



GAVI/13/593/cw/sc

The Minister of Health
Ministry of Health
Department for International Cooperation
Maputo
Mozambique

17 October 2013

Dear Minister,

Annual Progress Report submitted by Mozambique

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

In July 2013 your APR was reviewed by the GAVI Independent Review Committee (IRC) which recommended "Approval with Clarifications" of your APR. We have since received your response to the programmatic clarifications, which were deemed satisfactory, and consequently are pleased to inform you that the GAVI Alliance has approved Mozambique for GAVI support as specified in the appendices to this letter.

Please note that there are outstanding financial clarifications to be provided, as specified in Appendix C to this letter, and failure to provide these financial clarifications may result in GAVI withholding further disbursements.

The appendices include the following important information:

- Appendix A: Description of approved GAVI support to Mozambique
- 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 Mozambique:

Type of support	Appendix	Approved for 2014
NVS – Pneumococcal	B-1	US\$14,985,500
NVS – Pentavalent	B-2	US\$5,023,500

Please do not hesitate to contact my colleague Charlie Whetham (cwhetham@gavialliance.org) if you have any questions or concerns.

Yours sincerely,

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

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 Mozambique (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 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 cannot 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.

MOZAMBIQUE – PNEUMOCOCCAL VACCINE SUPPORT

This Decision Letter sets out the Programme Terms of a Programme

1. Country: Mozambique					
2. Grant Number: 1216-MOZ-12b-X					
3. Date of Decision Letter : 17 October 2013					
4. Date of the Partnership Framework Agreement: N/A (not signed yet)					
5. Programme Title: New Vaccine Support					
6. Vaccine type: Pneumococcal					
7. Requested product presentation and formulation of vaccine: Pneumococcal (PCV10), 2 dose(s) per vial , LIQUID					
8. Programme Duration¹: 2013-2016					
9. Programme Budget (indicative) :					
	2013	2014	2015	2016	Total ²
Programme Budget (US\$)	US\$21,630,500 ³	US\$14,985,500	US\$16,092,500	US\$10,860,500	US\$63,569,000
10. Vaccine Introduction Grant: N/A					
11. Indicative Annual Amounts :					
Type of supplies to be purchased with GAVI funds in each year	2013	2014			
Number of Pneumococcal vaccines doses		2,899,900			
Number of AD syringes		3,224,000			
Number of safety boxes		35,800			
Annual Amounts (US\$)	US\$21,630,500 ⁴	US\$14,985,500			
12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.					
13. Self-procurement: N/A					

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.

⁴ This is the consolidated amount for all previously approved years.

14. Co-financing obligations: Reference code: 1216-MOZ-12b-X-C - According to the Co-Financing Policy, the Country falls within the group Low Income. 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	2016
Number of vaccine doses	176,100	182,500	186,400
Value of vaccine doses (US\$)	US\$597,257		
Total Co-Financing Payments (US\$) (including freight)	US\$615,500	US\$630,000	US\$647,000

15. Operational support for campaigns: N/A

	2014	2015
Grant amount (US\$)		

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 clarifications stated in the IRC report attached as appendix C to GAVI*.

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

18. Other conditions: N/A

Signed by,

Hind Khatib

On behalf of the GAVI Alliance

Hind Khatib-Othman

Managing Director, Country Programmes

17 October 2013

MOZAMBIQUE – PENTAVALENT VACCINE SUPPORT

This Decision Letter sets out the Programme Terms of a Programme

1. Country: Mozambique															
2. Grant Number: 1415-MOZ-04c-X															
3. Date of Decision Letter : 17 October 2013															
4. Date of the Partnership Framework Agreement: N/A (not signed yet)															
5. Programme Title: New Vaccine Support															
6. Vaccine type: Pentavalent															
7. Requested product presentation and formulation of vaccine: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID															
8. Programme Duration⁵: 2009-2015															
9. Programme Budget (indicative) :															
<table border="1"> <thead> <tr> <th></th> <th>2009-2013</th> <th>2014</th> <th>2015</th> <th>Total⁶</th> </tr> </thead> <tbody> <tr> <td>Programme Budget (US\$)</td> <td>US\$34,807,944⁷</td> <td>US\$5,023,500</td> <td>US\$6,354,500</td> <td>US\$46,185,944</td> </tr> </tbody> </table>		2009-2013	2014	2015	Total ⁶	Programme Budget (US\$)	US\$34,807,944 ⁷	US\$5,023,500	US\$6,354,500	US\$46,185,944					
	2009-2013	2014	2015	Total ⁶											
Programme Budget (US\$)	US\$34,807,944 ⁷	US\$5,023,500	US\$6,354,500	US\$46,185,944											
10. Vaccine Introduction Grant: N/A															
11. Indicative Annual Amounts :															
<table border="1"> <thead> <tr> <th>Type of supplies to be purchased with GAVI funds in each year</th> <th>2009-2013</th> <th>2014</th> </tr> </thead> <tbody> <tr> <td>Number of Pentavalent vaccines doses</td> <td></td> <td>2,370,000</td> </tr> <tr> <td>Number of AD syringes</td> <td></td> <td>2,538,300</td> </tr> <tr> <td>Number of safety boxes</td> <td></td> <td>28,175</td> </tr> <tr> <td>Annual Amounts (US\$)</td> <td>US\$34,807,944⁸</td> <td>US\$5,023,500</td> </tr> </tbody> </table>	Type of supplies to be purchased with GAVI funds in each year	2009-2013	2014	Number of Pentavalent vaccines doses		2,370,000	Number of AD syringes		2,538,300	Number of safety boxes		28,175	Annual Amounts (US\$)	US\$34,807,944 ⁸	US\$5,023,500
Type of supplies to be purchased with GAVI funds in each year	2009-2013	2014													
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12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.															
13. Self-procurement: N/A															

