



GAVI Alliance

# Annual Progress Report 2010

Submitted by  
The Government of  
***Burkina Faso***

Reporting on year: **2010**  
Requesting for support year: **2012**  
Date of submission: **10.06.2011 14:51:08**

**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
SVN	DTC-HepB-Hib, 1 dose/flacon, liquide	DPT-HepB-Hib, 10 doses/vial, liquid	2015

### Programme extension

No NVS support eligible to extension this year.

### 1.2. ISS, HSS, CSO support

Type of Support	Active until
ISS	2010
HSS	2011

## 2. Signatures

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

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

By signing this page, the Government of Burkina Faso 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 Burkina Faso

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	TRAORE Adama	Name	Lucien Marie BEMBAMBA
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
Mété BONKOUNGOU	Director of Prevention by Immunizations	00226504669	metew4@gmail.com	
T Romaric SOME	Directorate of Studies and Planning	0022650304532	tegwouli@yahoo.fr	
Mâ OUATTARA	Immunization Focal point at WHO	00226200907	ouattaram@bf.afro.who.int	
Maurice HOURS	UNICEF Health and Nutrition Administrator	0070472306	mhours@unicef.org	
P Prosper TAPSOBA	Directorate of Administration and Finances	0070200122	tapspiga@yahoo.fr	



## 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
Pr Adama TRAORE/Minister of Health	Ministry of Health			
Dr Djamila CABRAL/WHO Representative	World Health Organization			
Sylvana NZIRORERA / Interim UNICEF Representative	UNICEF			
Dr Bana OUANDAOGO / President of the Red Cross	Burkina Red Cross			
Mr. Dramane KONE / Director General of Budget	Economic and Finance Ministry			
Mr. Inoussa OUMINGA Director General of Economy and Planning	Economic and Finance Ministry			
Mr. Philippe JAILLARD / Representative of the Office of Preventive Medicine	Office of Preventive Medicine			
Mr.Oumarou KOALA / Representative of Burkina Plan	PLAN BURKINA			
Amos TINCANI Ambassador / Representative of the Delegation of European Commission	European Union			
Mrs. Galina Y. SOTIROVA.	World Bank			
Mr. Ousmana OUEDRAOGO / Representative ROTARY	ROTARY International			

Name/Title	Agency/Organisation	Signature	Date	Action
International				
Dr Souleymane SANOU / Director General of Health	Ministry of Health			
Mr. P. Prosper TAPSOBA / Director of Administration and Finances	Ministry of Health			
Mr. Zacharie BALIMA / SPMD Coordinator	Support Program for Medical Development			
Mr. Romaric T. SOME / Director of Studies and Planning	Ministry of Health			
Dr Mété BOUNKOUNGOU / Director of Prevention by Immunization	Ministry of Health			
Mr. Moria Wuji / Representative of Japanese Cooperation	Japanese Cooperation			
Dr P. Amédée DJIGUEMDE / Director General of Family Health	Ministry of Health			

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) – Steering Committee of SPMD, 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
Romarc T. SOME / Director of Studies and Planning	Ministry of Health/DSP			
Zacharie BALIMA / Coordinator of SPMD	Support Program for Medical Development			
Dr Olga SANKARA	UNFPA			
Prosper P. TAPSOBA	DAF/Ministry of Health			
Jean Marie YOUGBARE	DRH/Ministry of Health			
Boubacar TOURE	DGIEM/Ministry of Health			
Joanny KOALA	CMLS/Ministry of Health			
Ferdinand TIENDREBEOGO	DGHSP/Ministry of Health			
Arsène OUEDRAOGO	DGPML/Ministry of Health			
Boureihimon OUEDRAOGO	DE			
Nazaire THIOMBIANO	DGCOOP/Ministry of Economy and Finances			
Dénis KARAGA	UNICEF			
Maurice HOURS	UNICEF			



Name/Title	Agency/Organisation	Signature	Date	Action
Hélène BONI	KFW			
Boureima OUEDRAOGO	GDIHS			
Dr Ousmane HAIDARA	World Bank			

