



GAVI Alliance

# Annual Progress Report 2010

Submitted by  
The Government of  
***Bosnia and Herzegovina***

Reporting on year: **2010**  
Requesting for support year: **2012**  
Date of submission: **03.06.2011 03:55:54**

**Deadline for submission: 1 Jun 2011**

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

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

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

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

**GAVI ALLIANCE  
GRANT TERMS AND CONDITIONS**

**FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

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

**AMENDMENT TO THE APPLICATION**

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

**RETURN OF FUNDS**

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

**SUSPENSION/ TERMINATION**

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

**ANTICORRUPTION**

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

**AUDITS AND RECORDS**

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

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

**CONFIRMATION OF LEGAL VALIDITY**

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

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

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

**USE OF COMMERCIAL BANK ACCOUNTS**

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

**ARBITRATION**

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

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

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

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

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

## 1. Application Specification

Reporting on year: 2010

Requesting for support year: 2012

### 1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	Hib monoval, 1 dose/vial, Lyophilised	Hib monoval, 1 dose/vial, Lyophilised	2011

#### Programme extension

No NVS support eligible to extension this year.

### 1.2. ISS, HSS, CSO support

There is no ISS, HSS or CSO support this year.

## 2. Signatures

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

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

By signing this page, the Government of Bosnia and Herzegovina 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 Bosnia and Herzegovina

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

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
Name	mr Sredoje Novic	Name	Dragan Vrankic
Date		Date	
Signature		Signature	

*This report has been compiled by*

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

Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Dr.Mitar Tesanovic and Dr. Mirsada Mulaomerovic	Epidemiologists, PHI-RS/FPHI		Higija2@inecco.net/m.mulaomerovic@zzjzfbih.ba	

## 2.2. ICC Signatures Page

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

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

### 2.2.1. ICC report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
Dr Draženka Malićbegović	MoCA BiH, Assistant Minister			
Dr Aida Pilav	FMoH, Assistant Minister			
Dr Slobodan Stanic	PHI-RS, Director			
Dr Zlatko Vucina	FPHI, Director			
Dr Mitar Tesanovic	PHI-RS, Epidemiologist			
Dr Mirsada Mulaomerovic	FPI, Epidemiologist			
Prof.dr Jelena Ravlija	FPHI, EPI Coordinator			
Dr Janja Bojanic	PHI-RS			
elena Bajraktarevic	UNICEF BiH			
Haris Hajrulahovic	WHO BiH			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:



## 2.3. HSCC Signatures Page

*If the country is reporting on HSS*

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

### 2.3.1. HSS report endorsement

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

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

**Action.**

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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

### 2.4.1. CSO report editors

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

### 2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - , endorse this report on the GAVI Alliance CSO Support.

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

Name/Title	Agency/Organisation	Signature	Date	Action

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



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## 4. Baseline and Annual Targets

**Table 1:** baseline figures

Number	Achievements as per JRF	Targets			
	2010	2011			
Total births	33,611	34,150			
Total infants' deaths	590	250			
Total surviving infants	33,021	33,900			
Total pregnant women	33,611	34,150			
# of infants vaccinated (to be vaccinated) with BCG	32,335	32,687			
BCG coverage (%) *	96%	96%			
# of infants vaccinated (to be vaccinated) with OPV3	29,282	31,500			
OPV3 coverage (%) **	89%	93%			
# of infants vaccinated (or to be vaccinated) with DTP1 ***	30,392	32,205			
# of infants vaccinated (to be vaccinated) with DTP3 ***	28,489	31,500			
DTP3 coverage (%) **	86%	93%			
Wastage <sup>[1]</sup> rate in base-year and planned thereafter (%)	5%	5%			
Wastage <sup>[1]</sup> factor in base-year and planned thereafter	1.05	1.05			
Infants vaccinated (to be vaccinated) with 1 <sup>st</sup> dose of HepB and/or Hib	32,339	32,100			
Infants vaccinated (to be vaccinated) with 3 <sup>rd</sup> dose of HepB and/or Hib	29,439	31,050			
3 <sup>rd</sup> dose coverage (%) **	89%	92%			
Wastage <sup>[1]</sup> rate in base-year and planned thereafter (%)	5%	5%			
Wastage <sup>[1]</sup> factor in base-year and planned thereafter	1.05	1.05			

