



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Albania

Reporting on year: 2010
Requesting for support year: 2012
Date of submission: 03.06.2011 12:47:21

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	DTP-HepB-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 1 dose/vial, Liquid	2013

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

There is no ISS, HSS or CSO support this year.

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 Albania 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 Albania

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	Petrit Vasili	Name	Ridvan Bode
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
Silvia Bino	Head, Control of Infectious Diseases, ICC secretary, IPH	355 672059563	silviabino@gmail.com, enelaj@yahoo.com	

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
Enver Roshi	Institute of Public Health			
Pellumb Pipero	Ministry of Health			
Gazmend Bejtja	Ministry of Health			
Nedime Ceka	Ministry of Health			
Marjana Bukli	UNICEF, Tirana, Albania			
Vasil Miho	WHO, Albania			
Zhaneta Shatri	USAID, Albania			
Saemir Kadiu	Ministry of Health			
Ana Tartaraj	Ministry of Health			
Silva Bino	Institute of Public Health			
Eduard Kakariqi	Institute of Public Health			
Erida Nelaj	Institute of Public Health			
Iria Preza	Institute of Public Health			
Merita Kucuku	National regulatory authority, National Control Drug Center			

Name/Title	Agency/Organisation	Signature	Date	Action
Georgina Kuli Lito	Albanian pediatric association			
Arjan Harxhi	Albanian infectious diseases association			
Eli Foto	Department of Pediatrics, Faculty of Medicine, Tirana University			
Dhimiter Kraja	Department of Infectious Diseases, Faculty of Medicine, Tirana University			
Gazmend Koduzi	Health Insurance Institute			
Albana Ahmeti	Institute of Public Health			
Armand Pambuku	Albanian Red Cross			
Arjana Kazazi	Ministry of Finance			
Arben Bastri	Roma Center for a contemporaneous vision			
Gurali Mejdani	Roma Association			

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

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.

3. Table of Contents

This APR reports on Albania's activities between January - December 2010 and specifies the requests for the period of January - December 2012

Sections

Main

Cover Page
GAVI Alliance Grant Terms and Conditions

1. Application Specification

- 1.1. NVS & INS
- 1.2. Other types of support

2. Signatures

- 2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)
- 2.2. ICC Signatures Page
- 2.3. HSCC Signatures Page
- 2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

3. Table of Contents

4. Baseline and Annual Targets

Table 1: Baseline figures

5. General Programme Management Component

- 5.1. Updated baseline and annual targets
- 5.2. Immunisation achievements in 2010
- 5.3. Data assessments
- 5.4. Overall Expenditures and Financing for Immunisation
 - Table 2a:** Overall Expenditure and Financing for Immunisation
 - Table 2b:** Overall Budgeted Expenditures for Immunisation
- 5.5. Inter-Agency Coordinating Committee (ICC)
- 5.6. Priority actions in 2011 to 2012
- 5.7. Progress of transition plan for injection safety

6. Immunisation Services Support (ISS)

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

- 7.1. Receipt of new & under-used vaccines for 2010 vaccination programme
 - Table 4:** Received vaccine doses
- 7.2. Introduction of a New Vaccine in 2010
- 7.3. Report on country co-financing in 2010 (if applicable)
 - Table 5:** Four questions on country co-financing in 2010
- 7.4. Vaccine Management (EVSM/VMA/EVM)
- 7.5. Change of vaccine presentation
- 7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011
- 7.7. Request for continued support for vaccines for 2012 vaccination programme
- 7.8. UNICEF Supply Division: weighted average prices of supply and related freight cost
 - Table 6.1:** UNICEF prices

Table 6.2: Freight costs
7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 1 dose/vial, Liquid
Co-financing tables for DTP-HepB-Hib, 1 dose/vial, Liquid

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

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

Table 7.1.4: Calculation of requirements

8. Injection Safety Support (INS)

9. Health System Strengthening Programme (HSS)

10. Civil Society Programme (CSO)

11. Comments

12. Annexes

Financial statements for immunisation services support (ISS) and new vaccine introduction grants

