



GAVI Alliance

Annual Progress Report **2011**

Submitted by
The Government of
Angola

Reporting on year: **2011**

Requesting for support year: **2013**

Date of submission: **6/11/2012**

Deadline for submission: 5/22/2012

Please submit the APR **2011** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at <http://www.gavialliance.org/country/>*

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's 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 its 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 the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its 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 its 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 Country confirm that its application, and APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

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 complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its 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 languages of the arbitration will be English or French.

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 the 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 its application.

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2015

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: N/A
HSS	No	next tranche of HSS Grant N/A
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2010** is available [here](#).

2. Signatures

2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

By signing this page, the Government of **Angola** hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of **Angola**

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr. Jose VIEIRA DÍAS VAN-DÚNEM	Name	Dr. Carlos Alberto LÓPES
Date		Date	
Signature		Signature	

This report has been compiled by (these persons may be contacted in case the GAVI Secretariat has queries on this document):

Full name	Position	Telephone	Email
Alda Morais Pedro de Sousa	EPI Manager MoH	244 936 117 967	aldamoraais@yahoo.com.br
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2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Name/Title	Agency/Organization	Signature	Date
Dr. Evelise FRESTA, Vice-Minister of Health	Ministry of Health		
Dr. Adelaide DE CARVALHO, National Director of Public Health	Ministry of Health		

Dr. Jean Marie Yameogo, Representative	WHO		
Dr .Koenraad VANORMELINGEN, Representative	UNICEF		
Dr. Heather SMITH/Health Officer	USAID		
Ms. Silvia NAGY/ Representative	Rotary Intenational		
Ms: Ana PINTO, Director	CORE GROUP		
Sr.Walter,QUIFICA, Secretariat Executive	RED CROSS		

ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

Angola is not reporting on CSO (Type A & B) fund utilisation in 2012

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4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	1,043,399	1,043,399	1,072,614	1,072,614	1,102,647	1,102,647	1,133,522	1,133,522	1,165,260	1,165,260
Total infants' deaths	135,642	156,509	139,440	139,440	143,344	143,344	147,358	147,358	151,484	151,484
Total surviving infants	907757	886,890	933,174	933,174	959,303	959,303	986,164	986,164	1,013,776	1,013,776
Total pregnant women	1,043,399	1,043,399	1,072,614	1,072,614	1,102,647	1,102,647	1,133,522	1,133,522	1,165,260	1,165,260
Number of infants vaccinated (to be vaccinated) with BCG	970,361	915,169	997,531	997,531	1,036,489	1,036,489	1,065,510	10,065,510	1,106,997	1,106,997
BCG coverage	93 %	88 %	93 %	93 %	94 %	94 %	94 %	888 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	844,214	753,106	867,852	867,852	901,745	901,745	926,994	926,994	963,087	963,087
OPV3 coverage	93 %	85 %	93 %	93 %	94 %	94 %	94 %	94 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	907,757	900,094	933,174	933,174	959,303	959,303	986,164	986,164	1,013,776	1,013,776
Number of infants vaccinated (to be vaccinated) with DTP3	844,214	765,352	867,852	867,852	901,745	901,745	926,994	926,994	963,087	963,087
DTP3 coverage	88 %	86 %	93 %	93 %	94 %	94 %	94 %	94 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	13	0	15	0	15	0	15	0	15
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.15	1.00	1.18	1.00	1.18	1.00	1.18	1.00	1.18
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	842,542	900,094	933,174	933,174	959,303	959,303	986,164	986,164	1,013,776	1,013,776
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	798,200	765,352	867,852	867,852	901,745	901,745	926,994	926,994	963,087	963,087
DTP-HepB-Hib coverage	88 %	86 %	93 %	93 %	94 %	94 %	94 %	94 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	5	8	15	15	15	15	15	15	15	15
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.09	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18
Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)		0	933,174	233,294	959,303	959,303	986,164	986,164	1,013,776	1,013,776
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)		0	867,852	0	901,745	901,745	926,994	926,994	963,087	963,087
Pneumococcal (PCV13) coverage		0 %	93 %	0 %	94 %	94 %	94 %	94 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)		0	0	5	0	5	0	5	0	5

