



GAVI Alliance

Annual Progress Report **2014**

Submitted by

The Government of
Angola

Reporting on year: **2014**

Requesting for support year: **2016**

Date of submission: **15/05/2015**

Deadline for submission: 27/05/2015

Please submit the APR **2014** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavi.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance 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/country/>*

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) 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 APR, 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 languages of the arbitration will be English or French.

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: 2014

Requesting for support year: 2016

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule	2015

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the [WHO website](#), but availability would need to be confirmed specifically.

1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016	2016
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	No extension
Routine New Vaccines Support	Rotavirus, 2-dose schedule	2016	2017

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For 2014 ISS reward
VIG	Yes	Not applicable	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

There is no APR Monitoring IRC Report available for Angola from previous year.

2. Signatures

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

By signing this page, the Government of **Angola** 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 **Angola**

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Jose Vieira Dias Van-Dunem	Name	Armando Manuel
Date		Date	
Signature		Signature	

This report has been compiled by (these persons may be contacted in case the GAVI Secretariat has queries on this document):

Full name	Position	Telephone	Email
Alda Morais Pedro de Sousa	EPI manager	244912501232	aldamorais@yahoo.com.br
Jean Marie Kipela	EPI Team Leader WHO	244 941280588	kipelam@who.int
Jorge Mariscal	EPI Officer WHO	244 935148531	mariscalj@who.int
Titus Angi	EPI Officer UNICEF	244 925338469	tangi@unicef.org

2.2. ICC signatures page

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

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

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.

Name/Title	Agency/Organization	Signature	Date
Dr José Vieira Dias Van-Dunem, Minister of Health	Ministry of Health		

Dr Adelaide de Carvalho, National Director of Public Health	Ministry of Health		
Dr Hernando Agudelo, Representative WHO	WHO		
Dr Francisco Songane, Representative UNICEF	UNICEF		
Mr Jason D. FRAZER - USAID Mission Director	USAID		
Mr Jose F. Duarte de Sousa President Polio Plus Rotary	ROTARY		
Ms Ana PINTO - Director	CORE Group		
Dr Walter QUIFICA - Executive Secretariat	RED CROSS		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

Angola is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2014

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

Angola is not reporting on CSO (Type A & B) fund utilisation in 2015

3. Table of Contents

This APR reports on *Angola's* activities between January – December 2014 and specifies the requests for the period of January – December 2016

Sections

[1. Application Specification](#)

[1.1. NVS & INS support](#)

[1.2. Programme extension](#)

[1.3. ISS, HSS, CSO support](#)

[1.4. Previous Monitoring IRC Report](#)

[2. Signatures](#)

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

[2.2. ICC signatures page](#)

[2.2.1. ICC report endorsement](#)

[2.3. HSCC signatures page](#)

[2.4. Signatures Page for GAVI Alliance CSO Support \(Type A & B\)](#)

[3. Table of Contents](#)

[4. Baseline & annual targets](#)

[5. General Programme Management Component](#)

[5.1. Updated baseline and annual targets](#)

[5.2. Monitoring the Implementation of GAVI Gender Policy](#)

[5.3. Overall Expenditures and Financing for Immunisation](#)

[5.4. Interagency Coordinating Committee \(ICC\)](#)

[5.5. Priority actions in 2015 to 2016](#)

[5.6. Progress of transition plan for injection safety](#)

[6. Immunisation Services Support \(ISS\)](#)

[6.1. Report on the use of ISS funds in 2014](#)

[6.2. Detailed expenditure of ISS funds during the 2014 calendar year](#)

[6.3. Request for ISS reward](#)

[7. New and Under-used Vaccines Support \(NVS\)](#)

[7.1. Receipt of new & under-used vaccines for 2014 vaccine programme](#)

[7.2. Introduction of a New Vaccine in 2014](#)

[7.3. New Vaccine Introduction Grant lump sums 2014](#)

[7.3.1. Financial Management Reporting](#)

[7.3.2. Programmatic Reporting](#)

[7.4. Report on country co-financing in 2014](#)

[7.5. Vaccine Management \(EVSM/VMA/EVM\)](#)

[7.6. Monitoring GAVI Support for Preventive Campaigns in 2014](#)

[7.7. Change of vaccine presentation](#)

[7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2015](#)

[7.9. Request for continued support for vaccines for 2016 vaccination programme](#)

[7.10. Weighted average prices of supply and related freight cost](#)

[7.11. Calculation of requirements](#)

[8. Health Systems Strengthening Support \(HSS\)](#)

[9. Strengthened Involvement of Civil Society Organisations \(CSOs\) : Type A and Type B](#)

[9.1. TYPE A: Support to strengthen coordination and representation of CSOs](#)

[9.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP](#)

[10. Comments from ICC/HSCC Chairs](#)

[11. Annexes](#)

[11.1. Annex 1 – Terms of reference ISS](#)

[11.2. Annex 2 – Example income & expenditure ISS](#)

[11.3. Annex 3 – Terms of reference HSS](#)

[11.4. Annex 4 – Example income & expenditure HSS](#)

[11.5. Annex 5 – Terms of reference CSO](#)

[11.6. Annex 6 – Example income & expenditure CSO](#)

[12. Attachments](#)

4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2014		2015		2016		2017	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	1,135,728	1,219,172	1,167,529	1,253,308		1,288,401		1,324,477
Total infants' deaths	170,360	182,885	175,130	187,996		193,260		198,672
Total surviving infants	965368	1,036,287	992,399	1,065,312		1,095,141		1,125,805
Total pregnant women	1,135,728	1,219,172	1,167,629	1,253,308		1,288,401		1,324,477
Number of infants vaccinated (to be vaccinated) with BCG	1,067,585	983,909	1,109,152	1,127,977		1,159,561		1,192,029
BCG coverage[1]	94 %	81 %	95 %	90 %	0 %	90 %	0 %	90 %
Number of infants vaccinated (to be vaccinated) with OPV3	907,446	842,117	942,778	958,786		985,627		1,013,225
OPV3 coverage[2]	94 %	81 %	95 %	90 %	0 %	90 %	0 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1[3]	965,368	1,029,460	992,398	1,065,312		1,095,141		1,080,773
Number of infants vaccinated (to be vaccinated) with DTP3[3][4]	907,446	829,361	942,778	958,786		985,627		1,013,225
DTP3 coverage[2]	94 %	80 %	95 %	90 %	0 %	90 %	0 %	90 %
Wastage[5] rate in base-year and planned thereafter (%) for DTP	15	15	15	15		15		15
Wastage[5] factor in base-year and planned thereafter for DTP	1.18	1.18	1.18	1.18	1.00	1.18	1.00	1.18
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	965,368	1,029,460	992,398	1,065,312				
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	907,446	829,361	942,778	958,786				
DTP-HepB-Hib coverage[2]	94 %	80 %	95 %	90 %	0 %	0 %	0 %	0 %
Wastage[5] rate in base-year and planned thereafter	15	15	15	15				

