



GAVI/13/203/MK/RK

The Minister of Health
Ministry of Health
138A Giang Vo Street
Hanoi
Vietnam 10000

08 April 2013

Dear Minister,

Viet Nam's Proposal to the GAVI Alliance

I am writing in relation to Viet Nam's proposal to the GAVI Alliance for New Vaccines Support for **Measles-Rubella Campaign**, which was submitted to the GAVI Secretariat in August 2012.

Following a meeting of the GAVI Executive Committee (EC) on 15 February 2013 to consider the recommendations of the Independent Review Committee (IRC), I am pleased to inform you that Viet Nam has been approved with clarifications for GAVI support as specified in the Appendices to this letter. The support also includes the Vaccine Introduction Grant and Operational Support which were approved by the CEO on 27 March 2013. Viet Nam has since provided a satisfactory response to the clarifications that were required by the IRC.

Measles-Rubella campaigns are exempt from co-financing, however the country will cover the cost of the vaccines when the GAVI-supported campaign has reached its completion.

For your information, this document contains the following important attachments:

Appendix A: Description of approved GAVI support to Vietnam

Appendix B: Financial and programmatic information for Measles-Rubella campaign

Appendix C: A summary of the IRC Report

Appendix D: The terms and conditions of GAVI Alliance support

GAVI Alliance has 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 includes appendices in the same format as Appendix B. GAVI will be in contact with you shortly in relation to this transition to the PFA with detailed supporting information.

The following table summarises the outcome for each type of GAVI support applicable to Vietnam:

New Vaccines Support <i>Type of vaccine</i>	Approved for the first year (2013)	Approved for the second year (2014)
Measles Rubella Lyophilized vaccine	US\$ 4,142,000	US\$ 14,257,000
Measles Rubella Vaccine Introduction Grant	US\$ 1,357,500	
Operational support for campaigns	US\$8,159,650	US\$6,741,925

Please do not hesitate to contact my colleague Raj Kumar - rajkumar@gavialliance.org if you have any questions or concerns.

Yours sincerely,



Hind Khatib-Othman
Managing Director, Country Programmes

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

Description of GAVI support to *Vietnam* (the “Country”)

New Vaccines Support (NVS) – Measles-Rubella campaign

The GAVI Alliance has approved the Country’s request for supply of vaccine doses and related injection safety materials which are estimated to be required for the 2013 and 2014 immunization programme as set out in Appendix B. Financing provided by GAVI for vaccines will be in accordance with:

- The GAVI Alliance Guidelines governing Viet Nam’s proposal application; and
- The final proposal as approved by the IRC, including any subsequent clarifications.

The MR vaccines provided are to be used for the MR campaign to immunise children in the age range as indicated in the proposal. 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 2013 and 2014.

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

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

Measles-Rubella campaigns are exempt from co-financing

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 then-current 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).

Monitoring and Annual Progress Reports: Vietnam’s use of financial support for the introduction of new vaccinations with Measles-Rubella vaccines is subject to strict performance monitoring. The GAVI Alliance uses country systems for monitoring and auditing performance as well as 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 the delivery of funds to co-finance the vaccine.

Vietnam 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 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.

Measles-Rubella VACCINE SUPPORT

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

1. Country: Vietnam					
2. Grant Number: 1314-VNM-18a-X / 13-VNM-08e-Y / 1314-VNM-20a-Y					
3. Decision Letter no: 1					
4. Date of the Partnership Framework Agreement: N/A					
5. Programme Title: New Vaccine Support (NVS)					
6. Vaccine type: Measles-Rubella					
7. Requested product presentation and formulation of vaccine: Measles Rubella, 10 dose(s) per vial, LYOPHILISED					
8. Programme Duration¹: 2013 - 2014					
9. Programme Budget (indicative): (subject to the terms of the Partnership Framework Agreement)					
	2013	2014	2015	2016	Total²
Programme Budget (US\$)	US\$4,142,000	US\$14,257,000			US\$18,399,000
10. Vaccine Introduction Grant: US\$ 1,357,500 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	2013	2014			
Number of Measles-Rubella vaccines doses	6,340,300	20,711,900			
Number of AD syringes	5,964,200	19,483,200			
Number of re-constitution syringes	703,800	2,299,100			
Number of safety boxes	74,025	241,800			
Annual Amounts (US\$)	US\$4,142,000	US\$14,257,000			
12. Procurement agency: : 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. *Ceci est le montant approuvé par GAVI. Prière de modifier les montants annuels indicatifs des années précédentes si cela change ultérieurement*

