GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of *Bolivia*

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **14.05.2011 20:02:00**

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.

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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
AVN	Rotavirus, 2-dose format	Rotavirus, 2-dose format	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
HSS	2011
ASI	2011

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 Bolivia 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 Bolivia

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	Dr.Nila HEREDIA MIRANDA	**Name**	Mr. Luis ARCE CATACORA
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. Rene LENIS PORCEL	National EPI Manager	(591-2) 244-2473	rlenis@hotmail.com	
Dr. Virginia Tintaya	National VPD Surveillance Manager	(591-2)244-2473	vtintaya@hotmail.es	

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. Christian DARRAS	Pan-American Health Organization/World Health Organization			
Dr. Desiree PASTOR	Pan-American Health Organization/World Health Organization			
Dr. Stanley BLANCO	USAID			
Mr. Per ENGEBACK	UNICEF			
Dr. Carmen LUCAS	UNICEF			
Dr. Cesar MIRANDA	JICA			
Dr. Ignacio CARREÑO	PROCOSI (NGO network)			
Mr. Sergio CRIALES	PROCOSI			
Dr.Marcia RAMIREZ	WORLD BANK			

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:

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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) - COCOTEC (Technical Coordination Committee)-COCOPOL (Political Coordination Committee), 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
Dr. Martin MATURANO	Vice Minister of Health			
Dr. Alberto CAMAQUI	Vice Minister of Traditional Medicine			
Dr. Miguel Angel RIMBA	Vice Minister of Sports			
Dr. Eduardo AYLLON	Chief of Office Staff			
Dr. German CRESPO	Director General of Planning			
Dr. Jhony VEDIA	Director General of Health			
Dr. Gabriela AYOROA	Director General of Administrative Affairs			
Dr. Jorge JEMIO	Director General of Health Promotion			
Dr. Marina VALDA	Director General of Legal Affairs			
Dr. Vladimir CAMACHO	Head of the Health Services and Quality Unit			
Dr. Janet VIDAURRE	National Coordinator of the GAVI-HSS Project			
Mr. Angel MANCILLA	Administrator of the GAVI-HSS Project			

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:

Field Code Changed

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 - COCOTEC-COCOPOL, 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 Bolivia'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	279,237	279,542	296,999	314,456	331,913	349,370
Total infants' deaths	17,457	15,906	14,099	12,292	10,485	8,678
Total surviving infants	261,780	263,636	282,900	302,164	321,428	340,692
Total pregnant women	319,424	320,005	324,598	330,505	336,412	342,319
# of infants vaccinated (to be vaccinated) with BCG	236,605	237,272	254,610	274,969	295,714	316,844
BCG coverage (%) *	85%	85%	86%	87%	89%	91%
# of infants vaccinated (to be vaccinated) with OPV3	209,411	226,728	248,952	274,969	295,714	316,844
OPV3 coverage (%) **	80%	86%	88%	91%	92%	93%

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
planned thereafter						
Infants vaccinated (to be vaccinated) with 1st dose of Measles						
Measles coverage (%) **	0%	0%	0%	0%	0%	0%
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	8%	5%	5%	3%	2%	1%

* 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

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill-in the table in section 4 ~~Baseline and Annual Targets~~~~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~~~~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**

No changes

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

No changes

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

No changes

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

No changes

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

1. Strengths:
The Expanded Programme on Immunisation (EPI) of the Bolivian Ministry of Health and Sports (MHS) had a regular performance on the subject of vaccination coverage in 2010 with a decrease of 5% in OPV-3 and DPT-3 (Pentavalent-3) vaccination coverage due to problems that are explained in the programme weaknesses. Nonetheless, the coverage projection of 85% for BCG and 76-5% for Rotavirus-2 in the original proposal (2007) and APR 2009 was maintained.

There were no shortages of vaccines or syringes and EPI operating expenses in Bolivia were financed in their entirety by national funds, except for the rotavirus vaccine which, due to its high price, is 50% subsidized by GAVI. A great effort was made to maintain EPI activities at their normal pace, and somehow the negative influence of the AH1N1 influenza pandemic was offset in terms of the staff time dedicated by the health services.

Vaccination in Bolivia has had the positive results of zero cases of poliomyelitis (since 1989), measles (since 2000) and rubella (since 2006). Likewise, in 2010, control of all vaccine-preventable diseases was achieved with very few cases: annual deaths from neonatal tetanus (0 cases), adult tetanus (2 cases), diphtheria (4 cases), whooping cough (6 cases), and yellow fever (3 cases). According to the rotavirus sentinel surveillance data, between 2008 and 2010, there was a 25% decrease in hospitalizations for all causes of diarrhea and a 15% decrease in severe diarrheas

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attributed to rotaviruses. Likewise, the sentinel surveillance of this virus was ostensibly improved, as shown by the increase in the percentage of children analyzed as suspicious rotavirus cases: 84% in 2008 and 93% in 2010. The impact of the introduction of the rotavirus vaccine may also be measured indirectly by the positive percentages of rotavirus, which was 38% in 2010 as against 49% in 2008. Lastly, in March 2010, the "Evaluation of Rotavirus Vaccine Effectiveness" was initiated with a study of cases and controls funded by PATH under the guidance of the PAHO/WHO and the CDC of Atlanta. The preliminary data show a vaccine effectiveness of 76% in the prevention of hospitalizations due to severe diarrhea in Bolivia.

