GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

Lao People's Democratic Republic

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **5/21/2012**

Deadline for submission: 5/22/2012

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

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 is available here.

2. Signatures

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

By signing this page, the Government of Lao People's Democratic Republic 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 Lao People's Democratic Republic

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr Bounkong Syhavong	**Name**	Mr Khampone Phouthavong
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
Dr Anonh Xeuatvongsa	NIP Manager	+8562023010287	anonhxeuat@gmail.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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr Bounfeng	Cabinet MoH Lao PDR		
Dr Hammerich	WHO		

Peter Heimann	LUX Development		
Della R. Sherrat	UNFPA		
Azusa Iwamoto	JICA		
Dr Rahman	UNICEF		
Keith Feldon	WHO		

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

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), 7 , 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.

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.

Name/Title	Agency/Organization	Signature	Date
Dr Bounfeng	Cabinet MoH Lao PDR		
Dr Hammerich	WHO		
Peter Heinmann	LUX Development		

Della R Sherrat	UNFPA		
Azusa Iwamoto	JICA		
Dr Rahman	UNICEF		
Keith Feldon	WHO		

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)

Lao People's Democratic Republic is not reporting on CSO (Type A & B) fund utilisation in 2012

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4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	179,117	179,117	182,981	182,981	186,956	186,956	191,043	191,043	195,248	195,248
Total infants' deaths	9,672	9,672	9,876	9,876	10,087	10,087	10,302	10,302	10,524	10,524
Total surviving infants	169445	169,445	173,105	173,105	176,869	176,869	180,741	180,741	184,724	184,724
Total pregnant women	179,117	179,117	182,981	182,981	186,956	186,956	191,043	191,043	195,248	195,248
Number of infants vaccinated (to be vaccinated) with BCG	143,294	137,700	150,044	150,044	158,913	158,913	166,207	166,207	175,723	175,723
BCG coverage	80 %	77 %	82 %	82 %	85 %	85 %	87 %	87 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with OPV3	135,556	133,129	141,946	141,946	150,338	150,338	157,244	157,244	166,251	166,251
OPV3 coverage	80 %	79 %	82 %	82 %	85 %	85 %	87 %	87 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1	144,028	141,168	150,601	150,601	159,182	159,182	162,667	162,667	166,252	166,252
Number of infants vaccinated (to be vaccinated) with DTP3	135,556	132,752	141,946	141,946	150,338	150,338	157,244	157,244	166,252	166,252
DTP3 coverage	90 %	78 %	78 %	82 %	85 %	85 %	87 %	87 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	0	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	155,369	141,168	148,181	148,181	159,182	159,182	162,667	162,667	166,252	166,252
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	152,323	132,752	135,468	141,946	150,338	150,338	157,244	157,244	166,252	166,252
DTP-HepB-Hib coverage	90 %	78 %	78 %	82 %	85 %	85 %	87 %	87 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	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	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	135,556	116,320	141,946	141,946	150,338	150,338	157,244	157,244	166,251	166,251
Measles coverage	80 %	69 %	82 %	82 %	85 %	85 %	87 %	87 %	90 %	90 %
Pregnant women vaccinated with TT+	140,287	65,877	146,384	146,384	149,564	149,564	152,834	152,834	156,198	156,198
TT+ coverage	78 %	37 %	80 %	80 %	80 %	80 %	80 %	80 %	80 %	80 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	632,852	681,120	710,052	710,052	741,092	741,092	758,161	758,161	774,763	774,763

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	6 %	6 %	6 %	6 %	6 %	6 %	3 %	3 %	0 %	0 %