Financial statements for health systems strengthening (HSS)

Financial statements for civil society organisation (CSO) type B

13. Attachments

13.1. List of Supporting Documents Attached to this APR

13.2. Attachments

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013		
Total births	34,531	35,250	36,130	37,034		
Total infants' deaths	640	600	550	500		
Total surviving infants	33,891	34,650	35,580	36,534		
Total pregnant women	37,000	37,925	38,873	39,845		
# of infants vaccinated (to be vaccinated) with BCG	34,427	34,897	35,768	36,663		
BCG coverage (%) *	100%	99%	99%	99%		
# of infants vaccinated (to be vaccinated) with OPV3	33,552	34,303	35,224	36,168		
OPV3 coverage (%) **	99%	99%	99%	99%		
# of infants vaccinated (or to be vaccinated) with DTP1 ***	33,586	34,338	35,259	36,205		
# of infants vaccinated (to be vaccinated) with DTP3 ***	33,552	34,303	35,224	36,168		
DTP3 coverage (%) **	99%	99%	99%	99%		
Wastage ^[1] rate in base-year and planned thereafter (%)	10%	5%	5%	5%		
Wastage ^[1] factor in base-year and planned thereafter	1.11	1.05	1.05	1.05		
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	33,586	34,338	35,259	36,205		
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	33,552	34,303	35,224	36,168		
3 rd dose coverage (%) **	99%	99%	99%	99%		
Wastage ^[1] rate in base-year and planned thereafter (%)	10%	5%	5%	5%		
Wastage ^[1] factor in base-year and planned thereafter	1.11	1.05	1.05	1.05		

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013		
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	33,518	34,268	35,188	36,132		
Measles coverage (%) **	99%	99%	99%	99%		
Pregnant women vaccinated with TT+	28,020					
TT+ coverage (%) ****	76%	0%	0%	0%		
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	0%	0%	0%	0%		

* 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**

There are changes of birth forecast due to recent changes in fertility rate compared with some years ago. Until two years ago year Albania experienced a dramatic decrease of birth rate (based on IPH statistic department and INSTAT) but since two years ago the trend is changing and there is a little increase of fertility and the recent forecast is based on that with an increase of 2.5% for the coming years. There are no changes compared with WHO/UNICEF Joint Reporting Form (JRF) for 2009.

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

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

According to pregnant women vaccinated with TT+ in JRF 2010 the coverage seems to be higher (81%) because the denominator is the number of births and not the number of pregnant women. Here the calculation seems to be based on pregnant women. Anyway Albania has removed in 2011 the vaccination of pregnant women with TT+ and has recommended it for a booster dose in youngsters until 24 years of age

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

Albania is reducing the wastage rate due to strengthen of vaccine management and use of single dose vaccine vials

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

- Maintenance of high coverage of children with Pentavalent vaccine (DTP-HepB – Hib) and supervision and monitoring
- Training of health care workers (doctors, nurses and epidemiologists) about introduction of new vaccine. (Pneumo)
- Information and promotion materials related Pneumo vaccine
- Supervision and monitoring the coverage of introduction of Hepatitis B vaccination for adolescents
- Preparation and establishment of the software of National Electronic Immunization Registry and different workshop about functions of software with different professionals
- Temperature monitoring control through SMS information
- A guide for health care workers about introduction of new vaccine(pneumo)
- A guide for parents about introduction of new vaccine (pneumo)
- Training of key actors on AEFI reporting system (IPH and Drug Control Center, Tirana University Hospital)
- Training on Influenza and Influenza Pandemic vaccine of health care workers
- Implementation of Influenza vaccination of health care workers

- Supervision of of Influenza vaccination
- Workshop on introduction of HPV vaccine and preparation of a detailed plan of introduction of HPV vaccine
- Workshop on introduction of Rotavirus vaccine and preparation of a of a plan of action for introducing Rotavirus vaccine
- Extended surveillance of bacterial meningitis and severe childhood diseases (training of Health care workers was included also during introduction of pneumo training)

5.2.2.