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)		1	1	1.05	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus		0	0	0	767,443	479,652	838,239	838,229	912,399	912,399
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus		0		0	671,512	450,873	739,623	788,931	811,021	963,087
Rotavirus coverage		0 %	0 %	0 %	70 %	47 %	75 %	80 %	80 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)		0	0	0	0	5	0	5	0	5
Wastage[1] factor in base-year and planned thereafter (%)		1	1	1	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for Rotavirus 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	844,214	784,374	867,852	867,852	901,745	901,745	926,994	926,994	963,087	963,087
Measles coverage	93 %	88 %	93 %	93 %	94 %	94 %	94 %	94 %	95 %	95 %
Pregnant women vaccinated with TT+	970,361	820,293	997,531	997,531	1,036,489	1,036,489	1,065,510	1,065,510	1,106,997	1,106,997
TT+ coverage	93 %	79 %	93 %	93 %	94 %	94 %	94 %	94 %	95 %	95 %
Vit A supplement to mothers within 6 weeks from delivery	549,493	354,985	997,531	997,531	1,036,489	1,036,489	1,065,510	1,065,510	1,106,997	1,106,997
Vit A supplement to infants after 6 months	757,069	761,107	829,667	829,667	852,898	852,898	876,779	876,779	901,329	901,329
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	7 %	15 %	7 %	7 %	6 %	6 %	6 %	6 %	5 %	5 %

*

** Number of infants vaccinated out of total surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1 The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011**. The numbers for 2012 - 2015 in [Table 4 Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

No changes in births

- Justification for any changes in **surviving infants**

Changes on surviving infants for 2011

The surviving infants reported in 2011 correspond with the EPI estimations made at the beginning of the year 2011 and are consistent with data of GAVI Progress Report 2010. The survivors estimated for 2011 was officially distributed and utilized by MoH, AFRO and reported on the WHO UNICEF Jointly Report Form on Immunization for 2011.

The target of survivors for 2011 (base line 5.1 of the present report) correspond with the new estimations made for the EPI Multiyear Plan 2011-2015 in April 2011 when the new data of Infant Mortality Rate was available and consequently modify the data of survivors. The new estimation of survivors is being utilized for 2012, and projections of them for 2013-2015.

- Justification for any changes in **targets by vaccine**

No changes in targets except for Pneumo and Rotavirus. These targets was adjusted considering the new dates of introduction: for Pneumo October 2012 against June previously planned. Rotavirus will be introduced in July 2013.

- Justification for any changes in **wastage by vaccine**

No changes

5.2. Immunisation achievements in 2011

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2011 and how these were addressed:

In 2011, was given continuity to the implementation of Emergency Plan to stop Polio Virus transmission in the Country, having conducted 8 Polio Campaigns and one measles follow up campaign. Meanwhile was supported supported outreach and mobile vaccination teams with local government funds and in less manner with partners contributions these activities was implemented in rural areas and urban slumps.

In the area of Polio Eradication Initiative, Angola made important progresses; the number of Wild Polio Virus cases were reduced from 33 in 2010 to 5 in 2011, the provinces infected was drop from 10 to 2 and the the infected districts were reduced from 18 to 2, for the first time in the past 6 years Luanda Province (the main source of cases of the country) did not notify any Polio cases in 2011. This achievement was attributed to the improvement of the quality and quantity of campaigns and the sustained coverage of routine immunization in high risk districts.

Was not achieved the coverage target. At national level routine immunization coverage was slightly lower than 2010 for all antigens with exception of yellow fever that was increased in 20%. The Penta-3 Coverage was 86% versus 91% for 2011. At the provincial level the coverage was similar to 2010 in 5 provinces, coverage was reduced slightly in 5 provinces and in the 8 other provinces there were small improvements. At district level even 23 district had Penta-3 coverage less than 50%. Sixty percent of un-vaccinated or incomplete vaccinated children were concentrated in 10 districts of three provinces: Luanda, Benguela and Cabinda. The main activities performed are:

- Supported the implementation of 3 rounds of routine intensification with all antigens mainly in 51 polio high risk districts.
- Trained 18 Provincial EPI supervisors on data quality and use of District Immunization Management tool for monitor the routine performance indicators. 8/18 districts are using regularly the tool
- Implementation of effective vaccine management assessment (EVM) at central level and 11/18 Provinces, 17/164 districts and in 36 health facilities.
- Suportive supervision conducted to 12/18 provinces at least one time. In 6 provinces at least 2-3 visits were conducted
- Elaboration of EPI c-MYP 2011-2015. The plan was approved by the ministries of Health and Finance
- Proposal for Countrywide Pneumococcus and Rotavirus vaccines introduction was submitted to GAVI and the proposal was approved. Pneumo was planned for October 2012 and Rotavirus for July 2013
- Proposals developed and submitted to oil companies for purchase of cold chain, equipment and vehicles. Two proposals were approved and funded with support given to 5/18 provinces

5.2.2. If targets were not reached, please comment on reasons for not reaching the targets:

The main reasons are:

- The priority given in 2011 to supplementary immunization activities reduced at local level the resources and time for routine immunization intensification activities (competing priorities)
- Insuficient funds to support the high cost of car rental for mobile teams to vaccinate hard to reach areas
- Low progress implementing defaulter tracing mechanisms due to overloaded staff at health facilities
- Missing opportunities at fixed posts due to failure of cold chain, stock out of vaccine or materials, and absence of vaccinators during the working days

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate
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How have you been using the above data to address gender-related barrier to immunisation access?