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
Maurice HOURS/UNICEF Health and Nutrition Administrator	UNICEF			
Pr Jean Baptiste NIKIEMA	Ministry of Health/DGPML			
SEBGO Léné	Ministry of Economy and Finances/DGCOOP			
NITIEMA P. Pascal	Ministry of Health/ST/PNDS			
TOURE Boubacar	Ministry of Health/DGIEM/MS			
BANDE Karim	Ministry of Health/DGHSP			
DIPAMA Sylvain	Ministry of Health/IGSS			
ZOUNGRANA R.G.P. Damien	Ministry of Health/DAF			
BIDIGA Joseph Aimé	BIDIGA Joseph Aimé			

### 2.4.2. CSO report endorsement

» We, the undersigned members of the National Health Sector Coordinating Committee – Steering Committee of SPMD, 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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This APR reports on Burkina Faso's activities between January - December 2010 and specifies the requests for the period of January - December 2012

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## 13. Attachments

13.1. List of Supporting Documents Attached to this APR

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## 4. Baseline and Annual Targets

**Table 1:** baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	725,198	747,434	771,843	796,849	822,498	848,723
Total infants' deaths	59,551	69,749	80,589	83,200	85,878	88,617
Total surviving infants	665,647	677,685	691,254	713,649	736,620	760,106
Total pregnant women	761,239	858,635	838,960	866,140	894,019	922,525
# of infants vaccinated (to be vaccinated) with BCG	755,514	747,434	771,843	796,849	822,498	848,723
BCG coverage (%) *	104%	100%	100%	100%	100%	100%
# of infants vaccinated (to be vaccinated) with OPV3	685,832	650,578	670,516	692,240	721,888	744,904
OPV3 coverage (%) **	103%	96%	97%	97%	98%	98%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	714,566	677,685	691,254	713,649	736,620	760,106
# of infants vaccinated (to be vaccinated) with DTP3 ***	687,181	650,578	670,516	692,240	721,888	744,904
DTP3 coverage (%) **	103%	96%	97%	97%	98%	98%
Wastage <sup>[1]</sup> rate in base-year and planned thereafter (%)	0%	5%	5%	5%	5%	5%
Wastage <sup>[1]</sup> factor in base-year and planned thereafter	1	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1 <sup>st</sup> dose of HepB and/or Hib	714,566	677,685	691,254	713,649	736,620	760,106
Infants vaccinated (to be vaccinated) with 3 <sup>rd</sup> dose of HepB and/or Hib	687,181	650,578	670,516	692,240	721,888	744,904
3 <sup>rd</sup> dose coverage (%) **	103%	96%	97%	97%	98%	98%
Wastage <sup>[1]</sup> rate in base-year and planned thereafter (%)	0%	5%	5%	5%	5%	5%
Wastage <sup>[1]</sup> factor in base-year and planned thereafter	1	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1 <sup>st</sup> dose of Measles	660,913	677,685	691,254	713,649	736,620	760,106
Measles coverage (%) **	99%	100%	100%	100%	100%	100%
Pregnant women vaccinated with TT+	732,995	815,703	805,402	831,494	867,198	894,849
TT+ coverage (%) ****	96%	95%	96%	96%	97%	97%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [ ( DTP1 - DTP3 ) / DTP1 ] x 100	4%	4%	3%	3%	2%	2%

\* Number of infants vaccinated out of total births

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

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

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

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

## 5. General Programme Management Component

### 5.1. Updated baseline and annual targets

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

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

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

Provide justification for any changes in **births**

No changes as the population data is taken from information published by GDIHS annually. GDIHS is the directorate general of information and health statistics; these data represent official health information (source INSD)

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

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

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

### 5.2. Immunisation achievements in 2010

#### 5.2.1.

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

The objectives of vaccine coverage fixed by the program were achieved in 2010. The following main activities have helped achieve these results:

1. Availability of vaccines and consumables at all levels.
2. Strengthening of monitoring data quality (audits, data validation, development of computerized masks
3. Strengthening of competencies (integrated supervision, control, decentralized meetings on EPI and surveillance).
4. Strengthening of cold chain capacities in regions, districts and health districts by provision of ice-boxes, acquisition of cold chambers, vaccine carriers, freezers / refrigerators, acquisition of refrigerated vehicles for the transport of vaccines;
5. Regular monitoring of performances at all levels.

Difficulties met :

1. Insufficient modes of transport mainly for supervisions and advanced strategy in regions and districts.

2. Inadequate management training on EPI at all levels.
3. Inadequate communication support on EPI at all levels.

### 5.2.2.

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

### 5.2.3.

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

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

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

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

**Yes**, the review of aids by taking into account the regulations of the Ministry of Health in this matter.

### 5.2.4.

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

## 5.3. Data assessments

### 5.3.1.

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

In 2010 there has been no official evaluation. However, the country executed a survey on immunization cover in 2009 during the extensive review of EPI.

