



GAVI Alliance

Annual Progress Report **2012**

Submitted by

The Government of ***Congo, Republic of (Brazzaville)***

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/15/2013 2:57:06 PM**

Deadline for submission: 9/24/2013

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

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

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

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

2. Signatures

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

By signing this page, the Government of **Congo, Republic of (Brazzaville)** 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 **Congo, Republic of (Brazzaville)**

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	François IBOVI	Name	Gilbert ONDONGO
Date		Date	
Signature		Signature	

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

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Dr Godefroy MALLANDAH	Administrateur PEV unicef ai	(00242) 06 800 04 70	gmallandah@unicef.org

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Professeur Alexis ELIRA DOKEKIAS	Directeur Général de la Santé		
Dr FATOUMATA Binta Tidiane Diallo	Représentante de l'OMS		

Mme Marianne Flach	Représentante de l'UNICEF		
Pr Samuel NZINGOULA	Comité Natinal d'experts de la Poliomyélite		
Dr Paul Macaire OSSOU NGUIE	Comité National de Certification		
Dr BOZONGO CANTEY Cisse	Représentant Fondation Congo assistance		
Mr Gabriel GOMA MAHINGA	Représentant Croix rouge Congolaise		
Mr BOUTA Jean Arsène	Représentant Min Finances		
Mr Christophe MASSAMBA	Représentant Ministère Plan		
Mr l'Abbée Joseph NKOUNKOU MABIKA	Représentant Confessions religieuses		

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

All comments will be treated confidentially

Comments from Partners:

les principales observations du CCIA sont:

1-le pays fait face à de nombreuses urgences (épidémies, catastrophes naturelles et humaines) qui fragilisent le système de santé. et entrave les efforts entrepris en matière de santé en général et de vaccination en particulier

2- Malgré l'augmentation du PIB du pays et les efforts fournis par le gouvernement dans le financement de la santé (année 2012: année de la santé), le CCIA souhaite:

-une révision du statut du Congo par rapport à la sortie de l'éligibilité au soutien GAVI

-voir discuter les possibilités d'appui de GAVI pour l'organisation de la campagne rougeole en Octobre 2013

- que GAVI accorde une opportunité au Congo de soumettre un projet de démonstration du vaccin contre le virus du papillome humain car le pays est inscrit dans le processus d'introduction des nouveaux vaccins y compris le VPH à l'horizon 2015, 2016.

Comments from the Regional Working Group:

Sans objet car le Congo n'a pas de groupe de travail régional

2.3. HSCC signatures page

Congo, Republic of (Brazzaville) is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

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

Congo, Republic of (Brazzaville) is not reporting on CSO (Type A & B) fund utilisation in 2013

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4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	182,397	182,397	187,322	190,629	192,380	196,348	197,574	202,239
Total infants' deaths	13,680	13,680	14,049	14,297	14,428	14,726	14,818	15,168
Total surviving infants	168717	168,717	173,273	176,332	177,952	181,622	182,756	187,071
Total pregnant women	182,397	182,397	187,322	190,629	192,380	196,348	197,574	202,239
Number of infants vaccinated (to be vaccinated) with BCG	169,630	165,744	177,956	181,098	182,761	186,531	187,695	192,127
BCG coverage	93 %	91 %	95 %	95 %	95 %	95 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	151,846	140,572	161,305	163,989	169,054	172,541	173,618	177,717
OPV3 coverage	90 %	83 %	93 %	93 %	95 %	95 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	168,886	154,202	173,446	167,515	178,129	172,541	182,939	177,717
Number of infants vaccinated (to be vaccinated) with DTP3	151,997	141,467	161,305	163,989	169,217	172,541	173,792	177,717
DTP3 coverage	90 %	84 %	93 %	93 %	95 %	95 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	5	9	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.05	1.10	1.05	1.05	1.05	1.05	1.05	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib		154,202	144,538	167,515	178,129	172,541	182,939	177,717
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib		141,467	144,538	163,989	169,217	172,541	173,792	177,717
DTP-HepB-Hib coverage	90 %	84 %	93 %	93 %	95 %	95 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)		9	0	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)		1.1	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	128,450	130,467	153,405	158,699	165,659	168,908	173,792	177,717
Yellow Fever coverage	85 %	77 %	90 %	90 %	93 %	93 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	0	13	0	25	20	20	20	20