14. Co-financing obligations:

Not applicable

15. Operational support for campaigns: The support for operational costs for MR campaign will be disbursed in cash to the account as mentioned in the proposal unless otherwise specified

	2013	2014
Grant amount (US\$)	US\$8,159,650	US\$6,741,925

16. Additional documents to be delivered for future disbursements: The Country shall deliver the following documents by the specified due dates as part of the conditions to the approval and disbursements of the future Annual Amounts.

Reports, documents and other deliverables	Due dates
N/A	N/A

17. Clarifications: The country provided the requested clarifications which were found to be satisfactory

18. Other conditions: Not applicable.

Signed by

On behalf of the GAVI Alliance

Hind Khatib-Othman
Managing Director, Country Programmes
08 April 2013

IRC NVS Country Report

Country: Vietnam
 Type of support requested: NVS
 Vaccines requested: Measles Rubella Preventive Campaign
 Reviewed: Geneva, 8th – 19th October 2012

Country profile/Basic data

Population (2011)	87,840,600	Infant mortality rate (2011)	16/1000
Birth cohort (2012)	1,676,394	Govt health expenditure as a % of general govt expenditure (2009)	9%
Surviving infants (2011)	1,607,351	GNI/capita (2011)	\$ 1260
DTP3 coverage (administrative)	95%	Co-financing country group	Intermediate

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

Vietnam seeks support for an Measles Rubella (MR) catch-up campaign, plus a vaccine introduction grant to introduce the MR vaccine into routine childhood immunization services. The MR campaign will target male and female persons aged 9 months to 14 years in 2013 and 2014. The total cash value of the request is US\$ 35,706,139.

2. History of GAVI support

Table 1: NVS and INS Support

NVS and INS support	Approval Period
HepB	2002 – 2007
DTP-HepB-Hib	2007 – 2015
MSD	2007 – 2011
INS	2003 – 2006

Table 2: Cash Support

Cash support	Approval Period
ISS 1	2007 – 2012
HSS	2007 – 2012
HSFP	2012 - 2015

3. Composition & Functioning of the ICC

The ICC was formed in 2000 as a stand-alone committee in Vietnam. Membership includes UNICEF, WHO, PATH, JICA, Lux-VIE025 Project, NIHE-NEPI, MOH, MOF, MPI and relevant stakeholders. The functions of the ICC are to review and endorse EPI annual and five-year plans, country proposals and reports and other relevant documents prepared by the National EPI; to review progress in achieving milestones/objectives; to coordinate actions needed to overcome constraints and achieve milestones/objectives; and to mobilize funding and assist in planning and monitoring in areas of priority as determined by the National Steering Committee for EPI. The ICC meets every three to six months, and meeting minutes demonstrate substantial discussion between the ICC members on different EPI issues including GAVI support.

The proposal for the catch-up MR campaign was reviewed and endorsed by the ICC on 27th August 2012. Signatures of four members of the ICC (representing WHO, UNICEF, JICA and PATH), along with minutes of the meeting, are also enclosed. Minutes of this meeting reflect a good discussion of the issue of financial sustainability. The other issues discussed at this meeting included the supply for the pentavalent vaccine in 2012 and planned mass polio campaigns in high risk districts.

4. Status of the National Immunization Programme

Surveillance data from Vietnam show that rubella occurs in cyclic patterns, with outbreaks at predictable intervals. From 2004 through 2011, the mean annual number of reported cases was 3,648. The incidence of rubella ranged from 1.03/100,000 population in 2008 to 13.29/100,000 population in 2005. The sex ratio is 1:1. Nearly half (41.6%) of rubella cases occurred in children under 15 years of age between 2005 and 2011. The proportion increased to 82.9% during non-epidemic years, suggesting that this age group plays an important role in maintaining continuous chains of rubella transmission. Approximately 56% of female cases were child bearing age women, raising the probability that pregnant women will be infected, and their children will be born with congenital rubella syndrome (CRS, which most commonly presents as congenital deafness, cataracts, glaucoma, retinopathy, heart defects, and/or mental retardation). CRS sentinel surveillance was established in two central hospitals in 2011. Preliminary results reveal 161 confirmed CRS cases and three deaths among 189 suspected cases; 82% of confirmed CRS cases had multiple birth defects. Therefore, rubella is a serious health and social burden in Vietnam.

