



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Burundi

Reporting on year: 2010
Requesting for support year: 2012
Date of submission: 14.06.2011 05:57:07

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
<https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI 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/performance/country_results/index.php

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 IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in 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 Annual Progress Report, 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 TRANSPARENCY 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 language of the arbitration will be English.

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

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in 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: 2010

Requesting for support year: 2012

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTC-HepB-Hib, 2 doses/flacon, lyophilisé	DPT-HepB-Hib, 2 doses/bottle, freeze-dried	2015
NVS	Antipneumococcique (PCV13), 1 dose/flacon, liquide	Antipneumococcal (PCV13), 1 dose/Vial, Liquid	2014

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
HSS	2011

CSO	2010
ISS	2010

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

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

By signing this page, the Government of Burundi 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 Burundi

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.

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
Name	Hon Dr NTAKARUTIMANA Sabine	Name	Hon Clotilde NIZIGAMA
Date		Date	
Signature		Signature	

This report has been compiled by

Note: To add new lines click on the **New item** icon in the **Action** column.

Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Dr NTAKIRUTIMANA Dorothee	EPI Director	0025778860945	ntakirutimana.dorothee@yahoo.fr	
Dr MARONKO Boniface	Joint Director EPI	0025779928514	bonymaronko@yahoo.fr	

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

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.

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Dr NGIRIGI Liboire	Director General - Ministry of Public Health and Fight against AIDS (MPHFA)			
Dr GASHUBIJE Longin	Permanent Executive Secretary of CPSP			
Mrs MUHORANE Carmen	MPHFA Advisor			
Mr NKINDIYABARIMAK URINDA Sublime	MPHFA Advisor			
Dr FATIMAH Moussa	Expert Consultant Public Health Services			
Mr NIMPAYE Emile	Support Staff in MPHFA databases.			
Mr. MANIRAKIZA Raphael	Expert Consultant in support to the coordination_Belgian Embassy			
Mr MANIRAMBONA Richard	Director of research_National Institute of Public Health			
Dr NIYONGABO Enock	Medical Coordinator_Pentacostal Church Community of Burundi			
Mr NTUNZWENIMANA Fidèle	Administrative Director and Financier_Central Procurement of Medicines in Burundi			
Mrs MITASHITA AKIKA	JICA_Coordinator			
Mr KIMARARUNGU Alphonse	JICA_Consultant			

Name/Title	Agency/Organisation	Signature	Date	Action
Dr COUDRAY Michel	Consultant Health Assessment_European Union			
Dr MOREELS Réginald	Advisor MPHFA/APIMS			
Dr BOSSUYT Michel	Medical Coordinator_CORDAI D			
Mrs KANYONGA Florence	Administrative and Finance Director_National Institute of Public Health			
Dr kamwenubusa Gaudefroid	Director of the National Integrated Fight against Chronic and non-communicable diseases_MPHFA			
Mrs KAMIKAZI Josiane	Technical Advisor_Ministry of Finance			
Mrs BALENG Marie Louise	PSI Resident Representative/Burundi			
Mr NSHIMAYEZU Maximilien	General Director SOUSCOM_TERIMBERE			
Dr CREPIN Pascal	Health Project In-charge_European Union			
Mrs. MONSEUR Sophie	Program In-charge_European Union			
Mr NDAYIRAGIJE Innocent	Researcher_Norwegian Council for Refugees			
Dr NDUWIMANA Rose Marie Magnifique	Focal point for EPI/WHO			
Dr CIZA Alphonse	MPN/WHO			
Mr SWALENS Jean Michel	AttachéCI_Belgian Embassy			
Dr CABORE Joseph	WHO Representative			
Mr MAMADOU NDIAYE	IMC Program Coordinator			
Mr HICUBURUNDI Sostène	General Director of Resources_MPHFA			
Mrs Hedy IP	UNICEF			
Dr NINTERETSE Hilaire	Director of Services and Health Programs			

Name/Title	Agency/Organisation	Signature	Date	Action
Dr NINTUNZE Jacqueline	Secretary General of the Association of fight against Malaria			
Mr NDIKUMANA Désiré	HSS_GAVI Coordinator			
Dr NTAKIRUTIMANA Dorothée	EPI Director			
Mr BARIGENZA Louis	Administrative Assistant HSS_GAVI			
Dr SIBOMANA Célestin	Joint Director of National Blood Transfusion Centre			
Mrs KANYANA Annonciate	EPI data Manager			
Mr MANIRABARUTA Jean Claude	Logistician of EPI			
Dr NIVYINDIKA Léocadie	Inspector General of Public Health			
Mr BUSAGO André	ABS			

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

If the country is reporting on HSS

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC 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. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

2.3.1. HSS report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) - , endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Note: To add new lines click on the **New item** icon in the **Action** column.