*

** 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] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

  No Changes. Figures consistent with the ones provided in JRF and APR 2010

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

  No Changes. Figures consistent with the ones provided in JRF and APR 2010

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

  No Changes. Figures consistent with the ones provided in JRF and APR 2010

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

  No Changes. Figures consistent with the ones provided in JRF and APR 2010

5.2. Immunisation achievements in 2011

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

- The immunization coverage measured by DTP3 has increased from 75% in 2010 to 78% in 2011, Measles coverage increased from 64% to 69% and BCG increased from 72% to 77%.
- National drop-out for DTP1-DTP3 FOR 2011 was only 5%, indicating once first contacts are made the services are for the most part continuing to be utilized
- There was an increase in Hepatitis B birth dose coverage from 29% to 33%
- A new Comprehensive Multi-year Plan for Immunization 2012-2015 was made
- A new National Immunization Policy is being presented to the National Assembly for approval
- A National EPI Review was conducted by 12 international external experts in May 2012
- A highly successful National Measles-Rubella SIA targeting all children 9 months-19 years was conducted. 2,614,002 target children (97%) were vaccinated while 89% of children 0-59 months received OPV and 94% target children received vitamin A and de-worming tablets. Extensive external monitoring found 87% of the children received MR vaccine in the SIA
- The final mop-up TT SIA
- Conducted " Using Measles Activities to Strengthen Surveillance and Immunization Study" 22 August-02 September
- Completed A (H1N1) vaccination campaign, immunizing 883,905 persons, which is 88% of the available doses provided by WHO
- Developed new cold chain improvement IEC materials and EVM improvement plan of action December 2011

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

–

- Insecure donor funding
- Donor funding is often late
- Fragmented donor support for outreach services to ensure nationwide coverage, and donor funding is unstable from quarter-to-quarter and year-to-year
- It will not be possible to reach 90% coverage with just 4 rounds of outreach per year
- Very low demand for vaccination services in some ethnic groups

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Timeframe of the data	Coverage estimate

How have you been using the above data to address gender-related barrier to immunisation access?

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

What action have you taken to achieve this goal?

5.4. Data assessments

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

Preliminary data from LSIS survey might indicate that coverage is lower than administrative reported coverage. Once the results of the 2011 LSIS are publicly published more details will be given and discuss with the National Immunization Programme.

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

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

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

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

Yearly data management training is conducted for EPI staff across the country.
The National EPI Review conducted in May 2012 addressed data management issues and some of the findings will be included in the EVM improvement plan training to be conducted in May-June 2012.

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

EPI Coverage Survey should be undertaken within the next two years, following WHO methodology (30 cluster survey)
Additional training on data management should conducted.
Microplans should be revised and improved taking into account inclusion of other MNCH interventions.
Training on microplaning should be conducted on the basis of the revised microplans.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 7980	Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	LUX DEVELOPMENT	KOREA	Serum Institute of India
Traditional Vaccines*	508,718	0	0	207,906	0	218,312	82,500	0
New and underused Vaccines**	1,747,413	113,827	1,633,586	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	118,192	0	97,557	14,793	0	5,842	0	0
Cold Chain equipment	27,900	0	0	0	25,900	2,000	0	0
Personnel	915,296	915,296	0	0	0	0	0	0
Other routine recurrent costs	810,973	0	0	307,719	179,000	324,254	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	3,170,213	200,000	0	393,713	964,000	0	0	1,612,500
0		0	0	0	0	0	0	0
Total Expenditures for Immunisation	7,298,705							
Total Government Health		1,229,123	1,731,143	924,131	1,168,900	550,408	82,500	1,612,500

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

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

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

All expenditures were in line with the Annual Work plan of cMYP.

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

N/A

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

Originally LUX Development and UNICEF had committed to cover trad vaccines but however there is now shortfall for 2013 and the Government is considering a Plan of Action to address this situation.

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

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	445,324	435,961
New and underused Vaccines**	1,446,059	3,667,083
Injection supplies (both AD syringes and syringes other than ADs)	238,733	290,584
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	59,884	61,082

Personnel	1,065,296	1,407,961
Other routine recurrent costs	1,141,876	1,197,313
Supplemental Immunisation Activities	253,304	0
Total Expenditures for Immunisation	4,650,476	7,059,984

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

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

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

2012 costs are covered. Yet the funding for vaccines 2013 needs to be provided during the year 2012.

