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.
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 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 TRANSPARENCY 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

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Current Vaccine</th>
<th>Preferred presentation</th>
<th>Active until</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVN</td>
<td>Rotavirus, 2-dose format</td>
<td>Rotavirus, 2-dose format</td>
<td>2015</td>
</tr>
</tbody>
</table>

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Active until</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSS</td>
<td>2011</td>
</tr>
<tr>
<td>ASI</td>
<td>2011</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Minister of Health (or delegated authority):</th>
<th>Minister of Finance (or delegated authority)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Dr.Nila HEREDIA MIRANDA</td>
<td>Mr. Luis ARCE CATACORA</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>Signature</td>
<td>Signature</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Full name</th>
<th>Position</th>
<th>Telephone</th>
<th>Email</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Rene LENIS PORCEL</td>
<td>National EPI Manager</td>
<td>(591-2) 244-2473</td>
<td><a href="mailto:flenis@hotmail.com">flenis@hotmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Dr. Virginia Tintaya</td>
<td>National VPD Surveillance Manager</td>
<td>(591-2)244-2473</td>
<td><a href="mailto:vtintaya@hotmail.es">vtintaya@hotmail.es</a></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Agency/Organisation</th>
<th>Signature</th>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Christian DARRAS</td>
<td>Pan-American Health Organization/World Health Organization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Desiree PASTOR</td>
<td>Pan-American Health Organization/World Health Organization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Stanley BLANCO</td>
<td>USAID</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. Per ENGBACK</td>
<td>UNICEF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Carmen LUCAS</td>
<td>UNICEF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Cesar MIRANDA</td>
<td>JICA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Ignacio CARREÑO</td>
<td>PROCOSI (NGO network)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. Sergio CRIALES</td>
<td>PROCOSI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Marica RAMIREZ</td>
<td>WORLD BANK</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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) - 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.

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Agency/Organisation</th>
<th>Signature</th>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Martin MATURANO</td>
<td>Vice Minister of Health</td>
<td></td>
<td></td>
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<tr>
<td>Dr. Alberto CAMAQUI</td>
<td>Vice Minister of Traditional Medicine</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Dr. Miguel Angel RIMBA</td>
<td>Vice Minister of Sports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Eduardo AYLLON</td>
<td>Chief of Office Staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. German CRESPO</td>
<td>Director General of Planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Jhony VEDIA</td>
<td>Director General of Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Gabriela AYOROA</td>
<td>Director General of Administrative Affairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Jorge JEMIO</td>
<td>Director General of Health Promotion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Marina VALDA</td>
<td>Director General of Legal Affairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Vladimir CAMACHO</td>
<td>Head of the Health Services and Quality Unit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Janet VIDAURRE</td>
<td>National Coordinator of the GAVI-HSS Project</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. Angel MANCILLA</td>
<td>Administrator of the GAVI-HSS Project</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Agency/Organisation</th>
<th>Signature</th>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Name/Title</th>
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<th>Date</th>
<th>Action</th>
</tr>
</thead>
</table>

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

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   - 1.2. Other types of support

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   - 2.2. ICC Signatures Page
   - 2.3. HSCC Signatures Page
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Table 7.1.3: Estimated GAVI support and country co-financing (Country support)
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   Financial statements for health systems strengthening (HSS)
   Financial statements for civil society organisation (CSO) type B

13. Attachments
   13.1. List of Supporting Documents Attached to this APR
   13.2. Attachments
### 4. Baseline and Annual Targets

**Table 1: baseline figures**

<table>
<thead>
<tr>
<th>Number</th>
<th>Achievements as per JRF</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010</td>
<td>2011</td>
</tr>
<tr>
<td>Total births</td>
<td>279,237</td>
<td>279,542</td>
</tr>
<tr>
<td>Total infants' deaths</td>
<td>17,457</td>
<td>15,906</td>
</tr>
<tr>
<td>Total surviving infants</td>
<td>261,780</td>
<td>263,636</td>
</tr>
<tr>
<td>Total pregnant women</td>
<td>319,424</td>
<td>320,005</td>
</tr>
<tr>
<td># of infants vaccinated (to be vaccinated) with BCG</td>
<td>236,605</td>
<td>237,272</td>
</tr>
<tr>
<td><strong>BCG coverage (%)</strong></td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td># of infants vaccinated (to be vaccinated) with OPV3</td>
<td>209,411</td>
<td>226,728</td>
</tr>
<tr>
<td><strong>OPV3 coverage (%)</strong></td>
<td>80%</td>
<td>86%</td>
</tr>
<tr>
<td>Achievement</td>
<td>2010</td>
<td>2011</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Planned thereafter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infants vaccinated (to be vaccinated) with 1st dose of Measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles coverage (%) **</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Pregnant women vaccinated with TT+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TT+ coverage (%) ****</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Vit A supplement to mothers within 6 weeks from delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vit A supplement to infants after 6 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual DTP Drop-out rate [ (DTP1 - DTP3) / DTP1 ] x 100</td>
<td>8%</td>
<td>5%</td>
</tr>
</tbody>
</table>

* 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** 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**

**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.

<table>
<thead>
<tr>
<th>1.</th>
<th>Strengths:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Nonetheless, the coverage projection of 85% for BCG and 76-5% for Rotavirus-2 in the original proposal (2007) and APR 2009 was maintained.</td>
<td></td>
</tr>
</tbody>
</table>

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 diarrhea...
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 (Oro, 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. PROCOOSI 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.

