programme Title: New Vaccine Support			
6. Vaccine type: Pneumococcal			
7. Requested product presentation and formulation of vaccine: Pneumococcal (PCV13), 1 dose(s) per vial , LIQUID <i>LIQUID</i>			
8. Programme Duration¹¹: 2013-2014			
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):			
	2013	2014	Total ¹²
Programme Budget (US\$)	US\$15,226,000 ¹³	US\$24,001,000	US\$39,227,000
10. Vaccine Introduction Grant: Not applicable			

¹¹ This is the entire duration of the programme.

¹² 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.

¹³ This is the consolidated amount for all previous years.

11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):¹⁴		
Type of supplies to be purchased with GAVI funds in each year	2013	2014
Number of Pneumococcal vaccines doses		4,549,400
Number of AD syringes		4,793,500
Number of re-constitution syringes		
Number of safety boxes		53,250
Annual Amounts (US\$)	US\$15,226,000 ¹⁵	US\$24,001,000
12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.		
13. Self-procurement: Not applicable.		
14. Co-financing obligations: Reference code: 1214-SDN-12c-X-C According to the Co-Financing Policy, the Country falls within the intermediate 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	
Number of vaccine doses	305,400	
Number of AD syringes	321,700	
Number of re-constitution syringes		
Number of safety boxes	3,575	
Value of vaccine doses (US\$)	US\$1,035,694	
Total Co-Financing Payments (US\$) (including freight)	US\$1,117,000	
15. Operational support for campaigns: Not applicable		

¹⁴ This is the amount that GAVI has approved.

¹⁵ This is the consolidated amount for all previously approved years.



16. Additional documents to be delivered for future disbursements:	
Reports, documents and other deliverables	Due dates
Annual Progress Report 2013	15 May 2014
17. Financial Clarifications: The Country shall provide the following clarifications to GAVI*: Not applicable <i>*Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements</i>	
18. Other conditions: Not applicable	

Signed by,
On behalf of the GAVI Alliance

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

Hind Khatib-Othman
Managing Director, Country Programmes

21 October 2013

Type of report: Annual Progress Report

Country: Sudan

Reporting period: 2012

Date reviewed: July 2013

1. Background Information

Surviving Infants (2012):

UNPD 1,263,412

JRF 1,438,651

DTP3 coverage (2012):

-
-

JRF Official Country Estimate: 92

WHO/UNICEF Estimate: 92

Table 1. NVS and INS Support

NVS and INS support	Approval Period
Hepatitis B monovalent	2004-2010
DTP-HepB-Hib	2008-2014
Rotavirus	2011-2014
PCV13	2013-2014
Meningococcal type A	2012-2013
INS	2002-2004

Table 2. Cash Support

Cash support	Approval Period
ISS 1	2002-2004
ISS2	2006-2012
HSS	2008-2012
CSO Type A	NA
CSO Type B	NA

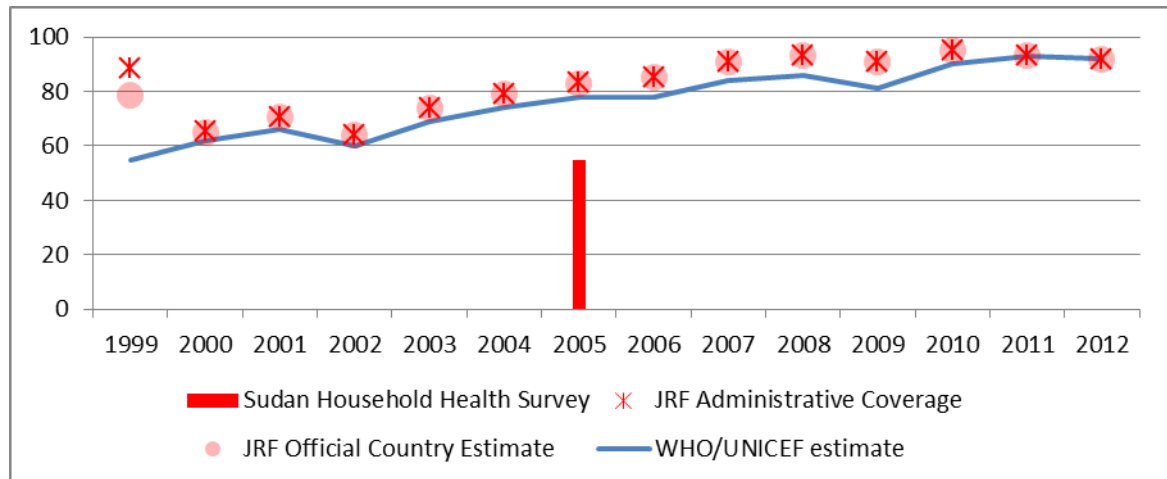
2. Composition and Functioning of Inter-agency Coordinating Committee (ICC) / Health Sector Coordinating Committee (HSCC)

