



GAVI/12/309/mi/mg/ac

The Minister of Health
Ministry of Health
PO Box 349
Honiara
Solomon Islands

22 November, 2012

Dear Minister,

Solomon Islands' 2012 application to the GAVI Alliance for health system strengthening cash support

This letter is to update you on the latest developments on the Proposal for Health Systems Funding Platform (HSFP) which Solomon Islands "**Country**" submitted to the GAVI Alliance Secretariat in December 2011.

On 31 May 2012, we communicated to you that GAVI had received your response to clarification requests and were considered satisfactory. Unfortunately, the letter of 31 May did not reflect the corrected budget information provided by the Solomon Islands during the clarification process. The original letter quoted the endorsed total of US\$ 2,399,340 when in fact the corrected budget amount of **US\$ 2,049,340** should have been the endorsed total quoted. We apologize for any inconvenience or confusion that this error might have caused the Ministry.

In April 2012, the GAVI Executive Committee (EC) endorsed the IRC recommendation of your 2012-2015 HSFP proposal. GAVI HSFP support to Solomon Islands has been endorsed for a total of US\$ 2,049,340, subject to available funding, the terms of this letter and the Aide Memoire to be agreed between the Government and the GAVI Alliance. An initial disbursement of US\$ 499,310 for the first year of funding will be made to the account specified in the HSFP proposal soon after the signature of the Aide Memoire and the fulfilment of any conditions for disbursement set out in the Aide Memoire. Details of GAVI support are described in Appendix A.

This letter is also to inform you that based on the GAVI Board decision in November 2011 to roll out performance based financing (PBF) as the default mode of cash-based support for HSS from 2012, GAVI's HSS support for your approved application will be implemented through the PBF instrument. This is designed to provide incentives to improve immunisation outcomes by strengthening health systems, rewarded by linking the cash support to performance. Please see Appendices to this letter for further information and terms of the GAVI HSS support.

Considering the novelty of GAVI's PBF instrument and the need to adequately brief countries about its implications, we are organising a special information session on the PBF model during the GAVI Partners' Forum in Tanzania on December 6, 2012. We have sent you an invitation letter for this session. We strongly encourage that your representative attending the GAVI Partners' Forum participate in this side event.

More comprehensive information on PBF, including a detailed implementation framework, will be shared in coming months. This will be complemented by additional information sessions at sub-regional or country meetings in 2013.

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

Yours sincerely,



Hind Khatib-Othman
Managing Director, Country Programmes

Attachments: Appendix A: Decision Letter for Cash Support.
Appendix B: Update on GAVI's HSS cash support: Performance based funding (PBF) instrument.
Appendix C: Report of the Independent Review Committee.
Appendix D: GAVI Alliance Terms and Conditions.

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
The World Bank

DECISION LETTER FOR HSS CASH SUPPORT

APPENDIX A

1. Country: Solomon Islands
2. Grant number: 1215-SLB-10d-Y
3. Decision Letter number: 2
4. Date of the Partnership Framework Agreement: Not applicable
5. Programme Title: Health Systems Strengthening (HSS)
6. HSS terms: <p>The ultimate aim of HSFP support is to ensure increased and sustained immunisation coverage through addressing health systems barriers in Country, as specified in:</p> <ul style="list-style-type: none">• The GAVI HSFP guidelines• The GAVI HSFP application form• Country's response to the HSFP IRC's request for clarifications. <p>All disbursements under GAVI's HSS cash support will only be made if the following requirements are satisfied:</p> <ul style="list-style-type: none">• Availability of funding;• Submission of satisfactory Annual Progress Reports (APRs);• Approval of the recommendation by an Independent Review Committee (IRC) for continued support by GAVI after the first year;• Compliance with any TAP requirements pursuant to the TAP Policy and under any Aide Memoire concluded between GAVI and the Country;• Compliance with GAVI's standard terms and conditions (attached in Appendix [D]); and• Compliance with the then-current GAVI requirements relating to financial statements and external audits, including the requirements set out for annual external audit arrangement applicable to all GAVI cash grants as set out in the aide memoire. <p>The HSS cash support shall be subject to GAVI's performance-based funding. Under this, the HSS support will be split into two payments: the programmed payment (based on implementation of the approved HSS grant) and the performance-based payment (based on improvements in immunisation outcomes). This means that in the first year, Country will receive 100% of the approved grant budget (the initial Annual Amount) as an upfront investment. After the first year, 20 percent of the programme budget (subsequent Annual Amounts) will be subject to performance on immunisation outcomes. That is, countries will receive 80% of the programme budget based on implementation of the grant and additional payments will be based on performance on immunisation outcome indicators.</p> <p>Given that Country's DTP3 coverage was below 90% in 2011 based on WHO/UNICEF estimates, Country will be rewarded for improving coverage with:</p> <ul style="list-style-type: none">• \$30 per additional child immunised with DTP3, if DTP3 coverage increases• \$30 per additional child immunised with first dose of measles containing vaccine, if measles coverage increases. <p>Country will have the opportunity to receive payments beyond the original approved budget amount, for exceptional performance on the same immunisation outcomes.</p> <p>The performance payments under the performance-based funding shall be used for solely for activities to be implemented in the country's health sector.</p> <p>Performance payments shall not be used to meet GAVI's co-financing requirement.</p>

