The GAVI Alliance

2014 Annual Progress Report

Submitted by

The Government of

Comoros

Reporting on year: **2014**
Requesting support for the year: **2016**
Date of submission: **02/06/2015**

Deadline for submission: 27/05/2015

Please submit the 2014 Annual Progress Report using the on-line 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. its collaborators and the 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. Electronic copies of previous annual progress reports and approved requests for assistance are available at the following address* http://www.gavialliance.org/country/

The Gavi Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, the documents will be sent to 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 procedures of the IRC and to the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the description of the programme(s) in this 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, unless otherwise decided by the GAVI Alliance, and be provided within sixty days after the Country receives the GAVI Alliance's reimbursement request. Any funds reimbursed must be deposited into the account or accounts designated 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 purposes other than for the programmes described in the Country's application or in any GAVI-approved amendment to this application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if misuse of GAVI Alliance funds is confirmed.

FIGHT AGAINST CORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third party, 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 will send the reports to the Gavi Alliance, in accordance with the specified terms. 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 government confirm that this application is accurate and correct and form legally binding obligations on the Country, under the Country's law, to carry out the programmes described in this application.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking all necessary due diligence with regard to verifying the adequacy of the 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 UNCITRAL Arbitration Rules in force at that time. 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 this 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 preparing this APR the Country will inform GAVI about:

Activities accomplished by using GAVI resources in the previous year.

Major problems 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 previously approved in a prior application for ISS/NVS/HSS, but that have not yet been released.

How GAVI can make the APR better meet the needs of governments, while meeting GAVI's principles to be accountable and transparent.

1. Characteristics of assistance

Reporting on year: **2014**

Requesting support for the year: **2016**

1.1. NVS & Injection Supplies support

Type of Support	Current Vaccine	Preferred presentation	Active until
New Vaccines Support (routine immunization)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
New Vaccines Support (routine immunization)	IPV, 10 dose(s) per vial, LIQUID	IPV, 10 dose(s) per vial, LIQUID	2018

DTP-HepB-Hib (pentavalent) vaccine: per your country's current preferences, the vaccine is available in liquid form from UNICEF in single-dose or ten-dose vials and in liquid/freeze-dried form in two-dose vials, to be administered on a three-injection schedule. Other presentations have also been preselected by the WHO and the complete list can be consulted on the WHO web site, however, the availability of each product must be specifically confirmed.

2nd preference of IPV presentation: **IPV, 5 dose(s) per vial, LIQUID**

3rd preference of IPV presentation: **IPV, 10 dose(s) per vial, LIQUID**

1.2. 1.2. Programme extension

Type of Support	Vaccine product	Start Year	End Year
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	2019
New Vaccines Support (routine immunization)	IPV, 10 dose(s) per vial, LIQUID	2019	2019

1.3. ISS, HSS, CSO

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For 2014 ISS reward
VIG	Yes	N/A	No
HSS	Yes	next tranche of HSS grant: No	No

VIG: GAVI Vaccine Introduction Grant; COS: Operational support for campaign

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2013 is available here. It is also available in French here.

2. Signatures

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

By signing this page, the Government of the Comoros 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 Comoros

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 & the Minister Finance or their authorized representatives.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name		**Name**	
Date		**Date**	
Signature		**Signature**	

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

Full name	Function	Telephone	E-mail addresses
NOUROULHOUDAH YOUSSOUF HAMADI	EPI COORDINATOR	3385469	nouroulhoudah@hotmail.fr

2.2. ICC Signatures Page

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

In some countries, HSCC and ICC have merged into a single committee. 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 is an integral part of GAVI Alliance monitoring of a country's 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 immunization Inter-Agency Coordinating Committee (ICC), endorse this report. Signature of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Name/Title	Agency/Organisation	Signature	Date

The ICC may send informal comments to: apr@gavi.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), endorse this report on the Health Systems Strengthening Program. Signature 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/Organisation	Signature	Date

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Comoros is not submitting a report on the use of type A and B CSO funds in 2015.

3. Table of Contents

This APR reports on Comoros' activities between January – December 2014 and specifies the requests for the period of January – December 2016

Sections

4. Baseline and 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 and maximum wastage values as shown for purposes of approximate information in the **Wastage Rate Table** in the guidelines for support requests. Please describe the reference wastage rate for the pentavalent vaccine available in 10-dose vials.

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Achievements in line with WHO/UNICEF joint report		Targets (preferred presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	22 919	22 919	23 542	23 542		24 185		24 844		25 521
Total infants' deaths	1 969	1 969	2 024	2 024		2 079		2 136		2 194
Total surviving infants	20950	20 950	21 518	21 518		22 106		22 708		23 327
Total pregnant women	27 501	26 738	28 251	28 251		29 024		29 816		30 628
Number of infants who have received (should receive) the BCG vaccine	20 949	17 233	21 520	18 363		19 590		21 117		22 969
BCG coverage (1)	91 %	75 %	91 %	78 %	0 %	81 %	0 %	85 %	0 %	90 %
Number of infants vaccinated (to be vaccinated) with OPV3	20 949	16 545	21 520	17 589		18 790		19 983		20 994
OPV3 coverage (2)	100 %	79 %	100 %	82 %	0 %	85 %	0 %	88 %	0 %	90 %
Number of infants vaccinated (to be vaccinated) with **DTP1** (3)	18 855	17 465	19 368	18 290		19 453		20 437		21 694
Number of infants vaccinated (to be vaccinated) with **DTP3** (3) (4)	18 855	16 669	19 368	17 859		18 790		19 983		20 994
DTP3 coverage (2)	90 %	80 %	90 %	83 %	0 %	85 %	0 %	88 %	0 %	90 %
Wastage [5] rate in base-year and planned thereafter (%) for DTP vaccine	10	14	10	10		8		6		4
Wastage [5] factor in base-year and planned thereafter for DTP	1.11	1.16	1.11	1.11	1.00	1.09	1.00	1.06	1.00	1.04
Number of infants vaccinated (to be vaccinated) with 1st dose of **DTP-HepB-Hi**b vaccine	19 902	17 465	19 368	18 290		19 453		20 437		21 694
Number of infants vaccinated (to be vaccinated) with 3rd dose of **DTP-HepB-Hib** vaccine	19 483	16 669	19 368	17 859		18 790		19 983		20 994
DTP-HepB-Hib coverage*[2]*	93 %	80 %	90 %	83 %	0 %	85 %	0 %	88 %	0 %	90 %
Waste[5] in base-year and planned thereafter (%) [6]	10	14	10	10		10		8		7