Action.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

HSCC 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:

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

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Mr NDIKUMANA Desiré	HSS GAVI			

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - , endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	366,000	406,431	416,185	426,173	436,402	446,875
Total infants' deaths	30,642	86,475	88,550	90,675	92,852	95,080
Total surviving infants	335,358	319,956	327,635	335,498	343,550	351,795
Total pregnant women	422,239	432,373	442,750	453,376	464,257	475,399
# of infants vaccinated (to be vaccinated) with BCG	339,584	382,045	399,538	417,650	427,674	437,938
BCG coverage (%) *	93%	94%	96%	98%	98%	98%
# of infants vaccinated (to be vaccinated) with OPV3	315,448	307,158	321,082	328,788	336,679	344,759
OPV3 coverage (%) **	94%	96%	98%	98%	98%	98%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	332,362	316,756	324,359	332,143	340,115	348,277
# of infants vaccinated (to be vaccinated) with DTP3 ***	321,408	310,357	321,082	328,788	336,679	344,759
DTP3 coverage (%) **	96%	97%	98%	98%	98%	98%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	332,364	316,756	324,359	332,143	340,115	348,277
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	321,408	310,357	321,082	328,788	336,679	344,759
3 rd dose coverage (%) **	96%	97%	98%	98%	98%	98%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1 st dose of Pneumococcal		143,980	288,319	328,788	340,115	348,277
Infants vaccinated (to be vaccinated) with 3 rd dose of Pneumococcal		127,982	278,490	318,723	336,679	344,759
Pneumococcal coverage (%) **	0%	40%	85%	95%	98%	98%
Wastage ^[1] rate in base-year and planned thereafter (%)		5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter		1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	308,358	297,559	311,253	318,723	326,373	334,205
Measles coverage (%) **	92%	93%	95%	95%	95%	95%
Pregnant women vaccinated with TT+	384,135	389,136	398,475	408,038	417,831	427,859
TT+ coverage (%) ****	91%	90%	90%	90%	90%	90%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	3%	2%	1%	1%	1%	1%

* Number of infants vaccinated out of total births

** 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 **2010** must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for **2011** to **2015** in the table on section 4 [Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

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

Provide justification for any changes in **births**

The actual births are calculated from the definite results of the 2008 census which were validated in 2010. Till 2010, the denominators used were calculated from the projections of the census of 1991. From this year, 2011, (Beginning of cMYP), the projections are made from the census data of 2008.

Provide justification for any changes in **surviving infants**

From this year 2011, the number of surviving infants is calculated from the definite results of the 2008 census which was validated in August 2010 along with the previous years; it was calculated from the projections of the 1991 census.

Provide justification for any changes in **targets by vaccine**

The performances achieved remained higher than the objectives per vaccine in spite of the problem of denominators.

Provide justification for any changes in **wastage by vaccine**

There has been no change in the annual target but there are still problems of measuring this indicator.

5.2. Immunisation achievements in **2010**

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 **2010** and how these were addressed

The fixed objectives were achieved for all the antigens. The main activities executed which helped achieve these goals are:

- strengthening routine EPI by trained supervision activities at the health district levels.
- strengthening staff capabilities (training of district supervisors, vaccine managers and data managers)
- strengthening social mobilization in the scope of RED approach
- organization of the mother and child health week in June and December 2010.
- the response against the spread of wild poliovirus has been a positive influence on the program results.

The main problems encountered during the year which are covered by the report are:

- Instability of staff at the operational level;
- Inadequacy of the cold chain (all the health centers are not equipped with refrigerators);
- Difficulties in procuring oil for the cold chain.

However, these obstacles will be gradually removed from 2011 because they are taken into account in the current cMYP 2011-2015 and in the annual action plan for 2011. The country still lives under the threat of WPV spread from neighbouring countries. The country, hence, should strengthen the surveillance of AFP and be ready to involve at all times.

5.2.2.

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

Not applicable

5.2.3.

Do males and females have equal access to the immunisation services? Yes

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.

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

If Yes, please give a brief description on how you have achieved the equal access.

In the routine EPI, the girls and boys are taken into account without gender discrimination. The parents are made aware and mobilised to bring all the children for immunization. In addition a survey of households (PMS) conducted in 2009 showed equal immunization covers for both boys and girls (MV: 91% for boys and 90% for girls).

5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunisation services

Success achieved is due to the social mobilization and mass support from the population to immunization activities.

5.3. Data assessments

5.3.1.

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)*.

Results of the demographic and health survey (DHS) are still not available for data comparison. An immunisation cover Survey is planned for the year 2011.

* Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? No

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

5.3.3.

Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

Within the Scope of Partnership for Health and Development (SPHD), there is a "Monitoring Evaluation" thematic group responsible for monitoring of PNDS and EPI indicators. At the operational level, the provincial committees of verification and validation (PCVV) of health district data validate the data before their distribution at the central level (EPISTAT). There has also been a strengthening of capabilities of staff responsible for the data management at the central and intermediary level and development of a data management software "GESIS" at all levels (central, intermediary and district). This software was developed with the support of the Belgian Technical Cooperation who funded the Transformation Cell of the health information system.

5.3.4.