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)	1.33	1.15	1.33	1.33	1.25	1.25	1.25	1.25
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	50 %	40 %	50 %	40 %	50 %	40 %	50 %	40 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	151,325	71,592	173,446	180,410	178,129	163,914	182,939	168,831
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	151,325	9,468	173,446	163,989	169,222	172,541	173,792	177,717
Pneumococcal (PCV13) coverage	40 %	6 %	93 %	93 %	95 %	95 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	0	0	0	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus		0		0	133,463	163,914	146,205	168,831
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus		0		0	133,463	136,217	146,205	149,657
Rotavirus coverage	0 %	0 %	70 %	0 %	75 %	75 %	80 %	80 %
Wastage[1] rate in base-year and planned thereafter (%)		0		0	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)		1		1	1.05	1.05	1.05	1.05
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	143,553	131,765	156,101	158,699	165,659	168,908	173,792	177,717
Measles coverage	85 %	78 %	90 %	90 %	93 %	93 %	95 %	95 %
Pregnant women vaccinated with TT+	164,157	150,760	174,209	177,285	182,761	186,531	187,695	192,127
TT+ coverage	90 %	83 %	93 %	93 %	95 %	95 %	95 %	95 %
Vit A supplement to mothers within 6 weeks from delivery	168,886	0	173,446	157,097	178,129	166,896	182,939	176,713
Vit A supplement to infants after 6 months	143,553	130,120	156,101	158,699	165,659	168,908	173,792	177,717
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	10 %	8 %	7 %	2 %	5 %	0 %	5 %	0 %

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

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

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

- Justification for any changes in **births**

Le changement de naissances s'explique par la modification du taux d'accroissement recommandé par les services de la statistique du Ministère du Plan : 3% au lieu de 2,7% précédemment utilisé (Sources: RGPH-2007 CNSEE)

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

Le changement du nombre de nourrissons survivants est également lié au changement du taux d'accroissement annuel de la population recommandé par le Ministère du plan: 3% au lieu de 2, 7%.

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

Sans objet. Il n' y a pas de changement d'objectifs par rapport au RAS antérieur ou au PPAC. Cependant par rapport à 2012, ou la CV en VAR et VAA a été de 78 %, nous pensons que les estimations nationales sont autour de 80%. les actions préconisées en 2013 (Campagnes rougeole nationale, activités de rattrapage, Semaine de santé mère et enfant) permettront d'atteindre les objectifs de couverture VAR et VAA fixé à 90%.

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

Sans Objet

5.2. Immunisation achievements in 2012

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2012 and how these were addressed:

En 2012, les résultats en terme de couverture se présente comme suit: BCG: 91%; Pentavalent 1: 91%; Pentavalent 3: 84% ; VAR: 78%, VAA: 77%; VAT 2+: 83%.

les performances de couverture vaccinale au niveau national , bien qu'en légère baisse par rapport à l'année dernière restent au dessus de 80% pour les principaux antigènes. les taux d'abandon Penta1-penta3 est de 8% tandis que le BCG/VAR reste important à 21%. En terme de catégorisation, on note une amélioration avec 70% de districts sanitaire (CSS) en catégorie 1 contre 50% en 2011. 10% en catégorie 3,4 contre 30% en 2011.

En terme de performances, un seul district sanitaire a enregistré une couverture en Pentavalent 3 inférieure à 50%.

