[V1.15.4]

GAVI Alliance

Annual Progress Report 2014

submitted by

the Government of *Togo*

Reporting year: **2014**
Support application for the year: **2016**
Date of presentation: **05/15/2015**

Deadline for submission: 05/27/2015

Please submit the Annual Progress Report 2014 via the online platformhttps://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavi.org or a GAVI Alliance partner representative. Documents may be provided to GAVI partners, their staff, and the general public. The APR and its appendices must be submitted in English, French, Spanish, or Russian.

Note: *Please use previous APRs and approved Proposals for GAVI support as reference documents. Electronic copies of previous annual progress reports and approved requests for support are available at the following address* http://www.gavialliance.org/country/

The GAVI Secretariat is unable to return submitted documents and attachments to the country. Unless otherwise stated, the documents will be made available to the GAVI Alliance partners and the general public.

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMS

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of conducting the program(s) described in the Country's application. Any significant change in the approved program(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 THIS PROPOSAL

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any changes to the program(s) in the current application. The GAVI Alliance will document any changes that it has approved and the Country's application will be amended accordingly.

REIMBURSEMENT OF FUNDS

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

SUSPENSION/CANCELLATION

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 purposes other than for the programs described in this application, or any GAVI Alliance-approved amendment to this application. The GAVI Alliance retains the right to terminate its support to the Country for the programs described in this application if any 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 accept any gifts, payments or benefits directly or indirectly related to this application, that could be construed as illegal or corrupt.

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 their own or through an agent, to perform audits or other financial management assessments 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 keep its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of the GAVI Alliance funds. If there are any claims of misuse of funds, the Country shall 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 this support application is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to conduct the programs described in this application.

CONFIRMATION REGARDING COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy 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 the 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. Arbitration will be conducted in accordance with the UNCITRAL Arbitration Rules in force. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The arbitration will be conducted in Geneva, Switzerland. The arbitration languages will be English or French.

For any dispute for which the amount is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount 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 programs described in this application, including without limitation, any financial loss, conflicts of interest, harm to property, or personal injury or death. The country is solely responsible for all aspects of managing and implementing the programs described in this application.

By preparing this APR, the Country will inform GAVI about:

activities conducted using GAVI resources in the past year, significant problems that were

faced and how the country has tried to overcome them

meeting the accountability needs concerning the use of GAVI-disbursed funds and in-country arrangements with development partners for requesting more funds that had been approved in a 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 accountability and transparency principles

1. Characteristics of the support

Reporting year: **2014**

Support application for the year: **2016**

1.1. NVS AND INS SUPPORT

Type of Support	Current vaccine	Preferred presentation	Active until
Preventive Campaign Support	Meningococcal Type A, 10 dose(s) per vial, LYOPHILIZED	Not selected	2014
New Vaccine Support (routine immunization)	Pneumococcal (PCV13), 1 dose per vial, LIQUID	Pneumococcal (PCV13), 1 dose per vial, LIQUID	2015
New Vaccine Support (routine immunization)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
New Vaccine Support (routine immunization)	Rotavirus, 2 dose schedule	Rotavirus, 2 dose schedule	2015

New Vaccine Support (routine immunization)	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	2015
New Vaccine Support (routine immunization)	IPV, 5 dose(s) per vial, LIQUID	IPV, 5 dose(s) per vial, LIQUID	2018

DTP-HepB-Hib (Pentavalent) vaccine: based on your country's current preferences, the vaccine is available through UNICEF in liquid form in one or ten dose vials and in the liquid/lyophilized form in two-dose vials to be used in a course of three injections. Other presentations have already been pre-selected by the WHO and the complete list can be viewed on the WHO website, but the availability of each product should be confirmed.

The second preferred presentation of **IPV, 5 dose(s) per vial, LIQUID** IPV:

The third preferred presentation of **IPV, 10 dose(s) per vial, LIQUID** IPV:

1.2. Extension of the Program

Type of Support	Vaccine	Start Year	End Year
New Vaccine Support (routine immunization)	Pneumococcal (PCV13), 1 dose per vial, LIQUID	2016	2020
New Vaccine Support (routine immunization)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	2020
New Vaccine Support (routine immunization)	Rotavirus, 2 dose schedule	2016	2020
New Vaccine Support (routine immunization)	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	2016	2020
New Vaccine Support (routine immunization)	IPV, 5 dose(s) per vial, LIQUID	2019	2020

1.3. ISS, HSS, CSOs support

Type of Support	Reporting fund utilization in 2014	Request for approval of	Eligible for 2014 ISS reward
COS	Yes	Not applicable	No
VIG	Yes	Not applicable	No
HSS	Yes	next installment of the HSS grant No	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous IRC Report

The annual progress report (APR) of the IRC for the year 2013 is available here. French version is also available here.

2. Signatures

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

By signing this page, the Government of Togo 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 funds 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 Togo

Please note that this APR will neither be reviewed or approved by the High-level Review Committee without the signatures of both the Minister of Health & Minister of Finance or their authorized representatives.

Minister of Health (or delegated authority)		**Minister of Finance (or delegated authority)**	
Name	Pr. NAPO-KOURA Gado Agarassi	**Name**	Mr. Badawasso GNARO
Date		**Date**	
Signature		**Signature**	

This report has been compiled by (these persons can be contacted if the GAVI Secretariat has any queries regarding this document):

Full name	Position	Telephone	E-mail
Dr. NASSOURY I. Danladi	Head of the Epidemiological Division	+22890010050	dinassoury@yahoo.fr
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Mr. DJENDA Abeyeta	Chief Executive Officer of the Union of NGOs in Togo (UNGOTO)	+228 90 14 68 27	aristidedjenda@yahoo.fr
Mr. BAFEI Toï	National EPI Logistician	+228 22 21 41 94/90 33 18 07	justinbt2001@yahoo.fr

2.2. ICC Signatures Page

If the country submits a report on the Immunization Services Support (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, the HSCC and ICC committees are merged into one committee. Please complete each relevant section and upload the signed pages of the attached documents twice, once for HSCC signatures and once for ICC signatures

The GAVI Alliance Transparency and Accountability Policy is an integral part of the GAVI Alliance's monitoring of the country's results. 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 Inter-Agency coordinating Committee (ICC), endorse this report. Signing 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
Kwési Séléagbodji AHOUMEY-ZUNU	Minister of Health		
Dr. IMBOUA-NAVA Lucile	Resident Representative of the WHO in Togo		
Dr. Isselmou BOUKHARY	Resident Representative of UNICEF in Togo		
Pr. NAPO-KOURA Gado Agarassi	Secretary General of the Ministry of Health		
Dr. DOGBE Kuku	Director General of Health		
Mr. Gbehomilo - Nyelolo TOMEGAH	President of Rotary International/President of the National Plus Polio Commission		
Mr. ASSAH Hervé	Representative of the World Bank		
Mr. Philippe COLLIGNON	Head of the Cooperation Mission Delegation		
Mrs. Khardiata Lo NDIAYE	Resident representative/United Nations Development Program		
Dr. Aristide APLOGAN	Department of Preventive Medicine (DPM)		
Dr. Kuami Guy BATTAH	Health Coordination/Togolese Red Cross		

Pr. Vovor Ahouefa	Director General of Planning and Health Information		
Dr. OCLOO Ayaovi Avuletey	Director of Primary Health Care		
Dr. Area Amivi BABA	Director of Healthcare Facilities		
Morou Aftar	Ministry of Finance		
Dr. Atany NYANSA	Director of Pharmacies, Laboratories and Technical Equipments		
Mr. Abeyeta DJENDA Chief Executive Officer of UNGOTO	Chief Executive Officer of UNGOTO		
Dr. N'TAPI Tchiguirii	Director of Family Health		

The ICC may wish to send informal comments to: apr@gavi.org. All comments will be treated confidentially. Partners' observations:

Observations of the Regional Working Group:

2.3. HSCC Signatures Page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), sectorial health committee for HIV endorse this report on the Health Systems Strengthening Program. Signing 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 the GAVI Alliance's monitoring of the country's results. 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
Kwési Séléagbodji AHOUMEY-ZUNU Minister of Health	Kwési Séléagbodji AHOUMEY-ZUNU Minister of Health		

Mr. Adji Oteth AYASSOR Minister of Economy and Finances	Mr. Adji Oteth AYASSOR Minister of Economy and Finances		
Mrs. ANATE Kouméalo Minister of Communication and Culture	Mrs. ANATE Kouméalo Minister of Communication and Culture		
Dr. Kodjo ABALO	Defense Minister (Representing the Minister)		
Mr. Mawussi Djossou SEMONDJI	Ministry for Planning, Development and Regional Planning		
Dr. IMBOUA-NAVA Lucile	Resident Representative of the WHO - Togo		
Dr. Isselmou BOUKHARY	Resident Representative of UNICEF in Togo		
Dédé Ahouefa EKUE	Minister of Social Action and National Solidarity		
Mrs. Khardiata Lo NDIAYE	Resident representatives/United Nations Development Program		
Mrs. Cécile MUKARUDUGA	Representative of UNFPA		
Mr. Tamsir FALL	Representative of UNAIDS		
Mr. Hervé ASSAH	Representative of the World Bank		
Mrs. Béatrice N'DARUGIRIRE	Representative of the European Union		
Pr. PITCHE Vincent	Coordinator of the Permanent Secretariat of the National Council for Fight		

Dr. DAVI Kokou Mawulé	Coordinator for the National Program for Fight against Tuberculosis		
Dr. AWOKOU Fantchè	Coordinator for the National Program for Fight against Malaria		
Mr. Philippe COLLIGNON	Representative of the French Cooperation Mission		
Mrs. Angélika KOBILE	Representative of PSI		
Sister Véronique MEDENDZI	Representative of CODI		
Pr. ATTIPOU	Dean of the Joint Faculty of Medicine and Pharmacy (JFMP)		
Mr. DJENDA Abeyeta	Representative of UNGOTO		
Mr. Raven EDU	Mr. Raven EDU Representative of FNGOTO		
Mr. DOKLA Kokou Augustin	Representative of the National PVHIV network (APR+)		

The HSCC may wish to send informal comments to:apr@gavi.org

All comments will be treated confidentially. Partner Comments:

APR

Observations of the Regional Working Group:

APR

2.4. Signatures Page for GAVI (Types A & B) support to CSOs

Togo is not submitting a report on the use of CSOs funds (Type A and B) in 2015

3. Table of Contents

This APR reports on activities carried out by Togo between January - December 2014 and specifies requests for the period January – December 2016

Sections

4. Baseline data and annual objectives

Countries are requested to make a realistic evaluation of vaccine wastage, supported by an analysis of data collected at the national level. In the absence of specific data, the country can use the maximum wastage rates given for illustrative purposes in the **Wastage rate Table** appendix of the support request guidelines. Please note the reference wastage rate for the Pentavalent vaccine is available in ten-dose vials.

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)							
	2014		2015		2016		2017		2018	
	Original approved target in accordance with the Decision Letter	Reported	Original approved target in accordance with the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Total number of births	306,405	306,405	310,749	310,749		314,789		0		0
Total number of infant deaths	23,831	23,832	24,239	24,239		24,554		0		0
Total number of surviving infants	282,574	282,573	286,510	286,510		290,235		0		0
Total number of pregnant women	304,124	306,405	310,749	310,749		314,789		0		0
Number of infants who received (should receive) BCG vaccine	291,959	243,361	298,319	298,319		302,197		0		0
BCG coverage*[1]*	95%	79%	96%	96%	0%	96%	0%	0%	0%	0%
Number of infants who received (should receive) OPV3 vaccine	266,382	241,166	272,185	272,185		275,723		0		0
OPV3 coverage*[2]*	94%	85%	95%	95%	0%	95%	0%	0%	0%	0%
Number of infants who received (should receive) DTP1 vaccine*[3]*	274,794	256,195	280,780	280,780		284,430		0		0
Number of infants who received (should receive) the DTP3 vaccine *[3][4]*	266,382	245,685	272,185	272,185		275,723		0		0
DTP3 coverage*[2]*	94%	87%	95%	95%	0%	95%	0%	0%	0%	0%
Wastage *[5]* rate during the reference year and anticipated thereafter (%) for the DTP vaccine	18	18	16	16		16		0		0
Wastage *[5]* factor during the reference year and anticipated thereafter for the DTP vaccine	1.22	1.22	1.19	1.19	1.00	1.19	1.00	1.00	1.00	1.00
Number of infants who received (should receive) the 1st dose of DTP-HepB-Hib vaccine	274,794	256,195	280,780	280,780		284,430		0		0
Number of infants who received (should receive) the 3rd dose of DTP-HepB-Hib vaccine	274,794	245,685	272,185	272,185		275,723		0		0
DTP-HepB-Hib coverage *[2]*	97%	87%	95%	95%	0%	95%	0%	0%	0%	0%
Wastage *[5]* rate in the base-year and planned thereafter (%) *[6]*	10	10	10	10		10		0		0

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)							
	2014		2015		2016		2017		2018	
	Original approved target in accordance with the Decision Letter	Reported	Original approved target in accordance with the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Wastage *[5]* factor in the base-year and planned thereafter (%)	1.11	1.11	1.11	1.11	1	1.11	1	1	1	1
Maximum wastage rate for DTP-HepB-Hib vaccine, 10 dose(s) per vial, LIQUID	0%	0%	0%	25%	0%	25%	0%	25%	0%	25%
Number of infants who received (should receive) Yellow fever vaccine	260,774	231,081	272,185	272,185		275,723		0		0
Yellow fever coverage*[2]*	92%	82%	95%	95%	0%	95%	0%	0%	0%	0%
Wastage *[5]* rate in the base-year and planned thereafter (%)	18	16	16	16		16		0		0
Wastage *[5]* factor in the base-year and planned thereafter (%)	1.22	1.19	1.19	1.19	1	1.19	1	1	1	1
Maximum wastage rate for Yellow fever vaccine, 10 dose(s) per vial, LYOPHILIZED	0%	40%	0%	40%	0%	40%	0%	40%	0%	40%
Number of infants who received (should receive) the 1st dose of Pneumococcal (PCV13) vaccine	272,048	119,889	278,739	278,739		284,430		0		0
Number of infants who received (should receive) the 3rd dose(s) of Pneumococcal (PCV13) vaccine	0	95,258	0	272,185		275,723		0		0
Pneumococcal (PCV13) coverage*[2]*	0%	34%	0%	95%	0%	95%	0%	0%	0%	0%
Wastage *[5]* rate in the base-year and planned thereafter (%)	5	5	5	5		5		0		0
Wastage *[5]* factor in the base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1	1.05	1	1	1	1
Maximum wastage rate for Pneumococcal (PCV13) vaccine, 1 dose(s) per vial, LIQUID	0%	5%	0%	5%	0%	5%	0%	5%	0%	5%
Number of infants who received (should receive)1st dose(s) of Rotavirus vaccine	272,048	99,028	278,739	278,739		284,430		0		0
Number of infants who received (yet to receive) 2nd dose(s) of Rotavirus vaccine	0	99,948	0	275,732		0		0		0
Rotavirus coverage*[2]*	0%	35%	0%	96%	0%	0%	0%	0%	0%	0%
Wastage *[5]* rate in the base-year and planned thereafter (%)	5	5	5	5		0		0		0
Wastage *[5]* factor in the base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1	1	1	1	1	1

