GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of
Republic of Moldova

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **25.05.2011 09:42:25**

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
NVS	DTP-HepB-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 1 dose/vial, Liquid	2015
NVS	DTP-Hib, 10 doses/vial, Liquid	DTP-Hib, 10 doses/vial, Liquid	2010

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

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

2. Signatures

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

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

By signing this page, the Government of Republic of Moldova 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 Republic of Moldova

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	USATII Andrei	**Name**	NEGRUTA Veaceslav
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 MELNIC Anatolie	Head, Center for Immunoprophylaxis	+38522574674	amelnic@cnsp.md	

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. MAGDEI Mihail, Deputy Minister	Ministry of Health			
Dr. BAHNAREL Ion, General Director	National Center of Public Health			
Dr. MELNIC Anatolie, Head of Center of Immunoprophylaxis	National Center of Public Health			
Dr. OSOIANU Iurie, Deputy Director	National Company for Health Insurance			
Ms ANDRIES Margarita, Head, Finance Division	Ministry of Finance, Directory for Financing Health and Social Protection			
YUSTER Alexandra, Representative	UNICEF, Moldova			
DOMENTE Silviu, Representative of the Regional WHO Euro Office	WHO Country Office			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

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

2.3.1. HSS report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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

2.4.1. CSO report editors

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

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

3. Table of Contents

This APR reports on Republic of Moldova'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	45,810	46,138	46,310	46,479	46,646	46,809
Total infants' deaths	527	537	540	539	539	538
Total surviving infants	45,283	45,601	45,770	45,940	46,107	46,271
Total pregnant women	45,810	46,138	46,310	46,479	46,646	46,809
# of infants vaccinated (to be vaccinated) with BCG	44,216	45,677	45,847	46,015	46,179	46,341
BCG coverage (%) *	97%	99%	99%	99%	99%	99%
# of infants vaccinated (to be vaccinated) with OPV3	43,545	41,495	42,109	42,724	43,341	43,957
OPV3 coverage (%) **	96%	91%	92%	93%	94%	95%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	41,353	42,680	43,583	44,006	44,424	44,830
# of infants vaccinated (to be vaccinated) with DTP3 ***	40,541	41,039	42,109	42,724	43,341	43,957
DTP3 coverage (%) **	90%	90%	92%	93%	94%	95%
Wastage[1] rate in base-year and planned thereafter (%)	50%	10%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	2	1.11	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib	45,109	42,680	43,583	44,006	44,424	44,830
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib	43,727	41,039	42,109	42,724	43,341	43,957
3rd dose coverage (%) **	97%	90%	92%	93%	94%	95%
Wastage[1] rate in base-year and planned thereafter (%)	5%	10%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1.05	1.11	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 1st dose of Measles	42,583	41,497	42,109	42,724	43,341	43,957
Measles coverage (%) **	94%	91%	92%	93%	94%	95%
Pregnant women vaccinated with TT+						
TT+ coverage (%) ****	0%	0%	0%	0%	0%	0%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	2%	4%	3%	3%	2%	2%

* 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**

The number of children born in 2010 provided in table 1 of APR corresponds to the number of live births submitted in "Joint reporting form (JRF) WHO/UNICEF for 2010". However, this number does not correspond to the number of live births projected for 2010 and reported in the previous (2009) APR . The difference in numbers is due to the fact that actual number of birth in 2010 was lower then it was projected.
In Moldova all deliveries occur in maternity hospitals and all live births are registered by maternity hospitals. Each maternity hospital reports data on the number of live births to district level annually. The aggregated data are then submitted to the national level. The national data on the number of live birth occurred in the reporting year are submitted to the MoH and are available for immunization programme by May of the next after reporting year. Therefore in JRF the immunization programme indicates the number of live birth reported by maternity hospitals instead of projected data.

