



GAVI Alliance

Annual Progress Report **2011**

Submitted by
The Government of
Azerbaijan

Reporting on year: **2011**

Requesting for support year: **2013**

Date of submission: **5/22/2012**

Deadline for submission: 5/15/2012

Please submit the APR **2011** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.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: **2011**

Requesting for support year: **2013**

1.1. NVS AND INS support

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: N/A
HSS	Yes	next tranche of HSS Grant Yes
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2010** is available here.

2. Signatures

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

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

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 AND Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Abbas Velibekov	Name	Azad Veliev
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
Viktor Gasimov	Head of Sanitary and Epidemiological Supervision Committee of Ministry of Health	+994 12 565 1247	viktor.qasimov@health.gov.az
Oleg Salimov	Adviser of Sanitary and Epidemiological Supervision Committee of Ministry of Health	+994 12 565 1273	oleq-salimov@health.gov.az

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
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S. Aliev - head of medical aid department	Ministry of Health		
V. GASIMOV – head of sanitary and epidemiological supervision sector	Ministry of Health		
S. Abdullaev – head of international relations department	Ministry of Health		
E. Alieva – deputy head of medical aid department	Ministry of Health		
T. Tagi-Zade –coordinator of public health department	UNICEF		
K. Garakhanov –head of office	World Health Organization		
S. Mamedov –director	Rostropovich-Vishnevskaya Foundation		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), [Azerbaijan](#), 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.

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.

Name/Title	Agency/Organization	Signature	Date
V. GASIMOV – head of sanitary and epidemiological supervision sector	Ministry of Health		

S. Abdullaev –head of international relations department	Ministry of Health		
E. Alieva – deputy head of medical aid department	Ministry of Health		
T. Tagi-Zade –coordinator of public health department	UNICEF		
K. Garakhanov –head of office	World Health Organization		
S. Mamedov –director	Rostropovich-Vishnevskaya Foundation		
S. Mamedov –director	Rostropovich-Vishnevskaya Foundation		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Azerbaijan is not reporting on CSO (Type A AND B) fund utilisation in 2012

3. Table of Contents

This APR reports on *Azerbaijan's* activities between January – December 2011 and specifies the requests for the period of January – December 2013

Sections

1. Application Specification

1.1. NVS AND 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 AND B)

3. Table of Contents

4. Baseline AND annual targets

5. General Programme Management Component

5.1. Updated baseline and annual targets

5.2. Immunisation achievements in 2011

5.3. Monitoring the Implementation of GAVI Gender Policy

5.4. Data assessments

5.5. Overall Expenditures and Financing for Immunisation

5.6. Financial Management

5.7. Interagency Coordinating Committee (ICC)

5.8. Priority actions in 2012 to 2013

5.9. Progress of transition plan for injection safety

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.3. Request for ISS reward

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

7.1. Receipt of new AND under-used vaccines for 2011 vaccine programme

7.2. Introduction of a New Vaccine in 2011

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

7.3.2. Programmatic Reporting

7.4. Report on country co-financing in 2011

7.5. Vaccine Management (EVSM/VMA/EVM)

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

7.7. Change of vaccine presentation

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

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

[7.11. Calculation of requirements](#)

[8. Injection Safety Support \(INS\)](#)

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

[9.1. Report on the use of HSS funds in 2011 and request of a new tranche](#)

[9.2. Progress on HSS activities in the 2011 fiscal year](#)

[9.3. General overview of targets achieved](#)

[9.4. Programme implementation in 2011](#)

[9.5. Planned HSS activities for 2012](#)

[9.6. Planned HSS activities for 2013](#)

[9.7. Revised indicators in case of reprogramming](#)

[9.8. Other sources of funding for HSS](#)

[9.9. Reporting on the HSS grant](#)

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

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

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

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

[12. Annexes](#)

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

[12.2. Annex 2 – Example income AND expenditure ISS](#)

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

[12.4. Annex 4 – Example income AND expenditure HSS](#)

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

[12.6. Annex 6 – Example income AND expenditure CSO](#)

[13. Attachments](#)

4. Baseline AND annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	154,899	140,571	156,758	156,758	158,639	158,639	160,543	160,543	162,469	162,469
Total infants' deaths	1,766	1,903	1,787	1,787	1,809	1,809	1,831	1,831	1,852	1,852
Total surviving infants	153133	138,668	154,971	154,971	156,830	156,830	158,712	158,712	160,617	160,617
Total pregnant women	154,899	140,571	156,758	156,758	158,639	158,639	160,543	160,543	162,469	162,469
Number of infants vaccinated (to be vaccinated) with BCG	153,350	138,577	155,190	155,190	157,052	157,052	158,937	158,937	160,844	160,844
BCG coverage	99 %	99 %	99 %	99 %	99 %	99 %	99 %	99 %	99 %	99 %
Number of infants vaccinated (to be vaccinated) with OPV3	150,252	134,760	148,772	148,772	152,125	152,125	153,950	153,950	157,404	157,404
OPV3 coverage	98 %	97 %	96 %	96 %	97 %	97 %	97 %	97 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with DTP1	140,882	131,918	150,321	150,321	153,693	153,693	155,537	155,537	157,404	157,404
Number of infants vaccinated (to be vaccinated) with DTP3	137,820	130,402	147,222	147,222	153,693	153,693	155,537	155,537	157,404	157,404
DTP3 coverage	83 %	94 %	95 %	95 %	98 %	98 %	98 %	98 %	98 %	98 %
Wastage [1] rate in base-year and planned thereafter (%) for DTP	0	15	0	0	0	0	0	0	0	0
Wastage [1] factor in base-year and planned thereafter for DTP	1.00	1.18	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	136,731	47,646	150,321	150,321	153,693	153,693	155,537	155,537	157,404	157,404
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	127,523	25,842	147,222	147,222	153,693	153,693	155,537	155,537	157,404	157,404
DTP-HepB-Hib coverage	83 %	19 %	95 %	95 %	98 %	98 %	98 %	98 %	98 %	98 %
Wastage [1] rate in base-year and planned thereafter (%)	5	3	5	5	5	5	5	5	5	5
Wastage [1] factor in base-year and planned thereafter	1.05	1.03	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)		0		0	134,843	134,843	138,079	138,079	147,767	147,767
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)		0		0	125,464	125,464	134,905	134,905	144,555	144,555
Pneumococcal (PCV13) coverage		0 %		0 %	80 %	80 %	85 %	85 %	90 %	90 %
Wastage [1] rate in base-year and planned thereafter (%)		0	0	0	0	0	0	0	0	0

Wastage [1] factor in base-year and planned thereafter		1	1	1	1	1	1	1	1	1
Maximum wastage rate value for Pneumococcal (PCV13), 1 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	150,070	137,279	151,871	151,871	152,125	152,125	153,950	153,950	155,798	155,798
Measles coverage	98 %	99 %	98 %	98 %	97 %	97 %	97 %	97 %	97 %	97 %
Pregnant women vaccinated with TT +	0	0	0	0	0	0	0	0	0	0
TT + coverage	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	130,163	96,914	131,725	131,725	146,040	146,040	147,792	147,792	149,566	149,566
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	2 %	1 %	2 %	2 %	0 %	0 %	0 %	0 %	0 %	0 %

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

1 The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. 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 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011**. The numbers for 2012 - 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**

Data of the State Statistics Committee were used for the tentative forecast of the infants target group size; the data take into account all citizens of Azerbaijan including those residing in other countries. When making plans on site only the data of medical statistics are considered. This is the reason for the difference between the forecast for 2011 and the actual data. There are no changes in the other data

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

No changes

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

No changes

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

No changes

5.2. Immunisation achievements in 2011

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 2011 and how these were addressed:

<? xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office"/>

It should be noted that final approval of the GAVI board of Azerbaijan on the application for the introduction of a new vaccine was only received in July 2010, whereon the Ministry of Health was informed in September 2010, the vaccine was delivered by UNICEF only at the end of March 2011.