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

- Strengthening district offices with computers
- Installation of DQS in all the districts
- Continue strengthening staff capabilities for cleanup and analysis of data for action
- Setup of quarterly feedback on data at each district.

5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US\$.

Exchange rate used	1 \$US = 1240	Enter the rate only; no local currency name
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Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Note: To add new lines click on the *New item* icon in the *Action* column.

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name Pathfinder	Donor name Other Partners	Donor name	
Traditional Vaccines*	494,196			65,148					
New Vaccines	0								
Injection supplies with AD syringes	117,289	10,248	41,713	2,548					
Injection supply with syringes other than ADs	4,588	408	1,632	35,200					
Cold Chain equipment	35,200			524,880					
Personnel	580,200	55,320							
Other operational costs	87,811	8,468	79,343	520,887					
Supplemental Immunisation Activities	1,117,289		27,000		474,326	12,000	83,076		
Under used vaccines	2,733,585	325,203	2,408,385						
Under-used injection material of vaccines	83,553	10,026	73,527						
Total Expenditures for Immunisation	5,253,711								

<i>Expenditures by Category</i>	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name Pathfinder	Donor name Other Partners	Donor name	
Total Government Health		409,673	2,631,600	1,148,663	474,326	12,000	83,076		

* 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.

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Note: To add new lines click on the **New item** icon in the **Action** column

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Action s
Traditional Vaccines*	628,144	703,994	
New Vaccines	4,312,007	8,537,762	
Injection supplies with AD syringes	236,167	269,410	
Injection supply with syringes other than ADs	27,436	31,786	
Cold Chain equipment	49,766	55,835	
Personnel	603,640	615,713	
Other operational costs	140,454	143,263	
Supplemental Immunisation Activities	1,351,919	1,487,111	
Short- term training	52,020	53,060	
Social mobilisation	119,646	122,039	
Control and surveillance of the disease	416,160	424,483	
Under used vaccines	3,638,013	4,156,502	
Injection material for under-used vaccines	173,243	216,281	
Total Expenditures for Immunisation	11,748,615	16,817,239	

* 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 describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

During the 2009 exercise, the program did not encounter deficits. Budgetary execution was satisfactory. Pending funds from the Government and partners were received. However, some activities of the 2010 action plan were not performed following the cumbersome procedures for procurement. The current status, financial sustainability of the immunization program is not guaranteed because the EPI depends on more than 90% of partner supports. However, note that the immunization comprises one of the priorities of PND 2010 and mobilization of funds for the latter will also concern the EPI activities. Moreover, it is expected to benefit from the activities of African Immunization Week (AIW) to make a strong appeal to various Government bodies for the increase of financial contributions of the State in favor of immunization.

5.5. InterAgency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 4

Please attach the minutes (Document number 8) from all the ICC meetings held in 2010, 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 [5.4 Overall Expenditures and Financing for Immunisation](#)

Prepare a procedures manual of health districts in order to reassure some donors like GAVI in the management of funds.

Are there any Civil Society Organisations (CSO) member of the ICC?: **Yes**

If Yes, which ones?

Note: To add new lines click on the **New item** icon in the **Action** column.

List CSO member organisations:	Actions
AHA	
CORDAID	
IMC	
PSI Burundi	

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

The priority activities of EPI 2011 and 2012 are:

- Preparation for the submission for introduction of anti rotavirus vaccine
- Preparation for the submission of the 2nd dose of MV
- Revision of cMYP 2011-2015
- Evaluation of vaccine management
- Development of communication plan for EPI
- Preparation for the introduction of anti-pneumococcal vaccine (Training of health staff, social mobilization, transportation of vaccines, launch)
- Evaluation of the introduction of vaccine against pneumococcal
- Strengthening of surveillance activities of diseases avoidable by immunization (Polio, measles, MNT, Hib-PBMS)
- Quarterly evaluation meeting of routine EPI activities and surveillance
- Organization of Trained Supervisions
- Organization of DQS in the districts
- Strengthening of capabilities for improvement of quality of Routine EPI/Surveillance data
- Organization of a national survey of coverage
- Implementation of communication plan for EPI
- Implementation of RED approach by health trainings
- Organization of the 1st African Immunization Week (AIW)
- Organization of AIA (SSME, JNV Polio, measles response)
- Preparation for the introduction of 2nd dose of MV

All these activities are documented in the cMYP 2011-2015.

5.7. 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 2010

Note: To add new lines click on the **New item** icon in the **Action** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
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Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD syringes 0.05 ml	UNICEF	
Measles	AD syringes 0.5 ml	UNICEF	
TT	AD syringes 0.5 ml	UNICEF	
DTP-containing vaccine	AD syringes 0.5 ml	GAVI	
Anti-Measles Vaccine	Dilution syringes of 5 ml	UNICEF	
Vaccine containing DPT	Dilution syringes of 2 ml	GAVI, UNICEF	

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? (Please report in box below)

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

The country saw difficulties in the implementation of its injection safety policy. These difficulties encountered are mainly:

- Escalation of this policy
- Construction of incinerators did not follow this policy.

