



GAVI Alliance

Annual Progress Report **2012**

Submitted by

The Government of
Cameroon

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/14/2013 3:30:27 PM**

Deadline for submission: 9/24/2013

Please submit the APR **2012** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

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

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at <http://www.gavialliance.org/country/>*

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

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

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	No	No	N/A
COS	Yes	N/A	N/A
ISS	Yes	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS Grant N/A	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2011** is available [here](#).

2. Signatures

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

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

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.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	M.André MAMA FOU DA	Name	M. Alamine OUSMANE MEY
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email
Dr Marie KOBELA	Secrétaire Permanent du PEV	237/22 23 09 42 - 99 56 74 25	gtc_peg@yahoo.fr - mariekobela2006@yahoo.fr
Dr BIKOY Jean Thomas	Secrétaire Permanent adjoint du PEV	237/77 69 09 99 - 95 42 93 92	jtbikey@yahoo.fr
Dr SUME Gerald Etapelong	PF/PEV de Routine-OMS	237/94 23 82 04 - 22 21 02 58	sumeg@cm.afro.who.int
Dr. Marcellin Nimpa	PF/Surveillance-OMS	237/77 87 73 87 - 22 21 02 58	nimpam@cm.afro.who.int
Dr. Médard Folefack Temfack	Immunization Officer - PEV/Unicef	237)99 62 12 15 - 22 22 31 82	mfolefacktemfack@unicef.org

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
M. André MAMA FOU DA/Président	Ministère de la Santé Publique		

Pr MBU Robinson/DSF, Vice Président	Ministère de la Santé Publique		
Dr Charlotte FATY NDIAYE/Représentant OMS, Membre	OMS		
M. Geoff WIFFIN /Représentant UNICEF, Membre	UNICEF		
Mme Coly Anett /Première Secrétaire Ambassade Allemagne	Coopération Allemande		
Dr Jean-Luc PORTAL/Conseiller régional Santé, Membre	Coopération française		
M. William ETEKI MBOUMOUA/Président de la Croix Rouge Camerounaise, Membre	Croix Rouge Camerounaise		
Pr Joseph MBEDE /Membre	Comité Scientifique du CCIA		
Pr Rose LEKE/Membre	Comité Scientifique du CCIA		
Dr GUY J.J. VERNET /Directeur Centre Pasteur du Cameroun, Membre	Centre Pasteur du Cameroun		
Dr Yves TABI OMGBA/Membre	Organisation Catholique pour la Santé du Cameroun		
M. NGWENN NGANGUE/Membre	Ministère de l'Economie du Plan et de l'Aménagement du Territoire		
Dr. Amidou NSANGOU/Membre	Ministère des Enseignements Secondaire		
M. Amos MOGO/Membre	Ministère de la Recherche Scientifique et de l'Innovation		

Dr Marie KOBELA/Secrétaire Permanent du Programme Elargi de Vaccination, Secrétaire	Ministère de la Santé Publique		
M. Issa DANAMOU/Membre	Association Islamique du Cameroun		
M. Léonard ONANA MBANGA/Membre	Conférence des Eglises Protestantes du Cameroun		

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

All comments will be treated confidentially

Comments from Partners:

Accélérer le processus de mise en place d'un comité technique du CCIA afin de faciliter la lecture et la validation des documents.

Comments from the Regional Working Group:

Le Groupe de travail régional a approuvé le présent document après intégration de leurs remarques.

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date
SO	SO		

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

All comments will be treated confidentially

Comments from Partners:

SO

Comments from the Regional Working Group:

SO

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

Cameroon is not reporting on CSO (Type A & B) fund utilisation in 2013

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4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	917,406	917,412	940,341	940,346	963,850	963,850	986,292	986,292
Total infants' deaths	101,934	142,714	104,482	146,280	107,094	149,932	109,588	153,423
Total surviving infants	815,472	774,698	835,859	794,066	856,756	813,918	876,704	832,869
Total pregnant women	1,019,340	1,019,340	1,044,824	1,044,823	1,070,944	1,070,944	1,095,880	1,095,880
Number of infants vaccinated (to be vaccinated) with BCG	807,318	747,618	846,308	846,308	877,104	877,104	907,389	907,389
BCG coverage	88 %	81 %	90 %	90 %	91 %	91 %	92 %	92 %
Number of infants vaccinated (to be vaccinated) with OPV3	733,929	658,158	760,632	698,779	788,216	748,805	815,335	774,568
OPV3 coverage	90 %	85 %	91 %	88 %	92 %	92 %	93 %	93 %
Number of infants vaccinated (to be vaccinated) with DTP1	782,854	724,961	810,784	770,244	839,621	797,640	859,171	816,212
Number of infants vaccinated (to be vaccinated) with DTP3	733,925	659,976	760,632	698,779	788,216	748,805	815,335	774,568
DTP3 coverage	90 %	85 %	91 %	88 %	92 %	92 %	93 %	93 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	11	6	10	10	10	10	10	10
Wastage[1] factor in base-year and planned thereafter for DTP	1.12	1.06	1.11	1.11	1.11	1.11	1.11	1.11
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	782,854	724,961	810,784	770,244	839,621	797,640	859,171	816,212
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	782,854	659,976	810,784	698,779	771,081	748,805	789,035	774,568
DTP-HepB-Hib coverage	90 %	85 %	90 %	88 %	90 %	92 %	90 %	93 %
Wastage[1] rate in base-year and planned thereafter (%) [2]	0	6	0	10	10	10	10	10
Wastage[1] factor in base-year and planned thereafter (%)	1.33	1.06	1.11	1.11	1.11	1.11	1.11	1.11
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	693,152	620,333	727,198	690,837	745,378	708,109	762,734	724,568
Yellow Fever coverage	85 %	80 %	87 %	87 %	87 %	87 %	87 %	87 %
Wastage[1] rate in base-year and planned thereafter (%)	0	23	0	30	30	30	25	25

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)	1.43	1.3	1.43	1.43	1.43	1.43	1.33	1.33
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	50 %	40 %	50 %	40 %	50 %	40 %	50 %	40 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)		709,721	755,000	714,659	806,400	765,083	839,400	799,554
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)		647,427	755,000	698,779	753,945	716,248	789,035	749,582
Pneumococcal (PCV13) coverage	80 %	84 %	84 %	88 %	88 %	88 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)		4	0	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)		1.04	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus		0		0	676,400	642,995	738,300	699,610
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus		0		0	642,567	610,439	701,363	666,295
Rotavirus coverage	0 %	0 %	70 %	0 %	75 %	75 %	80 %	80 %
Wastage[1] rate in base-year and planned thereafter (%)		0		0	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)		1		1	1.05	1.05	1.05	1.05
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	693,151	633,407	727,197	690,837	762,513	724,387	789,034	749,882
Measles coverage	85 %	82 %	87 %	87 %	89 %	89 %	90 %	90 %
Pregnant women vaccinated with TT+	876,633	666,049	919,446	919,446	963,851	963,851	986,293	986,293
TT+ coverage	86 %	65 %	88 %	88 %	90 %	90 %	90 %	90 %
Vit A supplement to mothers within 6 weeks from delivery	596,314	439,529	705,256	705,256	771,080	771,080	818,622	818,622
Vit A supplement to infants after 6 months	725,770	564,555	752,273	752,273	779,648	779,648	806,568	806,568
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	6 %	9 %	6 %	9 %	6 %	6 %	5 %	5 %

** Number of infants vaccinated out of total surviving infants

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

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

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

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

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 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012**. The numbers for 2013 - 2015 in [Table 4 Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

Le nombre des naissances vivantes en 2012 et 2013 communiqués dans le RSA 2011 sont respectivement de 917 406 et 940 341. La base de données des populations (utility.mdb) de l'application EPI-INFO utilisée au PEV de routine a communiqué pour les mêmes données 917 412 rapporté dans le JRF 2012 et 940 346 en 2013. Cette différence est due aux arrondis dans cette base de données

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

Le nombre des nourrissons survivants de 2012 à 2015 communiqués dans le RSA 2011 sont de 815 472 au lieu de 774 698 en 2012; 835 859 au lieu de 794 066 en 2013; 856 756 au lieu de 813 988 en 2014 et enfin de 876 704 au lieu de 832 869 en 2015. Cette différence est due au poids démographique de 4% utilisé en 2011 au lieu de 3,8% adopté en 2012 pour les estimations actuelles. Cette correction a été faite depuis la proposition du Cameroun soumis le 30 août 2012 pour la demande de soutien aux campagnes préventives de fièvre jaune de 2013 et 2014

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

SO

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

SO

5.2. Immunisation achievements in 2012

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 2012 and how these were addressed:

Les objectifs de couverture vaccinale pour 2012, tels que prévus dans le PPAC 2011-2015 et communiqué dans le dernier RSA n'ont pas été atteints. Néanmoins, on a observé une augmentation des performances par rapport à 2011, pour tous les antigènes sauf le VAT2+. La couverture vaccinale pour l'antigène tracteur Penta 3 est passée de 82,21% en 2011 à 85,19% en 2012. Celle en BCG est passée de 80,33%, à 81,49%; le VAR de 76,03% à 81,76%; le PCV 13-3 de 69,57% à 83,57%, cependant le VAT2+ a régressé de 68,67% en 2011 à 65,34% en 2012.