Wastage factor *[5]* in base-year and planned thereafter (%)	1,11	1,16	1,11	1,11	1	1,11	1	1,09	1	1,08
Maximum wastage rate for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0 %	0 %	0 %	25 %	0 %	25 %	0 %	25 %	0 %	25 %
Number of infants who have received (should receive) the IPV vaccine			21 832	17 859	22 244	18 790		19 983		20 994
Wastage [5] rate in base-year and planned thereafter (%)			50	50	50	50		50		50
Wastage factor *[5]* in base-year and planned thereafter (%)	1	1	2	2	2	2	1	2	1	2
Maximum wastage rate for the IPV vaccine, 10 dose(s) per vial, LIQUID (see note above)	0 %	50 %	0 %	50 %	0 %	50 %	0 %	50 %	0 %	50 %
Number of infants vaccinated (to be vaccinated) with 1st dose(s) of Measles vaccine	18 855	16 672	19 368	17 859		18 790		19 983		20 994
Measles coverage (2)	90 %	80 %	90 %	83 %	0 %	85 %	0 %	88 %	0 %	90 %
Pregnant women vaccinated with TT+	14 656	13 667	20 624	16 950		18 865		20 871		22 971
TT+ coverage (7)	53 %	51 %	73 %	60 %	0 %	65 %	0 %	70 %	0 %	75 %
Vit A supplement to mothers 6 weeks after delivery	0	0	0	0		0		0		0
Vit A supplement to infants age 6+ months	N/A	14 580	N/A	15 062	N/A	17 242	N/A	19 301	N/A	21 694
Annual DTP drop-out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	5 %	0 %	2 %	0 %	3 %	0 %	2 %	0 %	3 %

Number	Targets (Preferred presentation)	
	2019	
	Previous estimates in 2014	Current estimation
Total births		26 212
Total infants' deaths		2 254
Total surviving infants		23 958
Total pregnant women		31 757
Number of infants who have received (should receive) the BCG vaccine		23 591
BCG coverage (1)	0 %	90 %
Number of infants vaccinated (to be vaccinated) with OPV3		21 571
OPV3 coverage (2)	0 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1 (3)		22 290
Number of infants vaccinated (to be vaccinated) with DTP3 (3) (4)		21 571

DTP3 coverage (2)	0 %	90 %
Wastage [5] rate in base-year and planned thereafter (%) for DTP vaccine		4
Wastage [5] factor in base-year and planned thereafter for DTP vaccine	1.00	1,04
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib vaccine		22 290
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib vaccine		21 571
DTP-HepB-Hib **coverage*[2]***	0 %	90 %
Waste[5] in base-year and planned thereafter (%) [6]		5
Wastage factor *[5]* in base-year and planned thereafter (%)	1	1.05
Maximum wastage rate for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0 %	25 %
Number of infants who have received (should receive) the IPV vaccine		21 571
Wastage [5] rate in base-year and planned thereafter (%)		50
Wastage factor *[5]* in base-year and planned thereafter (%)	1	2
Maximum wastage rate for the IPV vaccine, 10 dose(s) per vial, LIQUID (see note above)	0 %	50 %
Number of infants vaccinated (to be vaccinated) with 1st dose(s) of Measles vaccine		21 571
Measles coverage (2)	0 %	90 %
Pregnant women vaccinated with TT+		25 405
TT+ coverage (7)	0 %	80 %
Vit A supplement to mothers 6 weeks after delivery		0
Vit A supplement to infants age 6+ months	N/A	22 280
Annual DTP drop-out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	3 %

[1] Number of infants vaccinated as compared to total number of births

[2] Number of infants vaccinated out of total surviving infants

[3] Indicate total number of children vaccinated with DTP, either alone or combined.

[4] Please ensure that the DTP cells are correctly completed

[5] The formula to calculate a vaccine wastage rate (in percentage) [(A - B) / A] x 100, whereby A = the number of doses distributed for use according to procurement 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.

[6] GAVI would also appreciate receiving comments from the countries on the feasibility of and interest in selecting and expediting multiple presentations of pentavalent vaccine (single-dose and ten-dose vials) so as to minimize wastage and cost while maximizing coverage.

[7] Number of pregnant women vaccinated with TT+ out of total number of pregnant women

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 continuing

The numbers for 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014**. The numbers for 2015 - 2015 in Table 4 Baseline and Annual Targets must be consistent with those that the country provided to GAVI in previous Annual Progress Reports or in a new application for GAVI support or in the cMYP.

In the spaces below, please provide justification for those figures in this APR that are different from those in the reference documents.

- Justification for any changes made in the **number of births**

- Justification for any changes made in the **number of surviving infants**

- Justification for any changes in targets by vaccine **Please note that targets that exceed the previous years' results by more than 10 % must be justified.** For the IPV, justification must also be provided as an attachment to the APR, for EVERY change in the target population

The prospects for the target populations for the years 2015/2016/2017/2018/2019 have been calculated based on a realistic immunization coverage that the country can achieve with the help of the GAVI, UNICEF and WHO partners, which are very active in EPI support.

- Justification for any change made to the **wastage rate for each vaccine**

The vaccine wastage rates of 2014 are actual ones.

With regard to the outlook, we have made estimations according to the prospects for improving the management of the EPI programme. An EVM funded by UNICEF is underway (May 2015) for PENTA, will very surely make it possible to obtain objective information for better vaccine management.

For IPV, despite a request for change in presentation to 5 doses/vial instead of 10 doses/vial, the wastage rates are estimated to be 50% up to 2019. This estimate is based on vaccines that are similar in terms of strategy, such as measles, for which current wastage rates are 48%.

5.2. Monitoring the Implementation of GAVI Gender Policy

5.2.1 During the last five years, were sex-disaggregated data on immunization service access available in your country from administrative data sources and/or studies on DTP3 coverage? **No, not available**

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

Source of data	Reference Year for Estimates	DTP3 Coverage Estimate	
		Boys	Girls

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

Data broken down by gender regarding immunization service access are not available at the national level, but they can be found in the immunization registers of the posts and centres that immunize. It should be noted nonetheless that in the Comoros there is no gender discrimination with regard to the right to children's immunization.