DECISION LETTER FOR HSS CASH SUPPORT

The implementation framework for performance based funding of GAVI shall apply to the HSS cash support.

7. Programme Duration: 2012 – 2015

8. Programme Budget (indicative):

Note that with PBF, annual disbursements may be more or less than this amount after the first year (see section 6 above).

	2012	2013	2014	2015	Total
Programme Budget (US\$)	499,310	509,310	502,810	537,910	2,049,340

9. 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 approval and disbursements of the future Annual Amounts.

Reports, documents and other deliverables	Due dates
Annual Progress Reports (APRs). The APRs shall provide detail on the progress against milestones and targets against baseline data for indicators identified in the proposal, as well the PBF indicators as listed in section 6 above. The APRs should also include a financial report on the use of GAVI HSS funds (which could include a joint pooled funding arrangement report, if appropriate) which has also been endorsed by the Health Sector Coordination Committee (HSCC) or its equivalent, as well as use of performance payments.	15 May 2013

10. Clarifications: Not applicable.

11. Other conditions: The following terms and conditions shall apply to HSS support.

All cash disbursed under HSS support will not be used for GAVI's co-financing payment requirements.

In case the Country wishes to alter the disbursement schedule over the course of the HSFP programme, this must be highlighted and justified in the APR and will be subject to GAVI approval. It is essential that Country's Health Sector Coordination Committee (or its equivalent) be involved with this process both in its technical process function and its support during implementation and monitoring of the HSFP programme proposal. Utilisation of GAVI support stated in this letter will be subject to performance monitoring.

Signed by:
On behalf of the GAVI Alliance

Hind Khatib-Othman
 Managing Director, Country Programmes
 22 November 2012

**Update on GAVI's Health System Strengthening (HSS) cash support:
Performance based funding instrument**

GAVI's performance based funding (PBF) instrument is designed to incentivize countries to improve immunisation outcomes by strengthening health systems, rewarded by linking the cash support to performance. As approved by the GAVI Board in November 2011, countries approved for HSS grants in 2012 and onwards will be implementing their grants with the PBF instrument. Under the PBF instrument, GAVI's HSS cash support will be split into two different types of payments: a programmed payment, based on implementation of the approved HSS grant, and a performance payment, based on improvements in immunisation outcomes.

In the first year, all countries will receive 100% of the programme budget (approved grant budget) as an upfront investment. After the first year, 20 percent of the programme budget is no longer assured by making progress in implementation, but will be provided (along with the opportunity to obtain even more—see below) subject to performance on immunisation outcomes. That is, countries will receive 80% of the programme budget based on implementation of the grant and additional payments will be based on performance on immunisation outcome indicators. The indicators for determining performance payment are different based on whether a country's DTP3 coverage is at or above 90% (sustained high coverage) or below 90% (coverage in need of improvement) in baseline year (2011) based on WHO/UNICEF estimates. Performance payments will be as follows.

- Countries with DTP3 coverage at or above 90% at baseline will be rewarded for sustaining high coverage with
 - 20% of programme budget for maintaining DTP3 coverage at or above 90%
 - 20% of programme budget ensuring that 90% of districts have at or above 80% DTP3 coverage.
- Countries with DTP3 coverage below 90% at baseline will be rewarded for improving coverage with
 - \$30 per additional child immunised with DTP3, if DTP3 coverage increases
 - \$30 per additional child immunised with first dose of measles containing vaccine, if measles coverage increases.