(%) [6]								
Wastage[5] factor in base-year and planned thereafter (%)	1.18	1.18	1.18	1.18	1	1	1	1
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0 %	0 %	0 %	25 %	0 %	25 %	0 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	704,613	875,052	992,398	1,065,312		1,095,141		
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	665,469	630,400	942,778	958,786		985,627		
Pneumococcal (PCV13) coverage[2]	69 %	61 %	95 %	90 %	0 %	90 %	0 %	0 %
Wastage[5] rate in base-year and planned thereafter (%)	5	5	5	5		5		
Wastage[5] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1	1.05	1	1
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus	888,139	348,287	992,398	1,065,312		1,095,141		1,080,773
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus	843,732	183,073	942,778	958,786		985,627		1,013,225
Rotavirus coverage[2]	87 %	18 %	95 %	90 %	0 %	90 %	0 %	90 %
Wastage[5] rate in base-year and planned thereafter (%)	5	5	5	5		5		5
Wastage[5] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1	1.05	1	1.05
Maximum wastage rate value for Rotavirus, 2-dose schedule	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	907,446	877,782	942,778	958,786		985,627		1,013,225
Measles coverage[2]	94 %	85 %	95 %	90 %	0 %	90 %	0 %	90 %
Pregnant women vaccinated with TT+	1,067,584	921,751	1,097,477	1,127,977		1,159,561		1,192,029
TT+ coverage[7]	94 %	76 %	94 %	90 %	0 %	90 %	0 %	90 %
Vit A supplement to mothers within 6 weeks from delivery	552,397	406,593	817,270	644,200		1,159,561		1,013,225
Vit A supplement to infants after 6 months	1,400,000	602,744	1,500,000	800,000	N/A	1,000,000	N/A	1,300,000

Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	6 %	19 %	5 %	10 %	0 %	10 %	0 %	6 %
---	-----	------	-----	------	-----	------	-----	-----

[1] Number of infants vaccinated out of total births

[2] Number of infants vaccinated out of total surviving infants

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

[4] Please make sure that the DTP3 cells are correctly populated

[5] The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

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

[7] 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 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014**. The numbers for 2015 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

Preliminary data from the Angolan National Census of May 2014 (available after 44 years) was used to estimate population targets. Previous estimates of 2014 population were 22,714,547 inhabitants; however the census data shows 24,383,301 people (approximately 1.7 million more).<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

Birth estimates from census data is not available for the current year; hence, a 5% rate of total population was used in accordance to the Ministry of Health-EPI and national IBEP survey of 2010.

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

The number of surviving infants has increased due to changes in total population (Census data, 2014) maintaining infant mortality rates (IBEP 2010). The National Statistical Institute will update the infant mortality figures as results from the DHS-2015 are released after June 2015.

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified. For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.**

Changes in targets by vaccine do not exceed 10%. With the census data, the vaccine coverage go down, for this reason the targets for all vaccines were recalculated and gradually increased starting with the results of 2014.

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

NA

5.2. Monitoring the Implementation of GAVI Gender Policy

5.2.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
Nominal registration books sample Health facilitie	2014		

5.2.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

In order to obtain information about gender inequalities was collected information from a convenience sample of 4843 children under one year old registered in the new nominal immunizations books in the second semester of 2014. The sample was collected in 23 health facilities located in areas of 5 ethnic groups: Umbundu. Chocue. Bacongo. Kimbundo

and Ovimbundo. Despite the limitations of a small sample not randomly selected for infer results, in general was not found significant differences indicative of gender inequities in access to immunization services. Were registered in the sample 2446 boys 2347 girls therefore the average of girls registered 49% and the median 51,5%.

The only area that require more investigation for define possible gender inequality is the Bacongo area of Zaire Province in which was found consistently in three health facilities inquired girls registered more than boys. From the sample of 437 children 64% are girls and 36% Boys

The data collection by health staff motivate them to inquire about the gender differences in access to immunization and more structured study will be implemented.

5.2.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Yes**

5.2.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on <http://www.gavialliance.org/about/mission/gender/>)

We will continue to collect gender disaggregated information in samples of nominal registration books of health facilities mainly of rural areas looking for inequalities and local strategies to overcome the differences.

5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

Exchange rate used	1 US\$ = 98	Enter the rate only; Please do not enter local currency name
---------------------------	-------------	--

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

Expenditure by category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	NA	NA	NA
Traditional Vaccines*	18,093,035	18,093,035	0	0	0	0	0	0
New and underused Vaccines**	10,839,249	0	10,839,249	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	1,515,979	1,377,229	138,750	0	0	0	0	0
Cold Chain equipment	615,835	80,000	535,835	0	0	0	0	0
Personnel	667,633	468,000	199,633	0	0	0	0	0
Other routine recurrent costs	14,682,979	14,469,979	0	97,000	116,000	0	0	0
Other Capital Costs	1,200,000	1,200,000	0	0	0	0	0	0
Campaigns costs	9,871,501	9,567,501	0	0	304,000	0	0	0
Measles campaign		14,853,128	0	161,942	435,687	0	0	0
Total Expenditures for Immunisation	57,486,211							

Total Government Health		60,108,872	11,713,467	258,942	855,687	0	0	0

Traditional vaccines: BCG, DTP, OPV, 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

5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **18**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2015 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.3 Overall Expenditures and Financing for Immunisation](#)

1. The utilization of recent census data was recommended and accepted the adjustments in vaccine coverage
<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />
2. Lack of reliable information about the releases of funds for routine immunization outreach activities by the municipal administrators (funds decentralized by the Ministry of Health) and for procurement of cold chain equipment.
2. Difficulty of the Government to pay GAVI co-financing Government commitments mainly due to heavy bureaucratic policy of international transfer of funds and because the reduction in the Health budget due to drop in oil prices. In 2014 was paid USD 6,664,250 corresponding to 2012 and 2013 GAVI co-financing. The Government co-financing obligations of 2014 was not paid.
3. High local cost of cold chain equipment to accelerate the expansion of cold chain storage capacity in provinces and district with deficit of storage capacity.