N/A

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **Yes**

What action have you taken to achieve this goal?

Include in the immunization surveys the gender analysis . The immunization surveys planned for 2011 were postponed until 2012 due to Polio competing priorities.

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)

The only source currently available for estimating the routine immunization coverage is the administrative data. The main concern is the denominator as the last census was held in 1970. Deficiencies were observed in the quality of data and gaps in the completeness and timeliness.

No discrepancies between WHO UNICEF estimates for 2011.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **No**

If Yes, please describe the assessment(s) and when they took place.

N/A

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

- Training of 18 province EPI Supervisors and Antennas on data quality and the management tool to monitor the performance indicators at local level (DVD/MT)
- Training on Data Quality Self Assessment methodology of the Inter-agency technical group (8 persons)

5.4.4. Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

- Change the tally sheets (forms to collect the data of immunization) to nominal registration of children and women vaccinated
- Improve the district consolidated report including data by health facilities
- Regularize the monthly data analysis meetings and feed back

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** and **Table 5.5b** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

Exchange rate used	1 US\$ = 100	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	ESSO	CHEVRON	N/A
Traditional Vaccines*	2,092,907	2,092,907	0	0	0	0	0	0
New and underused Vaccines**	7,331,625	1,201,803	6,129,822	0	0	0	0	0

Injection supplies (both AD syringes and syringes other than ADs)	1,197,706	1,053,028	144,678	0	0	0	0	0
Cold Chain equipment	2,033,022	712,161	0	759,287	0	261,574	300,000	0
Personnel	1,359,091	1,359,091	0	0	0	0	0	0
Other routine recurrent costs	1,256,278	1,256,278	0	0	0	0	0	0
Other Capital Costs	818,709	17,500	0	462,783	0	338,426	0	0
Campaigns costs	24,332,924	16,229,524	0	7,116,224	987,176	0	0	0
Outreach and Mobile teams, Surveillance, Social Mobilization, supervision		2,268,000	0	944,266	1,397,500	0	0	0
Total Expenditures for Immunisation	40,422,262							
Total Government Health		26,190,292	6,274,500	9,282,560	2,384,676	600,000	300,000	0

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

Training activities in the three levels of health system, was postponed for 2012 due to competitive activities (Polio/Measles Campaigns)

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

Training, supervision and social communication/mobilization activities were under funded. The main reason was competing emergency activities.

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

N/A

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	1,150,021	1,223,779
New and underused Vaccines**	20,894,852	31,221,383
Injection supplies (both AD syringes and syringes other than ADs)	1,400,632	1,410,803
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	1,296,124	1,512,667
Personnel	2,558,295	2,915,518
Other routine recurrent costs	289,457	319,126
Supplemental Immunisation Activities	13,319,932	23,520,927
Total Expenditures for Immunisation	40,909,313	62,124,203

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

There are no expected constraints to finance the Immunization Program in 2012

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

There are no expected constraints to finance the Immunization Program in 2013

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **No, not implemented at all**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

No GAVI Financial Management Assessment was conducted in Angola

If none has been implemented, briefly state below why those requirements and conditions were not met.

N/A

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **17**

Please attach the minutes (**Document N°**) from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.5 Overall Expenditures and Financing for Immunisation](#)

- The necessity to improve the quality of administrative data (numerator and denominator) of routine immunization and campaigns
- The insufficient cold chain storage capacity in some districts
- Insufficient communication social mobilization activities for promote routine immunization compared with campaigns
- Necessity to improve the Polio campaigns quality

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:
Rotary International
Red Cross Angola
CORE Group of NGOs

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

Priority actions for 2012

- Continue to support the outreach and mobile teams activities in districts with largest numbers of unvaccinated children
- Continue to increase the cold chain storage capacity at local levels and cover the gaps in some provincial and districts levels
- Organize and implement 3 training courses of standard EPI Mid Level Managers (provincial and main districts EPI supervisors)
- Training/refreshing front line staff on basics EPI including new vaccines
- Training on vaccine / cold chain management (province and districts logistics)
- Purchase and install 17 incinerators
- Second round of Effective Vaccine Management Assessment (EVM)
- Implementation of EPI adjusted information system (training included in the basic and MLM workshops)
- Implementation of Data Quality Self Assessment in 5 Provinces
- Independent routine immunization coverage survey in priority districts
- Reinforce the Luanda Paediatric Hospital Pneumo, Hib and Rotavirus Surveillance Sentinel Site
- Training provincial surveillance team on "Adverse Events Following Immunization"
- Prepare the communication strategy and production of supporting materials audiovisual and printings focused on Pneumo Vaccine introduction
- Implement multimedia communication campaign
- Introduction of Pneumo vaccine countrywide
- Reinforce supportive supervision
- Annual EPI evaluation meeting

