



GAVI Alliance

# Annual Progress Report 2010

Submitted by  
The Government of  
**Armenia**

Reporting on year: **2010**  
Requesting for support year: **2012**  
Date of submission: **01.06.2011 10:42:23**

**Deadline for submission: 1 Jun 2011**

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

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

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

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

**GAVI ALLIANCE  
GRANT TERMS AND CONDITIONS**

**FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

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

**AMENDMENT TO THE APPLICATION**

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

**RETURN OF FUNDS**

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

**SUSPENSION/ TERMINATION**

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

**ANTICORRUPTION**

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

**AUDITS AND RECORDS**

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

**CONFIRMATION OF LEGAL VALIDITY**

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

**CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY**

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

**USE OF COMMERCIAL BANK ACCOUNTS**

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

**ARBITRATION**

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

***By filling this APR the country will inform GAVI about:***

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

## 1. Application Specification

Reporting on year: 2010

Requesting for support year: 2012

### 1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 2 doses/vial, Lyophilised	DTP-HepB-Hib, 2 doses/vial, Lyophilised	2015

### Programme extension

No NVS support eligible to extension this year.

### 1.2. ISS, HSS, CSO support

Type of Support	Active until
HSS	2011

## 2. Signatures

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

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

By signing this page, the Government of Armenia 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 Armenia

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

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
<b>Name</b>	Harutyun KUSHKYAN, Minister of Health, Chair of ICC	<b>Name</b>	Pavel SAFARYAN, Deputy Minister of Finance
<b>Date</b>		<b>Date</b>	
<b>Signature</b>		<b>Signature</b>	

*This report has been compiled by*

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

Full name	Position	Telephone	Email	Action
Gayane SAHAKYAN	Manager of the National Immunization Program	(+37410)650553	gayane63@yahoo.com	

## 2.2. ICC Signatures Page

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

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

### 2.2.1. ICC report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
H. KUSHKYAN / Minister, Chair of ICC	Ministry of Health			
P. SAFARYAN / Deputy Minister	Ministry of Finance			
H.DARBINYAN / Deputy Minister	Ministry of Health			
S. BARSEGHYAN / Deputy Minister	Ministry of Territorial Management and Substructures			
AI GHUKASYAN / Deputy Minister	Ministry of Health			
G.BADALYAN / Deputy Minister	Ministry of Economics			
M. MKRTCHYAN / Deputy Minister	Ministry of Education and Science			
J.BAGHDASARYAN / Deputy Minister	Ministry of Labour and Social Affairs			
G. QARYAN / Head of the Department of Custom Clearance	Committee of State Incomes of the Government			
S.KRMOYAN / Legal Adviser to the Minister of Health	Ministry of Health			
G. GEVORGYAN / Member of State Statistic Committee	National Statistic Service			
A. VANYAN / Chief of State Hygienic and Anti-Epidemic Inspectorate	Ministry of Health			
V. POGHOSYAN /Head of Health Care Department	Ministry of Health			
J.HARUTYUNYAN /Head of Department	Ministry of Emergency Situations			

Name/Title	Agency/Organisation	Signature	Date	Action
of Disaster Medicine				
S.ARAKELYAN /Deputy Head of Food Safety and Veterinary Inspectorate	Ministry of Agriculture			
A.AVOYAN /Head of Epidemiology Department of Hygiene and Anti-Epidemic Service	Ministry of Defense			
A.SARGSYAN /Epidemiologist of the Department of military medicine	National Security Service			
G. SAHAKYAN / NIP Manager, Secretary of ICC	Ministry of Health, State Hygienic and Anti-Epidemic Inspectorate			
E. DANIELYAN / Head of WHO Country office	WHO Country Office			
L. HOVAKIMYAN / Manager of Health and Nutrition programmes	UNICEF			
R. GYURJYAN / Executive Manager	VRF			
S. HAYRAPETYAN / Representative of WB	World Bank/ Yerevan			
R. JAMALYAN / Program Managment Specialist	USAID /Armenia			
N.ASLANYAN /Chair of NGO	“Center of protection of patients rights” NGO			
A.POGOHOSEYAN / Coordinator of Reproductive Health	“Women Resource Center” NGO			
N.KARAPETYAN / Epidemiologist of Hygiene and Anti-Epidemic Center of Medical Department	National Police			

ICC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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## 2.3. HSCC Signatures Page

If the country is reporting on HSS

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

### 2.3.1. HSS report endorsement

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

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

**Action.**

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Ab.MANUKYAN / Deputy Minister	Ministry of Health			
T.HAKOBYAN / Deputy Minister	Ministry of Health			
S.KRMOYAN / Legal Adviser to the Minister of Health	Ministry of Health			
Ar.VANYAN / Head of the State Hygienic and Antiepidemic Inspectorate	Ministry of Health / State Hygienic and Antiepidemic Inspectorate			
V.POGHOSYAN / Head of the Division of Health Provision	Ministry of Health			
Ar.KARAPETYAN / Head of the Economy Department	Ministry of Health			
L.AVETISYAN / Head Epidemiology Department of State Hygienic and Anti-Epidemic Inspectorate	Ministry of Health / State Hygienic and Antiepidemic Inspectorate			
K. SARIBEKYAN / Head of Mother and Child Health Department	Ministry of Health			
R.YUZHASHYAN / Head of Primary Health Care Department	Ministry of Health			
G.SAHAKYAN / NIP Manager, State Hygienic and Anti-Epidemic Inspectorate	Ministry of Health / State Hygienic and Antiepidemic Inspectorate			



HSCC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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

### 2.4.1. CSO report editors

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

### 2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - [HSCC](#), endorse this report on the GAVI Alliance CSO Support.