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

The number of surviving infants for 2010 reported in APR corresponds to number of surviving infants indicated in JRF for 2010. However, this number is different from the number of surviving infants projected for 2010 and reported in the previous JRF (2009). The reason for this discrepancy is the same that for the discrepancy in numbers of live births. The actual number of live births in 2010 was lower that it was projected. Correspondingly, the actual number of surviving infants in 2010 was lower than it was projected.
In Moldova all deliveries occur in maternity hospitals and all live births are registered by maternity hospitals. Each maternity hospital reports data on the number of live births to district level annually. The aggregated data are then submitted to the national level. The national data on the number of live birth occurred in the reporting year are submitted to the MoH and are available for immunization programme by May of the next after reporting year. Therefore in JRF the immunization programme indicates the number of live birth reported by maternity hospitals instead of projected data.

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

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

The country met with significant problems with the timely supply of tetravalent DTPHib vaccine. Initially, the shipment of DTPHib had been planned to be received in May 2008, but was postponed twice and was supplied to the country only on 30.10.2008 with the quantity of 85,800 doses with expiration date being 30.04.2010. Because of the late receipt of the DTPHib vaccine, its implementation started from 01.01.2009 instead of the scheduled date of 01.06.2008. The country co-financed amount of vaccine for 2008, purchased through UNICEF SD, was received only on 27.01.2009, i.e. after the end of the fiscal year, which required the submission of additional explanations to the financial authorities.
In April 2009, the country received 152.000 doses of tetravalent DTP-Hib vaccine with the same expiry date as the previous batch – 30.04.2010. This lead to an excessive stock of vaccine with the same period of validity that could not be used completely before its expiry date. The representatives of UNICEF, GAVI and WHO/Europe were informed about this situation at the meeting that took place in Copenhagen in April 2009.
In the APR for 2008, based on the fact that the expiry date of the received vaccine was 30.04.2010, the country requested to schedule the next supply of DTP-Hib vaccine for 2010 on April 2010. That term was confirmed in the "2010 Vaccine Forecast", submitted to UNICEF in autumn 2009. However, in January 2010 the SD UNICEF communicated, through its Country UNICEF Office in Moldova, that the delivery of the tetravalent DTPHib is possible only in September 2010.
Due to the short expiry date of the previous shipment (April 2010) and postponing the shipment of DTP-Hib for 2010,

Moldova NIP was facing a stock-out of DTP-Hib for five months.

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

In 2010, despite the influence of the economic and the political crisis, the country managed to provide uninterrupted supply of vaccines and consumables to medical institutions for the immunization of the population. According to the data provided by administrative reports, the country managed to sustain a high level of coverage with primary immunization against tuberculosis – 96.5%, Hepatitis B – 96.6%, Poliomyelitis – 96.2%; first booster vaccination against Poliomyelitis and DTP vaccine – more than 95%, by booster immunization at the age of 7 with OPV, MMR, DT vaccines and by booster dose diphtheria and tetanus at the age of 15 against – more than 98%. The immunization coverage target results were not achieved for DTP (89.5%) and MMR (94,0%). Due to high immunization coverage, Moldova managed to retain the status of a country free from Poliomyelitis, CRS and neonatal tetanus. No cases of measles, rubella, diphtheria were registered in Moldova, only 2 cases of acute viral Hepatitis B among children under 18 years old and 2 cases of tetanus (adult). The control over mumps was reestablished – the morbidity was only 3.52%000 compared to 7.12%000, in 2009 and 726.3%000 in year 2008, respectively. There were 31 cases of pertussis (0.76%000). In 2009, with the help of GAVI, the immunization with DTPHib vaccine against Hib was implemented. In 2010 63.2% of children received tetravalent DTP-Hib vaccine, due to a shortage of the vaccine.

In 2010, the National immunization programme for 2011-2015 was approved by the Government. The programme provides for the introduction of two new vaccines (rotavirus and pneumococcal).

5.2.2.

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

In 2009, not all targets related to immunization coverage were achieved. A decline in immunization coverage began in 2009 which can be explained by the flu outbreak, as part of the influenza pandemic. Due to the outbreak much of human resources were related to pandemic control. This pressure on the health care system extended to 2010. Also, a large part of the population showed negativism and resistance to any measures undertaken by the Government. A heightened activity of anti-immunization propaganda was also recorded in 2009 and continued in 2010. The rumours about the fact that the flu epidemic was invented in order to bring benefits to pharmaceutical corporations, expressed on global level, contributed to the decrease in immunization coverage.