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

Yes. As stated above there is a shortfall for traditional vaccines in 2013. The donors committment is not secured for 2013.

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?

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

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **9**

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

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

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

If Yes, which ones?

List CSO member organisations:
Save the Children-Australia
Lao Red Cross
CESVI
CARE
World Concern

Lao Women's Union

5.8. Priority actions in 2012 to 2013

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

- National Assembly endorsement of the National Immunization Policy: increase to at least 6 rounds of outreach per year and increase government funding

- Assessment of the EPI National programme: National EPI Review conducted in May 2012 and implementation of the recommendations

- Measles elimination and accelerated rubella control: introduction of Measles Rubella vaccine in 2012 (phase out Measles monovalent), increase coverage, strengthen surveillance

- Introduction of Japanese Encephalitis vaccine in selected provinces

- Preparation for the introduction of Pneumoccocal Vaccine in 2013

- Conduct a EPI coverage survey in 2013 (or LQS)

- MNTE pre-validation in last quarter of 2012 and validation assessment to be conducted in 2013

- Continuous temperature control study for Hep B birth dose to be conducted in 2012

- Introduction of Continue Temperature Study (30-day monitoring devices)

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	AD	UNICEF
Measles	AD	UNICEF
TT	AD	UNICEF
DTP-containing vaccine	AD	GAVI
Hep B monodose	AD	LUX DEVELOPMENT

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

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

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

No obstacles in EPI programme but according to the 2010 Injection Safety Assessment carried out in Lao PDR injection safety remains a big problem in the therapeutic sector.

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

Used injection materials are placed in safety boxes then stored and later transported to auto-combustion incinerators at provincial level. This has been the practice since 2002, however, the working life of several incinerators is coming to an end therefore a replacement plan and funding for the new incinerators is necessary.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

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

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

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

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

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

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

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

6.2.2. Has an external audit been conducted? **Not selected**

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

6.3. Request for ISS reward

Request for ISS reward achievement in Lao People's Democratic Republic is not applicable for 2011

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

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

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

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

	[A]	[B]	
Vaccine type	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**
DTP-HepB-Hib		569,138	0

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

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

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

  Values are the same

- 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)

  No actions taken

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

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

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

7.2. Introduction of a New Vaccine in 2011

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

Vaccine introduced	N/A	
Phased introduction	Yes	01/10/2009
Nationwide introduction	Yes	01/10/2009
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	This section is not applicable to Lao PDR. The application is not allowing us to submit but WE HAVE NOT INTRODUCED ANY NEW VACCINE IN 2011. PLEASE BE AWARE THAT IN ORDER TO PROCEED WITH SUBMISSION WE ARE JUST FILLING THESE SECTIONS IN 7.2 IN ORDER TO BE ABLE TO SUBMIT.

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **September 2010**

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

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

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

Is the country sharing its vaccine safety data with other countries? **Yes**

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

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

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

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

7.3.2. Programmatic Reporting

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

NA. NO NEW VACCINE INTRODUCED IN 2011

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

NA. NO NEW VACCINE INTRODUCED IN 2011

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

NA. NO NEW VACCINE INTRODUCED IN 2011

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	113,827	39,759
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	100%	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		

	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	August	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	TA was conducted during 2011 for GAVI financial sustainability plan for the PCV application.	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/about/governance/programme-policies/co-financing/

Is GAVI's new vaccine support reported on the national health sector budget? **Not selected**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **October 2010**

Please attach:

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

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

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

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

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

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any
Cold Chain Inventory	Update Cold Chain Inventory	Implemented
Temperature Monitoring at all levels	Use of fridge tags and study of resutls	Purchased and will be distributed in May 2012
Staff training in cold chain and logistics	EVM Improvement plan training/workshop	Scheduled in May 2012 (21 May-24 May)
IEC/reference Cold chain materials	Development of new materials	Equipment, VVM and shake test posters, guidelines

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **October 2014**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Lao People's Democratic Republic does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Lao People's Democratic Republic does not require to change any of the vaccine presentation(s) for future years.

