



GAVI/13/597/dlc

The Minister of Health
Ministry of Health
Navoi Str. 12
700011 Tashkent
Uzbekistan

[Handwritten signature]

15 November 2013

Dear Minister,

Annual Progress Report submitted by Uzbekistan

I am writing in relation to Uzbekistan'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 Uzbekistan for GAVI support as specified in the Appendices to this letter. This letter and its appendices also includes the support for the introduction of rota virus vaccine as it was approved by the GAVI Executive Committee (EC), at its meeting on 15 February 2013.

The Appendices includes the following important information:

Appendix A: Description of approved GAVI support to Uzbekistan

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 Uzbekistan:

Type of support	Appendix	Approved for 2014
New Vaccines Support (pentavalent vaccine)	B-1	US\$1,575,500
New Vaccines Support (Rota virus vaccine)	B-2	US\$3,374,000
Vaccine introduction grant (Rota virus vaccine)	B-2	US\$534,000



Please do not hesitate to contact my colleague Nilgun Aydogan (naydogan@gavialliance.org) if you have any questions or concerns.

Yours sincerely,

A handwritten signature in black ink that reads "Hind Khatib-Othman". The signature is written in a cursive, flowing style.

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
 WHO HQ
 WHO EURO
 UNICEF Programme Division
 UNICEF Supply Division
 UNICEF Regional Office
 The World Bank



Appendix A

Description of GAVI support to Uzbekistan (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-1 and B-2 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.

Uzbekistan VACCINE SUPPORT
This Decision Letter sets out the Programme Terms of a Programme.

1. Country: Uzbekistan				
2. Grant Number: 1315-UZB-04c-X				
3. Decision Letter date: 28/10/2013				
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, 10 dose(s) per vial, LIQUID				
8. Programme Duration¹: 2009-2015				
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):				
	2009-2013	2014	2015	Total ²
Programme Budget (US\$)	US\$26,742,275 ³	US\$1,575,500	US\$3,236,500	US\$31,554,275
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	2009-2013	2014
Number of Pentavalent vaccines doses		713,500
Number of AD syringes		705,500
Number of re-constitution syringes		
Number of safety boxes		7,850
Annual Amounts (US\$)	US\$26,742,275 ⁵	US\$2,866,500
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: 1315-UZB-04c-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	2015
Number of vaccine doses	188,500	453,500
Number of AD syringes	185,900	
Number of re-constitution syringes		
Number of safety boxes	2,075	
Value of vaccine doses (US\$)	US\$366,485	
Total Co-Financing Payments (US\$) (including freight)	US\$415,000	US\$999,500
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*:

**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 black ink, appearing to read "Hind Khatib-Othman".

Hind Khatib-Othman
Managing Director, Country Programmes

15 November 2013

Uzbekistan VACCINE SUPPORT
This Decision Letter sets out the Programme Terms of a Programme.

1. Country: Uzbekistan				
2. Grant Number: 1315-UZB13b-X /13-UZB-08b-Y				
3. Decision Letter date: 28/10/2013				
4. Date of the Partnership Framework Agreement: Not applicable				
5. Programme Title: New Vaccine Support				
6. Vaccine type: Rota Virus Vaccine				
7. Requested product presentation and formulation of vaccine: Rotavirus, 2 dose(s)				
8. Programme Duration⁶: 2014-2015				
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):				
	2014	2015		Total ⁷
Programme Budget (US\$)	US\$2,229,000 ⁸	US\$3,374,000		US\$5,603,000
10. Vaccine Introduction Grant: US\$534,000 payable in 2014 upon vaccine introduction grants plans and budget communicated to GAVI and upon signing on grant agreement with WHO as the country requested funds to be sent to WHO country office.				