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

5.2.4 How have any gender-related barriers to accessing and delivering immunization services (for example, mothers not having access to such services, the sex of service providers, etc) been addressed programmatically? (For more extensive information on these gender-specific obstacles, please see the GAVI fact sheet "Gender and Immunisation" at http://www.gavialliance.org/fr/librairie/)

In light of other health statistics, constraints on using vaccination services that are related to social and economic inequality between men and women probably affect boys as much as girls in Comoros. Several activities have been set up to raise the awareness of women and other members of the community about the importance of immunization, and the outreach strategies are targeting women in particular, even in their homes, with the support of women's empowerment associations and community organizations such as the Comorian Red Crescent, CARITAS, the Association of Midwives, the Association Against Cancer, ASCOBEF, as well as government organizations, in particular the media via ORTC and Al watwan. Community mobilization and awareness-raising suffers from lack of organization, which is why HSS GAVI is going to give special attention to this component, which represents the backdrop needed for increasing coverage to promote gender equality.

Furthermore, if data are available in the health post registers, the EPI will set up data collection that will make it possible to find out the statistics by gender.

5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** is to guide GAVI's understanding of the broad trends in the expenses of the immunisation programme and of the financial flows. Please fill in the table using USD.

Exchange rate used	1 US$ = 0.023	Only enter the exchange rate; do not list the name of the local currency

Table 5.3a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditures by Category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	0		
Traditional Vaccines*	81 000			81 000	0			
New and Under-used Vaccines*	123 605	17 105	106 500					
Injection supplies (both AD syringes and syringes other than ADs)	0							
Cold chain equipment	167 200			167 200				
Staff	0							
Other routine recurrent costs	120 372			12 796	107 576			
Other capital costs	0							
Campaigns costs	0							
No campaign in 2014								
Total Expenditures for Immunization	492 177							
Total Government Health		17 105	106 500	260 996	107 576			

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 item, if these vaccines were introduced without GAVI support.

5.4. Inter-Agency Coordinating Committee

How many times did the ICC meet in 2014? **1**

Please attach the minutes **(Document No. 4)** of the meeting of the ICC in 2015 which endorsed this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1. Updated Baseline and Annual Targets through 5.3 Overall Expenditures and Financing for Immunisation

The ICC meeting was held on 12/06 and was chaired by the Vice President, Minister of Health.

The recommendations are as follows:

Recommendation 1: the ICC

- In addition to the four annual sessions, it is important to be able to call an ICC meeting exceptionally if needed.
- The health commissioners from the islands must be ICC members.
- The director of health promotion must be a member of the ICC.
- The ICC must be more active in monitoring the EPI's activities, this in the interest of the latter and in order to provide objective strategy.
- The ICC asks that the documents be sent at least two weeks before the date on which the meeting is held.
- Set up a permanent secretariat to reduce the workload of the EPI national office.
- The ICC has noted the absence of a representative from the Ministry of Finance. Advocacy is needed so that the latter is more involved.

Recommendation 2: the vaccines

- The vaccine needs (PENTA, IPV) must be identified for 2016, all the more importantly because co-financing is requested for PENTA.

Recommendation 3: EPI programme

- The objectives for up to 2019 have been revised downwards in view of the results. Reflection is requested to validate these objectives as opposed to more ambitious objectives, if we want to adhere to the objectives for fighting vaccine-preventable diseases, and in particular polio, for which the Comoros has just received "polio-free" status.
- The eight districts reinforced by the 2013 HSS did not have the best results. The EPI national office must thus ask itself about the appropriateness of the choice of districts and/or activities carried out there.
- Organize technical meetings with the partners monthly.

ICC meeting minutes 12/06/2015

- An immunization campaign against measles is requested for 2016, followed by an immunization coverage survey (ICS), which will make it possible to evaluate routine coverage.
- Base the work and especially the search for drop-outs on PBF that is already in the PASCO training but that could be expanded.
- A problem of data reliability has arisen. It should be noted that vaccinations are practiced in the private sector as well, especially in Ngazidja. It would be good to include them in the data reporting.

Recommendation 4: cMYP

- It is urgent to finalize the 2015-2019 cMYP. Specific technical assistance from WHO is requested, with Gavi financial support provided for in the business plan.

Recommendation 5: CSOs

- The Comorian Red Crescent has announced nearly 13,000 unpaid volunteers to help the programme in the various villages and in the three islands. The ICC therefore recommends increased partnership with all the CSOs in Comoros.

Recommendation 6: Waste management

- A real problem of waste disposal exists, for example, the incinerators on the islands of Anjouhan and Mohéli financed by PASCO are not operational. A policy must be quickly drafted and implemented, and during the supervision visits the logistician should also evaluate the state of these incinerators.

Recommendation 7: EPI/CAMUC agreement

- The ICC recommends that an agreement be implemented rapidly. The Vice President has requested the DGH and the director of the CAMUC to meet together rapidly to propose progress. An initial meeting was proposed for 13/06.

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

If Yes, which ones?

List the CSO member organizations belonging to the ICC:
CARITAS
COMORIAN RED CRESCENT
SHEIKH EID FOUNDATION - QATAR
Comoros Association for Family Wellbeing (ASCOBEF)

5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI programme for 2015 to 2016?

- Ask Gavi to renew vaccine support (PENTA and IPV) for 2016, and request approval for a third year of the HSS programme 2013/2015, as well for a no-cost extension of the HSS programme for one year.
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- Draft and validate the essential regulatory documents.
  - cMYP 2015-2019
  - Injection safety policy and biomedical waste disposal plan

- Implement a plan for upgrading the cold chain, combined with training on cold-chain maintenance; secure the national cold chain by formalizing the agreement with the CAMUC, which would ensure maintenance and management of vaccines at the national level.

- Improve data surveillance, monitoring and quality
  - Systematically analyse the data in collaboration with the statistics division and the surveillance division.
  - Count the target populations, which will make it possible to ensure data quality.
  - Carry out data reporting quality studies.