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

Renewal of multi-year vaccines support for Lao People's Democratic Republic is not available in 2012

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

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

Confirm here below that your request for 2013 vaccines support is as per 7.11 Calculation of requirements
Yes

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

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

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

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

Table 7.10.1: Commodities Cost

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

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

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

Table 7.10.2: Freight Cost

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

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	169,445	173,105	176,869	180,741	184,724	884,884
	Number of children to be vaccinated with the first dose	Table 4	#	141,168	148,181	159,182	162,667	166,252	777,450
	Number of children to be vaccinated with the third dose	Table 4	#	132,752	141,946	150,338	157,244	166,252	748,532
	Immunisation coverage with the third dose	Table 4	%	78.35 %	82.00 %	85.00 %	87.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	292,000					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	$		2.18	2.02	1.99	1.93	
cc	Country co-financing per dose	Co-financing table	$		0.20	0.23	0.26	0.30	
ca	AD syringe price per unit	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

Co-financing group	Intermediate

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.23	0.26	0.30
Recommended co-financing as per APR 2010			0.23	0.26	0.30
Your co-financing	0.20	0.20	0.23	0.26	0.30

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

		2012	2013	2014	2015
Number of vaccine doses	#	165,700	456,600	453,200	451,500
Number of AD syringes	#	458,900	483,100	479,200	477,400
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	5,100	5,375	5,325	5,300
Total value to be co-financed by GAVI	$	407,000	1,001,000	978,500	949,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	14,700	53,600	62,100	75,200
Number of AD syringes	#	40,800	56,700	65,600	79,500
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	475	650	750	900
Total value to be co-financed by the Country	$	36,500	117,500	134,000	158,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	8.15 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	141,168	148,181	12,073	136,108
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B X C*	423,504	444,543	36,218	408,325
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.05		
F	Number of doses needed including wastage	*D X E*	444,680	466,771	38,029	428,742
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*		5,523	450	5,073
H	Stock on 1 January 2012	*Table 7.11.1*	292,000			
I	Total vaccine doses needed	*F + G – H*		180,294	14,689	165,605
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*		499,574	40,701	458,873
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*		5,546	452	5,094
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		393,402	32,051	361,351
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		23,231	1,893	21,338
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		33	3	30
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		23,605	1,924	21,681
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		2,327	190	2,137
T	Total fund needed	*(N+O+P+Q+R+S)*		442,598	36,059	406,539
U	Total country co-financing	*I x country co-financing per dose (cc)*		36,059		
V	Country co-financing % of GAVI supported proportion	*U / T*		8.15 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	10.49 %			12.04 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	159,182	16,701	142,481	162,667	19,587	143,080
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	477,546	50,103	427,443	488,001	58,760	429,241
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	501,424	52,609	448,815	512,402	61,698	450,704
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	8,664	910	7,754	2,745	331	2,414
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	510,088	53,518	456,570	515,147	62,029	453,118
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	539,694	56,624	483,070	544,729	65,591	479,138
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*	5,991	629	5,362	6,047	729	5,318
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	1,028,848	107,944	920,904	1,023,082	123,188	899,894
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	1,028,848	2,634	22,462	1,023,082	3,050	22,280
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	35	4	31	36	5	31
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	61,731	6,477	55,254	61,385	7,392	53,993
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	2,514	264	2,250	2,537	306	2,231
T	Total fund needed	*(N+O+P+Q+R+S)*	1,118,224	117,321	1,000,903	1,112,370	133,939	978,431
U	Total country co-financing	*I x country co-financing per dose (cc)*	117,321			133,939		
V	Country co-financing % of GAVI supported proportion	*U / T*	10.49 %			12.04 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	14.26 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	166,252	23,715	142,537
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B X C*	498,756	71,145	427,611
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	523,694	74,702	448,992
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	2,823	403	2,420
H	Stock on 1 January 2012	*Table 7.11.1*			
I	Total vaccine doses needed	*F + G – H*	526,517	75,105	451,412
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	556,753	79,418	477,335
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	6,180	882	5,298
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	1,017,758	145,178	872,580
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	25,890	3,694	22,196
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	36	6	30
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	61,066	8,711	52,355
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	2,593	370	2,223
T	Total fund needed	*(N+O+P+Q+R+S)*	1,107,343	157,956	949,387
U	Total country co-financing	*I x country co-financing per dose (cc)*	157,956		
V	Country co-financing % of GAVI supported proportion	*U / T*	14.26 %		