Cette non atteinte des objectifs fixés se justifie par la faible mise en œuvre de l'approche Atteindre Chaque District. En effet, l'offre de la vaccination est insuffisante tant en stratégie fixe qu'en stratégie avancée ; la recherche des perdus de vue, le monitoring mensuel de la couverture vaccinale ne sont pas assurés;

Les principales activités réalisées en 2012 sont les suivantes:

- Elaboration du rapport d'activité 2011 et du Plan de Travail Annuel du PEV 2012;
- Audit externe de la gestion des fonds GAVI en 2011 ;
- Mise à disposition des fonds d'appui pour les activités de vaccination aux unités régionales PEV, districts de santé et aires de santé en juillet 2012;

- Tenue d'une reunion d'évaluation annuelle du PEV en mars 2012 ;
- Supervision formative du niveau central, avec administration de l'outil DQS en avril 2012 ;
- Tenue d'une réunion d'auto évaluation du GTC-PEV en Juin 2012;
- Formation des superviseurs régionaux et des équipes cadres de DS à l'utilisation du DQS dans les régions du Centre, Est, Ouest, Nord-Ouest en juillet 2012;
- Tenue d'une réunion de monitoring semestriel, avec les unités régionales PEV en août 2012;
- Tenue de 7 réunions de CCIA abordant des thèmes divers :
 - 16 Février 2012 : Validation du Rapport d'Activités 2011 et du Plan de Travail Annuel (PTA) du PEV pour l'année 2012 ;
 - 05 Avril 2012 : Présentation du rapport d'activités du 1er trimestre et du Plan de Travail du 2ème trimestre 2012 ;
 - 8 Mai 2011 : Validation du Rapport Annuel de Situation (RAS) 2011 du PEV avant sa soumission à GAVI ;
 - 18 Juin 2012 : Restitution de l'évaluation post introduction du vaccin contre les infections à *Pneumocoque* (PCV-13) dans le PEV au Cameroun ;
 - 17 Août 2012 : Validation du Rapport d'activités du 2ème trimestre et du Plan de Travail du 3ème trimestre 2012 ;
 - 23 Octobre 2012 : Validation du document de proposition d'introduction du vaccin contre les infections à *Human Papilloma Virus* (HPV) avant soumission à GAVI ; Etat d'avancement de la 2ème phase de la campagne de vaccination contre la méningite à *Méningocoque A* (MenAfrivac) ;
 - 18 Décembre 2012 : Validation du rapport d'audit externe de la gestion financière du PEV en 2011 avant soumission à GAVI et validation des contrats de maintenance.
- Quatre tours des Journées Locales de Vaccination (JLV) dont deux de riposte en avril et mai 2012 et deux préventives en octobre et novembre 2012, dans les régions de l'Adamaoua, du Nord et de l'Extrême-Nord.
- Elaboration et mise en oeuvre du plan de contingence polio pour faire face au risque persistant d'importation des cas de PVS dû à sa circulation dans les pays frontaliers (Nigéria, Tchad, République Centrafricaine...)
- Organisation et mise en oeuvre de la campagne de suivie contre la rougeole en avril dans le septentrion et en mai 2012 dans le méridion;
- Organisation et mise en oeuvre d'une campagne de riposte contre la fièvre jaune en janvier 2012 dans huit (08) DS de la région du Nord;
- Organisation et mise en oeuvre d'une mission de pré validation de l'élimination du TMN dans quelques DS des trois régions Est, Extrême-Nord, Sud-Ouest.
- Organisation et mise en oeuvre d'une enquête pour la validation de l'élimination du tétanos néonatal (TN) (DS de Koza dans la région de l'Extrême-Nord) en novembre 2012;
- Organisation et mise en oeuvre de la campagne de vaccination (2ème phase) contre la méningite à méningocoque A (campagne MenAfriVac) dans les regions de l'Adamaoua et du Nord-Ouest en décembre 2012;
- Organisation de deux Semaines d'Actions de Santé et de Nutrition Infantile et Maternelle (SASNIM) dont la première a été couplée à la Semaine Mondiale de Vaccination(SAV) en mai et en novembre 2012;
- Renforcement des capacités des gestionnaires d'entrepôts sur la gestion de la chaîne du froid et des vaccins en septembre 2012;
- Formation des gestionnaires du PEV de niveau moyen sur la gestion du PEV (cours MLM) à Buéa dans la région du Sud-Ouest en avril 2012;
- Formation des gestionnaires du PEV à l'utilisation du logiciel Tompro.

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

- Faible mise en œuvre des micro plans élaborés ;
- Supervision formative insuffisante surtout des régions vers les districts de santé et des districts vers les aires de santé ;
- Monitoring mensuel pour action insuffisant au niveau des districts et aires de santé;
- Insuffisance de l'offre de service de vaccination : plusieurs formations sanitaires qui disposent d'une chaîne de froid fonctionnelle ne vaccinent pas au quotidien ;
- Relâchement dans la recherche des perdus de vue et la mise en œuvre des stratégies avancées et mobiles ;
- Insuffisance du matériel roulant au niveau opérationnel, pour la réalisation des stratégies avancées et les supervisions;
- Sous-utilisation des utilitaires du PEV: fiches de pointage, registres de vaccination, échéanciers du PEV, cartes de vaccination, traçage des courbes...
- Faible implication des structures de dialogues et des membres de la communauté dans la vaccination;
- Insuffisance quantitative et qualitative du personnel.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
SO	SO	SO	SO

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

SO

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

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

SO

5.4. Data assessments

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

On note une différence entre les données de couvertures selon les résultats de l'enquête EDS-MICS 2011 et les données administratives:

Les écarts de couverture se présentent comme suit :

Couverture BCG :EDS-MICS 2011 : 87,1% ; Données administratives :81.49% ;Ecart (EDS-MICS etDonnées administratives): 5,61 points ;

Couverture DTC (3edose) : EDS-MICS2011 :68.4% ; Données administratives :85.19% ; Ecart (EDS-MICS et Données administratives): -16,79 points ;

Couverture VPO (3edose) : EDS-MICS2011 :69.8% ; Données administratives :84.96% ; Ecart (EDS-MICS et Données administratives) : -15,16 points ;

Couverture VAR :EDS-MICS 2011 : 70,6% Données administratives : 81,76% ;Ecart (EDS-MICS et Données administratives): -11,16 points ;

Les résultats de l'enquête EDS-MICS 2011, révèlent un sur rapportage des données administratives. Aucune enquête 2012 n'a été menée à ce sujet.

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No**

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

SO

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

- Utilisation de l'outil DQS dans les districts prioritaires dans les régions;
- Tenue des réunions mensuelles de revue des données au niveau central, régional et districts de santé;
- Tenue des réunions mensuelles d'harmonisation des données épidémiologiques entre le laboratoire (Centre Pasteur du Cameroun & Site pilote) l'OMS, le PEV, et la Direction de la Lutte contre la Maladie.