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)							
	2014		2015		2016		2017		2018	
	Original approved target in accordance with the Decision Letter	Reported	Original approved target in accordance with the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Maximum wastage rate for Rotavirus vaccine, 2-dose schedule	0%	5%	0%	5%	0%	5%	0%	5%	0%	5%
Number of infants who received (should receive) IPV vaccine		0	204,302	204,302	208,613	275,723	212,800	0		0
Wastage *[5]* rate in the base-year and planned thereafter (%)		0	30	30	15	15	15	0		0
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1	1.43	1.43	1.18	1.18	1.18	1	1	1
Maximum loss rate for IPV vaccine, 5 dose(s) per vial, LIQUID (see note above)	0%	30%	0%	30%	0%	30%	0%	30%	0%	30%
Number of infants who received (should receive) the 1st dose of Measles Vaccine	260,774	231,134	272,185	272,185		275,723		0		0
Measles coverage *[2]*	92%	82%	95%	95%	0%	95%	0%	0%	0%	0%
Pregnant women immunized with TT+	282,836	242,789	295,212	295,212		300,567		0		0
TT+ coverage*[7]*	93%	79%	95%	95%	0%	95%	0%	0%	0%	0%
Vit A supplement to mothers within 6 weeks of the delivery	232,373	225,046	237,654	237,654		265,349		0		0
Vit A supplement to infants older than 6 months	260,774	218,267	260,774	260,774	N/A	276,936	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1–DTP3)/DTP1] x100	3%	4%	3%	3%	0%	3%	0%	0%	0%	0%

Number	Targets (Preferred presentation format)			
	2019		2020	
	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Total number of births		0		0
Total number of infant deaths		0		0
Total number of surviving infants		0		0
Total number of pregnant women		0		0
Number of infants who received (should receive) BCG vaccine		0		0
BCG coverage*[1]*	0%	0%	0%	0%
Number of infants who received (should receive) OPV3 vaccine		0		0

Number	Targets (Preferred presentation format)			
	2019		2020	
	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
OPV3 coverage*[2]*	0%	0%	0%	0%
Number of infants who received (should receive) DTP1 vaccine*[3]*		0		0
Number of infants who received (should receive) the DTP3 vaccine *[3][4]*		0		0
DTP3 coverage*[2]*	0%	0%	0%	0%
Wastage *[5]* rate during the reference year and anticipated thereafter (%) for the DTP vaccine		0		0
Wastage *[5]* factor during the reference year and anticipated thereafter for the DTP vaccine	1.00	1.00	1.00	1.00
Number of infants who received (should receive) the 1st dose of DTP-HepB-Hib vaccine		0		0
Number of infants who received (should receive) the 3rd dose of DTP-HepB-Hib vaccine		0		0
DTP-HepB-Hib coverage *[2]*	0%	0%	0%	0%
Wastage *[5]* rate in the base-year and planned thereafter (%) *[6]*		0		0
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1	1	1
Maximum wastage rate for DTP-HepB-Hib vaccine, 10 dose(s) per vial, LIQUID	0%	25%	0%	25%
Number of infants who received (should receive) Yellow fever vaccine		0		0
Yellow fever coverage*[2]*	0%	0%	0%	0%
Wastage *[5]* rate in the base-year and planned thereafter (%)		0		0
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1	1	1
Maximum wastage rate for Yellow fever vaccine, 10 dose(s) per vial, LYOPHILIZED	0%	40%	0%	40%
Number of infants who received (should receive) the 1st dose of Pneumococcal (PCV13) vaccine		0		0
Number of infants who received (should receive) the 3rd dose(s) of Pneumococcal (PCV13) vaccine		0		0
Pneumococcal (PCV13) coverage*[2]*	0%	0%	0%	0%

Number	Targets (Preferred presentation format)			
	2019		2020	
	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Wastage *[5]* rate in the base-year and planned thereafter (%)		0		0
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1	1	1
Maximum wastage rate for Pneumococcal (PCV13) vaccine, 1 dose(s) per vial, LIQUID	0%	5%	0%	5%
Number of infants who received (should receive)1st dose(s) of Rotavirusvaccine		0		0
Number of infants who received (yet to receive) 2nd dose(s) of Rotavirus vaccine		0		0
Rotavirus coverage*[2]*	0%	0%	0%	0%
Wastage *[5]* rate in the base-year and planned thereafter (%)		0		0
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1	1	1
Maximum wastage rate for Rotavirus vaccine, 2-dose schedule	0%	5%	0%	5%
Number of infants who received (should receive) IPV vaccine		0		0
Wastage *[5]* rate in the base-year and planned thereafter (%)		0		0
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1	1	1
Maximum loss rate for IPV vaccine, 5 dose(s) per vial, LIQUID (see note above)	0%	30%	0%	30%
Number of infants who received (should receive) the 1st dose of Measles Vaccine		0		0
Measles coverage *[2]*	0%	0%	0%	0%
Pregnant women immunized with TT+		0		0
TT+ coverage*[7]*	0%	0%	0%	0%

Vit A supplement to mothers within 6 weeks of the delivery		0		0
Vit A supplement to infants older than 6 months	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1–DTP3)/DTP1] x100	0%	0%	0%	0%

[1] Number of infants vaccinated against the number of births *[2]* Number of infants vaccinated out of the total number of surviving infants

[3] Indicate total number of children vaccinated with either the DTP vaccine alone or combined with others

[4] Please ensure that the DTP3 cells are correctly filled in

[5] The formula for calculating a vaccine wastage rate (as a 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.

[6] GAVI would also appreciate feedback from countries on feasibility of and interest in selecting and being shipped multiple Pentavalent vaccine presentations (1-dose and 10-dose vials) so as to optimize wastage, coverage, and cost.

[7] Number of pregnant women immunized with TT+ out of the total number of pregnant women

5. General Program Management Component

5.1. Updated Baseline and Annual Targets

Note: Please fill in the table in section 4 “Baseline and Annual Targets” before you continue

The numbers for 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for immunization activities for 2014.** The figures for 2015 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in the CMYP.

In the space below, please provide justification for those numbers in this APR that are different from those in the reference documents.

- Justification for any changes in the **number of births**

  There is no difference between the number of births in this report and the number in the reference documents.

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

  NOT APPLICABLE

- Explanation of changes in objectives, per vaccine. **Please note that for objectives with more than 10%, the results from previous years must be justified.** For the IPV, explanation should also be provided as attachment(s) to the APR for EACH change in target population.

  No changes in the targets.

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

  N/a

5.2. Monitoring the implementation of the GAVI gender policy

5.2.1. In the past five years, were the sex-disaggregated data on the coverage of DTP3 available in your country through administrative sources and/or surveys? **Not selected**

If yes, please provide us with the latest data available and indicate the year in which this data was collected.

Data Source	Reference Year for Estimates	DTP3 coverage estimate	
		Boys	Girls
MICS 4 2010 42, 5% 44, 9%	MICS 4 2010	42.5%	44.9%
ADMINISTRATIVE DATA 2012	NUMBER OF CHILDREN IMMUNIZED FROM OCTOBER TO DECEMBER 2012	40,159 (50.23%)	39,794(49.77%)
ADMINISTRATIVE DATA 2013	NUMBER OF CHILDREN IMMUNIZED FROM JANUARY TO DECEMBER 2013	119,002 (50.09%)	118,565 (49.91%)
ADMINISTRATIVE DATA 2014	NUMBER OF CHILDREN IMMUNIZED FROM JANUARY TO DECEMBER 2014	126,420 (51.46%)	119,265 (48.54%)

5.2.2. How have you been using the above data to address gender-related barriers to access to immunization?

There are no gender-specific barriers in the accessibility to immunisation services in Togo. The data from different surveys confirms this fact.

However the data from DHS Togo 2013 indicate that the immunisation coverage is slightly higher for boys than for girls (64% and 59% respectively). These results may be explained by the fact that more boys than girls were born. This difference is not related to the attitude of the parents.

5.2.3. If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data in routine immunization reports? **Yes**

5.2.4. How were the potential gender-related barriers to the access and implementation of immunization services (for example, mothers having no access to the services, the gender of service provider, etc.) resolved from the program point of view? (For more information on these gender-related barriers, refer to the GAVI "Gender and immunization" sheet at http://www.gavialliance.org/fr/librairie/)

N/a

5.3. Overall Expenditure and Financing for Immunization

The purpose of **Table 5.3a** is to guide GAVI understanding of the broad trends in the immunization program expenditure and financial flow. Please complete the table using US$.

Exchange rate used	1 US$ = 542.07	Only enter the exchange rate; do not enter the name of the local currency

Table 5.3a: Overall Expenditure and Financing for Immunization from all sources (Government and donors) in US$

Expenditure by Category	Expenditure Year 2014	Funding source						
		Country	GAVI	UNICEF	WHO	Rotary International	TOGO PLAN	UNFPA
Traditional vaccines*	176,329	176,329	0	0	0	0	0	0
New and Under-used Vaccines (NVS)**	6,902,737	615,137	6,287,600	0	0	0	0	0
Injection material (AD syringes and others)	43,953	36,786	7,167	0	0	0	0	0
Cold Chain equipment	104,623	0	104,623	0	0	0	0	0
Staff	58,662	58,662	0	0	0	0	0	0
Other routine recurrent costs	239,310	8,575	166,511	11,895	52,329	0	0	0
Other Capital Costs	91,148	0	91,148	0	0	0	0	0
Campaigns costs	2,620,567	0	1,746,000	23,013	851,554	0	0	0
APR		0	0	0	0	0	0	0
Total Expenditures for Immunization	10,237,329							
Total Government Health expenditures		895,489	8,403,049	34,908	903,883	0	0	0

Traditional vaccines: BCG, DTP, OPV, 1st of measles vaccine (or the combined MR, MMR), TT. Some countries will also include Herb and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

5.4. Inter-Agency Coordination Committee (ICC)

How many times did the ICC meet in 2014? **4**

Please attach the minutes **(Document No. 4)** from the ICC 2015 meeting that endorsed this report.

List the principal concerns or recommendations, if any, made by the ICC on sections 5.1 Reference data and annual objectives carried out to 5.3 Overall Immunization Expenditure and Funding

The ICC recommends setting up a committee for mobilization of local resources.
The WHO is supporting the EPI for controlling the denominator.

Are any Civil Society Organizations members of the ICC? **Yes**
If yes, which ones?

List CSOs members of the ICC:
Federation of NGOs in Togo (FNGOTO)
Union of NGOs in Togo (UNGOTO)

5.5. Priority actions in 2015 to 2016

What are the country's main targets and priority activities for its EPI program from 2015 to 2016?

The main targets are:

1. Increase vaccination coverage at the national level in children of 0-11 months and in pregnant women:

from 91% to 93% for Penta3 and OPV,

from 86% to 89% for MV,

from 86% to 89% for YFV

from 81% to 89% for TTV2+

2. Increase vaccination coverage to at least 80% in each district;

3. Achieve world/regional targets in performance indicators for national level eradication and elimination of diseases avoidable through immunization

Polio: maintain the number of wild polio cases at zero

Measles: maintain reduction in measles mortality at more than 98%

MNT: maintain morbidity rate due to MNT at less than 1 case per 1000 live births

Yellow fever: anticipate and detect yellow fever epidemics well in time across the national territory.

The main activities for 2015 - 2016 are:

Implementation of activities under the RED approach in districts

Celebration of the AIW (which includes Advocacy meeting with partners, EPI visibility, HA Strengthening, and social mobilization in districts)

Introduction of an IPV dose with the third dose of OPV

Conducting a National Polio Immunization Campaign based on epidemiological profile

Supply of vaccines, syringes and BS to regions

Introduction of new vaccines: vaccine against rotavirus and anti-HPV vaccine (demonstration project)

Financing advanced strategies by mobilizing local resources

Strengthening the Cold chain

Capacity building: Training EPI managers and training on CC maintenance

Scaling up DQS to ensure reliability of data and quality of the monitoring system

Organization of two national-level integrated workshops on monitoring EPI/ISDR/Nutrition and Reproductive Health every year

Mobilization of partners for funding the RED approach in 2015 in the 6 regions to help strengthen advanced strategies, monitoring, and supervision

Continuing to strengthen the search system for dropouts (bill books, cards, monitoring tools)

Integrating DQS in supervision to help improve the quality of data and strengthen the monitoring system

Training local staff in CC management

Introduction of the IPV

Implementation of the HPV demonstration project

5.6. 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 sources of funding for Injection Safety equipment in 2014

Vaccine	Types of syringes used in the 2014 routine EPI	Funding sources in 2014
FR BCG	AD syringes	State
FR Measles	AD syringes	State
FR TT	AD syringes	State/GAVI
FR DTP-containing vaccine	AD syringes	State/GAVI
IPV	N/a	N/a

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

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

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

Yes, the country has an injection safety policy based on the systematic use of AD syringes for injections, safety boxes to collect used AD syringes and incineration to destroy sharp wastes.
The main problems are related to the malfunctioning or breakdown of incinerators, insufficient and obsolete equipment provided to the incineration staff on the sites.
The country also has a national hospital waste management plan 2010 - 2014. This plan includes management of wastes from immunization services.

Please explain how sharps have been eliminated in 2014, what were the problems faced, etc.

Systematic use of safety boxes for collection of used syringes is practised in all immunization centers.
- Every district has at least 2 Montfort type incinerators for destroying sharp wastes from immunization activities.
- A plan for collection and elimination of wastes is drafted at the beginning of every year by each district and implemented during the year to ensure the collection and elimination of wastes in all health facilities organized around the incineration site networks. Apart from the stockouts of safety boxes, no other problem was encountered.

6. Immunization Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Togo is not submitting a report on the use of Immunization Services Support (ISS) funds in 2014

6.2. Detailed expenditure of ISS funds during the calendar year

Togo is not submitting a report on the use of Immunization Services Support (ISS) funds in 2014

6.3. ISS Funding Application

The request for expected ISS reward is not applicable for 2014 to Togo

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

7.1. Receipt of new & under-used vaccines for the 2014 immunization program

7.1.1. Did you receive the approved amount of vaccine doses for the immunization program in 2014 that GAVI specified in their Decision Letter? Please fill the table below

Table 7.1: Vaccines actually received in 2014 compared to the quantity approved for 2014

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

	[A]	[B]	[C]	
Vaccine Type	**Total doses for 2014 in the Decision Letter**	**The number of total doses received by December 31, 2014**	**Total doses postponed from previous years and received in 2014**	**Has the country experienced a stock-out at any level in 2014?**
Pneumococcal (PCV13)	1,072,800	971,000	0	Yes
DTP-HepB-Hib	394,300	412,200	56,500	Yes
Rotavirus	715,500	625,500	0	Yes
Yellow fever	237,600	288,200	50,600	Yes
IPV		0	0	Yes

If numbers [A] and [B] are different, specify:

- What were the main problems encountered? (Was the lower than anticipated vaccine utilization due to a delay in the introduction of a new vaccine or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with the cold chain? Doses discarded because the VVM changed color or because of the expiry date?)

  Insufficient monitoring of orders led to delays in shipping. No stockout at the national level.

  For 2014 it should be mentioned: the stockout of all EPI vaccines in the districts despite the availability of vaccines at the central level. This was due to the repeated breakdown of the Epidemiology Division's supply truck, which made it difficult to organise deliveries to the regions by the centre. The insufficient monitoring of consumption by the operational level should also be noted. Insufficient monitoring of orders which led to delays in shipping of vaccines was also noted. No stockout at the national level.

  For Pentavalent, 56,500 doses reported from 2013 to 2014 were received on February 26, 2014. A comparison between the total GAVI-approved requirement for Pentavalent for 2013-2014 which is 994,300 doses and the number received in the two years which is 955,700 doses, shows a gap of 38,600 doses. On March 30, 2015, 358,000 doses of Pentavalent are expected, which should partly fill this gap. It should also be mentioned that the postponement in the delivery of a part of the vaccines from 2014 to March 2015 was decided in agreement with EPI Togo.

  It should be mentioned that 148,500 doses of Rota were received on March 4, 2015 which partly included the 90,000 doses pending from 2014.

  For pneumococcal vaccine (PCV13), 971,000 doses were received against 1,072,800 planned for 2014. A gap of 101,800 doses of PCV13 is observed in the delivery of this vaccine in 2014.