– In July 2011 the pentavalent vaccine DTP-Hib-HepB was included in the scheduled vaccination. Due to the delays in vaccine introduction, some of the target group subject to DTP-Hib-HepB vaccine, were vaccinated with DTP and Hep B vaccines not including the Hib component.

- The coverage of traditional vaccination included in the scheduled vaccination according to the administrative reporting data remains high at the national level (> 95 %).

- In the course of the year all cities and regions of the republic received a sufficient number of vaccines and consumable materials considering safe injection practice (auto-disable syringes, syringes for dilution, safe destruction boxes).

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

Low coverage by DTPHibHepB vaccine is caused by:

- late import of the vaccine into the country (the end of March 2011);

- shift in vaccine introduction terms in the National Immunization Schedule – from January 2011 to July 2011.

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **yes, available**

If yes, please report all the data available from 2009 to 2011

| Data Source | Timeframe of the data | Coverage estimate |
|---|-----------------------|---|
| Form No.5 Prophylactic vaccination report | Annual | Target group, including separate coverage among girls |

How have you been using the above data to address gender-related barrier to immunisation access?

All children have access to immunization irrespective of gender.

There are no gender problems in the republic.

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **Not selected**

What action have you taken to achieve this goal?

5.4. Data assessments

5.4.1. 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)

Some data variation as to the number of infants recorded by the medical statistics and the State Statistics Committee is caused by the fact that the State Statistics Committee provides information on the number of all citizens of Azerbaijan including those residing outside the country.

The difference between administrative reporting data and the estimated data of the WHO/UNICEF for 2010 Committee is caused by the fact that the data of WHO/UNICEF were calculated on the basis of the results of the Demography and Health Survey carried out in 2006.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **No**

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

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

-Implementation of the electronic Health Card system for all including children under age5.

-Implementation of the electronic disease supervision system from April 1, 2010.

-Implementation of updated form No. 5 on prophylactic vaccination that also contains information on unvaccinated groups, including separate information on medical exemptions.

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

- Implementation of the electronic Health Card system and the electronic disease supervision system as well as administrative reporting data for comparative analysis of the immunization coverage.

- Implementation of parents SMS informing parents of the time for scheduled vaccination for children via the electronic Health Card

system.

- Creation of the register of pregnant women aiming to optimize antenatal and subsequent perinatal care and registration of infants.

5.5. Overall Expenditures and Financing for Immunization

The purpose of **Table 5.5a** and **Table 5.5b** 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 \$ = 0.76 | Enter the rate only; Please do not enter local currency name |
|---------------------------|----------------|--|

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US \$

| Expenditure by category | Expenditure Year 2011 | Source of funding | | | | | | |
|---|-----------------------|-------------------|-----------|--------|---------|----------------|----------------|----------------|
| | | Country | GAVI | UNICEF | WHO | Not applicable | Not applicable | Not applicable |
| Traditional Vaccines* | 2,787,032 | 2,787,032 | 0 | 0 | 0 | 0 | 0 | 0 |
| New and underused Vaccines ** | 2,996,036 | 1,483,536 | 1,512,500 | 0 | 0 | 0 | 0 | 0 |
| Injection supplies (both AD syringes and syringes other than ADs) | 128,080 | 128,080 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cold Chain equipment | 59,000 | 59,000 | 0 | 0 | 0 | 0 | 0 | 0 |
| Personnel | 293,227 | 293,227 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other routine recurrent costs | 205,000 | 0 | 0 | 0 | 205,000 | 0 | 0 | 0 |
| Other Capital Costs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Campaigns costs | 60,126 | 59,126 | 0 | 0 | 1,000 | 0 | 0 | 0 |
| Assessment of Efficient Vaccine Control | | 0 | 0 | 13,000 | 0 | 0 | 0 | 0 |
| Total Expenditures for Immunisation | 6,528,501 | | | | | | | |
| Total Government Health | | 4,810,001 | 1,512,500 | 13,000 | 206,000 | 0 | 0 | 0 |

* 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 state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

No difference

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

The funding received corresponded to the requested budget

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

The government fully finances the purchase of traditional vaccines and co-finances the purchase of new vaccines

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US \$.

| Expenditure by category | Budgeted Year 2012 | Budgeted Year 2013 |
|---|--------------------|--------------------|
| Traditional Vaccines* | 2,818,283 | 2,829,386 |
| New and underused Vaccines ** | 1,471,396 | 3,283,004 |
| Injection supplies (both AD syringes and syringes other than ADs) | 753,583 | 951,262 |
| Injection supply with syringes other than ADs | 0 | 0 |
| Cold Chain equipment | 68,278 | 69,643 |
| Personnel | 304,683 | 310,776 |
| Other routine recurrent costs | 639,634 | 613,622 |
| Supplemental Immunisation Activities | 22,805 | 0 |
| Total Expenditures for Immunisation | 6,078,662 | 8,057,693 |

* 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.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

Yes, we are. The funds budgeted for 2012, include:

- funds committed from the state budget;
- planned as DTPHibHepB vaccine co-financing provided by GAVI;
- planned as an immunization component of the two-year agreement with WHO for 2012-2013.

5.5.5. Are you expecting any financing gaps for 2013? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

No, now no financing gaps for 2013 are expected.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **Yes, fully implemented**

If **Yes**, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

| Action plan from Aide Mémoire | Implemented? |
|---|--------------|
| Signing of the agreement on the financing control management allocated as part of the GAVI grant on HSS in 2011 | Yes |

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

The plan is subject to performance from 2012

If none has been implemented, briefly state below why those requirements and conditions were not met.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **1**

Please attach the minutes (**Document N °**) from all the ICC meetings held in 2011, 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 [5.5 Overall Expenditures and Financing for Immunisation](#)

1. Approval of the report for 2010.
2. Preparation for the introduction of the pentavalent vaccine DTPHibHepB.
3. Examination of issues connected with pneumococcal vaccine introduction in 2013.

Are any Civil Society Organisations members of the ICC? **No**

If Yes, which ones?

| List CSO member organisations: |
|--------------------------------|
| No |

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

1. Maintenance of the status of a poliomyelitis-free territory. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
2. Elimination of measles and rubella.
3. Control over hepatitis B and diphtheria.
4. Maintenance of high coverage of scheduled vaccinations.
5. Introduction of new vaccines.
6. Intensification of supervision of vaccine-preventable diseases.
7. Vaccination quality and safety assurance.

All specified tasks and measures related thereto are recorded in the comprehensive long-term plan for 2011-2015.

Are they linked with cMYP? **Yes**

5.9. 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 2011

| Vaccine | Types of syringe used in 2011 routine EPI | Funding sources of 2011 |
|---------|---|-------------------------|
| BCG | Auto-disable | State budget |

| | | |
|------------------------|----------------|--------------------|
| Measles | Auto-disable | State budget |
| TT | Not applicable | |
| DTP-containing vaccine | Auto-disable | State budget |
| DTP-Hib-HepB | Auto-disable | State budget, GAVI |
| DT | Auto-disable | State budget |
| HepB | Auto-disable | State budget |

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)

There were no obstacles during the implementation of the injection safety policy.

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

- Burning and dumping of disposals. <? xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office"/>

- The problem of medical waste disposal in big cities is now solved by the construction of high capacity incinerators.

- With support from WHO the country is developing a medical waste disposal policy.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

| | Amount US \$ | Amount local currency |
|--|--------------|-----------------------|
| Funds received during 2011 (A) | 0 | 0 |
| Remaining funds (carry over) from 2010 (B) | 0 | 0 |
| Total funds available in 2011 (C=A+B) | 0 | 0 |
| Total Expenditures in 2011 (D) | 0 | 0 |
| Total Expenditures in 2012 (D) | 0 | 0 |

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

ISS funds were used in 2010 and the country has reported on the use of these funds. The corresponding document is also attached hereto.