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	2014	2015
Number of Pentavalent vaccines doses	885,000	
Number of AD syringes		
Number of re-constitution syringes		
Number of safety boxes		
Annual Amounts (US\$)	US\$ 2,229,000	US\$0.00
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: 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	2015
Number of vaccine doses	76,500	135,000
Number of AD syringes	0	
Number of re-constitution syringes		
Number of safety boxes		
Value of vaccine doses (US\$)	US\$182,525	
Total Co-Financing Payments (US\$) (including freight)	US\$192,500	US\$339,500
15. Operational support for campaigns: Not applicable		

⁹ This is the amount that GAVI has approved.



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*: <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 black ink that reads "Hind Khatib-Othman".

Hind Khatib-Othman
Managing Director, Country Programmes

15 November 2013

Type of report: Annual Progress Report
Country: Uzbekistan
Reporting period: 2012
Date reviewed: 18 July 2013

1. Background Information

Surviving Infants (2012): 603,156 (JRF)

DTP3 coverage (2012):

- JRF Official Country Estimate: 99%
- WHO/UNICEF Estimate: 99%

Table 1. NVS and INS Support

NVS and INS support	Approval Period
Hep B mono	2001 - 2008
DTP-HepB-Hib	2009 - 2015
Rotavirus	2013 - 2015
INS	2002 - 2005

Table 2. Cash Support

Cash support	Approval Period
ISS	2006 - 2006

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

Uzbekistan's ICC is chaired by the Deputy Minister of Health. Membership includes state health authorities and WHO and UNICEF, and no CSO. The main ICC functions are coordination of all issues related to immunisation and vaccine-preventable diseases in the country; coordination and facilitation of the National Immunisation Programme (NIP) implementation; strengthen NIP management; review the national EPI policy and strategies; foster partnerships in the immunisation field; and mobilise resources. The ICC approved the formation of a NITAG, which is headed by the Head of Department of Pediatrics and Infectious Diseases.

The ICC met five times in 2012 suggesting that the ICC is a functional coordination mechanism. Topics discussed included: (1) composition and status of NITAG; (2) justification for introduction of rotavirus vaccine; (3) review of application for rotavirus vaccine introduction; (4) changes to preventive injections schedule, and (5) preparation of the APR2012. The APR 2012 was endorsed by all ICC members and all signatures were provided. The signature of both the Minister of Health and the delegated authority of the Minister of Finance were provided.

3. Programme and Data Management

Since 1999, Uzbekistan has maintained universal national coverage of DPT3. Administrative coverage data fully correlate with WHO and UNICEF estimates (Figure 1).

However, there are data quality issues. The multiple indicator cluster survey (MICS) of 2006 put DTP3 coverage for 2005 93%; even though administrative data and WHO/UNICEF estimates put the figure at 99%. A MICS survey for 2011 was reported, but the data have not yet been reported. The APR 2012 states that in 2012, there was an increase in birth

cohort by 8,000 as compared to 2011 due to Uzbekistani citizens living abroad moving back and giving birth in Uzbekistan.

However, Table 4 (baseline and annual targets) shows the projected number of pregnant women (630,000), births (625,000), deaths (7,000), and surviving infants (618,000) to remain constant from 2012 to 2015.

Given the data quality issues outlined above, the IRC notes with satisfaction the commitment of Uzbekistan to maintain improvement to administrative data system as a component of the on-going health reform project. The IRC commends the country’s plans to equip all primary data-reporting units with computers and electronic reporting forms. However, the Government of Uzbekistan is encouraged to improve the reporting of the data targets as described above.