For YFV, 50,600 doses were reported from 2013 to 2014. En 2014, 288,200 doses of YFV were received.

The vaccine storage capacities at the regional and district levels were insufficient to hold the entire required vaccines based on the supply periods.

- What actions have you taken to improve vaccine management, e.g. such as amending the schedule for vaccine deliveries? (within the country and with the UNICEF Supply Division)

  GAVI would also appreciate feedback from countries on the feasibility and interest of selecting and being sent multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to reduce wastage and cost to a minimum, and maximize coverage.

To compensate for the insufficient storage capacity in the regions, we had to increase the supply to accommodate this capacity, but due to frequent breakdowns of the supply vehicle at the central level, it was very difficult to adhere to these schedules, and hence the frequent stockouts of vaccines in the regional and district depots. The latter sometimes had to deliver the vaccines directly to the health facilities immediately on reception to compensate for the insufficient storage capacity. It should also be mentioned that several series of missions to repair refrigerators, organized by the Epidemiological Division helped to revive some of the cold chain equipment at the operational level.

To compensate for the insufficient storage of vaccines in positive cold rooms at the central level, two cold rooms, one at the district level (KPENDJAL district) and the other at the Kara RHD were redeployed to the central depot. In addition, considering the continuing insufficient vaccine storage capacity, mainly in positive cold rooms, to meet the demands for different campaigns, the positive cold room of the Charity and Integral Development Organization (OCDI) was requested for three months to store some of our vaccines.

Also, in order to improve the availability of cold chain equipment onsite, three new sets of cold chain equipment were acquired with the development partners' support. In this context it should be mentioned: the acquisition, with GAVI's help, of two positive cold rooms each of 40,000 liters capacity and one negative cold room of 10,000 liters in connection with the introduction of new vaccines (PCV 13 and Rota) and the organization of the MenAfrivac immunization campaign. Steps are underway to implement them. In this connection, GAVI bought us 18 TCW 3000 refrigerators, 04 TCW 2000 refrigerators and 08 solar refrigerators. To implement the PCV 13 campaign in the districts of Tone and Cinkassé in the Savanes region, the AMP purchased 01 TCW 3000 refrigerator and 02 RCW 5EG refrigerators for EPI Togo.

Two missions for the repair of refrigerators and freezers were organized in 2014, one from September 29 to October 09, 2014 and the other from October 23 to November 03, 2014, and respectively 26 and 31 appliances were repaired.

To improve the monitoring of temperature while storing vaccines, GAVI bought EPI Togo 560 fridge tags for the operational level and 08 temperature monitoring kits for the cold rooms at the central level.

If **Yes** marked for any vaccine in **Table 7.1,** indicate the duration, reason, and impact of stock-out including stock-out at central, regional, district or a lower level.

Antigens

Incidence of stockout in the central depot in 2014. Yes/No

Incidence of stockout in the district and health facility depots in 2014. Yes/No

BCG

No

In the depots of 30 districts there was a stockout of BCG but the BCG immunization was not interrupted except in 8 health facilities. However, the BCG immunization activities were also interrupted because of BCG syringe stockouts.

PENTAVALENT

No

In the depots of 23 districts there was a stockout of Pentavalent but the Pentavalent immunization was not interrupted except in 5 health facilities.

PCV 13

No

In all the district depots there was a stockout of PCV 13 but the PCV 13 immunization was not interrupted except in 19 health facilities.

ROTA

No

In all the district depots there was a stockout of rotavirus vaccine but the rotavirus immunization was not interrupted except in 51 health facilities.

Yellow Fever vaccine

No

In the depots of 6 districts there was a stockout of YFV but the YFV immunization was not interrupted except in 1 health facility.

TTV

No

In the depots of 5 districts there was a stockout of TTV but the TTV immunization was not interrupted except in 1 health facility.

OPV

No

In the depots of 23 districts there was a stockout of OPV but the OPV immunization was not interrupted except in 3 health facilities.

Measles vaccine

No

In the depots of 8 districts there was a stockout of measles vaccine but the anti-measles immunization was not interrupted except in 1 health facility.

7.2. Introduction of a New Vaccine in 2014

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the proposal approved and report on progress:

Yellow fever, 10 dose(s) per vial, LYOPHILIZED		
Nationwide introduction	No	
Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	No	NOT APPLICABLE

When is the Post introduction evaluation (PIE) planned? **July 2015**

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	06/19/2014
Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	No	The preparations were delayed by three months

When is the Post introduction evaluation (PIE) planned? **July 2015**

Rotavirus, 1 dose(s) per vial, ORAL		
Nationwide introduction	Yes	06/19/2014
Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	No	the national level preparations were delayed

When is the Post introduction evaluation (PIE) planned? **July 2015**

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Nationwide introduction	No	

Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	No	NOT APPLICABLE

When is the Post introduction evaluation (PIE) planned? **July 2015**

IPV, 5 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	No	NOT APPLICABLE

When is the Post introduction evaluation (PIE) planned? **July 2015**

7.2.2. If your country carried out a PIE in the past two years, please attach the relevant reports and provide a summary on the status of the implementation of any recommendations given in the PIE. (Document No.9))

NOT APPLICABLE

7.2.3. Adverse Events Following Immunization (AEFI)

Is there a national system dedicated to vaccinal pharmacovigilence? **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? **No**

Has your country implemented a risk communication strategy, along with national preparedness plans, to deal with possible immunization issues? **Yes**

7.2.4. Supervision

Has your country set up a sentinel monitoring system for:

a. Rotavirus diarrhea? **Yes**

b. Bacterial meningitis or pneumococcal or meningococcal disease in children? **Yes**

Has your country conducted special studies on:

a. Rotavirus diarrhea? **Yes**

b. Bacterial meningitis or pneumococcal or meningococcal disease in children? **Yes**

If yes, does the National Technical Advisory Group on Immunization (ITAG) or the Interagency Coordinating Committee (ICC) regularly examine the data from national sentinel surveillance systems and from special studies to make recommendations on the quality of data produced and on how to further improve the quality of the data? **Not selected**

Are you planning to use the data from national sentinel surveillance and special studies to monitor and assess the impact of the introduction and use of vaccines? **Yes**

Please describe the results of monitoring/special studies and NTAGI/ICC contributions:

A total of 738 cases of AEFI were reported in 2014 including 17 serious cases and 1 death.

In Togo, no study has been conducted so far on acquired rubella or congenital rubella syndrome (CRS). The country therefore does not have any information on the scale of CRS. However since the implementation of the monitoring of measles based on the cases in 2001, rubella epidemics were confirmed in several areas in the country by the national laboratory for measles and yellow fever which conducted IgM rubella tests on samples that were negative for IgM measles.

Objective:

The general objective of this monitoring is to obtain reliable information on the Congenital Rubella Syndrome (CRS) in Togo.

Work method:

This monitoring was carried out in the two CHUs of Lomé and the Bè hospital which therefore are the three monitoring sites. Suspected cases were looked for in a few specialty services such as pediatrics, cardiology, ophthalmology, ENT, pediatric surgery and maternity. The cases were confirmed by the National Reference Laboratory for diseases with epidemic potential after the transfer of samples, followed by investigation slips previously filled by the “CRS focal point” of the epidemiological division jointly with the contact person in each site. The monitoring was supervised by an onsite committee. The Epidemiological Division is in charge of implementing all the activities.

Results obtained between 2012 and beginning of 2015 : forty-two (42) suspected cases were reported. 21 cases were reported by the CHU Campus site, 17 by the CHU SylvanusOlympio and 4 by the Bè hospital. The laboratory results showed three (03) positive cases and 39 negative cases. Most of the cases were reported from the pediatric services.

Outlook

At the conclusion of this monitoring, the major observation is that the most substantial work was done by the pediatric services in the three sites. This is indicated by the reporting of 41 cases out of a total of 42, or 98% of the reporting by the pediatrics service. Following this observation in a context of limited resources and considering that hospitalized children come through the pediatric services, we are considering conducting this monitoring in future with a focus on certain points, namely:

- Concentrate this monitoring on pediatric services where there is a higher probability of finding cases before additional opinions in other specialties such as ophthalmology, cardiology etc...
- Extending the monitoring in a few large pediatric centers in the interior of the country, mainly the pediatric hospital of Tantigou in Dapaong, the pediatrics division of the RMC at Dapaong, the pediatrics division of the RMC and the hospital at Kara.
- Improve the skills of the participants in new sites

7.3. Lump sum allocation for the introduction of a new vaccine in 2014

7.3.1. Financial Management Report

	Amount in US$	Amount in local currency
Funds received in 2014 (A)	450,500	211,000,000
Balance of funds carried forward from 2013	0	0
Total Available Funds in 2014 (C=A+B)	450,500	211,000,000
Total expenditure in 2014(D)	440,042	206,819,740
Balance carried over to 2015 (E=C-D)	10,458	4,180,260

Detailed expenditure from the New Vaccines Introduction Grant funds during the calendar year 2014

Please attach a detailed financial statement for the use of new vaccine introduction grant during the 2014 calendar year (Document No. 10, 11). The terms of reference for this financial statement are attached in **Annex 1.** Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of Ministry of Health.

7.3.2. Program Report

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.

The main activities carried out in connection with the introduction of the PCV13 and Rota vaccines are:

- Reception and setting up of PCV 13 and Rota vaccines
- Maintenance, repair and acquisition of the cold chain at the central and national levels
- Updating and copying of data management tools
- Training of personnel
- Social mobilization
- Official launch of the new vaccines
- Post-introduction recovery
- Post introduction supervision
- Renting of vehicles
- Administration and coordination

7.3.2.1. Preparatory phase:

7.3.2.1.1. Organization of preparatory meetings:

In connection with the introduction of new vaccines (Pneumococcus and Rotavirus) preparatory meetings were organized, mainly:

- a meeting with the GSK laboratory and the partners on December 5, 2013 to present the RotarixTM vaccine and storage conditions
- preparatory meeting with the ECR and ECD on the introduction of new vaccines during the monitoring in March 2013

- a consultation meeting between the Epidemiology Department and programs such as nutrition, sanitation, IMCI, the Family Health Department and malaria, held on January 15, 2014, to align the points of view by starting a program to accompany the setting up of the new vaccines. Following this meeting, two committees (commission for managing stands during the official launch and commission for review of EPI management tools) were set up. Each committee organized its work to focus on the different aspects.
- a meeting of the partners took place on February 27, 2014. After this meeting it was decided to organize a meeting of the ICC to discuss the various limitations
- a consultation meeting was held on May 15, 2014 to assess the status of the introduction process for the Rotarix and PCV 13 vaccines into routine immunization, and to find out the progress of preparatory activities for the introduction of these vaccines, discuss the introduction schedule and plan the meeting of the steering committee.

7.3.2.1.2. Updating, adding and copying of tools

In order to use data on the new vaccines, the Epidemiology Department, started reviewing and preparing EPI management tools for Togo in February 2014. These include immunization cards, stock management slips for vaccines, diluents and consumables, immunization records for children aged 0 to 11 months, immunization records for pregnant women, self-monitoring sheets, vaccine order and delivery slips, score cards and vaccination monthly report slips.

Following the update of these tools, copies were made based on requirements to supply to the health facilities offering immunization services.

With the help from GAVI, the following tools were adapted, added and copied. These include:

- ✓ Vaccine order slips for the introduction of vaccines against the “pneumococcal and Rota virus”= 3,000 units
- ✓ Order slips for consumables for the introduction of vaccines against the “pneumococcal and Rota virus”= 3,000 units
- ✓ Immunization cards for the introduction of vaccines against the “pneumococcal and Rota virus”= 3,000 units
- ✓ Immunization cards for the introduction of vaccines against the “pneumococcal and Rota virus”= 300,000 units
- ✓ Vaccine stock management slips= 63,000 units
- ✓ Supplies stock management slips= 42,000 units

- ✓ Diluents stock management slips= 28,000 units
- ✓ Temperature monitoring slips = 3,000 units
- ✓ Inventory sheets for vaccines and diluents = 7,000 units
- ✓ Inventory sheets for vaccines and diluents = 7,000 units
- ✓ Monthly report sheets = 800 units
- ✓ Daily scorecards = 800 units
- ✓ Training guides for health workers for the introduction of vaccines against the “pneumococcal and Rota virus”= 3,000 units
- ✓ Covers for the immunization schedules = 784 units
- ✓ Self-monitoring sheets = 2,940 units

To strengthen the activities of EPI Togo, UNICEF helped in copying 700,000 immunization cards, of which 350,000 were for children and 350,000 for pregnant women.

7.3.2.1.3. Training

The introduction of these new vaccines necessitated strengthening the skills of immunization service providers in health facilities. To help the training of participants, a training manual for the two vaccines, Rota and Pneumo fact sheets and sheets with key messages were prepared in January and February 2014.

The training was executed by a mixed team comprising facilitators from the EPI, IMNE, Community health, nutrition, LMD, Health Education, DAHM, UL and Partners (WHO and UNICEF).

The training of participants involved in this introduction started with:

- Training the central level trainers on May 28 and 29, 2014 at Lomé
- Cascade training of ECR and ECD by the central level from June 2 to 7, 2014 with 2 days per session; 5 persons per ECD/ECR.
- Decentralized training of service providers by the ECD with the support of the central level and by the ECR from June 9 to 14, 2014 with 1 day per session, 2 persons per facility; multiple sessions (in pools) per district over 3 days
- Training of CHW by the health facility heads on June 16 and 17 with 1 day of training per health facility.

The training included the following topics:

- Epidemiology, symptoms, diagnosing, control and prevention of rotavirus and pneumococcal infections;

- Presentation of vaccines, storage of vaccines, immunization schedule, adverse effects, administration of vaccines;
- Monitoring; use of records and cards;
- Improve communication to support the introduction of the two new vaccines;
- AEFI

The supports used for the training are as follows: training manual, fact sheets, management tools, Rotarix vaccine, Rotarix tubes, PCV 13 vaccine, injection supplies, social mobilization aids.

7.3.2.1.4. Communication

- At the central level

In connection with the introduction of the new vaccines, a study of the perceptions, hopes and expectations of the EPI service providers and beneficiaries with regard to the introduction of the new vaccines was conducted in December 2013. The study showed acceptance by the service providers and cooperation of the communities with regard to the introduction of the new vaccines.

Following the conclusions of the study, a communication plan was developed in February 2014.

In addition to the communication activities mentioned above, other activities were also implemented, namely:

- Production of communication tools (notices, pamphlets, banners,...)
- Production of audio and audio-visual spots
- Organization of a press conference on June 16, 2014
- Briefing of journalists organized on June 17, 2014 for the regions of Lomé commune, Plateaux and Maritime, and on June 20, 2014 for the Centrale, Kara and Savanes regions.

- At the peripheral level

The following activities were carried out:

- Awareness sessions for community leaders
- Preparation of radio broadcasts.
- Broadcasting of spots over media
- Educational talks during meetings with mothers (prenatal consultation, CNS, immunizations, family planning and other occasions)
- Awareness within families through community volunteers

7.3.2.1.5. Logistics factors

Before the introduction of the new vaccines, an exhaustive inventory of cold chain equipment was done in Togo in 2012 to estimate the storage capacity in the depots. The main results of this inventory were as follows:

- The central level is equipped with a negative cold room with a gross capacity of 20,000 liters and two (2) positive cold rooms with a gross capacity of 40,000 liters and 15,000 liters respectively.
- The central level is also equipped with 5 freezers including 3 of type FCW 300 with a gross capacity of 264 liters each and 1 tropical with a gross capacity of 240 liters and 1 vesfrost with a gross capacity of approximately 264 liters.
- A relay electrical generator set of 20 KVA helps ensure an automatic relay in case of a power breakdown.
- The central depot is also equipped with 2 fire extinguishers

For the regional depot level the results are presented in the table below

Regional Depots

Freezers

Refrigerators

Positive cold room DE 15,000 liters in BE

Good state

M State

Good state

M State

LC

0

0

0

0

Maritime

2

0

3

0

Plateaux

3

0

6

2

Centrale

2

0

2

2

Kara

1

0

3

3

1

Savanes

1

0

2

2

Total

9

0

16

9

1

The assessment showed insufficient storage capacity. Measures were taken to compensate for these deficiencies at different levels.