5.2.3.

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

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.
If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? No

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

There is no plan to introduce sex-disaggregated data on routine immunization reporting. The high vaccination coverage demonstrates that there can not be any significant differences in immunization by gender. Also, in 2005, a demographic health survey was carried out and showed no gender-related difference in access to immunization and health care in general.

5.2.4.

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

There is no gender difference in vaccination coverage.

5.3. Data assessments

5.3.1.

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

There is no difference between administrative coverage for 2010 and Government official estimate of immunization coverage for 2010.

We can not comment on possible differences between administrative immunization coverage for 2010 and WHO/UNICEF estimate as WHO/UNICEF estimate for 2010 is not available yet.

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

5.3.2.

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

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

No specific assessment was conducted, but the reported administrative coverage data is analysed and evaluated regularly at health facility, district, and national level. The quality of the system, consistency of reporting, and validity of reported data are assessed at all levels regularly during supervisory visits.
The detailed analysis of denominator data was conducted to clarify the difference between data provided by population statistic system and reported by health facilities.

5.3.3.

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

The result of detailed analysis of denominator data conducted was communicated with the managers and medical workers from primary health care and with immunization programme personnel by the MoH letter. The quality of denominator data and measures for improvement were discussed at he Ministry of Health Board meeting. The workshops on improvement of denominator data were conducted for medical workers form primary health care facilities and for immunization programme specialists. In response to polio outbreak in Tajikistan, the MoH issued an order that required health facilities to undertake additional effort to ensure that all children eligible for vaccination in their catchment area are registered and vaccinated..
The EPI Manager attended WHO EURO training workshop on assessment of quality of immunization data.

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.

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 = 11.37	Enter the rate only; no local currency name

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

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

Expenditures by Category	**Expenditures Year 2010**	**Sources of Funding**							**Actions**
		Country	**GAVI**	**UNICEF**	**WHO**	**Donor name**	**Donor name**	**Donor name**	
Traditional Vaccines*	703,875	703,875							
New Vaccines	493,739	47,739	446,000						
Injection supplies with AD syringes	84,172	77,634	6,538						
Injection supply with syringes other than ADs	1,660	1,660							
Cold Chain equipment	77,796	7,075	70,721						
Personnel	284,700	284,700							
Other operational costs	4,458,600	4,458,600							
Supplemental Immunisation Activities									
Safety boxes	8,978	8,207	771						
Maintenance	1,231,670	1,231,670							
Total Expenditures for Immunisation	*7,345,190*								
Total Government Health		6,821,160	524,030						

* 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*	251,358	255,176	
New Vaccines	522,384	915,745	
Injection supplies with AD syringes	159,818	181,993	
Injection supply with syringes other than ADs			
Cold Chain equipment	120,954	134,739	
Personnel	29,429	300,113	
Other operational costs	6,618,522	6,670,651	
Supplemental Immunisation Activities			
Underused vaccines	675,495	667,729	
Total Expenditures for Immunisation	8,377,960	9,126,146	

* 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.

In recent years, a sustainable financing of procurement of vaccines and consumables for the immunization program from the country's budget funds is observed. Also, according to the legislation of the Republic of Moldova, the following categories of expenses are covered: salary expenses for personnel, operating expenses for the maintenance of buildings and equipment, transportation expenses, expenses related to epidemiological surveillance.

Note: The detailed description of Overall Budgeted Expenditures for Immunization, Other Operational Costs for 2012 and 2013 is provided in cMYP.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 3

Please attach the minutes (Document number 4, 5, 6) 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

Concerns regarding an increase of vaccination refusal have been expressed as well as regarding protests against vaccination organized by religious groups in August 2010. A Joint Action Plan for population information awareness was developed by the Government, UNICEF and WHO Country Office in Moldova. A joint press conference was organized with the participation of the mentioned stakeholders, which was followed by TV, radio and press coverage.