Priority actions for 2013

- Continue to support outreach and mobile teams activities in districts with low performance
- Continue to extend cold chain/routine immunization in the health facilities network
- Cover the gaps in cold chain at provincial and districts level
- Purchase and install 29 incinerators
- Supportive supervision at local level
- Implementation of Pneumo vaccine post introduction assessment
- Refreshment training on Rotavirus by three levels of health system
- Elaboration of communication materials for rotavirus vaccine introduction
- Implementation of communication and social communication campaign focused on Rotavirus introduction
- Rotavirus vaccine introduction countrywide
- Implementation of 3rd round of Effective Vaccine Management Assessment
- Implementation of Data Quality Self Assessment in 18 Provinces
- Biannual EPI evaluation meeting

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	Autodisable syringe	Gov
Measles	Autodisable syringe	Gov
TT	Autodisable syringe	Gov
DTP-containing vaccine	Autodisable syringe	Gov/GAVI
Yellow Fever vaccine	Autodisable syringe	Gov

Does the country have an injection safety policy/plan? **Yes**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

The main obstacles are:

- The high cost of incinerators (the priority of purchase in 2011 was given to cold chain)
- The lack or insufficient medical doctors at health facilities and district levels (to notify and investigate adverse events following immunization)

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

- National sharp disposal policy is open burning and burial. The policy consider gradual introduction of incinerators in all districts

6. Immunisation Services Support (ISS)

Angola is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.1. Report on the use of ISS funds in 2011

	Amount US\$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	0	0
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	0	0

6.1.1. Briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

Angola did not receive ISS funds in 2011.

6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

N/A

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

N/A

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **No**

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number).

6.3. Request for ISS reward

Request for ISS reward achievement in Angola is not applicable for 2011

7. New and Under-used Vaccines Support (NVS)

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	Total doses for 2011 in Decision Letter	Total doses received by 31 December 2011	Total doses of postponed deliveries in 2012
DTP-HepB-Hib		2,018,800	0
Pneumococcal (PCV10)		0	0
Rotavirus		0	0

*Please also include any deliveries from the previous year received against this Decision Letter

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

No problems encountered in the reception of vaccines. The main difficulty was the insufficient storage capacity at central level

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

1) Starting in 2011 change the Pentavalent vaccine presentation from 1 dose/vial to 10 dose/vial to reduce the volume of storage required.

2) The dates of shipments were coordinated with UNICEF -Angola Country Office.

2) Building a new central level cold room -with support of a private company- was completed at the end of December 2011(75m3 of net positive storage capacity)

3) The Ministry of Health contracted one additional logistician for central level EPI section.

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

If **Yes**, how long did the stock-out last?

No stock out of pentavalent vaccine was observed.

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

N/A

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	None	
Phased introduction	No	
Nationwide introduction	Yes	01/10/2012
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	The introduction was planned for the 4th quarter of 2012. province by province with the support of all technical partners utilizing the same approach of Pentavalent vaccine introduction in 2006

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **April 2013**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 20))

N/A

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

Is there a national AEFI expert review committee? **No**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **No**

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	0	0
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

N/A

Please describe any problem encountered and solutions in the implementation of the planned activities

N/A

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

N/A

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011 ?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	1,201,803	653,400
1st Awarded Vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL	0	0
	Q.2: Which were the sources of funding for co-financing in reporting year 2011 ?	
Government	All co-financing was funded by Ministry of Health Budget	

Donor	None	
Other	None	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	69,252	
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	April	Angolan Government (Ministry of Health Budget)
1st Awarded Vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	July	Angolan Government (Ministry of Health Budget)
1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL	September	Angolan Government (Ministry of Health Budget)
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Jointly Mission GAVI/UNICEF/WHO will be useful for reinforce the implications and commitments of GAVI graduating Country. The mission was planned for 2nd week of July 2012	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy:

<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

N/A

Is GAVI's new vaccine support reported on the national health sector budget? **No**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **June 2011**

Please attach:

(a) EVM assessment (**Document No 15**)

(b) Improvement plan after EVM (**Document No 16**)

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 17**)

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for delay, if any
------------------------------------	--	---

Inadequate capacity for the storage of vaccines	Build cold rooms at central level & key provinces	At central level & 3 provinces cold rooms built
Incorrect loading of vaccines & syringes	Apply the principle of bundling vaccine/syringes	Partially applied
Insufficient storage capacity for dry material	Build/ expand warehouses	Partially accomplish
Deficiencies in vaccine management	Training/refreshing workshops for all levels	Not accomplish the activity is planned for 2012