Au cours de l'année plusieurs activités ont été réalisées:

- la réhabilitation de la chaine de froid à tous les niveaux avec la construction d'un entrepôt et le montage de deux chambres froides de 40 m3; la dotation de 93 réfrigérateurs et congélateurs électriques; 40 réfrigérateurs solaires; installation des fridge tag dans tous les réfrigérateurs des centres fixes de vaccination et des dépôts départementaux ou de district du pays
- Organisation des appuis techniques et financiers à la mise en oeuvre de la stratégie "atteindre chaque district " ACD"
- Organisation des réunion trimestrielles d'évaluation des activités et des performances du PEV à tous les niveaux (districts sanitaires, Départements, National)
- Formation des agents de santé sur l'utilisation du vaccin anti pneumococcique
- L'introduction du vaccina anti pneumococcique dans la vaccination de routine
- Recrutement des structures sanitaires privées dans la mise en oeuvre des activités vaccinales en raison de l'insuffisance des centres de santé publique
- Organisation des activités de communication et de mobilisation sociale notamment des réunions communautaires et de sensibilisation des mères et confessions religieuses dans les districts de faible performance.

Les principaux obstacles ont été:

- la catastrophe humanitaire de Mpila liée aux explosions des munitions: avec destruction de quatre centres fixes de vaccination et 10000 déplacés intérieurs
- les flambées de rougeole dans certains départements
- les difficultés de décaissement des crédits de l'Etat alloués au programme.
- la gestion des données de vaccination (difficultés d'intégrer les données des campagnes de ripostes contre la rougeole dans les données de routine), faible complétude des rapports

Des actions suivantes ont été menées pour lever ces obstacles:

- vaccination des enfants dan les sites de déplacement
- Organisation des ripostes contre la rougeole avec rattrapages des abandons vaccinaux pour les autres antigènes
- Formation des gestionnaires des données à l'utilisation des outils de gestion (DVD-MT, SMT)
- Plaidoyer pour l'accroissement des crédits PEV et des mécanismes de décaissement

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

Les raisons de non atteinte des objectifs ont été essentiellement:

- La faible fonctionnalité/rationalisation des districts sanitaires (62% de districts rationalisés, 27% ne sont pas fonctionnels)
- La catastrophe de Mpila avec de milliers de déplacés et destruction des centres fixes de vaccination dans deux districts sanitaires démographiquement importants
- l'implication du personnel dans la gestion des flambées au détriment de la vaccination de routine
- la faiblesse dans la gestion des données (promptitude et complétude des rapports, faiblesse dans le monitoring des données pour action, faible utilisation du DQS...)

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
EDS 2011-2012	2011	72,1	71,4

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

Sans objet car il n'y a pas de différence significative dans l'accès à la vaccination entre les garçons et les filles au Congo. Les outils du PEV révisés lors de l'introduction du PCV-13 intègrent le recueil de la donnée sexe. Des actions de formation sont prévues pour l'exploitation des dites données à tous les niveaux.

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

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

sans objet

5.4. Data assessments

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

Les données de la dernière enquête démographique et de santé se présentent comme suit : BCG: 93,9%. DTC3: 71,9% ; VAR : 74,9 % tandis que les données administratives 2011 sont: BCG: 88%; DTC3: 88%; VAR: 88%.

Les estimations officielles du pays dans le pays selon le JRF se présentent comme suit en 2011: BCG: 92% ; DTC3: 85% ; VAR: 80 %. Ces estimations officielles sont superposables avec celles des estimations OMS/UNICEF pour 2011 et de l'EDS.

Les écarts entre les données officielles et les données des enquêtes pour certains antigènes peuvent s'expliquer par la faible conservation des cartes de vaccination par les parents (57% dans l'EDS 2011 et 2012) pour les enquêtes de couverture.