- Capacity-building for human skills, in terms of quantity and quality at all levels.
  - Ensure technical assistance in all three regions, to support activity coordination and data analysis
  - Organize half-yearly formative supervision at the national level, for each district.
  - Propose qualifying training programmes for the EPI actors.
- Strengthen activities at the peripheral level.
  - Support outreach strategies.
  - Develop a partnership with CSOs (CARITAS, Comorian Red Crescent).
  - Set up a communication strategy for the EPI, to better motivate the programme's actors and beneficiaries.

5.6. 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 2014.

Vaccine product	Types of syringes used systematically in the EPI in 2014	Funding sources in 2014
BCG	SAB 0.05	UNICEF
Measles	SAB 0.5	UNICEF

TT	SAB 0.5	UNICEF
DTP-containing vaccine	SAB 0.5	GAVI
IPV		

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

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

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

An injection safety plan exists but is obsolete (2003/2008). The country is thinking of developing another plan in 2016.

Please explain how in 2014 sharps were eliminated, what were the problems, etc…

In 2002, the country adopted the use of auto-disable syringes and these are used throughout all levels of the immunization distribution chain. Waste management directives exist and are applied by the EPI national office.<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

The syringes are collected in sharps containers that are made available; they are destroyed in the Montfort incinerators, which are operational in 7 districts. The other districts incinerate the sharps containers in open-air ditches or simply bury them.

NB: In some districts, the incinerators are operational but not always used because there are no longer trained personnel there.

Repair work began on one incinerator at the end of 2013 and another one is under construction in the Hambou district in Ngazidja. These incinerators have not been delivered because they have not been paid for.

In the new 2015 action plan, a waste-collection project in one district will be planned in order to test the model.

6. Immunization Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Comoros is not submitting a report on the use of funds for immunization services support (ISS) in 2014.

6.2. Detailed expenditure of ISS funds during the calendar year

Comoros is not submitting a report on the use of funds for immunization services support (ISS) in 2014.

6.3. Request for ISS reward

The ISS reward request does not apply to Comoros in 2014.

7. New and Underused Vaccines Support (NVS)

7.1. Receipt of new & under-used vaccines for 2014 vaccination programme

7.1.1 Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill in the table below.

Table 7.1: Vaccines received for 2014 vaccinations against approvals for 2014

*Please also include any deliveries from the previous year received in accordance with this Decision Letter.

	[A]	[B]	[C]	
Vaccine Type	**Total doses for 2014 in the Decision Letter**	**Total doses received by 31 December 2014**	**Total doses postponed from previous years and received in 2014**	**Did the country experience a stock shortage at any level in 2014?**
DTP- HepB- Hib	53 000	54 500	0	No
IPV		54 500	0	No

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

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

  No specific response on the 1500 extra doses received for PENTA. The vaccine storage manager is away for training. It is thus not possible to obtain feedback on vaccine reception. It is possible that there is a packaging problem. An investigation is going to be carried out by the EPI focal point of UNICEF in order to find out why this discrepancy exists.

- What measures have you taken to improve vaccine management, for example, adjusting the plan for vaccine shipments? (in the country and with the UNICEF Procurement Division)

  GAVI would also appreciate receiving comments from the countries on the feasibility of and interest in selecting and expediting multiple presentations of pentavalent vaccine (single-dose and ten-dose vials) so as to minimize wastage and cost while maximizing coverage.

  According to the national supply plan, there is a 6-month supply stored at the national level, and supply to the regional level (to the islands) is done quarterly. At the peripheral level, this supply is monthly for the public and private immunization posts that immunize

If **Yes** for any immunization 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 health center level.

7.2. Introduction of a New Vaccine in 2014

7.2.1 If you were approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the approved proposal and report on achievements:

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

For when is the Post Introduction Evaluation (PIE) planned?

IPV, 10 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	13 January 2015
Phased introduction	No	
Was the time and scale of introduction as planned in the proposal? If No, Why?	Yes	

For when is the Post Introduction Evaluation (PIE) planned? **September 2015**

7.2.2 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 No. 9)

No post-introduction assessment

7.2.3 Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance system? **No**

Is there a national AEFI expert review committee? **No**

Does the country have an institutional development plan for vaccine safety? **No**

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

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

7.2.4 Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

Has your country conducted special studies on:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunisation Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the national sentinel surveillance systems and special studies data to provide recommendations on the data generated and how to further improve data quality? **Not selected**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Not selected**

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

7.3. Lump sums of the grant for the introduction of a new 2014 vaccine

7.3.1 Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2014 (A)	100 000	36 900 012
Remaining funds carried over from 2013	0	0
Total funds available in 2014 (C=A+B)	100 000	36 900 012
Total Expenditures in 2014 (D)	49 327	18 201 800
Carry over to 2015 (E=C-D)	50 673	18 698 212

Detailed expenditure of New Vaccines Introduction Grant funds during the 2014 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 calendar year (Document Nos. 10, 11). The instructions for this financial statement are attached in **Annex 1**. Financial statements should be signed by the Finance Manager of the EPI Programme and the EPI Manager, or by the Permanent Secretary of Ministry of Health.

7.3.2 Report on the programmes

Please report on the main activities undertaken in relation to the introduction, via the GAVI New Vaccine Introduction Grant, of any new vaccine.

Introduction of the IPV vaccine took place in January 2015; however, preparation for the introduction started in 2014.

The main activities were training service providers, making copies of the tools, and training civil society organizations.

A report was sent to make a review of preparation and for introduction of the IPV.

Please describe any problems encountered in the implementation of the planned activities:

Please describe the activities that will be undertaken with any remaining balance of funds carried over to 2015.

Awareness-raising activities targeting health practitioners and the general population will be set up. Furthermore, a quality survey will be implemented on overall IPV management.

7.4. Report on Country Co-financing in 2014

Table 7.4: Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**

Selected vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	17 105	5 000
Selected vaccine #2: IPV, 10 dose(s) per vial, LIQUID*		
	Q.2: What were the amounts of funding for country co-financing in reporting year 2014 from the following sources?	
Government	17 105	
Donor		
Other		
	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**
Selected vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Selected vaccine #2: IPV, 10 dose(s) per vial, LIQUID*		
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of funding
Selected vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	February	Government
Selected vaccine #2: IPV, 10 dose(s) per vial, LIQUID*		
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Reflection is underway within the government to develop a health fund by modifying the tax base.	