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

The updated manual on immunization has been prepared as a draft and not published yet because the use of new software of National Electronic Immunization Registry will be included
The cold chain study has just started and will be finished in 2011.

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? **Yes**

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

We never had a problem of equal access about immunization related to gender. Anyway through the new immunization electronic registry we will be able to get sex disaggregated data.

5.2.4.

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

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)*.

There are no discrepancies

* 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.

Establishment of of the software of National Electronic Immunization Registry based on electronic identity cards of parents and caretakers

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.

The system will be tested in Shkodra district (North Albania) in 2011 and expanded to the whole country.

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 =	Enter the rate only; no local currency name
---------------------------	----------	---

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	Donor name	Donor name	
Traditional Vaccines*	700,000	700,000	0	0	0	0	0	0	
New Vaccines	2,321,720	2,000,000	321,720	0	0	0	0	0	
Injection supplies with AD syringes	28,808	22,081	6,727	0	0	0	0	0	
Injection supply with syringes other than ADs									
Cold Chain equipment	178,210	178,210	0	0	0	0	0	0	
Personnel	1,000,000	1,000,000	0	0	0	0	0	0	
Other operational costs	185,000	165,000	20,000	0	0	0	0	0	
Supplemental Immunisation Activities	61,860	40,000	0	17,860	4,000	0	0	0	
Total Expenditures for Immunisation	4,475,598								
Total Government Health		4,105,291	348,447	17,860	4,000	0	0	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.

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*	750,000	750,000	
New Vaccines	2,500,000	4,500,000	
Injection supplies with AD syringes	30,000	30,000	
Injection supply with syringes other than ADs			
Cold Chain equipment	200,000	200,000	
Personnel	1,200,000	1,400,000	
Other operational costs	1,000,000	1,000,000	
Supplemental Immunisation Activities	40,000	40,000	
Total Expenditures for Immunisation	5,720,000	7,920,000	

* 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.

Immunization expenditures have been increasing during the last years. In 2009 Hib was introduced but at the same time a Hep B vaccination campaign for adolescents was launched and financed by the government following the National Immunization and Hepatitis Control Plan. Other Hep B vaccination campaigns for other risk groups such as health care workers and medical and nursing students are carried out and will be in 2011. In 2010 the government financed the introduction of pneumococcal vaccine and also investment were made within cold chain system. Vaccination plus activities are carried out for hard to reach population in collaboration with UNICEF. Also other activities were carried out such workshops for introduction of rotavirus and HPV vaccine. In 2013 the country is planning to introduce rotavirus vaccine and establish electronic immunization registry in all districts.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 4

Please attach the minutes (Document number 2) 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](#)

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
Albanian paediatric association,	

List CSO member organisations:	Actions
Albanian Infectious Diseases Society	
Roma Association	

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?

- Establishment national electronic registry
- Improvement of AEFI surveillance
- Strengthening surveillance of Rotavirus
- Improve vaccination coverage in every community
- Improve surveillance of meningitis and other severe childhood diseases
- Improve vaccination with Hep B of high risk groups
- Improve cold chain equipment, management and quality.
- Maintain a quality high vaccination coverage of 97% in all districts
- Maintain Polio and Measles eradication
- Prepare for introduction of new vaccines (HPV and Rotavirus)
- Improve vaccination program management and administration
- Sustain and improve the financial resources for immunization program
- Improve cost effectiveness of vaccination initiatives
- Improve knowledge and training related to vaccination in health care workers
- Improve information and education on immunization among general population

All objectives are linked with national immunization plan.

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
BCG	0.05AD	Government	
Measles	0.5AD	Government	
TT	0.5AD	Government	
DTP-containing vaccine	0.5AD	Government and GAVI	
Heaptitis	0.5AD	Government	

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)

Yes, Yes especially related to safety boxes disposal through incinerators. Many districts are using incinerators through contracts with private sector. A new plan need to be prepared due to new regulations and Ministry of Environment involvement.