At the health facility level, 33 broken-down refrigerators were repaired in the Plateaux region during September and October 2013;

A redistribution of the HSS funds for funding the cold chain was done during an assessment mission organized by GAVI in May 2014 in Togo. It helped:

- Order the cold chain equipment with the funding for the introduction: 1 40 m3 positive cold room and 11 TCW 3000 refrigerators
- Repair X refrigerators in other regions.
- Schedule the purchase of cold chain equipment with HSS funding: 1 40 m3 positive cold room; 30 TCW 3000 refrigerators; 110 50 EG refrigerators; 5 MF 114 freezers

On May 14, 2014, Togo received two new vaccines which were introduced in the routine EPI. These are:

- Single dose Rotarix (Tube/1d) is a monovalent vaccine in a plastic tube. This vaccine should be stored between +2°c and +8° C. A total of **625,500 doses** were received **out of 715,500** doses indicated in the submission for 2014, i.e. 80%.
- Single dose Fl/1d PCV13 (Prevenar 13) is a conjugate vaccine in a glass vial. This vaccine should be stored between +2°c and +8° C. A total of **971,000 doses** were received out of 1,072,800 doses indicated in the submission for 2014, i.e. 63%.

A total of 94,029 doses of PCV 13 and 77,997 doses of Rotarix were sent to the regions for the introduction of new vaccines in June 2014.

3.2. Implementation phase

Several activities were implemented in association with the introduction of the new vaccines:

3.2.1. The official launch

An official launch marked the actual introduction of the new vaccines in the routine immunization in Togo. This ceremony took place in Anié headquarters of the préfecture of Anié (Plateaux region) on June 19. 2014 under the distinguished patronage of His Excellency the Prime Minister, Minister of Health in the presence of other political, administrative, traditional and religious figures and technical and financial partners (WHO, UNICEF, GAVI, Rotary). It should be noted that previously a press conference presided over by the Secretary General of Health in the presence of partners (WHO, UNICEF, Red Cross, UNGOTO...) and representatives from the media was held on June 16, 2014 at Lomé.

With the objective to strengthen the fight against diarrheal diseases and pneumonia in children, in compliance with the integrated global action plan against pneumonia and diarrhea (GAPPD), the implementation of an integrated approach was recommended to prevent pneumonia and diarrhea in children. In this connection, 3 demonstration and awareness stands were erected during the launch:

- Immunization stand

- Stand on exclusive breast-feeding, supplementary feeding and treatment of diarrhea
- Stand on washing hands, hygiene, purification of water

3.2.2. Monitoring/ supervision of the introduction

The monitoring of activities related to introduction of new vaccines is done as part of the monthly monitoring of health facilities at the district level. Vacacination and management data of vaccines and consumables for health facilities are consolidated at district level and sent to regional and central level each month for analysis.

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

Points to improve upon:

- ✓ Frequent stockouts of vaccines including new vaccines in the health facilities
- ✓ Delay in transport of vaccines and supplies in the regional depots
- ✓ Frequent stockouts of supplies
- ✓ Inadequate training of workers on management of vaccines and EPI, and on maintenance of the cold chain.
- ✓ Delay in implementation of post introduction supervision.

Difficulties/constraints

- ✓ Insufficient storage capacity of vaccines at the national depot, regional depots, district depots and health facilities levels.
- ✓ Low availability of functional refrigerators in the immunization centers despite the efforts of the partners and the State to supply the districts with cold chain equipment.
- ✓ Insufficient funding for the program

It has been difficult so far to obtain the Marketing Authorization (AMM) and certificates for the release of PCV 13 lots. The EPI has always addressed this with special authorizations.

Please describe the activities that will be undertaken with the balance of funds carried forward to 2015

Train the various field workers on the use of the fridge tag.

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?

Co-Financed Payments	Total Amount in US$	Total Amount in Doses
Selected vaccine #1: Yellow fever, 10 dose(s) per vial, LYOPHILIZED	48,000	45,300
Selected vaccine #2: Pneumococcal (PCV13), 1 dose per vial, LIQUID	215,000	59,400
Selected vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	143,500	54,000
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	79,000	38,600
Vaccine selected #5: IPV, 5 dose(s) per vial, LIQUID *	0	0

	Q.2: What were the shares of country co-financing during the reporting year 2014 from the following sources?
Government	100%
Donor	0
Others	0

	Q.3: Did you procure related injection supplies for the co-financing vaccines? What were the amounts in US$ and in supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Selected vaccine #1: Yellow fever, 10 dose(s) per vial, LYOPHILIZED	3,665	45,300
Selected vaccine #2: Pneumococcal (PCV13), 1 dose per vial, LIQUID	12,584	59,400
Selected vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	4,005	38,600
Vaccine selected #5: IPV, 5 dose(s) per vial, LIQUID *	0	0

	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Funding source
Selected vaccine #1: Yellow fever, 10 dose(s) per vial, LYOPHILIZED	May	STATE
Selected vaccine #2: Pneumococcal (PCV13), 1 dose per vial, LIQUID	May	STATE

Selected vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	May	STATE
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	May	STATE
Vaccine selected #5: IPV, 5 dose(s) per vial, LIQUID *	December	GAVI
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilizing funding for immunization, including for co-financing.	
	Togo will request GAVI to provide technical support for high-level advocacy for mobilizing state funds for financing immunization activities and health system strengthening. In 2014, the government health funding amounted to less than 6% of the total State budget as against an expected rate of 15% according to the Abuja declaration which Togo has subscribed to.	

***Note:** co-financing is not mandatory for the IPV

Is GAVI's support, in relation to new or under-used vaccines and supply of injections, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/EVM/VMA)

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 the EVM tool can be found at
http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.html

It is mandatory for the countries to conduct a Vaccine Management Assessment (VMA) prior to an application for the introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines. The progress of the implementation of this plan is reported in the Annual Progress Report. The VMA is valid for a period of three years.

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

Please attach the following documents:

a) EVM assessment **(Document No 12)**

b) improvement plan after EVM **(Document No. 13)**

c) the progress report on the activities implemented during the year and the status of implementation of the recommendations from the Improvement Plan **(Document No. 14)**

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

Are there any changes in the Improvement plan, and for what reasons? **Yes**

If Yes, provide more details

The program, in connection with the introduction of new vaccines, acquired cold chain equipment

When is the next Effective Vaccine Management (EVM) planned? **July 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

7.6.1. Vaccine Delivery

Did you receive the approved amount of vaccine doses for type A Meningococcal Preventive Campaigns that GAVI communicated to you in its Decision Letter (DL)?

[A]	[B]	[C]
Number of total doses approved in the Decision Letter	**Campaign Start Date**	**Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)**
2,981,000	11/28/2014	2,981,000 doses received including: 11/02/2014: 732,000 doses 11/4/2014: 756,000 doses 11/05/2014: 744,000 doses 11/07/2014: 749,000 doses

If numbers [A] and [C] above are different, what were the main problems encountered, if any?

No differences

If the date(s) indicated in [C] are after [B] the campaign dates, what were the main problems encountered? What action did you take to ensure the campaign was conducted as planned?

N/a

7.6.2. Program Results for type A Meningococcal preventive campaigns

Geographic regions covered	Duration of the campaign	Total number of target population	Achievement, i.e., immunized population	Administrative coverage (%)	Survey Coverage (%)	Vaccine wastage rates	Total number of AEFI	Number of adverse events following immunization attributed to Meningococcal A Vaccine
Savanes region	10 days	642,869	658,675	102	98	0	404	12
Kara region	10 days	578,396	615,059	106	99	-7	245	5
Centrale Region	10 days	470,013	477,787	102	982	-2	41	2
Plateaux Region	10 days	1,062,912	1,063,833	100	971	-4	474	14

*If no survey is conducted, please provide estimated coverage as per the independent monitors

Has the campaign been conducted according to the plans in the approved proposal? **Yes**

If the implementation deviates from the plans described in the approved proposal, please describe the reasons.

NOT APPLICABLE

Has the campaign outcome met the target described in the approved proposal? (did not meet the target/exceeded the target/met the target). If you did not meet or exceeded the target, what were the underlying reasons for this?

YES

What lessons have you learned from the campaign?

At the end of the campaign the lessons learnt were:

- ✓ the involvement of the highest authority in the State (Head of State) is always indispensible to encourage all the social strata of the population
- ✓ the combined involvement of teachers and other child mentors continues to be the best way to reach the majority of the population.
- ✓ the organization of a 2nd group mid-way through the campaign helped to increase the interest of the targets.

- ✓ the delay in sending out the social mobilization supports proved to be a barrier in the quality of communication.
- ✓ the period chosen for the execution of the campaign (November-December) corresponded to the end of harvest and the dry season. This period corresponding to the availability of the population therefore largely contributed to the results.
- ✓ the organization of a preparatory meeting bringing together all the resources including consultants is necessary for sharing knowledge before starting training activities
- ✓ the mobilization of adequate means of transport (vehicles) by the central level for the operational level is indispensable for the campaign
- ✓ the implementation of the controlled temperature chain (CTC) in the districts contributed in resolving the problem of storing MenA vaccines in the health facilities without refrigerators

7.6.3. Fund utilization of operational cost of type A Meningococcal preventive campaigns

Category	Expenditure in Local currency	Expenditure in US$
Per diem	335,301,000	618,557
Fuel	150,875,313	123,496
Supplies	45,600,000	278,333
Supplies	45,600,000	84,122
Total	**577,376,313**	**1,104,508**

7.7. Change in vaccine presentation

Togo does not require changes in the vaccine presentation in the coming years.

7.8. Renewal of multi-year vaccine support for those countries whose current support is ending in 2015

If2015is the last year of approved multi-year support for a vaccine and the country wishes to extend the GAVI support, the country must apply for an extension of the co-funding agreement with GAVI for vaccine support commencing from2016 and for the duration of a new comprehensive multi-year plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2020 for the following vaccines:

- **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**
- **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
- **Rotavirus, 2 dose schedule**
- **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- **IPV, 5 dose(s) per vial, LIQUID**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section 7.11 Calculation of requirements.

- **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**
- **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
- **Rotavirus, 2 dose schedule**
- **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- **IPV, 5 dose(s) per vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2020, which is attached to this APR (Document N°**16**). The new costing tool is also attached (Document No. **17**) for the following vaccines:

- **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**
- **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
- **Rotavirus, 2 dose schedule**
- **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- **IPV, 5 dose(s) per vial, LIQUID**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document No. **18**)

- **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**
- **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
- **Rotavirus, 2 dose schedule**
- **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- **IPV, 5 dose(s) per vial, LIQUID**

7.9. Request for continued support for vaccines for 2016 immunization program

In order to request NVS for vaccination in 2016 do the following:

Confirm here below that your request for 2016 vaccines support is as per table 7.11 Calculation of requirements **Yes**

If you do not confirm, please explain:

7.10. Weighted average prices of supplies and related freight costs

Table 7.10.1: Commodities Cost

The estimated cost of supplies is not disclosed

Table 7.10.2: Freight cost

Vaccine Antigens	Vaccine Type	2007	2008	2009	2010	2011	2012	2013
Yellow fever, 10 dose(s) per vial, LYOPHILIZED	Yellow fever, 10 dose(s) per vial, LYOPHILIZED							
Type A meningococcal vaccine, 10 dose(s) per vial, LYOPHILIZED	Type A meningococcal vaccine, 10 dose(s) per vial, LYOPHILIZED							
Pneumococcal (PCV13), 1 dose per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID							
Rotavirus, 2 dose schedule	Rotavirus, 2 dose schedule							
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID							
IPV, 5 dose(s) per vial, LIQUID	IPV, 5 dose(s) per vial, LIQUID							

Vaccine Antigens	Vaccine Type	2014	2015	2016	2017	2018	2019	2020
Yellow fever, 10 dose(s) per vial, LYOPHILIZED	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	7.50%	7.50%	7.40%	7.20%	6.80%	6.80%	6.30%
Type A meningococcal vaccine, 10 dose(s) per vial, LYOPHILIZED	Type A meningococcal vaccine, 10 dose(s) per vial, LYOPHILIZED	12.50%	12.50%	12.30%	13.30%	13.20%	12.80%	12.40%
Pneumococcal (PCV13), 1 dose per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	4.40%	4.50%	3.00%	4.50%	4.60%	3.10%	3.10%
Rotavirus, 2 dose schedule	Rotavirus, 2 dose schedule	3.90%	4.20%	4.40%	4.40%	4.40%	4.40%	4.40%
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	3.40%	4.30%	3.60%	4.40%	4.40%	4.40%	4.40%
IPV, 5 dose(s) per vial, LIQUID	IPV, 5 dose(s) per vial, LIQUID		7.70%	7.50%	8.60%	8.60%	9.90%	9.90%

7.11. Calculation of requirements

Table 7.11.1: Characteristics for DTP-HepB-Hib, 10 doses per vial, LIQUID

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	282,574	286,510	290,235	0	0
	Number of children to be vaccinated with the first dose	Parameter	#	274,794	280,780	284,430	0	0
	Number of children to be vaccinated with the third dose	Parameter	#	274,794	272,185	275,723	0	0
	Immunization coverage with the third dose	Parameter	%	97.25%	95.00%	95.00%	0.00%	0.00%
	Number of doses per child	Parameter	#	3	3	3	3	3
	Estimated vaccine wastage factor	Parameter	#	1.11	1.11	1.11	1.00	1.00
	Stock in Central Store Dec 31, 2014		#	292,140				
	Stock across second level Dec 31, 2014 (if available)*		#					
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		10	10	10	10
	Number of AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Number of reconstitution syringes required	Parameter	#		No	No	No	No
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20

ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		4.30%	3.60%	4.40%	4.40%

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

APR

For Pentavalent vaccines, GAVI applies an indicator of 4.5 months of buffer stock + operational stock. The countries must indicate their needs in terms of buffer stock + operational stock, if they are different from the indicator for up to a maximum of 6 months. If you need help to calculate the levels of buffer and operational stocks, please contact the WHO or UNICEF. By default, the pre-selection provides a buffer stock+ operational stock for 4.5 months. **Not defined**

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

Co-financing group	Low

	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

	2019	2020
Minimum co-financing	0.20	0.20
Recommended co-financing as per	0.20	0.20
Your co-financing	0.20	0.20

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	355,700	967,500	748,500	0	0
Number of AD syringes	#	333,900	1,082,100	820,100	0	0
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	3,725	11,925	9,225	0	0
Total value to be co-financed by GAVI	$	748,500	2,005,500	1,426,500	0	0

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

		2019	2020
Number of vaccine doses	#	0	0
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by GAVI	$	0	0

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	38,600	107,500	90,100	0	0
Number of AD syringes	#	0	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	0	0	0	0	0
Total value of country co-financing*[1]*	$	79,000	215,000	172,000	0	0

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

		2019	2020
Number of vaccine doses	#	0	0
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value of country co-financing*[1]*	$	0	0

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	274,794	280,780		
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	274,794	280,780		
C	**Number of doses per child**	*The immunization schedule*	3	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	824,382	830,222		
E	**Estimated vaccine wastage factor**	*Table 4*	1.11	1.11		
F	**Number of doses required taking wastage into account**	*D x E*		921,546		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0, 375* • *else: (F - D - ((F - D) of previous year original approved)) x 0, 375 >= 0*				
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0, 375)*				
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*				
H 2	**Stock on 1st January**	*Table 7.11.1*	1,119,430	292,140		
H 3	**Dispatch schedule**	*Approved volume*		1,075,000		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		1,075,000		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				