8. Injection Safety Support (INS)

Lao People's Democratic Republic is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

   a. Progress achieved in 2011

   b. HSS implementation during January – April 2012 (interim reporting)

   c. Plans for 2013

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities.**Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2011

   b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2011 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in **2011**

Please complete Table 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **No**

If yes, please indicate the amount of funding requested: US$

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)					438398	
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)					438398	
Remaining funds (carry over) from previous year (*B*)					0	
Total Funds available during the calendar year (*C=A+B*)					438398	
Total expenditure during the calendar year (*D*)					0	
Balance carried forward to next calendar year (*E=C-D*)					438398	
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]					0	

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)						
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)						

Remaining funds (carry over) from previous year (*B*)						
Total Funds available during the calendar year (*C=A+B*)						
Total expenditure during the calendar year (*D*)						
Balance carried forward to next calendar year (*E=C-D*)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

Report of Exchange Rate Fluctuation

Please indicate in the table Table 9.3.c below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January						
Closing on 31 December						

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 9)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 22)**

Financial management of HSS funds

Briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS 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 sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.

FinancialManagement Arrangements for Lao PDR's NEW 2010 HSS programme

1. The 2010 GAVI HSS grant of USD 438,500 will be disbursed to and managed bythe Ministry of Health as follows:

Planning, strategic coordination and budgeting:

2. The MOH has set up a GAVI HSSSteering Committee chaired by the head of the MCH Hospital. The committee combines technical staff fromthe Department of Hygiene and Prevention and the

Department for CurativeServices. A detailed implementation plan will be prepared by the GAVI HSSSteering Committee for approval first by the Department of Hygiene andPrevention and secondly by the Cabinet. This is required within 3 months ofsigning this Aide Memoire. A HSS Coordinating Office has been provided at the MCH Hospitaland once the GAVI funding is in place an accountant/administrator will berecruited for this office to assist with the coordination of programmeimplementation and monitoring. This postwill be filled within 1 month of receipt of the HSS funds. Programme implementation management will be performedby the EPI director who reports to the Director of the MCH Hospitaland is the Chair of the GAVI HSS Steering Committee. Grant management will be provided by the MOH Departmentof Planning and Finance (DPF).

Disbursement of Funds:

7. The proposed mechanism is to provide HSS fundingthrough a MOH managed special account using a vertical financing mechanism. Onapproval of an annual plan and budget GAVI will deposit the grant in a MOHspecial account managed by the Department of Planning and Finance (details areprovided in the "Banking arrangement for Lao PDR HSS programme" section below). On approval of the implementation plan by theDepartment of Hygiene and Prevention and the cabinet, the funds would betransferred to a project account managed by the MNCH/EPI programme. The MNCH/EPI programme office will manage thetransfers of funds to provincial and district levels to implement plannedactivities. Funds will be channeled tothe Provincial Health Offices (PHO) on a quarterly basis by bank transfer tothe PHO bank account and they will be responsible for managing cash transfersto District Health Offices and Health Centres.

8. The HSS Coordination Office will make the necessary fund releases by banktransfers to PHOs based on approved funding requests. Transfers will be made to general bankaccounts held by the PHO. The PHO willbe responsible for onward disbursement to District Health Offices (DHO) andhealth centres.

9. For activities planned to be implemented at the district level, the EPIProgramme Manager will arrange for cash to be collected from the PHO.

10. Health Centres will receive cash from the district on a monthly basis toimplement planned activities for that month, and they will account for thatexpenditure back to the district office on a monthly basis.