Are any Civil Society Organisations members of the ICC? **Yes**

If **Yes**, which ones?

| List CSO member organisations: |
|--------------------------------|
| CORE Group |
| Angola Red Cross |
| Rotary International |

5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI programme for **2015 to 2016**

National Objectives for 2015 and 2016<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

Achieve and maintain routine immunization coverage \geq 90% for all antigens.

Consolidate the Poliovirus transmission interruption in the Country.

Achieve standards criteria for Measles Elimination.

Neonatal Tetanus Elimination certification.

Effective introduction of IPV countrywide in the second semester 2015.

Switch from t-OPV to b-OPV in April 2016

Priority actions

Guaranteed funds for procurement of vaccines and injection supplies for EPI (Drop in oil prices has reduced the Government budget for 2015 by around 30%).

Implementation of recommendations of EPI international external programme review conducted in 2014 and GAVI graduation plan 2015-2017 activities.

Continue increasing positive cold chain storage capacity in provinces, districts and health facilities with gaps in storage capacity using GAVI-IPV introduction grant, other donors' funds and UNICEF procurement facilities.

Strengthen interpersonal communication during the vaccination process.

Strengthen national regulatory authority (NRA) and AEFI surveillance

Introduce routine immunization data quality (DQS) as regular practice on the field through provinces and districts management teams training Strengthen the quality and frequency of field supportive supervision by focusing on weak/priority districts and health facilities with high demand.

5.6. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2014

| Vaccine | Types of syringe used in 2014 routine EPI | Funding sources of 2014 |
|------------------------|---|-------------------------|
| BCG | AD syringes | Government Angola |
| Measles | AD syringes | Government Angola |
| TT | AD syringes | Government Angola |
| DTP-containing vaccine | AD syringes | Government Angola |
| IPV | AD Syringes | Government Angola |
| Pneumo13 | AD Syringe | Government Angola |
| Yellow Fever | AD Syringe | Government Angola |

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

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

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

The main obstacle has been lack of procurement of incinerators at district level due to budget constraints, instead cold chain equipment purchase are prioritized at this level .

Please explain in 2014 how sharps waste is being disposed of, problems encountered, etc.

As noted in previous report, sharps waste were disposed through open burning countrywide, followed by burial; except in Luanda Province where, incineration is being carried out through a private company in- charged of health facility waste disposal.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Angola is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.2. Detailed expenditure of ISS funds during the 2014 calendar year

Angola is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.3. Request for ISS reward

Request for ISS reward achievement in Angola is not applicable for 2014

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

7.1. Receipt of new & under-used vaccines for 2014 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2014 vaccinations against approvals for 2014

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

| | [A] | [B] | [C] | |
|----------------------|---|--|--|--|
| Vaccine type | Total doses for 2014 in Decision Letter | Total doses received by 31 December 2014 | Total doses postponed from previous years and received in 2014 | Did the country experience any stockouts at any level in 2014? |
| Pneumococcal (PCV13) | 2,561,900 | 1,119,600 | 0 | No |
| DTP-HepB-Hib | 2,189,600 | 252,450 | 0 | No |
| Rotavirus | 2,137,200 | 1,229,500 | 0 | No |

If values in [A] and [B] are different, specify:

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

The reason for receiving less quantity of vaccines, compared to the decision letter, was the lack on payment co-financing obligations of Angola. Hence, deliveries of GAVI supported vaccines were postponed. The deficit of vaccines was covered by the remaining vaccines of previous years and buffer stock at central and provincial levels..

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

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

- Purchase and installation of two emergency generators for the central cold room
- Shipment plans to provinces and districts with low storage capacity were adjusted by increasing the number of shipments.
- In the GAVI graduation Plan 2015-2017 special equipment was planned for procurement to improve continuous temperature monitoring in central and provincial cold rooms. Activities to improve procurement process, vaccine management and training in cold chain maintenance were also included in the graduation plan.

Regarding the Pentavalent vaccine, the country is successfully using Pentavalent 10 doses vial.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

No stock outs observed in the period of the report.

7.2. Introduction of a New Vaccine in 2014

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

| DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | | |
|---|-----|------------|
| Nationwide introduction | Yes | 01/01/2006 |
| Phased introduction | No | |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | Yes | |

When is the Post Introduction Evaluation (PIE) planned? **June 2007**

| Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | | |
|---|-----|---|
| Nationwide introduction | Yes | 03/06/2013 |
| Phased introduction | No | |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | No | Note: The introduction was gradual. The planned timetable was delayed because the difficulties of release the funds by districts for purchasing cold chain equipment's. |

When is the Post Introduction Evaluation (PIE) planned? **February 2014**

| Rotavirus, 1 dose(s) per vial, ORAL | | |
|---|-----|--|
| Nationwide introduction | Yes | 01/06/2014 |
| Phased introduction | No | |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | No | Note: The introduction was gradual due to slow cascade training of front line health facility staff and restrictions on cold chain storage capacity in some districts. |

When is the Post Introduction Evaluation (PIE) planned? **June 2015**

7.2.2. If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9)

Main Findings of Pneumo-13 PIE (February 2014)

The process of introducing the Pneumo 13 vaccine was accomplished under the technical guidance of the central level; nevertheless, it was done in a long period of time (6 months) and had little local follow up and support.

The main problems encountered were insufficient cold chain storage space and adjustments of the vaccination system to introduce the Pneumo13 vaccine.

The vaccination work load on health facilities staff had very small negative impact; with the exception of vaccine supply logistics, inadequate cold chain equipment challenges at health facilities and districts due to high demand; doubling the frequency of vaccines supply above normal, increasing the risk of short period vaccine stock outs.