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

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

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

Sans objet. Cependant il faut noter que des efforts sont faits pour former les équipes départementales à la réalisation des audits des données de vaccination et de surveillance afin d'améliorer celles-ci. En Mars 2013, des équipements informatiques acquis avec les fonds SSV ont été dotés aux gestionnaires des données des départements et une formation à l'utilisation des outils DVD-MT et SMT a été réalisée. Ces actions visent l'amélioration de la gestion des données.

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

Plusieurs activités ont été mises en oeuvre pour améliorer la qualité des données:

- 1-la systématisation des réunions mensuelles et trimestrielles de revue des données de vaccination et de surveillance à tous les niveaux (National, départemental et de district)
- 2-le renforcement des supervisions formatives
- 3- la révision des outils de gestion des données et leur mise à disposition à tous les niveaux
- 4- la formation des superviseurs PEV départementaux et des CSS à l'utilisation des outils informatisés (DVD-MT)
- 5- la dotation des équipements informatiques à tous les superviseurs PEV départementaux et des responsables de surveillance de tous les départements

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

- 1- Plan de renforcement des capacités des gestionnaires des données de vaccination et de surveillance à tous les niveaux (système des outils DVD-MT et SMT)
- 2- Renforcement de l'informatisation de la gestion des données
- 3- le plan de mise en oeuvre du Système national d'information sanitaire

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 500	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	0	0	0
Traditional Vaccines*	268,538	268,538	0	0	0	0	0	0
New and underused Vaccines**	3,927,000	437,000	3,490,000	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	22,461	22,461	0	0	0	0	0	0
Cold Chain equipment	252,299	80,000	40,000	76,299	56,000	0	0	0
Personnel	1,307,945	981,173	276,772	0	50,000	0	0	0
Other routine recurrent costs	1,316,293	1,120,331	93,228	88,734	14,000	0	0	0
Other Capital Costs	226,000	40,000	186,000	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
Introduction du nouveau vaccin PCV-13		147,088	156,772	37,475	0	0	0	0
Total Expenditures for Immunisation	7,320,536							
Total Government Health		3,096,591	4,242,772	202,508	120,000	0	0	0

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

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

Sans objet. le Gouvernement achète sur fonds propre 100% des vaccins traditionnels.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, not implemented at all**

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

Action plan from Aide Mémoire	Implemented?

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

Sans Objet

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

Aucune évaluation de la gestion financière n' a été réalisée au Congo en 2012. le Congo n'est plus éligible depuis 2010 au soutien GAVI SSV ou autres. Pour les fonds antérieurement reçus , des vérification externes de compte ont été envoyés à GAVI.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **4**

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

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

les principales préoccupations du CCIA en 2012 ont été:

- 1- la sécurisation du financement de la vaccination notamment des ressources de l'achat des vaccins et du cofinancement
- 2-la recrudescence des flambées épidémiques de rougeole et sa gestion
- 3- la mise en oeuvre des activités vaccinales au niveau des départements et districts sanitaires (Renforcement de la fonctionnalité des DS et la mise en oeuvre de la stratégie ACD)
- 4-le renforcement de la chaine de froid à tous les niveaux
- 5-l'introduction du vaccin PCV-13

Le CCIA a insisté sur la nécessité de revitalisation des districts sanitaires qui constituent le maillon essentiel de la mise en oeuvre du paquet minimum d'activités des soins primaires dont la vaccination. Cette revitalisation est une condition indispensable pour le maintien et la pérennisation des performances du PEV.

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

If **Yes**, which ones?