Number	Achievements as per JRF	Targets				
	2010	2011				
Infants vaccinated (to be vaccinated) with 1 <sup>st</sup> dose of Measles	29,821	32,175				
Measles coverage (%) **	90%	95%				
Pregnant women vaccinated with TT+						
TT+ coverage (%) ****	0%	0%				
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [ ( DTP1 - DTP3 ) / DTP1 ] x 100	6%	2%				

\* Number of infants vaccinated out of total births

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

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

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

<sup>1</sup> The formula to calculate a vaccine wastage rate (in percentage):  $[(A - B) / A] \times 100$ . Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

## 5. General Programme Management Component

### 5.1. Updated baseline and annual targets

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

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

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

Provide justification for any changes in **births**

Existing problems in BiH, such as lack of census data and the ongoing migrations make difficult planning the number of children for compulsory immunization.

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

There are very frequent migrations from one entity to another or to neighboring countries (Serbia, Croatia, Slovenia) when children born in one country occasionally change their place of residence.

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

No changes in the target population.

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

Vaccine wastage is within the WHO standards.

### 5.2. Immunisation achievements in 2010

#### 5.2.1.

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

Institutions responsible for public health at the entity level (Public Health Institute of the Republika Srpska and the Public Health Institute of Federation BiH) carry out planning, monitoring and evaluation of the implementation of compulsory immunization in the Federation BiH and the Republika Srpska within their regular activities, ensure balanced supply of vaccines to the Public Health institutes at the cantonal/regional level and supervise their spending. Also, they pay special attention to education of health professionals involved in immunization program by organizing series of meetings and workshops which is followed by educational materials in order to improve the quality and safety of immunization program. Increased media involvement of health professionals in terms of clarification and promotion of immunization program as well as an intensive, proactive communication after the crisis in the immunization program was also recorded in 2010.

#### 5.2.2.

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

A drop in immunization coverage in relation to both planned targets and the previous year was noticed in the Federation of BiH. One of the reasons for poor coverage was the suspension of the use of certain series of DTPa-IPV

and Hib vaccine (Infanrix-IPV series AC20B147AD, manufacturer GSK; ActHib, series D9841-1, manufactured by Sanofi Pasteur). In fact, late last year, after notification of the death of a six-month girl in Lukavac on 9 November 2010, who was at the same time vaccinated with the a/m batches of vaccine, the Public Health Institute of Federation BiH, as a measure of precaution, temporarily suspended the use of these series of vaccines to the receipt of the comprehensive test results and determination of the cause of her death, as well as the results of repeated laboratory tests of the quality of these series of vaccines. It was found that vaccination did not cause sudden infant death.

Stoppages of the implementation of primary immunization with DTP-IPV and Hib vaccine immunization lasted from 12 November 2010 to 14 December 2010, and after this period, primary immunization was done with other series of DTPa-IPV and Hib vaccines or with replacement vaccines (DTPa + OPV) and the second series of Hib (borrowed from the Republika Srpska). Also, unreliable data on target population, the problems with late and incomplete reporting, problems related to financing and procurement of vaccines that disrupted the continuity of supply of vaccines, anti-vaccine movement, the increasing concern of parents, death of a child which was tied to vaccination until the outcome of investigation were main problems identified that significantly influenced to the lower number of vaccinated children in the Federation. Bigger problems were not recorded in implementation of immunization program in Republika Srpska.

### 5.2.3.

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

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

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

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

Immunization for both genders in BiH is available.

### 5.2.4.

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

Immunization in BiH is free, accessible to all target groups, regardless of health insurance, sex, nationality or any other basis.

## 5.3. Data assessments

### 5.3.1.

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

Immunization coverage is measured through an administrative method. Data are collected from health centers through the cantonal/regional public health institutes for entity level, and then are integrated in the Department of Health (MoCA) for the BiH level. Coverage is evaluated at entity level.