Recommendations

Do not approve long term gradual introduction of new vaccines in future because it does not allow immediate and appropriate follow-ups due to competing priorities and activities with little or no time for intensive monitoring and support as requested

Mobilize resources for the purchase of solar energy cold chain equipment preferably through UNICEF,
Conduct advocacy and initial involvement of provincial governments and districts administrations to ensure adequate resources are made available for supervision and logistical support.
Produce and distribute more registration materials, immunization cards and vaccine promotional material.
Develop sufficient standardized training materials for interpersonal communication.

Actions performed

Conditions are being set for the introduction of IPV vaccine in 2015 countrywide for a period of two weeks.
The procurement of 50 solar equipment is in process through the UNICEF supply division.
More vaccination cards and registration material were printed and distributed.
Simplified training and promotional materials are in process of development.
The GAVI Graduation Plan 2015-2017 which includes improvement in cold chain management capacity, data quality, interpersonal communication trainings and mid-level managers training's (MLM Courses), reinforcement of pharmacovigilance and installation of NITAG.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

Is there a national AEFI expert review committee? **No**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **No**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises?
No

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

The study was implemented in the province of Huambo, the third most important in the Country. It was found that the Rotavirus diarrhea was responsible for 32% of severe diarrhea cases, hospitalized in the Provincial Hospital. The age group affected were children between 6 -36 months. This study was published and **shared widely** in the country

7.3. New Vaccine Introduction Grant lump sums 2014

7.3.1. Financial Management Reporting

| | Amount US\$ | Amount local currency |
|--|-------------|-----------------------|
| Funds received during 2014 (A) | 0 | 0 |
| Remaining funds (carry over) from 2013 (B) | 1,349,006 | 132,202,588 |
| Total funds available in 2014 (C=A+B) | 1,349,006 | 132,202,588 |
| Total Expenditures in 2014 (D) | 735,468 | 63,046,438 |
| Balance carried over to 2015 (E=C-D) | 613,538 | 69,156,150 |

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

1. Post pneumo-13 introduction assessment was conducted in a sample of 5 provinces, 15 districts and 48 health facilities by MoH, WHO and UNICEF technicians. The results were discussed in ICC meetings and some decisions and corrective actions were made. The main findings and recommendations were discussed in point 7.2.2 of this report.
2. Countrywide cascade training on Rotavirus and refreshing knowledge on immunization basics were conducted from the central level to province, provincial level to district and health facility levels. A total of 20 workshops with a duration of 3 days each were organized throughout the country. Gavi funds were used to train 18 central level trainers, 38 provincial and 332 municipal supervisors were also trained. The remaining cascade training at health facilities was funded by local Government contributions. A total of 4,300(80%) health facility immunization targeted technicians were trained.
3. National workshop for train provincial logisticians in cold chain management and maintenance. Participated 24 technicians of all provinces.
4. Procurement and distributed of 7 solar refrigerators and three provincial cold rooms for Kuanza Sul, Uige and Huambo are in process from local providers. With GAVI Funds is in process of purchasing 50 solar refrigerators through UNICEF Supply Division for support provinces and districts with cold chain capacity gaps.
5. Central level supervision of 9 provinces to follow-up and support the cascade training on rotavirus vaccine introduction and field implementation of immunization activities.

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

In general, there were no major problems encountered; however, the delay in the procurement of cold chain equipment through government funds and competing activities such as implementation of a national census (May 2014), international EPI review (July 2014) and long preparation of an integrated measles countrywide campaign with Polio and vitamin A supplementation contributed to delays in Rotavirus vaccine introduction.

Please describe the activities that will be undertaken with any remaining balance of funds for 2015 onwards

Purchase of cold chain equipment (in process of procurement from UNICEF) installation cold rooms in Kuanza Sul, Huambo and Uige, Rotavirus post introduction evaluation and formative supervision.

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

| Q.1: What were the actual co-financed amounts and doses in 2014? | | |
|--|--------------------------------|-----------------------|
| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses |
| Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 0 | 0 |
| Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 0 | 0 |
| Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL | 0 | 0 |
| Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources? | | |
| Government | 0 | |
| Donor | 0 | |
| Other | 0 | |
| Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies? | | |
| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses |
| Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 0 | 0 |
| Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 0 | 0 |
| Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL | 0 | 0 |
| Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding | | |
| Schedule of Co-Financing Payments | Proposed Payment Date for 2016 | Source of funding |
| Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | April | Government |
| Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | June | Government |
| Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL | September | Government |
| Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing | | |
| Initiative on technical discussions by UNICEF and WHO on Public Private Partnerships has commenced for financial sustainability strategies and mobilizing funding for immunization; Gavi graduation technical assistance plan completed and Gavi mission has been planned for September 2015.. | | |

*Note: co-financing is not mandatory for IPV

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **No**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on

EVM tool can be found at

http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **June 2014**

Please attach:

- (a) EVM assessment (**Document No 12**)
- (b) Improvement plan after EVM (**Document No 13**)
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

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

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

NA

When is the next Effective Vaccine Management (EVM) assessment planned? **June 2016**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Angola does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Angola does not require to change any of the vaccine presentation(s) for future years.

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

If 2015 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2017 for the following vaccines:

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

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

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

The multi-year support extension is in line with the new cMYP for the years 2016 to 2017, which is attached to this APR (Document N°16). The new costing tool is also attached (Document N°17) for the following vaccines:

- * **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

* **Rotavirus, 2-dose schedule**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document N°18)

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

* **Rotavirus, 2-dose schedule**

7.9. Request for continued support for vaccines for 2016 vaccination programme

In order to request NVS support for 2016 vaccination do the following

Confirm here below that your request for 2016 vaccines support is as per [7.11 Calculation of requirements](#)
Not selected

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

| Vaccine Antigen | Vaccine Type | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|--|--|------|------|------|------|------|------|------|
| DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | | | | | | | |
| Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | | | | | | | |
| Rotavirus, 2-dose schedule | Rotavirus, 2-dose schedule | | | | | | | |

| Vaccine Antigen | Vaccine Type | 2014 | 2015 | 2016 | 2017 |
|--|--|--------|--------|--------|--------|
| DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 4.00 % | 3.50 % | 4.60 % | 5.20 % |
| Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 5.90 % | 6.00 % | 5.90 % | 6.00 % |
| Rotavirus, 2-dose schedule | Rotavirus, 2-dose schedule | 3.90 % | | | |

