GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of
Congo, Republic of (Brazzaville)

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **01.06.2011 16:22:48**

Deadline for submission: 1 Jun 2011

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

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

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

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

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

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

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

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.
The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY
The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

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

ARBITRATION
Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.
For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.
The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

- *Accomplishments using GAVI resources in the past year*
- *Important problems that were encountered and how the country has tried to overcome them*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*
- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*
- *How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

1. Application Specification

Reporting on year: **2010**
Requesting for support year: **2012**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
SVN	DTC-HepB-Hib, 2 doses/flacon, lyophilisé	DPT-HepB-Hib, 2 doses/bottle, Lyophilised	2011
SVN	Antipneumococcique (PCV13), 1 dose/flacon, liquide	Antipneumococcal (PCV13), 1 dose/bottle, Liquid	2011
SVN	Antiamaril, 10 doses/flacon, lyophilisé	Anti-amaril, 10 dose/bottle, Lyophilised	2015

Programme extension

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

Type of Support	Vaccine Change Vaccine	Start Year	End Year	Action
New Vaccines Support	DPT-HepB-Hib, 2 doses/bottle, Lyophilised	2012	2015	
New Vaccines Support	Antipneumococcal (PCV13), 1 dose/vial, Liquid	2012	2015	

1.2. ISS, HSS, CSO support

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

2. Signatures

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

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

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

For the Government of Congo, Republic of (Brazzaville)

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

Enter the family name in capital letters.

Minister of Health (or delegated authority):		**Minister of Finance (or delegated authority)**	
Name	Georges MOYEN	**Name**	Gilbert ONDONGO
Date		**Date**	
Signature		**Signature**	

This report has been compiled by

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

Full name	Position	Telephone	Email	Action
Dr Hermann Boris DIDI-NGOSSAKI	Chief Medical Officer EPI	(+242) 06 666 47 88	didi_boris@yahoo.fr	
Dr MANDY Kader KONDE	EPI Counselor/WHO Surveillance	(+242) 679 85 05 / 05 500 05 85	kondek@cg.afro.who.int	
Dr Lydie MAOUNGOU MINGUIEL	Deputy Administrator, EPI/ UNICEF	(+242) 06 658 97 12 / 05 558 97 12	lmminguiel@unicef.org	

2.2. ICC Signatures Page

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

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

2.2.1. ICC report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
Dr Youssouf GAMATIE,	WHO			
Mme Marianne FLACH	UNICEF			
Pr Samuel NZINGOULA,	National Experts Committee of Poliomyelitis			
Representative	Congo Assistance Foundation			
Representative	Congolese Red Cross (CRC)			
Representative	International Committee of the Red Cross and Red Crescent (ICRC)			
Representative	EU			
Representative	Ministry of Finance			
Representative of	Evangelical Church of Congo			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

2.3.1. HSS report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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

2.4.1. CSO report editors

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
NA				

2.4.2. CSO report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

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

3. Table of Contents

This APR reports on Congo, Republic of (Brazzaville)'s activities between January - December 2010 and specifies the requests for the period of January - December 2012

Sections

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	172,933	177,602	182,397	187,322	192,380	197,574
Total infants' deaths	12,970	13,320	13,680	14,049	14,428	14,818
Total surviving infants	159,963	164,282	168,717	173,273	177,952	182,756
Total pregnant women	172,933	177,602	182,397	187,322	192,380	192,380
# of infants vaccinated (to be vaccinated) with BCG	141,805	159,842	169,630	177,956	182,761	187,695
BCG coverage (%) *	82%	90%	93%	95%	95%	95%
# of infants vaccinated (to be vaccinated) with OPV3	129,570	141,282	151,846	164,609	169,054	173,618
OPV3 coverage (%) **	81%	86%	90%	95%	95%	95%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	137,568	164,446	168,886	173,446	178,129	182,939
# of infants vaccinated (to be vaccinated) with DTP3 ***	129,570	141,424	151,997	161,305	169,217	173,792
DTP3 coverage (%) **	81%	86%	90%	93%	95%	95%
Wastage[1] rate in base-year and planned thereafter (%)	20%	5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1.25	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib	137,568	164,446	168,886	173,446	178,129	182,939
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib	129,570	141,424	151,997	161,305	169,217	173,792
3rd dose coverage (%) **	81%	86%	90%	93%	95%	95%
Wastage[1] rate in base-year and planned thereafter (%)	20%	5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1.25	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with one dose of Yellow Fever	116,773	131,556	143,553	156,101	165,659	173,792
Yellow Fever coverage (%) **	73%	80%	85%	90%	93%	95%
Wastage[1] rate in base-year and planned thereafter (%)	20%	25%	25%	25%	25%	25%
Wastage[1] factor in base-year and planned thereafter	1.25	1.33	1.33	1.33	1.33	1.33
Infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal	0	0	168,886	173,446	178,129	182,939
Infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal	0	0	151,997	161,304	169,222	173,792
Pneumococcal coverage (%) **	0%	0%	90%	93%	95%	95%
Wastage[1] rate in base-year and planned thereafter (%)			10%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter			1.11	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1st dose of Measles	124,771	131,556	143,553	156,101	165,659	173,792
Measles coverage (%) **	78%	80%	85%	90%	93%	95%
Pregnant women vaccinated with TT+	150,452	148,001	155,375	164,773	169,222	173,792
TT+ coverage (%) ****	87%	83%	85%	88%	88%	90%
Vit A supplement to mothers within 6 weeks from delivery	97,880	164,446	168,886	173,446	178,129	182,939
Vit A supplement to infants after 6 months	126,371	131,556	143,553	156,101	165,659	173,792
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	6%	14%	10%	7%	5%	5%