⁵ This is the entire duration of the programme.

⁶ 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.

⁷ This is the consolidated amount for all previous years.

⁸ This is the consolidated amount for all previously approved years.

14. Co-financing obligations: Reference code: 1415-MOZ-04c-X-C - According to the Co-Financing Policy, the Country falls within the group Low Income. 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	256,500	325,900
Value of vaccine doses (US\$)	US\$499,641	
Total Co-Financing Payments (US\$) (including freight)	US\$525,500	US\$666,000

15. Operational support for campaigns: N/A

	2014	2015
Grant amount (US\$)		

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 clarifications stated in the IRC report attached as appendix C to GAVI*.

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

18. Other conditions: N/A

Signed by,

On behalf of the GAVI Alliance

Hind Khatib-Othman

Managing Director, Country Programmes

17 October 2013

Type of report: Annual Progress Report**Country: Mozambique****Reporting period: 2012****Date reviewed: July 2013****1. Background Information**

Surviving Infants (2012): 924,328 – JRF (WHO pre-assessment)

DTP3 coverage (2012):

- JRF Official Country Estimate: 76% (WHO pre-assessment)
- WHO/UNICEF Estimate: 76% (WHO pre-assessment)

Table 1. NVS and INS Support

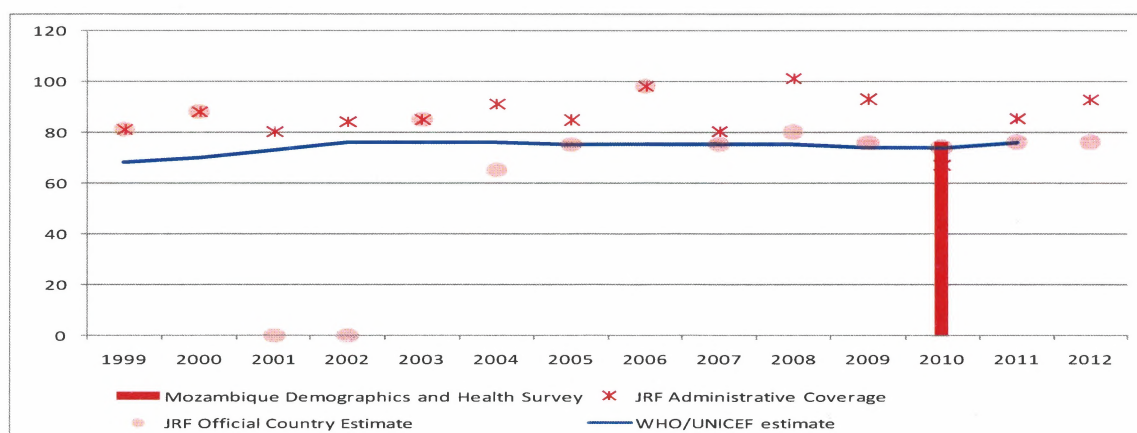
NVS and INS support	Approval Period
DTP-HepB-Hib, (10 dose per vial, liquid)	2001-2015
PCV10 (2 dose vial)	2012-2016
PCV13 (1 dose vial)	2012-2016 (not supplied)

Table 2. Cash Support

Cash support	Approval Period
ISS	2001-2012

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

Mozambique has an ICC and an HSCC. The ICC chaired by the National director of Public Health of the MOH met 3 times during 2012. Membership includes representatives from the Ministry of Health, various departments, development partners (WHO, UNICEF, USAID) and 2 CSOs (Foundation for Community Development, Village Reach). No representative from other Ministries, especially MoF. The ICC met on April 10 2013 to discuss APR 2012 and its approval as well as the application for Rotavirus and related vaccine formulations. The report was endorsed after discussions about timeliness of preparation and adequate sharing of drafts. Discussions were on the dilemma of using Rotarix which was not available, or Rotateq and whether the introduction should be postponed as Rotatec will require additional cold chain capacity with implications for funding. The issue was referred for consideration at the ministerial level as introduction of Rotavirus was a national priority for 2014. The success of Pneumococcal vaccine introduction in April 2013 was discussed as well as timely implementation of a PIE in October 2013 to be preceded by a preliminary evaluation by July 2013. The attendees (seven of them) of the ICC meeting of April 10 endorsing the report were different from the signatures (five of them) procured on May 5th with the exception of the government and one of the CSOs. The signatures of all attendees of the meeting endorsing the report should be submitted.