Note: co-financing is not mandatory for IPV

Is support from GAVI, in the form of new and under-used vaccines and injection supplies, reported on the national health sector budget? **No**

7.5. Vaccine management (EVSM/EVM/VMA)

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. Information on the EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for countries to conduct an Effective Vaccine Management (EVM) assessment prior to an application for introduction of new vaccine. This assessment concludes with an Improvement Plan including activities and timeliness. The progress report included in the implementation of this plan must be included in the 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 2012**

Please attach:

a) the EVM report **(Document No. 12)**

b) the post-EVM improvement plan **(Document No. 13)**

c) the Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

A progress report on the EVSM/VMA/EVM Improvement Plan is a mandatory requirement.

Are there any changes in the Improvement plan? If so, what are the reasons? **No**

If yes, provide details.

In 2014, many administrative and management problems within the EPI prevented the implementation of the Improvement Plan recommendations.

For when is the next Effective Vaccine Management (EVM) assessment scheduled? **May 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Comoros is not submitting a preventive campaign NVS report.

7.7. Change of vaccine presentation

Comoros is not requesting any change of vaccine presentation for the next few years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2015

If 2015 is the last year of approved multi-year support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2019 for the following vaccines:

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **IPV, 10 dose(s) per vial, LIQUID**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section 7.11 Calculation of requirements.

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **IPV, 10 dose(s) per vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2019, which is attached to this APR (Document N°**16**). The new costing tool is also attached (Document N°**17**) for the following vaccines:

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **IPV, 10 dose(s) per vial, LIQUID**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document N°**18**)

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **IPV, 10 dose(s) per vial, LIQUID**

7.9. Request for continued support for vaccines for 2016 vaccination programme

In order to request NVS support for 2016 immunization, please do the following:

Confirm below that your request for 2016 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you do not confirm, please explain

7.10. Weighted average prices of supply and related shipping

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Transportation costs

Vaccine Antigen	Vaccine Type	2011	2012	2013	2014	2015	2016	2017
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID				3.40 %	4.30 %	3.60 %	4.40 %
IPV, 10 dose(s) per vial, LIQUID	IPV, 10 dose(s) per vial, LIQUID					7.70 %	7.50 %	8.60 %

Vaccine Antigen	Vaccine Type	2018	2019
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	4.40 %	4.40 %
IPV, 10 dose(s) per vial, LIQUID	IPV, 10 dose(s) per vial, LIQUID	8.60 %	9.90 %

7.11. Calculation of requirements

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

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	20 950	21 518	22 106	22 708	23 327
	Number of children to be immunized with the first dose of vaccine	Parameter	#	19 902	19 368	19 453	20 437	21 694
	Number of children to be vaccinated with the third dose	Parameter	#	19 483	19 368	18 790	19 983	20 994
	Immunisation coverage with the third dose	Parameter	%	93.00 %	90.01 %	85.00 %	88.00 %	90.00 %
	Number of doses per child	Parameter	#	3	3	3	3	3
	Estimated vaccine wastage factor	Parameter	#	1.11	1.11	1.11	1.09	1.08
	Stock in Central Store, Dec. 31, 2014		#	35 500				
	Stock across second level, Dec. 31, 2014 (if available)*		#					
	Stock across third level, Dec. 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		10	10	10	10
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Number of reconstitution syringes required	Parameter	#		No	No	No	No
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		4.30 %	3.60 %	4.40 %	4.40 %

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

For pentavalent vaccines, GAVI applies an indicator of 4.5 months of regulator inventory and operational inventory. Countries must indicate their needs in terms of regulator inventory and operational inventory, if these are different from the indicator, up to a maximum of six months. If assistance is needed to calculate the regulator and operational inventory levels, please contact WHO or UNICEF. By default, the pre-selection applies to a regulator and operational inventory of 4.5 months.

Not defined

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

Co-financing group	Low

	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Co-financing recommendation in accordance with			0.20	0.20	0.20

Your co-financing	0.20	0.20	0.20	0.20	0.20

	2019
Minimum co-financing	0.20
Co-financing recommendation in accordance with	0.20
Your co-financing	0.20

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	48 000	59 500	39 800	79 300	83 200
Number of AD syringes	#	50 700	65 700	41 800	94 100	99 100
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	575	725	500	1 025	1 075
Total value to be co-financed by Gavi	$	106 500	124 000	76 000	126 500	132 500

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

		2019
Number of vaccine doses	#	83 200
Number of AD syringes	#	101 000
Number of re-constitution syringes	#	0
Number of safety boxes	#	1 075
Total value to be co-financed by Gavi	$	133 000

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	5 000	7 000	4 800	11 800	12 400
Number of AD syringes	#	0	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	0	0	0	0	0
Total value to be co-financed by the country *[1]*	$	11 000	13 500	9 500	19 000	20 000

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

		2019
Number of vaccine doses	#	12 400
Number of AD syringes	#	0
Number of re-constitution syringes	#	0
Number of safety boxes	#	0
Total value to be co-financed by the country *[1]*	$	20 000

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				

B	**Number of children to be vaccinated with the first dose**	*Table 4*	19 902	19 368		
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	19 483	19 368		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	59 116	58 104		
E	**Estimated vaccine wastage factor**	*Table 4*	1.11	1.11		
F	**Number of doses needed including wastage**	*D X E*		64 496		
G	**Vaccines buffer stock**	***Buffer on doses needed** + **buffer on doses wasted*** ***Buffer on doses needed** = (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted** =* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*				
H	**Inventory to deduct**	*H1 - (F (2015) current estimation x 0,375)*				
H1	**Initial inventory calculated**	*H2 (2015) + H3 (2015) - F (2015)*				
H2	**Stock on 1 January**	*Table 7.11.1*	30 200	35 500		
H3	**Shipping plan**	*Approved volume*		66 500		
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*		66 500		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Proportion of country co-financing as % of GAVI-supported financing**	*U / (N + R)*				

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

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

		Formula	2016		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*			
B	**Number of children to be vaccinated with the first dose**	*Table 4*	19 453	2 090	17 363