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

Safety boxes are used all over the country within the vaccination program. They are disposed through :

- Incinerators
- Open burning in most rural health center

6. Immunisation Services Support (ISS)

There is no ISS support this year.

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	107,100	54,600	52,500	

* 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? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

The second shipment was requested by IPH due to some provisional procedures with customs by the end of the year. The second shipment arrive in ALbania by 25 January 2011.

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)

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?

Please describe the reason and impact of stock-out

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			
Phased introduction		Date of introduction	

Nationwide introduction		Date of introduction
The time and scale of introduction was as planned in the proposal?		If No, why?

7.2.2.

When is the Post introduction Evaluation (PIE) planned?

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? **Yes**

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	
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

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

Is there a balance of the introduction grant that will be carried forward?

If Yes, how much? US\$

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

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 DTP-HepB-Hib, 1 dose/vial, Liquid		
2nd Awarded Vaccine		
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor		
Other		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1.		
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 DTP-HepB-Hib, 1 dose/vial, Liquid		
2 nd Awarded Vaccine		
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.

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

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? 04.05.2007

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

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.

- Improvement of National Vaccine Store facility to fulfill the certification criteria left from mission in 2007
- Introduction of new stock registries and invoices that include lot number and VVM status
- Introduction of new temperature monitoring devices (fridge tags, freeze tags) and training of health care workers

Also we did perform EVSM in 2010 due to changes toward EVM and we needed some consultancy or training on EVM which was not provided even we did request it.

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

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

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 multiyear 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 vaccine for the years 2012 to . At the same time it commits itself to co-finance the procurement of vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.9 Calculation of requirements](#).

The multi-year extension of vaccine support is in line with the new cMYP for the years 2012 to which is attached to this APR (Document No).

The country ICC has endorsed this request for extended support of vaccine at the ICC meeting whose minutes are attached to this APR (Document No).

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](#): No

If you don't confirm, please explain

We do not confirm as we have agreed not co finance but end the support by 2013. Even we put 0 at cofinancing the table did not change.

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
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	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, 1 dose/vial, Liquid

	Instructions		2011	2012	2013				TOTAL
Number of Surviving infants	Table 1	#	34,650	35,580	36,534				106,764
Number of children to be vaccinated with the third dose	Table 1	#	34,303	35,224	36,168				105,695
Immunisation coverage with the third dose	Table 1	#	99%	99%	99%				
Number of children to be vaccinated with the first dose	Table 1	#	34,338	35,259	36,205				105,802
Number of doses per child		#	3	3	3				
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05				

	Instructions		2011	2012	2013				TOTAL
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1				
AD syringes required	Select YES or NO	#	Yes	Yes	Yes				
Reconstitution syringes required	Select YES or NO	#	No	No	No				
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes				
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320				
Country co-financing per dose		\$	0.00	0.00	0.00				
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053				
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032				
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640				
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%				
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%				

Co-financing tables for DTP-HepB-Hib, 1 dose/vial, Liquid

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

	2011	2012	2013		
Minimum co-financing	0.00	0.00	0.00	0.00	0.00
Your co-financing	0.00	0.00	0.00		

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			TOTAL
Number of vaccine doses	#		111,800	114,800			226,600
Number of AD syringes	#		118,300	121,400			239,700
Number of re-constitution syringes	#		0	0			0
Number of safety boxes	#		1,325	1,350			2,675

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013			TOTAL
Total value to be co-financed by GAVI	\$		294,000	284,000			578,000

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			TOTAL
Number of vaccine doses	#		0	0			0
Number of AD syringes	#		0	0			0
Number of re-constitution syringes	#		0	0			0
Number of safety boxes	#		0	0			0
Total value to be co-financed by the country	\$		0	0			0