Another programme strength is having relied for 20 years on the permanent support of (national and international) immunisation consultants from the PAHO/WHO based in the country. The PAHO/WHO offer technical consultancy, training, vaccine promotion activity funding (Americas Vaccination Week), social communication in vaccination campaigns, real-time access to international information related to the surveillance of vaccine-preventable diseases (polio, measles/rubella, pandemic flu, rotavirus and bacterial pneumonia and meningitis), safe vaccination, and ESAVI surveillance, among other things. There is also technical and financial support from UNICEF in three departments (Oruro, Beni and Pando) and national social communication support in vaccination campaigns. Canadian Cooperation is increasingly more evident in the country, having made vaccine donations against diphtheria in 2010. Through the PAHO/WHO, it will be an important partner for Bolivia in the years to come. PROCOSI is an NGO network supporting the EPI in its primary healthcare projects throughout the country. The USAID also donated syringes and safety disposal boxes during the pandemic vaccination campaign in 2010. JICA is a potential partner that proposes to support the EPI starting 2011. The World Bank was also present in 2010 with technical and funding cooperation in support of the accreditation of vaccination centers throughout the country.

Weaknesses:
Factors detected that provoked decrease in coverage and restricted the achievement of greater coverage for rotavirus (and all other vaccines in general) were the following:

1. The decrease of OPV-3 and DPT-3 coverage was principally due to the operative efforts deviated during the first six months to achieve the goal of the national vaccination campaign against the A H1N1 influenza pandemic in groups at risk, principally in adults (pregnant women, health workers and chronic patients); during the second half of the year, a diphtheria outbreak placed the country under an epidemiological alert that activated a national vaccination campaign addressed to the population aged 1-15.
2. Lack of supervision due to the time deviated in controlling the influenza and diphtheria epidemics;
3. Lack of investment in a social communication plan for the regular vaccination programme;
4. Lack of refrigerated vehicles to transport vaccines to remote departments and municipalities.
5. Lack of cold chambers in intermediate cities and the need for expansion in the central cold chain capacity;
6. Lack of vehicles for EPI supervision in 9/10 SEDES;

Threats:
One substantial problem in EPI management was the high rotation of technical staff on all health system levels. There was a lack of political will among many municipality mayors who do not allocate funds for extramural activities of either vaccination or supervision.

Opportunities:
In 2009, the opportunity arose to apply for a GAVI subsidy to plan the introduction of the decavalent pneumococcal vaccine, which is still pending approval. The proposal will be presented again to GAVI in 2011 for the subsidy of PCV-13.
Likewise, the introduction of the seasonal influenza vaccine with national funds in 2011 was planned in 2010. In 2010, the reinforcement doses for poliomyelitis and DPT vaccines at 18 months and 4 years were introduced. The costs of these new vaccines were added to the proposal for the EPI national budget funded by the General National Treasury (TGN).
Between August and September, there was the chance to avail of the PAHO international evaluation, which mobilized ten international experts to evaluate all Programme components; a final report on the positive and negative results was presented to the high authorities of the Ministry of Health.

5.2.2.

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

The descent in OPV-3 and DPT-3 coverage was principally due to the deviation of operative efforts in order to achieve the goal of the national vaccination campaign against the A H1N1 influenza pandemic during the first six months and a vaccination campaign against an outbreak of diphtheria that put the country on epidemiological alert during the last six months. The lack of vehicles proper to the EPI on the department and municipal levels restricted the working operations of the Special Rapid-action Brigades (BEARs) and EPI supervisors to increase vaccination coverage throughout the time that the pandemic lasted. There were problems with the vaccine transporting company hired annually, so that vaccines and syringes did not always arrive on time at the health services. The Ministry of Health does not have its own refrigerated vehicles for vaccine transport, obliging it to hire a private company that often fails in its services.
There is no social communication plan for the regular vaccination programme.

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?

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

The gender variable is included in the daily vaccination records; however, there is no national breakdown of this information by gender. For 2012, the National Health Information System (NHIS) will be including this variable for reporting consolidated national vaccination coverage. Heads of family do not discriminate as to bringing their sons and daughters to be vaccinated at the health services.

5.2.4.

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

Routine Rapid Coverage Monitoring (RCM) conducted on the health services gave evidence that both boys and girls had high vaccination coverage in all the municipalities in the country.

5.3. Data assessments

5.3.1.

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

There are no discrepancies between the official coverage data of the country and the WHO/UNICEF national immunisation coverage data since these are based on the same source of information (NHIS). The data from the last Demography and Health Survey (ENDSA) conducted in 2008 reveal greater coverage than the official data of the Ministry of Health and Sports, corroborating a serious problem of lack of population denominators in the administrative data due to overestimated projections of the National Census of 2001; these official data on vaccination coverage are calculated on the basis of the national census of 2001, with population projections that have varied substantially in the majority of municipalities due to internal and external migration factors in the country.

***** 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.

The international EPI evaluation was conducted in 2010, allowing for Data Quality Audit (DQA) on administrative data, which disclosed a high percentage of agreement in the data generated and reported from the local to the department and national levels (the PAHO/WHO Final Report on the International EPI Evaluation 2010 is attached).

5.3.3.