P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				
T	**Total funds required**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

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

		Formula	2016		
			Total	Government	GAVI
A	**Country co-financing**	*V*	10.74%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	284,430	30,557	253,873
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	275,723	29,621	246,102
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	841,014	90,350	750,664
E	**Estimated vaccine wastage factor**	*Table 4*	1.11		
F	**Number of doses required taking wastage into account**	*D X E*	933,525	100,288	833,237
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0, 375* • *else: (F - D - ((F - D) of previous year original approved)) x 0, 375 >= 0*	4,493	483	4,010
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0, 375)*	100,016	10,745	89,271
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*	445,595	47,870	397,725
H 2	**Stock on 1st January**	*Table 7.11.1*			
H 3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	838,500	90,080	748,420
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	820,041	0	820,041
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	9,224	0	9,224
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	1,506,785	161,873	1,344,912
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	36,738	0	36,738
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	51	0	51
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	54,245	5,828	48,417
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,597,819	171,653	1,426,166
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	167,700		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	10.74%		

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

		Formula	2017		
			Total	**Government**	**GAVI**
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	**0**	**0**
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	0	**0**	**0**
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses required taking wastage into account**	*D X E*	0	0	0
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0, 375* ***Buffer on doses wasted*** = • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0, 375* • *else: (F - D - ((F - D) of previous year original approved)) x 0, 375 >= 0*	0	0	0
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0, 375)*			
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
H 3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	**Government**	**GAVI**
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	0	0	0
	Number of doses per child	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses required taking wastage into account**	*D X E*	0	0	0
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0, 375* • *else: (F - D - ((F - D) of previous year original approved)) x 0, 375 >= 0*	0	0	0
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0, 375)*			
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
H 3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0		
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	0		
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses required taking wastage into account**	*D X E*	0	0	0
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0, 375* ***Buffer on doses wasted*** = • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0, 375* • *else: (F - D - ((F - D) of previous year original approved)) x 0, 375 >= 0*	0	0	0
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0, 375)*			
H1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H2	**Stock on 1st January**	*Table 7.11.1*			
H3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID part 6)

		Formula	2020		
			Total	Government	GAVI
A	**Country co-financing**	*V*	**0.00%**		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	**0**	**0**	**0**
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*The immunization schedule*			
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses required taking wastage into account**	*D X E*	0	0	0
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0, 375* • *else: (F - D - ((F - D) of previous year original approved)) x 0, 375 >= 0*	0	0	0
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0, 375)*			
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
H 3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

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

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	574	510	235	0	0
	Number of children to be vaccinated with the first dose	Parameter	#	048	739	430	0	0
	Number of children to be vaccinated with the third dose	Parameter	#	0	0	723	0	0
	Immunization coverage with the third dose	Parameter	%	0.00%	0.00%	95.00%	0.00%	0.00%
	Number of doses per child	Parameter	#	3	3	3	3	3
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	1.00	1.00
	Stock in Central Store Dec 31, 2014		#	489,934				
	Stock across second level Dec 31, 2014 (if available)*		#					
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		1	1	1	1
	Number of AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Number of reconstitution syringes required	Parameter	#		No	No	No	No
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		4.50%	3.00%	4.50%	4.60%

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

NOT APPLICABLE

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

Co-financing group	Low

	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

	2019	2020
Minimum co-financing	0.20	0.20
Recommended co-financing as per	0.20	0.20
Your co-financing	0.20	0.20

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	272,048	278,739		
C	**Number of doses per child**	*The immunization schedule*	3	3		
D	**Number of doses required**	*B x C*	816,144	836,217		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses required taking wastage into account**	*D x E*		878,028		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*				
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*				
H 2	**Stock on 1st January**	*Table 7.11.1*	0	489,934		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		527,400		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				

L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				
T	**Total funds required**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

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

		Formula	2016		
			Total	Government	GAVI
A	**Country co-financing**	*V*	5.75%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	284,430	16,350	268,080
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	853,290	49,049	804,241
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	895,955	51,502	844,453
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	4,482	258	4,224
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*	270,427	15,545	254,882
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	631,800	36,318	595,482
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	646,080	0	646,080
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	6,950	0	6,950
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	2,134,221	122,680	2,011,541
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	28,945	0	28,945
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	38	0	38
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	64,027	3,681	60,346
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	2,227,231	128,027	2,099,204
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	126,360		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.75%		

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

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	5.76%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses required taking wastage into account**	*D x E*	0	0	0
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	- 10,666	- 614	- 10,052
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	- 9,000	- 518	- 8,482
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	- 11,732	0	- 11,732
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	- 99	0	- 99
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	- 29,916	- 1,722	- 28,194
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	- 525	0	- 525
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	- 1,346	- 77	- 1,269
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	- 31,787	- 1,830	- 29,957
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	- 1,800		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.76%		

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID** (part 4)

		Formula	2018		
			Total	Government	GAVI
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses required taking wastage into account**	*D x E*	0	0	0
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	0	0	0
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID** (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses required taking wastage into account**	*D x E*	0	0	0
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	0	0	0
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L x Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID** (part 6)

		Formula	2020		
			Total	Government	GAVI
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses required taking wastage into account**	*D x E*	0	0	0
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	0	0	0
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

Table 7.11.1: Characteristics for Rotavirus, 2 dose schedul

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	574	510	235	0	0
	Number of children to be vaccinated with the first dose	Parameter	#	048	739	430	0	0
	Number of children to be vaccinated with the second dose	Parameter	#	0	0	0	0	0
	Immunization coverage with the second dose	Parameter	%	0.00%	0.00%	0.00%	0.00%	0.00%
	Number of doses per child	Parameter	#	2	2	2	2	2
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.00	1.00	1.00
	Stock in Central Store Dec 31, 2014		#	433				
	Stock across second level Dec 31, 2014 (if available)*		#					
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		1	1	1	1
	Number of AD syringes required	Parameter	#		No	No	No	No
	Number of reconstitution syringes required	Parameter	#		No	No	No	No
	Number of safety boxes required	Parameter	#		No	No	No	No
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		4.20%	4.40%	4.40%	4.40%

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

APR

Co-financing table for Rotavirus, 2 dose schedule

Co-financing group	Low

	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

	2019	2020
Minimum co-financing	0.20	0.20
Recommended co-financing as per	0.20	0.20
Your co-financing	0.20	0.20

Table 7.11.4: Calculation of requirements for Rotavirus, 2 dose schedule (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	272,048	278,739		
C	**Number of doses per child**	*The immunization schedule*	2	2		
D	**Number of doses required**	*B x C*	544,096	557,478		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses required taking wastage into account**	*D x E*		585,352		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*				
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*				
H 2	**Stock on 1st January**	*Table 7.11.1*	0	185,433		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		357,000		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				
T	**Total funds required**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

Table 7.11.4: Calculation of requirements for Rotavirus, 2 dose schedule (part 2)

		Formula	2016		
			Total	Government	GAVI
A	**Country co-financing**	*V*	8.49%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	284,430	24,153	260,277
C	**Number of doses per child**	*The immunization schedule*	2		
D	**Number of doses required**	*B x C*	568,860	48,306	520,554
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses required taking wastage into account**	*D x E*	568,860	48,306	520,554
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	- 4,122	- 350	- 3,772
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*	39,095	3,320	35,775
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	526,500	44,709	481,791
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	1,187,784	100,863	1,086,921
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	52,263	4,438	47,825
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,240,047	105,300	1,134,747
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	105,300		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	8.49%		

Table 7.11.4: Calculation of requirements for Rotavirus, 2 dose schedule (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*The immunization schedule*	2		
D	**Number of doses required**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses required taking wastage into account**	*D x E*	0	0	0
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	0	0	0
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

Table 7.11.4: Calculation of requirements for Rotavirus, 2 dose (part 4)

		Formula	2018		
			Total	Government	GAVI
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*The immunization schedule*	2		
D	**Number of doses required**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses required taking wastage into account**	*D x E*	0	0	0
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	0	0	0
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

Table 7.11.4: Calculation of requirements for Rotavirus, 2 (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*The immunization schedule*	2		
D	**Number of doses required**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses required taking wastage into account**	*D x E*	0	0	0
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	0	0	0
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

Table 7.11.4: Calculation of requirements for Rotavirus, 2 (part 6)

		Formula	2020		
			Total	Government	GAVI
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*The immunization schedule*	2		
D	**Number of doses required**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses required taking wastage into account**	*D x E*	0	0	0
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	0	0	0
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

Table 7.11.1: Characteristics for Yellow fever, 10 dose(s) per vial, LYOPHILIZED

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	282,574	286,510	290,235	0	0
	Immunization coverage	Parameter	%	92.29%	95.00%	95.00%	0.00%	0.00%
	Number of doses per child	Parameter	#	1	1	1	1	1
	Estimated vaccine wastage factor	Parameter	#	1.22	1.19	1.19	1.00	1.00
	Stock in Central Store Dec 31, 2014		#	283,450				
	Stock across second level Dec 31, 2014 (if available)*		#					
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		10	10	10	10
	Number of AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Number of reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		7.50%	7.40%	7.20%	6.80%
fd	**Freight cost as % of material value**	Parameter	%					

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

APR

Co-financing table for Yellow fever, 10 dose(s) per vial, LYOPHILIZED

Co-financing group	Low

	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

	2019	2020
Minimum co-financing	0.20	0.20
Recommended co-financing as per	0.20	0.20
Your co-financing	0.20	0.20

Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose(s) per vial, LYOPHILIZED (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	260,774	272,185		
C	**Number of doses per child**	*The immunization schedule*	1	1		
D	**Number of doses required**	*B x C*	260,774	272,185		
E	**Estimated vaccine wastage factor**	*Table 4*	1.22	1.19		
F	**Number of doses required taking wastage into account**	*D x E*		323,901		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*				
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*				
H 2	**Stock on 1st January**	*Table 7.11.1*	160,160	283,450		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		325,400		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				
T	**Total funds required**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose(s) per vial, LYOPHILIZED (part 2)

		Formula	2016		
			Total	Government	GAVI
A	**Country co-financing**	*V*	18.77%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	275,723	51,759	223,964
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	275,723	51,759	223,964
E	**Estimated vaccine wastage factor**	*Table 4*	1.19		
F	**Number of doses required taking wastage into account**	*D x E*	328,111	61,594	266,517
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	1,053	198	855
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*	202,475	38,009	164,466
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	126,700	23,785	102,915
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	81,732	0	81,732
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	13,938	0	13,938
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	1,394	0	1,394
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	125,687	23,595	102,092
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	3,662	0	3,662
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	488	0	488
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	8	0	8
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	9,301	1,746	7,555
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	139,146	26,121	113,025
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	25,340		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	18.77%		

Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose(s) per vial, LYOPHILIZED (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	18.29%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses required taking wastage into account**	*D x E*	0	0	0
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	- 13,096	- 2,395	- 10,701
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	- 13,000	- 2,377	- 10,623
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	- 14,405	0	- 14,405
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	- 1,430	0	- 1,430
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	- 143	0	- 143
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	- 13,260	- 2,425	- 10,835
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	- 645	0	- 645
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	- 50	0	- 50
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	- 954	- 174	- 780
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	- 14,909	- 2,727	- 12,182
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	- 2,600		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	18.29%		

Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose(s) per vial, LYOPHILIZED (part 4)

		Formula	2018		
			Total	Government	GAVI
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0		0
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses required taking wastage into account**	*D x E*	0	0	0
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	0	0	0
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose(s) per vial, LYOPHILIZED (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0		0
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses required taking wastage into account**	*D x E*	0	0	0
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	0	0	0
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose(s) per vial, LYOPHILIZED (part 6)

		Formula	2020		
			Total	Government	GAVI
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0		0
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses required taking wastage into account**	*D x E*	0	0	0
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	0	0	0
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

Table 7.11.1: Characteristics for IPV, 5 dose(s) per vial, LIQUID

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	282,574	286,510	290,235	0	0
	Immunization coverage	Parameter	%	0.00%	0.00%	0.00%	0.00%	0.00%
	Number of doses per child	Parameter	#	1	1	1	1	1
	Estimated vaccine wastage factor	Parameter	#	1.00	1.43	1.18	1.00	1.00
	Stock in Central Store Dec 31, 2014		#	0				
	Stock across second level Dec 31, 2014 (if available)*		#					
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		5	5	5	5
	Number of AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Number of reconstitution syringes required	Parameter	#		No	No	No	No
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.00	0.00	0.00	0.00
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		7.70%	7.50%	8.60%	8.60%

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

APR

Co-funding tables for IPV, 5 dose(s) per vial, LIQUID

Co-financing group	Low

	2014	2015	2016	2017	2018
Minimum co-financing			0.00	0.00	0.00
Recommended co-financing as per			0.00	0.00	0.00
Your co-financing		0.00	0.00	0.00	0.00

	2019	2020
Minimum co-financing	0.00	0.00
Recommended co-financing as per	0.00	0.00
Your co-financing	0.00	0.00

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	Country co-financing	*V*				
B	Number of children to be vaccinated with the first dose	*Table 4*	204,302	204,302		
C	Number of doses per child	*The immunization schedule*	1	1		
D	Number of doses required	*B x C*	0	204,303		
E	Estimated vaccine wastage factor	*Table 4*	1.00	1.43		
F	Number of doses required taking wastage into account	*D x E*		292,153		
G	Buffer stock of vaccines	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*				
H	Stock to be deducted	*H1 - 0.25 x F of previous year original approved*				
H 1	Initial stock calculated	*H2 of previous year + I of previous year - F of previous year current estimation*				
H 2	Stock on 1st January	*Table 7.11.1*	0	0		
I	Total vaccine doses required	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		0		
J	Number of doses per vial	*Vaccine parameter*				
K	Number of Auto-disable syringes required (+10% wastage)	*(D + G – H) x 1.10*				
L	Number of Reconstitution syringes required (+10% wastage)	*(I / J) x 1.10*				
M	Total number of safety boxes required (10% extra)	*(I / 100) x 1.10*				
N	Cost of the required vaccines	*I x price of vaccine per dose (g)*				
O	Cost of the required AD syringes	*K x AD syringe price per unit (ca)*				
P	Cost of the required reconstitution syringes	*L X Reconstitution syringe price per unit (cr)*				
Q	Cost of the safety boxes required	*M X unit price of safety boxes (cs)*				
R	Freight cost of the required vaccines	*N x Freight cost as % of vaccine value (fv)*				
S	Freight cost of the required material	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				
T	Total funds required	*(N+O+P+Q+R+S)*				
U	Total country co-financing	*I x Country co-financing per dose (cc)*				
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*				

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 2)