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of total surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women
[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

Provide justification for any changes in **births**

NA (Not applicable)

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

NA

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

Taking into account the administrative coverage and results of the external review of EPI received at the end of the year 2010, EPI found it necessary to revise the targets for 2011 for certain antigens as follows.

	OBJECTIVES OF VC Antigens		
	2010	2011	
Objectives		Results	Revised Objectives
BCG	95%	82%	90%
VPO3	90%	81%	86%
DPT-Hib/HepB3	90%	81%	92%
RVV :	90%	78%	80%
AAV	90%	73%	80%
VAT2+	92%	87%	90%

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

Rates achieved against objectives vary depending on the antigens and are usually high; this is the result of difficult geographical accessibility by place following the multiplication of advanced strategies executed at the end of the year in order to capture the children who are non-vaccinated due to vaccine shortages.

5.2. Immunisation achievements in 2010

5.2.1.

Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2010 and how these were addressed

The results achieved in 2010 are not satisfactory, the objectives that the program had set were not met, and this can

be justified by the outbreak of the polio epidemic that the country has experienced. All the actions and resources were directed for its response for 5 months.
Further shortages of vaccine were observed for three months. Nevertheless, some activities have been carried out especially during the first half, primarily:

1.In the scope of routine EPI.

-.The implementation of Reach Every District (RED) strategy in all the departments;

-. Specific support to socio-medical districts (SMD) or medical districts with low performance by pairs for a better organization of activities ;

-. Intensified immunization activities in the departments of West-Cuvette, Lekoumou, Cuvette, plateaus.
- External review of EPI

- Supportive supervisions in all the departments of the country.
- Training of vaccinators in the departments of Likouala and West-Cuvette on the principles of vaccination.

2- In the scope of additional vaccination activities:
- Respond to the epidemic polio in 4 stages from November 2010 to February 2011

- Organization of the follow-up campaign against measles in December 2013

3 - In the scope of epidemiological monitoring:

Training of focal points for the surveillance of PFA, measles, fever and MTN

Obstacles faced were mainly financial and time constraints of agents occupied by the response to epidemic polio. Constraint on the financial plan was related to delay in disbursement of government resources who had committed nearly 2 million USD in the management of the outbreak of wild poliovirus.

5.2.2.

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

Reasons for non achievement of objectives were:
-Shortage of vaccines

-Response to epidemic wild poliovirus.

5.2.3.

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

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

NA

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

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

NA

5.2.4.

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

NA

5.3. Data assessments

5.3.1.

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

Difference lies between administrative data and survey data of coverage executed during the external EPI review. The difference can be explained by the review methodology to use a random cluster sampling and analyze the gross coverage (chart and history) and valid doses**.** This inquiry does not take into account the collection system of administrative coverage.

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

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? Yes

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

Assessments of the quality of administrative data held during the third and fourth quarters of the year 2009 in all medical districts in the country. The WHO team to support Inter-Central African countries has supported the strengthening of capabilities with regards to auto-evaluation of the data quality.

From these evaluations, the weaknesses in the reporting of data are apparent including those from advanced strategic issues/capture of drop-outs. Weaknesses in the promptness and completeness of the reports are noted. Also, the data collection back-ups are wrongly filled and the archival is insufficient. Trainings of supervisions were organized to improve the data quality. Quarterly evaluations of the data quality (DQS) are however organized with the departmental directors of health and chief-medical officers of CSS.

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5.3.3.

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

- Retro-information to CSS with directions:
- Availability of data collection supports
- Holding of quarterly meetings of supervision of data at all levels;
- Supportive supervisions
- Held monthly committee meetings of review and synchronization of data at the central level.

5.3.4.

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

- Strengthening of capabilities of managers at districts level with regards to management and follow-up of

quality of data.

- Set-up a computerized database at the departmental health level (DHL).
- Availability of data collection supports
- Strengthening of supportive supervision
- Hold quarterly meetings with the EPI focal points of departments and semi-annual meetings with **DHL** and chief medical officers of sectors and SMD.
- Systematization of audits of data quality at SMD level.