6.1.2. Please include details on the type of bank account (s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

The Ministry of Health account was used in previous years.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

ISS funds were used by the country in 2010 for the additional cold chain and renovation of the laboratories functioning under the immunization service (virological and bacteriological laboratories of the Republican Centre for Hygiene and Epidemiology)

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **No**

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

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

6.3. Request for ISS reward

Request for ISS reward achievement in Azerbaijan is not applicable for 2011

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

7.1. Receipt of new AND under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

| | [A] | [B] | |
|----------------------|---|--|---|
| Vaccine type | Total doses for 2011 in Decision Letter | Total doses received by 31 December 2011 | Total doses of postponed deliveries in 2012 |
| DTP-HepB-Hib | | 486,500 | 486,500 |
| Pneumococcal (PCV13) | | 0 | 0 |

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

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 delay in vaccine introduction was caused by the delay in the delivery of the DTPHibHepB vaccine. According to the application of Azerbaijan approved by the GAVI board on July 29, 2010, vaccine introduction was rescheduled from 2009 to January 2011. This information was also specified in the Annual progress report for 2009 submitted to GAVI in April 2010. During the DTPHibHepB vaccine introduction, delivery was carried out by the UNICEF Supply Division at the end of March 2011, this has led to a delay in preparatory works and vaccine introduction. Information about the supplied vaccine, required for vaccinator training was also provided late to the country— in March 2011. Because of the aforementioned reasons the preparatory works on site were only finished in July 2011 and as a consequence most of the target group has not been covered. The target group, which was not vaccinated with DTPHibHepB, was vaccinated with DTP and HepB.

- Removal of the vaccine supplied by UNICEF from the list of prequalified vaccines is in accordance with the conditions of the application to GAVI, vaccines supplied by the UNICEF Supply Division shall be prequalified by WHO. In March 2011 the UNICEF Supply Division supplied DTPwHibHepB Easyfive TM vaccine produced by Panacea Biotecto Azerbaijan. In August 2011 this vaccine was removed from the list of vaccines prequalified by WHO. According to a Government decision, vaccines supplied under humanitarian aid including those financed by GAVI through the UNICEF Supply Division pass the facilitated procedures for importation into the country and do not require compulsory registration in the NRO as they have been prequalified by WHO. Removal of the DTPHibHepB Easyfive TM vaccine produced by Panacea Biotec from the list of vaccines prequalified by WHO after import into the country could lead to complications in legalizing the utilization of this vaccine and required strengthening supervision of any adverse events following immunization.

- VTI color change -it was noted that a certain number of vaccines changed VTI color within 2-3 months (2 phase) after being supplied to the country, including vaccines stored in the national level cold chain. Checks of the temperature schedule monitoring, including filling in the temperature charts, have not revealed infringements of the "cold mode". With regard to the VTI change (3 phase), as of May 18, 2012 1,000 doses of DTPwHibHepB Easyfive TM vaccine produced by Panacea Biotec were subject to withdrawal (250 doses in the Sabail district of Baku and 750 doses in the Masalli region of the republic).

- 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)

- In order to adjust the UNICEF delivery schedules and encourage efficient vaccine utilization, the Ministry of Health collected accurate data and calculated the vaccine stocks at national and subnational level

estimated as of January 1, 2012. Based on these calculations and the target vaccination group size, the demands for DTPHibHepB vaccine and appropriate safe injection material were revised and presented by a letter from the Ministry of Health to the GAVI Secretariat (letter № 08-17/11804 dated 12/27/2011). According to the calculations, the vaccine remaining as of 01.01. 2012 was 409,671 doses and according to the revised demands including a demand for the 1st quarter of 2013, 44,160 doses (23%) of single-dose liquid DTPHibHepB vaccine to be procured by the country and 147,840 doses (77%) – by GAVI. This information has also been presented to the UNICEF Supply Division. As for the time of supply for 2013, considering the previous experience, Azerbaijan requests delivery of the DTPHibHepB vaccine through the UNICEF Supply Division in November 2012.

- In July 2011 with the support of WHO, the Republic Hygienic and Epidemiological Centre developed methodical recommendations for the introduction of the DTPHibHepB vaccine and conducted zone training involving vaccinators, pediatricians, neuropathologists and epidemiologists.
- In September-November 2011 the Republic Hygienic and Epidemiological Centre carried out monitoring in some cities and regions of the republic in order to assess the introduction of the DTPHibHepB vaccine with the support of WHO.
- In December 2011 the Ministry of Health of the Republic of Azerbaijan introduced a new report form on vaccination coverage developed in accordance with the basic recommendations of WHO and allowing the whole target group to be detected considering internal migration, reflecting information on the cohort of unvaccinated children including those with medical exemption, and also allowing adverse events following immunization to be monitored.

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **Yes**

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

From January till March 2011 there was no vaccine in the country and this has resulted in a delay in the introduction of the vaccine in the National Immunization Schedule.

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

-The delayed vaccine introduction occurred due to the delay in delivering the DTPHibHepB vaccine. According to the application of Azerbaijan approved by the GAVI board on July 29, 2010, vaccine introduction was rescheduled from 2009 to January 2011. This information was also specified in the Annual progress report for 2009 submitted to GAVI in April 2010. During the DTPHibHepB vaccine introduction, the UNICEF Supply Division delivered the vaccine at the end of March 2011 and this led to a delay in preparatory works and vaccine introduction. Information about the supplied vaccine, required for vaccinator training was also supplied to the country late – in March 2011. For the above reasons the preparatory works on site were only finished in July 2011 and as a consequence most of the target group was not covered. The target group, which was not vaccinated with DTPHibHepB, was vaccinated with DTP and HepB.

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

| | | |
|---|--------------|---|
| Vaccine introduced | DTP-Hib-HepB | |
| Phased introduction | No | |
| Nationwide introduction | Yes | 01/07/2011 |
| The time and scale of introduction was as planned in the proposal? If No, Why? | No | Because of the vaccine delay in delivery to the country and late vaccine introduction in the National Immunization Schedule related thereto |

7.2.2. When is the Post introduction evaluation (PIE) planned? **September 2012**

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 ° 20))

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

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

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

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

| | Amount US \$ | Amount local currency |
|--|--------------|-----------------------|
| Funds received during 2011 (A) | 100000 | 78900 |
| Remaining funds (carry over) from 2010 (B) | 0 | 0 |
| Total funds available in 2011 (C=A+B) | 100000 | 78900 |
| Total Expenditures in 2011 (D) | 0 | 0 |
| Balance carried over to 2012 (E=C-D) | 100000 | 78,900 |

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14). 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 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

In 2011 activities in relation to the vaccine introduction were undertaken, financed by WHO (training and monitoring) and the state budget (copying of immunization schedules). Usage of the GAVI grant is planned for 2012-2013.

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

Activities in 2011 were undertaken with the financial and technical support of WHO and out of the funds of the state budget. Activities financed out of the GAVI grant for introduction of a new vaccine are rescheduled for 2012-2013 as specified above.

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

According to the results of the Vaccine Efficient Control Assessment made with the support of UNICEF and WHO, as well as the inventory of the cold chain made in 2011 with the support of WHO, it is planned to use the GAVI grant in 2012-2013 for the following purposes:

- strengthening the "cold chain" equipping at the national and subnational level – procurement of refrigerators for the subnational level;
- provision of temperature schedule monitoring at the correct level in the national and subnational storage facilities - procurement of recorders for temperature monitoring - Multilog for the national level and Fridge Tag for the subnational level;

- procurement of additional vehicles for vaccine transportation;

-social mobilization;

This plan of actions will be presented for the subsequent approval on the Country coordination Mechanism (CCM).