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

### 5.3.2.

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

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

In October 2009 the WHO Regional Office for Europe in cooperation with the European Centre for Disease Control and Prevention (CDC) conducted the evaluation following the introduction of Haemophilus influenzae type b (Hib) and DTPa-IPV vaccine in Bosnia and Herzegovina. The six research teams, consisted of local specialists and WHO/CDC consultants, visited 24 locations, including two central public health institutes, four regional/ cantonal public health institutes and 18 health facilities. The researchers interviewed staff from the immunization program, health professionals and mothers using standardized questionnaires and observing the performance of immunization. A team of experts summarized the results of evaluations and recommendations, which were presented to the Ministries of Health and Immunization Program staff. The recommendations were focused on strengthening service delivery in areas with poor access and those in which the implementation of the program is less than optimal. Experts have also designed an additional tool based on lessons learned aimed to the ministries to avoid common pitfalls in planning and implementing the introduction of new vaccines. It was reported on the existence of complete and timely monthly reports submitted to the cantonal/regional level in all institutions covered by the evaluation. Individual vaccine cards exist in the card-vaccine points, while parents keep individual immunization cards which are updated. However, existing information systems in both entities do not provide adequate data to estimate vaccination coverage rates and incomplete immunization ones. First of all, the numerator of which is used to calculate the coverage is not adequate. Health facilities report data on the number of children immunized with one, two or three doses of DPT vaccine, polio, hepatitis B and Hib, in which no distinction is made between children younger than one year and children older than one year. Therefore, in many health care facilities and at the cantonal level, the number of children vaccinated with the vaccine DTP3/HepB was greater than the number of children immunized with vaccine DTP1/HepB1. Since children older than one year are included in the numerator, vaccination coverage rates are likely overestimated and could be misleading for immunization program managers and decision makers. In addition, there is a problem of determining the denominator in health care facilities. Entity and cantonal/regional public health institutes use national statistical estimates of the number of surviving infants to calculate the rate of immunization coverage. However, the local equivalent to this data are not available in health institutions nor data on births from the hospital are used - data that are available due to the fact that hospitals report on all births (i.e. on all children discharged from the hospital) to primary health care. Health care staff calculate the implementation rate of monthly vaccines plans, and there is also an inadequate understanding of the differences between the rates of coverage and implementation, i.e. number of vaccine doses used.

### 5.3.3.

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

Improvement of administrative method of immunization program has been in the focus of public health institutions for years. Methods of monitoring immunization programs, methods that evaluate coverage, the experience of other countries in the world were the topics on which health professionals were continuously educated and informed. Registration and evaluation forms (published in the Regulations on Compulsory Immunization) were adjusted to indicators recommended by the WHO. However, their content and filling in largely depend on the data of the target group and the good practice of recording, which is not equally good in all territorial units.

### 5.3.4.

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

Prior to introduction of an electronic immunization registry, training of health workers is planned to improve the practice of recording and supervision on the field.

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

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

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

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

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name	Donor name	Donor name	
Traditional Vaccines*	2,479,816	2,479,816							
New Vaccines	343,400		343,400						
Injection supplies with AD syringes	11,554		11,554						
Injection supply with syringes other than ADs	58,670	58,670							
Cold Chain equipment	13,862	13,862							
Personnel									
Other operational costs									
Supplemental Immunisation Activities									
<b>Total Expenditures for Immunisation</b>	2,907,302								
<b>Total Government Health</b>		2,552,348	354,954						

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



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

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

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*			
New Vaccines			
Injection supplies with AD syringes			
Injection supply with syringes other than ADs			
Cold Chain equipment			
Personnel			
Other operational costs			
Supplemental Immunisation Activities			
<b>Total Expenditures for Immunisation</b>			

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

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

Financial sustainability plan for immunization program in BiH was drafted in 2005 (The Financial Sustainability Plan submitted to GAVI on 30 January 2005). The Federation Government has a three-year funding plan for vaccines provision only, and cantonal Health Insurance Funds cover other costs (staff and procurement of equipment). Entity Health Insurance Funds provide funds and supply vaccines according to compulsory immunization program. Certainly financing immunization programs in Bosnia is a challenge and requires better solutions.

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

How many times did the ICC meet in 2010? 3

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

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

Are there any Civil Society Organisations (CSO) member of the ICC ? : No

If Yes, which ones?