5.4. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 $US = 490	Enter the rate only; no local currency name

Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

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

Expenditures by Category	**Expenditures Year 2010**	**Sources of Funding**							**Actions**
		Country	**GAVI**	**UNICEF**	**WHO**	**Donor name** UE	**Donor name**	**Donor name**	
Traditional Vaccines*	222,443	222,443	0	0	0	0			
New Vaccines	2,085,882	90,500	1,995,382	0	0	0			
Injection supplies with AD syringes	113,118	60,441	52,677	0	0	0			
Injection supply with syringes other than ADs	0	0	0	55,800	0	0			
Cold Chain equipment	55,800	0	0	80,000	0	0			
Personnel	854,760	624,760	0	50,300	150,000	0			
Other operational costs	962,630	716,540	0	396,556	150,000	0			
Supplemental Immunisation Activities	1,328,515	596,413	0		40,672	294,875			
Poliomyelitis Campaign	311,706	311,706	0	0	0	0			
Measles Campaign	1,016,809	284,707	0	396,556	40,672	294,875			
Total Expenditures for Immunisation	*6,951,663*								
Total Government Health		2,907,510	2,048,059	979,212	381,344	589,750			

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

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.
Note: To add new lines click on the ***New item*** icon in the ***Action*** column

Expenditures by Category	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	267,612	295,290	
New Vaccines	5,155,255	8,316,097	
Injection supplies with AD syringes	173,383	193,718	
Injection supply with syringes other than ADs	0	0	
Cold Chain equipment	84,209	103,977	
Personnel	1,062,621	1,141,212	
Other operational costs	1,297,440	1,462,145	
Supplemental Immunisation Activities	801,557	1,746,291	
Poliomyelitis Campaign	801,557	839,480	
Measles Campaign	0	906,811	
Total Expenditures for Immunisation	9,643,634	15,005,021	

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

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

High cost of expenses was recorded in 2010 in tackling the epidemic of poliomyelitis experienced by Congo and for organizing a campaign. The cost of new and under-used vaccines represents the first item of expenditure. The vaccination expenses were mainly financed by GAVI (for the new and under-used vaccines), Government (for traditional vaccines and response to the epidemic of poliomyelitis), followed by WHO and UNICEF. The budgetary forecast tendency for the vaccination in 2012 and 2013 is a net increase due to the introduction of new vaccines mainly those of pneumococcal in 2012 and rotavirus vaccine in 2013. The gaps stated for the future funding of EPI are on an average of 11% for the secured funding and 3% for secured and probable funding. These deficits are manageable for Congo given:

-the favorable macro-economic situation (GDP at 2010 USD),-Relief of debt linked to the achieving of focal point of the Highly Indebted Poor Countries initiative which constitutes opportunities for financial growth of social sectors which includes the health sector.

Taking into account forecasts of cMYP 2011-2015 of EPI in the re-programming of the National Health Development Plan (NHDP) 2012-2016 (in the process of revision) and in the Health CDMT. In addition to this favorable environment, the EPI through the Ministry of Health will set-up the following strategies:
-Improvement of management of available resources for a rational management and efficiency of financial resources and inputs (reduction of loss rate)-Strategy for the improvement of reliability of resources that can be mobilized; Improvement of disbursement of funds written in the budget, and establishment of an action plan with a coherent treasury plan.
-strategy of mobilization of additional resources both governmental and classic and new partners, involvement of communities.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 3

Please attach the minutes (Document number 1,2,3,4) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.4 Overall Expenditures and Financing for Immunisation

The ICC was always attentive to the achievement of national vaccine coverage objectives by taking into account sub-regional objectives. ICC called out to the Government on the necessity to improve the disbursement of funds for the purchase of vaccines. ICC mobilized the resources necessary for the funding of 100% campaign costs. for polio and measles

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

If Yes, which ones?

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

List CSO member organisations:	Actions
Congolese Red Cross	
Evangelical Church of Congo	
Congo Assistance Foundation	
ENI Foundation	

5.6. Priority actions in 2011 to 2012

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

Main Objectives:

-vaccine coverage

-90% of vaccine cover for all the antigens in at least 50% of medical districts

-50% of medical districts have an abandon rate of DPT1/DPT3 <10% and BCG/RVV <10%

- Introduction of new vaccines
  - By 2012 to introduce the anti-pneumococcal vaccine in routine EPI.
  - By 2013 to introduce the rotavirus vaccine in routine EPI.
- In the field of acceleration of global initiatives
  - To stop the spread of wild polio virus by June 2011.
  - Maintain elimination status of MTN in 100% of health districts ;
  - To reduce 95% of mortality due to measles;
  - Stop the spread of yellow fever virus in Congo
- In the field of vaccine independence.
  - Increase national funding by nearly 50% for immunization activities in order to completely reduce dependence of EPI on external financing
  - Appeal for mobilization of resources of other local partners.

The priority activities of EPI 2011

- Revision of cMYP
- Organize the African vaccination week
- Implement the rehabilitation and maintenance plan of CC and provision of equipments required for the

introduction of PCV13.