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

The country has data consistency forms that must be digitized by network management to verify the consistency of data coming from the local level (health establishments with vaccination centers). These data consistency forms are also filled up on the department and national levels to verify the reliability of administrative data between each level. Information delivery from the local to the national level has been improved; however, it is necessary to improve delivery times between levels, since there is still a delay of at least 2 months between coverage data notification and publication.

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.

Currently, a new software called VSSM (Vaccine and Supplies Stock Management) installed since April 2010 with PAHO/WHO support to monitor vaccine and syringe movements makes it possible to enter vaccine and syringe deliveries and deployments throughout the country. These data may be consulted in real time and serve to ascertain the qualitative and quantitative flow of these supplies for greater efficiency and transparency in the use of these resources.

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 = 707	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 PAHO/WHO**	**Donor name World Bank**	**Donor name Canada**	

* 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 Immunisat
and donors) in US$.

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

Expenditures by Category	Budgeted Year 2012	
Traditional Vaccines*	**11,110,713**	
New Vaccines	**7,235,316**	
Injection supplies with AD syringes	**655,864**	
Injection supply with syringes other than ADs	**62,773**	
Cold Chain equipment	**128,637**	
Personnel	**454,602**	
Other operational costs		
Supplemental Immunisation Activities	**1,786,367**	
Total Expenditures for Immunisation	**21,434,272**	

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dos
Some countries will also include HepB and Hib vaccines in this ro
without GAVI support.

Please describe trends in immunisation expenditures and f
as differences between planned versus actual expenditures
the reasons for the reported trends and describe the finar
immunisation program over the next three years; whether
challenging, or alarming. If either of the latter two is appli
being pursued to address the gaps and indicate the sources

An upward tendency as regards immunisation costs and funding for 2011
27 of Law No. 2042 of 1999 mentions the availability of funds allocated to
mandatory contribution of the health insurance entities of the national So
11 May 2011 with the National General Budget Division of the Ministry of
with the Minister of Finance on 13 May, it was explained that these funds
EPI and the introduction of the pneumococcal vaccine in the event that th
reaches US$ 3.50 starting 2016. The total price of US$ 3.50 per dose wa

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 3

Please attach the minutes (Document number 69 and 70
2010, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by
baseline and annual targets~~Updated baseline and a~~
Expenditures and Financing for Immunisation~~Overall~~
~~Immunisation~~

The purchase of 2 refrigerated vehicles and 10 vehicles for safe vaccinati
for safe injections from the department to the local level were discussed
The sole preoccupation respecting the vehicles was to guarantee their ex
means of ministry resolution. This resolution will ensure that the vehicles
Support for the Immunisation Programme in the introduction of the pneum
starting in 2010 was also explicit, given the high infant mortality due to pn

Are there any Civil Society Organisations (CSO) member of

If Yes, which ones?

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

List CSO member organisations:	
PROCOSI	

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions 2012? Are they linked with cMYP?

The principal objectives for 2011-2012 are:

1. Raising vaccination coverage with traditional vaccines on the municipa of polio eradication, MR and congenital rubella syndrome elimination and preventable diseases.
2. Consolidating the introduction of new vaccines (rotavirus and seasonal reinforcement vaccines) and the introduction of the pneumococcal vaccin principal causes of disease and mortality in children under 5, which are di
3. Expansion of the cold chain network subject to previous inventory of th through the purchase of refrigerated vehicles.
4. Strengthening Immunisation Programme logistics by purchasing vehicl printers.
5. Improving the monitoring of biologicals movement over the VSSM.
6. Designing a social communication plan to strengthen the regular vacci

The Bolivian Ministry of Health and Sports insists that the GAVI Board rec the purchase of two refrigerated vehicles (approximately US$ 50,000 eac departmental vaccination supervision activities in relation to the municipa Baseline Evaluation have attested to the existence of problems in the col jurisdiction, giving rise to the need to avail of refrigerated means of transp transport problem of difficult access to dispersed communities is reported

5.7. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan

Please report what types of syringes are used and the material in 2010

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

Vaccine	Types of syringe used in 2010 routine EPI	F
BCG	**Auto-disable syringe 0.1 cc 27 G X 3/8**	
Measles	**Auto-disable syringe 0.5 cc 25 G X 5/8**	
TT	**Disposable syringe 0.5 cc 22 G X 1 1/2**	
DTP-containing vaccine	**Auto-disable syringe 0.5 cc 23 G X 1**	
YF	**Auto-disable syringe 0.5 cc 25 G X 5/8**	

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

If Yes: Have you encountered any obstacles during the im policy/plan? (Please report in box below)

IF No: When will the country develop the injection safety
below)

An updated injection safety plan specific to the regular vaccination progr
recommendation in the international evaluation, since injection safety st
manual or specific plan for the regular programme. There are safe inj
vaccination campaign based on the Bolivian Biosafety Standard.

Please explain in 2010 how sharps waste is being disposed

No biosafety boxes were purchased in 2010 since a balance of 86,510
purchased in the proportion of 1 for every 100 syringes to dispose of. Th
Revolving Fund. In urban areas, biosafety boxes and empty vaccine vials
private garbage collection companies that attend to hospitals and health
municipal dumpsites. In rural areas, biosafety boxes and empty vials are
the purpose by the health

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

Funds received during 2010
Remaining funds (carry over) from 2009
Balance carried over to 2011

Please report on major activities conducted to strengthen im

No funds from the window were drawn pending GAVI authorization for the transport. If GAVI did not authorize the funds from the Injection Safety wi purchase of three vehicles; nonetheless, GAVI responded in December 2 remained undrawn.