7.4. Report on country co-financing in 2011

Table 7.4: Five questions on country co-financing

| Q.1: What were the actual co-financed amounts and doses in 2011? | | |
|---|---------------------------------------|--------------------------------------|
| Co-Financed Payments | Total Amount in US \$ | Total Amount in Doses |
| 1st Awarded Vaccine DTP-HepB-Hib, 1 dose (s) per vial, LIQUID | 1,414,000 | 52,000 |
| 1st Awarded Vaccine Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID | 0 | 0 |
| Q.2: Which were the sources of funding for co-financing in reporting year 2011? | | |
| Government | State budget | |
| Donor | | |
| Other | | |
| Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US \$ and supplies? | | |
| 1st Awarded Vaccine DTP-HepB-Hib, 1 dose (s) per vial, LIQUID | | |
| Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding | | |
| Schedule of Co-Financing Payments | Proposed Payment Date for 2013 | Source of funding |
| 1st Awarded Vaccine DTP-HepB-Hib, 1 dose (s) per vial, LIQUID | September | State budget |
| 1st Awarded Vaccine Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID | September | Vishnevskaya-Rostropovich Foundation |
| Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing | | |
| - Assessment of economic efficiency of the pneumococcal vaccine introduction | | |

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/about/governance/programme-policies/co-financing/>

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

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that an integrated Effective Vaccine Management (EVM) tool has replaced Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment (VMA) tools. The information on EVM tool can be found at

http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.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? **May 2011**

Please attach:

(a) EVM assessment (**Document No 15**)

(b) Improvement plan after EVM (**Document No 16**)

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 17**)

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

Kindly provide a summary of actions taken in the following table:

| Deficiency noted in EVM assessment | Action recommended in the Improvement plan | Implementation status and reasons for delay, if any |
|--|--|---|
| There is no uniform temperature registration form | To implement a uniform temperature registration form | Executed at all levels in July 2011 |
| There are no devices for continuous temperature registration | To implement at the national and subnational level | Procurement is planned for 2012-2013 |
| There is no research of temperature monitoring and card | To conduct temperature monitoring research | Planned with the support of WHO for 2012-2013 |
| No vaccine logbooks are held during transportation | To implement the use of logbooks | Executed from the 1st quarter of 2012 |
| Inventory of the cold chains and the analysis is not completed | To complete inventory and analysis | Completed in December 2011 |
| There are no demand calculation standards at all levels | To implement standards of annual demand calculation | Executed at all levels in July 2011 |
| The stock level policy is not implemented in the country | To implement the stock level policy in the country | Executed in July 2011 |
| There is no standard loss level calculation form | To implement a standard calculation and monitoring form | Executed in July, 2011 |
| There is no separate stock record of solvents | To provide a separate record of solvents and syringes | Executed at the national and subnational levels |
| There is no emergency measures plan in the event of cold chain failure | To develop an emergency measures plan for the cold chain | Executed at the national level |
| There is no preventive maintenance plan | To develop a preventive maintenance plan | Executed at the national level |
| There is no full electronic | To provide monitoring upgrade | Switch to the full electronic monitoring |

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

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **December 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Azerbaijan does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Azerbaijan 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 2012

Renewal of multi-year vaccines support for Azerbaijan is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per 7.11 Calculation of requirements

Yes

If you do not confirm, please explain

Application for support for the introduction of a new vaccine for 2013 with regard to co-financing corresponds to the DTPHibHepB vaccine to the extent of co-financing specified in the Annual progress report 2010 and for the PCV13 vaccine to the extent of co-financing specified in the application for the pneumococcal vaccine approved by the GAVI board in 2011. For each of these vaccines the country confirms co-financing according to the minimum level of co-financing for the group of the leaving countries. Some of the DTPHibHepB vaccine financed out of public funds will be procured from the state budget allocated within the level of co-financing specified in the Annual progress report 2010. Some of the pneumococcal vaccine financed out of the funds of VRF (on behalf of the state) will be procured with funds allocated within the level specified in the application of 2011.

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

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

| Vaccine | Presentation | 2012 | 2013 | 2014 | 2015 |
|---|--------------|-------|-------|-------|-------|
| DTP-HepB, 10 dose (s) per vial, LIQUID | 10 | | | | |
| DTP-HepB, 2 dose (s) per vial, LIQUID | 2 | | | | |
| DTP-HepB-Hib, 1 dose (s) per vial, LIQUID | 1 | 2.470 | 2.320 | 2.030 | 1.850 |
| DTP-HepB-Hib, 10 dose (s) per vial, LIQUID | 10 | 2.470 | 2.320 | 2.030 | 1.850 |
| DTP-HepB-Hib, 2 dose (s) per vial, LYOPHILISED | 2 | 2.470 | 2.320 | 2.030 | 1.850 |
| DTP-Hib, 10 dose (s) per vial, LIQUID | 10 | | | | |
| HepB monoval, 1 dose (s) per vial, LIQUID | 1 | | | | |
| HepB monoval, 2 dose (s) per vial, LIQUID | 2 | | | | |
| Hib monoval, 1 dose (s) per vial, LYOPHILISED | 1 | | | | |
| Measles, 10 dose (s) per vial, LYOPHILISED | 10 | 0.219 | 0.219 | 0.219 | 0.219 |
| Meningococcal, 10 dose (s) per vial, LIQUID | 10 | 0.520 | 0.520 | 0.520 | 0.520 |
| Pneumococcal (PCV10), 2 dose (s) per vial, LIQUID | 2 | 3.500 | 3.500 | 3.500 | 3.500 |
| Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID | 1 | 3.500 | 3.500 | 3.500 | 3.500 |
| Yellow Fever, 10 dose (s) per vial, LYOPHILISED | 10 | 0.900 | 0.900 | 0.900 | 0.900 |
| Yellow Fever, 5 dose (s) per vial, LYOPHILISED | 5 | 0.900 | 0.900 | 0.900 | 0.900 |
| Rotavirus, 2-dose schedule | 1 | 2.550 | 2.550 | 2.550 | 2.550 |
| Rotavirus, 3-dose schedule | 1 | 5.000 | 3.500 | 3.500 | 3.500 |
| AD-SYRINGE | 0 | 0.047 | 0.047 | 0.047 | 0.047 |
| RECONSTIT-SYRINGE-PENTAVAL | 0 | 0.047 | 0.047 | 0.047 | 0.047 |
| RECONSTIT-SYRINGE-YF | 0 | 0.004 | 0.004 | 0.004 | 0.004 |
| SAFETY-BOX | 0 | 0.006 | 0.006 | 0.006 | 0.006 |

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 7.10.1: Commodities Cost

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

| Vaccine | Presentation | 2016 |
|---|--------------|-------|
| DTP-HepB, 10 dose (s) per vial, LIQUID | 10 | |
| DTP-HepB, 2 dose (s) per vial, LIQUID | 2 | |
| DTP-HepB-Hib, 1 dose (s) per vial, LIQUID | 1 | 1.850 |
| DTP-HepB-Hib, 10 dose (s) per vial, LIQUID | 10 | 1.850 |
| DTP-HepB-Hib, 2 dose (s) per vial, LYOPHILISED | 2 | 1.850 |
| DTP-Hib, 10 dose (s) per vial, LIQUID | 10 | |
| HepB monoval, 1 dose (s) per vial, LIQUID | 1 | |
| HepB monoval, 2 dose (s) per vial, LIQUID | 2 | |
| Hib monoval, 1 dose (s) per vial, LYOPHILISED | 1 | |
| Measles, 10 dose (s) per vial, LYOPHILISED | 10 | 0.219 |
| Meningococcal, 10 dose (s) per vial, LIQUID | 10 | 0.520 |
| Pneumococcal (PCV10), 2 dose (s) per vial, LIQUID | 2 | 3.500 |
| Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID | 1 | 3.500 |
| Yellow Fever, 10 dose (s) per vial, LYOPHILISED | 10 | 0.900 |
| Yellow Fever, 5 dose (s) per vial, LYOPHILISED | 5 | 0.900 |
| Rotavirus, 2-dose schedule | 1 | 2.550 |
| Rotavirus, 3-dose schedule | 1 | 3.500 |
| AD-SYRINGE | 0 | 0.047 |
| RECONSTIT-SYRINGE-PENTAVAL | 0 | 0.047 |
| RECONSTIT-SYRINGE-YF | 0 | 0.004 |
| SAFETY-BOX | 0 | 0.006 |