- Implement the activities linked to the introduction of PCV13 (Training/Publication of vaccine calendar/revision of supports/communication plan).
- Specific supports to low performance SMD
- Organize 2 Polio NVD for lesser than 5 year olds.
- Strengthen the monitoring of target diseases of EPI (integration with reporting of infectious cases invasive to pneumococcal disease in the sentinel site)
- Execute an external monitoring review (Recommendations TAG Lusaka March 2011)
- Strengthen the data quality at all levels (DQS)
- Strengthen the EPI capabilities in Communication for Development (C4D)
- Ensure a better dispersion of norms and standards of EPI at all levels.
- Update the plans of response to epidemics linked to diseases evitable by vaccination

The priority activities of EPI 2012

- Continue the implementation of rehabilitation plan to deal with the introduction of Rotavirus
- Implement the activities linked to the introduction of PCV13 (Training/Publication of vaccine calendar/revision of supports/communication plan).
- Continue specific supports to low performance SMD
- Strengthen the monitoring in order to avoid complete new import of wild polio virus
- Strengthen the data quality at all levels (Audit, DQS)
- Continue the implementation of rehabilitation plan of CC.
- Guarantee the safety of vaccination at Congo (set-up a system and mechanism of MAPI, NRA monitoring)
- Organize responses to all epidemics

5.7. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2010

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

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD 0.05 ML Syringe	Government	
Measles	AD 0.5 ML Syringe	Government	
TT	AD 0.5 ML Syringe	Government	
DTP-containing vaccine	AD 0.5 ML Syringe	Government by co-financing	
Antiamaril Vaccine	AD 0.5 ML Syringe	Government by co financing	

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

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan? (Please report in box below)

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

A policy for safety of injections exists, but it is weakly implemented and requires an update. Its revision is taken into account in the cMYP 2012-2016. The programmed acquisition of incinerators and training, systematizing current syringes will improve the safety of injections.

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

At the fixed vaccination centers level, the holes are dug and disposal of sharp and cutting edge waste that was previously stored in safety boxes is done by burning and burial of the remains in the holes at these fixed vaccination centers (FVC). The higher level ensures its supervision. The problems faced are linked sometimes to the contaminated equipment hanging around the FVC, which is a danger to the public.

6. Immunisation Services Support (ISS)

There is no ISS support this year.

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

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

7.1.1.

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

Table 4: Received vaccine doses

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

	[A]	[B]		
Vaccine Type	**Total doses for 2010 in DL**	**Total doses received by 31 December 2010 ***	**Total doses of postponed deliveries in 2011**	**Actions**
DPT-HepB-Hib	577,400	160,600	0	
Pneumococcal	0	0	200,700	
Yellow Fever	202,600	179,200	0	

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

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

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

Delay in shipments

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

1. Adjustment of the distribution plan at the central level to departments monitoring the performance of departments at the time of a stock-out (monthly provisioning instead of quarterly)
2. Requested and obtained support of the neighboring countries for vaccines via UNICEF to reduce the gap.

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? Yes

If Yes, how long did the stock-out last? 3 months

Please describe the reason and impact of stock-out

EPI found a delay in the disbursement of State funds which hampered the order of vaccines on time.
The consequences of this stock-out of vaccines are the following: decline of vaccine coverage, occasions lost for vaccinating children, increased abandonment rate for BCG.

For Pentavalent, the doses received in 2009 in non-clipped form contained Tritanrix whose expiry date was close and hence a large quantity expired (80000 doses). This situation caused a stock-out of pentavalent for 3 months with a decline in coverage.

7.2. Introduction of a New Vaccine in 2010

7.2.1.

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

Vaccine introduced	NA	
Phased introduction		**Date of introduction**
Nationwide introduction		**Date of introduction**
The time and scale of introduction was as planned in the proposal?		**If No, why?**

7.2.2.

When is the Post introduction Evaluation (PIE) planned? NA

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

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year?

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

NA

7.2.4.

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

Funds of Vaccines Introduction Grant received in 2010

$US	
Receipt date	

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

NA

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

NA

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

If Yes, how much? US$

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

NA

7.2.5.

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

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

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

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

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTC-HepB-Hib, 2 doses/flacon, lyophilisé	60,000	17,800
2nd Awarded Vaccine Antipneumococcique (PCV13), 1 dose/flacon, liquide	87,500	
3rd Awarded Vaccine Antiamaril, 10 doses/flacon, lyophilisé	30,500	30,300
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor	NO	
Other	NO	
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1. NONE		
2.		
3.		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2012	

	(month number e.g. 8 for August)
1st Awarded Vaccine DTC-HepB-Hib, 2 doses/flacon, lyophilisé	6
2nd Awarded Vaccine Antipneumococcique (PCV13), 1 dose/flacon, liquide	6
3rd Awarded Vaccine Antiamaril, 10 doses/flacon, lyophilisé	6

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/resources/9___Co_Financing_Default_Policy.pdf.

NA

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

7.4. Vaccine Management (EVSM/VMA/EVM)

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

When was the last Effective Vaccine Store Management (EVSM) conducted? 15.10.2010

When was the last Vaccine Management Assessment (VMA) conducted? 20.10.2010

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° 7)

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

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

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

NA

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

7.5. Change of vaccine presentation

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

Please specify below the new vaccine presentation

NA

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

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

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

The country hereby request for an extension of GAVI support for DTP-HepB-Hib2-LYO vaccine for the years 2012 to 2015. At the same time it commits itself to co-finance the procurement of DTP-HepB-Hib2LYO vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.9 Calculation of requirements.

The multi-year extension of DTP-HepB-Hib2LYO vaccine support is in line with the new cMYP for the years 2012 to 2015 which is attached to this APR (Document No 6).