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) be 2010 calendar year? Yes

If Yes, please complete Part A below.
If No, please complete Part B below.

Part A: briefly describe progress against require agreed in any Aide Memoire concluded between conditions not met in the management of ISS funds

In 2010, two external auditors financed by GAVI came to Bolivia Assessment (FMA) on the 4 support windows as per GAVI stand Immunisations does not have a copy of this report. This is possi Fernando de la Hoz was one of those who participated in the sa Head of the National EPI, Dr. Max Enriquez, was interviewed; he posed by the evaluators. The funds for the three GAVI Windows were made rapidly available in previous years through official Pr signatures of the EPI Head, the Director General of Health and t PAHO submits the financial reports (attached) accounting for the Washington, the funds drawn during the year and the unused fu revised and audited by the Finance Office of this entity.

Part B: briefly describe the financial management your ISS funds. Indicate whether ISS funds have be plans and budgets. Report also on any problems th the use of ISS funds, such as delays in availability of

Please include details on the type of bank ac government accounts), how budgets are approved, h national levels, financial reporting arrangements at levels, and the overall role of the ICC in this process

Is GAVI's ISS support reported on the national health sector

6.3. Detailed expenditure of ISS funds during the 20

Please attach a detailed financial statement for the use of year (Document Number No.5) (Terms of reference for thi Annex 1~~Annex 1~~). Financial statements should be signed Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B pr Secretariat six months following the close of your external audit report is available for your ISS programm recent fiscal year, this must also be attached (Documer

6.4. Request for ISS reward

In June 2009, the GAVI Board decided to improve the immunisation programmes and the related calculation of p from 2008 reporting year, a country is entitled to a reward:

a) If the number of children vaccinated with DTP3 achievement (or the original target set in the approve

b) If the reported administrative coverage of DTP3 (re WHO/UNICEF coverage estimate for the same http://apps.who.int/Immunisation_monitoring/en/glob p3.htm.

If you qualify for ISS reward based on DTP3 achievements estimate the US$ amount by filling **Table 3** below

Note: The Monitoring IRC will review the ISS section of the A estimate is made available

Table 3: Calculation of expected ISS reward

				2009
				A
1	Number of infants vaccinated with DTP3***** (from JRF) **specify**			219
2	Number of **additional** infants that are reported to be vaccinated with DTP3			
3	Calculating	**$20**	per additional child vaccinated with DTP3	
4	**Rounded-up estimate of expected reward**			

* Number of DTP3: total number of infants vaccinated with DTP3 a vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievem approved ISS proposal, whichever is higher. Please specify the ye vaccinated with DTP3 and reported in JRF.

7. New and Under-used Vaccines Support (NV

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

7.1.1.

Did you receive the approved amount of vaccine doses for GAVI communicated to you in its Decision Letter (DL)? Fill-i

Table 4: Received vaccine doses

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

	[A]	[B]
Vaccine Type	**Total doses for 2010 in DL**	**Total doses received by 31 December 2010 ***
Rotavirus	**474,200**	**394,550**

** Please also include any deliveries from the previous year receive*

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

What are the main problems encountered? (Lower Delay in shipments? Stock-outs? Excessive stocks discarded because VVM changed colour or because

Bolivia purchased 155,350 doses of the rotavirus vaccine in add decision letter (629,550-474,200 = 155,350 doses), anticipating maintaining regular payments to the Revolving Fund to prevent it should be noted that GAVI deposits the relevant co-payment ~~up to~~ until the end of each year. The delivery of the vaccines thr during the months of April, June and November 2010, plus an ad

What actions have you taken to improve the va adjusting the plan for vaccine shipments? (in the Division)

The PAHO has facilitated a new tool known as PAHO 173 that n the basis of target population, adjustments as per stock balance needs (vaccine back-up for the first quarter of the following year) management and planning. Likewise, the PAHO/WHO installed VSSM (Vaccine and Supplies Stock Management) making it pos vaccines and consumables and the efficiency of use of all vaccin

7.1.2.

For the vaccines in the **Table 4** above, has your country fac

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

Please describe the reason and impact of stock-out

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new v
vaccine introduction plan in the proposal approved and repo

Vaccine introduced	Pandemic influenza	
Phased introduction	Yes	**Date of introduction** 05.04.2010
Nationwide introduction	Yes	**Date of introduction** 05.04.2010
The time and scale of introduction was as planned in the proposal?	Yes	**If No, why?**

7.2.2.

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

If your country conducted a PIE in the past two years
Document No 71)

7.2.3.

Has any case of Adverse Event Following Immunisation (AE
year? Yes

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

Two severe adverse events were reported following the immunisation aga
concluded that both cases coincided with urinary infections not treated in
death and in a second case was managed without problems. There were
vaccination. A press conference was held at the end of the pandemic influ
Minister of Health and the PAHO/WHO Representative in order to announ
absence of severe adverse events related to the vaccination. The pander
from the World Health Organization, 900,000 doses of Pandemrix (GSK)
Panenza vaccine (Sanofi Pasteur) with the Government's own funds. The
presented to the WHO, which was approved without problems.

7.2.4.