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 7.10.2: Freight Cost

| Vaccine Antigens | VaccineTypes | No Threshold | 200,000\$ | | 250,000\$ | | 2,000,000\$ | |
|----------------------|-----------------|--------------|-----------|---|-----------|--------|-------------|---|
| | | | <= | > | <= | > | <= | > |
| DTP-HepB | HEPBHIB | 2.00 % | | | | | | |
| DTP-HepB-Hib | HEPBHIB | | | | 15.00 % | 3.50 % | | |
| Measles | MEASLES | 10.00 % | | | | | | |
| Meningococcal | MENINACONJUGATE | 9.99 % | | | | | | |
| Pneumococcal (PCV10) | PNEUMO | 1.00 % | | | | | | |
| Pneumococcal (PCV13) | PNEUMO | 5.00 % | | | | | | |
| Rotavirus | ROTA | 5.00 % | | | | | | |

| | | | | | | | | |
|--------------|----|--|---------|--|--|--|---------|--------|
| Yellow Fever | YF | | 20.00 % | | | | 10.00 % | 5.00 % |
|--------------|----|--|---------|--|--|--|---------|--------|

7.11. Calculation of requirements

Table 7.11.1: Specifications for **DTP-HepB-Hib, 1 dose (s) per vial, LIQUID**

| ID | Source | | 2011 | 2012 | 2013 | 2014 | 2015 | TOTAL | |
|----|---|--------------------|------|---------|---------|---------|---------|---------|---------|
| | Number of surviving infants | Table 4 | # | 138,668 | 154,971 | 156,830 | 158,712 | 160,617 | 769,798 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 47,646 | 150,321 | 153,693 | 155,537 | 157,404 | 664,601 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 25,842 | 147,222 | 153,693 | 155,537 | 157,404 | 639,698 |
| | Immunisation coverage with the third dose | Table 4 | % | 18.64 % | 95.00 % | 98.00 % | 98.00 % | 98.00 % | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 | 3 | 3 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.03 | 1.05 | 1.05 | 1.05 | 1.05 | |
| | Vaccine stock on 1 January 2012 | | # | 409,671 | | | | | |
| | Number of doses per vial | Parameter | # | | 1 | 1 | 1 | 1 | |
| | AD syringes required | Parameter | # | | Yes | Yes | Yes | Yes | |
| | Reconstitution syringes required | Parameter | # | | No | No | No | No | |
| | Safety boxes required | Parameter | # | | Yes | Yes | Yes | Yes | |
| g | Vaccine price per dose | Table 7.10.1 | \$ | | 2.47 | 2.32 | 2.03 | 1.85 | |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.61 | 0.92 | 1.23 | 1.54 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.0058 | 0.0058 | 0.0058 | 0.0058 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 3.50 % | 3.50 % | 3.50 % | 3.50 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 10.00 % | 10.00 % | 10.00 % | 10.00 % | |

Co-financing tables for **DTP-HepB-Hib, 1 dose (s) per vial, LIQUID**

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

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|------|------|------|------|------|
| Minimum co-financing | 0.30 | 0.61 | 0.92 | 1.23 | 1.54 |
| Recommended co-financing as per APR 2010 | | | 0.92 | 1.23 | 1.54 |
| Your co-financing | 0.30 | 0.61 | 0.92 | 1.23 | 1.54 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|------------------------------------|----|---------|---------|---------|---------|
| Number of vaccine doses | # | 113,400 | 304,400 | 211,000 | 108,400 |
| Number of AD syringes | # | 460,700 | 321,900 | 223,100 | 114,600 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 5,125 | 3,575 | 2,500 | 1,275 |
| Total value to be co-financed | \$ | 313,500 | 747,500 | 455,000 | 213,500 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|--|----|---------|---------|---------|---------|
| Number of vaccine doses | # | 32,100 | 182,400 | 280,500 | 389,000 |
| Number of AD syringes | # | 130,500 | 192,900 | 296,600 | 411,300 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 1,450 | 2,150 | 3,300 | 4,575 |
| Total value to be co-financed by country | \$ | 89,000 | 448,000 | 604,500 | 766,000 |

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

| | Formula | 2011 | 2012 | | |
|---|---|---------|---------|------------|---------|
| | | Total | Total | Government | GAVI |
| A Country co-finance | V | 0.00 % | 22.06 % | | |
| B Number of children to be vaccinated with the first dose | Table 5.2.1 | 47,646 | 150,321 | 33,167 | 117,154 |
| C Number of doses per child | Vaccine parametre (schedule) | 3 | 3 | | |
| D Number of doses needed | B X C | 142,938 | 450,963 | 99,501 | 351,462 |
| E Estimated vaccine wastage factor | Table 4 | 1 | 1 | | |
| F Number of doses needed including wastage | D X E | 147,227 | 473,512 | 104,476 | 369,036 |
| G Vaccines buffer stock | (F – F of previous year) * 0.25 | | 81,572 | 17,999 | 63,573 |
| H Stock on 1 January 2012 | Table 7.11.1 | 409,671 | | | |
| I Total vaccine doses needed | F + G – H | | 145,413 | 32,084 | 113,329 |
| J Number of doses per vial | Vaccine Parameter | | 1 | | |
| K Number of AD syringes (+ 10 % wastage) needed | (D + G – H) * 1.11 | | 591,114 | 130,424 | 460,690 |
| L Reconstitution syringes (+ 10 % wastage) needed | I / J * 1.11 | | 0 | 0 | 0 |
| M Total of safety boxes (+ 10 % of extra need) needed | (K + L) / 100 * 1.11 | | 6,562 | 1,448 | 5,114 |
| N Cost of vaccines needed | I x vaccine price per dose (g) | | 359,171 | 79,248 | 279,923 |
| O Cost of AD syringes needed | K x AD syringe price per unit (ca) | | 27,487 | 6,065 | 21,422 |
| P Cost of reconstitution syringes needed | L x reconstitution price per unit (cr) | | 0 | 0 | 0 |
| Q Cost of safety boxes needed | M x safety box price per unit (cs) | | 39 | 9 | 30 |
| R Freight cost for vaccines needed | N x freight cost as of % of vaccines value (fv) | | 12,571 | 2,774 | 9,797 |
| S Freight cost for devices needed | (O+P+Q) x freight cost as % of devices value (fd) | | 2,753 | 608 | 2,145 |
| T Total fund needed | (N+O+P+Q+R+S) | | 402,021 | 88,702 | 313,319 |
| U Total country co-financing | I x country co-financing per dose (cc) | | 88,702 | | |
| V Country co-financing % of GAVI supported proportion | U / T | | 22.06 % | | |

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose (s) per vial, LIQUID (part 2)

| | Formula | 2013 | | | 2014 | | | |
|---|---|--|------------|---------|---------|------------|---------|---------|
| | | Total | Government | GAVI | Total | Government | GAVI | |
| A | Country co-finance | V | 37.47 % | | 57.07 % | | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 153,693 | 57,588 | 96,105 | 155,537 | 88,767 | 66,770 |
| C | Number of doses per child | Vaccine parametre (schedule) | 3 | | | 3 | | |
| D | Number of doses needed | $B \times C$ | 461,079 | 172,762 | 288,317 | 466,611 | 266,300 | 200,311 |
| E | Estimated vaccine wastage factor | Table 4 | 1 | | | 1 | | |
| F | Number of doses needed including wastage | $D \times E$ | 484,133 | 181,400 | 302,733 | 489,942 | 279,615 | 210,327 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 2,656 | 996 | 1,660 | 1,453 | 830 | 623 |
| H | Stock on 1 January 2012 | Table 7.11.1 | | | | | | |
| I | Total vaccine doses needed | $F + G - H$ | 486,789 | 182,395 | 304,394 | 491,395 | 280,444 | 210,951 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | | 1 | | |
| K | Number of AD syringes (+ 10 % wastage) needed | $(D + G - H) \times 1.11$ | 514,746 | 192,870 | 321,876 | 519,552 | 296,514 | 223,038 |
| L | Reconstitution syringes (+ 10 % wastage) needed | $I / J \times 1.11$ | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10 % of extra need) needed | $(K + L) / 100 \times 1.11$ | 5,714 | 2,141 | 3,573 | 5,768 | 3,292 | 2,476 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 1,129,351 | 423,156 | 706,195 | 997,532 | 569,302 | 428,230 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 1,129,351 | 8,969 | 14,967 | 997,532 | 13,789 | 10,371 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 34 | 13 | 21 | 34 | 20 | 14 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 39,528 | 14,811 | 24,717 | 34,914 | 19,926 | 14,988 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 2,397 | 899 | 1,498 | 2,420 | 1,382 | 1,038 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 1,195,246 | 447,846 | 747,400 | 1,059,060 | 604,416 | 454,644 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 447,846 | | | 604,416 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | 37.47 % | | | 57.07 % | | |