List CSO member organisations:
Fondation Congo Assistance
Coordination des Confessions religieuses (Eglise evangelique du Congo, Eglise catholique du congo, autres)
Croix rouge Congolaise
Comité international des croix rouge

5.8. Priority actions in 2013 to 2014

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

Les principaux objectifs en 2013 sont :

1- En matière de couverture vaccinale:

-Augmenter les couvertures vaccinales selon les projections suivantes : BCG: 95%; DTC3-HepB/Hib3: 90%;VPO 3: 90% ; VAR/VAA: 90%; VAT: 90%

- Au moins 60% des districts sanitaires ont des CV supérieures à 90% pour tous les antigènes

- Au moins 75 % des districts sanitaires ont des taux d'abandon en DTC1/DTC3 et BCG /VAR inférieurs à 10%

-Réduire les taux de perte à 30% pour le BCG, 10% pour le VPO, 5% pour le Pentavalent, 25% pour le VAR et VAA, 15 % pour le VAT

2- En matière d'introduction de nouveau vaccins

-Préparer l'introduction du vaccin anti rotavirus

3-Dans le domaine de l'accélération des initiatives mondiales

-Maintenir l'interruption de la circulation du polio virus sauvage

-Maintenir les acquis d'élimination du tétanos maternel et néonatal

-accélérer l'élimination de la rougeole

- Contrôler la fièvre jaune

4-Dans le domaine du financement

-Accroître et sécuriser le financement national de la vaccination

5- En matière de gestion du PEV

-Renforcer le management des activités du PEV à tous les niveaux

Les principales actions prioritaires en 2013 sont:

1- la sécurisation des commandes des vaccins traditionnels et cofinancés

2-L'extension territoriale de l'offre vaccinale par l'ouverture de nouveaux centres fixes de vaccination avec l'implication des structures sanitaires privées

3-la poursuite du renforcement de la chaîne de froid

4-le renforcement du PEV en ressources humaines suffisantes de qualité au niveau central et intermédiaire

5-l'appui technique et financier aux CSS de faible performance à travers l'approche ACD

6-le renforcement de la surveillance épidémiologique avec la mise en œuvre de la surveillance sentinelle des méningites bactériennes (pneumocoque, Hib), et des diarrhées à rotavirus

7- le renforcement de la gestion des données à tous les niveaux (utilisation des outils DVD-MT, SMT, Formation sur le DQS, informatisation des outils, renforcement des réunions d'harmonisation des données)

8-le renforcement du Personnel impliqué dans les activités du PEV en communication pour le développement (C4D)

9- le renforcement de la participation communautaire aux activités vaccinales

10-Organisation de deux journées nationales de vaccination contre la poliomyélite et d'une campagne de suivi contre la rougeole

11- l'organisation d'une formation MLM pour les responsables du niveau central, intermédiaire et des formations PEV des agents impliqués dans les activités vaccinales

12- la réalisation de l'enquête post introductive et d'une évaluation de la gestion efficace des vaccins (GEV)

15- Evaluation du risque de fièvre jaune au niveau national

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	SAB 0, 05 ml	Gouvernement
Measles	SAB 0,5 ml	Gouvernement
TT	SAB 0,5 ml	Gouvernement
DTP-containing vaccine	SAB 0,5 ml	Gouvernement , GAVI
PCV-13	SAB 0,5ml	Gouvernement et GAVI
VAA	SAB 0,5ml	Gouvernement et GAVI

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

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

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

En matière de sécurité des injections , le pays dispose d'un plan de sécurité des injections. L'utilisation des seringues autobloquantes et des boites de sécurité est systématique et généralisée dans la vaccination au Congo.

Les faiblesses dans la sécurité des injections résident dans la gestion des déchets et le rapportage des Manifestations adverses post immunisation.

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

Les déchets sont éliminés essentiellement par brûlage puis enfouissement. Dans des structures disposant d'incinérateurs, les déchets sont incinérés. Le nombre d'incinérateurs et leur capacité sont limités. Des difficultés sont notées dans la destruction de certains déchets notamment la neige carbonique et les diluants expirés.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US\$	Amount local currency
Funds received during 2012 (A)	141,432	73,558,017
Remaining funds (carry over) from 2011 (B)	403,475	193,666,169
Total funds available in 2012 (C=A+B)	544,907	267,224,186
Total Expenditures in 2012 (D)	429,734	210,762,196
Balance carried over to 2013 (E=C-D)	115,173	56,461,990

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

Les fonds SSV sont dépensées selon un plan de dépenses validé par le comité de coordination inter agences. Les fonds SSV sont inclus dans les plans et budgets du secteur santé. Nous n'avons pas noté de problème avec les fonds SSV.