<table>
<thead>
<tr>
<th>Expenditures by Category</th>
<th>Expenditures Year 2010</th>
<th>Sources of Funding</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Country</td>
<td>GAVI</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional Vaccines</td>
<td>10,811,931</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Vaccines</td>
<td>6,514,673</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injection supplies with AD syringes</td>
<td>588,552</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injection supply with syringes other than ADs</td>
<td>57,066</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cold Chain equipment</td>
<td>115,567</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>408,412</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other operational costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental Immunisation Activities</td>
<td>1,605,758</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Expenditures for Immunisation</td>
<td>20,101,959</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Government Health</td>
<td>16,768,887</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
* 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.

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

* 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, 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.

An upward tendency as regards immunisation costs and funding for 2011-2015 is expected. This is because Article 27 of Law No. 2042 of 1999 mentions the availability of funds allocated to disease prevention coming from 5% of the mandatory contribution of the health insurance entities of the national Social Security System. At a meeting held on 11 May 2011 with the National General Budget Division of the Ministry of Finance (the Treasury), and at a meeting with the Minister of Finance on 13 May, it was explained that these funds guarantee the financial sustainability of the EPI and the introduction of the pneumococcal vaccine in the event that the total basic price of the said vaccine reaches US$ 3.50 starting 2016. The total price of US$ 3.50 per dose was given by GAVI.

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 of 2010, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections related to baseline and annual targets, updated baseline and annual targets, overall expenditures and financing for immunisation.
Are there any Civil Society Organisations (CSO) member of the ICC?

If Yes, which ones?

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

List CSO member organisations:

- PROCOSI

5.6. Priority actions in 2011 to 2012

What are the country’s main objectives and priority actions for the year 2011 to 2012? Are they linked with cMYP?

The principal objectives for 2011-2012 are:

1. Raising vaccination coverage with traditional vaccines on the municipal level in order to maintain the achievements of polio eradication, MR and congenital rubella syndrome elimination and control of the remaining vaccine-preventable diseases.
2. Consolidating the introduction of new vaccines (rotavirus and seasonal influenza vaccine and OPV and DPT reinforcement vaccines) and the introduction of the pneumococcal vaccine, which are principal causes of disease and mortality in children under 5, which are difficult to access through the purchase of refrigerated vehicles.
3. Expansion of the cold chain network subject to previous inventory of the cold chain network in the country, mainly through the purchase of refrigerated vehicles.
4. Strengthening Immunisation Programme logistics by purchasing vehicles, refrigerators, and printers.
5. Improving the monitoring of biologicals movement over the VSSM.
6. Designing a social communication plan to strengthen the regular vaccination programme.

The Bolivian Ministry of Health and Sports insists that the GAVI Board reconsider the use of Safe Injection funds for the purchase of two refrigerated vehicles (approximately US$ 50,000 each) and 10 double-traction vehicles for departmental vaccination supervision activities in relation to the municipalities.

Baseline Evaluation have attested to the existence of problems in the cold chain of the 35 municipalities in its jurisdiction, giving rise to the need to avail of refrigerated means of transport, since vaccine wastage due to the 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 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.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Types of syringe used in 2010 routine EPI</th>
<th>Funding sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>Auto-disable syringe 0.1 cc 27 G X 3/8</td>
<td>National funding</td>
</tr>
<tr>
<td>Measles</td>
<td>Auto-disable syringe 0.5 cc 25 G X 5/8</td>
<td>National funding</td>
</tr>
<tr>
<td>TT</td>
<td>Disposable syringe 0.5 cc 22 G X 1 1/2</td>
<td></td>
</tr>
<tr>
<td>DTP-containing vaccine</td>
<td>Auto-disable syringe 0.5 cc 23 G X 1</td>
<td></td>
</tr>
<tr>
<td>YF</td>
<td>Auto-disable syringe 0.5 cc 25 G X 5/8</td>
<td></td>
</tr>
</tbody>
</table>

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

If Yes: Have you encountered any obstacles during the implementation of the injection safety policy/plan? (Please report in box below)
An updated injection safety plan specific to the regular vaccination programme will be prepared in 2011. This was a recommendation in the international evaluation, since injection safety strategies existed that were not updated in a manual or specific plan for the regular programme. There are safe injection manuals principally prepared for the vaccination campaign based on the Bolivian Biosafety Standard.