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose (s) per vial, LIQUID (part 3)

| | Formula | 2015 | | | |
|---|---|--|------------|---------|---------|
| | | Total | Government | GAVI | |
| A | Country co-finance | V | 78.22 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 157,404 | 123,115 | 34,289 |
| C | Number of doses per child | Vaccine parametre (schedule) | 3 | | |
| D | Number of doses needed | $B \times C$ | 472,212 | 369,345 | 102,867 |
| E | Estimated vaccine wastage factor | Table 4 | 1 | | |
| F | Number of doses needed including wastage | $D \times E$ | 495,823 | 387,813 | 108,010 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 1,471 | 1,151 | 320 |

| | | | | | |
|---|---|--|---------|---------|---------|
| H | Stock on 1 January 2012 | Table 7.11.1 | | | |
| I | Total vaccine doses needed | $F + G - H$ | 497,294 | 388,963 | 108,331 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | |
| K | Number of AD syringes (+ 10 % wastage) needed | $(D + G - H) * 1.11$ | 525,789 | 411,251 | 114,538 |
| L | Reconstitution syringes (+ 10 % wastage) needed | $I / J * 1.11$ | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10 % of extra need) needed | $(K + L) / 100 * 1.11$ | 5,837 | 4,566 | 1,271 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 919,994 | 719,582 | 200,412 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 24,450 | 19,124 | 5,326 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 34 | 27 | 7 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 32,200 | 25,186 | 7,014 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 2,449 | 1,916 | 533 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 979,127 | 765,833 | 213,294 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 765,833 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | 78.22 % | | |

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

| ID | Source | | 2011 | 2012 | 2013 | 2014 | 2015 | TOTAL | |
|----|---|--------------------|------|---------|---------|---------|---------|---------|---------|
| | Number of surviving infants | Table 4 | # | 138,668 | 154,971 | 156,830 | 158,712 | 160,617 | 769,798 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 0 | 0 | 134,843 | 138,079 | 147,767 | 420,689 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 0 | 0 | 125,464 | 134,905 | 144,555 | 404,924 |
| | Immunisation coverage with the third dose | Table 4 | % | 0.00 % | 0.00 % | 80.00 % | 85.00 % | 90.00 % | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 | 3 | 3 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | |
| | Vaccine stock on 1 January 2012 | | # | 0 | | | | | |
| | Number of doses per vial | Parameter | # | | 1 | 1 | 1 | 1 | |
| | AD syringes required | Parameter | # | | Yes | Yes | Yes | Yes | |
| | Reconstitution syringes required | Parameter | # | | No | No | No | No | |
| | Safety boxes required | Parameter | # | | Yes | Yes | Yes | Yes | |
| g | Vaccine price per dose | Table 7.10.1 | \$ | | 3.50 | 3.50 | 3.50 | 3.50 | |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.00 | 0.70 | 1.40 | 2.10 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.0058 | 0.0058 | 0.0058 | 0.0058 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 5.00 % | 5.00 % | 5.00 % | 5.00 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 10.00 % | 10.00 % | 10.00 % | 10.00 % | |

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

| Co-financing group | Graduating | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|------------|------|------|------|------|------|
| Minimum co-financing | | | | 0.70 | 1.40 | 2.10 |
| Recommended co-financing as per Proposal 2011 | | | | 0.70 | 1.40 | 2.10 |
| Your co-financing | | | | 0.70 | 1.40 | 2.10 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|------------------------------------|----|------|-----------|---------|---------|
| Number of vaccine doses | # | 0 | 410,900 | 260,400 | 197,100 |
| Number of AD syringes | # | 0 | 456,100 | 289,000 | 218,700 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 5,075 | 3,225 | 2,450 |
| Total value to be co-financed | \$ | 0 | 1,533,500 | 972,000 | 735,500 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|--|----|------|---------|---------|---------|
| Number of vaccine doses | # | 0 | 94,900 | 156,400 | 253,600 |
| Number of AD syringes | # | 0 | 105,300 | 173,600 | 281,500 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 1,175 | 1,950 | 3,125 |
| Total value to be co-financed by country | \$ | 0 | 354,000 | 583,500 | 946,500 |

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

| | Formula | 2011 | 2012 | | |
|---|---|--------|--------|------------|------|
| | | Total | Total | Government | GAVI |
| A Country co-finance | V | 0.00 % | 0.00 % | | |
| B Number of children to be vaccinated with the first dose | Table 5.2.1 | 0 | 0 | 0 | 0 |
| C Number of doses per child | Vaccine parametre (schedule) | 3 | 3 | | |
| D Number of doses needed | B X C | 0 | 0 | 0 | 0 |
| E Estimated vaccine wastage factor | Table 4 | 1 | 1 | | |
| F Number of doses needed including wastage | D X E | 0 | 0 | 0 | 0 |
| G Vaccines buffer stock | (F – F of previous year) * 0.25 | | 0 | 0 | 0 |
| H Stock on 1 January 2012 | Table 7.11.1 | 0 | | | |
| I Total vaccine doses needed | F + G – H | | 0 | 0 | 0 |
| J Number of doses per vial | Vaccine Parameter | | 1 | | |
| K Number of AD syringes (+ 10 % wastage) needed | (D + G – H) * 1.11 | | 0 | 0 | 0 |
| L Reconstitution syringes (+ 10 % wastage) needed | I / J * 1.11 | | 0 | 0 | 0 |
| M Total of safety boxes (+ 10 % of extra need) needed | (K + L) / 100 * 1.11 | | 0 | 0 | 0 |
| N Cost of vaccines needed | I x vaccine price per dose (g) | | 0 | 0 | 0 |
| O Cost of AD syringes needed | K x AD syringe price per unit (ca) | | 0 | 0 | 0 |
| P Cost of reconstitution syringes needed | L x reconstitution price per unit (cr) | | 0 | 0 | 0 |
| Q Cost of safety boxes needed | M x safety box price per unit (cs) | | 0 | 0 | 0 |
| R Freight cost for vaccines needed | N x freight cost as of % of vaccines value (fv) | | 0 | 0 | 0 |
| S Freight cost for devices needed | (O+P+Q) x freight cost as % of devices value (fd) | | 0 | 0 | 0 |
| T Total fund needed | (N+O+P+Q+R+S) | | 0 | 0 | 0 |
| U Total country co-financing | I x country co-financing per dose (cc) | | 0 | | |
| V Country co-financing % of GAVI supported proportion | U / T | | 0.00 % | | |