The ICC only had one meeting in 2012 and two in 2011. It does not appear to be fully functional. However, it did have a meaningful discussion in its meeting to approve the 2012 APR. The ICC attendance included representatives from the Ministry of Health, Ministry of Finance, WHO, UNICEF, other Ministries (International Cooperation and Local Government). It also had representation from two NGOs: Rotary and SRCS. Concern was raised about the non-payment of the co-financing, gender disaggregation of data, and social mobilization issues.

An HSCC meeting on March 15, 2013 was held to approve the HSS APR.

Programme and Data Management

DTP3 coverage has been increasing over time, from 55 in 1999 to 92% in 2012.



Brief Summary of achievements and challenges to program performance

The country is doing well in terms of reaching high levels of coverage. Its coverage targets are close to being achieved. The only vaccine where the coverage was considerably lower than planned is rotavirus vaccine. A few problems identified were that 1) pentavalent1 coverage was higher than 100 in some districts, suggesting that the population numbers are incorrect; 2) a yellow fever outbreak occurred in Darfur, and 3) there was insecurity in some areas of the country.

One data quality issue identified is that no new survey has been undertaken since 2006. A household survey was conducted in 2010 but limited results are available. The APR stated that there is monitoring of quality index and verification factor at all levels as part of DQS activities. To further improve data quality, the MoH plans to put more activities into place to monitor data quality such as mini-surveys, coverage surveys for selected states, training of the new focal persons and refresher trainings for service providers, and continuous supervision of the data system and performance quality.

3. Gender and Equity Analysis

The EPI reported DTP3 disaggregated by gender in 2011 but not in 2012. Although EPI adopted the policy of coverage data collection segregated by gender, some states (Darfur states) did not report the coverage data by gender. Therefore, it was difficult to calculate the coverage rates by gender at the national level. The reason for not reporting by gender was administrative data management problem.

The APR mentions that expansion of PHC services (horizontally by expanding the network and the range of services offered and vertically by reaching out to communities) is aimed at improving equity in access and providing an integrated, high quality, patient centered approach. It is one of the strategic directions of The Sudan National Health Sector Strategic Plan, 2012-13 that aim at achieving universal coverage with appropriate and affordable services and thus achieving the overall health goals set for the country.

4. Immunisation Services Support (ISS)

\$1,652,500 was received in 2012 for ISS. The funds were used to implement strategies to reach un-immunized children through annual micro-plans developed at the central and state level. The utilization of ISS funds was regulated by the Federal Ministry of Health through its



auditing system of finance and according to the Ministry of Finance rules and regulations. The TAP pre-assessment reports that the ISS Audit Report 2012 not provided yet.

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

Sudan is receiving two routine vaccines as well as support for Meningococcal type A vaccine for campaigns. It has not yet introduced PCV-13.

Pentavalent vaccine: Fewer than planned shipments of pentavalent vaccine were received and the delayed shipments were received in 2013. However, it did not affect the vaccine coverage which remains high. There were no problems with cold chain, no doses were discarded and no stock-outs at any level. The country did not pay the co-financing portion of the vaccines in 2012 and was in default until 2013 when the co-financing was paid.

Rota vaccine: The rotavirus vaccine also had delayed shipments that were received in 2013 and a delay in paying the co-financing for the vaccine. It had lower coverage than anticipated. There were no problems with the cold chain and stock-outs at any level.

According to UNICEF records, Sudan received 2,911,500 rotavirus doses in 2012 and 3,000 doses were damaged during loading by GSK in June. These doses were delivered in November together with other shipment doses. 562,600 doses together with the 2012 co-financing quantity were carried over to 2013.

The Post-Introduction Survey for rotavirus was conducted in November 2012.