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

- Etendre les réunions de revue et de validation des données et la mise en œuvre du DQS à tous les districts de santé ;
- Renforcer l'utilisation des outils de collecte des données du PEV au niveau opérationnel et intermédiaire et le suivi par les supervisions formatives;
- Utiliser la flotte téléphonique « à coût zéro » dotée par l'OMS, pour améliorer la promptitude et la complétude des rapports mensuels d'activité.

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

Exchange rate used	1 US\$ = 465.79	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	HKI	FICR	SO
Traditional Vaccines*	212,000	212,000	0	0	0	0	0	0
New and underused Vaccines**	27,513,500	1,850,000	25,663,500	0	0	0	0	0

Injection supplies (both AD syringes and syringes other than ADs)	407,712	407,712	0	0	0	0	0	0
Cold Chain equipment	0	0	0	0	0	0	0	0
Personnel	107,345	107,345	0	0	0	0	0	0
Other routine recurrent costs	0	0	0	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	6,515,722	286,384	0	4,172,415	1,641,949	329,894	85,080	0
SO		0	0	0	0	0	0	0
Total Expenditures for Immunisation	34,756,279							
Total Government Health		2,863,441	25,663,500	4,172,415	1,641,949	329,894	85,080	0

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

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

SO

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Yes, fully implemented**

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

Action plan from Aide Mémoire	Implemented?
1-Acquérir tous les biens en conformité avec le manuel de procédures.	Yes
2-Elaborer et soumettre au CCIA des rapports trimestriels d'exécution budgétaire pour information et approbation.	Yes
3-Soumettre à GAVI un rapport de progrès annuel (APR) intégrant le rapport financier de l'utilisation des fonds d'appui à la vaccination.	Yes
4-Conduire un audit externe respectant les termes de référence des audits de GAVI chaque année ; et les soumettre à GAVI au plus tard 6 mois après la fin de l'année fiscale précédente.	Yes

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

- 1- Tout bien du PEV est acquis en conformité avec les procédures (mise en place du fichier des fournisseurs du PEV, outils de passation de marchés disponibles : appel à manifestation d'intérêt, procès verbal d'attribution) ;
- 2- Les rapports trimestriels d'exécution budgétaire sont soumis et approuvés par le CCIA ;
- 3- Cf RAS 2012 ;
- 4- L'audit des comptes 2011 et le rapport définitif soumis à GAVI en décembre 2012.

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

SO

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **7**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2013 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.5 Overall Expenditures and Financing for Immunisation](#)

1) Réunion du CCIA du 16 Février 2012 : Validation du Rapport d'Activités 2011 et du Plan de Travail Annuel (PTA) du PEV pour l'année 2012 :

Les préoccupations suivantes ont été formulées :

- Organiser le travail pour l'acquisition des pièces justificatives de manière à ce que les districts de santé qui ont justifié les fonds alloués en 2011, puissent en recevoir pour les activités du PEV en 2012. Ceux qui n'envoient pas leurs justificatifs ne recevront pas de fonds et seront sanctionnés;
- Mener une réflexion sur les stratégies que peuvent adopter les Délégations Régionales de la Santé pour améliorer de façon significative les performances du PEV en 2012, et atteindre ainsi les objectifs de la Feuille de Route;
- Reconduire les activités non réalisées en 2011 dans le PTA 2012 du PEV.

2) Réunion du CCIA du 05 Avril 2012 : Présentation du rapport d'activités du premier trimestre et du Plan de Travail du deuxième trimestre 2012 :

Les préoccupations suivantes ont été formulées :

- Mener une réflexion sur les stratégies à adopter pour le renforcement de la vaccination de routine ;
- Mettre en place un comité d'urgence pour le suivi des Activités Supplémentaires de Vaccination (AVS) y compris le plan de contingence ;
- Refaire un chronogramme de toutes les AVS du PEV pour les trois trimestres restants de l'année, en collaboration avec les partenaires au développement.

3) Réunion du CCIA du 08 Mai 2011 : Validation du Rapport Annuel de Situation (RAS) 2011 du PEV avant sa soumission à GAV :

Les préoccupations suivantes ont été formulées :

- Mener une réflexion pour le déblocage des fonds de l'Etat à temps lors des activités du système de santé en général, et celui de la vaccination en particulier ;
- Prévoir une rencontre avec les Délégués Régionaux de la Santé Publique et les Chefs de Services de Santé de Districts pour identifier les problèmes de la vaccination ;
- Intégrer les amendements du Rapport Annuel de Situation avant de requérir les signatures des membres du CCIA ;
- Insérer dans les projets d'agenda des prochains CCIA, les résultats de l'audit 2011 du PEV, et la situation des pièces justificatives des fonds alloués pour les activités de vaccination ;
- Revoir les stratégies de la vaccination de routine, afin de trouver une méthode de sensibilisation pour l'amélioration de la couverture vaccinale ;
- Multiplier les partenariats pour la communication en faveur de la vaccination.

4) Réunion du CCIA du 18 Juin 2012 : Restitution de l'évaluation post-introduction du vaccin contre

les infections à Pneumocoque (PCV-13) dans le PEV au Cameroun :

Les préoccupations suivantes ont été formulées :

- Améliorer le système de vaccination en passant en revue les principaux problèmes avec les acteurs du terrain ;
- Initier une note au Secrétaire d'Etat à la Santé Publique (SESP), chargé des épidémies et des pandémies, pour présenter les activités urgentes du Plan de Contingence Polio que l'Etat doit prendre en charge.

5) Réunion du CCIA du 17 Août 2012 : Validation du Rapport d'activités du 2ème trimestre et du Plan de Travail du 3ème trimestre 2012 :

Les préoccupations suivantes ont été formulées :

- Partager désormais l'analyse de l'utilisation des vaccins avec les membres du CCIA ;
- Tenir urgemment une réunion avec l'Unité d'Appui SWAP Santé pour revoir les indicateurs et leur niveau de rétribution dans la politique du financement basé sur les résultats, et faire le point avant l'arrivée d'une mission à ce sujet la semaine suivante ;
- Faire urgemment le plaidoyer auprès du MINSANTE pour tenir des ateliers dans les districts de santé, en vue d'améliorer la couverture vaccinale et les services de vaccination ;
- Convoquer une séance de travail pour débattre du problème des pièces justificatives ;
- Rattraper la mise en œuvre des activités planifiées pour le 3e trimestre 2012 dans le Plan de Travail, étant donné qu'à ce jour le programme est à mi-parcours du 3e trimestre 2012.

6) Réunion du CCIA du 23 Octobre 2012 : Validation du document de proposition d'introduction du vaccin contre les infections à Human PapillomaVirus (HPV) avant soumission à GAVI ; Etat d'avancement de la 2ème phase de la campagne de vaccination contre la méningite à Méningocoque A (MenAfrivac) :

- Faire le point avec les Délégués Régionaux de la Santé Publique sur le matériel de la chaîne de froid alloué grâce aux fonds C2D, et adresser un rapport au Ministre de la Santé Publique ;
- Mener une réflexion sur la mise en œuvre d'une campagne contre le choléra dans les zones sinistrées de la partie septentrionale du pays, et l'inscrire dans l'agenda de la prochaine réunion du CCIA.

7) Réunion du CCIA du 18 Décembre 2012 : Validation du rapport d'audit externe de la gestion financière du PEV en 2011 avant soumission à GAVI et validation des contrats de maintenance :

Les recommandations suivantes ont été formulées :

- Transmettre le rapport final d'audit externe 2011 du PEV à GAVI, en rassurant que les Taxes sur la Valeur Ajoutée (TVA) payées par inadvertance sur les fonds GAVI seront remboursés par les fonds de contrepartie de l'Etat ;
- Soumettre à nouveau à la signature du Ministre de la Santé Publique, la décision allouant les primes au personnel du PEV en incluant les Délégués Régionaux de

la Santé Publique (DRSP) qui interviennent dans la chaîne de mise en œuvre des activités du PEV ;

- Faire appel à un expert pour reprendre l'élaboration du Manuel de Procédures en l'améliorant sur les plans administratif, financier et comptable et en prenant en compte les procédures de tous les donateurs qui apportent un appui financier au PEV ;
- Adopter le projet de contrat de maintenance de la chaîne de froid du PEV sous réserve des amendements à intégrer au plus tard le 28 décembre 2012, avec l'appui de la Division des Affaires Juridiques et du Contentieux (DAJC) et de la Direction de l'Organisation de la Technologie Sanitaire (DOSTS) du Ministère de la Santé Publique.