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

Name/Title	Agency/Organisation	Signature	Date	Action

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

### 3. Table of Contents

This APR reports on Armenia's activities between January - December 2010 and specifies the requests for the period of January - December 2012

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13. Attachments

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## 4. Baseline and Annual Targets

**Table 1:** baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	40,742	44,962	45,164	45,368	45,572	45,777
Total infants' deaths	460	463	460	458	456	458
Total surviving infants	40,282	44,499	44,704	44,910	45,116	45,319
Total pregnant women	52,854	58,451	58,714	58,978	59,243	59,510
# of infants vaccinated (to be vaccinated) with BCG	39,520	43,160	43,800	44,000	44,200	44,860
BCG coverage (%) *	97%	96%	97%	97%	97%	98%
# of infants vaccinated (to be vaccinated) with OPV3	39,222	42,900	43,000	43,560	43,900	44,100
OPV3 coverage (%) **	97%	96%	96%	97%	97%	97%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	40,639	43,600	43,800	44,000	44,200	44,400
# of infants vaccinated (to be vaccinated) with DTP3 ***	39,200	42,270	42,460	42,660	43,300	43,500
DTP3 coverage (%) **	97%	95%	95%	95%	96%	96%
Wastage <sup>[1]</sup> rate in base-year and planned thereafter (%)	10%	10%	10%	10%	10%	10%
Wastage <sup>[1]</sup> factor in base-year and planned thereafter	1.11	1.11	1.11	1.11	1.11	1.11
Infants vaccinated (to be vaccinated) with 1 <sup>st</sup> dose of HepB and/or Hib	40,639	43,600	43,800	44,000	44,200	44,400
Infants vaccinated (to be vaccinated) with 3 <sup>rd</sup> dose of HepB and/or Hib	38,587	42,270	42,460	42,660	43,300	43,500
3 <sup>rd</sup> dose coverage (%) **	96%	95%	95%	95%	96%	96%
Wastage <sup>[1]</sup> rate in base-year and planned thereafter (%)	10%	10%	10%	10%	10%	10%
Wastage <sup>[1]</sup> factor in base-year and planned thereafter	1.11	1.11	1.11	1.11	1.11	1.11

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1 <sup>st</sup> dose of Measles	37,662	42,500	43,200	43,400	43,600	43,800
Measles coverage (%) **	93%	96%	97%	97%	97%	97%
Pregnant women vaccinated with TT+						
TT+ coverage (%) ****	0%	0%	0%	0%	0%	0%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [ ( DTP1 - DTP3 ) / DTP1 ] x 100	4%	3%	3%	3%	2%	2%

\* Number of infants vaccinated out of total births

\*\* Number of infants vaccinated out of total surviving infants

\*\*\* Indicate total number of children vaccinated with either DTP alone or combined

\*\*\*\* Number of pregnant women vaccinated with TT+ out of total pregnant women

<sup>1</sup> 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.

## 5. General Programme Management Component

### 5.1. Updated baseline and annual targets

**Note:** Fill-in the table in section 4 [Baseline and Annual Targets](#) before you continue.

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

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

Provide justification for any changes in **births**

Birth figures in previous APR were consistent to cMYP updated in 2010. This year cMYP has been updated based on the figures of the National Statistical Service of Armenia. In the result birth cohort figures in this APR were changed accordingly.

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

JRF	surviving	infants	=	41,050
APR	surviving	infants	=	40,282

The MoH of Armenia uses its own formula to calculate coverage for routine vaccines that is different from the formula utilized by GAVI. The denominator used in Armenia is number of children who reached age of 12 months in the reporting year. This denominator (41, 050) is indicated in 2010 JRF. The MoH of Armenia collects data on this denominator from primarily health facilities that have registries of children residing in their catchment area. These registries are updated annually based on household surveys. GAVI utilizes different denominator to calculate the coverage: number of surviving infants in the reporting year. This figure (40 282) is indicated in Table 1 of the current report. The data on this denominator are based on census (2001) and are received from National Statistic Services. As the denominator used by MoH to calculate administrative coverage and the denominator used by GAVI are different, the figures that reported in JRF and in APR are also different.

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

Targets by vaccines were changed according to cMYP updated in 2011 and based on achieved targets in 2010.

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

### 5.2. Immunisation achievements in 2010

#### 5.2.1.

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

The overall vaccination coverage improved from 2008 to 2010, increasing from 86% to 94.2% for full vaccination. Activities responsible for this betterment within the Immunization program were the following:

1. Policy development for the National Immunization Programme 2010-2015 that were adopted by the Armenian Government

2. Conducted supervisory visits on a quarterly basis for supportive purposes and annual monitoring to supervise the

Armenian immunization program.

Quarterly supervisions: conducted by epidemiologists who evaluated the immunization program based on a performance checklist. The results gathered were reported to the national level while recommendations and improvement plans were proposed to local authorities as feedback.

Yearly monitoring: the immunization team at the national level identified problems and obstacles within the Armenian immunization program and discussed their findings with Ministry of Health.

3. Supported Post-Introduction Evaluations conducted by the World Health Organization (WHO): In September 2009 the new pentavalent vaccine (DTP+HepB+HIB) was introduced into the National Immunization Schedule. This was helpful in achieving equal coverage rates for all antigen components within the pentavalent vaccine (DTP, HepB, HIB). The coverage value for the pentavalent vaccine was 94% a year post introduction. This was a significant improvement from the previously introduced HepB (1999) and MMR (2002) vaccine where coverage values were that of 40% and 50% respectively.

4. Introduced an electronic case-based measles and rubella surveillance system in 2010 and trained forty epidemiologists from the regional and central level.