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

Le Compte PEV est un compte logé dans une banque commerciale (la Congolaise de Banque /LCB). les fonds destinés au niveau sous national sont alloués après analyse et approbation des plans d'action par le niveau central. les fonds sont transférés par virement bancaire pour certains districts ou par transfert direct à travers les agences de transfert d'argent pour les zones dépourvues de banques. les bénéficiaires sont tenus de présenter un rapport technique et financier des activités menées. le PEV central présent un rapport synthèse financier et technique de toutes les ressources au CCIA pour approbation.

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

les principales activités menées avec les fonds SSV ont été:

- la construction d'un entrepôt abritant les chambres froides
- l'acquisition d'un véhicule
- l'appui financier à la réalisation des activités de vaccination intensifiées contre la rougeole et les autres maladies cibles du PEV dans les départements notamment de faible performance
- la réalisation des supervisions formatives dans tous les districts sanitaires
- l'organisation de sessions de formation de 805 agents sur le PEV et les nouveaux vaccins
- la révision des outils de gestion du PEV
- l'acquisition des équipements informatiques

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

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

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

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

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

6.3. Request for ISS reward

Request for ISS reward achievement in Congo, Republic of (Brazzaville) is not applicable for 2012

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

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

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

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

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
Yellow Fever	172,500	128,000	0	No
Rotavirus		0	0	No
DTP-HepB-Hib		418,000	0	No
Pneumococcal (PCV13)	347,930	271,800	0	No

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

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

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

Sans Objet. Toutes les doses inscrites dans la lettre de décision ont été livrées et le pays n' a pas connu de rupture de vaccins en 2012.

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

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

Sans Objet.

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

Sans Objet

7.2. Introduction of a New Vaccine in 2012

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

DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	Yes	15/10/2009
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Sana objet

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	11/09/2012
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	le retard dans l'introduction a été induit par la réhabilitation de la chaine de froid au niveau central notamment la construction d'un entrepôt et l'installation de deux chambres froides.

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	Yes	20/03/2014
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	Sana objet

Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	Yes	16/12/2005
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	Sana Objet

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **November 2013**

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

Sans Objet. Avant 2012, le dernier vaccin introduit remonte était en 2008.

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

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

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **No**

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

Sans Objet. le processus de mise en oeuvre de la surveillance sentinelle des méningites bactériennes est en cours (identification des sites finalisée, draft du plan stratégique élaboré).

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	46,000	22,984,622
Remaining funds (carry over) from 2011 (B)	100,000	40,600,000
Total funds available in 2012 (C=A+B)	146,000	63,584,622
Total Expenditures in 2012 (D)	146,000	63,584,622
Balance carried over to 2013 (E=C-D)	0	0

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

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

7.3.2. Programmatic Reporting

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

Les principales activités entreprises avec l'allocation GAVI pour l'introduction du nouveau vaccin sont:

1- l'organisation des formations sur le PCV-13

2-la révision des outils de gestion du PEV

3- l'organisation des activités de communication et de mobilisation sociale

4- L'appui à l'expédition des vaccins dans les départements, districts et formations sanitaires*

5- L'organisation des supervisions formatives pré et post- introduction

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

Sans Objet

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

Sans Objet

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2012?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	292,445	85,700
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	213,000	70,000
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	57,000	44,000
Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?		
Government	562000	
Donor	0	
Other	0	
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	0	0
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	0	0
Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	September	Gouvernement
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	September	Gouvernement
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	September	Gouvernement
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	September	Gouvernement
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing		
Plaidoyer pour l'accroissement du Budget en 2014		