The EPI programme seems to be performing well, with WHO/UNICEF estimates of coverage with the first dose of a measles-containing vaccine (MCV1) at least 92% each year since 2008. However, the JRF country official estimates of MCV1 coverage are missing since 2005, which suggests some shortfalls in immunization data quality.

Vietnam has a rich history of measles campaigns and of introducing new vaccines into the routine childhood immunization programme, including pentavalent (DTP-HepB-Hib), measles second dose (MCV2), fourth dose of DTP, and the Japanese encephalitis vaccine. The MCV2 was introduced in 2007 nationwide and is provided at school age (grade 1) with support from GAVI. From 1st April 2011, the MCV2 changed to 18 months of age instead of 6 years of age. In 2012, the costs for implementing the MCV2 are covered by the Government. MCV2 coverage has been more than 90% since 2007. The lessons learnt from these introductions and previous mass vaccination campaigns will be used to ensure the planned MR campaign and introduction of MR into routine immunization services work well.

The country does not routinely report on sex-disaggregated data but such information is included in the coverage survey conducted every five years as part of the EPI review. Gender and equity issues have not been addressed as part of the application. The proposal states that evidence from the 2009 EPI review showed no significant difference in coverage between boys and girls in the 30-cluster coverage survey done in six provinces. The high coverage of more than 95% was maintained for all antigens. In the introduction plan, it is mentioned that between from 2004 and 2011 the mean number of reported cases of rubella was 3,648. The sex ratio of cases was 1:1 and, while most cases occurred in children under 15 years of age, approximately 56% of female cases were women of child bearing age. However, the plan goes on to say that 'MR vaccine will initially be introduced only as part of the infant immunization schedule; in 2014/2015 there are no plans to provide MR vaccine to women of child bearing age or post-partum mothers. A challenge noted in the cMYP is to maintain high immunization coverage, especially in hard to reach areas. It is also noted that a rubella outbreak in Cu Chi district of Ho Chi Minh city caused more than 1,000 cases, 70% of which were among women, 10% of whom were pregnant. The cMYP states that the 2007 Law on Communicable Disease Prevention and Control mandates the provision of free compulsory immunization to all children and pregnant women. It is unclear whether MR is/will be on the compulsory list for routine delivery.

5. Comprehensive Multi Year Plan (cMYP) overview

The cMYP (2011-2015) is aligned with the Government Policy and Strategy for Protection and Care of the People's Health (2011-2015). The latter identifies ten priority preventive programmes, including the Expanded Programme on Immunization (EPI), malaria control, TB control, dengue fever control, HIV/AIDS control, nutrition programme, mental health and food safety and hygiene, reproductive health, school health, and military civilian health collaboration. The specific objectives of the five-year health plan are to reduce morbidity and mortality due to epidemic diseases; prevent, control and manage non-infectious diseases; enhance equity in access to and use of health care services; and to improve quality of care. Annual health sector plans with annual budget are prepared every year on the basis of the five-year plan. The budget for the implementation of health sector is approved on an annual basis by the government. Vietnam's financial year runs from 01 January to 31 December. The EPI programme prepares annual work plans based on the multiyear cMYP for annual budgeting and implementation.

6. New vaccine introduction plan

The MR vaccine introduction plan provides ample justification for the introduction of the MR vaccine in Vietnam. The introduction of the vaccine seems timely and appropriate. The requested presentation is relevant to the country setting and in line with the experience of a solid measles control programme.

A catch-up campaign with MR for children aged 9 months to 14 years of age will be conducted in three phases, based on cold chain capacity analysis at different levels:

- Phase 1 (October to December 2013): 5,373,072 target population 11-14 years old (6-9 grade);
- Phase 2 (April to June 2014): 6,995,664 target population 7-11 years old (1 - 5 grade); and
- Phase 3 (October to December 2014): 10,556,763 target population 9 months to 6 years old.