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

Sharp wastes, including syringes and needles are destroyed by incineration and burying.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 0
Remaining funds (carry over) from 2009	US\$ 1,484,699
Balance carried over to 2011	US\$ 1,096,832

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010

- Strengthening of staff capabilities at central level with regards to supervision of immunization activities
- Organisation and implementation of trained supervisions at all levels
- Strengthening of capabilities of district pharmacy managers with regards to vaccine management
- Supervision and maintenance of the cold chain at all levels
- Maintenance and repair of EPI cartage
- Social mobilization in favor of immunization
- Supply of vaccines and immunization material
- Organisation and implementation of RED approach in 4 health districts with low coverage
- Organisation of Additional Immunization Activities (AIA)
- Organization of the Mother-Child Health Week (MCHW) in June and December 2010
- Organisation of activities in response to measles epidemics in 4 provinces (Bujumbura Town, Bujumbura Rural, Bubanza and Cibitoke)
- Participation in regional and international Forums on immunization and strengthening of health systems
- Training of an EPI official at Ouidah, Benin on the promotion of health.

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? Yes

If Yes, please complete Part A below.

If No, please complete Part B below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds

A Financial Management Assessment (FMA) of GAVI ALLIANCE was executed during the calendar year 2010. For this, a checklist was prepared and signed on 10 November 2010 jointly by the Secretariat of GAVI Alliance ("GAVI") and the Government of the Republic of Burundi ("GRB"), represented by the Ministry of Finances and Ministry of Public Health and Fight Against AIDS (MPHFAA)

This Check list defines the conditions and procedures of financial management of all current and future GAVI grants in favor of Government of Burundi, including: Immunization Support Services (ISS), Health System Strengthening (HSS), support to Civil Society Organizations (CSO) and all future grants from the launch of the New Vaccination Support (NVS), as approved by the Administrative Council of GAVI. In this document, it was agreed that the existing ISS funds, already transferred to the EPI account at the

Central Bank (Bank of the Republic of Burundi) will be considered extra. In the scope of implementation of provisions related to the management of ISS funds, progress was made in:

- The Ministry of Public Health and Fight against AIDS opened an account for the functioning of EPI at the Credit Bank of Bujumbura (CBB);
- The Ministry of Public Health and Fight against AIDS designated the managers for the ISS fund account opened at the Central Bank and Credit Bank of Bujumbura;
- The preparation and approval of action plan of EPI 2011 by CPSD;
- Execution of ISS fund expenses is made after written authorization by the Ministry of Public Health and Fight against AIDS;
- Double signature for the transfer of ISS funds on the accounts (by check or wire transfer);
- Double signature of EPI Director and Director of Staff of the Minister of Public Health and Fight Against AIDS (with respective alternates like: Joint Director of EPI and Director General of Resources to the Ministry of Public Health and Fight against AIDS);
- Financial Report of the 2010 exercise was prepared and approved by the Director General of Resources to the Ministry of Health and Fight against AIDS; it was also approved by CPSD.

However, certain conditions are still not fulfilled irrespective of the responsibility of MPHFAA. These conditions are the following:

- Financial control exercised by the control institutions of public finance management
- An external audit on the use of ISSGAVI funds is still not executed.

Note that the procedures are in progress for the implementation of these two activities.

Part B: 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.

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 subnational levels, financial reporting arrangements at both the subnational and national levels, and the overall role of the ICC in this process

Is GAVI's ISS support reported on the national health sector budget? **Yes**

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number Attachment number 6) (Terms of reference for this financial statement are attached in Annex 1). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.4. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

- a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and
- b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/Immunisation_monitoring/en/globalsummary/timeseries/tscoveredtp3.htm.

If you qualify for ISS reward based on DTP3 achievements in 2010 immunisation programme, estimate the US\$ amount by filling **Table 3** below

Note: The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available

Table 3: Calculation of expected ISS reward

				2000	2010
				A	B
1	Number of infants vaccinated with DTP3* (from JRF) specify			174,923	321,408
2	Number of additional infants that are reported to be vaccinated with DTP3				146,485
3	Calculating	\$20	per additional child vaccinated with DTP3		2,929,700
4	Rounded-up estimate of expected reward				2,930,000

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

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

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

Note: To add new lines click on the **New item** icon in the **Action** column.

	[A]	[B]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
DTP-HepB-Hib	1,062,100	955,600	106,500	
Pneumococcal	0	0	0	

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

If numbers [A] and [B] above are different

What are the main problems encountered? (Lower vaccine utilisation than anticipated? Delay in shipments? Stockouts? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

There has been a delay in the delivery of Penta for 2010. The second delivery planned in 2010 was received in March 2011. The country experienced a period of pre-stock-out.

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)

In collaboration with the supply division of UNICEF, we adjusted the shipping plan of DPT-Hib HepB vaccine by requesting a delivery of a small quantity in an emergency, which has prevented a stock-out.