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

If **Yes**, which ones?

List CSO member organisations:
Association Culturelle Islamique du Cameroun;
Organisation Catholique pour Santé (OCASC);
Conseil des Eglises Protestantes du Cameroun, CEPCA.

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

1- principaux objectifs par composante :

Prestation des services (les objectifs de 2013 ont été revus à la baisse par rapport à ceux du PPAC 2011-2015 à cause des faibles performances en 2012):

- Porter la couverture vaccinale en Penta 3 de 85 à au moins 88% en 2013 ;
- Porter la proportion des districts de santé ayant une couverture vaccinale $\geq 80\%$ au Penta 3, de 71%(128) à 80% (151).

Approvisionnement en vaccins et assurance qualité:

- Réduire le taux de perte en DTC-HepB+Hib $\leq 11\%$ dans au moins 104/189 districts de santé (soit 55% de districts).

Logistique:

- Assurer la disponibilité et le fonctionnement des équipements de chaîne du froid et du matériel roulant à tous les niveaux.

Communication pour le développement:

- Au moins 95% de la population est informée sur toutes les maladies évitables par la vaccination y compris les diarrhées à Rota virus dont l'introduction de son vaccin est prévu en janvier 2014.

Surveillance des maladies évitables par la vaccination:

- Atteindre et maintenir le statut de pré-certification de la poliomyélite : le taux de PFA non polio annualisé passe de 2,8 à au moins 3/100 000 enfants de moins de 15 ans ; le pourcentage des échantillons des selles de bonne qualité provenant des formations sanitaires passe de 80% à au moins 90%; le taux de validation des cas de PFA passe de 34% à 80%;
- Atteindre et maintenir le statut de pré-élimination de la rougeole : au moins 80% des districts de santé notifient au moins un cas suspect de rougeole ; le taux de rash fébrile non

- rougeoleux est d'au moins 2/100 000 habitants dans toutes les régions;
- Maintenir le statut d'élimination du tétanos néonatal: l'incidence du tétanos néonatal reste inférieure à 1/1000 naissances vivantes, dans tous les districts de santé;
- Poursuivre le contrôle de la fièvre jaune : au moins 80% des districts de santé notifient au moins un cas suspect de fièvre jaune ; le taux d'investigation de fièvre jaune est >2/ 100 000 habitants dans toutes les régions;
- Documenter les principales étiologies des méningites bactériennes pédiatriques et la charge morbide des diarrhées à Rotavirus).

Développement des capacités:

- Renforcer les capacités des prestataires de service dans divers domaines relatif à la vaccination:micro-planification, monitoring pour action, supervision, communication et renforcement des liens avec la communauté, introduction de nouveaux vaccins.

Gestion du programme :

- Porter la proportion de districts de santé qui disposent d'un micro plan PEV, selon le canevas de l'approche ACD de 93% (169/181) à 100% (189/189);
- Porter la proportion des UR PEV qui transmettent mensuellement un rapport de revue des données de 30% (3/10) à 100% (10/10);
- Mener au moins 2 Supervisions formatives par an du niveau central vers les régions;

Financement du programme :

- Renforcer le contrôle interne et l'audit externe du PEV.

2- Activités prioritaires :

Prestation de service:

- Appuyer financièrement tous les districts de santé pour la mise en œuvre des micros plans ACD;
- Appuyer les districts de santé avec un taux d'abandon spécifique élevé, pour la recherche active des enfants perdus de vue;
- Appuyer/suivre l'organisation des activités périodiques de vaccination intensifiées dans les 70 districts de santé à faible couvertures vaccinales;
- Apporter un appui aux campagnes de riposte localisée aux éventuelles épidémies de rougeole;
- Apporter un appui aux campagnes de riposte localisée aux éventuelles épidémies de Fièvre Jaune;
- Mener 2 tours de JLV Polio préventives dans les régions à haut risque (AD, NO, EN);
- Participer à l'organisation et à la mise en œuvre d'un édition de SMV et deux éditions de SASNIM;
- Suivre mensuellement l'effectivité de la revue mensuelle des données au niveau intermédiaire et opérationnel ;
- Suivre mensuellement la mise en œuvre de l'approche ACD ;
- Suivre l'utilisation de l'outil DQS.

Approvisionnement en vaccins et assurance qualité:

- Acheter les vaccins et intrants;
- Enlever, réceptionner et livrer dans les régions les vaccins et intrants;
- Mener une évaluation de la gestion efficace des vaccins (EGEV) et suivre la mise en oeuvre des recommandations;

- Suivre mensuellement l'utilisation des vaccins à tous les niveaux ;
- Réaliser trimestriellement l'inventaire physique des vaccins et du matériel d'injection au niveau du magasin central;
- Suivre l'effectivité de l'inventaire physique des vaccins et du matériel d'injection dans les magasins régionaux.

Logistique:

- Construire un magasin sec au GTC-PEV;
- Acheter les équipements de chaîne du froid : 3 chambres froides, 71 réfrigérateurs, 24 extincteurs, 1646 bobannes de gaz, 32 enregistreurs continus de température;
- Assurer la maintenance des équipements du PEV.

Communication pour le développement:

- Organiser une journée de plaidoyer sur la vaccination auprès de l'Assemblée Nationale;
- Elaborer et disséminer des outils/supports de communication;
- Mener des activités de communication et de mobilisation sociale en vue de l'introduction du vaccin contre les diarrhées à Rota virus dans le PEV;
- Mener une enquête CAP pour la revue externe du PEV.

Surveillance épidémiologique:

- Elaborer et mettre en œuvre le plan de maintien du statut d'élimination du tétanos néonatal;
- Produire et disséminer les affiches et supports de sensibilisation sur la surveillance dans les régions et districts de santé;
- Attribuer à tous les niveaux, des fonds d'appui à la surveillance active;
- Prendre en charge les coûts liés au transport des échantillons;
- Acheter et distribuer le matériel de prélèvement pour les maladies sous surveillance;
- Participer à la réunion transfrontalière annuelle avec le Nigéria, Tchad et suivre les recommandations.

Gestion du programme:

- Tenir des ateliers régionaux de concertation pour la relance du PEV au Cameroun et suivre les recommandations issues de ces ateliers;
- Préparer/mener une revue externe du PEV;
- Mener une Enquête Nationale de Couverture Vaccinale;
- Mener 2 supervisions formatives avec l'outil DQS dans les 10 régions;
- Appuyer la mise en œuvre des supervisions formatives intégrées des districts de santé et aires de santé;
- Tenir une réunion d'évaluation annuelle et une réunion de monitoring semestrielle du PEV.

Développement des capacités:

- Organiser la formation en gestion du PEV pour les prestataires, dans la région du Nord;
- Faire participer deux logisticiens à la formation en vue de mener l'évaluation de la GEV;
- Appuyer la formation des prestataires des services de vaccination à la gestion du PEV dans toutes les aires de santé;
- Poursuivre la formation des points focaux C4D des DS dans 4/6 régions restantes (Adamaoua, Nord, Centre et Est);
- Former les responsables régionaux des finances à l'utilisation du logiciel de gestion TOMPRO;
- Former en cascade le personnel de santé, sur l'introduction du vaccin contre les diarrhées à Rota virus dans le PEV.

Gestion financière:

- Mener l'audit externe des fonds alloués au GTC-PEV pour l'exercice 2012;
- Mener une mission de supervision financière au niveau intermédiaire et opérationnel.

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	Auto bloquante (0,05ML)	Etat
Measles	Auto bloquante (0,5ML)	Etat
TT	Auto bloquante (0,5ML)	Etat
DTP-containing vaccine	Auto bloquante (0,5ML)	Etat, GAVI
FR BCG	Séringue de dilution 2ML	Etat
FR Measles	Séringue de dilution 5ML	Etat, GAVI
FR VAA	Séringue de dilution 5ML	Etat, GAVI

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

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

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

La principale difficulté rencontrée est l'insuffisance de l'espace de stockage à sec pour le matériel d'injection du PEV au niveau central. Par ailleurs, les déchets issus des soins curatifs ne respectent pas cette politique de sécurité des injections.