3. Programme and Data Management

DPT3 coverage has been stagnant between 74-76% for the preceding five years (WHO/UNICEF). Although JRF Official Country estimate of DPT3 and WHO/UNICEF estimate match, the APR reported administrative coverage data (93%) is 17 points higher than WHO/UNICEF estimates of DPT3 (76%).

According to Country Administrative data, DPT3 coverage increased from 85% in 2011 to 93% in 2012. The APR reported “considerable achievements were made in the reduction of the number of unimmunized children from 154,923 (2011) to 65,784 by December 2012, representing a 58% reduction as compared to previous year. The DPT1-DPT3 dropout rate was reduced from 14% in 2011 to 9,7% in 2012 and the proportion of districts with DPT3 coverage below 80% was reduced from 30% (43/144) in 2011 to 8% (12 /148) in 2012. There is wide disparity between the WHO/UNICEF estimate (76%) and the administrative figure (93%). This has been noted in past APRs. However, survey data (DHS 2010) puts the DPT3 coverage at 76%, more in consonance with the WHO/UNICEF estimates. This indicates a solid group of unimmunized children about which there is need for a better description.

There are obvious data inconsistencies between the administrative and WHO/UNICEF estimates. The official figures are more aligned to these estimates. This has reportedly been linked to numerator issues such as the inclusion of children >1 year in the numerator, duplication of some data during the national child health week, over reporting in summary sheets, weak/deficient/no tracing of defaulters, deficient use of data for local decision-making process amongst others. Little has been done to address data quality issues due to financial constraints, but ideas to address this were proposed in the report. A vaccine and data management tool - DVDMT (to track number of children immunized against quantity of vaccines delivered) was piloted in three provinces. There are plans to scale this up in 2013. The major constraint to good data is stated as financial and inadequate basic training for PHC workers. There has not been any assessment of administrative data systems from 2011 to the present.

The vaccine targets changed upwards as the achievement in 2012 surpassed the target previously set. There is no change in excess of 10% of previous years' achievements in any vaccine.

4. Gender and Equity Analysis

The 2011 Mozambique DHS found no statistically significant difference in DTP3 immunization coverage between boys (76,2%) and girls (76,1%). There are plans to collect disaggregated data in the future. There are also plans to work with CSOs to develop appropriate communication strategies and messages to achieve further gender equity. Gender issues will be important aspects of the communication and mobilization strategy to convince all strata of society that it is important and cost-effective to target girls with vaccination and counteract potential resistance from parents to allow girls to benefit from vaccination. There is also the effort to enhance equity with a focus on some under-performing districts.

5. Immunisation Services Support (ISS)

The country received US\$ 656,195 and expended US\$ 483,023 (74%). The funds were mostly used for capacity building of various cadres of workers, supervision, purchase of fuel and informatic materials. There are some TAP issues as GAVI disbursed US\$741,500 but the country reported only receiving is US\$656,195.. No financial statement was attached. Also, the audit of ISS was not done. However, the Global Fund audit report attached highlighted significant internal controls and accounting weaknesses at MoH. Also the US\$ account statement was not attached. ISS support is recorded on the national budget.

Mozambique is eligible but **not qualified for ISS reward** as less children were vaccinated in 2012 compared to 2011.

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

DTP-HepB-Hib 10 dose(s) vial (liquid):

The amount of vaccines received is in line with UNICEF shipment records. No problems were recorded concerning Penta. No stock-outs/over-stock were reported. The country had shifted from pentavalent 1 dose liquid vial to 10 doses liquid vials, as its preferred pentavalent vaccine presentation. The 10% wastage was claimed for 2012 with the 10 dose vial, an improvement over 16% reported for 2011. The number of children immunized with DTP3 in 2012 (858,543) and the number of children to be immunized in 2014 (927,803) are within the GAVI 10% limit.

PCV10 - Pneumococcal conjugate vaccine, 10-valent, vial of 2 doses:

1,216,000 doses of PCV10 were delivered in December 2012 for introduction in 2013. There were issues with PCV 10 pallet shippers (4th level packaging) offloading and waste management. The wastage rate is 5% for PCV10. There is no request for changes in vaccine presentation. The PCV10 target is set at 95% for 2014. As it has just been introduced, there is need to monitor the coverage of PCV10 as there are no official estimates.