The results of this survey were slightly different from the information produced by the administrative data collection system. These differences could be related to the following reasons:

- Errors in estimating the ages of children targeted for immunization.
- Inadequacy of registration system of immunizations with the current use of global registry.
- Lack of control of target populations.

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



### 5.3.2.

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

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

It is about the thorough review of EPI 2009 executed in 2010 along with the DQS sessions organized in RHD and health districts.

The execution of review saw an effective participation of all partners in the processes, with the development of a protocol, implementation of the review till the production and distribution of results.

DQS is organized bi-annually in the health districts and annually in the health regions.

Directorate of prevention by immunization revised the DQS tools in 2009 in order to take into account all the dimensions of the quality of immunization system.

### 5.3.3.

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

The following activities were organized since 2008 to improve the data production system:

1. Monthly monitoring of data at all levels through a dashboard;
2. Revision of data collection supports;
3. Bi-annual meetings with decentralized regional and districts heads responsible for immunization and surveillance.
4. Annual data validation workshops since 2008;
5. Training of regions on computerized stock management;
6. Provision of staff input masks to officials and data analysis.
7. Revision and distribution of dashboards for EPI management;
8. Supervision of EPI heads and surveillance on data collection;
9. Organization of auto-evaluation of quality of administrative data.

### 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.

The cMYP 2011-2015 and annual plans will enable the improvement of data quality: Planning and implementation of listing of target population by village,

Development of individual registration media for the collection of data,

Maintenance and follow-up activities (supervision, control...)

Continuation of evaluation activities (DQS, LQAS, etc)

#### 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 = 490	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 PLAN BURKINA	Donor name SPMD	Donor name OTHERS (OOA AND Lions Club Italy)	
Traditional Vaccines*	960,095	960,095							
New Vaccines	7,278,339	760,591	6,517,748						
Injection supplies with AD syringes	748,953	468,341	280,612						
Injection supply with syringes other than ADs				219,991					
Cold Chain equipment	2,375,062				699,426		1,455,644		
Personnel	320,351	320,351		74,603					
Other operational costs	1,487,450	759,197	231,488	5,416,916	210,760	7,000	204,402		
Supplemental Immunisation Activities	21,007,387	675,168							
National camps for immunization against poliomyelitis.	10,682,864			4,179,576	6,503,288				
National camps for immunization against tetanus.	407,474			407,474					

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name PLAN BURKINA	Donor name SPMD	Donor name OTHERS (OOA AND Lions Club Italy)	
National camps for immunization against meningitis.	9,917,049	675,168		829,866	8,235,380			176,635	
<b>Total Expenditures for Immunisation</b>	55,185,024								
<b>Total Government Health</b>		4,618,911	7,029,848	11,128,426	30,387,522	7,000	1,660,046	176,635	

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

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

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

<i>Expenditures by Category</i>	<b>Budgeted Year 2012</b>	<b>Budgeted Year 2013</b>	<b>Action s</b>
<b>Traditional Vaccines*</b>	1,910,233	2,031,100	
<b>New Vaccines</b>	6,592,126	11,875,280	
<b>Injection supplies with AD syringes</b>	1,030,794	1,064,560	
<b>Injection supply with syringes other than ADs</b>			
<b>Cold Chain equipment</b>	2,060,894	2,636,710	
<b>Personnel</b>	412,838	427,209	
<b>Other operational costs</b>	2,209,765	2,390,370	
<b>Supplemental Immunisation Activities</b>			
National camps for immunization against poliomyelitis.	2,931,068	3,049,715	
National camps for immunization against tetanus.	173,863		
National camps for immunization against measles.	1,773,290		
National camps for immunization against influenza.	6,812,815		
<b>Total Expenditures for Immunisation</b>	25,907,686	23,474,944	

\* 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.

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

How many times did the ICC meet in 2010? 4

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](#)

The main concerns raised during the ICC meetings were:

- Quality of immunization data
- Organization and funding of Thorough Review of EPI.
- Organization and funding of immunization against meningitis with Mena
- Audit on GAVI funds
- Surveillance of PFA

To address these concerns ICC recommended :

To RHD

- To provide efforts to strengthen routine immunization
- Improve quality of immunization during immunization campaigns against polio in order to stop the spread of wild poliovirus at Burkina Faso.