Budget Execution:

9. The Government Accounting Regulations, 1301/MOF willbe the guiding document for budget execution. Part A sets out the legal basis of the government financial managementsystem, regulations relating to revenue management, expenditure management,cash advances, inventories, fixed assets, payroll management, accountableforms, losses, deficiencies and overpayments, safe custody of public moneys,retained revenue, internal control systems, internal auditing and retention ofdocuments. Part B of the regulations coversfinancial statements.

10. Rule 0008/MOF sets out government allowance rates to be applied forpayments to staff on official duties.

Procurement:

11. Procurement will be in accordance with the 2004 Procurement Decree and itsimplementing rules and regulations, and in compliance with applicable obligationsderiving from national and international standards.

Accounting & reporting:

12. At Health Centres theaccounting transactions will be accumulated monthly using activity reports andaccompanied by a financial statement for the use of funds. Evidence of the activity taking place willrely on the signature of the village authorities verifying the presence ofhealth centre staff taking part in outreach activities

13. For activities planned tobe implemented at the district level, the DHO will make detailed costedactivity plans incorporating physical targets (micro-plans) for presentation tothe PHO. Following implementation theDHO will collect expenditure information from Health Centres, and consolidatethem monthly in a

District level report.

14. The PHO will beresponsible for the preparation of consolidated quarterly plans and monitoringreports reporting use of funds. The use of funds would bereported to the Department of Hygiene in quarterly reports consolidated by theProvincial Health Offices prior to subsequent fund disbursements.

15. The Department of Hygienewill consolidate the reports quarterly to the HSS Steering Committee.

16. Annual performancereports, including financial statements, will be drafted by the Department ofHygiene and submitted to the HSS Steering Committee and the Sector WorkingGroup for approval and revision, and then submitted to GAVI along with the APR.A suggested format for financial statements is included in GAVI's APR templateand guidelines.

Internal & external audit:

17. The monitoring andsupervision of activity implementation and the financial resources employed willbe performed jointly by the MNCH/EPI programme and the PHOs.

18. Specific arrangements willbe made for programme monitoring by WHO, which is already providing technicalsupport to the MNCH Technical Working Group (TWG) in the health sector.

19. External audits of the programmewill be conducted at the end of the grant year in compliance with GAVI'sstandard Audit Terms of Reference, provided in ANNEX 2 of this Aide Memoire. In the absence of an Internal Audit sectionin the MoH, the audit ToRs are enhanced and require the auditor to give anopinion on the internal controls in the MoH in place to govern GAVI cashgrants. The audit reports shall be submitted to GAVI no later than six (6)months after the end of the grant year.

20. The costs associated with the annual external audit will be met throughapproved GAVI HSS funds or other Government sources.

Additional Conditions and Assurances:

21. WHO representation will be added to the GAVI HSS Steering Committee within 1month of signing this Aide Memoire.

22. A detailed budget will be provided to GAVI in advance of fundsdisbursement, in an agreed format showing the economic breakdown of expenditurein each activity. Financial reportsshould also be prepared using economic codes. The Government Chart of Accounts should be adopted.

23. A copy of the detailed financial process for the management of the HSS funds preparedby MOH technical staff will be provided with the signed Aide Memoire.

24. National accounting procedures will be used and accounting records andphysical records maintained at all levels of the health sector including at districtlevel.

25. Where banking facilities are available at district level and below, theywill be used to safeguard funds received. Where banking facilities are notavailable, government financial procedures relating to cash management,including limits on amount of cash allowed to be held and length of time cashcan be held prior to disbursement, will be followed.

Has an external audit been conducted? No

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 26)

9.2. Progress on HSS activities in the 2011 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2011**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

As of 31 March 2012, the implementation rate of activity cost excluding contingency cost, management cost and M&E cost is 58.40% (256,049 USD). This is mainly because of delayed start of the implementation.The implementation at district level just started in Jan 2012 because of delayed money transfer from GAVI and some delays of preparation of financial management tools which will be used at local level. However, after starting the implementation at district level, the implementation rate has been increased quickly.It is noted that, released budget to support MCH and EPI service, by the end of March, 75% of released budget has been used.