Are there any changes in the Improvement plan, with reasons? **Yes**

If yes, provide details

The training of EPI staff of all levels planned for 2011, was postponed for June-September 2012, because competing priorities (during 2011 was conducted 8 Polio Campaigns and Measles follow up campaign)

When is the next Effective Vaccine Management (EVM) assessment planned? **July 2012**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Angola does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Angola does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

Renewal of multi-year vaccines support for Angola is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per [7.11 Calculation of requirements](#)

Yes

If you don't confirm, please explain

N/A

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningococcal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	500,000\$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	886,890	933,174	959,303	986,164	1,013,776	4,779,307
	Number of children to be vaccinated with the first dose	Table 4	#	900,094	933,174	959,303	986,164	1,013,776	4,792,511
	Number of children to be vaccinated with the third dose	Table 4	#	765,352	867,852	901,745	926,994	963,087	4,425,030
	Immunisation coverage with the third dose	Table 4	%	86.30 %	93.00 %	94.00 %	94.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.09	1.18	1.18	1.18	1.18	
	Vaccine stock on 1 January 2012		#	703,570					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.18	2.02	1.99	1.93	
cc	Country co-financing per dose	Co-financing table	\$		0.98	1.20	1.42	1.63	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Co-financing group	Graduating
--------------------	------------

	2011	2012	2013	2014	2015
Minimum co-financing	0.76	0.98	1.22	1.45	1.69
Recommended co-financing as per APR 2010			1.22	1.45	1.69
Your co-financing	0.76	0.98	1.20	1.42	1.63

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

		2012	2013	2014	2015
Number of vaccine doses	#	1,579,500	1,542,400	1,197,100	805,000
Number of AD syringes	#	1,883,400	1,452,700	1,127,500	758,200
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	20,925	16,125	12,525	8,425
Total value to be co-financed by GAVI	\$	3,750,000	3,372,500	2,578,000	1,688,500

Table 7.11.3: Estimated GAVI support and country co-financing (Country support)

		2012	2013	2014	2015
Number of vaccine doses	#	1,110,500	1,876,700	2,317,800	2,808,300
Number of AD syringes	#	1,324,100	1,767,500	2,182,900	2,644,900
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	14,700	19,625	24,250	29,375
Total value to be co-financed by the Country	\$	2,636,500	4,103,000	4,991,500	5,890,000

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID** (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	41.28 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	900,094	933,174	385,220	547,954
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	2,700,282	2,799,522	1,155,660	1,643,862
E	Estimated vaccine wastage factor	Table 4	1.09	1.18		
F	Number of doses needed including wastage	D X E	2,943,308	3,303,436	1,363,679	1,939,757
G	Vaccines buffer stock	(F – F of previous year) * 0.25		90,032	37,166	52,866
H	Stock on 1 January 2012	Table 7.11.1	703,570			
I	Total vaccine doses needed	F + G – H		2,689,898	1,110,407	1,579,491
J	Number of doses per vial	Vaccine Parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		3,207,405	1,324,037	1,883,368
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		35,603	14,698	20,905
N	Cost of vaccines needed	I x vaccine price per dose (g)		5,869,358	2,422,908	3,446,450
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		149,145	61,568	87,577
P	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q	Cost of safety boxes needed	M x safety box price per unit (cs)		207	86	121
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		352,162	145,375	206,787
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		14,936	6,166	8,770
T	Total fund needed	(N+O+P+Q+R+S)		6,385,808	2,636,101	3,749,707
U	Total country co-financing	I x country co-financing per dose (cc)		2,636,101		
V	Country co-financing % of GAVI supported proportion	U / T		41.28 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	54.89 %			65.94 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	959,303	526,545	432,758	986,164	650,299	335,865
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	2,877,909	1,579,634	1,298,275	2,958,492	1,950,895	1,007,597
E	Estimated vaccine wastage factor	Table 4	1.18			1.18		
F	Number of doses needed including wastage	$D \times E$	3,395,933	1,863,968	1,531,965	3,491,021	2,302,056	1,188,965
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	23,125	12,693	10,432	23,772	15,676	8,096
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	3,419,058	1,876,661	1,542,397	3,514,793	2,317,732	1,197,061
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	3,220,148	1,767,483	1,452,665	3,310,314	2,182,894	1,127,420
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	35,744	19,620	16,124	36,745	24,231	12,514
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	6,896,240	3,785,224	3,111,016	6,980,379	4,603,016	2,377,363
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	6,896,240	82,188	67,549	6,980,379	101,505	52,425
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	208	115	93	214	142	72
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	413,775	227,114	186,661	418,823	276,182	142,641
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	14,995	8,231	6,764	15,415	10,165	5,250
T	Total fund needed	$(N+O+P+Q+R+S)$	7,474,955	4,102,870	3,372,085	7,568,761	4,991,007	2,577,754
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	4,102,870			4,991,007		
V	Country co-financing % of GAVI supported proportion	U / T	54.89 %			65.94 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	V	77.72 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	1,013,776	787,926	225,850
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	3,041,328	2,363,778	677,550
E	Estimated vaccine wastage factor	Table 4	1.18		
F	Number of doses needed including wastage	$D \times E$	3,588,768	2,789,259	799,509
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	24,437	18,993	5,444
H	Stock on 1 January 2012	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	3,613,205	2,808,252	804,953
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	3,403,000	2,644,876	758,124
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	37,774	29,359	8,415
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	6,984,326	5,428,350	1,555,976
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	158,240	122,988	35,252
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	220	171	49
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	419,060	325,702	93,358
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	15,846	12,316	3,530
T	Total fund needed	$(N+O+P+Q+R+S)$	7,577,692	5,889,526	1,688,166
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	5,889,525		
V	Country co-financing % of GAVI supported proportion	U / T	77.72 %		