To DPV

- Involve the partners to finalise thorough review of EPI 2009
- Consider a type « B » plan under the financial GAP to carry out the vaccination campaign against Meningitis with new MenA vaccine.
- Set-up in collaboration with GDIHS a data processing method of immunization in order to achieve quality of data.
- Strengthen PFA surveillance throughout the country.

At DAF

- Execute audit on GAVI funds to rebuild confidence with the partners.

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

**If Yes**, which ones?

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

List CSO member organisations:	Actions
Rotary International	
Red Cross	

### 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?

Main objectives of 2011-2012 action plan:

1. Increase operational capabilities of DPV
2. Strengthen immunization of justifiable targets for prevention by immunization
3. Improve performance of surveillance of diseases avoidable by immunization.
4. Improve intra and inter sectoral collaboration in favor of immunization

Priority activities:

1. Acquire vaccines and consumables
2. Supply Regional Health districts with vaccines and consumables;
3. Ensure maintenance of cold chambers;
4. Supervise officers responsible for EPI ;
5. Revise data collection supports and guides;
6. Prepare communication supports;
7. Organize data validation workshops;
8. Held meetings of ICC, CTA, CSCA;
9. Organize 2 decentralized workshops on the surveillance and management of EPI;

10. Organize preventive and reactive immunization campaigns; (poliomyelitis, measles, yellow fever, tetanus, meningitis...);
11. Support regions in the organization of DQS;
12. Organize surveillance of EPI target diseases;
13. Prepare annual status report 2011;
14. Prepare 2011-2012 FORECAST;
15. Develop Joint Reporting Form (JRF) 2011 ;
16. Prepare 2011 Action plan;
17. Prepare introduction plan for vaccine against pneumococcal.

## 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	AD syringe 0.05 ml	State Budget	
Measles	AD syringe 0.5ml	State Budget	
TT	AD syringe 0.5ml	State Budget	
DTP-containing vaccine	AD syringe 0.5ml	GAVI	
Antiamaril Vaccine	AD syringe 0.5ml	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? (Please report in box below)

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

- Insufficient funds for waste management.

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

The syringe needle wastes were disposed as follows:

1. Incineration with the help of Monfort type of incinerators in certain health districts;
2. Incineration of wastes produced during combined Meningitis A campaign (December 2010) in TTM UNIVERS type incinerators
3. Burning followed by mass burial in certain health districts
4. Incineration with foundries.

Problems met:

1. Inadequate performance of incinerators for the destruction of wastes;
2. Inadequate training of incineration operators
3. Inadequate planning of waste management at district level.
4. Insufficiency in the supervision of incinerator operators.

## 6. Immunisation Services Support (ISS)

### 6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$
Remaining funds (carry over) from 2009	US\$ 804,132
Balance carried over to 2011	US\$ 408,745

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

1. Training on EPI management
2. Organization of 2 workshops on immunization data validation
3. Preparation of a form for multi-year forecasting of the supply of vaccines and consumables in 2010 (FORECAST)
4. Preparation of 2011 action plan
5. Preparation of annual status report 2009
6. Preparation of joint report of WHO/UNICEF
7. Organization of a workshop on a new vision of routine EPI
8. Evaluation/ Development of cMYP 2011-2015
9. Execution of DQS
10. preventive and curative maintenance of the Cold chain
11. supervision of officers responsible for EPI in the districts,
12. support social mobilization activities,
13. transport of vaccines and consumables,
14. monitoring the activities of the campaign and supply in health districts

### 6.2. Management of ISS Funds

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

If Yes, please complete Part A below.

If No, please complete Part B below.

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

FMA made proposals to the country for a better selection of financial mechanisms for the use of GAVI funds. It provided guidance on additional insurance fiduciary activities which could be necessary to address eventual risks and weaknesses.

Hence, GAVI and the Government of Burkina Faso agreed on the specified modalities, mechanisms and procedures which will be used for the management of any cash support from GAVI. This support comprises of cash for programs approved till date in the area of Immunization Services (ISV) and strengthening of health systems (HSS) and any possible cash support to be approved in the future.