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

List CSO member organisations:	Actions

## 5.6. Priority actions in 2011 to 2012

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

EPI priority activities will be linked to the MYP, which is planned to be drafted in 2011. The MYP will involve actions to improve the EPI in all aspects (policy and strategy, cold chain, communication with all stakeholders - health professionals, parents, politicians), improving information systems, improving supervision, continuing education of health professionals as well as preparation of the Financial Sustainability Plan of immunization program (with support of WHO /UNICEF, based on results of the Management of Vaccination Program Review). The MICS 4 survey is planned in 2011.

## 5.7. Progress of transition plan for injection safety

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

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

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

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG			
Measles			
TT			
DTP-containing vaccine			
	AD and other syringes	UNICEF and HIFs	

Does the country have an injection safety policy/plan? **No**

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

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

With support of the WHO it is envisaged the development of policies that will define the guiding principles and values of medical waste management in accordance with international standards, and adoption of strategies for the entity levels that will further define the methodology and logistical approaches to medical waste disposal.

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

Most health centers in BiH have no incinerators and needle cutters for the safe destruction of syringes and needles after giving vaccines. Medical waste (vaccines and injections) is treated differently and disposed by health care institutions, depending on their financial conditions. Some institutions issue of medical waste disposition resolve locally or regionally, where the necessary conditions exist, and some waste is transported to Western Countries (Austria, Germany or Italy). The competent institutions of public health and the entity ministries of health do not have exact information about the available incinerators, needles cutters and other mechanisms for the removal of medical waste in health care facilities.

**6. Immunisation Services Support (ISS)**

There is no ISS support this year.

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

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

#### 7.1.1.

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

**Table 4:** Received vaccine doses

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

	[ A ]	[ B ]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
Hib monoval	93,590	93,590		

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

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

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

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)

#### 7.1.2.

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

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

Please describe the reason and impact of stock-out

Due to problems in the cold chain regime (because of which the Federation had to back half of the annual vaccine needs in 2009, what was not compensated later) and delays related to obtaining permission for import some stoppages occurred in implementation of immunization program, particularly in the Federation BiH. The total amount of Hib vaccine was delivered on 15 June 2010 (59590 doses of vaccine, serial number D9841, with expire date until 30 September 2011. To achieve the missed vaccination and continue regular one, the Federation was forced to borrow vaccines from the Republika Srpska (first loan on 16.03. 2010 - 12 000 doses of Hib vaccine (series D9565-1) and other loan on 11.05.2010 - 3000 doses).

After the death of a child (Lukavac-Canton Tuzla, 09.11.2010) who received the vaccine DTPa/IPV and Hib (Series D-9841-1) on the same day, as a precautionary measure, use of the Hib vaccine of that series was temporarily suspended in the period from 15.11. to 13.12. 2010. Vaccination was continued with Hib vaccine of other series (E5933-1) borrowed from the RS.

Note:

After completion of testing and additional checks of vaccine serial number D9841-1, April 2011, the use of Hib vaccine (series D-9841-1) continued in the FBiH.

## 7.2. Introduction of a New Vaccine in 2010

### 7.2.1.

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

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

### 7.2.2.

When is the Post introduction Evaluation (PIE) planned?

If your country conducted a PIE in the past two years, please attach relevant reports ( Document No 7 )

### 7.2.3.

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

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

Nine post-vaccination reactions/complications were reported to the Federal Public Health Institute last year, as follow: five responses after vaccination with DTPa/IPV and Hib vaccine (three common/mild, two reactions as anxiety, irritability, loss of consciousness); three reactions after vaccination with MMR vaccine (elevated body temperature, rash) and one allergic reaction upon receipt of DTPa/OPV vaccines. Death of a child in Lukavac to the final outcome of the investigation was considered as coincidental event, but because of the involvement of prosecutors and undefined autopsy findings the investigation was conducted as one with post-vaccine response to DTaP/IPV, Hib vaccine! Extensive research has excluded any cause-consequence connection with vaccines administered.