Table 7.11.1: Specifications for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	886,890	933,174	959,303	986,164	1,013,776	4,779,307
	Number of children to be vaccinated with the first dose	Table 4	#	0	233,294	959,303	986,164	1,013,776	3,192,537
	Number of children to be vaccinated with the third dose	Table 4	#	0	0	901,745	926,994	963,087	2,791,826
	Immunisation coverage with the third dose	Table 4	%	0.00 %	0.00 %	94.00 %	94.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	0					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	3.50	
cc	Country co-financing per dose	Co-financing table	\$		0.70	1.40	2.10	2.80	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

Co-financing group	Graduating
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	2011	2012	2013	2014	2015
Minimum co-financing		0.70	1.40	2.10	2.80
Recommended co-financing as per Proposal 2011			1.40	2.10	2.80
Your co-financing		0.70	1.40	2.10	2.80

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2012	2013	2014	2015
Number of vaccine doses	#	747,800	2,257,200	1,382,800	823,600
Number of AD syringes	#	798,500	2,405,200	1,462,300	870,900
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	8,875	26,700	16,250	9,675
Total value to be co-financed by GAVI	\$	2,815,500	8,497,500	5,205,000	3,100,000

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2012	2013	2014	2015
Number of vaccine doses	#	170,900	1,336,400	1,744,900	2,391,700
Number of AD syringes	#	182,400	1,424,000	1,845,200	2,529,200
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	2,025	15,825	20,500	28,075
Total value to be co-financed by the Country	\$	643,500	5,031,000	6,568,000	9,002,500

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID** (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	18.59 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	0	233,294	43,379	189,915
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	0	699,882	130,135	569,747
E	Estimated vaccine wastage factor	Table 4	1.00	1.05		
F	Number of doses needed including wastage	D X E	0	734,877	136,642	598,235
G	Vaccines buffer stock	(F – F of previous year) * 0.25		183,720	34,161	149,559
H	Stock on 1 January 2012	Table 7.11.1	0			
I	Total vaccine doses needed	F + G – H		918,597	170,803	747,794
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		980,799	182,368	798,431
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		10,887	2,025	8,862
N	Cost of vaccines needed	I x vaccine price per dose (g)		3,215,090	597,808	2,617,282
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		45,608	8,481	37,127
P	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q	Cost of safety boxes needed	M x safety box price per unit (cs)		64	12	52
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		192,906	35,869	157,037
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		4,568	850	3,718
T	Total fund needed	(N+O+P+Q+R+S)		3,458,236	643,019	2,815,217
U	Total country co-financing	I x country co-financing per dose (cc)		643,018		
V	Country co-financing % of GAVI supported proportion	U / T		18.59 %		

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 2)**

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	37.19 %			55.79 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	959,303	356,753	602,550	986,164	550,174	435,990
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	2,877,909	1,070,259	1,807,650	2,958,492	1,650,521	1,307,971
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	3,021,805	1,123,772	1,898,033	3,106,417	1,733,047	1,373,370
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	571,732	212,620	359,112	21,153	11,802	9,351
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	3,593,537	1,336,392	2,257,145	3,127,570	1,744,848	1,382,722
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	3,829,102	1,423,996	2,405,106	3,307,406	1,845,177	1,462,229
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	42,504	15,807	26,697	36,713	20,482	16,231
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	12,577,380	4,677,371	7,900,009	10,946,495	6,106,967	4,839,528
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	12,577,380	66,217	111,837	10,946,495	85,802	67,993
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	247	92	155	213	119	94
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	754,643	280,643	474,000	656,790	366,419	290,371
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	17,831	6,632	11,199	15,401	8,593	6,808
T	Total fund needed	$(N+O+P+Q+R+S)$	13,528,155	5,030,952	8,497,203	11,772,694	6,567,897	5,204,797
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	5,030,952			6,567,897		
V	Country co-financing % of GAVI supported proportion	U / T	37.19 %			55.79 %		