This agreement was signed by the two parties and included additional security measures (for example, additional audits) which will be judged necessary in order to guarantee a good management of GAVI funds. GAVI funds are now managed by SPMD

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

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

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

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year ( Document Number ) (Terms of reference for this financial statement are attached in [Annex 1](#)). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

### 6.4. Request for ISS reward

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

- a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and
- b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at [http://apps.who.int/immunisation\\_monitoring/en/globalsummary/timeseries/tscoveredtp3.htm](http://apps.who.int/immunisation_monitoring/en/globalsummary/timeseries/tscoveredtp3.htm).

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

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

**Table 3:** Calculation of expected ISS reward

				2009	2010
				A	B
1	Number of infants vaccinated with DTP3* (from JRF) <b>specify</b>			658,991	687,181
2	Number of <b>additional</b> infants that are reported to be vaccinated with DTP3				28,190
3	Calculating	\$2 0	per additional child vaccinated with DTP3		563,800
4	<b>Rounded-up estimate of expected reward</b>				<b>564,000</b>

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

\*\* Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

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

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

#### 7.1.1.

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

**Table 4:** Received vaccine doses

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

	[ A ]	[ B ]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
DTP-HepB-Hib	1,816,400	1,317,500	498,900	

\* 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? ...)

Difference between figures announced and delivered is related to a delay in delivery due to difficulties with the supplier of vaccines. (delay or change of scope, availability of vaccine). This has led to an early consumption of the buffer stock

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 collaboration with UNICEF, the shipping plan was reviewed and adapted according to the availability of the vaccine in the market in late 2010 and early 2011.

#### 7.1.2.

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

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

Please describe the reason and impact of stock-out

## 7.2. Introduction of a New Vaccine in 2010

### 7.2.1.

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

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

### 7.2.2.

When is the Post introduction Evaluation (PIE) planned?

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

### 7.2.3.

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

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

### 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 DTC-HepB-Hib, 1 dose/flacon, liquide		
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 DTC-HepB-Hib, 1 dose/vial, liquid		
2 <sup>nd</sup> Awarded Vaccine		
3 <sup>rd</sup> Awarded Vaccine		

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

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

#### **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? **18.06.2010**

When was the last Vaccine Management Assessment (VMA) conducted? **18.06.2010**

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.

**The recommendations formulated were taken into account in the development of cMYP 2011-2015**

When is the next Effective Vaccine Management (EVM) Assessment planned? **28.09.2012**

#### **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

**DPT-HepB-Hib, liquid form, 10 doses**

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](#): Yes

If you don't confirm, please explain

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

**Table 6.1:** Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
Seringue autobloquante	0	0.053	0.053	0.053	0.053	0.053
DTC-HepB, 2 doses/flacon, liquide	2	1.600				
DTC-HepB, 10 doses/flacon, liquide	10	0.620	0.620	0.620	0.620	0.620
DTC-HepB-Hib, 1 dose/flacon, liquide	WAP	2.580	2.470	2.320	2.030	1.850
DTC-HepB-Hib, 2 doses/flacon, lyophilisé	WAP	2.580	2.470	2.320	2.030	1.850
DTC-HepB-Hib, 10 doses/flacon, liquide	WAP	2.580	2.470	2.320	2.030	1.850
DTC-Hib, 10 doses/flacon, liquide	10	3.400	3.400	3.400	3.400	3.400
HepB monovalent, 1 dose/flacon, liquide	1					
HepB monovalent, 2 doses/flacon, liquide	2					
Hib monovalent, 1 dose/flacon, lyophilisé	1	3.400				
Antirougeoleux, 10 doses/flacon, lyophilisé	10	0.240	0.240	0.240	0.240	0.240
antipneumococcique (PCV10), 2 doses/flacon, liquide	2	3.500	3.500	3.500	3.500	3.500
Antipneumococcique (PCV13), 1 dose/flacon, liquide	1	3.500	3.500	3.500	3.500	3.500
Seringue de reconstitution pentavalent	0	0.032	0.032	0.032	0.032	0.032
Seringue de reconstitution antiamaril	0	0.038	0.038	0.038	0.038	0.038
Antirovirus pour calendrier 2 doses	1	7.500	6.000	5.000	4.000	3.600
Antirovirus pour calendrier 3 doses	1	5.500	4.000	3.333	2.667	2.400
Réceptacle de sécurité	0	0.640	0.640	0.640	0.640	0.640
Antiamaril, 5 doses/flacon, lyophilisé	WAP	0.856	0.856	0.856	0.856	0.856
Antiamaril, 10 doses/flacon, lyophilisé	WAP	0.856	0.856	0.856	0.856	0.856