With the PBF rewards shown above, countries will have the opportunity to receive payments greater than the original approved programme budget, for exceptional performance on these immunisation outcomes (sustaining equitable coverage above 90% or improving coverage with key vaccines).

This PBF instrument offers countries the flexibility to use the reward payments within the health sector, based on the needs of the health sector, without having to provide proposed budgets or activities ahead of time. Requirements for reporting the use of these payments as well as verification for payments will be communicated in early 2013 along with a PBF implementation framework. Performance payments shall be subject to the same annual external audit arrangements applicable to all GAVI cash support, as outlined in the Aide Memoire, and management of these funds is to be performed in compliance with GAVI's Transparency and Accountability Policy.

At this time, there is no action required by countries. Country responsible officers (CROs) from the GAVI Secretariat will be in contact with you about the PBF instrument. Grant-specific HSS intermediate indicators will be decided jointly with countries in 2013, based on the same indicators included with your grant proposal. This is to support improved implementation and monitoring of the HSS grant.

Type of report: Report of the Independent Review Committee
Date reviewed: February 2012

Country name: Solomon Islands
Type of support requested: HSS
Application method: Common Form

Country profile/Basic data

Solomon Islands	
Proposal duration	January 2012 – December 2015 (4-years)
Budget required	US\$ 2,399,340
cMYP duration	2011-2015
National health strategy document included	No
National Health Plan duration	2011 - 2015
Population (year)	515,000
IMR	30 per 1000 live births
DTP3 coverage (country/UNICEF)	79%/79%,

1. History of GAVI HSS support

NVS and INS support	Approval Period
Penta	2008-15

2. Composition & functioning of the HSCC

The composition and role of the HSCC [known in the country as the Inter-Organization Coordinating Committee (ICC)] is adequate. There are efforts to incorporate the representatives and stakeholders from the relevant agencies, including the CSOs and FBOs. A Technical Working group comprised of the implementing agencies and bodies has also been created and worked specifically on the preparation of the proposal. The proposal document was also presented by Dr Divinol Ogaoga (MHMS) and discussed at the Special Meeting of the National Advisory Committee to Children (NACC), which is an advisory body to represent the Government, non-governmental and church organizations in the areas of child health. The NACC is a statutory body founded in 1992 to further the Convention on the Rights of the Child. It reports directly to Cabinet.

3. Comprehensive Multi Year Plan (cMYP) overview

There is a cMYP for 2006-2010 which has been replaced by another one for the 2010-2015 period. This, together with an Expanded Immunisation Plan, a National Immunisation Plan and a National Health Sector Plan, provide good and clear descriptions of the main problems and challenges in the health sector in general and with regard to child health and immunisation matters in particular. The Solomon Islands National Health Strategic Plan 2006-2010 outlines prevention and control of

common childhood illnesses, including vaccine preventable diseases as one of the eight strategic areas. Other strategic areas include public health programs and health system strengthening. The Expanded Programme on Immunization (EPI) Policy sets the following three objectives for the routine immunization programme:

1. To have over 90% of children fully immunized by 15 months with one dose of Hepatitis B birth dose, BCG and Measles vaccine, and three doses of Pentavalent Vaccine (DPT-Hepatitis B-Hib, PENTA) and Polio vaccine by the year 2010 (Objective 3.2).
2. To promote better access and utilization to immunization services by the population (Objective 3.5).
3. To monitor and evaluate immunization program performance annually (Objective 3.7).

The HSS proposal locates itself very well within and is therefore in line with, the plans, goals and objectives of these documents. Critical problem areas have to do with cold chain status and capacities, surveillance systems (especially at the local levels), and lower than desired coverage levels. It takes note of the geographical diversity and region specific challenges, and effort has been made to attend to the key constraints, especially the plans to use solar powered refrigerators to deal with the geographical terrain.