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? No

If Yes, how long did the stock-out last? Not applicable

Please describe the reason and impact of stock-out

Not applicable

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced	Pneumococal	
Phased introduction	No	Date of introduction 03.07.2011
Nationwide introduction	Yes	Date of introduction 04.07.2011
The time and scale of introduction was as planned in the proposal?	Yes	If No, why?

7.2.2.

When is the Post introduction Evaluation (PIE) planned? 1st quarter 2012

If your country conducted a PIE in the past two years, please attach relevant reports (Document No)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? No

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

\$US	0
Receipt date	

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

Not applicable

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

Not applicable

Is there a balance of the introduction grant that will be carried forward? No

If Yes, how much? US\$

Please describe the activities that will be undertaken with the balance of funds

Not applicable

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No). (Terms of reference for this financial statement are available in [Annex 1](#).) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTC-HepB-Hib, 2 doses/flacon, lyophilisé	325,203	212,420
2nd Awarded Vaccine Antipneumococcique (PCV13), 1 dose/flacon, liquide	0	
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor		
Other GOVERNMENT		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1. The country honoured its commitments in spite of its low revenues.		
2.		
3.		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2012	
	(month number e.g. 8 for August)	
1 st Awarded Vaccine DPT-HepB-Hib, 2 doses/bottle, freeze-dried	5	
2 nd Awarded Vaccine Anti-pneumococcal (PCV13), 1 dose/vial, Liquid	5	
3 rd Awarded Vaccine		

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/resources/9_Co_Financing_Default_Policy.pdf.

Not applicable

Is GAVI's new vaccine support reported on the national health sector budget? Yes

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted? 22.04.2011

When was the last Vaccine Management Assessment (VMA) conducted? 22.04.2011

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° 3)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Please note that EVSM and 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/Immunisation_delivery/systems_policy/logistics/en/index6.html.

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

The country recently executed an assessment on the efficiency of the management of vaccines at national level in the month of April 2011 and measures for strengthening and improvement was stopped based on the recommendations formulated in the report. We will report the status of implementation of these measures in our subsequent report.

When is the next Effective Vaccine Management (EVM) Assessment planned? 15.04.2013

7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

The country wanted to have, for 2011, the DPT-Hib HepB vaccine in liquid form in a single vial of 10 doses instead of

freeze-dried form. The Minister of Health addressed a letter to GAVI Alliance on this subject. We intend to introduce this new format in 2012.

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 is the last year of approved multi-year support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for oui vaccine for the years 2012 to 2015. At the same time it commits itself to co-finance the procurement of oui vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.9 Calculation of requirements](#).

The multi-year extension of DPT-Hib HepB, PCV-13, 2nd dose MV, Vaccine against Rotavirus vaccine support is in line with the new cMYP for the years 2012 to 2015 which is attached to this APR (Document No 9).

The country ICC has endorsed this request for extended support of DPT-Hib HepB, PCV-13, 2nd dose of MV and vaccine against Rotavirus vaccine at the ICC meeting whose minutes are attached to this APR (Document No 7).

7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section [7.9 Calculation of requirements](#): Yes

If you don't confirm, please explain

Not applicable

7.8. Weighted average prices of supply and related freight cost

Table 6.1: 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
Seringue autobloquante	0	0.053	0.053	0.053	0.053	0.053
DTC-HepB, 2 doses/flacon, liquide	2	1.600				
DTC-HepB, 10 doses/flacon, liquide	10	0.620	0.620	0.620	0.620	0.620
DTC-HepB-Hib, 1 dose/flacon, liquide	WAP	2.580	2.470	2.320	2.030	1.850
DTC-HepB-Hib, 2 doses/flacon, lyophilisé	WAP	2.580	2.470	2.320	2.030	1.850
DTC-HepB-Hib, 10 doses/flacon, liquide	WAP	2.580	2.470	2.320	2.030	1.850
DTC-Hib, 10 doses/flacon, liquide	10	3.400	3.400	3.400	3.400	3.400
HepB monovalent, 1 dose/flacon, liquide	1					
HepB monovalent, 2 doses/flacon, liquide	2					
Hib monovalent, 1 dose/flacon, lyophilisé	1	3.400				
Antirougeoleux, 10 doses/flacon, lyophilisé	10	0.240	0.240	0.240	0.240	0.240
antipneumococcique (PCV10), 2 doses/flacon, liquide	2	3.500	3.500	3.500	3.500	3.500
Antipneumococcique (PCV13), 1 dose/flacon, liquide	1	3.500	3.500	3.500	3.500	3.500
Seringue de reconstitution pentavalent	0	0.032	0.032	0.032	0.032	0.032
Seringue de reconstitution antiamentaril	0	0.038	0.038	0.038	0.038	0.038
Antirrotavirus pour calendrier 2 doses	1	7.500	6.000	5.000	4.000	3.600
Antirrotavirus pour calendrier 3 doses	1	5.500	4.000	3.333	2.667	2.400
Réceptacle de sécurité	0	0.640	0.640	0.640	0.640	0.640
Antiamaril, 5 doses/flacon, lyophilisé	WAP	0.856	0.856	0.856	0.856	0.856
Antiamaril, 10 doses/flacon, lyophilisé	WAP	0.856	0.856	0.856	0.856	0.856