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID** (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	V	74.39 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	1,013,776	754,104	259,672
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	3,041,328	2,262,312	779,016
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	3,193,395	2,375,428	817,967
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	21,745	16,176	5,569
H	Stock on 1 January 2012	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	3,215,140	2,391,604	823,536
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	3,400,012	2,529,122	870,890
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	37,741	28,074	9,667
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	11,252,990	8,370,611	2,882,379
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	158,101	117,605	40,496
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	219	163	56
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	675,180	502,238	172,942
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	15,832	11,777	4,055
T	Total fund needed	$(N+O+P+Q+R+S)$	12,102,322	9,002,392	3,099,930
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	9,002,392		
V	Country co-financing % of GAVI supported proportion	U / T	74.39 %		

Table 7.11.1: Specifications for **Rotavirus, 1 dose(s) per vial, ORAL**

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	886,890	933,174	959,303	986,164	1,013,776	4,779,307
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	479,652	838,229	912,399	2,230,280
	Number of children to be vaccinated with the second dose	Table 4	#	0	0	450,873	788,931	963,087	2,202,891
	Immunisation coverage with the second dose	Table 4	%	0.00 %	0.00 %	47.00 %	80.00 %	95.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	0					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		No	No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		No	No	No	No	
g	Vaccine price per dose	Table 7.10.1	\$		2.55	2.55	2.55	2.55	
cc	Country co-financing per dose	Co-financing table	\$		0.00	0.55	1.10	1.65	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	5.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL

Co-financing group	Graduating
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	2011	2012	2013	2014	2015
Minimum co-financing			0.51	1.02	1.53
Recommended co-financing as per Proposal 2011			0.55	1.10	1.65
Your co-financing			0.55	1.10	1.65

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

		2012	2013	2014	2015
Number of vaccine doses	#	0	1,000,500	1,148,100	750,300
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	11,125	12,750	8,350
Total value to be co-financed by GAVI	\$	0	2,679,000	3,074,000	2,009,000

Table 7.11.3: Estimated GAVI support and country co-financing (Country support)

		2012	2013	2014	2015
Number of vaccine doses	#	0	258,700	800,600	1,204,800
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	2,875	8,900	13,375
Total value to be co-financed by the Country	\$	0	692,500	2,143,500	3,226,000

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	0	0	0	0
C	Number of doses per child	Vaccine parameter (schedule)	2	2		
D	Number of doses needed	B X C	0	0	0	0
E	Estimated vaccine wastage factor	Table 4	1.00	1.00		
F	Number of doses needed including wastage	D X E	0	0	0	0
G	Vaccines buffer stock	(F – F of previous year) * 0.25		0	0	0
H	Stock on 1 January 2012	Table 7.11.1	0			
I	Total vaccine doses needed	F + G – H		0	0	0
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		0	0	0
N	Cost of vaccines needed	I x vaccine price per dose (g)		0	0	0
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		0	0	0
P	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q	Cost of safety boxes needed	M x safety box price per unit (cs)		0	0	0
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		0	0	0
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		0	0	0
T	Total fund needed	(N+O+P+Q+R+S)		0	0	0
U	Total country co-financing	I x country co-financing per dose (cc)		0		
V	Country co-financing % of GAVI supported proportion	U / T		0.00 %		

Table 7.11.4: Calculation of requirements for **Rotavirus, 1 dose(s) per vial, ORAL** (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	20.54 %			41.08 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	479,652	98,529	381,123	838,229	344,371	493,858
C	Number of doses per child	Vaccine parameter (schedule)	2			2		
D	Number of doses needed	$B \times C$	959,304	197,057	762,247	1,676,458	688,741	987,717
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	1,007,270	206,909	800,361	1,760,281	723,179	1,037,102
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	251,818	51,728	200,090	188,253	77,341	110,912
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	1,259,088	258,637	1,000,451	1,948,534	800,519	1,148,015
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	13,976	2,871	11,105	21,629	8,886	12,743
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	3,210,675	659,523	2,551,152	4,968,762	2,041,322	2,927,440
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	3,210,675	0	0	4,968,762	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	160,534	32,977	127,557	248,439	102,067	146,372
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	3,371,209	692,499	2,678,710	5,217,201	2,143,388	3,073,813
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	692,499			2,143,388		
V	Country co-financing % of GAVI supported proportion	U / T	20.54 %			41.08 %		

