



GAVI/13/597/dlc

The Minister of Health and Labour
Ministry of Health and Labour
Brickdam
Georgetown
Guyana

21 October 2013

Dear Minister,

Annual Progress Report submitted by Guyana

I am writing in relation to Guyana'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 Guyana for GAVI support as specified in the Appendices to this letter.

The Appendices includes the following important information:

Appendix A: Description of approved GAVI support to Guyana

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 Guyana:

Type of support	Appendix	Approved for 2014
New Vaccines Support (Rotavirus vaccine)	B-1	US\$91,500
New Vaccines Support (Pneumococcal vaccine)	B-2	US\$144,000

Please do not hesitate to contact my colleague Stephen Sosler (ssosler@gavialliance.org) if you have any questions or concerns.



Yours sincerely,

Hind A. Khatib

Hind Khatib-Othman
Managing Director, Country Programmes

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

Description of GAVI support to Guyana (the “Country”)**New Vaccines Support (NVS)**

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

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

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

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

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

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

Country Co-financing

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

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

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



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

Information on these extra costs and fees will be provided by the relevant Procurement Agency as part of the cost estimate to be requested by the country. UNICEF/PAHO will share information with GAVI on the status of purchase of the co-financed supply. In accordance with the GAVI Co-financing Policy

(<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>), the co-financing contribution is payable annually to UNICEF/PAHO.

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

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

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

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

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

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

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

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



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

Guyana VACCINE SUPPORT

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

1. Country: Guyana				
2. Grant Number: 0815-GUY-13a-X				
3. Decision Letter date: 16/10/2013				
4. Date of the Partnership Framework Agreement: Not applicable				
5. Programme Title: NVS				
6. Vaccine type: Rotavirus				
7. Requested product presentation and formulation of vaccine: Rota, 3 dose(s)				
8. Programme Duration¹: 2009-2015				
9. Programme Budget (indicative):				
	2009-2013	2014	2015	Total ²
Programme Budget (US\$)	US\$1,258,000 ³	US\$91,500	US\$95,000	US\$1,444,500
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 Rotavirus vaccines doses		16,400
Number of AD syringes		
Number of re-constitution syringes		
Number of safety boxes		
Annual Amounts (US\$)	US\$1,258,000 ⁵	US\$91,500

12. Procurement agency: PAHO. The Country shall release its Co-Financing Payments each year to PAHO

13. Self-procurement: Not applicable.

14. Co-financing obligations: Reference code: 0815-GUY-13a-X-C According to the Co-Financing Policy, the Country falls within the graduating 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	11,600	25,400
Number of AD syringes		
Number of re-constitution syringes		
Number of safety boxes		
Value of vaccine doses (US\$)	US\$58,574	
Total Co-Financing Payments (US\$) (including freight)	US\$61,000	US\$134,000

15. Operational support for campaigns: Not applicable

⁴ This is the amount that GAVI has approved.

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



16. Additional documents to be delivered for future disbursements:

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

17. Financial Clarifications: The Country shall provide the following clarifications to GAVI*:

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

18. Other conditions: Not applicable.

Signed by,
On behalf of the GAVI Alliance

A handwritten signature in blue ink, reading "Hind Khatib-Othman".

Hind Khatib-Othman
Managing Director, Country Programmes

21 October 2013

Guyana VACCINE SUPPORT

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

1. Country: Guyana				
2. Grant Number: 1015-GUY-12c-X				
3. Decision Letter date: 16/10/2013				
4. Date of the Partnership Framework Agreement: Not applicable				
5. Programme Title: NVS				
6. Vaccine type: Pneumococcal				
7. Requested product presentation and formulation of vaccine: Pneumococcal (PCV13), 1 dose(s) per vial , LIQUID				
8. Programme Duration⁶: 2010-2015				
9. Programme Budget (indicative)				
	2010-2013	2014	2015	Total ⁷
Programme Budget (US\$)	US\$961,478 ⁸	US\$144,000	US\$118,500	US\$1,223,978
10. Vaccine Introduction Grant: Not applicable				

⁶ This is the entire duration of the programme.

⁷ This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.

⁸ This is the consolidated amount for all previous years.