5. Screened pregnant women for HepB infections based on HbsAg titer levels. Screening revealed high titer levels among the pregnant women in Armenia. In consequence, it is recommended that infants are immunized with HepB to boost their acquired passive immunity to increase their HepB immunoglobulin levels.

### 5.2.2.

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

### 5.2.3.

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

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

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

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

There are no observable gender inequalities affecting the access to the health facilities that offer immunization which is reflected by the high national coverage rates. (Immunization coverage survey; 2006 and Immunization Programme Management Review; 2006).

### 5.2.4.

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

## 5.3. Data assessments

### 5.3.1.

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

No discrepancies revealed so far.

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



### 5.3.2.

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

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

In an effort to fully understand the current situation of the target population, data was obtained from the Armenian immunization program. As a request of the WHO European Regional Office (EURO), CDC personnel visited Armenia and assessed the sources of the population data available. The quality of the information used to calculate coverage was validated. The assessment was conducted in October 2010.

Findings were:

- Armenia has several sources available on population data: Census, birth-registration data and the medical facility enrolment data
- National Statistical Service: Census (2001), annual population estimation, birth and death registration systems (2011 census under planning)
- Ministry of Health: Medical facility enrolment data
- State Health Agency: Recently introduced computer-based population registry

- The NIP uses facility enrolment data to estimate the target population for immunization (surviving infants)

- The Ministry of Health relies on the collected and reported medical facility enrolment data from all health facilities in the country. The State Health Agency has recently introduced a computer-based population registry to electronically capture at real-time the medical facility enrolment data.

- The medical facility enrolment data were collected using standard demographic variables. Most Armenian citizens were expected to be enrolled within a medical facility and assigned to a primary care physician

- The NSS and MOH are in agreement that the NSS provides general population data and the medical facility enrolment data

- The SHAEI at the national, marz, and district levels will conduct regular supervisory visits to polyclinics to examine the target population data available

- Most of the stakeholders interviewed mentioned the significance scale of domestic and international migration of Armenians in pursuit of employment and other opportunities. Anecdotal reports mention that some international migrants return to use the Armenian medical care (e.g. delivery)

- The Armenian Ministry of Health has a robust and systematic enrolment data reporting and monitoring system of the vaccination coverage over the general population, although coverage among migrants was never measured

- There are several population data sources available in the country, although a comparative analysis among different data sources has never been conducted

- Regular data regarding immunization coverage and information profiling the targeted population was available at the national and sub-national immunization programs but failed to be readily available at the clinics

Recommendations were:

- To compile readily available population data (Census estimates disaggregated by administrative area by age, birth registry, facility enrolment data, Demographic Health Survey data) and conduct a comparative analysis to document data similarities and discrepancies.

- To bring key immunization stakeholders to agree on a list of core monitoring indicators for the national immunization program. Once a consensus is reached, these indicators will be used to develop a standard data-analysis bulletin, which will be shared with local immunization programs and polyclinics

- To simplify data-analysis bulletin making it straightforward and highlighting key trends in the immunization coverage values and data/reporting quality. This will promote regular data use and place attention to data quality at all levels

- To consider a small study to assess the accuracy of facility enrolment data in selected areas given the significant volume of internal and international migration of Armenian citizens and the recent use of the Open Enrolment system.

- To collaborate with the National Statistical Services to compare the new census findings with the facility enrolment data will occur as soon as the 2011 census data is available.

- The CDC/GID is willing to provide technical assistance for all the above mentioned areas

### 5.3.3.

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

Annual monitoring is conducted to improve administrative data systems. As a result, all discrepancies were identified and discussed with stakeholders (local health authorities; MoH departments etc.). In accordance, reporting forms on immunization were simplified and clarified. An example: In 2010, monitoring revealed that number of new born children registered in HCFs was not concordant with the figures available from the Civil Registration Office because of the inconsistent definition of the term newborn. The term newborn included all children with 0-28 days of life. If the child completed 2 months of age and for the first time was registered in the HCFs, he/she was not identified as a newborn. As a result, reporting forms have been altered to replace the “number of newborns” to the “number of children under 1”.

### 5.3.4.

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

Population data from two sources (National statistical service and MoH) always differ. It is planned to compare data of the mentioned sources at the local level before reporting.

#### 5.4. Overall Expenditures and Financing for Immunisation

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

<b>Exchange rate used</b>	1 \$US =	Enter the rate only; no local currency name
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**Table 2a:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

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

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name Ani&Narod Memoryal Foundation	Donor name Rostrapovich- Vishnevskaya Foundation	Donor name	
Traditional Vaccines*	306,993	306,993	0	0	0				
New Vaccines	474,719	89,154	385,565	0	0	15,000			
Injection supplies with AD syringes	47,345	27,910	19,435						
Injection supply with syringes other than ADs	2,342	1,342	1,000						
Cold Chain equipment	0	0							
Personnel	0	0							
Other operational costs	140,493	25,021	0	15,000	100,472		45,000		
Supplemental Immunisation Activities	0	0							
<b>Total Expenditures for Immunisation</b>	971,892								
<b>Total Government Health</b>		450,420	406,000	15,000	100,472	15,000	45,000		

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

**Table 2b:** Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

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

<i>Expenditures by Category</i>	<b>Budgeted Year 2012</b>	<b>Budgeted Year 2013</b>	<b>Action s</b>
Traditional Vaccines*	320,894	338,692	
New Vaccines	1,139,581	1,505,849	
Injection supplies with AD syringes	84,651	97,621	
Injection supply with syringes other than ADs			
Cold Chain equipment	326,748	29,671	
Personnel	881,225	935,142	
Other operational costs	1,019,730	1,065,460	
Supplemental Immunisation Activities	0	0	
Shared personnel costs	3,718,086	3,911,086	
<b>Total Expenditures for Immunisation</b>	<b>7,490,915</b>	<b>7,883,521</b>	

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

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

All planned expenditures of the Programme were financed and there was not a significant funding gap in 2010. Although some donor support ended in 2009 (VRF support to MMR vaccines), Government of ARM was capable of increasing funding to take over VRF funded activities. Percentage of public funding for vaccines and as well as for immunization programme is increasing significantly. Donor support is to NIP was below 20% of total expenditures for immunization in 2010.