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

| | Formula | 2013 | | | 2014 | | |
|--|---------|-------|------------|------|-------|------------|------|
| | | Total | Government | GAVI | Total | Government | GAVI |
| | | | | | | | |

| | | | | | | | | |
|---|---|--|-----------|---------|-----------|-----------|---------|---------|
| A | Country co-finance | V | 18.76 % | | | 37.51 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 134,843 | 25,294 | 109,549 | 138,079 | 51,801 | 86,278 |
| C | Number of doses per child | Vaccine parametre (schedule) | 3 | | | 3 | | |
| D | Number of doses needed | $B \times C$ | 404,529 | 75,880 | 328,649 | 414,237 | 155,401 | 258,836 |
| E | Estimated vaccine wastage factor | Table 4 | 1 | | | 1 | | |
| F | Number of doses needed including wastage | $D \times E$ | 404,529 | 75,880 | 328,649 | 414,237 | 155,401 | 258,836 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 101,133 | 18,970 | 82,163 | 2,427 | 911 | 1,516 |
| H | Stock on 1 January 2012 | Table 7.11.1 | | | | | | |
| I | Total vaccine doses needed | $F + G - H$ | 505,662 | 94,850 | 410,812 | 416,664 | 156,311 | 260,353 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | | 1 | | |
| K | Number of AD syringes (+ 10 % wastage) needed | $(D + G - H) \times 1.11$ | 561,285 | 105,283 | 456,002 | 462,498 | 173,506 | 288,992 |
| L | Reconstitution syringes (+ 10 % wastage) needed | $I / J \times 1.11$ | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10 % of extra need) needed | $(K + L) / 100 \times 1.11$ | 6,231 | 1,169 | 5,062 | 5,134 | 1,927 | 3,207 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 1,769,817 | 331,973 | 1,437,844 | 1,458,324 | 547,088 | 911,236 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 1,769,817 | 4,896 | 21,204 | 1,458,324 | 8,069 | 13,438 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 37 | 7 | 30 | 30 | 12 | 18 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 88,491 | 16,599 | 71,892 | 72,917 | 27,355 | 45,562 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 2,614 | 491 | 2,123 | 2,154 | 809 | 1,345 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 1,887,059 | 353,964 | 1,533,095 | 1,554,932 | 583,330 | 971,602 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 353,964 | | | 583,330 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | 18.76 % | | | 37.51 % | | |

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID** (part 3)

| | Formula | 2015 | | |
|---|--|---------|------------|---------|
| | | Total | Government | GAVI |
| A | V | 56.27 % | | |
| B | Table 5.2.1 | 147,767 | 83,152 | 64,615 |
| C | Vaccine parametre (schedule) | 3 | | |
| D | $B \times C$ | 443,301 | 249,456 | 193,845 |
| E | Table 4 | 1 | | |
| F | $D \times E$ | 443,301 | 249,456 | 193,845 |
| G | $(F - F \text{ of previous year}) \times 0.25$ | 7,266 | 4,089 | 3,177 |
| H | Table 7.11.1 | | | |
| I | $F + G - H$ | 450,567 | 253,544 | 197,023 |
| J | Vaccine Parameter | 1 | | |

| | | | | | |
|----------|--|--|-----------|---------|---------|
| K | Number of AD syringes (+ 10 % wastage) needed | $(D + G - H) * 1.11$ | 500,130 | 281,435 | 218,695 |
| L | Reconstitution syringes (+ 10 % wastage) needed | $I / J * 1.11$ | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10 % of extra need) needed | $(K + L) / 100 * 1.11$ | 5,552 | 3,125 | 2,427 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 1,576,985 | 887,405 | 689,580 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 23,257 | 13,088 | 10,169 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 33 | 19 | 14 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 78,850 | 44,371 | 34,479 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 2,329 | 1,311 | 1,018 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 1,681,454 | 946,191 | 735,263 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 946,191 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | 56.27 % | | |

8. Injection Safety Support (INS)

Azerbaijan is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

- a. Progress achieved in 2011
- b. HSS implementation during January – April 2012 (interim reporting)
- c. Plans for 2013
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities. **Please note that if the change in budget is greater than 15 % of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

- a. Minutes of all the HSCC meetings held in 2011
- b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2011 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

- b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in 2011

Please complete Table 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US \$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **No**

If yes, please indicate the amount of funding requested: US \$

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both \$ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US) \$

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|--|------|------|------|------|------|------|
| Original annual budgets (<i>as per the originally approved HSS proposal</i>) | | | | | | |
| Revised annual budgets (<i>if revised by previous Annual Progress Reviews</i>) | | | | | | |
| Total funds received from GAVI during the calendar year (A) | | | | | | |
| Remaining funds (carry over) from previous year (B) | | | | | | |
| Total Funds available during the calendar year (C=A+B) | | | | | | |
| Total expenditure during the calendar year (D) | | | | | | |
| Balance carried forward to next calendar year (E=C-D) | | | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| Amount of funding requested for future calendar year (s)
[please ensure you complete this row if you are requesting a new tranche] | | | | | | |
|--|--|--|--|--|--|--|

Table 9.1.3b (Local currency)

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|--|------|------|------|------|------|------|
| Original annual budgets (as per the originally approved HSS proposal) | | | | | | |
| Revised annual budgets (if revised by previous Annual Progress Reviews) | | | | | | |
| Total funds received from GAVI during the calendar year (A) | | | | | | |
| Remaining funds (carry over) from previous year (B) | | | | | | |
| Total Funds available during the calendar year (C=A+B) | | | | | | |
| Total expenditure during the calendar year (D) | | | | | | |
| Balance carried forward to next calendar year (E=C-D) | | | | | | |
| Amount of funding requested for future calendar year (s)
[please ensure you complete this row if you are requesting a new tranche] | | | | | | |

Report of Exchange Rate Fluctuation

Please indicate in the table [Table 9.3.c](#) below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

| Exchange Rate | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|------------------------|------|------|------|------|------|------|
| Opening on 1 January | | | | | | |
| Closing on 31 December | | | | | | |

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year (*Terms of*

reference for this financial statement are attached in the online APR Annexes). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number:)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number:)**

Financial management of HSS funds

Briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account (s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.

Has an external audit been conducted? Not selected

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number:)

9.2. Progress on HSS activities in the 2011 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2011 reporting year

| Major Activities (insert as many rows as necessary) | Planned Activity for 2011 | Percentage of Activity completed (annual) (where applicable) | Source of information/data (if relevant) |
|---|---------------------------|--|--|
|---|---------------------------|--|--|

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

| Major Activities (insert as many rows as necessary) | Explain progress achieved and relevant constraints |
|---|--|
|---|--|

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

| Name of Objective or Indicator (Insert as many rows as necessary) | Baseline | | Agreed target till end of support in original HSS application | 2011 Target | Data Source | Explanation if any targets were not achieved |
|---|----------------|----------------------|---|-------------|-------------|--|
| | Baseline value | Baseline source/date | | | | |

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organisation program

In the letter (GAVI/08/357/CB/ba) dated December 12, 2008 the Application of the Republic of Azerbaijan on HSS was approved by the GAVI Secretariat. The activities were planned for a 3-year term and their execution was scheduled within the period from 2009 to 2011. The total budget of the Application is USD1,182,175 distributed accordingly by years: <? xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office"/>

2009 - 581,790 US dollars, 2010 - 394,765 US dollars, 2011 - 205,620 US dollars.

According to the new transparency and accountability policy of GAVI (2009) about the necessity to perform a financial management assessment in the country prior to commencement of the project execution, this assessment with the assistance of the Ministry of Health and the Ministry of Finance of the Republic of Azerbaijan was performed in 2009. The GAVI financial management report was submitted in December 2009. The draft agreement (April 2010) between GAVI and the Republic of Azerbaijan has been offered according to the recommendations and offers of the Report. In 2010-2011 the draft agreement was considered by the Ministry of Health, the Ministry of Finance and GAVI. **The Agreement was approved by the Cabinet of the Republic of Azerbaijan and GAVI in March 2012.**

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organisation with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including Civil Society Organisations). This should include organisation type, name and implementation function.