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

| ID | Source | | 2014 | 2015 | TOTAL | |
|----|---|-----------|------|-----------|---------|-----------|
| | Number of surviving infants | Parameter | # | 965,368 | 992,399 | 1,957,767 |
| | Number of children to be vaccinated with the first dose | Parameter | # | 965,368 | 992,398 | 1,957,766 |
| | Number of children to be vaccinated with the third dose | Parameter | # | 907,446 | 942,778 | 1,850,224 |
| | Immunisation coverage with the third dose | Parameter | % | 94.00 % | 95.00 % | |
| | Number of doses per child | Parameter | # | 3 | 3 | |
| | Estimated vaccine wastage factor | Parameter | # | 1.18 | 1.18 | |
| | Stock in Central Store Dec 31, 2014 | | # | 2,370,720 | | |
| | Stock across second level Dec 31, 2014 (if available)* | | # | 2,370,720 | | |
| | Stock across third level Dec 31, 2014 (if available)* | Parameter | # | | | |
| | Number of doses per vial | Parameter | # | | 10 | |
| | AD syringes required | Parameter | # | | Yes | |

| | | | | | |
|----|---------------------------------------|-----------|----|--|--------|
| | Reconstitution syringes required | Parameter | # | | No |
| | Safety boxes required | Parameter | # | | Yes |
| cc | Country co-financing per dose | Parameter | \$ | | 1.41 |
| ca | AD syringe price per unit | Parameter | \$ | | 0.0448 |
| cr | Reconstitution syringe price per unit | Parameter | \$ | | 0 |
| cs | Safety box price per unit | Parameter | \$ | | 0.0054 |
| fv | Freight cost as % of vaccines value | Parameter | % | | 3.50 % |

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

NA

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

4.5

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

| | |
|--------------------|------------|
| Co-financing group | Graduating |
|--------------------|------------|

| | 2014 | 2015 |
|--|------|------|
| Minimum co-financing | 1.30 | 1.41 |
| Recommended co-financing as per APR 2013 | | |
| Your co-financing | 1.42 | 1.41 |

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

| | | 2014 | 2015 |
|---------------------------------------|----|---------|---------|
| Number of vaccine doses | # | 368,000 | 571,500 |
| Number of AD syringes | # | 308,800 | 534,200 |
| Number of re-constitution syringes | # | 0 | 0 |
| Number of safety boxes | # | 3,450 | 5,875 |
| Total value to be co-financed by GAVI | \$ | 629,000 | 965,500 |

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

| | | 2014 | 2015 |
|------------------------------------|---|-----------|-----------|
| Number of vaccine doses | # | 1,821,600 | 2,900,500 |
| Number of AD syringes | # | 1,526,400 | 2,709,000 |
| Number of re-constitution syringes | # | 0 | 0 |

| | | | |
|--|----|-----------|-----------|
| Number of safety boxes | # | 16,950 | 29,800 |
| Total value to be co-financed by the Country [1] | \$ | 3,109,500 | 4,896,000 |

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

| | | Formula | 2014 | 2015 | | |
|----|---|---|-----------|-----------|------------|------|
| | | | | Total | Government | GAVI |
| | | V | | | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 965,368 | 992,398 | | |
| B1 | Number of children to be vaccinated with the third dose | Table 4 | 907,446 | 992,398 | | |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | 3 | | |
| D | Number of doses needed | $B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$ | 2,814,434 | 2,907,230 | | |
| E | Estimated vaccine wastage factor | Table 4 | 1.18 | 1.18 | | |
| F | Number of doses needed including wastage | $D \times E$ | | 3,430,532 | | |
| | | Buffer on doses needed + buffer on doses wasted
Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.375$
Buffer on doses wasted = <ul style="list-style-type: none"> if $(\text{wastage factor of previous year current estimation} < \text{wastage factor of previous year original approved})$: $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ else: $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0$ | | | | |
| | | $H1 - (F (2015) \text{ current estimation} \times 0.375)$ | | | | |
| | | $H2 (2015) + H3 (2015) - F (2015)$ | | | | |
| H2 | Reported stock on January 1st | Table 7.11.1 | 1,440,020 | 2,370,720 | | |
| H3 | Shipment plan | Approved volume | | 3,472,000 | | |
| I | Total vaccine doses needed | Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | | 3,472,000 | | |
| | | Vaccine Parameter | | | | |
| | | $(D + G - H) \times 1.10$ | | | | |
| | | $(I / J) \times 1.10$ | | | | |
| | | $(I / 100) \times 1.10$ | | | | |
| | | $I \times \text{vaccine price per dose (g)}$ | | | | |
| | | $K \times \text{AD syringe price per unit (ca)}$ | | | | |
| | | $L \times \text{reconstitution price per unit (cr)}$ | | | | |
| | | $M \times \text{safety box price per unit (cs)}$ | | | | |
| | | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | | | | |
| | | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | | | | |
| | | $(N+O+P+Q+R+S)$ | | | | |
| | | $I \times \text{country co-financing per dose (cc)}$ | | | | |
| | | U / T | | | | |

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

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

| ID | Source | | 2014 | 2015 | 2016 | TOTAL |
|----|---|--------------|---------|---------|-----------|-----------|
| | Number of surviving infants | Parameter # | 965,368 | 992,399 | 1,095,141 | 3,052,908 |
| | Number of children to be vaccinated with the first dose | Parameter # | 704,613 | 992,398 | 1,095,141 | 2,792,152 |
| | Number of children to be vaccinated with the third dose | Parameter # | 665,469 | 942,778 | 985,627 | 2,593,874 |
| | Immunisation coverage with the third dose | Parameter % | 68.93 % | 95.00 % | 90.00 % | |
| | Number of doses per child | Parameter # | 3 | 3 | 3 | |
| | Estimated vaccine wastage factor | Parameter # | 1.05 | 1.05 | 1.05 | |
| | Stock in Central Store Dec 31, 2014 | # | 382,450 | | | |
| | Stock across second level Dec 31, 2014 (if available)* | # | 382,450 | | | |
| | Stock across third level Dec 31, 2014 (if available)* | Parameter # | | | | |
| | Number of doses per vial | Parameter # | | 1 | 1 | |
| | AD syringes required | Parameter # | | Yes | Yes | |
| | Reconstitution syringes required | Parameter # | | No | No | |
| | Safety boxes required | Parameter # | | Yes | Yes | |
| cc | Country co-financing per dose | Parameter \$ | | 2.72 | 3.63 | |
| ca | AD syringe price per unit | Parameter \$ | | 0.0448 | 0.0448 | |
| cr | Reconstitution syringe price per unit | Parameter \$ | | 0 | 0 | |
| cs | Safety box price per unit | Parameter \$ | | 0.0054 | 0.0054 | |
| fv | Freight cost as % of vaccines value | Parameter % | | 6.00 % | 5.90 % | |