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

**Table 6.2:** Freight Cost



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

## 7.9. Calculation of requirements

**Table 7.1.1:** Specifications for DTP-Hib, 10 doses/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
<b>Number of Surviving infants</b>	Table 1	#	677,685	691,254	713,649	736,620	760,106		3,579,314
<b>Number of children to be vaccinated with the third dose</b>	Table 1	#	650,578	670,516	692,240	721,888	744,904		3,480,126
<b>Immunisation coverage with the third dose</b>	Table 1	#	96%	97%	97%	98%	98%		
<b>Number of children to be vaccinated with the first dose</b>	Table 1	#	677,685	691,254	713,649	736,620	760,106		3,579,314
<b>Number of doses per child</b>		#	3	3	3	3	3		
<b>Estimated vaccine wastage factor</b>	Table 1	#	1.05	1.05	1.05	1.05	1.05		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		1,486,650					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		\$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

#### Co-financing tables for DTP-Hib, 10 doses/vial, Liquid

Co-financing group	Faible revenu
--------------------	---------------

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	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			
			2011	2012	2013	2014	2015	TOTAL
Required supply item								
Number of vaccine doses	#		648,000	2,082,300	2,123,100	2,169,700	7,023,100	
Number of AD syringes	#		612,900	2,202,200	2,245,200	2,294,600	7,354,900	
Number of re-constitution syringes	#		0	0	0	0	0	

Supply that is procured by GAVI and related cost in US\$			For Approval		For Endorsement			
			2011	2012	2013	2014	2015	TOTAL
Required supply item								
Number of safety boxes	#			6,825	24,450	24,925	25,475	81,675
Total value to be co-financed by GAVI	\$			1,697,000	5,146,000	4,609,500	4,306,500	15,759,000

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

Supply that is procured by the country and related cost in US\$			For approval		For endorsement			
			2011	2012	2013	2014	2015	TOTAL
Required supply item								
Number of vaccine doses	#			53,600	183,400	215,500	243,200	695,700
Number of AD syringes	#			50,700	194,000	227,900	257,200	729,800
Number of re-constitution syringes	#			0	0	0	0	0
Number of safety boxes	#			575	2,175	2,550	2,875	8,175
Total value to be co-financed by the country	\$			140,500	453,500	468,000	483,000	1,545,000

**Table 7.1.4:** Calculation of requirements for DTP-Hib, 10 doses/vial, Liquid

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
<b>A</b>	<b>Country Co-finance</b>		7.64%			8.09%			9.21%			10.08%			
<b>B</b>	<b>Number of children to be vaccinated with the first dose</b>	Table 1	677,685	691,254	52,788	638,466	713,649	57,760	655,889	736,620	67,861	668,759	760,106	76,598	683,508
<b>C</b>	<b>Number of doses per child</b>	Vaccine parameter	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
		(schedule)													
D	Number of doses needed	B x C	2,033,055	2,073,762	158,364	1,915,398	2,140,947	173,278	1,967,669	2,209,860	203,583	2,006,277	2,280,318	229,794	2,050,524
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	Number of doses needed including wastage	D x E	2,134,708	2,177,451	166,283	2,011,168	2,247,995	181,942	2,066,053	2,320,353	213,762	2,106,591	2,394,334	241,283	2,153,051
G	Vaccines buffer stock	(F - F of previous year) * 0.25		10,686	817	9,869	17,636	1,428	16,208	18,090	1,667	16,423	18,496	1,864	16,632
H	Stock on 1 January 2011			1,486,650	113,529	1,373,121									
I	Total vaccine doses needed	F + G - H		701,487	53,570	647,917	2,265,631	183,370	2,082,261	2,338,443	215,429	2,123,014	2,412,830	243,147	2,169,683
J	Number of doses per vial	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	Number of AD syringes (+ 10% wastage) needed	(D + G - H) x 1.11		663,556	50,673	612,883	2,396,028	193,923	2,202,105	2,473,025	227,827	2,245,198	2,551,684	257,140	2,294,544
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need)	(K + L) / 100 * 1.11		7,366	563	6,803	26,596	2,153	24,443	27,451	2,529	24,922	28,324	2,855	25,469