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

Funds of Vaccines Introduction Grant received in 2010

$US	2,814,500
Receipt date	29.09.2010

Please report on major activities that have been undertake
new vaccine, using the GAVI New Vaccine Introduction Gra

The introduction of the rotavirus vaccine with the GAVI subsidy in August
hospitalizations due to diarrhea, shown by the sentinel surveillance condu
study on rotavirus vaccine effectiveness in Bolivia that, as preliminary dat

severe rotavirus diarrhea, is being finalized, under funding by the PATH/G

Please describe any problem encountered in the implement

The 76% coverage attained with second rotavirus doses in infants under effort, given the situation of pandemic influenza already referred to at the

Is there a balance of the introduction grant that will be carrie

If Yes, how much? US$

Please describe the activities that will be undertaken with th

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant fu

Please attach a detailed financial statement for the use o funds in the 2010 calendar year (Document No 5). (T statement are available in Annex 1~~Annex 1~~.) Financial st Chief Accountant or by the Permanent Secretary of Ministry

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

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

Q. 1: What are the actual co-financed amounts and doses in 2		
Co-Financed Payments	**Total Amount in US$**	
1st Awarded Vaccine Rotavirus, 2-dose format	2,288,571	
2nd Awarded Vaccine		
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor		
Other		
Q. 3: What factors have accelerated, slowed, or hindered mob financing?		
1. None. The government is efficiently meeting its co-payments and ha fulfilling its commitments.		
2.		
3.		
4.		
Q. 4: How have the proposed payment schedules and actual s		

year?	
Schedule of Co-Financing Payments	Propo
	(mont
1st Awarded Vaccine Rotavirus, 2-dose format	
2nd Awarded Vaccine	
3rd Awarded Vaccine	

If the country is in default please describe and explain the
to meet its co-financing requirements. For more informat
Default Policy: http://www.gavialliance.org/resources/9___C

Is GAVI's new vaccine support reported on the national hea

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countr
application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EV

When was the last Vaccine Management Assessment (VMA

If your country conducted either EVSM or VMA in the past
reports. (Document No. 71)

A VMA report must be attached from those countries w
Underused Vaccine with GAVI support before 2008.

Please note that EVSM and VMA tools have been replaced
Management (EVM) tool. The information on E
http://www.who.int/Immunisation_delivery/systems_policy/lo

For countries which conducted EVSM, VMA or EVM in t
carried out as part of either action plan or impro
EVSM/VMA/EVM.

The country introduced the use of the VSSM software with the support o
process of implementing this tool on the national and departmental leve
already being used for reports on the movements of vaccines and syring
been logistics problems due to the lack of computers and printers for
inputting data into it; hence, the purchase and procurement of this equipr
strengthen immunisation services.

When is the next Effective Vaccine Management (EVM) Ass

7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine pres
are currently being supplied (for instance the number

(liquid/lyophilised) to the other, …), please provide the vac
minutes of the ICC meeting recommending the change
through UNICEF, planning for a switch in presentation shou
of Decision Letter (DL) for next year, taking into account
switch as well as supply availability.

Please specify below the new vaccine presentation

Not applicable

Please attach the minutes of the ICC and NITAG (if avai
applicable) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for thos support is ending in 2011

If 2011 is the last year of approved multiyear support for
wishes to extend GAVI support, the country should request
agreement with GAVI for vaccine support starting from 2
Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI suppo
years 2012 to . At the same time it commits itself to co-finan
accordance with the minimum GAVI co-financing levels as s
Calculation of requirements~~Calculation of requirements~~.

The multi-year extension of not applicable vaccine support
years 2012 to which is attached to this APR (Document No

The country ICC has endorsed this request for extended s
the ICC meeting whose minutes are attached to this APR (D

7.7. Request for continued support for vaccines for 2

In order to request NVS support for 2012 vaccination do the

Confirm here below that your request for 2012 vaccines sup
Calculation of requirements~~Calculation of requirements~~: Yes

If you don't confirm, please explain

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
Auto-disable syringes	0	0.053	0.053	0.053	0.053	0.053
DPT-HepB, 2-dose vial, liquid	2	1.600				
DPT-HepB, 10-dose vial, liquid	10	0.620	0.620	0.620	0.620	0.620
Pentavalent, 1-dose vial, liquid	WAP	2.580	2.470	2.320	2.030	1.850
Pentavalent, 2-dose vial, lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
Pentavalent, 10-dose vial, liquid	WAP	2.580	2.470	2.320	2.030	1.850
DPT-Hib, 10-dose vial, liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monovalent, 1-dose vial, liquid	1					
HepB monovalent, 2-dose vial, liquid	2					
Hib monovalent, 1-dose vial, lyophilised	1	3.400				
Measles, 10-dose vial, lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal vaccine (PCV10), 2-dose vial, liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal vaccine (PCV13), 1-dose vial, liquid	1	3.500	3.500	3.500	3.500	3.500
Reconstitution syringes	0	0.032	0.032	0.032	0.032	0.032
Reconstitution syringes	0	0.038	0.038	0.038	0.038	0.038
Rotavirus, 2-dose format	1	7.500	6.000	5.000	4.000	3.600
Rotavirus, 3-dose format	1	5.500	4.000	3.333	2.667	2.400
Safety disposal boxes	0	0.640	0.640	0.640	0.640	0.640
Yellow fever, 5-dose vial, lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow fever, 10-dose 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 Rotavirus 2-dose schedule