Are there any Civil Society Organisations (CSO) member of the ICC ?: No

If Yes, which ones?
Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

List CSO member organisations:	Actions

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?

To introduce rotavirus vaccine in 2012 and improve vaccination coverage of DTP3, using the pentvalent DTP-HepB-Hib vaccine.
To provide healthcare facilities with a continuous supply of vaccines and immunization-related consumables.
To improve immunization coverage and to maintain a high level of coverage rates in targeted population groups.
To prepare the facilities and staff for the introduction of new vaccines against rotavirus and pneumococcal infection.
To strengthen epidemiological surveillance over vaccine preventable diseases including training of health care workers.
To improve the work of the ICC.
To improve communication and social mobilization activities.
To develop a computerized stock monitoring system in line with the improvement plan following the EVSM assessment.
Note: A more detailed description of the planned activities is provided in the attached comprehensive multi-year plan and Plan for introduction of rotavirus and pneumococcal vaccines.

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	BCG syringes 0,05-0,1 ml produced by Wuxi Yushou Medical Appliances CO Lid, China	Budget funds provided by the Ministry of Healthcare of the Republic of Moldova	
Measles	AD syringes 0,5 ml product by Wuxi Yushou Medical Appliances CO Lid, China	Budget funds provided by the Ministry of Healthcare of the Republic of Moldova	
TT	NA	NA	
DTP-containing vaccine	AD syringes 0,5 ml product by Wuxi Yushou Medical Appliances CO Lid, China and Becton Dickenson	Budget funds provided by the Ministry of Healthcare of the Republic of Moldova GAVI funds and budget funds provided by the Ministry of Healthcare of the Republic of Moldova for DTP-Hib vaccine (BD syringes)	

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

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

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

The remaining problem with injection safety is (un)availability of environment friendly technologies for disposing of used syringes

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

The policy of the Ministry of Health of R. Moldova is that 100% of injections given in both the public and private health sectors for any purpose must be safe. It means that every injection must be given with a sterile single-use syringe and needle, which is then safely disposed of after use.
All injectable vaccines provided by the national immunization programme (both primary series and boosters) should be given through only auto-disable syringes (ADs).
Since 1999 only ADs syringes, which are collected in safety boxes and are burnt in open fire, are used for all immunizations in the Republic of Moldova. Since 2001 ADs syringes and safety boxes are purchased from the centralized funds of Ministry of Healthcare.Since 2006 with the help from GAVI in the domain of safe injections, the production of safety boxes was implemented in the country.

6. Immunisation Services Support (ISS)

There is no ISS support this year.

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

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

7.1.1.

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

Table 4: Received vaccine doses

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

	[A]	[B]		
Vaccine Type	**Total doses for 2010 in DL**	**Total doses received by 31 December 2010 ***	**Total doses of postponed deliveries in 2011**	**Actions**
DTP-HepB-Hib				
DTP-Hib	145,200	145,200	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? ...)

The expiry date of DTP-Hib vaccines delivered in 2009 was April 2010, while the vaccines for year 2010 were delivered in September 2010. Therefore, we experienced a stock-out of DTP-Hib vaccine for the period from April until September 2010 (5 months).

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)

DTP vaccine was used to vaccinate infants during the DTP-Hib stock-out.

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? 5 months

Please describe the reason and impact of stock-out

The expiry date of both 2009 shipments of DTP-Hib vaccine was April 2010.The next shipment was in September 2010. Therefore there was a stock-out of DTP-Hib for 5 months. During the stock-out period, DTP was used for primary vaccination.

7.2. Introduction of a New Vaccine in 2010

7.2.1.

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

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

7.2.2.

When is the Post introduction Evaluation (PIE) planned? Not planned

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

7.2.3.

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

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

93 in total, of which, 66 after BCG (Lymphadenitis), 16 following DTP, 8 following DTP-Hib and three after influenza vaccine (fever and pain, swelling, and/or redness at injection site). The reported AFEIs had no impact on vaccine introduction. The number of adverse events following DTP-Hib is lower than following DTP, 0.95 reports per 10000 doses administered and 2.1 per 10000 doses administered, respectively.