## 5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 3

Please attach the minutes ( Document number 7, 8, 9, 10 ) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

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

No concerns or recommendations from ICC.

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

If Yes, which ones?

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

List CSO member organisations:	Actions
R. Gyurjyan / Executive Manager (VRF)	

List CSO member organisations:	Actions
N. Aslanyan /Chair of “Center of protection of patients rights” NGO	
A. Poghosyan / Coordinator of Reproductive Health, “Women Resource Center” NGO	

### 5.6. Priority actions in 2011 to 2012

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

1. Development of new vaccine introduction proposal and submission to the GAVI secretariat - 2011.
2. Quarterly supportive supervisions to the regions with low performance indicators – 2011-2012.
3. Workshops with regional (marz level) coordinators to discuss the problems and obstacles occurred during the National Immunization Program implementation process – 2011-2012.
4. MLM training course for Immunization coordinators – 2011-2012.
5. Sub-regional workshop on epidemiology and prevention of rotavirus infections – September 2011.
6. Survey on epidemiology of unvaccinated children – October-November 2011.
7. Assessment of Health Care Waste Management system – October-November 2011.
8. Simulation exercise on rapid response to importation of wild poliovirus – 2011.

### 5.7. Progress of transition plan for injection safety

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

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

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

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	Syringe, A-D, BCG, 0.05 ml, w/needle	Government	
Measles	Syringe, A-D, 0.5 ml, w/needle, ster	Government	
TT			
DTP-containing vaccine	Syringe, A-D, 0.5 ml, w/needle, ster	Government	
HepB	Syringe, A-D, 0.5 ml, w/needle, ster	Government	

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

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

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

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

In general two approaches are employed for sharp waste disposal; incineration and open burning.

## 6. Immunisation Services Support (ISS)

There is no ISS support this year.



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

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

#### 7.1.1.

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

**Table 4:** Received vaccine doses

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

	[ A ]	[ B ]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
DTP-HepB-Hib	130,700	130,700		
DTP-HepB-Hib	16,800	29,200		

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

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

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

According to DL (21 December,2009)the Government part of pentavalent vaccine was 16, 800 doses. In order to avoid stock outs in the country Government decided to procure additional quantities because of unexpected big birth cohort in 2009 (44, 000 Vs planned 39,000). As the real number of birth cohort is announced only in the late June, 2010 by NSS, this issue was not reflected in the APR of 2009. The same strategy was applied this year because of the same reason.

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)

To improve vaccine Management the following actions have been undertaken:

1. Workshops for vaccine managers of local levels (within GAVI HSS project)
2. Vaccine use and wastage forms reported by all administrative levels were analyzed in details to identify communities and regions with high vaccine wastage.
3. Collaboration between the National Statistical Service and Ministry of Health in collection of population data.

#### 7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? **No**

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

Please describe the reason and impact of stock-out

## 7.2. Introduction of a New Vaccine in 2010

### 7.2.1.

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

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

### 7.2.2.

When is the Post introduction Evaluation (PIE) planned? 2014

If your country conducted a PIE in the past two years, please attach relevant reports ( Document No 23 )

### 7.2.3.

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

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

Total 3674 AEFIs were recorded in Armenia, of which 17 (0.4%) - severe cases, 2782 (75%) - mild general cases, 875 (25%) – mild local reactions. The majority of registered cases are due to pentavalent Hib vaccine - 3327 (90%), of which only 13 (0.4%) are severe reactions. The rest of AEFIs are due to DTP vaccine - 299 (8%), Td vaccine - 18 cases (0.5%), MMR vaccine - 19 cases (0.5%), OPV vaccine - 11 cases (0.3%).

Serious and unexpected AEFIs were discussed at the Ministry of Health and final reports were submitted in MoH official Internet page. The major challenge was high temperature reactions among infants vaccinated with pentavalent Zilbrix vaccine produced by GSK. Meanwhile in the private sector widely was used Tritanrix (another pentavalent vaccine by GSK). The situation was stressed with the spread of the information that production of the Zilbrix in Hungary was stopped due to high reactivity. To overcome this problem Ministry of Health organized additional meetings with head specialists, pediatricians and discussed the situation and requested to work with parents more closely explaining that all reactions are expected and common for the Zilbrix.