4. JANS review

5. Monitoring and Evaluation/Performance Framework

The linkages with the National M&E framework (where applicable) have been elaborated and there are a core set of indicators with corresponding multi-year targets that will be used. The impact and outcome indicators are chosen from the standard list of GAVI indicators and from the National Health Strategic Plan and other documents (SI Child Health Strategy Ref 34). The proposal aims at reduction of U5MR, IMR (both NHSP indicators). However, equity indicators are missing. Also, they do not contain mandatory indicators for DTP3 coverage and dropout rates. In the Performance Framework attached there are output indicators for most of the other HSS activities. One exception is in the area of Advocacy and Community Mobilization where the indicators are weak or non-existent.

6. Linkages to immunisation outcomes

The HSS goal and objectives were guided by the overarching health goals as laid out in the Health Strategic Plan (NHSP) 2011-2015. They are fully consistent with the programme policies and strategies including the Solomon Island's National Plan for Immunization (cMYP) 2011-2015, the Solomon Islands Child Health Strategy 2011-2015, and National Reproductive Health Policy and Strategy 2011- 2013. The general goal of the proposed activities is "Improved availability, access, quality, and demand for immunization services, IMCI and MNCH". The goal is supported by two objectives; "to strengthen the supply side (health systems)" and "to strengthen the demand side (community systems)". There are clearly delineated activities that will enable the Island to meet its desired objectives.

7. Action plan for immunization results

Strengths:

Overall, this is a well written proposal. There is a very coherent plan of action. It identifies the deficiencies, it does so in each of the health system's sub-areas (including human resource capacities, infrastructure and cold chain capacity), it shows the contributions of other funding agencies and the government, and then shows precisely where GAVI funds are to be directed and used. Particular emphasis is to be given to improve the quality and reach of the immunization services, the demand for them, and the development of adequate data collection systems. The proposal goes out of its way to show the linkages to immunization and child outcomes, especially to achieve improvements in the least served parts of the country. The proposal recognizes the need to better integrate the many types of plans now in existence and to improve the collaboration between the various activities scheduled for implementation under each one. There are plans to re-organize the system's arrangements, to repackage the services and to do so in line with the plans for greater decentralization. It then makes every effort to show the linkages with all the relevant plans currently in existence.

Weaknesses:

1. An important exception to the general clarity of the presentation of objectives and activities is in the area of Advocacy and Social Mobilisation. Although one of the major goals is to increase the demand for and utilisation of the immunisation delivery services there does not appear to be any specific strategies on how best to do this. The plans for Advocacy, Communication and Social Mobilisation are general and vague. One of the proposed activities is to "set up a technical working group to develop appropriate outreach services in pilot sites." It may be more useful at this stage to focus more attention on the conduct of the Operational research that could provide more specific ideas about what might be the most feasible and workable solutions. Activity 1.2.6.1.3 provides funds to CBOs for "Community mobilization on EPI and MNCH through various means by PHS, FBO, CBO, village committees, and other stakeholders." It may be more cost-efficient if this task await the conduct of the Operational research; otherwise it is may not be easy to determine what might be the utility and/or impact of the amount of funds now allocated. At this stage it is difficult to ascribe much meaning or sufficiency to the activity and indicator that "the methodology for the...impact of outreach services evaluation" and its utilisation are "in place."
2. Some questions may be raised about the choices of some of the activities selected for focus in light of the deficiencies and challenges identified in the various situation analyses and needs assessments. The proposal states that "due to human resource limitations, the analysis and [data collection] interventions cannot be conducted at all provinces." It needs to be made clear if any activities [supported perhaps by other agencies] will satisfactorily address this problem, especially in respect of immunisation surveillance and coverage data. Much of the training proposed appears to be related to the development of data collection capacity. The proposal speaks about "M&E system strengthening for the National HIS and for the activities under the GAVI proposal outcomes." However, it is not clear what this involves and what specific gaps in the national and local information systems are to be filled. A previous cMYP had noted that the planned activities in this area had not been carried out. It should be noted that only the pilot and the integration of child death data into the national HIS has been allocated funds. In light of this continuing difficulty a question may be raised

about the ability to provide good immunisation data which can in turn support the performance framework described for this proposal.

3. The performance framework focuses largely on impact indicators. It would be helpful to have indicators that could monitor progress and measure output for the activities under training, the establishment of the hospital surveillance systems, and M&E strengthening.
4. Although the need is recognized, there are no clear plans for maintenance of equipment, especially the solar facilities sought, and the training of technicians.