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

Not applicable (no new vaccine introduced in 2010)

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

Not applicable (no new vaccine introduced in 2010)

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

If Yes, how much? US$ 20,133

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

Part of the balance of funds from 2009 were used in 2010. Total 58,939.00 $US were utilised including purchase of cold chain equipment – 56,679.00 $US (refrigerators for district vaccine stores and cold room for the National Vaccine Store), 2 printers – 810.20 $US and consumables for office works – 1,449.05 $US. The balance of funds at the end of 2010 is 20,133.28 $US. These funds will be used in 2011 for purchasing temperature monitoring devices to ensure ongoing temperature monitoring in vaccine stores at subnational level (district), to repair the National Vaccine Store, to purchase consumables for office work, and to prepare communicaiton materials (posters, brochures).

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 10). (Terms of reference for this financial statement are available in Annex 1.) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	0	0
2nd Awarded Vaccine DTP-Hib, 10 doses/vial, Liquid	47,739	13,000
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor		
Other	Ministry of Health	
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1.		
2.		
3.		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting		

year?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2012
	(month number e.g. 8 for August)
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	5
2nd Awarded Vaccine DTP-Hib, 10 doses/vial, Liquid	
3rd Awarded Vaccine	

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

Is GAVI's new vaccine support reported on the national health sector budget? 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? 10.12.2004

When was the last Vaccine Management Assessment (VMA) conducted? 08.04.2011

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° 9)

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

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

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

The activities listed in the Action plan following the 2004 EVSM assessment have been implemented, allowing an EVM assessment to bee conduced in March/April 2011. The Improvement plan developed based on findings and recommendations of EVM assessment carried out in March/April 2011 includes following activities which will be implemented for the period May 2011- January 2015:
- Review and update SOPs (using WHO-UNICEF MQP), manuals and orders;
- Carry out a temperature monitoring study in accordance with WHO/IVB/05.01 Study protocol for temperature monitoring in the cold chain at least once in 5 years or more often as needed;
- Temperature map all freezer rooms and cold rooms used for storing vaccine. Freezer rooms and cold rooms should be temperature mapped at the time of commissioning in order to: Establish the air temperature profile throughout the room both when empty and when fully loaded; Define areas which are unsuitable for vaccine storage; e.g. close to cooling coils; Establish the holdover time after a power failure; Mapping should be repeated whenever changes are made which increase loading or affect air circulation, or when refrigeration equipment is replaced. Enquire whether mapping has been repeated and record in notes box;
- Install continuous temperature monitoring devices at district level stores (FridgeTags);
- Provide evidence that temperature recording devices comply with the specified level of accuracy at national store. Carry out this test at least once every 12 months;
- Updating and printing of new reporting, stock records, maintenance, etc. forms;
- Keep storage capacity sufficient to accommodate maximum stock levels of routing vaccines and related

consumables;
- The use of CFC gases in refrigeration equipment must be phased out in accordance with UNICEF/WHO policy;
- Maintenance of cold chain equipment at all levels;
- Renovation of National vaccine and dry store;
- Establish a planned preventive maintenance programme for buildings, Cold Chain Equipment and vehicles and provide evidence that this plan is being followed;
- Renovation of rayon level stores;
- Install computerized stock control system at national level;
- Repair continuous temperature monitoring devices at national vaccine store;
- Replace cold boxes with PQS certified equipment;
- Maximum and safety stock levels should be reviewed and set according to the practical experience for each vaccine and for each consumable;
- National store to review stock control records to include required stock information. Diluents recorded separately at updated stock record forms, VVM status recorded at all levels at stock forms;
- To fill vacant positions in EPI (cold chain engineer, others);
- Mid-level EPI staff trained on vaccine management with CCM componence;
- All outsourced services should have effective and enforceable contracts in place;
- To provide calibrated certified thermometer (either a new calibrated digital or mercury thermometer) to the national store or to request national organization to do and certify this calibration test;
- Install continuous temperature monitoring devices at Health Facilities (FridgeTags) estimated budget should include a one day training

When is the next Effective Vaccine Management (EVM) Assessment planned? 02.03.2015

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

No changes in the presentation are requested. In 2012 we plan to use pentavalent DTP-HepB-Hib vaccine, fully liquid, one-dose vials.

