



GAVI/13/168/MK/RJ

The Federal Minister of Health
Federal Ministry of Health
PO Box 303
Khartoum
Sudan

28 March 2013

Dear Minister,

Sudan's Proposal to the GAVI Alliance

I am writing in relation to Sudan's proposal to the GAVI Alliance for New Vaccines Support for **pneumococcal vaccines**, which was submitted to the GAVI Secretariat in August 2012.

Following our correspondence of 26 November 2012, we are now able to confirm the availability of vaccine supply to support an introduction starting in July 2013. Based on data provided in the original application and the new introduction timeline, we have recalculated the number of doses to be supported by GAVI and updated the co-financing requirements. Appendix B provides this information.

Please note that this document contains the following important attachments:

Appendix A: Description of approved GAVI support to Sudan

Appendix B: Financial and programmatic information for pneumococcal vaccines

Appendix C: The report of the Independent Review Committee for reference

Appendix D: Terms and conditions of GAVI Alliance support

In coming weeks, the GAVI Alliance plans to send a new Partnership Framework Agreement (PFA) designed to improve the ease and efficiency for countries to understand the GAVI requirements, all in one clear and standardised document. For ease of reference, the PFA will include Appendices in the same format as Appendix B. GAVI will be in contact with officials in your Ministry in relation to this transition to the PFA with detailed supporting information.

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

New Vaccines Support	Approved for 2013
Pneumococcal vaccines	US\$ 15,226,000
New Vaccines Support	Approved for 2012
Vaccine Introduction Grant	US\$ 1,015,500



Please do not hesitate to contact my colleague Anne Cronin acronin@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
 Director of Medical Services
 Director Planning Unit, MoH
 The EPI Manager
 WHO Country Representative
 UNICEF Country Rep.

Regional Working Group
WHO HQ
UNICEF Programme Division
UNICEF Supply Division
The World Bank

Description of GAVI support to Sudan (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 2013 immunization programme as set out in Appendix B. Financing provided by GAVI for vaccines will be in accordance with:

- The GAVI Alliance Guidelines governing Sudan’s proposal application; and
- The final proposal as approved by the Independent Review Committee (IRC), including any subsequent clarifications.

The vaccines provided will be used for routine immunisation of children under 12 months of age. The principles of the WHO-UNICEF-UNFPA joint statement on safety of injections (WHO/V&B/99.25) shall apply to all immunisation provided with these vaccines.

Item number 11 of Appendix B summarises the details of the approved GAVI support for vaccines in 2013.

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 in 2013.

Item number 14 of Appendix B summarises the budget and the quantity of supply that will be procured with country’s funds in 2013. The total co-financing amount indicates costs for the vaccines, related injection safety devices 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, 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 strongly 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: Sudan's use of financial support for the introduction of new vaccinations with pneumococcal vaccine is subject to strict performance monitoring. The GAVI Alliance uses country systems for monitoring and auditing performance as well as other data sources including WHO/UNICEF immunization coverage estimates. As part of this process, National Authorities will be requested to monitor and report on the numbers of children immunised and the delivery of funds to co-finance the vaccine.

Sudan 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 Coordinating 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.

Pneumococcal VACCINE SUPPORT

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

1. Country: Sudan												
2. Grant Number: 1214-SDN-12c-X / 12-SDN-08a-Y /												
3. Decision Letter no: 1												
4. Date of the Partnership Framework Agreement: n/a												
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 Duration¹: 2013 - 2014												
9. Programme Budget (indicative): (subject to the terms of the Partnership Framework Agreement)												
<table border="1"> <thead> <tr> <th></th> <th>2013</th> <th>2014</th> <th>Total²</th> </tr> </thead> <tbody> <tr> <td>Programme Budget (US\$)</td> <td>15,226,000</td> <td>22,547,000</td> <td>37,773,000</td> </tr> </tbody> </table>		2013	2014	Total ²	Programme Budget (US\$)	15,226,000	22,547,000	37,773,000				
	2013	2014	Total ²									
Programme Budget (US\$)	15,226,000	22,547,000	37,773,000									
10. Vaccine Introduction Grant: US\$ 1,015,500 payable up to 6 months before the introduction.												
11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):³												
<table border="1"> <thead> <tr> <th>Type of supplies to be purchased with GAVI funds in each year</th> <th>2013</th> </tr> </thead> <tbody> <tr> <td>Number of Pneumococcal vaccines doses</td> <td>2,430,000</td> </tr> <tr> <td>Number of AD syringes</td> <td>2,594,400</td> </tr> <tr> <td>Number of re-constitution syringes</td> <td></td> </tr> <tr> <td>Number of safety boxes</td> <td>28,800</td> </tr> <tr> <td>Annual Amounts (US\$)</td> <td>15,226,000</td> </tr> </tbody> </table>	Type of supplies to be purchased with GAVI funds in each year	2013	Number of Pneumococcal vaccines doses	2,430,000	Number of AD syringes	2,594,400	Number of re-constitution syringes		Number of safety boxes	28,800	Annual Amounts (US\$)	15,226,000
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Annual Amounts (US\$)	15,226,000											
12. Procurement agency: : UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.												
13. Self-procurement: Not applicable.												