The country ICC has endorsed this request for extended support of DTP-HepB-Hib2-LYO vaccine at the ICC meeting whose minutes are attached to this APR (Document No 4).

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

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

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

If you don't confirm, please explain

NA

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
Seringue autobloquante	0	0.053	0.053	0.053	0.053	0.053
DTC-HepB, 2 doses/flacon, liquide	2	1.600				
DTC-HepB, 10 doses/flacon, liquide	10	0.620	0.620	0.620	0.620	0.620
DTC-HepB-Hib, 1 dose/flacon, liquide	WAP	2.580	2.470	2.320	2.030	1.850
DTC-HepB-Hib, 2 doses/flacon, lyophilisé	WAP	2.580	2.470	2.320	2.030	1.850
DTC-HepB-Hib, 10 doses/flacon, liquide	WAP	2.580	2.470	2.320	2.030	1.850
DTC-Hib, 10 doses/flacon, liquide	10	3.400	3.400	3.400	3.400	3.400
HepB monovalent, 1 dose/flacon, liquide	1					
HepB monovalent, 2 doses/flacon, liquide	2					
Hib monovalent, 1 dose/flacon, lyophilisé	1	3.400				
Antirougeoleux, 10 doses/flacon, lyophilisé	10	0.240	0.240	0.240	0.240	0.240
antipneumococcique (PCV10), 2 doses/flacon, liquide	2	3.500	3.500	3.500	3.500	3.500
Antipneumococcique (PCV13), 1 dose/flacon, liquide	1	3.500	3.500	3.500	3.500	3.500
Seringue de reconstitution pentavalent	0	0.032	0.032	0.032	0.032	0.032
Seringue de reconstitution antiamaril	0	0.038	0.038	0.038	0.038	0.038
Antirotavirus pour calendrier 2 doses	1	7.500	6.000	5.000	4.000	3.600
Antirotavirus pour calendrier 3 doses	1	5.500	4.000	3.333	2.667	2.400
Réceptacle de sécurité	0	0.640	0.640	0.640	0.640	0.640
Antiamaril, 5 doses/flacon, lyophilisé	WAP	0.856	0.856	0.856	0.856	0.856
Antiamaril, 10 doses/flacon, lyophilisé	WAP	0.856	0.856	0.856	0.856	0.856

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

Table 6.2: Freight Cost

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

7.9. Calculation of requirements

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

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	164,282	168,717	173,273	177,952	182,756		866,980
Number of children to be vaccinated with the third dose	Table 1	#	141,424	151,997	161,305	169,217	173,792		797,735
Immunisation coverage with the third dose	Table 1	#	86%	90%	93%	95%	95%		
Number of children to be vaccinated with the first dose	Table 1	#	164,446	168,886	173,446	178,129	182,939		867,846
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	2	2	2	2	2		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		$	0.10	0.45	0.80	1.15	1.50		
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

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

Co-financing group	Sortant de l'éligibilité

	2011	2012	2013	2014	2015
Minimum co-financing	0.10	0.45	0.80	1.15	1.50
Your co-financing	0.10	0.45	0.80	1.15	1.50

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

Supply that is procured by GAVI and related cost in US$			**For Approval**	**For Endorsement**			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		444,600	373,700	268,900	146,900	1,234,100
Number of AD syringes	#		470,200	395,100	284,400	155,400	1,305,100
Number of re-constitution syringes	#		246,800	207,400	149,300	81,600	685,100

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of safety boxes	#		7,975	6,700	4,825	2,650	22,150
Total value to be co-financed by GAVI	*$*		1,178,500	932,500	590,500	295,000	2,996,500

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

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		91,000	176,400	296,000	433,200	996,600
Number of AD syringes	#		96,200	186,500	313,000	458,100	1,053,800
Number of re-constitution syringes	#		50,500	97,900	164,300	240,500	553,200
Number of safety boxes	#		1,650	3,175	5,300	7,775	17,900
Total value to be co-financed by the country	*$*		241,000	440,000	650,000	870,500	2,201,500

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

		Formula	**2011**	**2012**			**2013**			**2014**			**2015**		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			16.98%			32.06%			52.40%			74.68%		
B	**Number of children to be vaccinated with the first dose**	Table 1	164,446	168,886	28,677	140,209	173,446	55,615	117,831	178,129	93,332	84,797	182,939	136,621	46,318
C	**Number of doses per child**	Vaccine parameter	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
		(schedule)													
D	**Number of doses needed**	B x C	493,338	506,658	86,029	420,629	520,338	166,843	353,495	534,387	279,996	254,391	548,817	409,862	138,955
E	**Estimated vaccine wastage factor**	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	**Number of doses needed including wastage**	D x E	518,005	531,991	90,330	441,661	546,355	175,185	371,170	561,107	293,996	267,111	576,258	430,355	145,903
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		3,497	594	2,903	3,591	1,152	2,439	3,688	1,933	1,755	3,788	2,829	959
H	**Stock on 1 January 2011**			0	0	0									
I	**Total vaccine doses needed**	F + G - H		535,488	90,924	444,564	549,946	176,336	373,610	564,795	295,928	268,867	580,046	433,184	146,862
J	**Number of doses per vial**	Vaccine parameter		2	2	2	2	2	2	2	2	2	2	2	2
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G –H) x 1.11		566,273	96,151	470,122	581,562	186,474	395,088	597,264	312,941	284,323	613,392	458,087	155,305
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11		297,196	50,463	246,733	305,221	97,867	207,354	313,462	164,241	149,221	321,926	240,418	81,508
M	**Total of safety boxes (+ 10% of extra need) needed**	(K + L) /100 * 1.11		9,585	1,628	7,957	9,844	3,157	6,687	10,110	5,298	4,812	10,383	7,755	2,628
N	**Cost of vaccines needed**	I x g		1,322,656	224,582	1,098,07	1,275,875	409,100	866,775	1,146,534	600,734	545,800	1,073,086	801,391	271,695