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

| Major Activities (insert as many rows as necessary) | Planned Activity for 2012 | Original budget for 2012 (as approved in the HSS proposal or as adjusted during past annual progress reviews) | 2012 actual expenditure (as at April 2012) | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2012 (if relevant) |
|---|---------------------------|---|--|--------------------------------|--|---------------------------------------|
| | | 0 | 0 | | | 0 |

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

Please note that if the change in budget is greater than 15 % of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2013

| Major Activities (insert as many rows as necessary) | Planned Activity for 2013 | Original budget for 2013 (as approved in the HSS proposal or as adjusted during past annual progress reviews) | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2013 (if relevant) |
|---|---------------------------|---|--------------------------------|--|---------------------------------------|
| | | 0 | | | |

9.6.1. If you are reprogramming, please justify why you are doing so.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6**? **Not selected**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

| Name of Objective or Indicator (Insert as many rows as necessary) | Numerator | Denominator | Data Source | Baseline value and date | Baseline Source | Agreed target till end of support in original HSS application | 2013 Target |
|---|-----------|-------------|-------------|-------------------------|-----------------|---|-------------|
| | | | | | | | |

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

| Donor | Amount in US \$ | Duration of support | Type of activities funded |
|-------|-----------------|---------------------|---------------------------|
| | | | |

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

| Data sources used in this report | How information was validated | Problems experienced, if any |
|----------------------------------|-------------------------------|------------------------------|
| | | |

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010??

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report (**Document Number: 23**)
2. The latest Health Sector Review report (**Document Number:**)

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

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

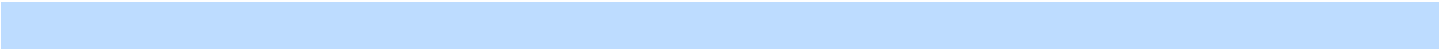
Azerbaijan is not reporting on GAVI TYPE A CSO support for 2012

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

Azerbaijan is not reporting on GAVI TYPE B CSO support for 2012

11. 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

12.1. 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 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 AND 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 2011 (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 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income AND expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income AND expenditure

| Summary of income and expenditure – GAVI ISS | | |
|--|----------------------|----------------|
| | Local currency (CFA) | Value in USD * |
| Balance brought forward from 2010 (balance as of 31Decembre 2010) | 25,392,830 | 53,000 |
| Summary of income received during 2011 | | |
| 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 2011 | 30,592,132 | 63,852 |
| Balance as of 31 December 2011 (balance carried forward to 2012) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 1/1/2012, the exchange rate at closing 12/31/2012, 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 AND 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 AND 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 2011 | 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.

12.3. 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 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)
 - b. Income received from GAVI during 2011
 - c. Other income received during 2011 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2011
 - f. A detailed analysis of expenditures during 2011, 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 AND 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 2011 (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 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income AND expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income AND expenditure

| Summary of income and expenditure – GAVI HSS | | |
|--|----------------------|----------------|
| | Local currency (CFA) | Value in USD * |
| Balance brought forward from 2010 (balance as of 31Decembre 2010) | 25,392,830 | 53,000 |
| Summary of income received during 2011 | | |
| 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 2011 | 30,592,132 | 63,852 |
| Balance as of 31 December 2011 (balance carried forward to 2012) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 1/1/2012, the exchange rate at closing 12/31/2012, 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 AND 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 AND 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 2011 | 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.

12.5. 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 2011 calendar year, or had balances of funding remaining from previously disbursed CSO ' Type B ' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 AND 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 2011 (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 2011 financial year. Audits for CSO ' Type B ' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income AND expenditure CSO

MINIMUM REQUIREMENTS FOR CSO ' Type B ' FINANCIAL STATEMENTS

An example statement of income AND expenditure

| Summary of income and expenditure – GAVI CSO | | |
|--|----------------------|----------------|
| | Local currency (CFA) | Value in USD * |
| Balance brought forward from 2010 (balance as of 31Decembre 2010) | 25,392,830 | 53,000 |
| Summary of income received during 2011 | | |
| 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 2011 | 30,592,132 | 63,852 |
| Balance as of 31 December 2011 (balance carried forward to 2012) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 1/1/2012, the exchange rate at closing 12/31/2012, 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 AND 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 AND 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 2011 | 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

| Document Number | Document | Section | Mandatory | File |
|-----------------|---|---------|-------------------------------------|--|
| 1 | Signature of Minister of Health (or delegated authority) | 2.1 | <input checked="" type="checkbox"/> | Signatures M3.pdf
File desc: file description...
Date/time: 5/21/2012 6:25:19 AM
Size: 1755726 |
| 2 | Signature of Minister of Finance (or delegated authority) | 2.1 | <input checked="" type="checkbox"/> | Signatures M3.pdf
File desc: file description...
Date/time: 5/21/2012 6:27:01 AM
Size: 1755726 |
| 3 | Signatures of members of ICC | 2.2 | <input checked="" type="checkbox"/> | Signatures MKK.pdf
File desc: file description...
Date/time: 5/21/2012 6:29:01 AM
Size: 2117965 |
| 4 | Signatures of members of HSCC | 2.3 | <input type="checkbox"/> | Signatures KKC3.pdf
File desc: file description...
Date/time: 5/21/2012 6:30:57 AM
Size: 2082119 |
| 5 | Minutes of ICC meetings in 2011 | 2.2 | <input checked="" type="checkbox"/> | ICC_HSCC_meeting_protocol_2011_AZE_ENG.pdf
File desc: file description...
Date/time: 5/21/2012 6:09:08 AM
Size: 278027 |
| 6 | Minutes of ICC meeting in 2012 endorsing APR 2011 | 2.2 | <input checked="" type="checkbox"/> | Protocol MKK-2012.pdf
File desc: file description...
Date/time: 5/22/2012 2:12:47 AM
Size: 976266 |
| 7 | Minutes of HSCC meetings in 2011 | 2.3 | <input type="checkbox"/> | ICC_HSCC meeting protocol_2011_ENG.pdf
File desc: file description...
Date/time: 5/21/2012 3:20:26 AM PM
Size: 33149 |
| 8 | Minutes of HSCC meeting in 2012 endorsing APR 2011 | 9.9.3 | <input type="checkbox"/> | Protocol MKK-2012.pdf
File desc: file description...
Date/time: 5/22/2012 2:19:03 AM
Size: 976266 |
| 9 | Financial Statement for HSS grant APR 2011 | 9.1.3 | <input type="checkbox"/> | RE Deadline for submission of HSS budget.txt
File desc: file description...
Date/time: 5/21/2012 3:21:03 AM PM
Size: 5184 |

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|----|---|-------|-------------------------------------|--|
| 10 | new cMYP APR 2011 | 7.7 | <input checked="" type="checkbox"/> | Azerbaijan NIP Costs and Financing revised.doc
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| 11 | new cMYP costing tool APR 2011 | 7.8 | <input checked="" type="checkbox"/> | AZE_cMYP_Scenario_A_revised.xls
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| 13 | Financial Statement for ISS grant APR 2011 | 6.2.1 | <input type="checkbox"/> | GAVI ISS Funds statement.pdf
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| 14 | Financial Statement for NVS introduction grant in 2011 APR 2011 | 7.3.1 | <input checked="" type="checkbox"/> | Protocol MKK-2012.pdf
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| 15 | EVSM/VMA/EVM report APR 2011 | 7.5 | <input checked="" type="checkbox"/> | AZE EVM Assessment Report_Eng_2011_final Vus.docx
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| 16 | EVSM/VMA/EVM improvement plan APR 2011 | 7.5 | <input checked="" type="checkbox"/> | AZE 2011 Report_Rus final.doc
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| 17 | EVSM/VMA/EVM improvement implementation status APR 2011 | 7.5 | <input checked="" type="checkbox"/> | Action Plan _EVM 2011_final.doc
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| 19 | External Audit Report (Fiscal Year 2011) for ISS grant | 6.2.3 | <input type="checkbox"/> | GAVI ISS Funds statement.pdf
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| 20 | Post Introduction Evaluation Report | 7.2.2 | <input checked="" type="checkbox"/> | Post Introduction Evaluation.pdf
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| 21 | Minutes ICC meeting endorsing extension of vaccine support | 7.8 | <input checked="" type="checkbox"/> | ICC_HSCC meeting protocol_2011_ENG.pdf
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| 22 | External Audit Report (Fiscal Year 2011) for HSS grant | 9.1.3 | <input checked="" type="checkbox"/> | RE Deadline for submission of HSS budget.txt
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| 23 | HSS Health Sector review report | 9.9.3 | <input checked="" type="checkbox"/> | RE Deadline for submission of HSS budget.txt
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