B1	**Number of children to be vaccinated with the third dose**	*Table 4*	18 790	2 019	16 771
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	57 425	6 170	51 255
E	**Estimated vaccine wastage factor**	*Table 4*	1.11		
F	**Number of doses needed including wastage**	*D X E*	63 741	6 848	56 893
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*	- 254	- 27	- 227
H	**Inventory to deduct**	*H1 - (F (2015) current estimation x 0,375)*	19 183	2 061	17 122
H1	**Initial inventory calculated**	*H2 (2015) + H3 (2015) - F (2015)*	41 769	4 488	37 281
H2	**Stock on 1 January**	*Table 7.11.1*			
H3	**Shipping plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	44 500	4 781	39 719
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	41 787	0	41 787
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	490	0	490
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	79 967	8 591	71 376
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	1 873	0	1 873
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)*	3	0	3
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	2 879	310	2 569
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)*	84 722	9 102	75 620
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	8 900		
V	**Proportion of country co-financing as % of GAVI-supported financing**	*U / (N + R)*	10.74 %		

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	12.94 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	20 437	2 644	17 793
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	19 983	2 585	17 398
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	60 671	7 848	52 823
E	**Estimated vaccine wastage factor**	*Table 4*	1.09		

F	**Number of doses needed including wastage**	*D X E*	66 132	8 555	57 577
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*	24 800	3 208	21 592
H	**Inventory to deduct**	*H1 - (F (2015) current estimation x 0,375)*			
H1	**Initial inventory calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H2	**Stock on 1 January**	*Table 7.11.1*			
H3	**Shipping plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	91 000	11 772	79 228
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	94 019	0	94 019
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	1 002	0	1 002
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	134 771	17 433	117 338
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	4 213	0	4 213
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)*	6	0	6
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	5 930	768	5 162
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)*	144 920	18 746	126 174
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	18 200		
V	**Proportion of country co-financing as % of GAVI-supported financing**	*U / (N + R)*	12.94 %		

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 4)

		Formula	**2018**		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	12.94 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	21 694	2 807	18 887
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	20 994	2 716	18 278
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	64 095	8 291	55 804
E	**Estimated vaccine wastage factor**	*Table 4*	1.08		
F	**Number of doses needed including wastage**	*D X E*	69 223	8 955	60 268
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** *=*	25 959	3 358	22 601

		• *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*			
H	**Inventory to deduct**	*H1 - (F (2015) current estimation x 0,375)*			
H1	**Initial inventory calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H2	**Stock on 1 January**	*Table 7.11.1*			
H3	**Shipping plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	95 500	12 354	83 146
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	99 060	0	99 060
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	1 051	0	1 051
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	141 436	18 295	123 141
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	4 438	0	4 438
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)*	6	0	6
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	6 224	806	5 418
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)*	152 104	19 675	132 429
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	19 100		
V	**Proportion of country co-financing as % of GAVI-supported financing**	*U / (N + R)*	12.94 %		

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 5)

		Formula	**2019**		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	12.94 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	22 290	2 884	19 406
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	21 571	2 791	18 780
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	65 857	8 519	57 338
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	69 150	8 945	60 205
G	**Vaccines buffer stock**	***Buffer on doses needed** + **buffer on doses wasted*** ***Buffer on doses needed** = (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted** =* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*	25 932	3 355	22 577

H	**Inventory to deduct**	*H1 - (F (2015) current estimation x 0,375)*			
H1	**Initial inventory calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H2	**Stock on 1 January**	*Table 7.11.1*			
H3	**Shipping plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	95 500	12 354	83 146
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	100 968	0	100 968
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	1 051	0	1 051
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	141 436	18 295	123 141
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	4 524	0	4 524
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)*	6	0	6
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	6 224	806	5 418
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)*	152 190	19 686	132 504
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	19 100		
V	**Proportion of country co-financing as % of GAVI-supported financing**	*U / (N + R)*	12.94 %		

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

Table 7.11.1: Specifications for IPV, 10 dose(s) per vial, LIQUID

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	20 950	21 518	22 106	22 708	23 327
	Number of children to be immunized	Parameter	#	0	21 832	18 790	19 983	20 994
	Number of doses per child	Parameter	#	1	1	1	1	1
	Estimated vaccine wastage factor	Parameter	#	1.00	2.00	2.00	2.00	2.00
	Stock in Central Store, Dec. 31, 2014		#	32 300				
	Stock across second level, Dec. 31, 2014 (if available)*		#					
	Stock across third level, Dec. 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		10	10	10	10
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Number of reconstitution syringes required	Parameter	#		No	No	No	No
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.00	0.00	0.00	0.00
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		7.70 %	7.50 %	8.60 %	8.60 %

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

Co-financing tables for IPV, 10 dose(s) per vial, LIQUID

Co-financing group	Low

	2014	2015	2016	2017	2018
Minimum co-financing			0.00	0.00	0.00
Co-financing recommendation in accordance with			0.00	0.00	0.00
Your co-financing		0.00	0.00		

	2019
Minimum co-financing	0.00
Co-financing recommendation in accordance with	0.00
Your co-financing	

Table 7.11.4: Calculation of needs IPV, 10 dose(s) per vial, LIQUID (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	21 832		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B X C*	0	21 832		
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	2.00		
F	**Number of doses needed including wastage**	*D X E*		43 664		
G	**Vaccines buffer stock**	***Buffer on doses needed** + **buffer on doses wasted*** ***Buffer on doses needed** = (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted** = (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*				
H	**Inventory to deduct**	*H1 - 0.25 x F of previous year original approved*				
H1	**Initial inventory calculated**	*H2 of previous year + I of previous year - F of previous year current estimation*				
H2	**Stock on 1 January**	*Table 7.11.1*	0	32 300		
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*		54 600		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Proportion of country co-financing as % of GAVI-supported financing**	*U / (N + R)*				

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

Table 7.11.4: Calculation of needs IPV, 10 dose(s) per vial, LIQUID (part 2)

		Formula	2016		
			Total	Government	GAVI
A	**Country co-finance**	*V*			
B	**Number of children to be vaccinated with the first dose**	*Table 4*	18 790	0	18 790
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B X C*	18 790	0	18 790
E	**Estimated vaccine wastage factor**	*Table 4*	2,00		
F	**Number of doses needed including wastage**	*D X E*	37 580	0	37 580
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	- 527	0	- 527
H	**Inventory to deduct**	*H1 - 0.25 x F of previous year original approved*	41 787	0	41 787
H1	**Initial inventory calculated**	*H2 of previous year + I of previous year - F of previous year current estimation*	51 182	0	51 182
H2	**Stock on 1 January**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	- 3 600	0	- 3 600
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	- 25 876	0	- 25 876
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	- 39	0	- 39
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	- 4 788	0	- 4 788
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	- 1 159	0	- 1 159
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)*	- 359	0	- 359
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)*	- 6 306	0	- 6 306
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Proportion of country co-financing as % of GAVI-supported financing**	*U / (N + R)*	0,00 %		