The MR campaign will build on the lessons and successes of providing a second-dose measles vaccine (MCV2) for children six years old (first grade in the primary school) in 2006-2010 and the 2010 measles campaign, especially the strategy of the EPI to identify, target, and intensively monitor coverage in high risk communities (urban poor, remote rural, ethnic and migrant populations). Given the target age cohorts, the majority of the MR campaign will be undertaken in schools and will require effective coordination between the Ministry of Health and the Ministry of Education and Training. The wastage factor is 1.33 (25% of vaccine is wasted) for the MR campaign. As with other MR campaign proposals, a 25% buffer was added due to GAVI's application template.

Following the completion of the MR campaign, Vietnam will introduce the MR vaccine to replace the current measles-only vaccine given to all children at 9 months of age. The vaccine will be introduced across the entire country. All in-country partners are in support of the change of measles to MR vaccination. The change will have no major programmatic implications on the current cold chain capacity, waste management and country program needs. The introduction of MR vaccine into the routine immunization schedule will have no impact on injection safety items requirements (AD and mixing syringes/safety boxes) given that this is a simple swap from a 10-dose measles vials to the 10-dose MR vials.

The introduction plan includes very little discussion of AEFI surveillance, although it does include an item for "Update to AEFI committee members on rubella vaccine and AEFI risks, and regular meeting of AEFI committee". The cMYP document notes that "Challenges remain with hepatitis B control with hepatitis B vaccination efforts suffering significant setback due to reported AEFI in 2007." And it has the objective of "Strengthening of AEFI system at all levels". "Immunization safety became a major issue in Vietnam during last five year plan with many reported AEFI that threatened

the high coverage with different vaccines achieved in the past. The coverage level of hepatitis B vaccine, especially the birth dose, is yet to recover from the effect of these reported AEFIs. Hence, taking proactive efforts to ensure immunization safety and actively communicating with the communities and health workers is an important priority during this plan.”

The MR vaccine will initially be introduced only as part of the infant immunization schedule, and there are no immediate plans to provide MR vaccine to women of child bearing age or post-partum mothers. However, rubella and CRS surveillance data will be closely monitored to assess the impact of particularly the wide-age range MR campaign on rubella transmission in Vietnam and, if necessary, immunization activities targeting children-bearing-age and/or post-partum women will be considered. There is also the possibility that Vietnam may be able to undertake a rubella serosurvey among women of child-bearing-age in conjunction with WHO, in order to better define interventions needed among this population.

7. Improvement plan

Vietnam is to be commended for its achievement in the 2012 EVM assessment. The result indicates that most criteria are above 80% performance and there are no major weaknesses at any level of the cold chain. The report and improvement plan, however, is somewhat abstract and non-quantitative. The country has substantially strengthened all aspects of its cold chain since the assessment. The phased approach to implement the MR campaign will reduce pressure on the need for cold chain capacity and the program will be adjusted to accommodate available storage space. All other aspects of CCL are generally well managed and there are no concerns with respect to the cold chain logistics of the campaign.

8. Cold chain capacity

There are no issues or concerns in respect of cold chain capacity.

9. Financial Analysis

Procurement of vaccine and injection safety supplies for the MR campaign will be fully supported through GAVI. Total operational costs for the campaign are estimated to be US\$ 18,340,399 (or US\$ 0.80 per child), with GAVI funding US\$ 14,901,575 (US\$ 0.65 per child) and the remainder (US\$ 3,438,824) provided from central and local government as well as external donors (mainly WHO and UNICEF). Half of the MR campaign budget is allocated to human resources, 39% (US\$ 7.2 million) to per diems and 12% to training.

The total costs to introduce the MR vaccine into routine EPI are estimated to be US\$ 2,281,500, with the GAVI vaccine introduction grant (US\$ 1,357,208) covering about 60% of the total costs, and the remainder (US\$ 924,292) coming from the central and local governments as well as external donors (mainly WHO and UNICEF). MR vaccine introduction will require additional Government finances for vaccine procurement given its higher cost (approximately US\$ 0.49 per dose) over the currently used measles vaccine (approximately US\$ 0.22 per dose). One-quarter of the MR introduction budget goes to training; social mobilization constitutes the second largest cost category with 18%, followed by surveillance and monitoring (17%). From a programmatic point of view, the added value of expenses on training and social mobilization in this budget is not clear, considering that US\$ 2.22 million is already allocated to training during the campaign and US\$ 2.34 million to social mobilization.