		Formula	2016		
			Total	Government	GAVI
A	Country co-financing	*V*	0.00%		
B	Number of children to be vaccinated with the first dose	*Table 4*	275,723	0	275,723
C	Number of doses per child	*The immunization schedule*	1		
D	Number of doses required	*B x C*	275,723	0	275,723
E	Estimated vaccine wastage factor	*Table 4*	1.18		
F	Number of doses required taking wastage into account	*D x E*	325,354	0	325,354
G	Buffer stock of vaccines	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	8,301	0	8,301
H	Stock to be deducted	*H1 - 0.25 x F of previous year original approved*	- 373,489	0	- 373,489
H 1	Initial stock calculated	*H2 of previous year + I of previous year - F of previous year current estimation*	- 292,151	0	- 292,151
H 2	Stock on 1st January	*Table 7.11.1*			
I	Total vaccine doses required	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	Number of doses per vial	*Vaccine parameter*	5		
K	Number of Auto-disable syringes required (+10% wastage)	*(D + G – H) x 1.10*	723,265	0	723,265
L	Number of Reconstitution syringes required (+10% wastage)	*(I / J) x 1.10*	0	0	0
M	Total number of safety boxes required (10% extra)	*(I / 100) x 1.10*	0	0	0
N	Cost of the required vaccines	*I x price of vaccine per dose (g)*	0	0	0
O	Cost of the required AD syringes	*K x AD syringe price per unit (ca)*	32,403	0	32,403
P	Cost of the required reconstitution syringes	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	Cost of the safety boxes required	*M X unit price of safety boxes (cs)*	0	0	0
R	Freight cost of the required vaccines	*N x Freight cost as % of vaccine value (fv)*	0	0	0
S	Freight cost of the required material	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	Total funds required	*(N+O+P+Q+R+S)*	32,403	0	32,403
U	Total country co-financing	*I x Country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	0.00%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses required taking wastage into account**	*D x E*	0	0	0
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	- 64,560	0	- 64,560
H	**Stock to be deducted**	*H1 - 0.25 x F of previous year original approved*			
H 1	**Initial stock calculated**	*H2 of previous year + I of previous year - F of previous year current estimation*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	5		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	- 71,016	0	- 71,016
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	- 3,181	0	- 3,181
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0

S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	- 3,181	0	- 3,181
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	Government	GAVI
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses required taking wastage into account**	*D x E*	0	0	0
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	- 53,199	0	- 53,199
H	**Stock to be deducted**	*H1 - 0.25 x F of previous year original approved*			
H 1	**Initial stock calculated**	*H2 of previous year + I of previous year - F of previous year current estimation*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	5		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	- 58,518	0	- 58,518
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	- 2,621	0	- 2,621
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0

T	**Total funds required**	*(N+O+P+Q+R+S)*	- 2,621	0	- 2,621
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses required taking wastage into account**	*D x E*	0	0	0
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	0	0	0
H	**Stock to be deducted**	*H1 - 0.25 x F of previous year original approved*			
H 1	**Initial stock calculated**	*H2 of previous year + I of previous year - F of previous year current estimation*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	5		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0

S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 6)

		Formula	2020		
			Total	Government	GAVI
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses required taking wastage into account**	*D x E*	0	0	0
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	0	0	0
H	**Stock to be deducted**	*H1 - 0.25 x F of previous year original approved*			
H 1	**Initial stock calculated**	*H2 of previous year + I of previous year - F of previous year current estimation*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	5		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0

T	**Total funds required**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

As the shipment schedules for 2014 are not yet available, the volume approved for 2014 is used

8. Health System 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 the period January to December 2014.** All countries are expected to report on:

   a. The progress made in 2014

   b. The implementation of HSS from January to April 2015 (interim report)

   c. plans for 2016

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

For countries that received HSS funds within the last three months of 2014, or experienced other delays that limited implementation in 2014, this section can be used as an inception report on start-up activities.

In order to better align the HSS report to national procedures, for countries where the 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **May 15, 2015**. For other countries, the HSS reports should be received by the GAVI Alliance approximately six months after the end of country's fiscal year, e.g., if the country's fiscal year ends in March 2015, the HSS reports are expected by GAVI Alliance by September 2015.

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

4. If you would like to modify the objectives, activities and pre-approved budgets (reprogramming), please ask the person in charge of your country's application at the GAVI Secretariat for guidelines on reprogramming or send an email to gavihss@gavi.org.

5. If you are requesting additional funds, please make this clear in section 8.1.2.

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 the HSCC meetings held in 2014

   b. Minutes of the HSCC meeting in 2015 that endorsed this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the calendar year 2014

   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 installments of HSS funding:

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

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

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

8. Inaccurate, incomplete or unsubstantiated reports may lead the IRC to either send the APR back to your country for clarification (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 installment of HSS funding.

8.1. Report on the use of HSS funds in 2014 and request for additional funding

Please provide data sources for all data used in this report

8.1.1. Report on the use of HSS funds in **2014**

Please complete Table 8.1.3.a and 8.1.3.b (as per APR) for each year of your country's approved multi-year HSS program 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 8.1.3.a and 8.1.3.b..

8.1.2. Please indicate if you are requesting additional funding **Yes**

If yes, please indicate the amount of funding requested: **1,249,000** US$

These funds will be sufficient to ensure the HSS allocation till December 2016.

Table 8.1.3a $(US)

	2009	2010	2011	2012	2013	2014
Original annual budget (as in the *initially approved HSS proposal*)	0	0	1,200,492	1,224,500	1,249,000	1,249,000
Revised annual budget (*if revised during a review of the previous years' annual reports*)	0	0	0	0	0	0
Total funds received from GAVI during the calendar year *(A)*	0	0	1,200,492	0	1,249,000	0
Balance funds (carry over) from previous year (*A*)	0	0	0	1,200,492	234,073	1,140,458
Total Funds available during the calendar year *(C=A+B)*	0	0	1,200,492	1,200,492	1,458,573	1,140,458
Total expenditure during the calendar year (*D*)	0	0	0	966,419	179,628	433,895
Balance carried forward to the next calendar year *(E=C-D)*	0	0	1,200,492	234,073	1,278,945	706,563
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	0	0	1,224,500	1,249,000	0

	2015	2016	2017	2018
Original annual budget (as in the *initially approved HSS proposal*)	0			
Revised annual budget (*if revised during a review of the previous years' annual reports*)	2,498,000			
Total funds received from GAVI during the calendar year *(A)*				
Balance funds (carry over) from previous year (*A*)				
Total Funds available during the calendar year *(C=A+B)*				
Total expenditure during the calendar year (*D*)				
Balance carried forward to the next calendar year *(E=C-D)*				
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	2,498,000	0	0	0

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budget (as in the *initially approved HSS proposal*)	0	0	533,018,670	614,258,180	626,548,360	626,548,360
Revised annual budget (*if revised during a review of the previous years' annual reports*)	0	0	0	0	0	0
Total funds received from GAVI during the calendar year *(A)*	0	0	533,018,670	0	614,258,180	0
Balance funds (carry over) from previous year (*A*)	0	0		533,018,670	103,928,590	623,830,964

Total Funds available during the calendar year *(C=A+B)*	0	0	533,018,670	533,018,670	718,186,770	623,830,964
Total expenditure during the calendar year (*D*)	0	0	0	429,090,080	89,454,583	237,340,859
Balance carried forward to the next calendar year *(E=C-D)*	0	0		103,928,590	628,732,187	386,490,105
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	0	0	614,258,180	626,548,360	0

	2015	**2016**	**2017**	**2018**
Original annual budget (as in the *initially approved HSS proposal*)				
Revised annual budget (*if revised during a review of the previous years' annual reports*)	136,640,600			
Total funds received from GAVI during the calendar year *(A)*				
Balance funds (carry over) from previous year (*A*)				
Total Funds available during the calendar year *(C=A+B)*				
Total expenditure during the calendar year (*D*)				
Balance carried forward to the next calendar year *(E=C-D)*				
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	1,366,406,000	0	0	0

Report of Exchange Rate Fluctuation

Please indicate in Table 8.3.c below the exchange rate used for each calendar year at opening and closing.

Table 8.1.3.c

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1st January			444	500.495	494.592	498
Closing on 31st December				501.64	482.889	542

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement on the use of HSS funds during the 2014 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 the Ministry of Health. **(Document Number: 19)**

If any expenditures for the January - April 2015 period are reported in Table 14, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Has an external audit been carried out? No

External audit reports for HSS programs are due to the GAVI Secretariat six months following the end of your government's fiscal year. If an external audit report is available for your HSS program for your government's most recent fiscal year, this must also be attached (Document Number: 21)

8.2. Progress of the HSS activities in the 2014 fiscal year

Please report on any major measures taken to improve the immunization activities using HSS funds in Table 8.2. It is very important to be precise about the extent of progress made and the use of M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of the activity completed, where applicable
- A description of the progress made and any problems encountered
- The source of information and data, if relevant

Table 8.2: HSS activities in the reporting year 2014

Main Activities (insert as many rows as required)	**Activities planned for 2014**	**Percentage of activity completed (annual rate)** (where applicable)	**Source of information/data** (if relevant)
Objective 1: Increase the coverage in integrated and rationalized basic services, to at least 80%, in the 21 health districts showing a poor immunization coverage by 2015	X		
1.1. Recruit 5 surgeons or obstetricians/gynecologists, 10 midwives, 42 registered nurses and 20 registered assistant midwives on the basis of performance contracts	X	90	Annual Report REPORT FROM THE DIRECTORATE OF HUMAN RESOURCES

1.2. Establish performance contracts with 420 community health workers in the intervention zones concerning IMCI activities at the community level	X	90	Annual Report REPORT FROM THE DIRECTORATE OF HUMAN RESOURCES
1.3. Construct staff quarters for 8 ICPs and SFs	X	100	Annual Report INFRASTRUCTURE AND EQUIPMENT SERVICES REPORT Districts report
1.6. Rehabilitate 6 PHUs (not covered under the state project and other partners) in the intervention zone (Kéran, Bassar, Dankpen, Blitt a, Sotouboua, Avé, Yoto, Tone, oti, wawa, moyenmono, Agou) 1.7. Equip 36 PHUs with medico-technical equipment (14 PHUs rehabilitated and 22 new constructed by the State	X	100	Annual Report INFRASTRUCTURE AND EQUIPMENT SERVICES REPORT Districts report
1.7. Equip 36 PHUs with medico-technical equipment (14 PHUs rehabilitated and 22 new constructed by the State	X	100	Annual Report INFRASTRUCTURE AND EQUIPMENT SERVICES REPORT Districts report
1.18. Prepare and distribute guides for mutual health insurance	X	15	Annual Report Districts report
1.19. Establish initiative committees and organize a constituent meeting	X	10	Annual Report Districts report
Activity 1.20 : Conduct 10 consultation sessions with the committees and health care providers for the first two years	X	10	Annual Report Districts report
Activity 1.21: Train 10 committees and 30 in-charges in mutual insurance management within 2 years	X	0	Annual Report Districts report
Activity 1.22: Support mutual benefit initiatives in 2 districts	X	0	Annual Report Districts report

Increase the access of women and children aged less than 5 years, to quality basic health care services, in 21 districts with a low immunization coverage, to at least 90%, by 2013.			
Train 6 regional and 21 district teams in managing the district health system	X	0	Annual Report TRAINING REPORT TRAINING DEPARTMENT REPORT
Train 2 senior members at DAKAR in CESAG	X	100	Annual Report TRAINING REPORT TRAINING DEPARTMENT REPORT
1.17. Study the ability of households to pay for health care to revise the prices.	X	0	
2.1. Prepare a national framework for management expertise, in collaboration with the stakeholders, and distribute it.	X	15	Annual Report TRAINING REPORT TRAINING DEPARTMENT REPORT
2.8. Organize 2 integrated supervision missions at district level, 1 integrated supervision mission at regional level and 1 supervision mission at national level	X	50	Annual Report TRAINING REPORT TRAINING DEPARTMENT REPORT
2.9. Organize an external audit for financial management in 21 districts, 5 HRD and central level by recruiting an audit firm and an internal audit by the audit department of DAC of the Ministry of Health in 21 districts and 05 regions and the implementation unit level.	X	60	Annual Report TRAINING REPORT TRAINING DEPARTMENT REPORT
2.11. Support the experience-sharing and information-sharing meetings once a year for 21 districts over 3 years	X	10	Annual Report TRAINING REPORT TRAINING DEPARTMENT REPORT
2.12. Organize integrated priority intervention monitoring twice a year (PMA)	X	0	Annual Report TRAINING REPORT TRAINING DEPARTMENT REPORT

Travel abroad to study, share and experience the health system strengthening in three performing countries	X	75	Annual Report TRAINING REPORT TRAINING DEPARTMENT REPORT
2.11. Organize annual national review to measure progress at the end of 2013 with the participation from regional and district focal points in addition to the district and regional Directors and CSOs involved.	X	100	Annual Report TRAINING REPORT TRAINING DEPARTMENT REPORT
2.16. Support the evaluation (mid-term) of the NHDP 2012-2015 and preparation of the extension of the current cMYP: NPMD evaluation: 20,000; preparation of the extension of the cMYP: 15,000	X	0	Annual Report TRAINING REPORT TRAINING DEPARTMENT REPORT

8.2.1. For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), describe the progress achieved and obstacles faced (e.g. assessments, HSCC meetings).

Main Activities (insert as many rows as required)	**Explain progress achieved and constraints**
1.1. Recruit on a performance contract basis	Staff recruited by end of 2014, contract signed
1.2. Preparation of performance contracts with 420	Staff recruited by end of 2014, contract signed
1.3. Construct staff quarters for 8 ICPs	building received
1.6. Rehabilitate 6 PHUs (not covered	activity 100% completed
1.7. Supply medico-technical equipment to 36	process started in 2013, completed in 2014
1.18. Prepare and distribute guides for orientation	discussion not completed
1.19. Establish initiative committees and organize a constituent meeting	Not implemented, considered irrelevant
Activity 1.20 : Organize 10 consultation sessions	Not implemented, irrelevant
Activity 1.21: Train on management of mutual insurance structures,	Not implemented, irrelevant
Activity 1.22: Support mutual initiatives	Not executed
Increase at least by 90% the number of women and children	
Train 6 regional and 21 district teams in	not implemented,
Train 2 senior members at DAKAR in CESAG	completed
1.17. Study the ability of households to	Not executed
2.1. Prepare, in collaboration with the stakeholders,	in progress

2.8. Organize 2 integrated supervision missions	A supervision mission was organized by the national level. This mission evaluated the progress of work.
2.9. Organize an external audit of financial management	The tender is completed, procurement completed, audit is scheduled to be finalized in April.
2.11. Support once a year for 3 years	not executed
2.12. Organize monitoring twice a year	not executed
Travel abroad to study, share experiences	completed in beginning of 2015
2.11. Organize the National Annual Review	not executed
2.16. Support the evaluation (mid-term) of NPMD 20	not executed
Supervising management team	not executed

8.2.2. Explain why certain activities have not been implemented, or have been modified, and give references.

Overall, the funds which should have been disbursed in 2014 were not paid out because certain conditions were not fulfilled, mainly the audit results of 2012 and 2013 funds. This situation was augmented by the fact that the public procurement procedures to recruit the auditing firm were not completed since certain bidders contested the results (in July 2014) of the public procurement committee.

The funds available in 2014 were the surplus amount of the first two years of implementation, which partly explains why these activities were not executed.

Activities 13; 1.6; 1.7;1.9 and 1.10 were not completed as the procurement processes were delayed or even cancelled for a few (1.10)

8.2.3. If the GAVI HSS grant has been utilized to provide incentives to national health human resources, how have these GAVI HSS funds been used to implement the National Policy or guidelines on Human Resource?

GAVI-HSS funds helped in implementing the policy or national guidelines on human resources: Strengthening capabilities of onsite participants was a motivating factor: training on leadership and management of the system enabled these workers to better execute their activity. Which is a source of motivation. Provision of motorcycles and vehicles for advanced strategy and supervision of health facilities is another motivating factor for human resources.

Construction of staff quarters, rehabilitation of a few health facilities, provision of medico-technical equipment and solar energy to certain PHUs are some incentives provided for workers to remain in their position.

8.3. General overview of objectives achieved

Please complete **Table 8.3** for each indicator and objective outlined in the originally approved proposal and Decision Letter. Please use the baseline values and objectives for 2013 from your original HSS proposal.