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
						4									
O	Cost of AD syringes needed	K x ca		30,013	5,097	24,916	30,823	9,884	20,939	31,655	16,586	15,069	32,510	24,279	8,231
P	Cost of reconstitution syringes needed	L x cr		9,511	1,615	7,896	9,768	3,133	6,635	10,031	5,256	4,775	10,302	7,694	2,608
Q	Cost of safety boxes needed	M x cs		6,135	1,042	5,093	6,301	2,021	4,280	6,471	3,391	3,080	6,646	4,964	1,682
R	Freight cost for vaccines needed	N x fv		46,293	7,861	38,432	44,656	14,319	30,337	40,129	21,026	19,103	37,559	28,050	9,509
S	Freight cost for devices needed	(O+P+Q) x fd		4,566	776	3,790	4,690	1,504	3,186	4,816	2,524	2,292	4,946	3,694	1,252
T	Total fund needed	(N+O+P+Q+R+S)		1,419,174	240,970	1,178,204	1,372,113	439,957	932,156	1,239,636	649,515	590,121	1,165,049	870,070	294,979
U	Total country co-financing	I 3 cc		240,970			439,957			649,515			870,069		
V	Country co-financing % of GAVI supported proportion	U / T		16.98%			32.06%			52.40%			74.68%		

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

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	164,282	168,717	173,273	177,952	182,756		866,980

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of children to be vaccinated with the third dose	Table 1	#	0	151,997	161,304	169,222	173,792		656,315
Immunisation coverage with the third dose	Table 1	#	0%	90%	93%	95%	95%		
Number of children to be vaccinated with the first dose	Table 1	#	0	168,886	173,446	178,129	182,939		703,400
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#		1.11	1.05	1.05	1.05		
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	$	3.500	3.500	3.500	3.500	3.500		
Country co-financing per dose		$	0.15	0.82	1.49	2.16	2.83		
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	$	0.000	0.000	0.000	0.000	0.000		
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	5.00%	5.00%	5.00%	5.00%	5.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

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

Co-financing group	Sortant de l'éligibilité

	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.82	1.49	2.16	2.83
Your co-financing	0.15	0.82	1.49	2.16	2.83

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

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		549,000	329,000	239,100	141,800	1,258,900
Number of AD syringes	#		561,100	347,800	252,800	149,900	1,311,600
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		6,250	3,875	2,825	1,675	14,625
Total value to be co-financed by GAVI	*$*		2,055,000	1,232,000	895,500	531,000	4,713,500

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

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		154,100	217,400	325,800	438,400	1,135,700
Number of AD syringes	#		157,500	229,900	344,500	463,600	1,195,500
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		1,750	2,575	3,825	5,150	13,300
Total value to be co-financed by the country	*$*		576,500	814,500	1,220,000	1,642,000	4,253,000

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

		Formula	**2011**	**2012**			**2013**			**2014**			**2015**		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			21.91%			39.79%			57.68%			75.57%		
B	**Number of children to be vaccinated with**	Table 1	0	168,886	37,004	131,882	173,446	69,010	104,436	178,129	102,742	75,387	182,939	138,246	44,693

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	the first dose														
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3
D	**Number of doses needed**	B x C	0	506,658	111,010	395,648	520,338	207,030	313,308	534,387	308,225	226,162	548,817	414,737	134,080
E	**Estimated vaccine wastage factor**	Wastage factor table	1.00	1.11	1.11	1.11	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	**Number of doses needed including wastage**	D x E	0	562,391	123,221	439,170	546,355	217,381	328,974	561,107	323,637	237,470	576,258	435,474	140,784
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		140,598	30,806	109,792	0	0	0	3,688	2,128	1,560	3,788	2,863	925
H	**Stock on 1 January 2011**			0	0	0									
I	**Total vaccine doses needed**	F + G - H		702,989	154,026	548,963	546,355	217,381	328,974	564,795	325,764	239,031	580,046	438,336	141,710
J	**Number of doses per vial**	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G –H) x 1.11		718,455	157,414	561,041	577,576	229,803	347,773	597,264	344,491	252,773	613,392	463,535	149,857
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need)**	(K + L) /100 * 1.11		7,975	1,748	6,227	6,412	2,552	3,860	6,630	3,825	2,805	6,809	5,146	1,663