### 7.2.4.

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

Funds of Vaccines Introduction Grant received in 2010

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

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

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

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

**If Yes**, how much? US\$

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

### 7.2.5.

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

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

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

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

<b>Q. 1: What are the actual co-financed amounts and doses in 2010?</b>		
<b>Co-Financed Payments</b>	<b>Total Amount in US\$</b>	<b>Total Amount in Doses</b>
1st Awarded Vaccine Hib monoval, 1 dose/vial, Lyophilised		
2nd Awarded Vaccine		
3rd Awarded Vaccine		
<b>Q. 2: Which are the sources of funding for co-financing?</b>		
Government		
Donor		
Other		
<b>Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?</b>		
1.		
2.		
3.		
4.		
<b>Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?</b>		
<b>Schedule of Co-Financing Payments</b>	<b>Proposed Payment Date for 2012</b> (month number e.g. 8 for August)	
1 <sup>st</sup> Awarded Vaccine Hib monoval, 1 dose/vial, Lyophilised		
2 <sup>nd</sup> Awarded Vaccine		
3 <sup>rd</sup> Awarded Vaccine		

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

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

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

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

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

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

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

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

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

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

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

#### **7.5. Change of vaccine presentation**

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

Please specify below the new vaccine presentation

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

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

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

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

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

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

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

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

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

If you don't confirm, please explain



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

**Table 6.1:** Commodities Cost

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

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

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

**Table 6.2:** Freight Cost

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

## 7.9. Calculation of requirements

**Table 7.1.1:** Specifications for Hib monoval, 1 dose/vial, Lyophilised

	Instructions		2011						TOTAL
<b>Number of Surviving infants</b>	Table 1	#	33,900						33,900
<b>Number of children to be vaccinated with the third dose</b>	Table 1	#	31,050						31,050
<b>Immunisation coverage with the third dose</b>	Table 1	#	92%						
<b>Number of children to be vaccinated with the first dose</b>	Table 1	#	32,100						32,100
<b>Number of doses per child</b>		#	3						
<b>Estimated vaccine wastage factor</b>	Table 1	#	1.05						

	Instructions		2011						TOTAL
Vaccine stock on 1 January 2011		#							
Number of doses per vial		#	1						
AD syringes required	Select YES or NO	#	Yes						
Reconstitution syringes required	Select YES or NO	#	Yes						
Safety boxes required	Select YES or NO	#	Yes						
Vaccine price per dose	Table 6.1	\$	3.400						
Country co-financing per dose		\$	0.20						
AD syringe price per unit	Table 6.1	\$	0.053						
Reconstitution syringe price per unit	Table 6.1	\$	0.032						
Safety box price per unit	Table 6.1	\$	0.640						
Freight cost as % of vaccines value	Table 6.2	%	3.50%						
Freight cost as % of devices value	Table 6.2	%	10.00%						

#### Co-financing tables for Hib monoval, 1 dose/vial, Lyophilised

Co-financing group	Low
--------------------	-----

	2011				
Minimum co-financing	0.00	0.20	0.20	0.20	0.20
Your co-financing	0.20				

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

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			TOTAL
Required supply item		2011					
Number of vaccine doses	#						0
Number of AD syringes	#						0
Number of re-constitution syringes	#						0
Number of safety boxes	#						0

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011					TOTAL
Total value to be co-financed by GAVI	\$						0

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

Supply that is procured by the country and related cost in US\$			For approval	For endorsement			
Required supply item		2011					TOTAL
Number of vaccine doses	#						0
Number of AD syringes	#						0
Number of re-constitution syringes	#						0
Number of safety boxes	#						0
Total value to be co-financed by the country	\$						0

**Table 7.1.4:** Calculation of requirements for Hib monoval, 1 dose/vial, Lyophilised

		Formula	2011												
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
<b>A</b>	Country Co-finance														
<b>B</b>	Number of children to be vaccinated with the first dose	Table 1	32,100												
<b>C</b>	Number of doses per child	Vaccine parameter (schedule)	3												

		Formula	2011												
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
D	Number of doses needed	B x C	96,300												
E	Estimated vaccine wastage factor	Wastage factor table	1.05												
F	Number of doses needed including wastage	D x E	101,115												
G	Vaccines buffer stock	(F – F of previous year) * 0.25													
H	Stock on 1 January 2011														
I	Total vaccine doses needed	F + G - H													
J	Number of doses per vial	Vaccine parameter													
K	Number of AD syringes (+ 10% wastage) needed	(D + G -H) x 1.11													
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11													
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11													
N	Cost of vaccines needed	I x g													
O	Cost of AD	K x ca													