¹ This is the entire duration of the programme.

² This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.

³ This is the amount that GAVI has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently.

14. Co-financing obligations: Reference code: 1214-SDN-12c-X-C

According to the Co-Financing Policy, the Country falls within the Intermediate group. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.

Type of supplies to be purchased with Country funds in each year	2013	2014	2015	2016
Number of vaccines doses	136,800	291,600		
Number of AD syringes	145,600			
Number of re-constitution syringes				
Number of safety boxes	1,625			
Value of vaccine doses (US\$)	477,269			
Total Co-Financing Payments (US\$) (Including freight)	513,500	1,095,000		

15. Operational support for campaigns: Not applicable

16. Additional documents to be delivered for future disbursements: Not applicable

Reports, documents and other deliverables	Due dates
Annual progress report 2012	15 May 2013

17. Clarifications: The Country shall provide the following clarifications prior to the disbursement of the Annual Amount in 2013:

18. Other conditions: Not applicable.

Signed by
On behalf of the GAVI Alliance

Hind A. Khatib

Hind Khatib-Othman
Managing Director, Country Programmes
28 March 2013

IRC NVS COUNTRY REPORT

Appendix C

Country: Sudan
Type of report: Annual Progress Report
Reporting period: 2011
Date reviewed: July 2012

1. Background Information

Surviving Infants (2011): 1,235,714

DTP3 coverage (2011):

- JRF Official Country Estimate: 93%
- WHO/UNICEF Estimate: 93%

History of GAVI support:

Table 1. NVS and INS Support

NVS and INS support	Approval Period
Penta	2008-2014
Rota	2011-2014
HepB mono	2004-2010
Meningococcal Preventive Campaign	2012
Pneumococcal (PCV13)	To be introduced in 2012
INS	2002-2004

Table 2. Cash Support

Cash support	Approval Period
ISS 1	2002 - 2007
ISS2	2007 - 2011
HSS	2008 - 2012

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

The ICC is functional and provides support to the EPI. The ICC held two meetings in 2011, dealing with the introduction of Meningitis A and YF vaccinations, for which application would be introduced, and approval of the 2010 APR. Membership includes two CSOs.

The ICC meeting of 8th May 2012 discussed and approved the APR for 2011. It also suggested the co-finance grouping for Sudan to be revised with GAVI's Secretariat, in consideration of the reduction of oil revenues and the conflict situation after separation from South Sudan. A Polio Eradication Update indicated that no wild polio cases had been reported in Sudan reported since March 2009.

The HSCC meets separately. Its membership includes the Sudan Red Crescent Society as the only CSO. Minutes of several HSCC meetings are available, which indicate meaningful and keen interest in GAVI. The APR for 2011 was endorsed by the NHSCC meeting held on 13 May 2012.