Please explain in 2010 how sharps waste is being disposed of.

No biosafety boxes were purchased in 2010 since a balance of 86,510 boxes existed. These boxes are purchased in the proportion of 1 for every 100 syringes to dispose of. These purchases are made through the PAHO Revolving Fund. In urban areas, biosafety boxes and empty vaccine vials are disposed of by means of contracts with private garbage collection companies that attend to hospitals and health establishments. In rural areas, biosafety boxes and empty vaccine vials are disposed of by burning in pits designed for the purpose by the health establishments themselves.
6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

| Funds received during 2010                  | US$ 143,750 |
| Remaining funds (carry over) from 2009      | US$ 69,846  |
| Balance carried over to 2011                | US$ 213,596 |

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010.

No funds from the window were drawn pending GAVI authorization for the purchase of vehicles and refrigerated transport. If GAVI did not authorize the funds from the Injection Safety window, these funds were to be used for the purchase of three vehicles; nonetheless, GAVI responded in December 2010, so that the funds from both windows remained undrawn.

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? Yes

If Yes, please complete Part A below.

If No, please complete Part B below.

**Part A:** briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds.

In 2010, two external auditors financed by GAVI came to Bolivia to draw up the Financial Management Assessment (FMA) on the 4 support windows as per GAVI standards. The Expanded Programme on Immunisations does not have a copy of this report. This is possibly a confidential GAVI internal report. Dr. Fernando de la Hoz was one of those who participated in the said assessment. In its course, the former Head of the National EPI, Dr. Max Enriquez, was interviewed; he answered the questions and requests posed by the evaluators. The funds for the three GAVI Windows were made rapidly available in previous years through official Programme requests backed by the signatures of the EPI Head, the Director General of Health and the Minister of Health. Every year, the PAHO submits the financial reports (attached) accounting for the funds deposited by GAVI at PAHO Washington, the funds drawn during the year and the unused funds. These financial statements are revised and audited by the Finance Office of this entity.

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

Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the subnational levels, financial reporting arrangements at both the subnational and national levels, and the overall role of the ICC in this process.
Is GAVI’s ISS support reported on the national health sector budget?

Yes

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number No.5) (Terms of reference for this financial statement are attached in Annex 1). Financial statements should be signed by the Chief Accountant or the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government’s fiscal year. If an external audit report is available for your ISS programme during your government’s most recent fiscal year, this must also be attached (Document Number 5).

6.4. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance-based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

a) If the number of children vaccinated with DTP3 is higher than the previous year’s achievement (or the original target set in the approved ISS proposal), and

b) If the reported administrative coverage of DTP3 is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at


If you qualify for ISS reward based on DTP3 achievements for the 2010 immunisation programme, estimate the US$ amount by filling Table 3 below.

Note: The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.

Table 3: Calculation of expected ISS reward

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of infants vaccinated with DTP3* (from JRF)</td>
</tr>
<tr>
<td>2</td>
<td>Number of additional infants that are reported to be vaccinated with DTP3</td>
</tr>
<tr>
<td>3</td>
<td>Calculating $2 per additional child vaccinated with DTP3</td>
</tr>
<tr>
<td>4</td>
<td>Rounded-up estimate of expected reward</td>
</tr>
</tbody>
</table>

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.
7. New and Under-used Vaccines Support (NVS)

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

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

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Total doses for 2010 in DL</th>
<th>Total doses received by 31 December 2010 *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotavirus</td>
<td>474,200</td>
<td>394,550</td>
</tr>
</tbody>
</table>

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

* 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? ...)

Bolivia purchased 155,350 doses of the rotavirus vaccine in addition to the 474,200 doses projected in the decision letter (629,550 - 474,200 = 155,350 doses), anticipating a shortage for the first half of 2011, and maintaining regular payments to the Revolving Fund to prevent the freezing of purchase orders of this vaccine; it should be noted that GAVI deposits the relevant co-payment up to until the end of each year. The delivery of the vaccines through the Revolving Fund took place quarterly, during the months of April, June and November 2010, plus an additional delivery in January 2011.

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

The PAHO has facilitated a new tool known as PAHO 173 that makes it possible to estimate annual needs on the basis of target population, adjustments as per stock balances in national warehouses, projected year-end needs (vaccine back-up for the first quarter of the following year), considerably improving vaccine management and planning. Likewise, the PAHO/WHO installed and imparted training on a software known as VSSM (Vaccine and Supplies Stock Management) making it possible to monitor the movement of Programme vaccines and consumables and the efficiency of use of all vaccines.