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

Table 7.11.4: Calculation of needs IPV, 10 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	19 983	0	19 983
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B X C*	19 983	0	19 983
E	**Estimated vaccine wastage factor**	*Table 4*	2.00		
F	**Number of doses needed including wastage**	*D X E*	39 966	0	39 966
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	- 267	0	- 267
H	**Inventory to deduct**	*H1 - 0.25 x F of previous year original approved*			
H1	**Initial inventory calculated**	*H2 of previous year + I of previous year - F of previous year current estimation*			
H2	**Stock on 1 January**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	41 400	0	41 400
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	21 688	0	21 688
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	456	0	456
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	48 107	0	48 107
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	972	0	972
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)*	3	0	3
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	4 138	0	4 138
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)*	53 220	0	53 220
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Proportion of country co-financing as % of GAVI-supported financing**	*U / (N + R)*	0.00 %		

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

Table 7.11.4: Calculation of needs IPV, 10 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	Government	GAVI
A	**Country co-finance**	*V*	0,00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	20 994	0	20 994
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B X C*	20 994	0	20 994
E	**Estimated vaccine wastage factor**	*Table 4*	2,00		
F	**Number of doses needed including wastage**	*D X E*	41 988	0	41 988
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	5 502	0	5 502
H	**Inventory to deduct**	*H1 - 0.25 x F of previous year original approved*			
H1	**Initial inventory calculated**	*H2 of previous year + I of previous year - F of previous year current estimation*			
H2	**Stock on 1 January**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	48 600	0	48 600
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	29 146	0	29 146
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	535	0	535
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	56 376	0	56 376
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	1 306	0	1 306
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)*	3	0	3
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	4 849	0	4 849
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)*	62 534	0	62 534
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Proportion of country co-financing as % of GAVI-supported financing**	*U / (N + R)*	0,00 %		

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

Table 7.11.4: Calculation of needs IPV, 10 dose(s) per vial, LIQUID (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	21 571	0	21 571
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B X C*	21 571	0	21 571
E	**Estimated vaccine wastage factor**	*Table 4*	2.00		
F	**Number of doses needed including wastage**	*D X E*	43 142	0	43 142
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	5 537	0	5 537
H	**Inventory to deduct**	*H1 - 0.25 x F of previous year original approved*			
H1	**Initial inventory calculated**	*H2 of previous year + I of previous year - F of previous year current estimation*			
H2	**Stock on 1 January**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	50 400	0	50 400
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	29 819	0	29 819
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	555	0	555
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	50 753	0	50 753
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	1 336	0	1 336
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)*	4	0	4
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	5 025	0	5 025
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)*	57 118	0	57 118
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Proportion of country co-financing as % of GAVI-supported financing**	*U / (N + R)*	0.00 %		

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

8. Health System Strengthening Support (HSS)

Please fill in and include the HSS Reporting Form to report on the implementation of the new HSS grant approved in 2012 or 2013.

9. Increasing civil society organization (CSO) participation: type A and type B

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

Comoros **did NOT receive type A CSO support from GAVI**

Comoros is not submitting a report on GAVI Type A CSO support for 2014.

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

Comoros **did NOT receive type B CSO support from GAVI**

Comoros is not submitting a report on GAVI Type B CSO support for 2014.

10. Comments from ICC/HSCC Chairpersons

You can submit observations that you may wish to bring to the attention of the IRC responsible for monitoring and any comments or information you may wish to share in relation to the challenges you have encountered during the year under review. These could be in addition to the approved minutes, which should be included in the attachments

11. Appendices

11.1. Annex 1 - Terms of reference ISS

INSTRUCTIONS:

FINANCIAL STATEMENTS **FOR NEW VACCINE INTRODUCTION GRANT** FOR **IMMUNIZATION SERVICES SUPPORT (ISS)**

I. All countries that have received ISS/new vaccine introduction grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, 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 expenditures for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditures is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditures during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditures for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. Cost categories will be based on your government's own system of economic classification. 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 2014 (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 be 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 2014 financial year. Audits for ISS must be received by the GAVI Secretariat within 6 months after the close of each country's financial year.

11.2. Annex 2 - Example income & expenditures for the ISS

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS FOR THE ISS AND VACCINE INTRODUCTION GRANT 1

An example statement of income & expenditures

Summary Table of income & expenditure – GAVI-ISS		
	Local Currency (CFA)	**Value in $USD***
2013 Report (closing balance as of *31 December 2013*)	25,392,830	53.000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120.000
Interest income	7,665,760	16.000
Other income (fees)	179.666	375
Total income	38,987,576	81.375
Total expenditures in 2014	30,592,132	63.852
Closing balance as of 31 December 2014 (carried forward to 2015)	60,139,325	125.523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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 US$**	**Actual expenditures in CFA**	**Actual expenditures in $US**	**Variance in CFA**	**Variance in USD**
Salary expenditures						
Wages & 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 expenditures						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance and overhead	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 2014	42,000,000	87.663	30,592,132	63.852	11,407,868	23.811

**The expense categories are indicative and included only as an example. Each implementing government should provide statements in accordance with its own system for economic classification.

11.3. Annex 3 - Instructions for HSS support

INSTRUCTIONS:

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

I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, 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 expenditures for activity during the 2014, calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditures is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditures during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize 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 will be based on your government's own system of 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 2014 (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 explain how and why a particular exchange rate has been applied, and provide any additional 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 2014 financial year. Audit reports on HSS funds must be received by the the GAVI Secretariat within 6 months after the close of each country's financial year.