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	**263,636**	**282,900**	**302,164**	**321,428**	**340,692**		**1,510,820**
Number of children to be vaccinated with the third dose	Table 1	#	**214,392**	**263,097**	**284,034**	**302,142**	**320,250**		**1,383,915**
Immunisation coverage with the third dose	Table 1	#	**81%**	**93%**	**94%**	**94%**	**94%**		
Number of children to be vaccinated with the first dose	Table 1	#	**265,565**	**268,653**	**268,946**	**272,043**	**272,339**		**1,347,546**

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of doses per child		#	**2**	**2**	**2**	**2**	**2**		
Estimated vaccine wastage factor	Table 1	#	**1.05**	**1.05**	**1.05**	**1.05**	**1.05**		
Vaccine stock on 1 January 2011		#		**235,000**					
Number of doses per vial		#	**1**	**1**	**1**	**1**	**1**		
AD syringes required	Select YES or NO	#	**No**	**No**	**No**	**No**	**No**		
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	$	**7.500**	**6.000**	**5.000**	**4.000**	**3.600**		
Country co-financing per dose		$	**3.15**	**3.24**	**3.33**	**3.42**	**3.51**		
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 Rotavirus 2-dose schedule

Co-financing group	**"Graduated"**

	2011	2012	2013	2014	2015
Minimum co-financing	**3.15**	**3.24**	**3.33**	**3.42**	**3.51**
Your co-financing	**3.15**	**3.24**	**3.33**	**3.42**	**3.51**

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**

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	#		160,900	207,200	107,300	42,000	517,400
Number of AD syringes	#		0	0	0	0	0
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		1,800	2,300	1,200	475	5,775
Total value to be co-financed by GAVI	$		1,015,000	1,089,500	451,500	159,000	2,715,000

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	#		170,000	357,900	465,700	530,200	1,523,800
Number of AD syringes	#		0	0	0	0	0
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		1,900	3,975	5,175	5,900	16,950
Total value to be co-financed by the country	$		1,072,000	1,881,500	1,959,500	2,008,000	6,921,000

Table 7.1.4: Calculation of requirements for Rotavirus 2-dose schedule

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
A	Country Co-finance			51.36%			63.33%			81.28%			92.67%		
B	Number of children to be vaccinated with	Table 1	265,565	268,653	137,994	130,659	268,946	170,335	98,611	272,043	221,110	50,933	272,339	252,365	19,974

		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)	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**
D	**Number of doses needed**	B x C	**531,130**	**537,306**	**275,987**	**261,319**	**537,892**	**340,670**	**197,222**	**544,086**	**442,219**	**101,867**	**544,678**	**504,729**	**39,949**
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	**557,687**	**564,172**	**289,786**	**274,386**	**564,787**	**357,704**	**207,083**	**571,291**	**464,330**	**106,961**	**571,912**	**529,966**	**41,946**
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		**1,622**	**834**	**788**	**154**	**98**	**56**	**1,626**	**1,322**	**304**	**156**	**145**	**11**
H	**Stock on 1 January 2011**			**235,000**	**120,708**	**114,292**									
I	**Total vaccine doses needed**	F + G - H		**330,794**	**169,912**	**160,882**	**564,941**	**357,802**	**207,139**	**572,917**	**465,652**	**107,265**	**572,068**	**530,110**	**41,958**
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		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
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		**3,672**	**1,887**	**1,785**	**6,271**	**3,972**	**2,299**	**6,360**	**5,170**	**1,190**	**6,350**	**5,885**	**465**

		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		1,984,764	1,019,471	965,293	2,824,705	1,789,007	1,035,698	2,291,668	1,862,606	429,062	2,059,445	1,908,396	151,049
O	Cost of AD syringes needed	K x ca		0	0	0	0	0	0	0	0	0	0	0	0
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		2,351	1,208	1,143	4,014	2,543	1,471	4,071	3,309	762	4,064	3,766	298
R	Freight cost for vaccines needed	N x fv		99,239	50,974	48,265	141,236	89,451	51,785	114,584	93,131	21,453	102,973	95,421	7,552
S	Freight cost for devices needed	(O+P+Q) x fd		236	122	114	402	255	147	408	332	76	407	378	29
T	Total fund needed	(N+O+P+Q+R+S)		2,086,590	1,071,773	1,014,817	2,970,357	1,881,254	1,089,103	2,410,731	1,959,377	451,354	2,166,889	2,007,959	158,930
U	Total country co-financing	I 3 cc		1,071,773			1,881,254			1,959,377			2,007,959		
V	Country co-financing % of GAVI supported proportion	U / T		51.36%			63.33%			81.28%			92.67%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (

The HSS form is available at this address: HSS section of th

Please download it, fill it in offline and upload it back at the
the Attachment section.