### 7.2.4.

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

Funds of Vaccines Introduction Grant received in 2010

<b>\$US</b>	
<b>Receipt date</b>	

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

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

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

If Yes, how much? US\$

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

### 7.2.5.

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

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

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

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

<b>Q. 1: What are the actual co-financed amounts and doses in 2010?</b>		
<b>Co-Financed Payments</b>	<b>Total Amount in US\$</b>	<b>Total Amount in Doses</b>
1st Awarded Vaccine DTP-HepB-Hib, 2 doses/vial, Lyophilised	101,352	29,200
2nd Awarded Vaccine		
3rd Awarded Vaccine		
<b>Q. 2: Which are the sources of funding for co-financing?</b>		
Government		
Donor	15000	
Other		
<b>Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?</b>		
1.	Participation of Ministry of Finance at ICC meetings has accelerated resource mobilization.	
2.	Late notification of GAVI new co-financing policy hindered mobilization of resources for the future co-financing and new vaccine introduction.	
3.		
4.		
<b>Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?</b>		
<b>Schedule of Co-Financing Payments</b>	<b>Proposed Payment Date for 2012</b>	
	(month number e.g. 8 for August)	
1 <sup>st</sup> Awarded Vaccine	2	

DTP-HepB-Hib, 2 doses/vial, Lyophilised	
2 <sup>nd</sup> Awarded Vaccine	
3 <sup>rd</sup> Awarded Vaccine	

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: [http://www.gavialliance.org/resources/9\\_Co\\_Financing\\_Default\\_Policy.pdf](http://www.gavialliance.org/resources/9_Co_Financing_Default_Policy.pdf).

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

#### 7.4. Vaccine Management (EVSM/VMA/EVM)

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

When was the last Effective Vaccine Store Management (EVSM) conducted? 28.03.2011

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

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. ( Document N° 22 )

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

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

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

Previous EVSM assessment was conducted in Armenia in November of 2008. In the scope of that assessment a follow up assessment has been carried out in order to monitor improvements recommended from EVSM assessment conducted in 2007. For details of follow up assessment please refer to the attached document N20.

When is the next Effective Vaccine Management (EVM) Assessment planned? 02.04.2014

#### 7.5. Change of vaccine presentation

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

Please specify below the new vaccine presentation

NA

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

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

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

The country hereby request for an extension of GAVI support for Hib containing penta vaccine for the years 2012 to 2015. At the same time it commits itself to co-finance the procurement of Hib containing penta vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.9 Calculation of requirements](#).

The multi-year extension of Hib containing penta vaccine support is in line with the new cMYP for the years 2012 to 2015 which is attached to this APR ( Document No 3 ).

The country ICC has endorsed this request for extended support of Hib containing penta vaccine at the ICC meeting whose minutes are attached to this APR ( Document No 4 ).

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

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

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

If you don't confirm, please explain

## 7.8. Weighted average prices of supply and related freight cost

**Table 6.1:** Commodities Cost

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

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

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

**Table 6.2:** Freight Cost

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

## 7.9. Calculation of requirements

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

	Instructions		2011	2012	2013	2014	2015		TOTAL
<b>Number of Surviving infants</b>	Table 1	#	44,499	44,704	44,910	45,116	45,319		224,548
<b>Number of children to be vaccinated with the third dose</b>	Table 1	#	42,270	42,460	42,660	43,300	43,500		214,190
<b>Immunisation coverage with the third dose</b>	Table 1	#	95%	95%	95%	96%	96%		
<b>Number of children to be vaccinated with the first dose</b>	Table 1	#	43,600	43,800	44,000	44,200	44,400		220,000
<b>Number of doses per child</b>		#	3	3	3	3	3		
<b>Estimated vaccine wastage factor</b>	Table 1	#	1.11	1.11	1.11	1.11	1.11		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		16,724					
Number of doses per vial		#	2	2	2	2	2		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		\$	0.40	0.69	0.98	1.27	1.56		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

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

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

	2011	2012	2013	2014	2015
Minimum co-financing	0.40	0.69	0.98	1.27	1.56
Your co-financing	0.40	0.69	0.98	1.27	1.56

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

Supply that is procured by GAVI and related cost in US\$		For Approval		For Endorsement			TOTAL
		2011	2012	2013	2014	2015	
Required supply item							
Number of vaccine doses	#		95,600	89,000	62,000	32,900	279,500
Number of AD syringes	#		94,300	89,000	62,000	32,900	278,200
Number of re-constitution syringes	#		53,100	49,400	34,400	18,300	155,200
Number of safety boxes	#		1,650	1,550	1,075	575	4,850



Supply that is procured by GAVI and related cost in US\$			For Approval		For Endorsement			
			2011	2012	2013	2014	2015	TOTAL
Required supply item								
Total value to be co-financed by GAVI	\$		253,000	222,000	136,000	66,000	677,000	

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

Supply that is procured by the country and related cost in US\$			For approval		For endorsement			
			2011	2012	2013	2014	2015	TOTAL
Required supply item								
Number of vaccine doses	#		33,800	57,800	85,500	115,200	292,300	
Number of AD syringes	#		33,300	57,800	85,500	115,200	291,800	
Number of re-constitution syringes	#		18,800	32,100	47,500	64,000	162,400	
Number of safety boxes	#		600	1,000	1,475	2,000	5,075	
Total value to be co-financed by the country	\$		89,500	144,000	187,500	231,000	652,000	

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

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
<b>A</b>	<b>Country Co-finance</b>		26.08%			39.34%			57.96%			77.81%			
<b>B</b>	<b>Number of children to be vaccinated with the first dose</b>	Table 1	43,600	43,800	11,424	32,376	44,000	17,309	26,691	44,200	25,620	18,580	44,400	34,550	9,850
<b>C</b>	<b>Number of doses per child</b>	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
D	Number of doses needed	B x C	130,800	131,400	34,272	97,128	132,000	51,927	80,073	132,600	76,859	55,741	133,200	103,649	29,551
E	Estimated vaccine wastage factor	Wastage factor table	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11
F	Number of doses needed including wastage	D x E	145,188	145,854	38,042	107,812	146,520	57,639	88,881	147,186	85,314	61,872	147,852	115,050	32,802
G	Vaccines buffer stock	(F – F of previous year) * 0.25		167	44	123	167	66	101	167	97	70	167	130	37
H	Stock on 1 January 2011			16,724	4,362	12,362									
I	Total vaccine doses needed	F + G - H		129,297	33,723	95,574	146,687	57,705	88,982	147,353	85,411	61,942	148,019	115,180	32,839
J	Number of doses per vial	Vaccine parameter		2	2	2	2	2	2	2	2	2	2	2	2
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		127,476	33,248	94,228	146,706	57,712	88,994	147,372	85,422	61,950	148,038	115,195	32,843
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		71,760	18,717	53,043	81,412	32,027	49,385	81,781	47,403	34,378	82,151	63,926	18,225
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		2,212	577	1,635	2,533	997	1,536	2,544	1,475	1,069	2,556	1,989	567
N	Cost of vaccines needed	l x g		319,364	83,296	236,068	340,314	133,874	206,440	299,127	173,383	125,744	273,836	213,084	60,752
O	Cost of AD	K x ca		6,757	1,763	4,99	7,776	3,059	4,71	7,811	4,528	3,28	7,847	6,107	1,740