	Formula	2011	2012			2013			2014			2015		
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	needed													
N	Cost of vaccines needed	$I \times g$	1,732,673	132,317	1,600,356	5,256,264	425,417	4,830,847	4,747,040	437,320	4,309,720	4,463,736	449,822	4,013,914
O	Cost of AD syringes needed	$K \times ca$	35,169	2,686	32,483	126,990	10,278	116,712	131,071	12,075	118,996	135,240	13,629	121,611
P	Cost of reconstitution syringes needed	$L \times cr$	0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times cs$	4,715	361	4,354	17,022	1,378	15,644	17,569	1,619	15,950	18,128	1,827	16,301
R	Freight cost for vaccines needed	$N \times fv$	60,644	4,632	56,012	183,970	14,890	169,080	166,147	15,307	150,840	156,231	15,744	140,487
S	Freight cost for devices needed	$(O+P+Q) \times fd$	3,989	305	3,684	14,402	1,166	13,236	14,864	1,370	13,494	15,337	1,546	13,791
T	Total fund needed	$(N+O+P+Q+R+S)$	1,837,190	140,298	1,696,892	5,598,648	453,127	5,145,521	5,076,691	467,689	4,609,002	4,788,672	482,566	4,306,106
U	Total country co-financing	$I \text{ } 3 \text{ } cc$	140,298			453,127			467,689			482,566		
V	Country co-financing % of GAVI supported proportion	$U / T$	7.64%			8.09%			9.21%			10.08%		

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

There is no INS support this year.

## 9. Health System Strengthening Programme (HSS)

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

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

**10. Civil Society Programme (CSO)**

There is no CSO support this year.



## **11. Comments**

### Comments from ICC/HSCC Chairs

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

## 12. Annexes

### Annex 1

#### TERMS OF REFERENCE:

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

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

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

*An example statement of income & expenditure*

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

\* 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
Salary expenditure						
<b>Wedges &amp; salaries</b>	2,000,000	4,174	0	0	2,000,000	4,174
<b>Per diem payments</b>	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
<b>Training</b>	13,000,000	27,134	12 650,000	26,403	350,000	731
<b>Fuel</b>	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
<b>Maintenance &amp; overheads</b>	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
<b>Vehicles</b>	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	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.

**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*

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 ( <b>balance as of 31Decembre 2008</b> )	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
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 ( <b>balance carried forward to 2010</b> )	60,139,325	125,523

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

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

**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 *
Balance brought forward from 2008 ( <b>balance as of 31Decembre 2008</b> )	25,392,830	53,000
Summary of income received during 2009		
<b>Income received from GAVI</b>	57 493 200	120,000
<b>Income from interest</b>	7,665,760	16,000
<b>Other income (fees)</b>	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 ( <b>balance carried forward to 2010</b> )	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						
<b>Wedges &amp; salaries</b>	2,000,000	4,174	0	0	2,000,000	4,174
<b>Per diem payments</b>	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
<b>Training</b>	13,000,000	27,134	12 650,000	26,403	350,000	731
<b>Fuel</b>	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
<b>Maintenance &amp; overheads</b>	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
<b>Vehicles</b>	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	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)		15	Oui
Signature of Minister of Finance (or delegated authority)		16	Oui
Signatures of members of ICC		13	Oui
Signatures of members of HSCC		5, 6, 7	Oui
Minutes of ICC meetings in 2010		11	Oui
Minutes of ICC meeting in 2011 endorsing APR 2010		12	Oui
Minutes of HSCC meetings in 2010		9	Oui
Minutes of HSCC meeting in 2011 endorsing APR 2010		4	Oui
Financial Statement for ISS grant in 2010		10	Oui
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		1, 2, 3	Oui
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	<b>File Type:</b> Financial Statement for HSS grant in 2010 * <hr/> <b>File Desc:</b>	<b>File name:</b> <a href="#">RAPPORT DE SITUATION GAVI 2010 CFAx.pdf</a> <hr/> <b>Date/Time:</b> 13.05.2011 06:42:07 <b>Size:</b> 29 KB		
2	<b>File Type:</b> Financial Statement for HSS grant in 2010 * <hr/> <b>File Desc:</b>	<b>File name:</b> <a href="#">RAPPORT DE SITUATION GAVI 2010 USDx.pdf</a> <hr/> <b>Date/Time:</b> 13.05.2011 06:44:43 <b>Size:</b> 30 KB		
3	<b>File Type:</b> Financial Statement for HSS grant in 2010 * <hr/> <b>File Desc:</b>	<b>File name:</b> <a href="#">RAPPORT DE SITUATION GAVI 2010x.pdf</a> <hr/> <b>Date/Time:</b> 13.05.2011 06:47:13 <b>Size:</b> 59 KB		