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

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 vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

<table>
<thead>
<tr>
<th>Vaccine introduced</th>
<th>Pandemic influenza</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phased introduction</td>
<td>Yes</td>
</tr>
<tr>
<td>Nationwide introduction</td>
<td>Yes</td>
</tr>
<tr>
<td>The time and scale of introduction was as planned in the proposal?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

7.2.2.
When is the Post introduction Evaluation (PIE) planned?  
June 2011

If your country conducted a PIE in the past two years, please attach relevant reports (Document No 71)

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 they were dealt with and their impact on vaccine introduction

Two severe adverse events were reported following the immunisation against pandemic influenza. It was concluded that both cases coincided with urinary infections not treated in a timely manner, which in one case led to death and in a second case was managed without problems. There were no major repercussions in the subsequent vaccination. A press conference was held at the end of the pandemic influenza vaccination campaign with the presence of the Minister of Health and the PAHO/WHO Representative in order to announce fulfillment of the 97% target and the absence of severe adverse events related to the vaccination. The pandemic influenza vaccination was supported by a donation from the World Health Organization, 900,000 doses of Pandemrix (GSK) and 400,000 doses of Panzenza vaccine (Sanofi Pasteur) with the Government’s own funds. The plan was 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

<table>
<thead>
<tr>
<th>$US</th>
<th>2,814,500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt date</td>
<td>29.09.2010</td>
</tr>
</tbody>
</table>

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

The introduction of the rotavirus vaccine with the GAVI subsidy in August 2008 has had an impact on the reduction of hospitalizations due to diarrhea, shown by the sentinel surveillance conducted study on rotavirus vaccine effectiveness in Bolivia that, as preliminary data
severe rotavirus diarrhea, is being finalized, under funding by the PATH/GAVI, PAHO/WHO and CDC.

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

The 76% coverage attained with second rotavirus doses in infants under 1 year of age in 2010 was achieved at great effort, given the situation of pandemic influenza already referred to at the start of the report.

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

If Yes, how much? US$

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

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 5). (Term of reference for this financial statement are available in Annex 1) Financial statement shall 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

<table>
<thead>
<tr>
<th>Co-Financed Payments</th>
<th>Total Amount in US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Awarded Vaccine Rotavirus, 2-dose format</td>
<td>2,288,571</td>
</tr>
<tr>
<td>2nd Awarded Vaccine</td>
<td></td>
</tr>
<tr>
<td>3rd Awarded Vaccine</td>
<td></td>
</tr>
</tbody>
</table>

Q. 2: Which are the sources of funding for co-financing?

- Government
- Donor
- Other

Q. 3: What factors have accelerated, slowed, or hindered mobilization of resources for vaccine co-financing?

1. None. The government is efficiently meeting its co-payments and has been fulfilling its commitments.
2.
3.
4.

Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting period?
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 EVSM prior to an application for introduction of new vaccine.

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

31.08.2010

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

31.08.2010

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document No. 71)

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 country introduced the use of the VSSM software with the support of PAHO/WHO starting in April 2010. The process of implementing this tool on the national and departmental level is still pending evaluation in 2011, but it is already being used for reports on the movements of vaccines and syringes. There have been logistics problems due to the lack of computers and printers for those charged with installing software and inputting data into it; hence, the purchase and procurement of this equipment is expected in 2011 to strengthen immunisation services.

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

15.11.2011

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), please indicate the proposed change.

### Schedule of Co-Financing Payments

<table>
<thead>
<tr>
<th>Proposed Payment Date for</th>
<th>(month number e.g. 8 for August)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Awarded Vaccine Rotavirus, 2-dose format</td>
<td></td>
</tr>
<tr>
<td>2nd Awarded Vaccine</td>
<td></td>
</tr>
<tr>
<td>3rd Awarded Vaccine</td>
<td></td>
</tr>
</tbody>
</table>
(liquid/lyophilised) to the other, …), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of presentation. If supplied through UNICEF, planning for a switch in presentation should start immediately 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

Not applicable

Please attach the minutes of the ICC and NITAG (if applicable) 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 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 requests for an extension of GAVI support for the years 2012 to . At the same time it commits itself to co-finance the procurement of vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.9.

Calculation of requirements

The multi-year extension of not applicable vaccine support is in line with the new cMYP for the years 2012 to which is attached to this APR.

Calculation of requirements

The country ICC has endorsed this request for extended support of not applicable vaccine at the ICC meeting whose minutes are attached to this APR.