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 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 \$		250'000 \$		2'000'000 \$	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 2 doses/vial, Lyophilised

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	319,956	327,635	335,498	343,550	351,795		1,678,434
Number of children to be vaccinated with the third dose	Table 1	#	310,357	321,082	328,788	336,679	344,759		1,641,665
Immunisation coverage with the third dose	Table 1	#	97%	98%	98%	98%	98%		
Number of children to be vaccinated with the first dose	Table 1	#	316,756	324,359	332,143	340,115	348,277		1,661,650
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		128,900					
Number of doses per vial		#	2	2	2	2	2		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		\$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB-Hib, 2 doses/vial, Lyophilised

Co-financing group	Low revenue
--------------------	-------------

	2011	2012	2013	2014	2015
Minimum co-financing	0.10	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		831,000	968,100	979,500	993,700	3,772,300
Number of AD syringes	#		872,500	1,023,700	1,035,800	1,050,800	3,982,800
Number of re-constitution syringes	#		461,200	537,300	543,600	551,500	2,093,600

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of safety boxes	#		14,825	17,350	17,550	17,800	67,525
Total value to be co-financed by GAVI	\$		2,202,000	2,415,500	2,150,000	1,996,000	8,763,500

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval	For endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		67,900	84,400	98,200	109,900	360,400
Number of AD syringes	#		71,300	89,300	103,900	116,200	380,700
Number of re-constitution syringes	#		37,700	46,900	54,500	61,000	200,100
Number of safety boxes	#		1,225	1,525	1,775	1,975	6,500
Total value to be co-financed by the country	\$		180,000	210,500	216,000	221,000	827,500

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 2 doses/vial, Freeze-dried

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
A	Country Co-finance			7.55%			8.02%			9.11%			9.96%		
B	Number of children to be vaccinated with the first dose	Table 1	316,756	324,359	24,483	299,876	332,143	26,625	305,518	340,115	30,993	309,122	348,277	34,680	313,597
C	Number of doses per child	Vaccine parameter	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
		(schedule)													
D	Number of doses needed	B x C	950,268	973,077	73,448	899,629	996,429	79,875	916,554	1,020,345	92,978	927,367	1,044,831	104,040	940,791
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	Number of doses needed including wastage	D x E	997,782	1,021,731	77,120	944,611	1,046,251	83,869	962,382	1,071,363	97,626	973,737	1,097,073	109,242	987,831
G	Vaccines buffer stock	(F – F of previous year) * 0.25		5,988	452	5,536	6,130	492	5,638	6,278	573	5,705	6,428	641	5,787
H	Stock on 1 January 2011			128,900	9,730	119,170									
I	Total vaccine doses needed	F + G - H		898,819	67,843	830,976	1,052,381	84,360	968,021	1,077,641	98,199	979,442	1,103,501	109,882	993,619
J	Number of doses per vial	Vaccine parameter		2	2	2	2	2	2	2	2	2	2	2	2
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		943,684	71,229	872,455	1,112,841	89,207	1,023,634	1,139,552	103,840	1,035,712	1,166,898	116,195	1,050,703
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		498,845	37,653	461,192	584,072	46,820	537,252	598,091	54,500	543,591	612,444	60,985	551,459
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		16,013	1,209	14,804	18,836	1,510	17,326	19,288	1,758	17,530	19,751	1,967	17,784
N	Cost of vaccines needed	I x g		2,220,083	167,570	2,052,51	2,441,524	195,715	2,245,80	2,187,612	199,343	1,988,26	2,041,477	203,281	1,838,196

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
						3			9			9			
O	Cost of AD syringes needed	K x ca		50,016	3,776	46,240	58,981	4,728	54,253	60,397	5,504	54,893	61,846	6,159	55,687
P	Cost of reconstitution syringes needed	L x cr		15,964	1,205	14,759	18,691	1,499	17,192	19,139	1,745	17,394	19,599	1,952	17,647
Q	Cost of safety boxes needed	M x cs		10,249	774	9,475	12,056	967	11,089	12,345	1,125	11,220	12,641	1,259	11,382
R	Freight cost for vaccines needed	N x fv		77,703	5,865	71,838	85,454	6,851	78,603	76,567	6,978	69,589	71,452	7,115	64,337
S	Freight cost for devices needed	(O+P+Q) x fd		7,623	576	7,047	8,973	720	8,253	9,189	838	8,351	9,409	937	8,472
T	Total fund needed	(N+O+P+Q+R+S)		2,381,638	179,764	2,201,874	2,625,679	210,477	2,415,202	2,365,249	215,529	2,149,720	2,216,424	220,701	1,995,723
U	Total country co-financing	I 3 cc		179,764			210,477			215,529			220,701		
V	Country co-financing % of GAVI supported proportion	U / T		7.55%			8.02%			9.11%			9.96%		