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
in the course of this review and any information you may wi
you have experienced during the year under review. These
minutes, which should be included in the attachments

12. Annexes

Annex 1

TERMS OF REFERENCE
FINANCIAL STATEMENTS FOR IMMUNISATION SERV
VACCINE INTRODUCTION GR

I. All countries that have received ISS /new vaccine i
calendar year, or had balances of funding remaining
vaccine introduction grants in 2010, are required to s
programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upo
for accounting, thus GAVI will not provide a sing
determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of
during the 2010 calendar year, to be comprised of po
basic statement of income and expenditure is provided

a. Funds carried forward from the 2009 calendar yea
2010)
b. Income received from GAVI during 2010
c. Other income received during 2010 (interest, fees
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2010
f. A detailed analysis of expenditures during 2010, b
system of economic classification. This analys
expenditure for the year by your government's ow
and relevant cost categories, for example: wages
report on the budget for each category at the begi
expenditure during the calendar year, and the bal
category as of 31 December 2010 (referred to as

IV. Financial statements should be compiled in local curr
exchange rate applied. Countries should provide addi
particular rate of exchange has been applied, and any
the GAVI Alliance in its review of the financial stateme

V. Financial statements need not have been audited/cert
GAVI. However, it is understood that these statements
during each country's external audit for the 2010 finan
the GAVI Secretariat 6 months following the close of e

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.

Annex 2

TERMS OF REFERENC
FINANCIAL STATEMENTS FOR HEALTH SYSTE

I. All countries that have received HSS grants durin balances of funding remaining from previously disburs to submit financial statements for these programme Reports.

II. Financial statements should be compiled based upo for accounting, thus GAVI will not provide a sing determined cost categories.

III. At a minimum, GAVI requires a simple statement of during the 2010 calendar year, to be comprised of poi basic statement of income and expenditure is provide
   a. Funds carried forward from the 2009 calendar ye 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010 system of economic classification. This analy expenditure for each HSS objective and activit approved HSS proposal, with further breakdo wages & salaries). Cost categories used should own system for economic classification. Please activity and cost category at the beginning expenditure during the calendar year, and the ba activity and cost category as of 31 December 201

IV. Financial statements should be compiled in local curr exchange rate applied. Countries should provide add particular rate of exchange has been applied, and any the GAVI Alliance in its review of the financial stateme

V. Financial statements need not have been audited/c GAVI. However, it is understood that these stateme during each country's external audit for the 2010 finan the GAVI Secretariat 6 months following the close of e

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.

Annex 3

TERMS OF REFERENC
FINANCIAL STATEMENTS FOR CIVIL SOCIETY O

I. All countries that have received CSO 'Type B' gr
or had balances of funding remaining from previo
in 2010, are required to submit financial stateme
their Annual Progress Reports.

II. Financial statements should be compiled based upo
for accounting, thus GAVI will not provide a sing
determined cost categories.

III. At a minimum, GAVI requires a simple statement of
during the 2010 calendar year, to be comprised of poi
basic statement of income and expenditure is provided
a. Funds carried forward from the 2009 calendar ye
2010)
b. Income received from GAVI during 2010
c. Other income received during 2010 (interest, fees
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2010
f. A detailed analysis of expenditures during 2010
system of economic classification. This analys
expenditure by each civil society partner, per yo
CSO 'Type B' proposal, with further breakdown b
& salaries). Cost categories used should be b
system for economic classification. Please rep
activity and cost category at the beginning
expenditure during the calendar year, and the ba
activity and cost category as of 31 December 201

IV. Financial statements should be compiled in local curr
exchange rate applied. Countries should provide add
particular rate of exchange has been applied, and any
the GAVI Alliance in its review of the financial stateme

V. Financial statements need not have been audited/c
GAVI. However, it is understood that these stateme
during each country's external audit for the 2010 fina
are due to the GAVI Secretariat 6 months following t
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

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	Sí
Signature of Minister of Finance (or delegated authority)		17	Sí
Signatures of members of ICC		2	Sí
Signatures of members of HSCC		3	Sí
Minutes of ICC meetings in 2010		4, 18	Sí
Minutes of ICC meeting in 2011 endorsing APR 2010		19, 22	Sí
Minutes of HSCC meetings in 2010		Missing	Sí
Minutes of HSCC meeting in 2011 endorsing APR 2010		6	Sí
Financial Statement for ISS grant in 2010		5	Sí
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		23	Sí
EVSM/VMA/EVM report			
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		20	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010		21	
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		7, 8, 9, 10, 11, 12, 13, 14, 15	

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:** Signature of Minister of Health endorsing APR Bolivia 2010	**File name:** FIRMAS APR 2010 GAVI.pdf **Date/Time:** 14.05.2011 11:07:00 **Size:** 230 KB		
2	**File Type:** Signatures of members of ICC * **File Desc:** Signature of the EPI ICC members	**File name:** Página de Firmas del CCI.pdf **Date/Time:** 14.05.2011 17:21:55 **Size:** 1 MB		
3	**File Type:** Signatures of members of HSCC *	**File name:** FIRMAS COCOPOL.pdf		