Meningococcal type A: All shipments were received before the campaign date and the campaign was conducted as planned. Campaigns were conducted in ten states with high administrative coverage.

The first phase of the Men A campaign took place in 2012, the second phase has been implemented in Q2 2013. TAP indicated an issue that financial statements seem to be prepared by the EPI department, while funds have been transferred to UNICEF and WHO.

Comment on 2014 vaccine request:

An adjustment was made to 2014 vaccine request since the coverage was over 100% in some areas indicating some incorrect population estimates. The achieved Penta1 coverage in 2012 is used as baseline in states where the achieved first dose coverage is higher than 100% and higher than the projected census estimates. Wastage rates are reasonable – e.g. 5% for one dose vials.

Cold Chain Capacity or Issues: Last EVM was conducted in 2010 and the next one will take place in October 2013. Some cold chain issues were identified – i.e. that continuous rehabilitation is required to maintain functionality of the cold chain at sub-national levels. They also plan to install nine new cold rooms at state level, two cold rooms at local level, two at central store, and 71 refrigerators at the service delivery sites to expand the immunization network and increase the storage capacity and maintaining high quality of vaccines

Surveillance systems/data for new vaccines: Lab based surveillance activities are conducted for Rota virus gastroenteritis and bacterial meningitis.

The country has the capacity to meet its 2014 targets despite the difficulties with insecurities in the country.

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

Sudan is in the intermediate co-financing group with a GNI of 1,310 in 2011. It started mandatory co-financing of pentavalent vaccine in 2008 and rotavirus vaccine in 2011 but is



underperforming. It defaulted in 2012 but paid the arrears in the following year. The source of co-financing payments is the government. The country does not pay for its traditional vaccines and these are paid for by UNICEF, indicating a low level of financial sustainability.

The TAP notes one discrepancy in financial flows: i.e. a total of \$ 10,987,008 has been provided by GAVI to UNICEF and WHO, while the FS states a fund receipt of \$ 10,217,917. The difference of \$769,091 (7%) appears to be the management fee, but needs to be accounted for.

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

Sudan has a national AEFI expert review committee. Sudan has implemented its waste management plan but it did not include incinerators) due to lack of appropriate funding. Dig and bury and burn were used to process the wastages.

8. Health Systems Strengthening (HSS):

The final tranche of funding for HSS to the MOH was supposed to be transferred in 2012 but has yet to be transferred. Delay in implementation has been attributed to the delay in release of funds for the 4th year (funds received in October 2012).

The output indicators are in line with the original proposal, however, the country is not providing information about the impact and outcome indicators. Output indicators show varying degrees of progress but still some of them are not reaching their targets. Several training activities were conducted but were not completed due to problems in development of integrated manuals (PHC workers & leadership and management). They conducted several activities to attain 75% equitable coverage and access to quality PHC services necessary for improved maternal health and child survival in the 4 targeted states but did not complete this activity. The reform of the integrated health information system resulted in the delay of related activities and other activities took longer than was anticipated – e.g. PHI diploma. The only other source of funding for sustaining HSS activities at present is the Global Fund.

The country is requesting a no cost extension to finish the use of its funds. TAP noticed that it has not yet received the audit of its HSS funds.

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

10. Risks and mitigating factors

The country has continuing civil unrest and declining oil revenues. Thus, it is more difficult for it to meet its co-financing obligations and become financially sustainable.

11. Summary of 2012 APR Review

Sudan has made very good achievements in health system strengthening in general and immunization service coverage in particular, under a difficult situation. In addition to traditional vaccines, Men A and PCV3 have been added in the list of immunization services available nationwide. However, there are still a few challenges to be tackled: improve service coverage rates in disadvantaged areas, particularly for Rota vaccine (2nd dose); establish and strengthen national health information system including regular national household health survey, at least every five years; and ensure timely disbursement of co-financing from national government to UNICEF for vaccine and other product procurements.

12. IRC Review Recommendations

ISS: NA



NVS: Pentavalent Vaccine: Approve 2014 NVS support based on country request target

Rotavirus Vaccine: Approve 2014 NVS support based on country request target

HSS: Approve country funding request of a no cost extension

13. Short-term Clarifications Required with Approved Funding

- Separate 2012 financial statements to be provided by UNICEF and WHO relating to Campaign Operational Support (COS) Funds
- Provide 2012 audit reports for ISS and HSS.



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.