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

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

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Presentation</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auto-disable syringes</td>
<td>0</td>
<td>0.053</td>
<td>0.053</td>
<td>0.053</td>
<td>0.053</td>
<td>0.053</td>
</tr>
<tr>
<td>DPT-HepB, 2-dose vial, liquid</td>
<td>2</td>
<td>1.600</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPT-HepB, 10-dose vial, liquid</td>
<td>10</td>
<td>0.620</td>
<td>0.620</td>
<td>0.620</td>
<td>0.620</td>
<td>0.620</td>
</tr>
<tr>
<td>Pentavalent, 1-dose vial, liquid</td>
<td>WAP</td>
<td>2.580</td>
<td>2.470</td>
<td>2.320</td>
<td>2.030</td>
<td>1.850</td>
</tr>
<tr>
<td>Pentavalent, 2-dose vial, lyophilised</td>
<td>WAP</td>
<td>2.580</td>
<td>2.470</td>
<td>2.320</td>
<td>2.030</td>
<td>1.850</td>
</tr>
<tr>
<td>Pentavalent, 10-dose vial, liquid</td>
<td>WAP</td>
<td>2.580</td>
<td>2.470</td>
<td>2.320</td>
<td>2.030</td>
<td>1.850</td>
</tr>
<tr>
<td>DPT-Hib, 10-dose vial, liquid</td>
<td>10</td>
<td>3.400</td>
<td>3.400</td>
<td>3.400</td>
<td>3.400</td>
<td>3.400</td>
</tr>
<tr>
<td>HepB monovalent, 1-dose vial, liquid</td>
<td>1</td>
<td>3.400</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepB monovalent, 2-dose vial, liquid</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib monovalent, 1-dose vial, lyophilised</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, 10-dose vial, lyophilised</td>
<td>10</td>
<td>0.240</td>
<td>0.240</td>
<td>0.240</td>
<td>0.240</td>
<td>0.240</td>
</tr>
<tr>
<td>Pneumococcal vaccine (PCV10), 2-dose vial, liquid</td>
<td>2</td>
<td>3.500</td>
<td>3.500</td>
<td>3.500</td>
<td>3.500</td>
<td>3.500</td>
</tr>
<tr>
<td>Pneumococcal vaccine (PCV13), 1-dose vial, liquid</td>
<td>1</td>
<td>3.500</td>
<td>3.500</td>
<td>3.500</td>
<td>3.500</td>
<td>3.500</td>
</tr>
<tr>
<td>Reconstitution syringes</td>
<td>0</td>
<td>0.032</td>
<td>0.032</td>
<td>0.032</td>
<td>0.032</td>
<td>0.032</td>
</tr>
<tr>
<td>Reconstitution syringes</td>
<td>0</td>
<td>0.038</td>
<td>0.038</td>
<td>0.038</td>
<td>0.038</td>
<td>0.038</td>
</tr>
<tr>
<td>Rotavirus, 2-dose format</td>
<td>1</td>
<td>7.500</td>
<td>6.000</td>
<td>5.000</td>
<td>4.000</td>
<td>3.600</td>
</tr>
<tr>
<td>Rotavirus, 3-dose format</td>
<td>1</td>
<td>5.500</td>
<td>4.000</td>
<td>3.333</td>
<td>2.667</td>
<td>2.400</td>
</tr>
<tr>
<td>Safety disposal boxes</td>
<td>0</td>
<td>0.640</td>
<td>0.640</td>
<td>0.640</td>
<td>0.640</td>
<td>0.640</td>
</tr>
<tr>
<td>Yellow fever, 5-dose vial, lyophilised</td>
<td>WAP</td>
<td>0.856</td>
<td>0.856</td>
<td>0.856</td>
<td>0.856</td>
<td>0.856</td>
</tr>
<tr>
<td>Yellow fever, 10-dose vial, lyophilised</td>
<td>WAP</td>
<td>0.856</td>
<td>0.856</td>
<td>0.856</td>
<td>0.856</td>
<td>0.856</td>
</tr>
</tbody>
</table>

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
<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Group</th>
<th>No Threshold</th>
<th>200’000 $</th>
<th>250’000 $</th>
<th>2’000’000 $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>&lt;=</td>
<td>&gt;</td>
<td>&lt;=</td>
</tr>
<tr>
<td>Yellow Fever</td>
<td>Yellow Fever</td>
<td>20%</td>
<td></td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>DTP+HepB</td>
<td>HepB and or Hib</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTP-HepB-Hib</td>
<td>HepB and or Hib</td>
<td></td>
<td>15%</td>
<td>3,50%</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal vaccine (PCV10)</td>
<td>Pneumococcal</td>
<td>5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal vaccine (PCV13)</td>
<td>Pneumococcal</td>
<td>5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td>Rotavirus</td>
<td>5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>Measles</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7.9. Calculation of requirements