There was a 47-day interruption of inventory at the central level for the pentavalent vaccine. However this interruption did not cause activities at the level of the provision of services to be discontinued.

An EVM was conducted in 2012. The main strengths include: storage capacity especially at the national level, buildings, equipment and transport quality, and distribution. The weaknesses are mainly management related and include: vaccine arrival issues, temperature monitoring, inadequate continuous temperature recording, compliance with criteria such as non-use of freeze indicators during distribution planned against deliveries, maintenance, and stock, vaccine and information management.

Several of the recommendations have been fully/partially implemented, notably those relating to the automation of the standby generator, alarm system for the cold rooms and freezer rooms, and a cold chain assessment in provinces, districts and health facilities. Gaps remain in the procurement of positive storage capacity and cold boxes.

The country has sentinel surveillance for rotavirus diarrhoea and special studies on bacterial, pneumococcal and meningococcal meningitis.

The government of Mozambique is planning to introduce Rotavirus vaccine in 2014.

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

Mozambique is in the low income group and is not in default. Overall EPI spending was US\$14,410,269. The government's part was US\$ 4,771,067 (33%) GAVI's proportion is US\$ 6,090,887 (42%) and is the second largest proportion. The Government finances all traditional vaccines and their respective injection safety materials and will continue to fund traditional vaccines and co-finance new vaccines. The cMYP indicates the funding gap for immunization specific costs (with secured funds only) to be 46% for 2013, going down to 36% in 2014 and 15% in 2017 with an average of 19% (2013-2017).

On the other hand, future resource requirements increase four-fold from US\$25M in 2013 to US\$101M in 2017. Other sources of funding include WHO, UNICEF, USAID, The World Bank, the common fund and FDC, a local CSO. This constitutes a risk, given the global financial situation. No plans were elaborated in the APR to address the funding situation and it would be good if the country considers sustainability options for the future.

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

The country has an injection safety policy. In most health facilities the open burn and burial method is used, while incinerators are used in the few facilities where they exist. The main constraint is limited financial resources to expand availability of incinerators.

9. Health Systems Strengthening (HSS)

Mozambique is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012.

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

Mozambique is not reporting on CSO type A/B fund utilisation in 2012.

11. Risks and mitigating factors

Some very important recommendations to the EVM, especially concerning vaccine temperature are yet to be fully implemented. This is important as the country is planning Rotavirus introduction. Mozambique has perennial shortage of human and financial resources, yet besides the identification of this as a problem in several parts of the APR, no solution was proposed to address the human resources problem besides training.

12. Summary of 2012 APR Review

Mozambique remains committed to improving its immunization programme. It has always met its co-financing obligations. The ICC is functional. It is making efforts to improve data quality though this could be further strengthened. The cold chain capacity has been expanded but more should be done to implement the remaining recommendations from the EVM conducted in 2012, especially the vaccine temperature issues.

Mozambique should be commended for recognizing the need to focus on some districts that are underperforming. For example in 2012, only 12 out of all 148 districts (8%) had DPT3 coverage < 80% compared to 30% (43/144 districts) in 2011. The perennial data inconsistencies between administrative and WHO/UNICEF estimates need to be further addressed. There is also need to start implementing a human resources development plan in order to address the high turn-over and shortage of human resources for health.

13. IRC Review Recommendations

- **ISS** No Rewards (less children vaccinated in 2012 than in 2011)
- **NVS**
DTP-HepB-Hib:

Approve 2014 NVS support based on country request target, subject to satisfactory clarifications detailed in Section 14.

PCV10:

Approve 2014 NVS support based on country request target.

- **HSS** N/A

14. Clarification Required with Approved Funding N/A

Short-term clarifications

(a) **Programmatic clarifications** (specify for each or indicate if not applicable, N/A)

- a. NVS
- Clarify which targets will be used to calculate required doses – the official (76%) or the Administrative (93%).
 - b. HSS N/A
 - c. CSO type A N/A
 - d. CSO type B N/A

(b) **Financial clarifications/outstanding TAP issues**

- Explain the difference of US\$ 83,305 between Cash disbursed by GAVI – US\$741,500 and cash received by country – US\$656,195.
- Carry out a 2012 audit for ISS and submit audit report.
- Submit the financial statement for 2012 for ISS.

Mid-term/long-term clarifications:

- Provide a good description of the un-immunized children in Mozambique give the wide discrepancy between the Administrative data and the WHO/UNICEF, official and DHS data, provide which is indicative of a solid group of un-immunized children. There is need for a better description of the un-immunized children.

15. Request Re-submission of APR HSS Section: N/A

16. Other issues: N/A

- GAVI to monitor PCV situation more closely and adjust supply accordingly.

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.