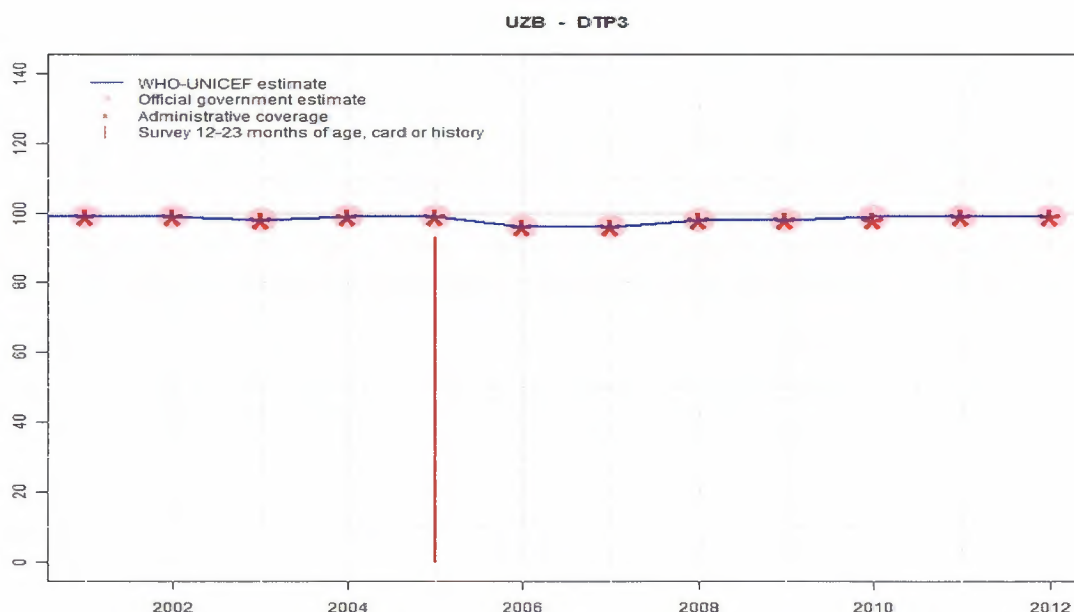


Figure 1: (Source: http://www.who.int/immunization_monitoring/data/uzb.pdf)

4. Gender and Equity Analysis

No sex-disaggregated data are available. However, the APR states that “there are no gender disparities in reaching children with immunisation in Uzbekistan”. Given the very high vaccine coverage results it can be indeed assumed that there are no difference in vaccine coverage rates by gender. The country does not bring up any other inequality issue in regards to immunisation access. In addition, the JRF shows that all 196 districts submit their immunisation data reports regularly (i.e. 100% completeness) and all districts have reported DTP3 coverage of at least 90%. This implies that Uzbekistan has met the target of the Global Immunisation Vision and Strategy (GIVS).

5. Immunisation Services Support (ISS)

Not applicable

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

Pentavalent: 2012 performance:

As per APR 2012, 2,096,200 pentavalent vaccine doses were approved and by 31st Dec 2012 2,401,000 doses were received. The APR states that problems with custom procedures were encountered but this not fully explain the observed discrepancy mentioned above.



No shipment delays or stock-outs have been reported by either ICC or UNICEF Supply Division. However the PEI reported that vaccine stock-outs have occurred in selected places. The country reported a substantial stock of 1,500,000 pentavalent vaccine stock as of 1 Jan 2013. The IRC takes note that the approved number of pentavalent vaccine doses for 2013 have been reduced from 1,813,000 to 1,309,500 doses following a request by the country to GAVI on 29 January 2013.

Uzbekistan was originally approved for 1-dose DTP-HepB-Hib vaccine and for 2013 it requests a shift towards 10-dose vials. UNICEF SD records, 10-dose Penta was already shipped to Uzbekistan in 2012. The precise nature of this request needs to be clarified.

There is insufficient clarity about the targets set for calculating vaccine and injection safety requirement (Table 7.11.1). Specifically:

- Targets for 2013-2015 **for penta3 are higher than penta1** (similar to negative drop-out rates reported for 2012 in Table 4).
- The **wastage rate** is estimated **at 5%** (1.05 wastage factor) and this seems too low given that the wastage rate in 2012 was 11% and 15% is recommended by GAVI.

US\$149,068.70 Penta Introduction Grant for Uzbekistan was channelled through UNICEF in May 2011. Based on the UNICEF 2012 financial statement, US\$74,712 was used in 2012 and US\$79,631 was carried over from 2011. All funds were disbursed in 2012, US\$39,373K for supplies and US\$ 41,056 for training on safe immunization.