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

NA

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

| | |
|--------------------|------------|
| Co-financing group | Graduating |
|--------------------|------------|

| | 2014 | 2015 | 2016 |
|--|------|------|------|
| Minimum co-financing | 2.06 | 2.49 | 3.63 |
| Recommended co-financing as per APR 2013 | | | 3.63 |
| Your co-financing | 2.06 | 2.72 | 3.63 |

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

| | Formula | 2014 | 2015 | | |
|----|---|--|-----------|------------|------|
| | | | Total | Government | GAVI |
| A | Country co-finance | V | | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 704,613 | 992,398 | |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | 3 | |
| D | Number of doses needed | $B \times C$ | 2,113,841 | 2,977,194 | |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | 1.05 | |
| F | Number of doses needed including wastage | $D \times E$ | | 3,126,054 | |
| G | Vaccines buffer stock | Buffer on doses needed + buffer on doses wasted
Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$
Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$ | | | |
| H | Stock to be deducted | H2 of previous year - $0.25 \times F$ of previous year | | | |
| H2 | Reported stock on January 1st | Table 7.11.1 | 0 | 382,450 | |
| I | Total vaccine doses needed | Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | | 2,370,600 | |
| J | Number of doses per vial | Vaccine Parameter | | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | | | |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | | | |
| M | Total of safety boxes (+ 10% of extra need) needed | $(I / 100) \times 1.10$ | | | |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | | | |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | | | |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | | | |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | | | |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | | | |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | | | |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | | | |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | | | |
| V | Country co-financing % of GAVI supported proportion | U / T | | | |

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

| | | Formula | 2014 | | |
|----|---|--|------------|------------|------|
| | | | Total | Government | GAVI |
| A | Country co-finance | V | | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 1,095,141 | 1,095,141 | 0 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | |
| D | Number of doses needed | $B \times C$ | 3,285,423 | 3,285,423 | 0 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | | |
| F | Number of doses needed including wastage | $D \times E$ | 3,449,695 | 3,449,695 | 0 |
| G | Vaccines buffer stock | Buffer on doses needed + buffer on doses wasted
Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$
Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$ | 78,176 | 78,176 | 0 |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | 0 | 0 | 0 |
| H2 | Reported stock on January 1st | Table 7.11.1 | | | |
| I | Total vaccine doses needed | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | 3,528,000 | 3,528,000 | 0 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | 3,699,959 | 3,699,959 | 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(I / 100) \times 1.10$ | 38,808 | 38,808 | 0 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 11,917,584 | 11,917,584 | 0 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 165,759 | 165,759 | 0 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 212 | 212 | 0 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 703,138 | 703,138 | 0 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 12,786,693 | 12,786,693 | 0 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 12,806,640 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | 100.00 % | | |

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

| | | Formula | 2017 | | |
|----|---|--|-----------|------------|-----------|
| | | | Total | Government | GAVI |
| A | Country co-finance | V | 81.56 % | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 1,080,773 | 881,482 | 199,291 |
| C | Number of doses per child | Vaccine parameter (schedule) | 2 | | |
| D | Number of doses needed | $B \times C$ | 2,161,546 | 1,762,964 | 398,582 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | | |
| F | Number of doses needed including wastage | $D \times E$ | 2,269,624 | 1,851,112 | 418,512 |
| G | Vaccines buffer stock | Buffer on doses needed + buffer on doses wasted
Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$
Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$ | 540,028 | 440,449 | 99,579 |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | | | |
| H2 | Reported stock on January 1st | Table 7.11.1 | | | |
| I | Total vaccine doses needed | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | 2,811,000 | 2,292,660 | 518,340 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | 0 | 0 | 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.10$ | 0 | 0 | 0 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 6,341,616 | 5,172,240 | 1,169,376 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 0 | 0 | 0 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 0 | 0 | 0 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 0 | 0 | 0 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 6,341,616 | 5,172,240 | 1,169,376 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 5,172,240 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | 81.56 % | | |

Table 7.11.1: Specifications for Rotavirus, 2-dose schedule

| ID | Source | | 2014 | 2015 | 2016 | 2017 | TOTAL | |
|----|--|-----------|------|-----------|---------|-----------|-----------|-----------|
| | Number of surviving infants | Parameter | # | 965,368 | 992,399 | 1,095,141 | 1,125,805 | 4,178,713 |
| | Number of children to be vaccinated with the first dose | Parameter | # | 888,139 | 992,398 | 1,095,141 | 1,080,773 | 4,056,451 |
| | Number of children to be vaccinated with the second dose | Parameter | # | 843,732 | 942,778 | 985,627 | 1,013,225 | 3,785,362 |
| | Immunisation coverage with the second dose | Parameter | % | 87.40 % | 95.00 % | 90.00 % | 90.00 % | |
| | Number of doses per child | Parameter | # | 2 | 2 | 2 | 2 | |
| | Estimated vaccine wastage factor | Parameter | # | 1.05 | 1.05 | 1.05 | 1.05 | |
| | Stock in Central Store Dec 31, 2014 | | # | 1,875,550 | | | | |
| | Stock across second level Dec 31, 2014 (if available)* | | # | 1,875,550 | | | | |
| | Stock across third level Dec 31, 2014 (if available)* | Parameter | # | | | | | |
| | Number of doses per vial | Parameter | # | | 1 | 1 | 1 | |
| | AD syringes required | Parameter | # | | No | No | No | |
| | Reconstitution syringes required | Parameter | # | | No | No | No | |
| | Safety boxes required | Parameter | # | | No | No | No | |
| cc | Country co-financing per dose | Parameter | \$ | | 1.01 | 1.43 | 1.84 | |
| ca | AD syringe price per unit | Parameter | \$ | | 0.0448 | 0.0448 | 0.0448 | |
| cr | Reconstitution syringe price per unit | Parameter | \$ | | 0 | 0 | 0 | |
| cs | Safety box price per unit | Parameter | \$ | | 0.0054 | 0.0054 | 0.0054 | |
| fv | Freight cost as % of vaccines value | Parameter | % | | | | | |