Table 7.1.1: Specifications for Rotavirus 2-dose schedule

<table>
<thead>
<tr>
<th>Instructions</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Surviving infants</td>
<td>Table 1</td>
<td># 263,636</td>
<td>282,900</td>
<td>302,164</td>
<td>321,428</td>
<td>340,692</td>
</tr>
<tr>
<td>Number of children to be vaccinated with the third dose</td>
<td>Table 1</td>
<td># 214,392</td>
<td>263,097</td>
<td>284,034</td>
<td>302,142</td>
<td>320,250</td>
</tr>
<tr>
<td>Immunisation coverage with the third dose</td>
<td>Table 1</td>
<td># 81%</td>
<td>93%</td>
<td>94%</td>
<td>94%</td>
<td>94%</td>
</tr>
<tr>
<td>Number of children to be vaccinated with the first dose</td>
<td>Table 1</td>
<td># 265,565</td>
<td>268,653</td>
<td>268,946</td>
<td>272,043</td>
<td>272,339</td>
</tr>
</tbody>
</table>
### Instructions

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of doses per child</td>
<td>#</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Estimated vaccine wastage factor</td>
<td>Table 1</td>
<td>#</td>
<td>1.05</td>
<td>1.05</td>
<td>1.05</td>
<td>1.05</td>
</tr>
<tr>
<td>Vaccine stock on 1 January 2011</td>
<td>#</td>
<td></td>
<td>235,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of doses per vial</td>
<td>#</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>AD syringes required</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Reconstitution syringes required</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Safety boxes required</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Vaccine price per dose</td>
<td>Table 6.1</td>
<td>$</td>
<td>7.500</td>
<td>6.000</td>
<td>5.000</td>
<td>4.000</td>
</tr>
<tr>
<td>Country co-financing per dose</td>
<td>$</td>
<td>3.15</td>
<td>3.24</td>
<td>3.33</td>
<td>3.42</td>
<td>3.51</td>
</tr>
<tr>
<td>AD syringe price per unit</td>
<td>Table 6.1</td>
<td>$</td>
<td>0.053</td>
<td>0.053</td>
<td>0.053</td>
<td>0.053</td>
</tr>
<tr>
<td>Reconstitution syringe price per unit</td>
<td>Table 6.1</td>
<td>$</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>Safety box price per unit</td>
<td>Table 6.1</td>
<td>$</td>
<td>0.640</td>
<td>0.640</td>
<td>0.640</td>
<td>0.640</td>
</tr>
<tr>
<td>Freight cost as % of vaccines value</td>
<td>Table 6.2</td>
<td>%</td>
<td>5.00%</td>
<td>5.00%</td>
<td>5.00%</td>
<td>5.00%</td>
</tr>
<tr>
<td>Freight cost as % of devices value</td>
<td>Table 6.2</td>
<td>%</td>
<td>10.00%</td>
<td>10.00%</td>
<td>10.00%</td>
<td>10.00%</td>
</tr>
</tbody>
</table>

Co-financing tables for Rotavirus 2-dose schedule

<table>
<thead>
<tr>
<th>Co-financing group</th>
<th>&quot;Graduated&quot;</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum co-financing</td>
<td>3.15</td>
<td>3.24</td>
<td>3.33</td>
<td>3.42</td>
<td>3.51</td>
</tr>
<tr>
<td>Your co-financing</td>
<td>3.15</td>
<td>3.24</td>
<td>3.33</td>
<td>3.42</td>
<td>3.51</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Required supply item</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Approval</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For Endorsement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