Table 8.3: Progress on objectives achieved

Name of objective or indicator (Insert as many rows as required)	Baseline		Agreed target till end of support in original HSS application	2014 Target						Data Source	Explanation if any objectives were not achieved
	Baseline value	Baseline source/date			2010	2011	2012	2013	2014		
1. National Coverage for DTP3 (%)	76%	EPI review 2006	90%				84%			REVIEW 2012	
	88% (2007)	EPI administrative data	90%	94%	92%	92%	91%	87%	87%	Administrative data 2014	RED financing deficit
2. Number / % of districts DWWHLJQDQW• of coverage for DTP3	50% (3/6)	EPI review 2006	100%								
	80% (2008)	EPI administrative data	95%		89%	86	94%	90%	85%	Administrative data 2014	RED financing deficit
3. Vaccination coverage in MV (Measles)	63.1%	MICS3	> OR = 66%				71.7%			REVIEW 2012	
	80% (2008)	EPI administrative data	95	91%	85%	85	87	82%	82%	Administrative data 2014	RED financing deficit
4. Children completely immunized	49.2%	MICS 3	> OR = 55%				70			REVIEW 2012	
5. Maternal Mortality Rate (for 100,000 live births) Rate of assisted childbirth by qualified personnel	478 for 100,000 live births	EDSTII	120 for 100,000 live births				300				
6. Mortality Rate for children less than five years of age (for 1,000 live births)	123 for 1000	MICS3	118 for 1000				123				
7. Rate of assisted childbirth by qualified personnel.	62%	MICS3	> 80%				60				
8. Coverage in prenatal consultation PNC4	53.5%	AS-SR	> 70%				55				

9. Ratio of districts in the intervention zone having guides and maintenance procedures developed	0	Activity report	> Or = 90%				100	100%			
10. Percentage of health facilities who received regular supervision visits every year	50	Annual report of health activities from the Ministry of Health	> Or = 75%				50%	50%			interruptions from other health system activities did not allow completion of the supervision activities.
11. Percentage of districts using self-copying register for data management	0	Annual report of health activities from the Ministry of Health	> Or = 80%				2.77%	0			Process of implementing carbonless registers was stopped due to lack of financing for the purchase of registers and for recruiting data entry operators.

8.4. Program implementation in 2014

8.4.1. Please describe the major achievements in 2014, especially the impact on health service programs, and how the HSS funds have contributed to the immunization program

- Construction of staff quarters enables staff working in these facilities to be more motivated to stay and be more available.
- Rehabilitation of seven health facilities and their equipment will make these facilities more attractive and increases their usage rate.
- Provision of rolling logistics to 25 health facilities (25 motorbikes to PHUs for advanced strategy) helped the health facilities to carry out their advanced strategy activities including immunizations, pre-natal consultations, monitoring and promoting the growth of young children...

8.4.2. Please describe any problems encountered and solutions found or proposed to improve future results from HSS funding.

This year also, the main problems were programmatic in nature. There were constraints in coordinating various funding sources and sharing real-time information. To address these constraints, we strengthened the information sharing (all documents related to operational action plans, TDR of activities and periodic reports) by using various available channels (presentations at coordination meetings, sharing printed documents and through e-mails.)

The national public procurement procedures, even though they are in the third year of implementation, are long and cumbersome, and may extend the time taken for completing certain activities. Based on the lessons learnt from the first year of implementing the support, this aspect was considered while preparing the action plans and activity schedules in order not to underestimate the time required to complete the activities subject to public procurements. However, disputes of tender evaluation results by unsuccessful bidders delayed the time for signing contracts. Some contracts were cancelled and processes repeated.

8.4.3. Please describe the exact arrangements made at the different levels for the monitoring and evaluation of GAVI funded HSS activities.

The guide for operational action plans (OAP) at each level of the health pyramid designed a uniform format with details of funding sources and activity in-charges. This facilitates the traceability of GAVI-HSS support interventions at all the levels (districts, regions and central level). During coordination and monthly monitoring meetings at district level and quarterly meetings at the national level (Sectorial Committee), the agenda will include the activities supported by GAVI-HSS. The annual reports presented and discussed during annual reviews at each level of the health pyramid specifies funding sources and achievements made in compliance with the Results based Management model adopted by the National Development Plan 2012-2015.

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

After the preparation of NPMD 2012-2015 and signing of the compact (IHP+ partnership), all the stakeholders prepared a single results framework. In fact, it has been included in “the elements of the programmatic framework of the national compact” (3.4) as the NPMD results will be completely monitored by analyzing all indicators of effect and impact defined for each of the five programs. To facilitate the political discussion around the NPMD results, the monitoring bodies established at all levels focus on a list of indicators, especially “tracers”, that provides a common framework for monitoring the Compact (performance framework for NPMD monitoring/evaluation given in the annex). This framework has 33 indicators including EPI indicators and contractual indicators of HSS support.

8.4.5. Please specify the participation of the main stakeholders in the implementation of the HSS proposal (including EPI and Civil Society Organizations). This should include organization type, name, and role in the implementation process.

Under the sectorial approach, the sectorial health committee for HIV/AIDS was created at the end of 2011. This sectorial committee which replaced the Health Sector Coordination Committee (HSCC), is a high-level coordination organization which has its branches at the intermediate and operational level. This committee has all the stakeholders: Civil Society Organizations (UNGOTO), technical and financial partners (WHO, UNICEF, UNFPA, AFD) and ministries of finance and economy, primary and secondary education... This committee approves the annual operational plans of the HSS proposal and other health sector plans.

The steering committee, the group responsible for implementation, is a body made up of members from the ministry of health and partners from the WHO and UNICEF. These include:

- Management and officers from the Ministry of Health: Chief of Staff, Director General, Director for Planning, Director of Public Affairs, Head of the Family Health Division, Head of Epidemiological Division, HSS Focal point at the Ministry of Health.
- A representative from the Ministry of Economy and Finances: Division Head responsible for Studies at the Ministry of Finance; representatives from civil society organizations mainly the Federation of NGOs at Togo - FNGOTO- and the Union of NGOs at Togo - UNGOTO, Chief Executive Officer.
- Representatives of technical and financial partners mainly the WHO (HSS focal point and advisor for health systems and policies) and UNICEF (Health Specialist and HSS Focal Point) as well as the representatives from other national institutions such as Permanent Secretariat of CCM-Togo (Permanent Secretary) and resources. They are all members of the group responsible for implementing GAVI-HSS support.

The steering committee ensures leadership and coordination of all activities of the proposal by providing directions and guidelines on their implementation. The key participants who are actively involved in implementing GAVI_HSS proposal are:

The HSS support management unit which coordinates the administrative, financial, monitoring/evaluation interventions prescribed in the proposal framework and prepares periodic reports related to project implementation to be submitted to the Group responsible for implementing GAVI-HSS support.

8.4.6. Please describe the participation of the Civil Society Organizations in the implementation of the HSS application. Please provide names of organizations, type of activities, and funding provided to these organizations from the HSS funding.

The civil society (UNGOTO) participates in deciding the guidelines to be given to various support implementation bodies.

For completing Activity 1.2: “Establish performance contracts with 420 community health workers (CHW) in the intervention zones concerning IMCI activities at the community level”, the NGOs and associations are already working with these CHWs that will help them monitor their activities. Payments to CHWs will be made after the reports from NGOs and Associations who monitor them.

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

- Was the management of the HSS funds has been effective?
- Where there any constraints in disbursing internal funds?
- What were the measures taken to address any issues and improve management?
- Are there any planned changes to management processes in the coming year?

The management of HSS funds was efficient and there were no obstacles in internal disbursement of funds.

8.5. HSS Activities planned for 2015

Please use **Table 8.4** to provide information on progress on activities in 2015. If you are proposing changes to your activities and budget in 2015, please explain these changes in the table below and provide explanations for these changes.

Table 8.4: Activities planned for 2015

Main Activities (insert as many rows as required**)**	**Activity planned for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	**2015 actual expenditure** (as at April 2015)	**Revised activity** (if applicable)	**Explanation for proposed changes to activities or budget** (if applicable)	**Revised budget for 2015** (if applicable)
Objective 1: Increase the coverage in integrated and rationalized basic services, to at least 80%, in the 21 health districts showing a poor immunization coverage by 2015						
Activity 1.1: Recruit 5 surgeons or obstetricians/gynecologists, 10 midwives, 42 registered nurses, 20 registered assistant midwives, based on performance agreements	X	327,840	0			
Activity 1.2: Establish performance contracts with 420 community health workers in the intervention zones concerning IMCI activities at the community level	X	30,240	0			
Activity 1.3: Construct 8 staff quarters for head nurses and registered midwives	X	192,000	0			
Activity 1.6: Rehabilitation of PHUs (not covered under the state project and other partners) in the intervention zone	X	150,000	0	x	purchasing a vehicle for EPI	50,000

Activity 1.7: Equip 36 PHUs with medico-technical equipment in the first two years (14 rehabilitated PHUs and 22 new PHUs constructed by the State)	X	100,000	0	X	Activity 1.7: Equip 36 PHUs with cold chain equipment in the first two years (14 rehabilitated PHUs and 22 new PHUs constructed by the State)	100,000
Activity1.18: Prepare and distribute guides for mutual health insurance	X	20,000	0	X	Finance RED in the Savanes region	20,000
Activity1.19: Establish initiative committees and organize a constituent meeting	X	30,000	0	X	Finance RED in the Kara region	30,000
Objective 2: Ensure that at least 90% of women and infants in 21 districts with a low immunization coverage have access to quality health care services by 2015.						
Activity 2.2: Train members of 6 regions and 21 districts in managing the district health system		67,498	0			
Activity 2.3: Train 2 senior members in CESAG in 2015		36,000	0			
Study the ability of households to pay for health care to revise the prices.		50,000	0		Finance RED in Plateaux and Maritime	50,000

Activity 2-1: Prepare a national framework for management expertise in collaboration with the stakeholders, and distribute it.		15,000	0			
Activity 2.8: Organize 2 integrated supervision missions at district level, 1 integrated supervision mission at regional level and 1supervision mission at national level		32,102	0			
Activity 2.9 : Organize a financial management audit in 21 Districts and 6 HRDs, for the financial years 2012, 2103 and 2014		30,000				
Activity 2.11: Support the experience-sharing and information-sharing meetings for 21 districts, once a year and for 3 years		3,000				
Activity 2.12: Organize integrated priority intervention monitoring twice a year (PMA)		42,000				
Management cos						
Organize a monitoring of priority interventions at the district level as per the TANAHASHI method every six months .		17,850	0			
Organize a review meeting at the regional level every six months		3,150				

Travel abroad to study, share and experience the health system strengthening in three performing countries		10,000				
Contribute to the working of the management team		12,070				
Supervising the management team		11,874				
Organize annual national review to measure year-end progress with the participation of regional and district focal points in addition to the district and regional Directors and CSOs involved.		27,250				
Activity 2.16: Support the evaluation of NPMD 2012-2015 (20,000) and preparation of the extension of the current cMYP (15,000)		35,000				
Preparation and evaluate tender documents for procurement of goods and services for the year 2015.		15,000				
		1,257,874	0			250,000

8.6. HSS activities planned for 2016

Please use **Table 8.6** to outline the activities planned for 2016. If you are proposing changes to your activities and budget (rescheduling) 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 the budget is more than 15% of the approved allocation for the specific activity during the current financial year, these proposed changes must be submitted to the IRC for approval with the required proof.

Table 8.6: HSS Activities planned for 2016

Main Activities (insert as many rows as required**)**	**Activity planned for 2016**	**Original budget for 2016** (as approved in the HSS proposal or as adjusted during past Annual Progress Reports)	**Revised activity** (if applicable)	**Explanation for proposed changes to activities or budget** (if applicable)	**Revised budget for 2016** (if applicant)
Objective 1: Increase the coverage in integrated and rationalized basic services, to at least 80%, in the 21 health districts showing poor vaccine coverage by 2016.					
Activity 1.1 : Recruitment of 5 surgeons or obstetricians/gynecologists, 10 midwives, 42 registered nurses, 20 registered assistant midwives, all based on performance based contracts		327,840			

Activity 1.2 : Establish performance contracts with 420 community health workers in the intervention zones concerning IMCI activities at the community leve		30,240			
Activity 1.3 : Construct staff quarters for 21 ICPs and 10 SFs		360,000	X	Activity 1.7 : Equip 36 PHUs with cold chain equipment in the first two years (14 PHUs rehabilitated and 22 new USPs constructed by the State)	160,000
Activity 1.6: Rehabilitation of 14 PHUs (not covered under the State project and other partners) in the intervention zone (Kéran, Bassar, Dankpen, Blitta, Sotouboua, Avé, Yoto, Tône, Oti, Wawa, Moyen Mono, Agou,)		90,000			

1.7. Equip 36 PHUs with medico-technical equipment (14 PHUs rehabilitated and 22 new PHUs constructed by the State		100,000	X	Finance RED in Plateaux and Maritime	50,000
1.18. Prepare and distribute guides for mutual health insurance		20,000	X	Finance RED in the Kara region	30,000
1.19. Establish initiative committees and organize a constituent meeting		30,000	X	Finance RED in the Savanes region	30,000

Activity 1.21: Train 10 committees and 30 in-charges in mutual insurance management within 2 years		30,000	X	Finance RED in the Centrale region	30,000
Activity 1.22: Support mutual benefit initiatives in 2 districts		10,000	X	finance RED in the Kara region	
Travel abroad to study, share and experience the health system strengthening in three performing countries		10,000			
Objective 2: Ensure that at least 90% of women and infants in 21 districts with a low immunization coverage have access to quality health care services by 2013.					

Activity 2.2: Train 220 members of 6 regions and 21 districts in managing the district health system over 3 years		58,498			
Activity 2.3: Train 6 senior members in CESAG between 2010 and 2013 Contribute to operational expenses of the management team		36,000			

Contribute to operational expenses of the management team		12,007			
Support the preparation of NPMD 2014-2018		30,000		Acquire cold chain equipment	30,000
Activity 2.8: Organize integrated supervision of 5 RMTs by central level, 21 DMT by regional level and 260 PHUs by DMTs based on PMA, once per quarter and for 3 years.		42,000	X	Acquire cold chain equipment	42,000
2.11. Organize annual national review to measure progress at the end of 2014 with the participation from regional and district focal points in addition to the district and regional Directors and CSOs involved.		32,000			
2.9. Organize a year-end external audit		10,000			
Organize for 3 years coaching and mentoring of 11 low performing Chief Medical Officers by their high performing counterparts, for 1 month		6,000			

Organize integrated priority intervention monitoring twice a year (PIM)		17,800			
2.15. Establish a performance bonus system for workers		3,000			
2.17. Supervising management team		11,874			
		1,267,259			

8.7. Revised indicators in case of rescheduling

Countries planning to request rescheduling can do it at any time of the year. Please ask the your country's program managers at the GAVI Secretariat for guidelines on rescheduling or send an email to gavihss@gavi.org

8.8. Other sources of funding for HSS

If other donors are contributing to the achievement of objectives outlined in the GAVI HSS proposal, please indicate the amount and the links to inputs mentioned in the report:

Table 8.8: Sources of funds for HSS in your country

Donor	Amount in US$	Duration of support	Type of activities funded
No donor will finance the implementation of objectives appearing in the support proposal. However, the French Cooperation is currently working on a project in which some activities help strengthening the human resources and medical capabilities. The HSS acted in tandem with this project.			

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

8.9. Reporting on the HSS grant

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

- How the 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 questions were dealt with or solved.