8. Feasibility

Given the detailed attention given to each of the planned activities and the efforts to ensure sustainability by integrating them into existing arrangements, the proposal appears to be highly feasible. In as much as the country is spread across more than 800 islands, the geographical challenge may be quickly appreciated.

Strengths

1. There is a specific SDA in regard to briefing for the provincial MCH programmes representatives and EPI/cold chain managers on the planned activities and M&E system. There will be an annual workshop in the three piloted provinces, and specific details of the planned activities are provided.
2. The overall governance and the oversight of the GAVI HSS project will be ensured through the MHMS Executive Meetings under the leadership of the Under-Secretary Health Improvement.
3. Primary health facilities are remarkably accessible and used by most people (85% of deliveries took place in Health facilities, 55% of mothers received post natal visit within 1 week)

Weaknesses

1. There is some concern about activities related to community mobilisation and outreach which are as yet unspecified.
2. The weak capabilities of the CBOs in project management could be a potential challenge. MHMS intends to mitigate such risks through providing a preparatory training on project design and management, as well as through an annual coordination meeting with the health authorities, which are all planned and budgeted under this proposal.

9. Soundness of the financing plan and its sustainability

The financing plan appears sound. The proposal includes a funding gap analysis. However, there is no specific mention of measures that will be put in place to sustain the investment when GAVI support is no longer available. The heavy dependence on donor funds [especially from Australia] may be noted.

Different development partners provide earmarked budget support through the joint financing mechanism, i.e. 'Sector-wide Approach (SWAp) account'. The access to the funds will be done through the SWAp mechanism. The GAVI HSS funds could follow the same mechanism. The budget is fairly detailed and based on realistic assumptions and unit costs.

The breakdown by different cost categories shows that the biggest budget expenditure in this proposal is infrastructure and other equipment (37%), which can

be justified as all of them aim at sustaining and strengthening PHC service delivery including EPI, MNCH and IMCI. The installation of examination lights and strengthening the outreach services by procurement of the boats and engines would greatly improve people's access to EPI, MNCH and Emergency Obstetrics and Neonatal care. Technical and management assistance (18%) and training (16%) also constitute the second and third largest shares in the total budget; which imply there will be a significant investment in capacity building of human resources through the GAVI HSS support.

10. Added value

The proposal has gone to great lengths to describe the linkages with other existing and planned activities; this therefore increases confidence in its added value. However, a question may be raised about the added value of the data collection and surveillance activities proposed. The linkages and their rationale need to be better described

11. Consistency across proposal documents

The proposal is highly consistent with existing plans and activities, including those described in the cMYP and the National Plans.

12. Recommendations

Recommendation: Approval with Clarifications

Clarifications:

1. The proposal needs to provide a clearer and more specific description of the linkages between the plans for training related to data collection and any broader plans for the development of the national HIS and surveillance systems at national and or local levels. In this connection, the proposal also needs to provide more assurance on the quality of the data on immunisation impacts given the deficiencies noted.
2. The country is encouraged to focus more attention at this stage on the conduct of the Operational research that could provide a better notion of how best improvements in the demand for the utilisation services and in the planned outreach activities might be accomplished. In the budgetary re-adjustment necessary for this, it may be useful to provide some seed money to potential CSOs to help them develop a plan of action that could be submitted for consideration by the government. The results of this exercise could then be used to identify appropriate strategies and monitoring frameworks as well possibilities for later scale up.
3. While solar power for refrigeration may be the best option in the Solomon Islands given the difficulties in maintaining the gas based system and ensuring supplies, there are risks in a complete shift to the solar system, if risks in local contexts are not mitigated on a priority basis. While the shift to solar refrigeration is welcome, the country needs to be careful in ensuring the logistics for maintenance and sustainable functioning of the solar system. The proposal should therefore provide some indication how the major investments in the cold chain system and

the equipment, as well as the provision of boats are to be sustained once donor support may no longer be available. The procurement of cold chain equipment will require support for maintenance and training of technicians.

4. Country is required to re-adjust the start year of proposal implementation according to the duration of support – beginning with 2013 as, a start in 2012 is not now feasible.
5. Country is required to include an equity indicator in its M&E framework set of indicators, as well as the now mandatory indicators in respect of DPT3 coverage and drop-out rates.

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.