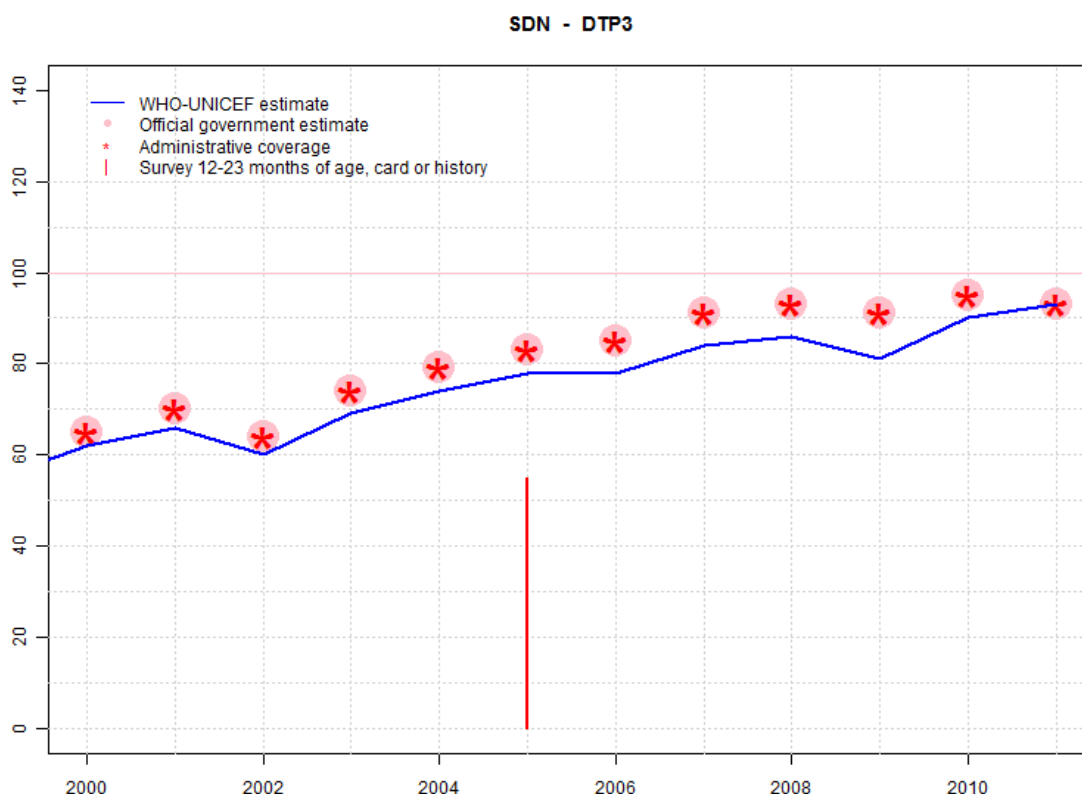
3. Program Management

Maintained at a high level, the DTP Official Country estimate coverage has receded slightly from 95% in 2010 to 93% last year. However, it is now consistent with WHO/UNICEF estimate, a remarkable achievement given insecurity, displacement of people, and compromised accessibility. No coverage survey is available since a Household Survey in 2006, which found DTP coverage rates 23 and 30 percentage points lower, respectively, than WHO/UNICEF and official country estimates.

Key activities in 2011 cut across established managerial pursuits. Adding to the challenges of conflict in the Blue Nile and South Kordofan states (bordering on South Sudan), the ageing of the transportation means; sustainability of co-finance; low routine social mobilisation activities; creation of new administrative structures; and competing priorities are all features that combine to increase the Dropout Rate (DOR) to 7% from the 5% seen previously.

Data Quality Assessment using GAVI tools was carried out by the National EPI staff in selected states in 2011. In addition, refresher training for information focal persons at state level and for service providers was accomplished, as well as an update of information guidelines and tools, supervision and monitoring of verification factor and quality index, and archiving of 1996-2011 EPI data.

Figure 1. DTP3 coverage in Sudan



Adverse Events Following Immunisation Systems

A national dedicated vaccine pharmacovigilance capacity, including a national AEFI expert review committee, exists, as well as an institutional development plan for vaccine safety. The APR notes that the AEFI surveillance system was strengthened and functioning in all 15 northern states. Overall 25 AEFI were reported and investigated.



4. Gender and Equity Analysis

Sex-disaggregated data is collected in Sudan since the introduction of Rota vaccine starting August - December 2011. The male:female distribution is 48:52.

A strategy to extend vaccination services to hard-to-reach populations in areas affected by civil strife and war, incl. the critical situation in Darfur, rests on outreach and acceleration.

5. Immunisation Services Support (ISS)

Sudan did not receive ISS funding in 2011. US\$ 2,226,503 was carried over from 2010 and spent on outreach and mobile immunisation activities, monitoring and supervision, cold chain maintenance and rehabilitation, training activities, social mobilisation activities, program management and vaccine transportation and distribution. The ISS funds have been included in the National Health Sector Plans and Budget.

Sudan is requesting and qualifies for an ISS reward of US\$ 631,500. given that 31,554 more children were vaccinated than in 2010 (the highest ever).

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

DTP-HepB-Hib (1 dose per vial, liquid)

UNICEF pre-assessment reports that no data is available, while the country states to have received 2,888,600 doses in 2011, with 1,513,600 postponed till 2012. No stock-outs or other challenges. PIE for Pentavalent vaccine was conducted in 2009, report and progress on recommendations was reported on in 2010 APR. The country noted that shipments were received in large quantities (more than 5 tonnes per shipment), but no suggestions are provided for future shipments.