11. Indicative Annual Amounts:⁹		
Type of supplies to be purchased with GAVI funds in each year	2010-2013	2014
Number of Pneumococcal vaccines doses		21,800
Number of AD syringes		22,800
Number of re-constitution syringes		
Number of safety boxes		275
Annual Amounts (US\$)	US\$ 961,478 ¹⁰	US\$144,000
12. Procurement agency: PAHO. The Country shall release its Co-Financing Payments each year to PAHO.		
13. Self-procurement: Not applicable.		
14. Co-financing obligations: Reference code: 1015-GUY-12c-X-C According to the Co-Financing Policy, the Country falls within the graduating 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	20,700	30,900
Number of AD syringes	21,600	
Number of re-constitution syringes		
Number of safety boxes	250	
Value of vaccine doses (US\$)	US\$69,891	
Total Co-Financing Payments (US\$) (including freight)	US\$75,500	US\$111,500
15. Operational support for campaigns: Not applicable		

⁹ This is the amount that GAVI has approved.

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

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



Hind Khatib-Othman
 Managing Director, Country Programmes

21 October 2013

Type of report: Annual Progress Report

Country: Guyana

Reporting period: 2012

Date reviewed: 23 July 2013

1. Background Information

Surviving Infants (2012): 14.500 (JRF)

DTP3 coverage (2012):

JRF Official Country Estimate: 97%

WHO/UNICEF Estimate: 97%

Table 1. NVS and INS Support

NVS and INS support	Approval Period
DTP-HepB-Hib	2001-2006
Pneumococcal (PCV10)	2008-2015
Rotavirus	2008-2015
Pneumococcal (PCV13)	2010-2015

Table 2. Cash Support

Cash support	Approval Period
ISS	2008-2012

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

ICC membership include: MoH, PAHO, UNICEF, MoF, CIDA, and Rotary International (CSO). The chief medical officer of the Maternal and Child Health Department of the MoH chairs the ICC. The minutes approving the APR are available but did not include a lot of detail. Agenda items included mainly discussion and approval of the APR2012. In 2012, the ICC met three times. The APR was signed off by all ICC members listed in the 2012APR and was signed both by the Minister of Health and Finance. Since the country does not have a HSS grant there is no HSCC.

3. Programme and Data Management

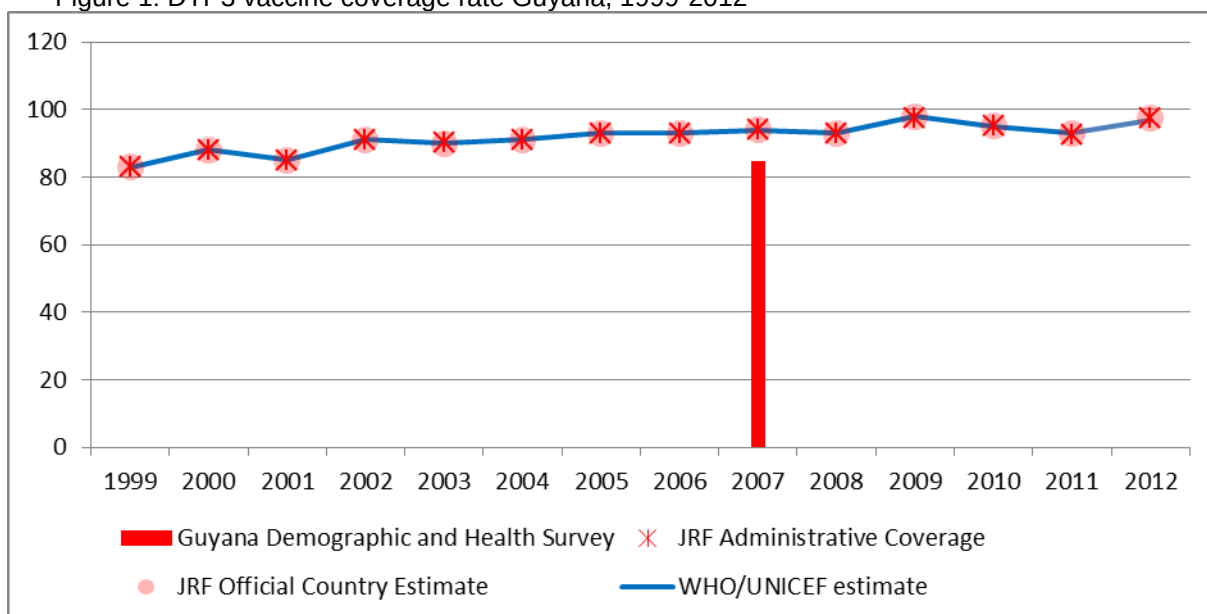
Since 1999, Guyana has maintained universal national coverage of DPT3. Administrative coverage data fully correlate with official estimates from WHO and UNICEF. However, the latest MICS conducted in 2009 showed lower coverage of DPT3 (85%) compared to the WHO/UNICEF estimate (94%) and 2012APR administrative coverage rate (97%).