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

NA

Co-financing tables for Rotavirus, 2-dose schedule

| | |
|--------------------|------------|
| Co-financing group | Graduating |
|--------------------|------------|

| | 2014 | 2015 | 2016 | 2017 |
|--|------|------|------|------|
| Minimum co-financing | 0.48 | 1.01 | 1.43 | 1.84 |
| Recommended co-financing as per APR 2013 | | | 1.43 | 1.84 |
| Your co-financing | 0.48 | 1.01 | 1.43 | 1.84 |

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

| | Formula | 2014 | 2015 | | |
|----|---|--|-----------|------------|------|
| | | | Total | Government | GAVI |
| A | Country co-finance | V | | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 704,613 | 992,398 | |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | 3 | |
| D | Number of doses needed | $B \times C$ | 2,113,841 | 2,977,194 | |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | 1.05 | |
| F | Number of doses needed including wastage | $D \times E$ | | 3,126,054 | |
| G | Vaccines buffer stock | Buffer on doses needed + buffer on doses wasted
Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$
Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$ | | | |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | | | |
| H2 | Reported stock on January 1st | Table 7.11.1 | 0 | 382,450 | |
| I | Total vaccine doses needed | Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | | 2,370,600 | |
| J | Number of doses per vial | Vaccine Parameter | | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | | | |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | | | |
| M | Total of safety boxes (+ 10% of extra need) needed | $(I / 100) \times 1.10$ | | | |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | | | |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | | | |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | | | |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | | | |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | | | |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | | | |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | | | |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | | | |
| V | Country co-financing % of GAVI supported proportion | U / T | | | |

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

| | | Formula | 2014 | | |
|----|---|--|------------|------------|------|
| | | | Total | Government | GAVI |
| A | Country co-finance | V | | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 1,095,141 | 1,095,141 | 0 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | |
| D | Number of doses needed | $B \times C$ | 3,285,423 | 3,285,423 | 0 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | | |
| F | Number of doses needed including wastage | $D \times E$ | 3,449,695 | 3,449,695 | 0 |
| G | Vaccines buffer stock | Buffer on doses needed + buffer on doses wasted
Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$
Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$ | 78,176 | 78,176 | 0 |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | 0 | 0 | 0 |
| H2 | Reported stock on January 1st | Table 7.11.1 | | | |
| I | Total vaccine doses needed | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | 3,528,000 | 3,528,000 | 0 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | 3,699,959 | 3,699,959 | 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(I / 100) \times 1.10$ | 38,808 | 38,808 | 0 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 11,917,584 | 11,917,584 | 0 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 165,759 | 165,759 | 0 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 212 | 212 | 0 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 703,138 | 703,138 | 0 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 12,786,693 | 12,786,693 | 0 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 12,806,640 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | 100.00 % | | |

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

| | | Formula | 2017 | | |
|----|---|--|-----------|------------|-----------|
| | | | Total | Government | GAVI |
| A | Country co-finance | V | 81.56 % | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 1,080,773 | 881,482 | 199,291 |
| C | Number of doses per child | Vaccine parameter (schedule) | 2 | | |
| D | Number of doses needed | $B \times C$ | 2,161,546 | 1,762,964 | 398,582 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | | |
| F | Number of doses needed including wastage | $D \times E$ | 2,269,624 | 1,851,112 | 418,512 |
| G | Vaccines buffer stock | Buffer on doses needed + buffer on doses wasted
Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$
Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$ | 540,028 | 440,449 | 99,579 |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | | | |
| H2 | Reported stock on January 1st | Table 7.11.1 | | | |
| I | Total vaccine doses needed | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | 2,811,000 | 2,292,660 | 518,340 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | 0 | 0 | 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.10$ | 0 | 0 | 0 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 6,341,616 | 5,172,240 | 1,169,376 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 0 | 0 | 0 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 0 | 0 | 0 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 0 | 0 | 0 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 6,341,616 | 5,172,240 | 1,169,376 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 5,172,240 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | 81.56 % | | |

8. Health Systems Strengthening Support (HSS)

Angola is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2015

9. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

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

Angola **has NOT received GAVI TYPE A CSO support**

Angola is not reporting on GAVI TYPE A CSO support for 2014

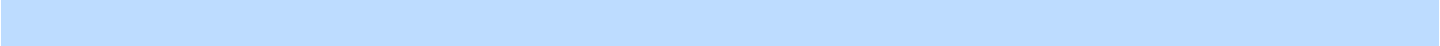
9.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Angola **has NOT received GAVI TYPE B CSO support**

Angola is not reporting on GAVI TYPE B CSO support for 2014

10. 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



11. Annexes

11.1. Annex 1 – Terms of reference ISS

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 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not 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 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

| Summary of income and expenditure – GAVI ISS | | |
|---|----------------------|----------------|
| | Local currency (CFA) | Value in USD * |
| Balance brought forward from 2013 (balance as of 31Decembre 2013) | 25,392,830 | 53,000 |
| Summary of income received during 2014 | | |
| 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 2014 | 30,592,132 | 63,852 |
| Balance as of 31 December 2014 (balance carried forward to 2015) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

| Detailed analysis of expenditure by economic classification ** – GAVI ISS | | | | | | |
|---|-------------------|---------------|-------------------|---------------|-------------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wedges & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2014 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

11.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

- I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not 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 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.4. Annex 4 – Example income & expenditure HSS

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 2013 (balance as of 31Decembre 2013) | 25,392,830 | 53,000 |
| Summary of income received during 2014 | | |
| 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 2014 | 30,592,132 | 63,852 |
| Balance as of 31 December 2014 (balance carried forward to 2015) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

| Detailed analysis of expenditure by economic classification ** - GAVI HSS | | | | | | |
|---|-------------------|---------------|-------------------|---------------|-------------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wedges & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2014 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