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

Les déchets coupants sont collectés dans des Boîtes de Sécurité et incinérés dans les formations sanitaires disposant d'un incinérateur, ou par brûlage et enfouissement des brûlis pour celles qui n'en disposent pas.

Comme principale difficulté, on note une insuffisance d'incinérateurs dans les formations sanitaires et le non-respect du brûlage et enfouissement des résidus dans certaines formations sanitaires.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US\$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	416,591	194,043,750
Total funds available in 2012 (C=A+B)	416,591	194,043,750
Total Expenditures in 2012 (D)	349,004	162,562,665
Balance carried over to 2013 (E=C-D)	67,587	31,481,085

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

Depuis 2012, un compte exclusivement dédié aux fonds GAVI a été ouvert par la Caisse Autonome d'Amortissement (CAA) à la Standard Chartered Bank. La distribution aux régions se fait après approbation des budgets par le CCIA, par virements bancaires dans les comptes (de type commercial) des structures régionales chargées de la mise en œuvre des activités. Les rapports financiers et techniques sont élaborés par les responsables de différents niveaux puis consolidés par le Groupe Technique Central du Programme National de vaccination qui les soumet au CCIA pour approbation. Les fonds GAVI sont pris en compte dans les plans et le budget national du secteur de la santé.

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

Type de compte :

Le compte bancaire utilisé est un compte commercial ouvert auprès de la Standard Chartered Bank et géré par la Caisse Autonome d'Amortissement.

Procédures d'approbation des budgets :

En début de chaque année, le PTA est validé par le CCIA ; chaque trimestre un plan de travail est élaboré et validé par le CCIA ainsi que le rapport d'activités y relatif en fin de trimestre ; un rapport financier est annexé à chaque rapport d'activités.. Le budget quant à lui est visé par le Chef SAF, le Contrôleur Interne et signé par le SP et le Directeur de la Santé Familiale en deçà de 5 000 000 FCFA ; au-dessus, il est visé par le Chef SAF, le Contrôleur Interne, le SP et signé par le MINSANTE.

Pour chaque activité menée conformément au PTA, une fiche technique et un budget sont élaborés. La fiche technique est signée par le Secrétaire Permanent (SP) si le montant de l'activité est inférieur à 5 000 000 FCFA ; au-delà, elle est signée par le Ministre de la Santé Publique (MINSANTE)

les modalités d'acheminement des fonds aux niveaux sous-nationaux :

La distribution aux régions se fait après approbation des budgets par le CCIA, par virements bancaires dans les comptes des structures régionales chargées de la mise en œuvre des activités.

les dispositions de préparation des rapports financiers aux niveaux sous-national et national :

rôle global du CCIA dans ce processus :

Les rapports financiers et techniques sont élaborés par les responsables de différents niveaux puis consolidés par le Groupe Technique Central du Programme National de vaccination qui les soumet au CCIA pour approbation

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2012

1-Renforcement des capacités:

- Formation des points focaux de communication des DS dans les régions du Ouest, Sud-Ouest, Littoral et Sud à hauteur de \$ 64 492 ;
- Formation des gestionnaires d'entrepôt du PEV à la gestion des vaccins et de la Chaîne du Froid dans toutes les régions (\$ 33 652) ;
- Contribution à l'organisation du cours MLM dans la région du Sud-Ouest (\$ 3 536) ;

2- Prestation de Services:

- Appui financier aux régions et districts de santé pour la vaccination de routine et le rattrapage des enfants manqués (\$ 230 430) ;
- Supervision formative dans toutes les régions (\$ 17 003) ;

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

6.2. Detailed expenditure of ISS funds during the 2012 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **Yes**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

Request for ISS reward achievement in Cameroon is not applicable for 2012

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

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-HepB-Hib	3,287,703	2,998,500	289,500	No
Pneumococcal (PCV13)	2,468,491	2,316,600	151,600	No
Yellow Fever	991,300	489,400	501,900	No
Rotavirus		0	0	No

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

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

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

L'utilisation du vaccin est inférieure par rapport aux prévisions depuis environ 3 ans pour cause de non atteinte des objectifs fixés, ce qui a entraîné un sur stockage au fil des années.

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

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

Le Pays a proposé que certaines livraisons soient reportées en 2013 selon le nouveau plan d'expédition (Cf : lettre adressée à GAVI)

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

SO

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

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

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	SO

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	SO

Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	SO

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **July 2014**

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

L'évaluation post-introduction du PCV-13 a eu lieu en juin 2012. Les recommandations y découlant ont été intégrées dans tous les plans d'actions à partir de cette date et font l'objet d'un suivi rapproché.

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

Is the country sharing its vaccine safety data with other countries? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

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

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

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

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

A propos des méningites bactériennes pédiatriques les résultats du site sentinelle montre que après l'introduction du vaccin contre les méningites à Hib dans le PEV de Routine en 2009, le nombre de cas est passé de 14 en 2008 avant son introduction à 1 cas en 2009 et 2010, 0 cas en 2011 et enfin 2 cas en 2012. Les 2 cas de 2012 étaient non vaccinés et âgés de plus de cinq ans donc hors cible. de même après l'introduction du vaccin PCV-13 en juillet 2011, le nombre de cas est passé de 14 cas en 2011 à 12 cas en 2012. Tous les cas de 2012 étaient également non vaccinés et hors cible.

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	51,723	23,290,063
Total funds available in 2012 (C=A+B)	51,723	23,290,063
Total Expenditures in 2012 (D)	9,907	4,500,000
Balance carried over to 2013 (E=C-D)	41,816	18,790,063

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

SO

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

SO

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

SO

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2012?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	451,657	501,900
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	530,576	151,600
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	714,916	289,500
Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?		
Government	105,635,1.66\$	
Donor	0	
Other	0	
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	73,843	248,350
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	73,843	162,900
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	73,843	450,350
Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	September	Etat
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	September	Etat
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	September	Etat
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	September	Etat
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing		
SO		

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy:

<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

SO

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **November 2010**

Please attach:

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

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

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

If yes, provide details

SO

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Cameroon does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

Renewal of multi-year vaccines support for Cameroon is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per [7.11 Calculation of requirements](#)

Yes

If you don't confirm, please explain

SO

7.11. Calculation of requirements

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	774,698	794,066	813,918	832,869	3,215,551
	Number of children to be vaccinated with the first dose	Table 4	#	724,961	770,244	797,640	816,212	3,109,057
	Number of children to be vaccinated with the third dose	Table 4	#	659,976	698,779	748,805	774,568	2,882,128
	Immunisation coverage with the third dose	Table 4	%	85.19 %	88.00 %	92.00 %	93.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.06	1.11	1.11	1.11	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	2,400,250				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	2,400,250				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.04	2.04	1.99	
cc	Country co-financing per dose	Co-financing table	\$		0.26	0.30	0.35	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

SO

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

Co-financing group	Intermediate
--------------------	--------------

	2012	2013	2014	2015
Minimum co-financing	0.20	0.23	0.26	0.30
Recommended co-financing as per APR 2011			0.30	0.35
Your co-financing	0.23	0.26	0.30	0.35

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

		2013	2014	2015
Number of vaccine doses	#	2,322,200	2,317,300	2,292,200
Number of AD syringes	#	2,328,100	2,319,000	2,293,200
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	25,850	25,750	25,475
Total value to be co-financed by GAVI	\$	5,154,000	5,143,000	4,965,500

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

		2013	2014	2015
Number of vaccine doses	#	308,200	362,300	441,800
Number of AD syringes	#	309,000	362,500	442,000
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	3,450	4,025	4,925
Total value to be co-financed by the Country ^[1]	\$	684,000	804,000	957,000