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

N/A

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	**Baseline**		**Agreed target till end of support in original HSS application**	**2011 Target**						**Data Source**	**Explanation if any targets were not achieved**
	Baseline value	**Baseline source/date**			**2007**	**2008**	**2009**	**2010**	**2011**		
N/A											

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

As of 31 March 2012, the implementation rate of activity cost excluding contingency cost, management cost and M&E cost is 58.40% (256,049 USD). This is mainly because of delayed start of the implementation.The implementation at district level just started in Jan 2012 because of delayed money transfer from GAVI and some delays of preparation of financial management tools which will be used at local level. However, after starting the implementation at district level, the implementation rate has been increased quickly.It is noted that, released budget to support MCH and EPI service, by the end of March, 75% of released budget has been used.

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

- Disbursement procedures by the GAVI should be improved (processing of financial management assessment and agreement on the Aide Memoire).

- Financial management procedures by Lao PDR Government (particularly local authorities) also needs to be enhanced.

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

Combination of routine data (HMIS) and survey data.
Please see Section 6 of the HSS proposal for details.

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

The M&E system of the project is fully integrated into the country system. It uses routine data from the national HMIS and regular surveys which are used by the Division of Statistics in the Ministry of Health and the same data is used for the monitoring of the Seventh National Health Sector Development Plan (7th NHSDP 2011-2015). The NHSDP is monitored through the Sector Wide Coordination Mechanism and related Technical Working Groups (TWGs) which includes the review of all government and donor funded projects and or activities including the GAVI HSS grant.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including Civil Society Organisations). This should include organization type, name and implementation function.

Through the Sector Wide Coordination mechanism and related TWGs which includes relevant Non-Government Organizations such as Save the Children, the Lao Women's Union and etc.Their main role is to oversee the implementation and provide advice as needed.

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

As described above, Civil Society Organizations like the Lao Women's Union are also part of the Sector Wide Coordination mechanism and related TWGs which have oversight and advisory functions to the Lao Government.

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

Please see Sections 9.2 and 9.4.2.

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2012 actual expenditure** (as at April 2012)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2012** (if relevant)
Under objective 1	See project proposal	148307	118459			

Under objective 2	See project proposal	145940	112590			
Under objective 3	See project proposal	84200	25000			
Other activities	See project proposal	59951	0			
		438398	256049			0

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
		0			

9.6.1. If you are reprogramming, please justify why you are doing so.

Grant will be implemented by 2012.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **Not selected**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	**Numerator**	**Denominator**	**Data Source**	**Baseline value and date**	**Baseline Source**	**Agreed target till end of support in original HSS application**	**2013 Target**

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

NA

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

NA

9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

Donor	**Amount in US$**	**Duration of support**	**Type of activities funded**

Asian Development Bank	10000000	2010-2013	Health Management, Health Facility
EC	650000	2010-2011	District Pilots of Health Financing training and High level Support to Universal Coverage
Global Fund	3200000	2009-2014	Health Care Department and Food and Drug Department
JICA	362500	2010-2015	Support the Sector Wide Coordination Mechanism and MNCH Package
LUX Development	21000000	2008-2012	Health Sector Support project
Medecins du Monde	638335	2011-2012	Free MNCH services
Save the Children	4000000	2011-2012	Comprehensive Primary health care with health systems strengthening
SRC/LRC	730000	2009-2013	Free MNCH services and Health Equity Fund
UNFPA	2100000	2012-2015	MNCH Package Implementation
UNICEF	13400000	2012-2015	MNCH Package, nutrition, PMCT and Paediatric Aids
WHO	3000000	2012-2013	HSS and MNCH Package
World Bank	12400000	2012-2014	Free delivery, HIS and Human Resources for Health

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
HMIS	HSS GAVI Steering Committee review	

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010?? 9

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: 8)**
2. The latest Health Sector Review report **(Document Number: 23)**