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	needed														
N	Cost of vaccines needed	I x g		2,460,462	539,089	1,921,373	1,912,243	760,833	1,151,410	1,976,783	1,140,173	836,610	2,030,161	1,534,175	495,986
O	Cost of AD syringes needed	K x ca		38,079	8,344	29,735	30,612	12,180	18,432	31,655	18,259	13,396	32,510	24,568	7,942
P	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x cs		5,104	1,119	3,985	4,104	1,633	2,471	4,244	2,448	1,796	4,358	3,294	1,064
R	Freight cost for vaccines needed	N x fv		123,024	26,955	96,069	95,613	38,042	57,571	98,840	57,010	41,830	101,509	76,710	24,799
S	Freight cost for devices needed	(O+P+Q) x fd		4,319	947	3,372	3,472	1,382	2,090	3,590	2,071	1,519	3,687	2,787	900
T	Total fund needed	(N+O+P+Q+R+S)		2,630,988	576,451	2,054,537	2,046,044	814,069	1,231,975	2,115,112	1,219,958	895,154	2,172,225	1,641,531	530,694
U	Total country co-financing	I 3 cc		576,451			814,069			1,219,958			1,641,531		
V	Country co-financing % of GAVI supported proportion	U / T		21.91%			39.79%			57.68%			75.57%		

Table 7.3.1: Specifications for Yellow Fever, 10 doses/vial, Lyophilised

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	164,282	168,717	173,273	177,952	182,756		866,980
Number of children to be vaccinated with the third dose	Table 1	#							0
Immunisation coverage with the third dose	Table 1	#	80%	85%	90%	93%	95%		
Number of children to be vaccinated with the first dose	Table 1	#	131,556	143,553	156,101	165,659	173,792		770,661
Number of doses per child		#	1	1	1	1	1		
Estimated vaccine wastage factor	Table 1	#	1.33	1.33	1.33	1.33	1.33		
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	10	10	10	10	10		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	$	0.856	0.856	0.856	0.856	0.856		
Country co-financing per dose		$	0.15	0.29	0.43	0.57	0.71		
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	$	0.038	0.038	0.038	0.038	0.038		
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	20.00%	20.00%	20.00%	20.00%	10.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for Yellow Fever, 10 doses/vial, Lyophilised

Co-financing group	Sortant de l'éligibilité

	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.29	0.43	0.57	0.71
Your co-financing	0.15	0.29	0.43	0.57	0.71

Table 7.3.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		143,000	128,200	106,500	68,300	446,000
Number of AD syringes	#		120,200	107,700	89,300	57,200	374,400
Number of re-constitution syringes	#		15,900	14,300	11,900	7,600	49,700
Number of safety boxes	#		1,525	1,375	1,125	725	4,750
Total value to be co-financed by GAVI	*$*		156,000	139,500	116,000	68,500	480,000

Table 7.3.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		52,000	83,700	117,100	165,700	418,500
Number of AD syringes	#		43,700	70,300	98,200	138,800	351,000
Number of re-constitution syringes	#		5,800	9,300	13,000	18,400	46,500
Number of safety boxes	#		550	900	1,250	1,750	4,450
Total value to be co-financed by the country	*$*		57,000	91,500	127,500	166,500	442,500

Table 7.3.4: Calculation of requirements for Yellow Fever, 10 doses/vial, Lyophilised

		Formula	**2011**	**2012**			**2013**			**2014**			**2015**		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			26.65%			39.51%			52.38%			70.82%		

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
B	**Number of children to be vaccinated with the first dose**	Table 1	131,556	143,553	38,254	105,299	156,101	61,680	94,421	165,659	86,776	78,883	173,792	123,084	50,708
C	**Number of doses per child**	Vaccine parameter (schedule)	1	1	1	1	1	1	1	1	1	1	1	1	1
D	**Number of doses needed**	B x C	131,556	143,553	38,254	105,299	156,101	61,680	94,421	165,659	86,776	78,883	173,792	123,084	50,708
E	**Estimated vaccine wastage factor**	Wastage factor table	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33
F	**Number of doses needed including wastage**	D x E	174,970	190,926	50,878	140,048	207,615	82,035	125,580	220,327	115,412	104,915	231,144	163,702	67,442
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		3,989	1,063	2,926	4,173	1,649	2,524	3,178	1,665	1,513	2,705	1,916	789
H	**Stock on 1 January 2011**			0	0	0									
I	**Total vaccine doses needed**	F + G - H		194,915	51,941	142,974	211,788	83,683	128,105	223,505	117,077	106,428	233,849	165,618	68,231
J	**Number of doses per vial**	Vaccine parameter		10	10	10	10	10	10	10	10	10	10	10	10
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G –H) x 1.11		163,772	43,642	120,130	177,905	70,295	107,610	187,410	98,170	89,240	195,912	138,750	57,162
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11		21,636	5,766	15,870	23,509	9,290	14,219	24,810	12,997	11,813	25,958	18,385	7,573