Table 7.2.1: Specifications for Pneumococcal (PCV13), 1 doses/vial, Liquid

	Instructions		2011	2012	2013	2014			TOTAL
Number of Surviving infants	Table 1	#	319,956	327,635	335,498	343,550			1,326,639

	Instructions		2011	2012	2013	2014			TOTAL
Number of children to be vaccinated with the third dose	Table 1	#	127,982	278,490	318,723	336,679			1,061,874
Immunisation coverage with the third dose	Table 1	#	40%	85%	95%	98%			
Number of children to be vaccinated with the first dose	Table 1	#	143,980	288,319	328,788	340,115			1,101,202
Number of doses per child		#	3	3	3	3			
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05			
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1	1			
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes			
Reconstitution syringes required	Select YES or NO	#	No	No	No	No			
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes			
Vaccine price per dose	Table 6.1	\$	3.500	3.500	3.500	3.500			
Country co-financing per dose		\$	0.20	0.20	0.20	0.20			
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053			
Reconstitution syringe price per unit	Table 6.1	\$	0.000	0.000	0.000	0.000			
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640			
Freight cost as % of vaccines value	Table 6.2	%	5.00%	5.00%	5.00%	5.00%			
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%			

Co-financing tables for Pneumococcal (PCV13), 1 doses/vial, Liquid

Co-financing group	Low revenue
--------------------	-------------

	2011	2012	2013	2014	
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	

Table 7.2.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014		TOTAL
Number of vaccine doses	#		967,400	1,010,600	1,022,600		3,000,600
Number of AD syringes	#		1,028,300	1,069,900	1,081,500		3,179,700
Number of re-constitution syringes	#		0	0	0		0
Number of safety boxes	#		11,425	11,875	12,025		35,325
Total value to be co-financed by GAVI	\$		3,623,000	3,784,500	3,830,000		11,237,500

Table 7.2.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval	For endorsement			
Required supply item		2011	2012	2013	2014		TOTAL
Number of vaccine doses	#		54,600	57,100	57,700		169,400
Number of AD syringes	#		58,100	60,400	61,100		179,600
Number of re-constitution syringes	#		0	0	0		0
Number of safety boxes	#		650	675	700		2,025
Total value to be co-financed by the country	\$		204,500	214,000	216,500		635,000

Table 7.2.4: Calculation of requirements for Pneumococcal (PCV13), 1 doses/vial, Liquid

		Formula	2011	2012			2013			2014					
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
A	Country Co-finance			5.34%			5.34%			5.34%					
B	Number of children to be vaccinated with	Table 1	143,980	288,319	15,397	272,922	328,788	17,559	311,229	340,115	18,165	321,950			

		Formula	2011	2012			2013			2014					
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	the first dose														
C	Number of doses per child	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3			
D	Number of doses needed	B x C	431,940	864,957	46,190	818,767	986,364	52,677	933,687	1,020,345	54,493	965,852			
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05			
F	Number of doses needed including wastage	D x E	453,537	908,205	48,499	859,706	1,035,683	55,311	980,372	1,071,363	57,217	1,014,146			
G	Vaccines buffer stock	(F – F of previous year) * 0.25		113,667	6,070	107,597	31,870	1,703	30,167	8,920	477	8,443			
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		1,021,872	54,569	967,303	1,067,553	57,013	1,010,540	1,080,283	57,694	1,022,589			
J	Number of doses per vial	Vaccine parameter		1	1	1	1	1	1	1	1	1			
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) x 1.11		1,086,273	58,008	1,028,265	1,130,240	60,361	1,069,879	1,142,485	61,016	1,081,469			
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0	0	0	0			
M	Total of safety boxes (+ 10% of	(K + L) / 100 * 1.11		12,058	644	11,414	12,546	671	11,875	12,682	678	12,004			

		Formula	2011	2012			2013			2014					
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	extra need) needed														
N	Cost of vaccines needed	I x g		3,576,552	190,991	3,385,561	3,736,436	199,544	3,536,892	3,780,991	201,927	3,579,064			
O	Cost of AD syringes needed	K x ca		57,573	3,075	54,498	59,903	3,200	56,703	60,552	3,234	57,318			
P	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0	0	0	0			
Q	Cost of safety boxes needed	M x cs		7,718	413	7,305	8,030	429	7,601	8,117	434	7,683			
R	Freight cost for vaccines needed	N x fv		178,828	9,550	169,278	186,822	9,978	176,844	189,050	10,097	178,953			
S	Freight cost for devices needed	(O+P+Q) x fd		6,530	349	6,181	6,794	363	6,431	6,867	367	6,500			
T	Total fund needed	(N+O+P+Q+R+S)		3,827,201	204,375	3,622,826	3,997,985	213,511	3,784,474	4,045,577	216,057	3,829,520			
U	Total country co-financing	I 3 cc		204,375			213,511			216,057					
V	Country co-financing % of GAVI supported proportion	U / T		5.34%			5.34%			5.34%					

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: [HSS section of the APR 2010 @ 18 Feb 2011.docx](#)

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

10. Civil Society Programme (CSO)

The CSO form is available at this address: [CSO section of the APR 2010 @ 18 Feb 2011.docx](#)

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

11. Comments

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

All remarks and recommendations of the President and Vice-President of CPSD are listed in the minutes of various meetings of CPSD.