<table>
<thead>
<tr>
<th>Required supply item</th>
<th>For Approval</th>
<th>For Endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011</td>
<td>2012</td>
</tr>
<tr>
<td>Number of vaccine doses</td>
<td>#</td>
<td>160,900</td>
</tr>
<tr>
<td>Number of AD syringes</td>
<td>#</td>
<td>0</td>
</tr>
<tr>
<td>Number of re-constitution syringes</td>
<td>#</td>
<td>1,800</td>
</tr>
<tr>
<td>Total value to be co-financed by GAVI</td>
<td>$</td>
<td>1,015,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Formula</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Gov.</td>
<td>GAVI</td>
<td>Total</td>
<td>Gov.</td>
</tr>
<tr>
<td>A Country Co-finance</td>
<td>51.36%</td>
<td>63.33%</td>
<td>81.28%</td>
<td>92.67%</td>
<td></td>
</tr>
<tr>
<td>B Number of children to be vaccinated with</td>
<td>265,565</td>
<td>268,653</td>
<td>137,994</td>
<td>130,659</td>
<td>268,946</td>
</tr>
<tr>
<td></td>
<td>Formula</td>
<td>2011</td>
<td>2012</td>
<td>2013</td>
<td>2014</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------------------------------------------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>Gov.</td>
<td>GA VI</td>
<td>Total</td>
</tr>
<tr>
<td>the first dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Number of doses per child</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>D</td>
<td>Number of doses needed</td>
<td>B x C</td>
<td>531,130</td>
<td>537,306</td>
<td>275,987</td>
</tr>
<tr>
<td>E</td>
<td>Estimated vaccine wastage factor</td>
<td>1.05</td>
<td>1.05</td>
<td>1.05</td>
<td>1.05</td>
</tr>
<tr>
<td>F</td>
<td>Number of doses needed including wastage</td>
<td>D x E</td>
<td>557,687</td>
<td>564,172</td>
<td>289,786</td>
</tr>
<tr>
<td>G</td>
<td>Vaccines buffer stock</td>
<td>(F – F of previous year) * 0.25</td>
<td>1,622</td>
<td>834</td>
<td>788</td>
</tr>
<tr>
<td>H</td>
<td>Stock on 1 January 2011</td>
<td>235,000</td>
<td>120,708</td>
<td>114,292</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Total vaccine doses needed</td>
<td>F + G - H</td>
<td>330,794</td>
<td>169,912</td>
<td>160,882</td>
</tr>
<tr>
<td>J</td>
<td>Number of doses per vial</td>
<td>Vaccine parameter</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>K</td>
<td>Number of AD syringes (+ 10% wastage) needed</td>
<td>(D + G - H) x 1.11</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>L</td>
<td>Reconstitution syringes (+ 10% wastage) needed</td>
<td>I / J * 1.11</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>M</td>
<td>Total of safety boxes (+ 10% of extra need)</td>
<td>(K + L) /100 * 1.11</td>
<td>3,672</td>
<td>1,887</td>
<td>1,785</td>
</tr>
<tr>
<td></td>
<td>2011</td>
<td>2012</td>
<td>2013</td>
<td>2014</td>
<td>2015</td>
</tr>
<tr>
<td>---------------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>Gov.</td>
<td>GAVI</td>
<td>Total</td>
<td>Gov.</td>
</tr>
<tr>
<td><strong>N</strong> Cost of vaccines needed</td>
<td>I x g</td>
<td>1,984,7</td>
<td>64</td>
<td>1,019,4</td>
<td>71</td>
</tr>
<tr>
<td><strong>O</strong> Cost of AD syringes needed</td>
<td>K x ca</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>P</strong> Cost of reconstitution syringes needed</td>
<td>L x cr</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Q</strong> Cost of safety boxes needed</td>
<td>M x cs</td>
<td>2,351</td>
<td>1,208</td>
<td>1,143</td>
<td>4,014</td>
</tr>
<tr>
<td><strong>R</strong> Freight cost for vaccines needed</td>
<td>N x fv</td>
<td>99,239</td>
<td>50,974</td>
<td>48,265</td>
<td>141,236</td>
</tr>
<tr>
<td><strong>S</strong> Freight cost for devices needed</td>
<td>(O+P+Q) x fd</td>
<td>236</td>
<td>122</td>
<td>114</td>
<td>402</td>
</tr>
<tr>
<td><strong>T</strong> Total fund needed</td>
<td>(N+O+P+Q +R+S) x</td>
<td>2,086,5</td>
<td>90</td>
<td>1,071,7</td>
<td>73</td>
</tr>
<tr>
<td><strong>U</strong> Total country co-financing</td>
<td>I 3 cc</td>
<td>1,071,7</td>
<td>73</td>
<td>1,881,2</td>
<td>54</td>
</tr>
<tr>
<td><strong>V</strong> Country co-financing % of GAVI supported proportion</td>
<td>U / T</td>
<td>51.36%</td>
<td>63.33%</td>
<td>81.28%</td>
<td>92.67%</td>
</tr>
</tbody>
</table>

Formula:
- Cost of vaccines needed: \( I \times g \)
- Cost of AD syringes needed: \( K \times ca \)
- Cost of reconstitution syringes needed: \( L \times cr \)
- Cost of safety boxes needed: \( M \times cs \)
- Freight cost for vaccines needed: \( N \times fv \)
- Freight cost for devices needed: \( (O+P+Q) \times fd \)
- Total fund needed: \( (N+O+P+Q +R+S) \times \)
8. Injection Safety Support (INS)

There is no INS support this year.
9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: [HSS section of the APR 2010 @ 18 Feb 2011.docx](HSS section of the APR 2010 @ 18 Feb 2011.docx)

Please download it, fill it in offline and upload it back at the end of this APR form using 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 the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments.
12. Annexes

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 predetermined 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

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

* An average rate of CFA 479.11 = USD 1 applied.