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

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	11.72 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	724,961	770,244	90,235	680,009
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	B X C	2,174,883	2,310,732	270,703	2,040,029
E Estimated vaccine wastage factor	Table 4	1.06	1.11		
F Number of doses needed including wastage	D X E	2,305,376	2,564,913	300,480	2,264,433
G Vaccines buffer stock	(F – F of previous year) * 0.25		64,885	7,602	57,283
H Stock on 1 January 2013	Table 7.11.1	2,400,250			
I Total vaccine doses needed	F + G – H		2,630,298	308,140	2,322,158
J Number of doses per vial	Vaccine Parameter		10		
K Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		2,636,935	308,918	2,328,017
L Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		29,270	3,429	25,841
N Cost of vaccines needed	I x vaccine price per dose (g)		5,355,287	627,373	4,727,914
O Cost of AD syringes needed	K x AD syringe price per unit (ca)		122,618	14,365	108,253
P Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q Cost of safety boxes needed	M x safety box price per unit (cs)		16,977	1,989	14,988
R Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		342,739	40,152	302,587
S Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		0	0	0
T Total fund needed	(N+O+P+Q+R+S)		5,837,621	683,878	5,153,743
U Total country co-financing	I x country co-financing per dose (cc)		683,878		
V Country co-financing % of GAVI supported proportion	U / T		11.72 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 2)

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	13.52 %			16.16 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	797,640	107,825	689,815	816,212	131,887	684,325
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3			3		
D	Number of doses needed	$B \times C$	2,392,920	323,473	2,069,447	2,448,636	395,659	2,052,977
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.11			1.11		
F	Number of doses needed including wastage	$D \times E$	2,656,142	359,055	2,297,087	2,717,986	439,182	2,278,804
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	22,808	3,084	19,724	15,461	2,499	12,962
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	2,679,450	362,205	2,317,245	2,733,947	441,761	2,292,186
J	Number of doses per vial	<i>Vaccine Parameter</i>	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	2,681,459	362,477	2,318,982	2,735,148	441,955	2,293,193
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	29,765	4,024	25,741	30,361	4,906	25,455
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	5,455,361	737,450	4,717,911	5,429,619	877,336	4,552,283
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	5,455,361	16,856	107,832	5,429,619	20,551	106,634
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	17,264	2,334	14,930	17,610	2,846	14,764
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	349,144	47,197	301,947	347,496	56,150	291,346
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	5,946,457	803,835	5,142,622	5,921,910	956,882	4,965,028
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	803,835			956,882		
V	Country co-financing % of GAVI supported proportion	U / T	13.52 %			16.16 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	U / T

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	774,698	794,066	813,918	832,869	3,215,551
	Number of children to be vaccinated with the first dose	Table 4	#	709,721	714,659	765,083	799,554	2,989,017
	Number of children to be vaccinated with the third dose	Table 4	#	647,427	698,779	716,248	749,582	2,812,036
	Immunisation coverage with the third dose	Table 4	%	83.57 %	88.00 %	88.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.04	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	689,500				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	689,500				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	
cc	Country co-financing per dose	Co-financing table	\$		0.26	0.30	0.35	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

SO

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

Co-financing group	Intermediate	2012	2013	2014	2015
Minimum co-financing		0.20	0.23	0.26	0.30
Recommended co-financing as per APR 2011				0.30	0.35
Your co-financing			0.26	0.30	0.35

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

		2013	2014	2015
Number of vaccine doses	#	2,106,100	2,256,300	2,310,800
Number of AD syringes	#	2,225,100	2,385,400	2,442,400
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	24,700	26,500	27,125
Total value to be co-financed by GAVI	\$	7,931,500	8,497,000	8,702,500

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

		2013	2014	2015
Number of vaccine doses	#	156,200	195,300	236,800
Number of AD syringes	#	165,100	206,500	250,300
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	1,850	2,300	2,800
Total value to be co-financed by the Country ^[1]	\$	588,500	735,500	892,000

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

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	6.90 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	709,721	714,659	49,341	665,318
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	$B \times C$	2,129,163	2,143,977	148,021	1,995,956
E Estimated vaccine wastage factor	Table 4	1.04	1.05		
F Number of doses needed including wastage	$D \times E$	2,214,330	2,251,176	155,422	2,095,754
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		9,212	636	8,576
H Stock on 1 January 2013	Table 7.11.1	689,500			
I Total vaccine doses needed	$F + G - H$		2,262,188	156,182	2,106,006
J Number of doses per vial	Vaccine Parameter		1		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		2,390,040	165,009	2,225,031
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		26,530	1,832	24,698
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		7,917,658	546,636	7,371,022
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		111,137	7,673	103,464
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		15,388	1,063	14,325
R Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		475,060	32,799	442,261
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T Total fund needed	$(N+O+P+Q+R+S)$		8,519,243	588,170	7,931,073
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		588,169		
V Country co-financing % of GAVI supported proportion	U / T		6.90 %		

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

	Formula	2014			2015		
		Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	7.97 %			9.29 %	
B	Number of children to be vaccinated with the first dose	Table 5.2.1	765,083	60,948	704,135	799,554	74,309
C	Number of doses per child	Vaccine parameter (schedule)	3			3	
D	Number of doses needed	$B \times C$	2,295,249	182,842	2,112,407	2,398,662	222,927
E	Estimated vaccine wastage factor	Table 4	1.05			1.05	
F	Number of doses needed including wastage	$D \times E$	2,410,012	191,984	2,218,028	2,518,596	234,074
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	39,709	3,164	36,545	27,146	2,523
H	Stock on 1 January 2013	Table 7.11.1					
I	Total vaccine doses needed	$F + G - H$	2,451,521	195,291	2,256,230	2,547,542	236,764
J	Number of doses per vial	Vaccine Parameter	1			1	
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	2,591,804	206,466	2,385,338	2,692,647	250,250
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	28,770	2,292	26,478	29,889	2,778
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	8,580,324	683,517	7,896,807	8,916,397	828,672
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	8,580,324	9,601	110,918	8,916,397	11,637
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	16,687	1,330	15,357	17,336	1,612
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	514,820	41,012	473,808	534,984	49,721
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	9,232,350	735,457	8,496,893	9,593,926	891,640
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	735,457			891,640	
V	Country co-financing % of GAVI supported proportion	U / T	7.97 %			9.29 %	

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	U / T

Table 7.11.1: Specifications for Rotavirus, 1 dose(s) per vial, ORAL

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	774,698	794,066	813,918	832,869	3,215,551
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	642,995	699,610	1,342,605
	Number of children to be vaccinated with the second dose	Table 4	#	0	0	610,439	666,295	1,276,734
	Immunisation coverage with the second dose	Table 4	%	0.00 %	0.00 %	75.00 %	80.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	0				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	0				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		No	No	No	
g	Vaccine price per dose	Table 7.10.1	\$		2.55	2.55	2.55	
cc	Country co-financing per dose	Co-financing table	\$		0.00	0.30	0.35	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

SO

Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL

Co-financing group	Intermediate
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	2012	2013	2014	2015
Minimum co-financing		0.20	0.23	0.26
Recommended co-financing as per APR 2011			0.26	0.30
Your co-financing			0.30	0.35

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

		2013	2014	2015
Number of vaccine doses	#	1,500	1,500,100	1,304,300
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by GAVI	\$	4,500	4,016,500	3,492,500

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

		2013	2014	2015
Number of vaccine doses	#	0	189,300	196,200
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	0	507,000	525,500

Table 7.11.4: Calculation of requirements for **Rotavirus, 1 dose(s) per vial, ORAL** (part 1)

	Formula	2012	2013			
		Total	Total	Government	GAVI	
A	Country co-finance	V	0.00 %	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	0	0	0	0
C	Number of doses per child	Vaccine parameter (schedule)	2	2		
D	Number of doses needed	B X C	0	0	0	0
E	Estimated vaccine wastage factor	Table 4	1.00	1.00		
F	Number of doses needed including wastage	D X E	0	0	0	0
G	Vaccines buffer stock	(F – F of previous year) * 0.25		0	0	0
H	Stock on 1 January 2013	Table 7.11.1	0			
I	Total vaccine doses needed	F + G – H		1,500	0	1,500
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11				
N	Cost of vaccines needed	I x vaccine price per dose (g)		3,825	0	3,825
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		0	0	0
P	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q	Cost of safety boxes needed	M x safety box price per unit (cs)		0	0	0
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		192	0	192
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		0	0	0
T	Total fund needed	(N+O+P+Q+R+S)		4,017	0	4,017
U	Total country co-financing	I x country co-financing per dose (cc)		0		
V	Country co-financing % of GAVI supported proportion	U / T		0.00 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 2)