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

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

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

The country hereby request for an extension of GAVI support for DTP-HepB-Hib vaccine for the years 2012 to 2015. At the same time it commits itself to co-finance the procurement of DTP-HepB-Hib 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-Hib vaccine support is in line with the new cMYP for the years 2012 to 2015 which is attached to this APR (Document No).

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

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

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

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

If you don't confirm, please explain

Comment 1: We revised the categories of budgeted expenditures in Table 2b to make it consistenmt with categories provided in cMYP.

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

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

Table 6.2: Freight Cost

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

7.9. Calculation of requirements

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

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	45,601	45,770	45,940	46,107	46,271		229,689
Number of children to be vaccinated with the third dose	Table 1	#	41,039	42,109	42,724	43,341	43,957		213,170
Immunisation coverage with the third dose	Table 1	#	90%	92%	93%	94%	95%		
Number of children to be vaccinated with the first dose	Table 1	#	42,680	43,583	44,006	44,424	44,830		219,523
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.11	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		#	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	$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		$	0.30	0.61	0.92	1.23	1.54		
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, 1 dose/vial, Liquid

Co-financing group	Graduating

	2011	2012	2013	2014	2015
Minimum co-financing	0.30	0.61	0.92	1.23	1.54
Your co-financing	0.30	0.61	0.92	1.23	1.54

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	#		105,400	87,300	60,800	31,800	285,300
Number of AD syringes	#		111,500	92,300	64,300	33,600	301,700
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		1,250	1,025	725	375	3,375

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Total value to be co-financed by GAVI	*$*		277,000	216,000	132,000	63,000	688,000

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

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		31,900	51,800	79,500	109,900	273,100
Number of AD syringes	#		33,800	54,700	84,100	116,200	288,800
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		375	625	950	1,300	3,250
Total value to be co-financed by the country	*$*		84,000	128,000	173,000	218,000	603,000

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

		Formula	**2011**	**2012**			**2013**			**2014**			**2015**		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			23.23%			37.23%			56.66%			77.59%		
B	**Number of children to be vaccinated with the first dose**	Table 1	42,680	43,583	10,123	33,460	44,006	16,384	27,622	44,424	25,170	19,254	44,830	34,786	10,044
C	**Number of doses per child**	Vaccine parameter (schedule)	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
D	Number of doses needed	B x C	128,040	130,749	30,369	100,380	132,018	49,151	82,867	133,272	75,508	57,764	134,490	104,358	30,132
E	Estimated vaccine wastage factor	Wastage factor table	1.11	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	142,125	137,287	31,887	105,400	138,619	51,609	87,010	139,936	79,284	60,652	141,215	109,576	31,639
G	Vaccines buffer stock	(F – F of previous year) * 0.25		0	0	0	333	124	209	330	187	143	320	249	71
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		137,287	31,887	105,400	138,952	51,733	87,219	140,266	79,471	60,795	141,535	109,824	31,711
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		145,132	33,709	111,423	146,910	54,695	92,215	148,299	84,022	64,277	149,640	116,113	33,527
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) needed	(K + L) /100 * 1.11		1,611	375	1,236	1,631	608	1,023	1,647	934	713	1,662	1,290	372
N	Cost of vaccines needed	I x g		339,099	78,761	260,338	322,369	120,019	202,350	284,740	161,326	123,414	261,840	203,175	58,665
O	Cost of AD	K x ca		7,692	1,787	5,90	7,787	2,900	4,88	7,860	4,454	3,40	7,931	6,155	1,776