	Formula	2011	2012			2013			2014			2015		
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	<b>syringes needed</b>				4			7			3			
<b>P</b>	<b>Cost of reconstitution syringes needed</b> L x cr		2,297	600	1,697	2,606	1,026	1,580	2,617	1,517	1,100	2,629	2,046	583
<b>Q</b>	<b>Cost of safety boxes needed</b> M x cs		1,416	370	1,046	1,622	639	983	1,629	945	684	1,636	1,274	362
<b>R</b>	<b>Freight cost for vaccines needed</b> N x fv		11,178	2,916	8,262	11,911	4,686	7,225	10,470	6,069	4,401	9,585	7,459	2,126
<b>S</b>	<b>Freight cost for devices needed</b> (O+P+Q) x fd		1,047	274	773	1,201	473	728	1,206	700	506	1,212	944	268
<b>T</b>	<b>Total fund needed</b> (N+O+P+Q+R+S)		342,059	89,215	252,844	365,430	143,754	221,676	322,860	187,139	135,721	296,745	230,910	65,835
<b>U</b>	<b>Total country co-financing</b> I 3 cc		89,215			143,754			187,139			230,910		
<b>V</b>	<b>Country co-financing % of GAVI supported proportion</b> U / T		26.08%			39.34%			57.96%			77.81%		

## **8. Injection Safety Support (INS)**

There is no INS support this year.

## 9. Health System Strengthening Programme (HSS)

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

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

## 10. Civil Society Programme (CSO)

There is no CSO support this year.

## **11. Comments**

### Comments from ICC/HSCC Chairs

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

## 12. Annexes

### Annex 1

#### TERMS OF REFERENCE:

#### FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS

- I. All countries that have received ISS /new vaccine introduction grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
  - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010 )
  - b. Income received from GAVI during 2010
  - c. Other income received during 2010 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2010
  - f. A detailed analysis of expenditures during 2010, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2010 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.



## MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

### *An example statement of income & expenditure*

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

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2009</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

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

## Annex 2

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

- I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
  - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
  - b. Income received from GAVI during 2010
  - c. Other income received during 2010 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2010
  - f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

**MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:**

*An example statement of income & expenditure*

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

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

<b>Detailed analysis of expenditure by economic classification ** – GAVI HSS</b>						
	<b>Budget in CFA</b>	<b>Budget in USD</b>	<b>Actual in CFA</b>	<b>Actual in USD</b>	<b>Variance in CFA</b>	<b>Variance in USD</b>
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2009</b>	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

## Annex 3

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

- I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
  - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010 )
  - b. Income received from GAVI during 2010
  - c. Other income received during 2010 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2010
  - f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

*An example statement of income & expenditure*

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

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

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

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

## 13. Attachments

### 13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		16	Yes
Signature of Minister of Finance (or delegated authority)		17	Yes
Signatures of members of ICC		18	Yes
Signatures of members of HSCC		19	Yes
Minutes of ICC meetings in 2010		8, 9, 10	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		7	Yes
Minutes of HSCC meetings in 2010		1, 2, 3	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		4, 5, 6	Yes
Financial Statement for ISS grant in 2010		15	
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		14	Yes
EVSM/VMA/EVM report		22	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		11, 12, 13	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