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	11.20 %			13.07 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	642,995	72,045	570,950	699,610	91,453	608,157
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	2			2		
D	Number of doses needed	$B \times C$	1,285,990	144,089	1,141,901	1,399,220	182,905	1,216,315
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	1,350,290	151,294	1,198,996	1,469,181	192,050	1,277,131
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	337,573	37,824	299,749	29,723	3,886	25,837
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	1,689,363	189,285	1,500,078	1,500,404	196,132	1,304,272
J	Number of doses per vial	<i>Vaccine Parameter</i>	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$						
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	4,307,876	482,676	3,825,200	3,826,031	500,136	3,325,895
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	4,307,876	0	0	3,826,031	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	215,394	24,134	191,260	191,302	25,007	166,295
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	4,523,270	506,809	4,016,461	4,017,333	525,142	3,492,191
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	506,809			525,142		
V	Country co-financing % of GAVI supported proportion	U / T	11.20 %			13.07 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	U / T

Table 7.11.1: Specifications for Yellow Fever, 10 dose(s) per vial, LYOPHILISED

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	774,698	794,066	813,918	832,869	3,215,551
	Number of children to be vaccinated with the first dose	Table 4	#	620,333	690,837	87.00 %	724,568	2,743,847
	Number of doses per child	Parameter	#	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.30	1.43	1.43	1.33	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	669,400				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	669,400				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		0.90	0.91	0.92	
cc	Country co-financing per dose	Co-financing table	\$		0.56	0.63	0.71	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		7.80 %	7.80 %	7.80 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

SO

Co-financing tables for Yellow Fever, 10 dose(s) per vial, LYOPHILISED

Co-financing group	Intermediate
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	2012	2013	2014	2015
Minimum co-financing	0.46	0.53	0.61	0.70
Recommended co-financing as per APR 2011			0.63	0.71
Your co-financing	0.53	0.56	0.63	0.71

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

		2013	2014	2015
Number of vaccine doses	#	466,900	394,700	311,400
Number of AD syringes	#	369,300	307,200	259,900
Number of re-constitution syringes	#	51,900	43,900	34,600
Number of safety boxes	#	4,675	3,900	3,275
Total value to be co-financed by GAVI	\$	477,000	406,000	327,000

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

		2013	2014	2015
Number of vaccine doses	#	566,500	624,200	652,400

Number of AD syringes	#	448,000	485,800	544,500
Number of re-constitution syringes	#	62,900	69,300	72,500
Number of safety boxes	#	5,675	6,175	6,850
Total value to be co-financed by the Country ^[1]	\$	579,000	642,000	684,500

Table 7.11.4: Calculation of requirements for Yellow Fever, 10 dose(s) per vial, LYOPHILISED (part 1)

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	54.82 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	620,333	690,837	378,706	312,131
C Number of doses per child	Vaccine parameter (schedule)	1	1		
D Number of doses needed	$B \times C$	620,333	690,837	378,706	312,131
E Estimated vaccine wastage factor	Table 4	1.30	1.43		
F Number of doses needed including wastage	$D \times E$	806,433	987,897	541,549	446,348
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		45,366	24,869	20,497
H Stock on 1 January 2013	Table 7.11.1	669,400			
I Total vaccine doses needed	$F + G - H$		1,033,363	566,473	466,890
J Number of doses per vial	Vaccine Parameter		10		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		817,186	447,968	369,218
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		114,704	62,879	51,825
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		10,344	5,671	4,673
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		930,027	509,826	420,201
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		38,000	20,831	17,169
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		4,245	2,328	1,917
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		6,000	3,290	2,710
R Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		72,543	39,767	32,776
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		4,825	2,645	2,180
T Total fund needed	$(N+O+P+Q+R+S)$		1,055,640	578,685	476,955
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		578,684		
V Country co-financing % of GAVI supported proportion	U / T		54.82 %		

Table 7.11.4: Calculation of requirements for Yellow Fever, 10 dose(s) per vial, LYOPHILISED (part 2)

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	61.26 %			67.69 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	708,109	433,803	274,306	724,568	490,462	234,106
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	1			1		
D	Number of doses needed	$B \times C$	708,109	433,803	274,306	724,568	490,462	234,106
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.43			1.33		
F	Number of doses needed including wastage	$D \times E$	1,012,596	620,339	392,257	963,676	652,315	311,361
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	6,175	3,783	2,392	0	0	0
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	1,018,871	624,183	394,688	963,776	652,382	311,394
J	Number of doses per vial	<i>Vaccine Parameter</i>	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	792,856	485,721	307,135	804,271	544,413	259,858
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	113,095	69,285	43,810	106,980	72,415	34,565
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	10,057	6,162	3,895	10,115	6,847	3,268
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	924,116	566,134	357,982	889,566	602,150	287,416
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	924,116	22,587	14,281	889,566	25,316	12,083
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	4,185	2,564	1,621	3,959	2,680	1,279
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	5,834	3,575	2,259	5,867	3,972	1,895
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	72,082	44,159	27,923	69,387	46,969	22,418
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	4,689	2,873	1,816	4,723	3,198	1,525
T	Total fund needed	$(N+O+P+Q+R+S)$	1,047,774	641,889	405,885	1,010,901	684,281	326,620
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	641,889			684,281		
V	Country co-financing % of GAVI supported proportion	U / T	61.26 %			67.69 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	U / T

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2012**. All countries are expected to report on:

- a. Progress achieved in 2012
- b. HSS implementation during January – April 2013 (interim reporting)
- c. Plans for 2014
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2013, the HSS reports are expected by GAVI Alliance by September 2013.

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

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please make this clear in [Section 9.1.2](#).

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

7. Please attach all required [supporting documents](#). These include:

- a. Minutes of all the HSCC meetings held in 2012
- b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2012 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

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

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

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

9.1. Report on the use of HSS funds in 2012 and request of a new tranche

Please provide data sources for all data used in this report.

9.1.1. Report on the use of HSS funds in 2012

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

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

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

If yes, please indicate the amount of funding requested: **0** US\$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

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

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

Table 9.1.3a (US)\$

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)	0	0	0	0	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	0	0	0
Total funds received from GAVI during the calendar year (A)	0	0	0	0	0	0
Remaining funds (carry over) from previous year (B)	0	0	0	0	0	0
Total Funds available during the calendar year (C=A+B)	0	0	0	0	0	0
Total expenditure during the calendar year (D)	0	0	0	0	0	0
Balance carried forward to next calendar year (E=C-D)	0	0	0	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)	0	0	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	0
Total funds received from GAVI during the calendar year (A)	0	0	0	0
Remaining funds (carry over) from previous year (B)	0	0	0	0
Total Funds available during the calendar year (C=A+B)	0	0	0	0
Total expenditure during the calendar year (D)	0	0	0	0
Balance carried forward to next calendar year (E=C-D)	0	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)	0	0	0	0	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	0	0	0
Total funds received from GAVI during the calendar year (A)	0	0	0	0	0	0
Remaining funds (carry over) from previous year (B)	0	0	0	0	0	0
Total Funds available during the calendar year (C=A+B)	0	0	0	0	0	0
Total expenditure during the calendar year (D)	0	0	0	0	0	0
Balance carried forward to next calendar year (E=C-D)	0	0	0	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)	0	0	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	0
Total funds received from GAVI during the calendar year (A)	0	0	0	0
Remaining funds (carry over) from previous year (B)	0	0	0	0
Total Funds available during the calendar year (C=A+B)	0	0	0	0
Total expenditure during the calendar year (D)	0	0	0	0
Balance carried forward to next calendar year (E=C-D)	0	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0

Report of Exchange Rate Fluctuation

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

[Table 9.1.3.c](#)