### Detailed analysis of expenditure by economic classification – GAVI ISS

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<tr>
<th>Economic Classification</th>
<th>Budget in CFA</th>
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<th>Actual in CFA</th>
<th>Actual in USD</th>
<th>Variance in CFA</th>
<th>Variance in USD</th>
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<td>2,850,000</td>
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<tr>
<td>Non-salary expenditure</td>
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<td>12,650,000</td>
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<td>350,000</td>
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<td>Fuel</td>
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<td>4,000,000</td>
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<td>Other expenditures</td>
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<td>6,792,132</td>
<td>14,177</td>
<td>5,707,868</td>
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<td><strong>TOTALS FOR 2009</strong></td>
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<td>87,663</td>
<td>30,592,132</td>
<td>63,852</td>
<td>11,407,868</td>
<td>23,811</td>
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</table>

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 predetermined 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, by your government’s own system of economic classification. This analysis should include expenditure for each HSS objective and activity, expenditure during the calendar year, and the balance remaining 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.

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 financial year.
MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:
An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS

<table>
<thead>
<tr>
<th></th>
<th>Local currency (CFA)</th>
<th>Value in USD *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance brought forward from 2008 (balance as of 31Decembre 2008)</td>
<td>25,392,830</td>
<td>53,000</td>
</tr>
<tr>
<td>Summary of income received during 2009</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income received from GAVI</td>
<td>57,493,200</td>
<td>120,000</td>
</tr>
<tr>
<td>Income from interest</td>
<td>7,665,760</td>
<td>16,000</td>
</tr>
<tr>
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<td>375</td>
</tr>
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<td>81,375</td>
</tr>
<tr>
<td>Total expenditure during 2009</td>
<td>30,592,132</td>
<td>63,852</td>
</tr>
<tr>
<td>Balance as of 31 December 2009 (balance carried forward to 2010)</td>
<td>60,139,325</td>
<td>125,523</td>
</tr>
</tbody>
</table>

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

Detailed analysis of expenditure is required in classification for GAVI HSS.
Annex 3

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

I. All countries that have received CSO ‘Type B’ grants 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 for predetermined 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 the government’s own system of economic classification. This analysis should include expenditure by each civil society partner, per your government’s CSO ‘Type B’ proposal, with further breakdown by activity and cost category (for example: wages & salaries). Cost categories used should be based upon the 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.

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 are 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

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<th>Description</th>
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<th>Value in USD *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance brought forward from 2008 (balance as of 31Decembre 2008)</td>
<td>25,392,830</td>
<td>53,000</td>
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</table>

#### Summary of income received during 2009

<table>
<thead>
<tr>
<th>Description</th>
<th>Income received from GAVI</th>
<th>Income from interest</th>
<th>Other income (fees)</th>
<th>Total Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>7,665,760</td>
<td>179,666</td>
<td>38,987,576</td>
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<tr>
<td></td>
<td>120,000</td>
<td>16,000</td>
<td>375</td>
<td>81,375</td>
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</table>

#### Total expenditure during 2009

<table>
<thead>
<tr>
<th>Description</th>
<th>Total Expenditure 2009</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Budget in CFA</td>
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<tr>
<td>Salary expenditure</td>
<td>2,000,000</td>
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<tr>
<td>Per diem payments</td>
<td>9,000,000</td>
</tr>
<tr>
<td>Non-salary expenditure</td>
<td>13,000,000</td>
</tr>
<tr>
<td>Fuel</td>
<td>3,000,000</td>
</tr>
<tr>
<td>Maintenance &amp; overheads</td>
<td>2,500,000</td>
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<tr>
<td>Other expenditures</td>
<td>12,500,000</td>
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<tr>
<td><strong>Total for 2009</strong></td>
<td><strong>42,000,000</strong></td>
</tr>
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</table>

#### Balance as of 31 December 2009 (balance carried forward to 2010)

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<thead>
<tr>
<th>Description</th>
<th>Balance as of 31 Decembre 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>60,139,325</td>
</tr>
</tbody>
</table>

*An average rate of CFA 479.11 = USD 1 applied.

**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

<table>
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<th>Document</th>
<th>Section</th>
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<td>Signatures of members of HSCC</td>
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<td></td>
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</tr>
<tr>
<td>Minutes of ICC meetings in 2010</td>
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<td>Minutes of ICC meeting in 2011 endorsing APR 2010</td>
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<td>6</td>
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<tr>
<td>Financial Statement for ISS grant in 2010</td>
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<td>Financial Statement for CSO Type B grant in 2010</td>
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<td>EVSM/VMA/EVM report</td>
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</tr>
<tr>
<td>External Audit Report (Fiscal Year 2010) for ISS grant</td>
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<tr>
<td>CSO Mapping Report (Type A)</td>
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<tr>
<td>Summary on fund utilisation of CSO Type A in 2010</td>
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<td>Financial Statement for NVS introduction grant in 2010</td>
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<tr>
<td>External Audit Report (Fiscal Year 2010) for CSO Type B grant</td>
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<tr>
<td>External Audit Report (Fiscal Year 2010) for HSS grant</td>
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<tr>
<td>Latest Health Sector Review Report</td>
<td>7, 8, 9, 10, 11, 12, 13, 14, 15</td>
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</table>

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.

<table>
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