Rotavirus (2-dose schedule)

Rota was introduced in August 2011. Per Decision Letter, approval for 2012 was 2,518,600 doses (217,400 doses Sudan co-financing). As per APR, 1,803,000 doses were received by 31.12.2011 and 953,500 doses postponed till 2012. As per UNICEF, 600,000 doses were delivered in December 2011, with a further 1.2 million doses donated by GSK as a special introduction support to the first GAVI country in Africa. UNICEF confirms the balance (953,500 doses) to have been delivered in 2012.

There was a near stock-out due to lack of vaccine shipments January to April 2012, although stock as of 1st January reported was 779,877 doses. The delay in first shipment in 2012 was due to the need to finalise new contracts with the supplier for all GAVI countries in order to access a lower price. 565,450 doses arrived in country the end of April 2012 (of above balance). Stock-outs are not expected in 2012.

A New Vaccine Introduction Grant amounting to US\$ 334,011 was fully spent towards training activities, advocacy and social mobilisation, launching of Rota vaccine, cold chain improvement, registration and documentation information system, supervision and monitoring. TAP notes a discrepancy of US\$ 35,989 between the Vaccine Introduction Grant funds sent (based on GAVI records US\$ 371,000) and funds received by the country (US\$ 334,011). TAP also requires the country to provide the bank statement displaying the funds receipt relating to the 2011 vaccine introduction grant, as well as the amount received in the original currency received (i.e. Euro) and in the account's currency (i.e. USD). The audit report 2011 has not been received yet.

An FMA has not been conducted during the 2011 calendar year, but is understood to have been finalised now. There are no other pending programmatic or financial management issues emanating from the CRO report.

Pneumococcal PCV13 (1 dose per vial, liquid)

Supply was delayed due to the unprecedented scale-up of demand for PCV vaccine.

Meningococcal Preventive Campaign

Approval was given in 2011 and is reported to have started in May 2012. Amount of vaccine doses corresponds to DL.

2013 vaccine request

Coverage target for all three antigens is identical for 2013.

Vaccine	Achievement 2011	Target 2012	Target 2013
DTP-HepB-Hib	1,154,936	1,269,096	1,303,459
Rotavirus	328,725	1,269,096	1,303,459
Pneumococcal (PCV13)	N/A	1,164,758	1,303,459

Justification for revision of targets upwards refers to a review of DTP1 and polio campaigns, which have led to a higher estimate for the number of surviving children. Arguing that Rota vaccine quantities for 2011 were approved for a complete year, while actual implementation was for five months, and that quantities approved for 2012 did not consider this, the APR requests that the approval for 2013 should be revised and adjusted accordingly. Relative to the introduction, the Rota vaccine laboratory-based surveillance continues and National Immunization Technical Advisory Group (NITAG) meetings are held to follow-up on the new vaccine.

Cold chain capacity/issues

No cold chain problems were reported in 2011. Implementation of recommendations of a VMA dated Dec. 2010 and a subsequent improvement plan is progressing and properly reported on (if undated). The next EVM is planned for March 2013.

7. Vaccine Co-Financing and Financial Sustainability and Financial Management

The country belongs to the intermediate co-financing group (both in 2011 and 2013). Co-financing (mandatory) of pentavalent vaccine started in 2008 and rotavirus in 2011. It is a good performer, with timely payment of the co-financing requirement.

Of a 2011 immunisation budget amounting to US\$ 59.6m, the GoS share is 6%, while GAVI funds 47% and UNICEF and WHO 26% and 22%, respectively, of expenditure. Budgets for 2012 and 2013 amount to US\$ 98.7m and US\$ 120.3m, respectively, corresponding to year-on-year increases of 66% in 2012 and 22% in 2013.

8. Injection Safety Support (INS)

Country has an established injection safety policy/plan and reports no major obstacles in 2011. It has not included incinerators for waste management "as this is found very costly for EPI and it is rather a system issue than EPI only". Disposal of sharps is done in safety boxes distributed with all vaccine deliveries. In the absence of incinerators, Dig, Burn and Bury is the practiced procedure. This policy has not been implemented in services other than immunisation, due to lack of sufficient supplies.

Overall, 25 AEFI were reported and investigated.

9. Health Systems Strengthening (HSS)

Last year's IRC commended *"the country for a well written and detailed HSS report giving sufficient details to monitor progress, and achievements over the entire grant period. In the next APR, the IRC requests an updated summary of the impressive list of activities planned for 2011"*.

The HSS report submitted for the 2012 review is equally impressive. In a 103-page document separate from the main, it elaborately accounts for expenditure and activities, achievements and constraints for 2011. It explains why some activities have not been implemented or have been modified. Separately, it sets out planned activities and budgets for 2012. It proceeds to do the same for 2013. It reports on other sources of funding for HSS.