### 13.2. Attachments

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

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

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	<b>File Type:</b> Minutes of HSCC meetings in 2010 * <b>File Desc:</b> Minutes of HSCC meetings in 2010	<b>File name:</b> <a href="F:\GAVI_2011\2010\Attachments\HSS\Documnet7\HSSMinutes02.09.2010.doc">F:\GAVI_2011\2010\Attachments\HSS\Documnet7\HSSMinutes02.09.2010.doc</a> <b>Date/Time:</b> 24.05.2011 08:23:51 <b>Size:</b> 29 KB		
2	<b>File Type:</b> Minutes of HSCC meetings in 2010 * <b>File Desc:</b> Minutes of HSCC meetings in 2010	<b>File name:</b> <a href="F:\GAVI_2011\2010\Attachments\HSS\Documnet7\HSSMinutes12.11.2010.doc">F:\GAVI_2011\2010\Attachments\HSS\Documnet7\HSSMinutes12.11.2010.doc</a> <b>Date/Time:</b> 24.05.2011 08:24:26 <b>Size:</b>		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
		28 KB		
3	<b>File Type:</b> Minutes of HSCC meetings in 2010 * <hr/> <b>File Desc:</b> Minutes of HSCC meetings in 2010	<b>File name:</b> <a href="F:\GAVI_2011\2010\Attachments\HSS\Documnet\7\HSSMinutes 21.12.2010.doc">F:\GAVI_2011\2010\Attachments\HSS\Documnet\7\HSSMinutes 21.12.2010.doc</a> <hr/> <b>Date/Time:</b> 24.05.2011 08:24:50 <b>Size:</b> 27 KB		
4	<b>File Type:</b> Minutes of HSCC meeting in 2011 endorsing APR 2010 * <hr/> <b>File Desc:</b> Minutes of joint ICC/HSCC meeting in 2011 endorsing APR	<b>File name:</b> <a href="F:\GAVI_2011\2010\Attachments\HSS\Documnet\7\ICCHSCCMinutes11.05.2011.doc">F:\GAVI_2011\2010\Attachments\HSS\Documnet\7\ICCHSCCMinutes11.05.2011.doc</a> <hr/> <b>Date/Time:</b> 24.05.2011 08:26:40 <b>Size:</b> 37 KB		
5	<b>File Type:</b> Minutes of HSCC meeting in 2011 endorsing APR 2010 * <hr/> <b>File Desc:</b> Minutes of regular HSCC meeting in 2011	<b>File name:</b> <a href="F:\GAVI_2011\2010\Attachments\HSS\Documnet\7\HSSMinutes 15.02.2011.doc">F:\GAVI_2011\2010\Attachments\HSS\Documnet\7\HSSMinutes 15.02.2011.doc</a> <hr/> <b>Date/Time:</b> 24.05.2011 08:29:10 <b>Size:</b> 29 KB		
6	<b>File Type:</b> Minutes of HSCC meeting in 2011 endorsing APR 2010 * <hr/> <b>File Desc:</b> Minutes of regular HSCC meeting in 2011	<b>File name:</b> <a href="F:\GAVI_2011\2010\Attachments\HSS\Documnet\7\HSSMinutes 23.04.2011.doc">F:\GAVI_2011\2010\Attachments\HSS\Documnet\7\HSSMinutes 23.04.2011.doc</a> <hr/> <b>Date/Time:</b> 24.05.2011 08:29:39 <b>Size:</b> 29 KB		
7	<b>File Type:</b> Minutes of ICC meeting in 2011 endorsing APR 2010 * <hr/> <b>File Desc:</b> Minutes of ICC/HSCC meeting in 2011 endorsing APR 2010	<b>File name:</b> <a href="F:\GAVI_2011\2010\Attachments\HSS\Documnet\7\ICCHSCCMinutes11.05.2011.doc">F:\GAVI_2011\2010\Attachments\HSS\Documnet\7\ICCHSCCMinutes11.05.2011.doc</a> <hr/> <b>Date/Time:</b> 24.05.2011 08:31:12 <b>Size:</b> 37 KB		
8	<b>File Type:</b> Minutes of ICC meetings in 2010 * <hr/> <b>File Desc:</b> Minutes of ICC meeting in 2010	<b>File name:</b> <a href="F:\GAVI_2011\2010\Attachments\Document\1\ICCMInutes08.09.2010.doc">F:\GAVI_2011\2010\Attachments\Document\1\ICCMInutes08.09.2010.doc</a> <hr/> <b>Date/Time:</b> 24.05.2011 08:33:05 <b>Size:</b> 32 KB		
9	<b>File Type:</b> Minutes of ICC meetings in 2010 * <hr/> <b>File Desc:</b> Minutes of ICC meeting in 2010	<b>File name:</b> <a href="F:\GAVI_2011\2010\Attachments\Document\1\ICCMInutes11.05.2010.doc">F:\GAVI_2011\2010\Attachments\Document\1\ICCMInutes11.05.2010.doc</a> <hr/> <b>Date/Time:</b> 24.05.2011 08:33:28 <b>Size:</b> 38 KB		
10	<b>File Type:</b> Minutes of ICC meetings in 2010 * <hr/> <b>File Desc:</b> Minutes of ICC meeting in 2010	<b>File name:</b> <a href="F:\GAVI_2011\2010\Attachments\Document\1\ICCMInutes21.11.2010.doc">F:\GAVI_2011\2010\Attachments\Document\1\ICCMInutes21.11.2010.doc</a> <hr/> <b>Date/Time:</b> 24.05.2011 08:33:47 <b>Size:</b> 27 KB		
11	<b>File Type:</b> new cMYP starting 2012 <hr/> <b>File Desc:</b> cMYP for period of 2011-2015 revised in 2011	<b>File name:</b> <a href="F:\GAVI_2011\2010\Attachments\cMYP Document 3\ARM-cMYP-ENGLISH-2011-2015_FINAL_1705.doc">F:\GAVI_2011\2010\Attachments\cMYP Document 3\ARM-cMYP-ENGLISH-2011-2015_FINAL_1705.doc</a> <hr/> <b>Date/Time:</b> 24.05.2011 08:36:39		