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		2,059	549	1,510	2,236	884	1,352	2,356	1,235	1,121	2,463	1,745	718
N	Cost of vaccines needed	I x g		166,848	44,462	122,386	181,291	71,633	109,658	191,321	100,218	91,103	200,175	141,769	58,406
O	Cost of AD syringes needed	K x ca		8,680	2,314	6,366	9,429	3,726	5,703	9,933	5,204	4,729	10,384	7,355	3,029
P	Cost of reconstitution syringes needed	L x cr		823	220	603	894	354	540	943	494	449	987	700	287
Q	Cost of safety boxes needed	M x cs		1,318	352	966	1,432	566	866	1,508	790	718	1,577	1,117	460
R	Freight cost for vaccines needed	N x fv		33,370	8,893	24,477	36,259	14,327	21,932	38,265	20,045	18,220	20,018	14,178	5,840
S	Freight cost for devices needed	(O+P+Q) x fd		1,083	289	794	1,176	465	711	1,239	650	589	1,295	918	377
T	Total fund needed	(N+O+P+Q+R+S)		212,122	56,526	155,596	230,481	91,069	139,412	243,209	127,398	115,811	234,436	166,033	68,403
U	Total country co-financing	I 3 cc		56,526			91,069			127,398			166,033		
V	Country co-financing % of GAVI supported proportion	U / T		26.65%			39.51%			52.38%			70.82%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

There is no HSS support this year.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

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

NA

12. Annexes

Annex 1

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS

I. All countries that have received ISS /new vaccine introduction grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)

   b. Income received from GAVI during 2010

   c. Other income received during 2010 (interest, fees, etc)

   d. Total expenditure during the calendar year

   e. Closing balance as of 31 December 2010

   f. A detailed analysis of expenditures during 2010, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2010 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

Annex 2

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

I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.

   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)

   b. Income received from GAVI during 2010

   c. Other income received during 2010 (interest, fees, etc)

   d. Total expenditure during the calendar year

   e. Closing balance as of 31 December 2010

   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** – GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

Annex 3

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

I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)

b. Income received from GAVI during 2010

c. Other income received during 2010 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2010

f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** – GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

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

13.2. Attachments

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

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

ID	File type Description	File name Date and Time Size	New file	Actions
1	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** ICC Meeting March 2010	**File name:** C:\Documents and Settings\Administrateur\Bureau\Doc GAVI à joindre\REUNION DU CCIA DU 5 MARS 2010.pdf **Date/Time:** 01.06.2011 05:19:09 **Size:** 492 KB		
2	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** ICC Meeting April 2010	**File name:** C:\Documents and Settings\Administrateur\Bureau\Doc GAVI à joindre\REUNION DU CCIA.pdf **Date/Time:** 01.06.2011 05:27:13 **Size:** 897 KB		
3	**File Type:**	**File name:**		

ID	File type Description	File name Date and Time Size	New file	Actions
	Minutes of ICC meetings in 2010 * **File Desc:** ICC Meeting August 2010	C:\Documents and Settings\Administrateur\Bureau\Doc GAVI à joindre\REUNION DU CCIA DU 06 Aout 2010.pdf **Date/Time:** 01.06.2011 05:38:50 **Size:** 810 KB		
4	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:** Meeting May 2011 endorsing RAS 2010	**File name:** C:\Documents and Settings\Administrateur\Bureau\Doc GAVI à joindre\REUNION DU CCIA DU 12 MAI 20100001.pdf **Date/Time:** 01.06.2011 05:54:16 **Size:** 1 MB		
5	**File Type:** Signatures of members of ICC * **File Desc:** Signature of ICC members endorsing RSA 2010	**File name:** Signature CCIA RSA.pdf **Date/Time:** 01.06.2011 11:48:41 **Size:** 429 KB		
6	**File Type:** new cMYP starting 2012 **File Desc:** PPAC Congo 2011-2015	**File name:** PPAC Congo 2011- 2015.pdf **Date/Time:** 01.06.2011 11:53:32 **Size:** 1 MB		
7	**File Type:** EVSM/VMA/EVM report **File Desc:** GEV Report in the EPI external review report	**File name:** Revue PEV 2010 Congo.pdf **Date/Time:** 01.06.2011 12:05:42 **Size:** 1 MB		
8	**File Type:** Financial Statement for ISS grant in 2010 * **File Desc:** Situation of SSV funds in 2010	**File name:** Relevé des dépenses SSV.pdf **Date/Time:** 01.06.2011 12:10:03 **Size:** 258 KB		
9	**File Type:** New Banking Details **File Desc:**	**File name:** GAVI ALLIANCE BANKING FORM.pdf **Date/Time:** 01.06.2011 12:15:36 **Size:** 930 KB		
10	**File Type:** Signature of Minister of Health (or delegated authority) * **File Desc:** Signature RSA 2010 of two ministers	**File name:** Signature Min RSA.pdf **Date/Time:** 01.06.2011 15:31:06 **Size:** 382 KB		
11	**File Type:** Signature of Minister of Finance (or delegated authority) * **File Desc:** Signature RSA 2010 of two ministers	**File name:** Signature Min RSA.pdf **Date/Time:** 01.06.2011 15:33:51 **Size:** 382 KB		