12. Annexes

Annex 1

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 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

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 2009	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.

Annex 2

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, 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 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

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 2009	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.

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

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 2009	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

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Oui
Signature of Minister of Finance (or delegated authority)		2	Oui
Signatures of members of ICC		4	Oui
Signatures of members of HSCC		13	Oui
Minutes of ICC meetings in 2010		8	Oui
Minutes of ICC meeting in 2011 endorsing APR 2010		7	Oui
Minutes of HSCC meetings in 2010		16	Oui
Minutes of HSCC meeting in 2011 endorsing APR 2010		14	Oui
Financial Statement for ISS grant in 2010		6	
Financial Statement for CSO Type B grant in 2010		Missing	Oui
Financial Statement for HSS grant in 2010		5, 11, 15	Oui
EVSM/VMA/EVM report		3	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		9	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report		10	

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the *Upload file* arrow icon to upload the document. Use the *Delete item* icon to delete a line. To add new lines click on the *New item* icon in the *Action* column.

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	File Type: Signature of Minister of Health (or delegated authority) * File Desc: Page corresponding to point 2.1 of this report was completed, printed and signed by the 2 ministers: The Public Health and Fight against AIDS and Finance	File name: Signature RAS.pdf Date/Time: 26.05.2011 06:24:44 Size: 256 KB		
2	File Type: Signature of Minister of Finance (or delegated authority) * File Desc: Page corresponding to point 2.1 of this report was completed, printed and signed by the 2 ministers: Ministry of Public Health and Fight against AIDS and Finance	File name: Signature RAS.pdf Date/Time: 26.05.2011 06:28:46 Size: 256 KB		
3	File Type: EVSM/VMA/EVM report File Desc:	File name: Rapport GEV Burundi Avril 2011.pdf Date/Time: 26.05.2011 06:32:38		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
		Size: 386 KB		
4	File Type: Signatures of members of ICC * File Desc: We have attached the list of all persons present in the CPSD meeting of 11 May 2011 (Members of CPSD and Officers of various institutions/Programs)	File name: Signatures des membres du CPSD.pdf Date/Time: 26.05.2011 09:56:45 Size: 851 KB		
5	File Type: Financial Statement for HSS grant in 2010 * File Desc:	File name: Etats financiers GAVI.zip Date/Time: 27.05.2011 10:06:32 Size: 1 MB		
6	File Type: Financial Statement for ISS grant in 2010 * File Desc:	File name: ETAT FINANCIER SSV PEV 2010.zip Date/Time: 27.05.2011 11:09:05 Size: 179 KB		
7	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc:	File name: Compte rendu de la réunion du CPSD avalisant le RAS 2010.zip Date/Time: 27.05.2011 11:15:16 Size: 251 KB		
8	File Type: Minutes of ICC meetings in 2010 * File Desc:	File name: Réunions du CPSD de 2010.zip Date/Time: 27.05.2011 11:37:08 Size: 851 KB		
9	File Type: new cMYP starting 2012 File Desc: Comprehensive Multi-Year Plan 2011-2015	File name: PPAC Burundi 2011_2015_.zip Date/Time: 27.05.2011 13:09:10 Size: 630 KB		
10	File Type: Latest Health Sector Review Report File Desc:	File name: RAPPORT D'EVALUATION PNDS 2006-2010.zip Date/Time: 28.05.2011 10:10:00 Size: 1 MB		
11	File Type: Financial Statement for HSS grant in 2010 * File Desc: Expenses of HSS GAVI project from January to April 2011	File name: ANNEXE 2 RSS GAVI Dépenses Janvier à Avril 2011.docx Date/Time: 29.05.2011 08:36:53 Size: 27 KB		
12	File Type: other File Desc: APR HSS Section	File name: RSA BURUNDI RSS mai 2011 .docx Date/Time: 29.05.2011 08:38:21 Size: 134 KB		
13	File Type: Signatures of members of HSCC * File Desc:	File name: Signatures des membres du CCSS.zip Date/Time:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
		29.05.2011 09:07:02 Size: 767 KB		
14	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 * File Desc:	File name: Compte rendu de la réunion du CCSS avalisant le RAS 2010.zip Date/Time: 29.05.2011 09:09:12 Size: 251 KB		
15	File Type: Financial Statement for HSS grant in 2010 * File Desc:	File name: Etats financiers RSS GAVI et OSC.zip Date/Time: 29.05.2011 09:17:33 Size: 1 MB		
16	File Type: Minutes of HSCC meetings in 2010 * File Desc:	File name: Réunions du CCSS de 2010.zip Date/Time: 29.05.2011 09:28:01 Size: 851 KB		