Field Code Changed

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ID	File type Description	File name Date and Time Size	New file	Actions	
	File Desc: Signatures of the Political HSCC	**Date/Time:** 14.05.2011 11:15:09 **Size:** 301 KB			
4	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** MINUTES OF ICC 2010 MEETINGS	**File name:** PRIMERA REUNION CCI 2010.pdf **Date/Time:** 14.05.2011 11:16:44 **Size:** 665 KB			Field Code Changed
5	**File Type:** Financial Statement for ISS grant in 2010 * **File Desc:** PAHO Financial Statements for GAVI-EPI2010	**File name:** Financial Reports PAHO WDC.pdf **Date/Time:** 14.05.2011 18:01:42 **Size:** 2 MB			Field Code Changed
6	**File Type:** Minutes of HSCC meeting in 2011 endorsing APR 2010 * **File Desc:** Minutes of Technical Coordination Committee (COCOTEC) meeting endorsing HSS APR 2010	**File name:** Acta Aprobacion Informe.pdf **Date/Time:** 14.05.2011 14:39:29 **Size:** 1 MB			Field Code Changed
7	**File Type:** Latest Health Sector Review Report **File Desc:** HSS Management Report May 2009 to May 2010	**File name:** 1 INFORME GESTION GAVI 2010-2011.doc **Date/Time:** 14.05.2011 15:01:51 **Size:** 428 KB			Field Code Changed
8	**File Type:** Latest Health Sector Review Report **File Desc:** HSS Administrative Report 2010	**File name:** 2 INFORME ADMINISTRATIVO GAVI 2010.docx **Date/Time:** 14.05.2011 15:04:15 **Size:** 27 KB			Field Code Changed
9	**File Type:** Latest Health Sector Review Report **File Desc:** Emergency Obstetric and Neonatal Care (CONE) Baseline Consultation Report	**File name:** 5 INFORME TECNICO CONSULTORIA CONE.doc **Date/Time:** 14.05.2011 16:01:27 **Size:** 672 KB			Field Code Changed
10	**File Type:** Latest Health Sector Review Report **File Desc:** HSS - Network Strengthening Strategy	**File name:** 6 ESTRATEGIA FORTALECIMIENTO REDES.doc **Date/Time:** 14.05.2011 16:03:25 **Size:** 806 KB			Field Code Changed
11	**File Type:** Latest Health Sector Review Report **File Desc:** Quality Management Consultation Report	**File name:** 7 INFORME TECNICO CONSULTORIA GESTION CALIDAD.doc **Date/Time:** 14.05.2011 16:05:52 **Size:** 154 KB			Field Code Changed
12	**File Type:** Latest Health Sector Review Report **File Desc:** Health in the New Political Constitution of the	**File name:** 11 SALUD EN LA NUEVA CONSTITUCION.pdf **Date/Time:**			Field Code Changed

ID	File type Description	File name Date and Time Size	New file	Actions
	Plurinational State (HSS 2010)	14.05.2011 16:44:03 **Size:** 731 KB		
13	**File Type:** Latest Health Sector Review Report **File Desc:** HSS Report January - April 2011	**File name:** 12 INFORME GAVI Enero a Abril 2011.doc **Date/Time:** 14.05.2011 16:48:32 **Size:** 708 KB		
14	**File Type:** Latest Health Sector Review Report **File Desc:** List of HSS and municipality agreements signed 2010	**File name:** 13 LISTA DE CONVENIOS FIRMADOS GAVI-FSS.doc **Date/Time:** 14.05.2011 16:51:50 **Size:** 44 KB		
15	**File Type:** Latest Health Sector Review Report **File Desc:** HSS Performance Matrix 2011	**File name:** 15 MATRIZ DE RENDIMIENTO 2011-2012 GAVI-FSS.xlsx **Date/Time:** 14.05.2011 17:07:35 **Size:** 17 KB		
16	**File Type:** other **File Desc:** Progress Report 2010 HSS-GAVI	**File name:** INFORME PROGRESO GAVI 2010-2011.doc **Date/Time:** 14.05.2011 17:15:22 **Size:** 461 KB		
17	**File Type:** Signature of Minister of Finance (or delegated authority) * **File Desc:** Signature of the Minister of Finance	**File name:** FIRMAS APR 2010 GAVI.pdf **Date/Time:** 14.05.2011 17:38:52 **Size:** 230 KB		
18	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** Minutes of EPI ICC meetings 2010	**File name:** PRIMERA REUNION CCI 2010.pdf **Date/Time:** 14.05.2011 17:41:46 **Size:** 665 KB		
19	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:** Minutes of ICC meeting in 2011 endorsing APR 2010	**File name:** Acta Reunión Comité Cooperación Interagencial PAI.pdf **Date/Time:** 14.05.2011 17:56:07 **Size:** 2 MB		
20	**File Type:** new cMYP starting 2012 **File Desc:** EPI cMY Action Plan 2011-2015	**File name:** Plan Quinquenal - Bolivia 2011-2015.xls **Date/Time:** 14.05.2011 18:16:23 **Size:** 276 KB		
21	**File Type:** Financial Statement for NVS introduction grant in 2010 **File Desc:** Minutes of 2011 budget meeting with Ministry of Health on pneumococcal vaccine introduction	**File name:** ACTA PAI, OPS Y UNIDAD DE PRESUPUESTOS MSD.pdf **Date/Time:** 14.05.2011 18:22:19 **Size:**		

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ID	File type Description	File name Date and Time Size	New file	Actions
		405 KB		
22	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:** technical and coordination committee	**File name:** Acta Aprobacion Informe.pdf **Date/Time:** 23.06.2011 05:48:07 **Size:** 1 MB		
23	**File Type:** Financial Statement for HSS grant in 2010 * **File Desc:**	**File name:** Cuentas subvención 2010.pdf **Date/Time:** 23.06.2011 05:50:40 **Size:** 5 MB		
24	**File Type:** other **File Desc:** Audit Report	**File name:** Informe Auditoria Interna 2010.zip **Date/Time:** 23.06.2011 06:01:52 **Size:** 9 MB		

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