ID	File type	File name	New file	Actions
	Description	Date and Time Size		
4	<b>File Type:</b> Minutes of HSCC meeting in 2011 endorsing APR 2010 * <b>File Desc:</b>	<b>File name:</b> <a href="#">PV réunion extraordinaire GAVI CP 9-05-11.pdf</a> <b>Date/Time:</b> 13.05.2011 06:50:13 <b>Size:</b> 37 KB		
5	<b>File Type:</b> Signatures of members of HSCC * <b>File Desc:</b>	<b>File name:</b> <a href="#">Page signature du Compte rendu.pdf</a> <b>Date/Time:</b> 13.05.2011 06:53:44 <b>Size:</b> 516 KB		
6	<b>File Type:</b> Signatures of members of HSCC * <b>File Desc:</b>	<b>File name:</b> <a href="#">liste présence P1.pdf</a> <b>Date/Time:</b> 13.05.2011 06:56:32 <b>Size:</b> 504 KB		
7	<b>File Type:</b> Signatures of members of HSCC * <b>File Desc:</b>	<b>File name:</b> <a href="#">liste de présence P2.pdf</a> <b>Date/Time:</b> 13.05.2011 06:57:24 <b>Size:</b> 329 KB		
8	<b>File Type:</b> other <b>File Desc:</b> HSS Report component	<b>File name:</b> <a href="#">RAPPORT 2010 GAVI HSS DU 09-05-11 CP.pdf</a> <b>Date/Time:</b> 13.05.2011 06:59:50 <b>Size:</b> 194 KB		
9	<b>File Type:</b> Minutes of HSCC meetings in 2010 * <b>File Desc:</b>	<b>File name:</b> <a href="#">Les Comptes rendus de 2010.zip</a> <b>Date/Time:</b> 16.05.2011 07:11:30 <b>Size:</b> 1 MB		
10	<b>File Type:</b> Financial Statement for ISS grant in 2010 * <b>File Desc:</b>	<b>File name:</b> <a href="#">Etat financier ISS.zip</a> <b>Date/Time:</b> 10.06.2011 10:13:27 <b>Size:</b> 1019 KB		
11	<b>File Type:</b> Minutes of ICC meetings in 2010 * <b>File Desc:</b>	<b>File name:</b> <a href="#">Réunion CCIA 1.zip</a> <b>Date/Time:</b> 10.06.2011 10:27:46 <b>Size:</b> 5 MB		
12	<b>File Type:</b> Minutes of ICC meeting in 2011 endorsing APR 2010 * <b>File Desc:</b>	<b>File name:</b> <a href="#">Réunion CCIA 3.zip</a> <b>Date/Time:</b> 10.06.2011 10:36:17 <b>Size:</b> 1 MB		
13	<b>File Type:</b> Signatures of members of ICC * <b>File Desc:</b>	<b>File name:</b> <a href="#">Signature des membres du CCIA.zip</a> <b>Date/Time:</b> 10.06.2011 14:50:09 <b>Size:</b> 787 KB		
14	<b>File Type:</b>	<b>File name:</b>		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	other <b>File Desc:</b> Detailed Report of EPI	<a href="#">RAPPORT FINAL REVUE APPROFONDIE PEV 2009 BF.pdf</a> <b>Date/Time:</b> 23.06.2011 08:03:30 <b>Size:</b> 3 MB		
15	<b>File Type:</b> Signature of Minister of Health (or delegated authority) * <b>File Desc:</b>	<b>File name:</b> <a href="#">2signature 001.jpg</a> <b>Date/Time:</b> 27.06.2011 10:03:06 <b>Size:</b> 597 KB		
16	<b>File Type:</b> Signature of Minister of Finance (or delegated authority) * <b>File Desc:</b>	<b>File name:</b> <a href="#">2signature+001.jpg</a> <b>Date/Time:</b> 28.06.2011 09:52:31 <b>Size:</b> 597 KB		

Note: DGISS = GDIHS (General Directorate of Information and Health Statistics)