Few data quality issues are observed in Table 4.

- Some discrepancy is noted in the number of births and surviving infants versus pregnant women. The number of births/surviving infants is higher number than number of pregnant women. Furthermore, the number of pregnant women for

- 2012 was higher (n=14,500) than the original approved target (N=13,437). These discrepancies suggest that a readjustment of the target figures is needed.
- The same target population number (N=13,437) is reported for all antigens. The country should consider adopting revised targets for the years 2013 to 2015 and review the number of surviving infants on the basis of the 2012 reported figures, which are higher (14,500) than the initially calculated target (13,853).
 - The originally approved target wastage rate for DTP was 0% but 5% was reported for 2012. As some wastage is to be expected, the country should consider adjusting this rate to 5% for 2013-2015
 - For 2012 the number of surviving infants almost increased with 5% (APR2012-Table 4). However, the country did not take this increase into account for their 2014 targets. The IRC would suggest including this increase in their forecasting.

Figure 1: DTP3 vaccine coverage rate Guyana, 1999-2012



In September 2008, Guyana conducted an international evaluation of its EPI programme. This included a data quality assessment. The results from this evaluation were incorporated in a five-year action plan that is currently underway. Furthermore, three EPI evaluation meetings are held annually where all the regions review the data and coverage. Feedback information is provided to the regions on the national and regional immunization coverage.

The government has to be commended on maintaining high routine and supplemental immunisation coverage and non-interrupted provision of vaccines and injection safety supplies throughout 2012 despite major human resource constraints. As part of this process, the country has developed and implemented new EPI monitoring tools. These tools provide guidelines on the process of data input, data low, feedback and the need for further actions based on the information received.

4. Gender and Equity Analysis

Sex dis-aggregated data on DTP3 are not available and no surveys or special studies have been conducted to verify the vaccination coverage by gender. However, the APR2012 mentioned that the new WHO Child Health Immunization charts for the males and females have been developed and were implemented in 2011. Despite this, sex-aggregated data are not reported in APR2012. The APR2012 states that it is unlikely that there was gender discrimination given that immunization services are freely accessible for everyone. The EPI has made special efforts to reach remote, hard to reach areas.



5. Immunisation Services Support (ISS)

Guyana received US\$5,500 from GAVI during 2012. None of these funds were used in 2012. However, as the ISS window support finished in 2012 the country decided to use instead these funds in 2013 for vaccination catch up activities and to strengthen the cold chain. Guyana is eligible for an ISS reward but did not qualify in 2012 as 141 fewer children were vaccinated compared to the highest previous target.

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

PCV 13 (Pneumococcal vaccine, 1 dose per vial liquid):

In the 2012 Decision Letter the country was approved for a total of 55,931 PCV13 vaccine doses. Total doses received by 31 December 2012 included 60,300 vaccine doses. No PCV13 vaccine doses were postponed. PCV13 was introduced in January 2011. The country achieved good coverage (90% versus 96% target) in 2012 and reported a low wastage rate (0%).

Rotavirus (1 dose per vial, Oral)

In the 2012 Decision Letter the country was approved for a total of 38,940 rotavirus vaccine doses. Total doses received by 31 December 2012 included 39,700 vaccine doses. Due to large remaining stock (25,000 on Dec 31 2012), 15,000 doses were postponed. Rotavirus vaccine was introduced in 2010. The country achieved good coverage (91% versus 96% target) in 2012 and reported a low wastage rate (0%).