The PIE (Nov 2011) reported that the pentavalent vaccine introduction experience was positive since the introduction went smoothly and the pentavalent vaccine was well accepted by the population. The cold chain capacity looks sufficient for the current EPI on the availability of adequate cold chain storage capacity at all levels, the availability of contingency plans and backup generators at national/provincial level, and raised concerns regarding future human resource availability at central/provincial level in light of the new introduction of PCV vaccine (2013) and Rota (2014). UNICEF ordered the required number of cold rooms from its core budget. Cold rooms were expected to be installed before the end of July 2012.

The last EVM assessment was conducted in May 2012 and indicates effective vaccine management practices. All Oblast and Rayon stores exceed the 80% satisfactory level for all 9 criteria while health centers exceed the 80% satisfactory level for 8/9 criteria (building equipment and transport 73%) However, the vaccine management at the central store is less effective with only 3/9 criteria above the 80% of the satisfactory level. Criteria to be improved upon include: temperature monitoring, buildings, cold chain equipment and transport systems, maintenance, stock management, distribution, and MIS, supportive management functions. The next EVM assessment is planned for May 2015.

Per 2012 APR Uzbekistan is a member of Invasive Bacterial Disease (IBD) surveillance network and sentinel surveillance started in Q4 2011. Currently, the rota sentinel surveillance programme stopped due to a lack of funding and is pending approval for revival by WHO. The NITAG was established in June 2012 and has reviewed and endorsed the application for rotavirus vaccine introduction which was based on results of special studies, among others. The IBD surveillance results will be discussed by NITAG in 2013.

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

Uzbekistan is in the intermediate co-financing group, soon to be graduating country. The country started mandatory co-financing of pentavalent vaccine in 2009. The country defaulted in 2009 but fulfilled the obligation the following year; in 2012, **it co-financed higher amounts than the minimum required.**

The IRC commends the Government of Uzbekistan for funding 45% of the total NIP expenditures in 2012, including 100% of traditional vaccines, injection supplies and personnel costs.



Uzbekistan has also fulfilled its commitment for co-financing GAVI-supported Penta vaccine in 2012 (US\$ 0.34 per dose). The country commits to continue co-financing GAVI-awarded vaccines by allocating US\$ 0.40 per dose in 2013 (20% of projected vaccine cost); US\$ 0.46 in 2014 (23%) and US\$ 0.52 in 2015 (27%).

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

No Adverse Event is reported for 2011 and Uzbekistan seems to have an adequate AEFI system in place, including the national vaccine safety plan, dedicated capacity for vaccine pharmacovigilance and AEFI expert review committee.

For 2012 the APR reports that single-use syringes are still being used for Tetanus Toxoid vaccine and the IRC hope that the county will also start using AD syringes for this antigen.

9. Health Systems Strengthening (HSS)

Not applicable

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

Not applicable

11. Risks and mitigating factors

NA

12. Summary of 2012 APR Review

Uzbekistan has to be congratulated for a well-performing immunisation programme with consistently high national and sub-national coverage rates, governmental commitment for financing routine programme operations and meeting GAVI co-financing obligations. The Government is highly recommended to engage civil society partners in ICC work as well as major in-country players in immunisation (e.g. World Bank, ADB, JICA). Furthermore, Uzbekistan is urged to ensure full transition to AD syringes for both routine and supplemental immunisation activities in line with WHO-UNICEF-UNFPA joint statement on Injection Safety;

Remaining gaps in immunisation data management as evident by negative drop-out rates for DPT1/DPT3 and unrealistic (> 100%) coverage estimates for BCG may be addressed.

13. IRC Review Recommendations

- **ISS:** N/A
- **NVS:** Approve 2014 pentavalent vaccine support based on country request target.
- **HSS:** N/A

14. Clarification Required with Approved Funding

NA



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.