		Formula	2011												
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	<b>syringes needed</b>														
<b>P</b>	<b>Cost of reconstitution syringes needed</b>	L x cr													
<b>Q</b>	<b>Cost of safety boxes needed</b>	M x cs													
<b>R</b>	<b>Freight cost for vaccines needed</b>	N x fv													
<b>S</b>	<b>Freight cost for devices needed</b>	(O+P+Q) x fd													
<b>T</b>	<b>Total fund needed</b>	(N+O+P+Q+R+S)													
<b>U</b>	<b>Total country co-financing</b>	I 3 cc													
<b>V</b>	<b>Country co-financing % of GAVI supported proportion</b>	U / T													

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

There is no INS support this year.

## 9. Health System Strengthening Programme (HSS)

There is no HSS support this year.



## 10. Civil Society Programme (CSO)

There is no CSO support this year.

## **11. Comments**

### Comments from ICC/HSCC Chairs

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

## 12. Annexes

### Annex 1

#### TERMS OF REFERENCE:

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

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

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

*An example statement of income & expenditure*

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

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

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

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

## Annex 2

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

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

**MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:**

*An example statement of income & expenditure*

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

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

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

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

## Annex 3

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

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

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

*An example statement of income & expenditure*

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

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

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

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



## 13. Attachments

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

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

### 13.2. Attachments

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

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

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	File Type: Signature of Minister of Health (or delegated authority) *	File name: <a href="#">Government Signatures Page-incomplete.pdf</a> Date/Time: 01.06.2011 15:22:45 Size: 675 KB		
2	File Type: Signatures of members of ICC *	File name: <a href="#">ICC Signatures Page-incomplete.pdf</a> Date/Time: 01.06.2011 15:24:29 Size: 767 KB		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
3	<b>File Type:</b> <u>Minutes of ICC meetings in 2010 *</u> <b>File Desc:</b>	<b>File name:</b> <u><a href="#">ICC Minutes 10 March 2010.doc</a></u> <b>Date/Time:</b> 01.06.2011 15:25:46 <b>Size:</b> 450 KB		
4	<b>File Type:</b> <u>Minutes of ICC meetings in 2010 *</u> <b>File Desc:</b>	<b>File name:</b> <u><a href="#">ICC Minutes 11 May 2010.doc</a></u> <b>Date/Time:</b> 01.06.2011 15:27:35 <b>Size:</b> 447 KB		
5	<b>File Type:</b> <u>Minutes of ICC meetings in 2010 *</u> <b>File Desc:</b>	<b>File name:</b> <u><a href="#">ICC Minutes 19 May 2010.doc</a></u> <b>Date/Time:</b> 01.06.2011 15:29:18 <b>Size:</b> 428 KB		
6	<b>File Type:</b> <u>Minutes of ICC meeting in 2011 endorsing APR 2010 *</u> <b>File Desc:</b>	<b>File name:</b> <u><a href="#">ICC Minutes 31 May 2010.doc</a></u> <b>Date/Time:</b> 01.06.2011 15:30:50 <b>Size:</b> 27 KB		
7	<b>File Type:</b> <u>other</u> <b>File Desc:</b> <u>PIE Report</u>	<b>File name:</b> <u><a href="#">BiH PIE Oct 2009 Full Document Final 1503 2010.pdf</a></u> <b>Date/Time:</b> 01.06.2011 15:43:24 <b>Size:</b> 1 MB		
8	<b>File Type:</b> <u>Signatures of members of ICC *</u> <b>File Desc:</b>	<b>File name:</b> <u><a href="#">BiH ICC Signatures Page - three sheets.pdf</a></u> <b>Date/Time:</b> 16.06.2011 07:37:11 <b>Size:</b> 2 MB		
9	<b>File Type:</b> <u>Signature of Minister of Finance (or delegated authority) *</u> <b>File Desc:</b>	<b>File name:</b> <u><a href="#">Minister of Finance signature-APR BiH 2010.pdf</a></u> <b>Date/Time:</b> 21.06.2011 11:07:24 <b>Size:</b> 673 KB		

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