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

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

Lao People's Democratic Republic is not reporting on GAVI TYPE A CSO support for 2012

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

Lao People's Democratic Republic is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2011

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

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

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

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

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2011

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

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

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

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

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2011

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

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

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

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

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Goverment Signatures.pdf File desc: File description... Date/time: 5/21/2012 1:56:05 AM Size: 397934
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Goverment Signatures.pdf File desc: File description... Date/time: 5/21/2012 1:57:42 AM Size: 397934
3	Signatures of members of ICC	2.2	✓	ICC endorsement APR 2011.pdf File desc: File description... Date/time: 5/21/2012 4:57:37 AM Size: 571792
4	Signatures of members of HSCC	2.3	✗	HSCC signatures APR 2011.pdf File desc: File description... Date/time: 5/21/2012 4:58:10 AM Size: 495391
5	Minutes of ICC meetings in 2011	2.2	✓	Minutes TGWs Part 1.pdf File desc: File description... Date/time: 5/21/2012 4:40:13 AM Size: 2339605
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	✓	ICC endorsement APR 2011.pdf File desc: File description... Date/time: 5/21/2012 2:41:40 AM Size: 571792
7	Minutes of HSCC meetings in 2011	2.3	✗	Minutes TGWs Part 2.pdf File desc: File description... Date/time: 5/21/2012 4:43:00 AM Size: 2561800
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	✗	TWGS minutes endorsement_Exempted.pdf File desc: File description... Date/time: 5/21/2012 5:03:48 AM Size: 180268
9	Financial Statement for HSS grant APR 2011	9.1.3	✗	GAVI HSS Lao PDR_Progress Report 12 04 06 (2) (2).doc File desc: File description... Date/time: 5/21/2012 2:18:04 AM Size: 385536
10	new cMYP APR 2011	7.7	✓	LAOPDR_cMYP_2012_15_FINAL_NEW +SECTION+5-2.docx File desc: cMYP 2012-2015

				Date/time: 5/16/2012 11:08:30 PM Size: 3483045
11	new cMYP costing tool APR 2011	7.8	✓	Laos cMYP Costing 2011 Final SUBMISSION 15 11 11.xlsx File desc: File description... Date/time: 5/16/2012 11:15:50 PM Size: 1859205
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	Financial Statement ISS 2011NotApplicable.pdf File desc: File description... Date/time: 5/21/2012 6:30:24 AM Size: 105130
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	INTRO GRANT FINANC STATEMENT SCANNED.pdf File desc: File description... Date/time: 5/21/2012 3:01:04 AM Size: 223820
15	EVSM/VMA/EVM report APR 2011	7.5	✓	2 Report_Improvement+Plan+Based+on +2010+EVM_LAO+PDR.pdf File desc: File description... Date/time: 5/21/2012 3:12:47 AM Size: 433436
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	20 2011+EVM+improvement+plan_FOR +SUBMISSION-1.pdf File desc: File description... Date/time: 5/21/2012 3:09:59 AM Size: 91868
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	2011 EVM improvement plan logframe_IMPLMENTATION STATUS.pdf File desc: File description... Date/time: 5/21/2012 5:30:50 AM Size: 99236
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	External Audit ISS 2011 NotApplicable.pdf File desc: File description... Date/time: 5/21/2012 6:29:36 AM Size: 113557
20	Post Introduction Evaluation Report	7.2.2	✓	6 PIE+Final+Report.docx File desc: PENTA PIE 2011 Date/time: 5/16/2012 11:21:02 PM Size: 328753
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	TWGS minutes endorsement_Exempted.pdf File desc: File description... Date/time: 5/21/2012 5:05:33 AM Size: 180268
				HSS External Audit_Exempted.pdf

22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	✕	File desc: File description... Date/time: 5/21/2012 5:06:38 AM Size: 172047
23	HSS Health Sector review report	9.9.3	✕	GAVI HSS Lao PDR_Progress Report 12 04 06 (2) (2).doc File desc: File description... Date/time: 5/21/2012 5:08:38 AM Size: 385536