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 1 dose/vial, Liquid

		Formula	2011	2012			2013								
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
A	Country Co-finance			0.00%			0.00%								
B	Number of children to be vaccinated with the first dose	Table 1	34,338	35,259	0	35,259	36,205	0	36,205						
C	Number of doses per child	Vaccine parameter (schedule)	3	3	3	3	3	3	3						

		Formula	2011	2012			2013								
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI
D	Number of doses needed	B x C	103,014	105,777	0	105,777	108,615	0	108,615						
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05						
F	Number of doses needed including wastage	D x E	108,165	111,066	0	111,066	114,046	0	114,046						
G	Vaccines buffer stock	(F – F of previous year) * 0.25		726	0	726	745	0	745						
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		111,792	0	111,792	114,791	0	114,791						
J	Number of doses per vial	Vaccine parameter		1	1	1	1	1	1						
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		118,219	0	118,219	121,390	0	121,390						
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0						
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		1,313	0	1,313	1,348	0	1,348						
N	Cost of vaccines needed	I x g		276,127	0	276,127	266,316	0	266,316						
O	Cost of AD	K x ca		6,266	0	6,266	6,434	0	6,434						

		Formula	2011	2012			2013								
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	syringes needed					6			4						
P	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0						
Q	Cost of safety boxes needed	M x CS		841	0	841	863	0	863						
R	Freight cost for vaccines needed	N x fv		9,665	0	9,665	9,322	0	9,322						
S	Freight cost for devices needed	(O+P+Q) x fd		711	0	711	730	0	730						
T	Total fund needed	(N+O+P+Q+R+S)		293,610	0	293,610	283,665	0	283,665						
U	Total country co-financing	I 3 cc		0			0								
V	Country co-financing % of GAVI supported proportion	U / T		0.00%			0.00%								

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

There is no HSS support this year.

10. Civil Society Programme (CSO)

There is no CSO support this year.

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

Albania is not co financing Hib vaccine and the support will end on 2013. It was not possible to change the calculation table according to that.

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.

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.

Annex 3

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	Yes
Signature of Minister of Finance (or delegated authority)		2, 7	Yes
Signatures of members of ICC		3	Yes
Signatures of members of HSCC			
Minutes of ICC meetings in 2010		5	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		6	Yes
Minutes of HSCC meetings in 2010			
Minutes of HSCC meeting in 2011 endorsing APR 2010			
Financial Statement for ISS grant in 2010			
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010			
EVSM/VMA/EVM report		4	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012			
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			

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 name: APR signatures 2011.doc Date/Time: 03.06.2011 11:42:39 Size: 760 KB		
2	File Type: Signature of Minister of Finance (or delegated authority) *	File name: APR signatures 2011.doc Date/Time: 03.06.2011 11:42:39 Size: 760 KB		
3	File Type:	File name:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	<u>Signatures of members of ICC *</u> File Desc:	<u>APR signatures 2011.doc</u> Date/Time: 03.06.2011 11:42:39 Size: 760 KB		
4	File Type: <u>EVSM/VMA/EVM report</u> File Desc:	File name: <u>EVSM Albania revised 20 June 2007.doc</u> Date/Time: 01.06.2011 01:53:46 Size: 1 MB		
5	File Type: <u>Minutes of ICC meetings in 2010 *</u> File Desc:	File name: <u>ICC albaniasummary2010.doc</u> Date/Time: 03.06.2011 12:45:02 Size: 73 KB		
6	File Type: <u>Minutes of ICC meeting in 2011 endorsing APR 2010 *</u> File Desc:	File name: <u>DOC3MINUTES31MAY.doc</u> Date/Time: 03.06.2011 12:46:36 Size: 45 KB		
7	File Type: <u>Signature of Minister of Finance (or delegated authority) *</u> File Desc:	File name: <u>SignatureMoFGAVI2011.jpg</u> Date/Time: 15.06.2011 06:06:16 Size: 493 KB		
8	File Type: <u>other</u> File Desc: <u>explanation for the population figures</u>	File name: <u>Expalnation live birsth GAVI.xls</u> Date/Time: 22.06.2011 04:53:29 Size: 26 KB		