11.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not 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 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.6. Annex 6 – Example income & expenditure CSO

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 2013 (balance as of 31Decembre 2013) | 25,392,830 | 53,000 |
| Summary of income received during 2014 | | |
| 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 2014 | 30,592,132 | 63,852 |
| Balance as of 31 December 2014 (balance carried forward to 2015) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.










| Detailed analysis of expenditure by economic classification ** - GAVI CSO | | | | | | |
|---|-------------------|---------------|-------------------|---------------|-------------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wedges & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2014 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |





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

12. Attachments

| Document Number | Document | Section | Mandatory | File |
|-----------------|--|---------|---|--|
| 1 | Signature of Minister of Health (or delegated authority) | 2.1 |  | 1. Signature of Minister of Health.pdf
File desc: Signature of Minister of Health
Dr José Vieira Dias Van-Dúnem
Date/time : 13/05/2015 01:49:53
Size: 343 KB |
| 2 | Signature of Minister of Finance (or delegated authority) | 2.1 |  | Ministry of Finance signature.pdf
File desc: Letter of Ministry of health requesting the Minister of finance signature
Date/time : 15/05/2015 06:54:01
Size: 388 KB |
| 3 | Signatures of members of ICC | 2.2 |  | 3. Signatures of members of ICC.pdf
File desc: Signatures of all members of ICC
Date/time : 15/05/2015 04:56:34
Size: 235 KB |
| 4 | Minutes of ICC meeting in 2015 endorsing the APR 2014 | 5.4 |  | 4. Minute ICC endorsing APR 2014.pdf
File desc: Minite ICC meeting endorsing APR 2014
Date/time : 15/05/2015 06:51:03
Size: 232 KB |
| 5 | Signatures of members of HSCC | 2.3 | ✗ | No file loaded |
| 6 | Minutes of HSCC meeting in 2015 endorsing the APR 2014 | 8.9.3 |  | 6. Minutes of HSCC meeting in 2015 endorsing APR report 2014.pdf
File desc: Minutes of HSCC meeting in 2015 endorsing APR 2014
Angola has no HSCC Committee
Date/time : 14/05/2015 07:49:19
Size: 94 KB |
| 7 | Financial statement for ISS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 6.2.1 | ✗ | No file loaded |
| 8 | External audit report for ISS grant (Fiscal Year 2014) | 6.2.3 | ✗ | No file loaded |

| | | | | |
|----|---|-------|---|---|
| | | | | |
| 9 | Post Introduction Evaluation Report | 7.2.1 | X | No file loaded |
| 10 | Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 7.3.1 | ✓ | 10. Financial statement NVS 2014.pdf
File desc: Financial Statement NVS 2014 and Analysis of expenditure by economic classification
Date/time : 13/05/2015 12:33:32
Size: 284 KB |
| 11 | External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US\$ 250,000 | 7.3.1 | ✓ | 11. External Audit Reports for NVS.pdf
File desc: External Audit Report for NVS
Date/time : 14/05/2015 09:02:21
Size: 95 KB |
| 12 | Latest EVSM/VMA/EVM report | 7.5 | ✓ | 12. EVM Assessment report Angola 2014.pdf
File desc: Effective Vaccine Management Assessment Report Angola 2014
Date/time : 13/05/2015 02:47:08
Size: 1 MB |
| 13 | Latest EVSM/VMA/EVM improvement plan | 7.5 | ✓ | 13. EVM Improvement plan Angola 2014.pdf
File desc: EVM improvement Plan Angola 2014
Date/time : 13/05/2015 11:49:48
Size: 424 KB |
| 14 | EVSM/VMA/EVM improvement plan implementation status | 7.5 | ✓ | 14. Angola EVM improvement Plan Status.pdf
File desc: EVM improvement plan implementation status
Date/time : 14/05/2015 11:56:32
Size: 275 KB |
| 16 | Valid cMYP if requesting extension of support | 7.8 | ✓ | 16. Valid cMYP if requesting for extension.pdf
File desc: Not Applicable
Angola is a GAVI Graduating Country not eligible for extension of support
Date/time : 13/05/2015 03:03:10
Size: 94 KB |

| | | | | |
|----|--|-------|---|--|
| 17 | Valid cMYP costing tool if requesting extension of support | 7.8 |  | 17. Valid cMYP costing tool if requesting for extension.pdf
File desc: Not Applicable
Angola is a GAVI Graduating Country not eligible for extension of support
Date/time : 13/05/2015 03:07:21
Size: 94 KB |
| 18 | Minutes of ICC meeting endorsing extension of vaccine support if applicable | 7.8 |  | 18. Minutes of ICC meeting endorsing requesting for extension.pdf
File desc: Not Applicable
Angola is a GAVI Graduating Country not eligible for extension of support
Date/time : 13/05/2015 03:16:20
Size: 94 KB |
| 19 | Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 8.1.3 |  | No file loaded |
| 20 | Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 8.1.3 |  | No file loaded |
| 21 | External audit report for HSS grant (Fiscal Year 2014) | 8.1.3 |  | No file loaded |
| 22 | HSS Health Sector review report | 8.9.3 |  | No file loaded |
| 23 | Report for Mapping Exercise CSO Type A | 9.1.1 |  | No file loaded |
| 24 | Financial statement for CSO Type B grant (Fiscal year 2014) | 9.2.4 |  | No file loaded |
| 25 | External audit report for CSO Type B (Fiscal Year 2014) | 9.2.4 |  | No file loaded |

| | | | | |
|----|---|-----|---|---|
| 26 | Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2014 on (i) 1st January 2014 and (ii) 31st December 2014 | 0 |  | 26. Bank Statement Jan Dez 2014.pdf
File desc: BFA bank Statement Expanded Programme on Immunization January 1st to December 31st 2014
Date/time : 13/05/2015 11:34:04
Size: 1 MB |
| 27 | Minutes ICC meeting endorsing change of vaccine presentation | 7.7 |  | No file loaded |
| 28 | Justification for changes in target population | 5.1 |  | No file loaded |
| | Other | |  | No file loaded |