I D	File type	File name	N e w f i l e	Acti ons
	Description	Date and Time Size		
		<b>Size:</b> 1 MB		
1 2	<b>File Type:</b> new cMYP starting 2012 <b>File Desc:</b> Baseline scenario of cMYP 2011-2015	<b>File name:</b> <a href="F:\GAVI_2011\2010\Attachments\cMYP Document 3\cMYP_ARM_Basic_Scenario_Revised_2011_FINAL_V2.0.xls">F:\GAVI_2011\2010\Attachments\cMYP Document 3\cMYP_ARM_Basic_Scenario_Revised_2011_FINAL_V2.0.xls</a> <b>Date/Time:</b> 24.05.2011 08:40:01 <b>Size:</b> 3 MB		
1 3	<b>File Type:</b> new cMYP starting 2012 <b>File Desc:</b> Alternative scenario of cMYP 2011-2015	<b>File name:</b> <a href="F:\GAVI_2011\2010\Attachments\cMYP Document 3\cMYP_ARM_Scenario_A_Revised_2011_FINAL_(upd)_V2.0.xls">F:\GAVI_2011\2010\Attachments\cMYP Document 3\cMYP_ARM_Scenario_A_Revised_2011_FINAL_(upd)_V2.0.xls</a> <b>Date/Time:</b> 24.05.2011 08:43:22 <b>Size:</b> 3 MB		
1 4	<b>File Type:</b> Financial Statement for HSS grant in 2010 * <b>File Desc:</b> Financial statement for HSS grant in 2010	<b>File name:</b> <a href="F:\GAVI_2011\2010\Attachments\HSS\HSS_Statement.pdf">F:\GAVI_2011\2010\Attachments\HSS\HSS_Statement.pdf</a> <b>Date/Time:</b> 24.05.2011 08:45:41 <b>Size:</b> 123 KB		
1 5	<b>File Type:</b> Financial Statement for ISS grant in 2010 * <b>File Desc:</b> Financial statement for ISS grant balance	<b>File name:</b> <a href="F:\GAVI_2011\2010\Attachments\HSS\ISS_Statement.pdf">F:\GAVI_2011\2010\Attachments\HSS\ISS_Statement.pdf</a> <b>Date/Time:</b> 24.05.2011 08:48:24 <b>Size:</b> 83 KB		
1 6	<b>File Type:</b> Signature of Minister of Health (or delegated authority) * <b>File Desc:</b> Signature of Minister of Health	<b>File name:</b> <a href="C:\Documents and Settings\Administrator\Desktop\GAVI_2011\2010\GAYANEVA PR endorsement.pdf">C:\Documents and Settings\Administrator\Desktop\GAVI_2011\2010\GAYANEVA PR endorsement.pdf</a> <b>Date/Time:</b> 25.05.2011 04:29:59 <b>Size:</b> 3 MB		
1 7	<b>File Type:</b> Signature of Minister of Finance (or delegated authority) * <b>File Desc:</b> Signature of Deputy Minister of Finance	<b>File name:</b> <a href="C:\Documents and Settings\Administrator\Desktop\GAVI_2011\2010\GAYANEVA PR endorsement.pdf">C:\Documents and Settings\Administrator\Desktop\GAVI_2011\2010\GAYANEVA PR endorsement.pdf</a> <b>Date/Time:</b> 25.05.2011 04:35:21 <b>Size:</b> 3 MB		
1 8	<b>File Type:</b> Signatures of members of ICC * <b>File Desc:</b> Signature of members of ICC	<b>File name:</b> <a href="C:\Documents and Settings\Administrator\Desktop\GAVI_2011\2010\GAYANEVA PR endorsement.pdf">C:\Documents and Settings\Administrator\Desktop\GAVI_2011\2010\GAYANEVA PR endorsement.pdf</a> <b>Date/Time:</b> 25.05.2011 04:39:03 <b>Size:</b> 3 MB		
1 9	<b>File Type:</b> Signatures of members of HSCC * <b>File Desc:</b> Signatures of members of HSCC	<b>File name:</b> <a href="C:\Documents and Settings\Administrator\Desktop\GAVI_2011\2010\GAYANEVA PR endorsement.pdf">C:\Documents and Settings\Administrator\Desktop\GAVI_2011\2010\GAYANEVA PR endorsement.pdf</a> <b>Date/Time:</b> 25.05.2011 04:41:01 <b>Size:</b> 1 MB		
2	<b>File Type:</b>	<b>File name:</b>		



ID	File type	File name	New file	Actions
	Description	Date and Time Size		
0	<p><b>File Type:</b> other</p> <p><b>File Desc:</b> Follow up evaluation of status of implementation of EVSM 2007 recommendations</p>	<p><b>File name:</b> <a href="#">C:\Documents and Settings\Tigran_A\Desktop\My_Docs\Immunization\EVM\2008\ARM EVSM assessment files Nov08\Follow up Report ARM 07 vs. 08.doc</a></p> <p><b>Date/Time:</b> 26.05.2011 06:46:16</p> <p><b>Size:</b> 94 KB</p>		
21	<p><b>File Type:</b> other</p> <p><b>File Desc:</b> HSS form</p>	<p><b>File name:</b> <a href="#">C:\Documents+and+Settings\Administrator\Desktop\GAVI_2011_2010_Attachments_HSS_HSS_Form.doc</a></p> <p><b>Date/Time:</b> 15.06.2011 05:50:01</p> <p><b>Size:</b> 1 MB</p>		
22	<p><b>File Type:</b> EVSM/VMA/EVM report</p> <p><b>File Desc:</b> DRAFT_ARM_EVM_ASSESSMENT_REPORT_2011</p>	<p><b>File name:</b> <a href="#">C:\Documents and Settings\Tigran_A\Desktop\My_Docs\Immunization\EVM\2011\EVM-ARMENIA-2011\Submitted_To_GAVI\EVM_report Armenia_Apr2011-06.05_31_May.zip</a></p> <p><b>Date/Time:</b> 01.06.2011 10:31:38</p> <p><b>Size:</b> 4 MB</p>		
23	<p><b>File Type:</b> other</p> <p><b>File Desc:</b> ARM_POST_INTRODUCTION_EVALUATION_REPORT_2010</p>	<p><b>File name:</b> <a href="#">C:\Documents and Settings\Tigran_A\Desktop\My_Docs\Immunization\New_Vaccines\Hib\Hib_introduction_evaluation\Post Introduction Evaluation- Armenia (final).doc</a></p> <p><b>Date/Time:</b> 01.06.2011 10:36:03</p> <p><b>Size:</b> 828 KB</p>		