11.4. Annex 4 - Sample statement of income and expenses for HSS

MINIMUM REQUIREMENTS FOR **FINANCIAL STATEMENTS FOR HSS SUPPORT**:

A sample statement of income & expenditures

Summary table of income and expenditure - GAVI HSS		
	Local Currency (CFA)	**Value in $USD***
2013 Report (closing balance as of *31 December 2013*)	25,392,830	53.000
Summary table of income received in 2014		
Income received from GAVI	57,493,200	120.000
Interest income	7,665,760	16.000
Other income (fees)	179.666	375
Total income	38,987,576	81.375
Total expenditures in 2014	30,592,132	63.852
Closing balance as of 31 December 2014 (carried forward to 2015)	60,139,325	125.523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditures by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in US$**	**Actual expenditures in CFA**	**Actual expenditures in $US**	**Variance in CFA**	**Variance in USD**
Salary expenditures						
Wages & 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 expenditures						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance and overhead	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 2014	42,000,000	87.663	30,592,132	63.852	11,407,868	23.811

**The expense categories are indicative and included only as an example. Each implementing government should provide statements in accordance with its own system for economic classification.

11.5. Annex 5 - Instructions for support for CSOs

INSTRUCTIONS:

FINANCIAL STATEMENTS FOR**THE SUPPORT OF CIVIL SOCIETY ORGANIZATIONS (CSO)** TYPE B

I: All countries that have received Type B CSO support grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed Type B CSO grants in 2014, 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 expenditures for activity during the 2014, calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditures is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditures during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each civil society partner, per your government's originally approved type B CSO support, with further breakdown by cost category (for example: salaries and wages). Expense categories used shall be based on the economic classification from your Government. 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 2014 (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 explain how and why a particular exchange rate has been applied, and provide any additional 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 2014 financial year. Audit reports on the Type B CSO funds must be received by the GAVI Secretariat within 6 months after the close of the financial year in their respective countries.

11.6. Annex 6 - Sample statement of income and expenses for CSO

MINIMUM REQUIREMENTS FOR **FOR CSO 'TYPE B' FINANCIAL STATEMENTS**

A sample statement of income & expenditures

Summary table of income and expenditure - GAVI CSO		
	Local Currency (CFA)	**Value in $USD***
Carry-forward from 2013 (closing balance as of *31 December 2013*)	25,392,830	53.000
Summary table of income received in 2014		
Income received from GAVI	57,493,200	120.000
Interest income	7,665,760	16.000
Other income (fees)	179.666	375
Total income	38,987,576	81.375
Total expenditures in 2014	30,592,132	63.852
Closing balance as of 31 December 2014 (carried forward to 2015)	60,139,325	125.523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditures by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in US$**	**Actual expenditures in CFA**	**Actual expenditures in $US**	**Variance in CFA**	**Variance in USD**
Salary expenditures						
Wages & 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 expenditures						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance and overhead	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 2014	42,000,000	87.663	30,592,132	63.852	11,407,868	23.811

**The expense categories are indicative and included only as an example. Each implementing government should provide statements in accordance with its own system for economic classification.

12. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of the Minister of Health (or delegated authority)	2.1	☑	No file loaded
2	Signature of the Minister of Finance (or delegated authority)	2.1	☑	No file loaded
3	Signatures of the members of the ICC	2.2	☑	No file loaded
4	Minutes of the ICC meeting in 2015 endorsing the 2014 Annual Progress Report	5.4	☑	Compte rendu CCIA 120615.pdf **File desc:** **Date/hour:** 17/06/2015 05:38:59 **Size:** 256 KB
5	HSCC member signatures	2.3	☑	No file loaded
6	Minutes of the ICC meeting in 2015 endorsing the 2014 Annual Progress Report	8.9.3	☑	No file loaded
7	Financial statements for the granting of ISS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health.	6.2.1	☒	No file loaded
8	External report audit on ISS grant (fiscal year 2014)	6.2.3	☒	No file loaded

9	Post Introduction Evaluation Report	7.2.1	☒	No file loaded
10	Financial statement for grant for introduction of new vaccine (fiscal year 2014) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	7.3.1	☑	No file loaded
11	External audit report for grant for introduction of new vaccine (fiscal year 2014), if total expenditures for 2014 were greater than $US 250,000	7.3.1	☑	No file loaded
12	EVSM/VMA/EVM report	7.5	☑	Rapport_Final_GEV_Comores_version10'11'12).pdf **File desc:** **Date/time** 28/04/2015 05:07:01 **Size:** 1 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	☑	Copy of GEV-Plan-Amélioration-Comores_Nov2012.xlsx **File desc:** **Date/time** 28/04/2015 5:08:34 AM **Size:** 102 KB
14	Status of the implementation of EVSM/VMA/EVM improvement plan	7.5	☑	No file loaded
16	Valid cMYP if the country is requesting continued support	7.8	☑	PPAC 2010-2014 revu 2012.pdf **File desc:** **Date/time** 23/04/2015 11:54:44 **Size:** 1 MB
17	Valid tool for calculating cMYP costs if the country is requesting continued support	7.8	☑	GAVI RSS Plan de suivi et d'évaluation - Comoros (17 juin).xlsx **File desc:** **Date/time:** 17/06/2015 05:40:37 **Size:** 231 KB
18	Minutes of the ICC meeting approving the extension of support to vaccines, if applicable	7.8	☑	No file loaded

19	Financial statements for the granting of HSS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	8.1.3	☑	No file loaded
20	Financial statements for the granting of HSS funds for the period January-April 2015 signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health.	8.1.3	☑	No file loaded
21	External audit report for HSS grant (fiscal year 2014)	8.1.3	☑	No file loaded
22	Review report on the health sector - HSS	8.9.3	☑	APR_2014_HSS_Reporting_-_PBF_Phase_1_comores.docx **File desc:** hss FORM **Date/time** 14/05/2015 07:29:03 **Size:** 232 KB
23	Census report - Type A CSO support	9.1.1	☒	No file loaded
24	Financial statement for the allocation of Type B CSO support (fiscal year 2014)	9.2.4	☒	No file loaded
25	External audit report for Type B CSO support (fiscal year 2014)	9.2.4	☒	No file loaded
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 2014 on (i) January 1st, 2014 and (ii) December 31st, 2014.	0	☑	No file loaded
27	compte_rendu_réunion_ccia_changement_présentation_vaccin (ICC meeting minutes, change of vaccine presentation)	7.7	☒	No file loaded

28	Justification for changes in target population	5.1	☒	No file loaded
	Other documents		☒	PLAN RSS 2015.xlsx **File desc:** NEW 2014 HSS PLAN IMPLEMENTED IN 2015 **Date/time** 14/05/2015 7:25:56 AM **Size:** 42 KB