No stock-outs or problems with shipment reported. However, shipments of PCV13 and rotavirus vaccine were delayed due to shortage of available vaccine. This caused a delay in the introduction of the vaccine. Furthermore, there was overstock of rotavirus vaccine due to phased introduction and age restriction which has now been lifted by WHO. The APR2012 mentioned that <50% of health centres had experienced a disruption of immunization services in the Q3-Q4 due to logistical and ordering problems.

There is no request of change of vaccine presentation for either rotavirus vaccine or PCV13. Unfortunately the planned PIE was postponed due to the human resources constraints.

In 2012 Guyana did not receive a **new vaccine introduction grant** but 85% (US\$9,554) of 2011 carried over funds (US\$ 11,190) were spent on the following activities: strengthening cold chain at the national and regional level through procurement of vaccine carriers, cold boxes, ice packs and refrigerators. Furthermore, low coverage regions received support for vaccine campaign activities, monitoring and supervision.

The last EVM was done in 2009 and the next one is scheduled for March 2015. The cold chain seems to function well in Guyana. The existing central cold store is housed at the MOH in a secured area and vaccines are stored in satisfactory conditions. A technician assures monthly maintenance and a generator is available. A new central cold chain facility is near completion and scheduled to be commissioned shortly. Given that all activities described in the 2009 EVM improvement plan have been implemented it would be logical to plan a new EVM earlier than the scheduled one in 2015.

Guyana has a technical advisory committee and has set up sentinel surveillance on vaccine preventable diseases, including rotavirus diarrhoea but not pneumococcal disease. Furthermore, specific studies are conducted on rotavirus. Data coming from the surveillance and special studies will be used to monitor and evaluate the impact of vaccine introduction and use,

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

Guyana is in the graduating co-financing group. The country is a strong performer and fulfilled the co-financing requirements for 2012. In 2012, the GoG co-financed 71% of the overall NIP expenditures, including payment for routine vaccines, cold chain equipment, and other routine recurrent cost. The country commits to continue co-financing as per GAVI rules. Besides the GAVI Alliance support (28%) the NIP also received some financial



support (0.5%) from WHO for routine recurrent costs. The financial sustainability of the NIP is assured through government taxation.

No FMA was conducted, as this was not required for Guyana. Funds are administered and audited by the PAHO/WHO Finance Office in Washington DC, USA. Furthermore, expenditure of GAVI funds is done according to the ICC approved work plan. There are no outstanding TAP issues.

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

The 2008 EPI Programme review stated that needles and syringes are not re-used and that recapping of needles does not usually occur. WHO-recommended safety boxes and commercial biohazard containers are used for the collection of used needles and syringes, and a system is in place for the collection of bio hazardous waste in urban areas. Adverse event notification is mandatory and 77% of clinics reported keeping a registry for vaccine-related adverse events. Furthermore, the country has national dedicated vaccine pharmacovigilance capacity; a national AEFI expert review committee, and National Institutional Development Plan for Vaccine safety.

9. Health Systems Strengthening (HSS)

N/A

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

N/A

11. Risks and mitigating factors

None

12. Summary of 2012APR Review

Guyana showed good progress in maintaining high levels of DPT3 coverage and quickly reached high coverage rates ($\geq 90\%$) for both Rota and PCV13. The country is commended for its activities to ensure also good coverage rates in hard to reach areas. Since, human resources is an issue addressing provision of services in remote areas will be crucial to ensure the sustainability of the program successes overall. The excessive stock level of rotavirus vaccine indicates some problems with cold chain management. The new EVM assessments should be conducted as soon as possible, since the last one took place four year ago and all recommendations have been implemented. The discrepancies in the population number and annual targets raise some question about the quality and reliability of the data reported.

13. IRC Review Recommendations

- **ISS**
No Rewards because fewer children were vaccinated as compare to pervious highest achieved.
- **NVS**
 - 1) Approve 2014 PCV13 support based on country request target (subject to satisfactory clarifications detailed in Section 14).
 - 2) Approve 2014 rotavirus vaccine support based on country request (subject to satisfactory clarifications detailed in Section 14).
- **HSS**
N/A



14. Clarification Required with Approved Funding

Short-term clarifications

(a) Programmatic clarifications

- a. NVS – report data source of population numbers and readjust 2013-2015 target based on updated population figures for surviving infants



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
TRANSPARENCY 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.