In short, one has to agree to last year's assessment, i.e. that the HSS Report is well written. Interestingly, it links up to a National Health Sector Strategy 2012-2016, submitted in Log frame as an attachment. Under the headings Governance, Information, Service Delivery, Health Technology & pharmaceuticals, Human Resources, and Finance the document sets out the objectives, indicators, baselines (some) and the targets of the 5-year strategy.

However, providing context to the considerations on financial sustainability (cf. Section 6, above), the strategy envisages the percentage of total Government expenditure devoted to health to go up from currently 8% to 12% in 2016; anticipates out-of-pocket expenditure to decrease as a percentage of total health expenditure THE; and forecasts the percentage (of THE) contributed by social health insurance to increase five-fold from currently 2% to 10%.

Irrespective of the reservations about the sustainability of the evolution of health financing, **the IRC must commend the country for its HSS report and should have no issue recommending approval of the tranche of US\$ 3,401,503, as requested in the APR.**

No HSS pre-screening was provided for this review.

TAP pending issues: i) 2011 financial statements showing opening balance, funds received, other income, expenditure and closing balance; ii) country is requested to provide the duly filled in APR section on HSS fund use (tables 9.1.3a, 9.1.3b, 9.1.3c); and iii) audit report 2011 should be submitted (deadline was June 30, 2012).

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

Not applicable.

11. Summary of 2011 APR Review:

Despite the difficult circumstances, Sudan manages both to achieve good coverage rates and to expand its vaccination programme to include – as of last year and 2012, respectively – Rota and PCV13. In addition, the programme presently carries out a Meningococcal campaign and is, according to the cMYP 2011-2015 planning to introduce Yellow Fever vaccine in 2014-15.

An immunisation survey has not been carried out since 2006/7. The IRC recommends a survey to be carried out as a matter of priority.

12. IRC Review Recommendations

- **ISS**

ISS is proceeding with some delay. IRC encourages country to accelerate implementation of activities.

Country is qualified for an ISS reward for the 2011 achievement, amounting to US\$ 631,500, based on 31,554 children having been vaccinated, but subject to satisfactory clarifications detailed in Section 13;

- **NVS**

Pentavalent

Approval of 2013 NVS support for Pentavalent based on the country requested target, subject to satisfactory clarifications detailed in Section 13.

Rota

Approval of 2013 NVS support for Rota based on the country requested target, subject to satisfactory clarifications detailed in Section 13.

PCV13

Approval of 2013 PCV13 support based on the country request target, subject to satisfactory clarifications detailed in Section 13.

- **HSS**

Approval of the HSS plans for 2013 and approval of the country funding request of a total of US\$ 3,401,503.

13. Clarification Required with Approved Funding

- **ISS**

The country is requested to submit the 2011 audit report (in English).

- **NVS**

- For all three NVS approval is subject to acceptable explanation of the basis of target change
- The country is requested to provide the bank statement displaying the funds receipt relating to the 2011 vaccine introduction grant, as well as the amount received in the original currency received (i.e. Euro) and in the account's currency (i.e. USD)
- The country is requested to clarify TAP the discrepancy of US\$ 35,989 relative to the Vaccine Introduction Grant funds.
- The country is requested to submit the 2011 audit report (in English).

- **HSS**

- The country is requested to provide 2011 financial statements showing opening balance, funds received, other income, expenditure and closing balance.
- The country is requested to submit the 2011 audit report (in English).

14. Request Re-submission of APR HSS Section

Not applicable.



15. Other issues

Not applicable.



Appendix D

GAVI Alliance Terms and Conditions

Countries will be expected to sign and agree to the following GAVI Alliance terms and conditions in the application forms, which may also be included in a grant agreement to be agreed upon between GAVI and the country:

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance for this application will be used and applied for the sole purpose of fulfilling the programme(s) described in this application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for this application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THIS PROPOSAL

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in this application. The GAVI Alliance will document any change approved by the GAVI Alliance, and this application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance, all funding amounts that are not used for the programme(s) described in this application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in this application, or any GAVI Alliance-approved amendment to this application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in this application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with this application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.



CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the government confirm that this application is accurate and correct and forms a legally binding obligation on the Country, under the Country's law, to perform the programmes described in this application.

***CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE
TRANSPARANCY AND ACCOUNTABILITY POLICY***

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and will comply with its requirements.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to this application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in this application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in this application.

USE OF COMMERCIAL BANK ACCOUNTS

The eligible country government is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support, including HSS, ISS, CSO and vaccine introduction grants. The undersigned representative of the government confirms that the government will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.