Table 7.11.4: Calculation of requirements for **Rotavirus, 1 dose(s) per vial, ORAL** (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	V	61.62 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	912,399	562,263	350,136
C	Number of doses per child	Vaccine parameter (schedule)	2		
D	Number of doses needed	$B \times C$	1,824,798	1,124,526	700,272
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	1,916,038	1,180,752	735,286
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	38,940	23,997	14,943
H	Stock on 1 January 2012	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	1,954,978	1,204,749	750,229
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	21,701	13,373	8,328
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	4,985,194	3,072,109	1,913,085
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	0	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	249,260	153,606	95,654
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	5,234,454	3,225,714	2,008,740
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	3,225,714		
V	Country co-financing % of GAVI supported proportion	U / T	61.62 %		

8. Injection Safety Support (INS)

Angola is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

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

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Angola is not reporting on GAVI TYPE A CSO support for 2012

10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Angola is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments

In the last 5 years, Angola has made significant progress in the development of the health sector, and particularly in the area of routine immunization coverage. At the same time there are still some challenges to be overcome. The primary health care network is still limited and doesn't cover all populations, especially rural areas and growing urban slum areas particularly in Luanda. Scarce human resources is the main challenge in the health sector at all levels, both in numbers and in quality. Capacity building is an important ongoing task within the health sector. In the specific field of routine immunization the cold chain network also needs maintain the priority to extend to all public and NGOs health facilities, in order to increase the access to routine immunization. Also the cold chain maintenance and vaccine management system is a priority task, ongoing need to reinforce the capacity of the staff, to guarantee the quality of vaccine administered. Supportive supervision activities at field level is needed, especially with the planned introduction of Pneumococcus and Rotavirus vaccines in 2012 and 2013 respectively. Angola has a plan to conduct a national population census in 2013. It is expected this will improve some aspects of data quality with clearer denominators. Another aspect of data quality is to develop the capacity to ensure the regular use of easy to use tools to collect and analyze routine immunization data at all levels. In order to increase the impact of immunization in the health of mothers and children, must be reinforce the integration of immunizations in all delivery strategies of essential health package. The hard to reach populations in Angola need special consideration and must be improve and maintain the outreach and mobile teams activities in order to secure immunization coverage in areas with low access to health.

The ICC maintains its commitment to support efforts of the country to improve access and quality of routine immunization services maintaining regular coordination meetings to close follow up on implementation of plans, and when necessary to mobilize complementary resources to cover existing gaps.

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS**

I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2011 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		Signature Minister of Health.pdf File desc: File description... Date/time: 6/11/2012 3:59:14 PM Size: 333236
2	Signature of Minister of Finance (or delegated authority)	2.1		Signature Minister of Finance.pdf File desc: File description... Date/time: 6/11/2012 3:59:38 PM Size: 330511
3	Signatures of members of ICC	2.2		Signature ICC members.pdf File desc: File description... Date/time: 6/11/2012 4:00:09 PM Size: 503783
5	Minutes of ICC meetings in 2011	2.2		5 Minutes ICC 2011-.doc File desc: File description... Date/time: 6/11/2012 4:01:20 PM Size: 1440256
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2		6. Minute ICC endorsement GAVI Report.doc File desc: File description... Date/time: 6/11/2012 4:02:47 PM Size: 1564160
10	new cMYP APR 2011	7.7		ANG EPI Multiyear Plan 2011 2015.doc File desc: File description... Date/time: 6/11/2012 4:04:07 PM Size: 2933248
11	new cMYP costing tool APR 2011	7.8		ANG COSTING TOOL.xls File desc: File description... Date/time: 6/11/2012 4:13:48 PM Size: 3478528
13	Financial Statement for ISS grant APR 2011	6.2.1		Attachment 13 use of ISS funds.pdf File desc: File description... Date/time: 6/14/2012 3:02:18 AM Size: 157927
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1		Attachment 14 new vaccine introduction grant.pdf File desc: File description... Date/time: 6/14/2012 3:06:43 AM Size: 160528
15	EVSM/VMA/EVM report APR 2011	7.5		15 Angola Effective Vaccine Assessment EVM report June 2011.doc File desc: File description...

				Date/time: 6/11/2012 4:06:00 PM Size: 2468352
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	16 Angola Action Plan Improving EVM.doc File desc: File description... Date/time: 6/11/2012 4:06:42 PM Size: 428544
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	17 IMPROVEMENT OF VACCINE MANAGEMENT IN ANGOLA.docx File desc: File description... Date/time: 6/11/2012 4:07:10 PM Size: 883418
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	19. External Audit Report.docx File desc: File description... Date/time: 6/11/2012 4:07:38 PM Size: 44911
20	Post Introduction Evaluation Report	7.2.2	✓	20. Post Introduction Evaluation Report.docx File desc: File description... Date/time: 6/11/2012 4:08:25 PM Size: 44965