The country clearly discusses implications of MR introduction into routine vaccination on resources requirements, referring to US\$ 0.27 incremental cost per dose and additional financial burden on the

government amounting to US\$ 615,600 in 2015. The introduction plan also contains a detailed list of activities with the implementing agencies, costs by sources of financing. Full costing for MR vaccine introduction into the routine immunization schedule in 2015 has been included in the updated cMYP costing spreadsheet, and is summarized below (Table 3).

Table 3: Cost Summary of MR vaccine introduction – routine EPI

	2015
Number of MR doses needed	2,280,000
Cost per dose	0.49
Total MR vaccine costs	US\$ 1,117,200
Equivalent measles vaccine cost	US\$ 501,600
Actual additional Cost to NEPI for MR vaccine	US\$ 615,600
Total introduction in routine EPI cost	US\$ 2,281,500
- GAVI introduction grant	US\$ 1,357,208
- Central, local government and other donors	US\$ 924,292

The Ministry of Health has committed to funding the additional costs of procurement of MR vaccine as part of its routine vaccine procurement budget and has increased the budget allocation by up to US\$ 1,117,200 from 2015, which is feasible to cover the expected additional financial requirements for the procurement of one dose of MR vaccine for the routine immunization programme. The country used custom tables to present resource requirements and financing. According to the cMYP there is no funding gap and three financial sustainability strategies presented mainly aim at prevention of funding gaps. It is difficult to assess accuracy of financial projections and relevance of cost analysis based on these calculations.

10. Co-financing arrangements

Co-financing is not applicable to MR campaigns.

11. Consistency across proposal documents

There is consistency across the various documents submitted. However, the cMYP document has not been updated to include most of the issues/activities described in the MR plan of action. However, it does note that “The cost of MR vaccine for routine EPI will cost about US\$ 1.2 million each year.”

12. Overview of the proposal: Strengths & weaknesses

Strengths:

- An evidence-based justification for the MR campaign and introduction of MR into routine immunization.
- With consistently high routine coverage and coverage achieved during measles SIAs (9 months to 20 years), Vietnam has proven that it can successfully implement the MR campaign and sustain routine infant coverage.
- The proposal includes very thorough documentation of the burden of rubella and CRS including the incidence in women of child bearing age: “This is health and social burden.”
- The proposal is accompanied by a comprehensive “Measles/Rubella Vaccine Introduction Plan of Action” with a model estimate of recurrent costs of vaccine procurement and
- The proposal provides adequate evidence of the commitment of government and partners to funding the recurrent costs of routine MR immunization.
- MR campaign operational costs are well justified and sources of financing are defined.

Weaknesses:

- cMYP is not updated and does not consider MR campaign and MR introduction costs properly.
- The CMYP costing tool has not been submitted. Instead, the proposal is accompanied by an alternative tool for projection of vaccine requirements.
- The requested wastage factor of 1.33 (25% wastage) exceeds norms for a campaign. The proposal provides no justification for this.
- MR surveillance needs to be strengthened to meet criteria for confirming the elimination of these diseases. Significantly less than 80% of suspected measles/rubella are currently laboratory confirmed.
- The cMYP costing tool has not been submitted.
- Very little is said about AEFI surveillance.

Risks:

- The country stated that their preference is to procure the vaccine and injection supplies through UNICEF. As per the regulations in the country, the vaccines imported to Vietnam have to be licensed in the country. Furthermore, some local clinical data have been requested in the past to support a licensing application. It is very essential that the MR vaccine to be procured by UNICEF on behalf of GAVI be licensed in Vietnam as soon as possible in early 2013 to enable the country to conduct this campaign in October 2013. UNICEF SD communicated this requirement to the supplier and WHO. As of September 2012 the vaccine has not been licensed in the country.
- Transmission of rubella may persist among women and men 15 years and older even after a very successful MR campaign.

13. Recommendations

Vaccine: Measles Rubella Preventive Campaign
Recommendation: Approval with clarifications

Clarification: Please justify the campaign wastage factor (1.33) based upon experience with previous measles supplementary immunization activities in Vietnam, or adjust the wastage rate adjusted in accordance with GAVI rules.

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.