Table 8.9.1: Data Sources

Data sources used in this report	How the information was validated?	Problems experienced, if any
Demographic and Health Survey Togo 2013	ICC/HSCC	APR

Activity report Directorate of Human Resources	ICC/HSCC MEETING	APR
Activity report	ICC/HSCC	APR
EPI Review 2006	ICC/HSCC	APR
EPI Review 2012	ICC/HSCC	APR

8.9.2. Please describe any difficulties faced 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.

APR

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014? Please attach:

1. The minutes from all the HSCC meetings held in 2015, endorsing this report **(Document Number: 6)**

2. Latest health sector review report **(Document number: 22)**

9. Strengthen the involvement of Civil Society Organizations (CSO): type A and type B

9.1. TYPE A: Support to improve coordination and the representation of CSOs

Togo **has NOT received GAVI Type A support to CSOs**

Togo is not submitting a report on GAVI Type A support to CSOs for 2014

9.2. TYPE B : Support for CSOs to help implement the GAVI HSS proposal or CMYP

Togo **has NOT received GAVI Type B support to CSOs**

Togo is not submitting a report on GAVI Type B support to CSOs for 2014

10. Comments from ICC/HSCC Chairs

You can submit observations that you may wish to bring to the attention of the monitoring IRC and any comments or information you may wish to share in relation to the challenges you have faced during the year under review. These are in addition to the approved minutes, which should be included in the attachments.

11. Appendices

11.1. Annex 1 - ISS instructions

INSTRUCTIONS:

FINANCIAL STATEMENTS **FOR THE ALLOCATION OF NEW VACCINE INTRODUCTION** UNDER **IMMUNIZATION SERVICES SUPPORT (ISS)**

I. All countries that have received ISS/ new vaccine introduction grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, are required to submit financial statements for these programs as part of their Annual Progress Reports.

II. The financial statements are prepared in accordance with the national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.

III. GAVI requires **at least** a simple statement of income and expenditure for activities conducted during the calendar year 2014, containing the points (a) through (f), below. A sample basic statement of income and expenditure is provided on the following page.

a. Funds carried forward from the 2013 calendar year (opening balance as of January 1, 2014)

b. Income received from GAVI in 2014

c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as of December 31, 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis summarizes the total annual expenditure for the year by your Government's own economic classification system, and relevant cost categories (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. 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 December 31, 2014 (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 be audited/certified prior to their submission to GAVI. However, it is understood that these financial statements should be subjected to scrutiny during each country's external audit for the financial year 2014. Audits for ISS funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

11.2. Annex 2 - Example of income & expenditure of ISS

MINIMUM REQUIREMENTS FOR ISS FINANCIAL STATEMENTS AND FOR THE ALLOCATION OF A VACCINE INTRODUCTION 1

An example of income & expenditure statement

Summary Table of income & expenditure – - GAVI-ISS		
	Local Currency (CFA)	Value in USD*
Closing balance for 2013(as of December 31, 2013)	25,392,830	53,000
Summary of income received in 2014		
Income received from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other incomes (charges)	179,666	375
Total Income	38,987,576	81,375
Total expenditure in 2014	30,592,132	63,852
Closing Balance on December 31, 2014 (Balance carried over to 2015)	60,139,325	125,523

* Enter the exchange rate at the opening on 01.01.2014, the exchange rate at close on 12.31.2014 and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

Detailed Analysis of Expenses by economic classification** – GAVI ISS						
	Budget in CFA	Budget in US$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
Salary expenses						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	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 and general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenses						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

**The expense categories are indicative and included only as an example. Each Government will provide financial statements in compliance with their own economic classification system.

11.3. Annex 3 - Instructions for HSS support

INSTRUCTIONS:

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

I. All countries that have received HSS grants during the 2014calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit a financial statement for these programs as part of their Annual Progress Reports.

II. The financial statements are prepared in accordance with the national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.

III. GAVI requires at least a simple statement of income and expenditure for activities carried out during the calendar year 2014, taking into account the points (a) to (f), below. A sample basic statement of income and expenditure is provided on the following page.

a. Funds carried forward from calendar year 2013 (opening balance as of January 1, 2014)

b. Income received from GAVI in 2014

c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as of December 31, 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each HSS objective and activity, as per your government's originally approved HSS proposal, with further breakdown by cost category (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. 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 December 31, 2014(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 exchange rate has been applied, and any additional 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 financial statements shall be subjected to scrutiny during each country's external audit for the 2014financial year. Audits for HSS funds are to be submitted to the GAVI Secretariat 6 months following the close financial year in respective countries.

11.4. Annex 4 - Example of income & expenditure of HSS

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS FOR HSS-SUPPORT:

An example of income & expenditure statement

Summary Table of income & expenditure – GAVI-HSS		
	Local Currency (CFA)	Value in USD*
Closing balance for 2013 (as of December 31, 2013)	25,392,830	53,000
Summary of income received in 2014		
Income received from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other incomes (charges)	179,666	375
Total Income	38,987,576	81,375
Total expenditure in 2014	30,592,132	63,852
Closing Balance on December 31, 2014 (Balance carried over to 2015)	60,139,325	125,523

* Enter the exchange rate at the opening on 01.01.2014, the exchange rate at close on 12.31.2014 and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

Detailed Analysis of Expenses by economic classification ** - GAVI-ISS						
	Budget in CFA	Budget in US$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
Salary expenses						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	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 and general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenses						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

**The expense categories are indicative and included only as an example Each Government will provide financial statements in compliance with their own economic classification system.

11.5. Annex 5 - Instructions for CSO support

INSTRUCTIONS:

FINANCIAL STATEMENTS FOR **SUPPORT TO CIVIL SOCIETY ORGANIZATIONS (CSOs)** TYPE B

I. All countries that have received CSOs - Type B grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSOs-Type B grants in 2014, are required to submit financial statements for these programs as part of their Annual Progress Report.

II. The financial statements are prepared in accordance with the national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.

III. GAVI requires at least a simple statement of income and expenditure for activities carried out during the calendar year 2014, taking into account the points (a) to (f), below. A sample basic statement of income and expenditure is provided on the following page.

a. Funds carried forward from calendar year 2013 (opening balance as of January 1, 2014)

b. Income received from GAVI in 2014

c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as of December 31, 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each partner of the civil society, per your government's originally approved Type B support to CSOs, with further breakdown by cost category (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. 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 December 31, 2014(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 exchange rate has been applied, and any additional 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 financial statements shall be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for the Type B support to CSOs funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

11.6. Annex 6 - CSOs income & expenditure example

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS ON TYPE- B CSO SUPPORT:

An example of income & expenditure statement

Summary Table of income & expenditure – GAVI-CSO		
	Local Currency (CFA)	Value in USD*
Closing balance for 2013(as of December 31,2013)	25,392,830	53,000
Summary of income received in 2014		
Income received from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other incomes (charges)	179,666	375
Total Income	38,987,576	81,375
Total expenditure in 2014	30,592,132	63,852
Closing Balance on December 31, 2014 (Balance carried over to 2015)	60,139,325	125,523

* Enter the exchange rate at the opening on 01.01.2014, the exchange rate at close on 12.31.2014 and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

Detailed Analysis of Expenses by economic classification ** - GAVI-CSOs						
	Budget in CFA	Budget in US$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
Salary expenses						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	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 and general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenses						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

**The expense categories are indicative and included only as an example Each Government will provide financial statements in compliance with their own economic classification system.

12. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of the Health Minister (or delegated authority)	2.1	✓	Signature Ministre de la santé.pdf **File desc:** **Date/Time:** 05/14/2015 07: 11: 20 **Size:** 663 KB
2	Signature of the Finance Minister (or delegated authority)	2.1	✓	Signature Ministre des finances.pdf **File desc:** **Date/Time:** 05/14/2015 07: 13: 22 **Size:** 663 KB

3	Signatures of the ICC members	2.2	✓	liste de présence CCIA.docx **File desc:** **Date/Time:** 05/14/2015 07: 15: 57 **Size:** 1 MB
4	Minutes of the ICC meeting in 2015 endorsing the Annual Progress Report 2014	5.4	✓	RAPPORT DE LA REUNION DE CCIA DU 13 MAI 2015.doc **File desc:** **Date/Time:** 05/14/2015 08: 12: 09 **Size:** 3 MB
5	Signature of the HSCC members	2.3	✓	liste de présence CCSS comité Sectoriel.doc **File desc:** **Date/Time:** 05/14/2015 07: 20: 42 **Size:** 1 MB
6	Minutes of the HSCC meeting in 2015 endorsing the Annual Progress Report 2014	8.9.3	✓	RAPPORT DE LA REUNION DU COMITE SECTORIEL DU 13 MAI 2015.doc **File desc:** **Date/Time:** 05/14/2015 08: 13: 57 **Size:** 3 MB
7	Financial statement for the ISS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	6.2.1	✗	Etat financier de l'Allocation SSV.doc **File desc:** **Date/Time:** 05/14/2015 08: 14: 28 **Size:** 26 KB
8	External audit report on the allocation of ISS funds (fiscal year 2014)	6.2.3	✗	Rapport de l'audit externe de l'Allocation SSV 2014.doc **File desc:** **Date/Time:** 05/14/2015 08: 14: 51 **Size:** 26 KB
9	Post-introduction Evaluation Report	7.2.1	✗	Rapport d'évaluation post-introduction.docx **File desc:** **Date/Time:** 05/14/2015 11: 36: 40 **Size:** 10 KB
10	Financial statement for grants for introducing a new vaccine (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	7.3.1	✓	Rapport d'audit externe pour l'allocation d'introduction d'un nouveau vaccin (exercice fiscal 2014), si les dépenses totales en 2014 sont supérieures à $US 250 000.docx **File desc:** **Date/Time:** 05/14/2015 11: 36: 41 **Size:** 10 KB

11	External audit report for the allocation of funds for the introduction of a new vaccine (fiscal year 2014), if the total expenses in 2014 are greater than US$ 250,000	7.3.1	✓	Rapport d'audit externe pour l'allocation d'introduction d'un nouveau vaccin (exercice fiscal 2014), si les dépenses totales en 2014 sont supérieures à $US 250 000.docx **File desc:** **Date/Time:** 05/14/2015 11: 36: 41 **Size:** 10 KB
12	EVSM/EVM/VMA report	7.5	✓	Rapport EVM Togo_Avril 2011_Definitif.doc **File desc:** **Date/Time:** 05/14/2015 08: 18: 20 **Size:** 2 MB
13	Latest EVSM/EVM/VMA improvement plan	7.5	✓	Plan d'amélioration de la gestion des vaccins 2014_050515.doc **File desc:** **Date/Time:** 05/14/2015 08: 18: 20 **Size:** 152 KB
14	Status of the implementation of EVSM/EVM/VMA improvement plan	7.5	✓	Etat de mise en oeuvre du Plan d'amélioration de la gestion des vaccins 2014_050515.doc **File desc:** **Date/Time:** 05/14/2015 08: 20: 39 **Size:** 152 KB
16	The cMYP is valid if the country requests for extension of support	7.8	✓	PPAC_PEV Togo - 2011-2015_actualisé aout2013.doc **File desc:** **Date/Time:** 05/14/2015 11: 30: 35 **Size:** 1 MB
17	The costing tool for the valid cMYP, if the country is requesting an extension of support	7.8	✓	cMYP_Costing_Tool_Vs 2 5_Fr Togo dernier actualisé aout2013.xls **File desc:** **Date/Time:** 05/14/2015 11: 36: 41 **Size:** 3 MB
18	Minutes of the ICC meeting approving the extension of vaccine support, if applicable	7.8	✓	Compte rendu de la réunion du CCIA approuvant la prolongation du soutien aux vaccins, le cas échéant.docx **File desc:** **Date/Time:** 05/14/2015 12: 46: 03 **Size:** 9 KB
19	Financial statement for the HSS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	8.1.3	✓	Etats financiers RSS Togo 2014 du 01_01 au 31_12_2014.pdf **File desc:** **Date/Time:** 15/05/2015 07: 07: 37 **Size:** 3 MB

20	Financial statement for the HSS funds for the period January-April 2015 signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	8.1.3	✓	Relevé de compte du 1er janv au 31 mars 2014.pdf **File desc:** **Date/Time:** 15/05/2015 07: 10: 59 **Size:** 1 MB
21	External audit report on the allocation of HSS funds (fiscal year 2014)	8.1.3	✓	Rapport de l'audit externe RSS 2014.docx **File desc:** **Date/Time:** 15/05/2015 06: 36: 37 **Size:** 10 KB

22	Review report of the health sector - HSS	8.9.3	✓	EDST rapport preliminaire.pdf **File desc:** **Date/Time:** 05/14/2015 11: 40: 27 **Size:** 786 KB
23	Census report - Type A CSO support	9.1.1	✗	Rapport du recensement - soutien aux OSC type A.docx **File desc:** **Date/Time:** 05/14/2015 12: 49: 22 **Size:** 10 KB
24	Financial statement for the allocation of Type B support to CSOs (fiscal year 2014)	9.2.4	✗	Etat financier du Soutien aux OSC.docx **File desc:** **Date/Time:** 05/14/2015 12: 48: 44 **Size:** 10 KB
25	External audit report on the Type B support to CSOs (fiscal year 2014)	9.2.4	✗	Rapport de l'audit externe sur le soutien aux OSC type B (exercice fiscal 2014).docx **File desc:** **Date/Time:** 05/14/2015 12: 48: 14 **Size:** 10 KB
26	Bank statements for each program funded in cash or a cumulative bank statement for all programs funded in cash, if funds are kept in the same bank account, where the opening and closing balance for the year 2014 as of i) January 1, 2014 and ii) as of December 31, 2014 are given	0	✓	Relevé Bancaire du 1 janvier au 31 mars 2014 (1).pdf **File desc:** **Date/Time:** 05/14/2015 12: 31: 08 **Size:** 1 MB
27	minutes_ of_ icc meeting_vaccin_change_presentation	7.7	✗	C R de la réunion du CCIA approuvant la prolongation du soutien.doc **File desc:** **Date/Time:** 05/14/2015 12: 41: 52 **Size:** 26 KB
28	Explanation for changes in target population	5.1	✗	Justification target population.docx **File desc:** **Date/Time:** 15/05/2015 06: 39: 05 **Size:** 9 KB

	Other documents		✕	Rapport activités GAVI RSS 2014 Togo.pdf **File desc:** **Date/Time:** 15/05/2015 07: 25: 44 **Size:** 4 MB Rapport de la réunion CCIA du 02 avril 2014.doc **File desc:** **Date/Time:** 15/05/2015 06: 53: 52 **Size:** 49 KB Rapport de la réunion CCIA du 13 Mai2014.doc **File desc:** **Date/Time:** 15/05/2015 06: 54: 25 **Size:** 60 KB

	Other documents		✕	Rapport réunion du CcIA nov 2014.doc **File desc:** **Date/Time:** 15/05/2015 06: 58: 45 **Size:** 4 MB Relevé bancaire 01 au 30_04_2014 (1).pdf **File desc:** **Date/Time:** 05/14/2015 12: 32: 52 **Size:** 1 MB Relevé de compte 01 au 30_09_2014.pdf **File desc:** **Date/Time:** 05/14/2015 12: 36: 20 **Size:** 357 KB Relevé de compte 01 au 30_6_2014.pdf **File desc:** **Date/Time:** 05/14/2015 12: 34: 29 **Size:** 446 KB Relevé de compte 01 au 31_05_2014.pdf **File desc:** **Date/Time:** 05/14/2015 12: 33: 52 **Size:** 448 KB Relevé de compte 01 au 31_07_2014.pdf **File desc:** **Date/Time:** 05/14/2015 12: 35: 06 **Size:** 551 KB

				Relevé de compte 01 au 31_08_2014.pdf **File desc:** **Date/Time:** 05/14/2015 12: 35: 56 **Size:** 360 KB
				Relevé de compte 01 au 31_10_2014.pdf **File desc:** **Date/Time:** 05/14/2015 12: 37: 26 **Size:** 1 MB
				Relevé de compte 01 au 31_11_2014.pdf **File desc:** **Date/Time:** 05/14/2015 12: 38: 12 **Size:** 368 KB
				Relevé de compte 01 au 31_12_2014.pdf **File desc:** **Date/Time:** 05/14/2015 12: 39: 05 **Size:** 423 KB