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	0	0	0	0	0	0
Closing on 31 December	0	0	0	0	0	0

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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

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

SO

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

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2012 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2012 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
SO	SO	0	SO

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

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

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

SO

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

SO

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2011 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2012 Target	2008	2009	2010	2011	2012	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
SO	0	SO	SO	SSO	SO	SO					

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

SO

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

SO

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

SO

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

SO

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

SO

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

SO

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

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

SO

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2013

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

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
SO	SO	0	SO	So	0
		0			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US\$	Duration of support	Type of activities funded
SO	0 0		SO

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

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

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

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

SO

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?0

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

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

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

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

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

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

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

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

11. Comments from ICC/HSCC Chairs

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

Le Président du CCIA a déclaré à l'unanimité la validation du rapport annuel de situation GAVI volet SSV à l'immédiat et celle du volet reprogrammation RSS en attendant les réactions des autres partenaires techniques avant le 13 mai 2013. Enfin les résolutions et recommandations ci-dessous ont été formulées:

Résolution ;

- 1) Transmettre au Ministre de la Santé Publique la note désignant les trois comités en charge de coordonner la revue externe du PEV dans un délai d'une semaine(GTC-PEV)
- 2) Solliciter formellement l'appui technique de l'OMS pour finaliser les termes de référence de la revue externe du PEV(GTC-PEV).

Recommandations

- 1) Accélérer le processus de mise en place d'un comité technique du CCIA afin de faciliter la validation des documents (Partenaires au Développement, MINSANTE , GTC-PEV);
- 2) Transmettre officiellement aux membres statutaires du CCIA les documents pour leurs amendements avant validation finale(DCOOP/GTC-PEV)
- 3) Clarifier les attributions de la Sous-Direction de la Vaccination et celles du PEV pour éviter les confusions observées actuellement (MINSANTE).

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & 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 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & 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 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

- I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure










Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.









Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & 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 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811


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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		Signatures MSP&MINEFI.pdf File desc: Signature du Ministre de la Santé Publique. Date/time: 5/14/2013 12:43:19 PM Size: 573873
2	Signature of Minister of Finance (or delegated authority)	2.1		Signatures MSP&MINEFI.pdf File desc: Signature du Ministre des Finances. Date/time: 5/14/2013 12:45:03 PM Size: 573873
3	Signatures of members of ICC	2.2		Signatures des membres du CCIA.pdf File desc: Signature des membres du CCIA. Date/time: 5/14/2013 12:47:32 PM Size: 2727280
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7		Compte rendu CCIA du 08-05-2013.pdf File desc: Compte rendu de la réunion du CCIA du 08 mai 2013 qui a validé le rapport de situation annuel 2012. Date/time: 5/14/2013 12:50:54 PM Size: 1453167
5	Signatures of members of HSCC	2.3		Signatures des membres du CCIA.pdf File desc: Signatures des membres du CCIA car depuis la suspension du RSS le CCSS n'a plus été fonctionnel. Date/time: 5/14/2013 2:20:23 PM Size: 2727280
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3		Compte rendu CCIA du 08-05-2013.pdf File desc: Compte rendu de la réunion du CCIA car depuis la suspension du RSS le CCSS n'a plus été fonctionnel. Date/time: 5/14/2013 2:22:43 PM Size: 1453167
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1		Etat financier pour allocation SSV.pdf File desc: Etat financier pour l'allocation de SSV de l'exercice fiscal 2012 signé par le Secrétaire Permanent du PEV, le Contrôleur interne du PEV et le Chef Section des Affaires Administratives et Financières du PEV. Date/time: 5/14/2013 12:54:13 PM Size: 993911
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3		Explication-Rapport d'audit 2012.docx File desc: Explication de l'audit externe sur l'allocation de SSV (exercice fiscal 2012) Date/time: 5/14/2013 2:30:13 PM Size: 12016
9	Post Introduction Evaluation Report	7.2.2		Rapport final PIE_PCV-13_CMV.pdf File desc: Rapport d'évaluation post-introduction du PCV-13.

				Date/time: 5/14/2013 12:59:07 PM Size: 2115348
10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Etat financier pour allocation nouveau vaccin.pdf File desc: Etat financier du reliquat de l'allocation d'introduction du vaccin PCV-13 (exercice fiscal 2012) signé par le Secrétaire Permanent du PEV, le Contrôleur interne du PEV et le Chef Section des Affaires Administratives et Financières du PEV. Date/time: 5/14/2013 1:02:22 PM Size: 998908
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1	✓	Explication-Rapport d'audit 2012.docx File desc: Explication de l'audit externe pour l'allocation d'introduction d'un nouveau vaccin Date/time: 5/14/2013 2:33:02 PM Size: 12016
12	Latest EVSM/VMA/EVM report	7.5	✓	Improvement plan based on EVM - 1 - FR.pdf File desc: Rapport de la GEV. Date/time: 5/14/2013 1:06:59 PM Size: 473081
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Cameroun_Plan Amélioration GEV_2010_10022011.pdf File desc: Dernier plan d'amélioration de la GEV. Date/time: 5/14/2013 1:08:44 PM Size: 84234
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Cae_Etat de MEO des recommandations de la GEV.xlsx File desc: Etat de mise en oeuvre du plan d'amélioration de la GEV. Date/time: 5/14/2013 1:12:09 PM Size: 25802
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3	✗	Explications-Audit externe sur les frais opérationnels des campagnes de prévention.docx File desc: Explication de l'audit externe sur les frais opérationnels des campagnes de prévention Date/time: 5/14/2013 2:28:56 PM Size: 11844
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	Compte rendu CCIA du 08-05-2013.pdf File desc: Compte rendu de la réunion du CCIA du 08 mai 2013 ayant validé la demande de prolongation du soutien aux vaccins (RSA 2012) Date/time: 5/14/2013 2:45:20 PM Size: 1453167
17	Valid cMYP if requesting extension of support	7.8	✗	PPAC 2011-2015 révisé 13_08_2012.docx File desc: PPAC 2011-2015. Date/time: 5/14/2013 1:18:06 PM

				Size: 1598707
18	Valid cMYP costing tool if requesting extension of support	7.8		CMYP Costing Tool 2011-2015 CAE révisé 13_08_2012.xls File desc: Outil de calcul des coûts du PPAC. Date/time: 5/14/2013 1:19:28 PM Size: 3267584
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3		Explications volet HSS.docx File desc: Explication sur l'état financier pour l'allocation de RSS. Date/time: 5/14/2013 2:55:00 PM Size: 11559
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3		Explications volet HSS.docx File desc: Explication sur le rapport du recensement - soutien aux OSC type A Date/time: 5/14/2013 2:56:38 PM Size: 11559
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3		Explications volet HSS.docx File desc: Explication sur l'état financier pour l'allocation du soutien aux OSC type B (exercice fiscal 2012). Date/time: 5/14/2013 2:58:13 PM Size: 11559
22	HSS Health Sector review report	9.9.3		Explications volet HSS.docx File desc: Explication sur le rapport de l'audit externe sur le soutien aux OSC type B (exercice fiscal 2012). Date/time: 5/14/2013 2:59:25 PM Size: 11559
23	Report for Mapping Exercise CSO Type A	10.1.1		Explications volet HSS.docx File desc: Explication sur le rapport du recensement - soutien aux OSC type A Date/time: 5/14/2013 3:01:23 PM Size: 11559
24	Financial statement for CSO Type B grant (Fiscal year 2012)	10.2.4		Explications volet HSS.docx File desc: Explication sur l'état financier pour l'allocation du soutien aux OSC type B (exercice fiscal 2012). Date/time: 5/14/2013 3:02:03 PM Size: 11559
25	External audit report for CSO Type B (Fiscal Year 2012)	10.2.4		Explications volet HSS.docx File desc: Explication sur le rapport de l'audit externe sur le soutien aux OSC type B (exercice fiscal 2012). Date/time: 5/14/2013 3:02:46 PM Size: 11559
				relevés bancaires 2012.pdf

26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0		File desc: Relevés bancaires présentant le solde d'ouverture et le solde de clôture pour l'année 2012. Date/time: 5/14/2013 1:21:25 PM Size: 1437177
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