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	syringes needed					5			7			6			
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		1,032	240	792	1,044	389	655	1,055	598	457	1,064	826	238
R	**Freight cost for vaccines needed**	N x fv		11,869	2,757	9,112	11,283	4,201	7,082	9,966	5,647	4,319	9,165	7,112	2,053
S	**Freight cost for devices needed**	(O+P+Q) x fd		873	203	670	884	330	554	892	506	386	900	699	201
T	**Total fund needed**	(N+O+P+Q+R+S)		360,565	83,746	276,819	343,367	127,836	215,531	304,513	172,528	131,985	280,900	217,964	62,936
U	**Total country co-financing**	I 3 cc		83,746			127,836			172,528			217,964		
V	**Country co-financing % of GAVI supported proportion**	U / T		23.23%			37.23%			56.66%			77.59%		

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

Statement on use forvard of funds of GAVI Alliance on injection safety support in 2010

For injection safety support Republic of Moldova received from GAVI Funds earlier:
1st - 2005 ($ 32,000)
2nd - 2005 ($ 29,000)
3rd - 2007 ($ 26,000)
Total used: in 2006 - $ 28,284.00;
in 2007 - $ 6,566.00;
in 2008 - $ 17,720.00;
in 2009 - $ 16,127.00
Amount spent in 2010 (US$): $18,303.00
Balance carried over to 2011 (US$): $ 00

Expenditure for 2010 activities
2010 activities for Injection Safety financed with GAVI support Expenditure in US$
Purchase of cold chain equipment (refrigerators) from territorial Center of Public Health for renewal and improvement new vaccine in 2012 and 2013. 18,303.00
Total 18,303.00
The Financial Statement for ISS grant in 2010 is attached, document nr. 8.

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)		1	Yes
Signature of Minister of Finance (or delegated authority)		2	Yes
Signatures of members of ICC		3	Yes
Signatures of members of HSCC			
Minutes of ICC meetings in 2010		4, 5, 6	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		7	Yes
Minutes of HSCC meetings in 2010			
Minutes of HSCC meeting in 2011 endorsing APR 2010			
Financial Statement for ISS grant in 2010			
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010			
EVSM/VMA/EVM report		9	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012			
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010		8, 10	
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:** Signature of Minister of Health (or delegated authority) * **File Desc:**	**File name:** MoH & MoF Signatures APR 2010 Moldova.pdf **Date/Time:** 19.05.2011 12:33:14 **Size:** 176 KB		
2	**File Type:** Signature of Minister of Finance (or delegated authority) * **File Desc:**	**File name:** MoH & MoF Signatures APR 2010 Moldova.pdf **Date/Time:** 19.05.2011 12:33:58 **Size:**		

ID	File type Description	File name Date and Time Size	New file	Actions
		176 KB		
3	**File Type:** Signatures of members of ICC * **File Desc:**	**File name:** ICC Signatures APR 2010 Moldova.pdf **Date/Time:** 19.05.2011 12:34:30 **Size:** 207 KB		
4	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:**	**File name:** Moldova minutes ICC meeting 25.05.2010 no 1.pdf **Date/Time:** 19.05.2011 12:36:06 **Size:** 552 KB		
5	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:**	**File name:** Moldova minutes ICC meeting 07.07.2010 no 2.pdf **Date/Time:** 19.05.2011 12:36:50 **Size:** 499 KB		
6	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:**	**File name:** Moldova minutes ICC meeting 06.10.2010 no 3.pdf **Date/Time:** 19.05.2011 12:37:17 **Size:** 714 KB		
7	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:**	**File name:** Moldova minutes ICC meeting 10.05.2011 no 1.pdf **Date/Time:** 19.05.2011 12:37:56 **Size:** 292 KB		
8	**File Type:** Financial Statement for NVS introduction grant in 2010 **File Desc:**	**File name:** Financial statment 2010 ISS Moldova.pdf **Date/Time:** 19.05.2011 12:38:45 **Size:** 298 KB		
9	**File Type:** EVSM/VMA/EVM report **File Desc:**	**File name:** EVM_report_MDA_Apr2011 (eng)_v3.doc **Date/Time:** 19.05.2011 12:39:38 **Size:** 1 MB		
10	**File Type:** Financial Statement for NVS introduction grant in 2010 **File Desc:**	**File name:** Financial statment 2010 NVS Moldova.pdf **Date/Time:** 19.05.2011 12:40:19 **Size:** 261 KB		

~ End ~