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

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

les principale actions entreprises sont:

- 1- Mobilisation sur d'autres lignes des fonds pour régler le défaut de cofinancement 2012
- 2- Mobilisation des ressources exceptionnelles non programmées pour le cofinancement 2013
- 3- Prise en compte des besoins exprimés par le PEV dans l'avant projet de budget pour le cofinancement

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Not selected**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

Please attach:

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

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

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

If yes, provide details

Sans Objet

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Congo, Republic of (Brazzaville) does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Congo, Republic of (Brazzaville) does not require to change any of the vaccine presentation(s) for future years.

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

Renewal of multi-year vaccines support for Congo, Republic of (Brazzaville) is not available in 2013

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

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

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

Yes

If you don't confirm, please explain

7.11. Calculation of requirements

Table 7.11.1: Specifications for **DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED**

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	168,717	176,332	181,622	187,071	713,742
	Number of children to be vaccinated with the first dose	Table 4	#	154,202	167,515	172,541	177,717	671,975
	Number of children to be vaccinated with the third dose	Table 4	#	141,467	163,989	172,541	177,717	655,714
	Immunisation coverage with the third dose	Table 4	%	83.85 %	93.00 %	95.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.10	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	137,300				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	137,000				
	Number of doses per vial	Parameter	#		2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.04	2.04	1.99	
cc	Country co-financing per dose	Co-financing table	\$		1.08	1.36	1.64	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	

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

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

Sans Objet

Co-financing tables for **DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED**

Co-financing group	Graduating	2012	2013	2014	2015
Minimum co-financing		0.45	1.08	1.36	1.64
Recommended co-financing as per APR 2011				1.70	1.99
Your co-financing		1.08	1.08	1.36	1.64

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

		2013	2014	2015
Number of vaccine doses	#	278,600	217,300	143,800

Number of AD syringes	#	294,600	229,700	152,100
Number of re-constitution syringes	#	154,700	120,600	79,900
Number of safety boxes	#	5,000	3,900	2,575
Total value to be co-financed by GAVI	\$	628,500	490,000	317,000

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

		2013	2014	2015
Number of vaccine doses	#	254,000	330,400	420,200
Number of AD syringes	#	268,500	349,300	444,300
Number of re-constitution syringes	#	141,000	183,400	233,300
Number of safety boxes	#	4,550	5,925	7,525
Total value to be co-financed by the Country ^[1]	\$	572,500	745,000	925,000

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

	Formula	2012	2013			
		Total	Total	Government	GAVI	
A	Country co-finance	V	0.00 %	47.68 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	154,202	167,515	79,879	87,636
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B \times C$	462,606	502,545	239,636	262,909
E	Estimated vaccine wastage factor	Table 4	1.10	1.05		
F	Number of doses needed including wastage	$D \times E$	508,867	527,673	251,619	276,054
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		4,702	2,243	2,459
H	Stock on 1 January 2013	Table 7.11.1	137,000			
I	Total vaccine doses needed	$F + G - H$		532,475	253,908	278,567
J	Number of doses per vial	Vaccine Parameter		2		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		563,045	268,485	294,560
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		295,524	140,920	154,604
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		9,531	4,545	4,986
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		1,084,120	516,957	567,163
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		26,182	12,485	13,697
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		10,935	5,215	5,720
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		5,528	2,636	2,892
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		69,384	33,086	36,298
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		4,265	2,034	2,231
T	Total fund needed	$(N+O+P+Q+R+S)$		1,200,414	572,411	628,003
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		572,411		
V	Country co-financing % of GAVI supported proportion	U / T		47.68 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	60.33 %			74.50 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	172,541	104,088	68,453	177,717	132,408	45,309
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3			3		
D	Number of doses needed	$B \times C$	517,623	312,264	205,359	533,151	397,224	135,927
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	543,505	327,878	215,627	559,809	417,086	142,723
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	3,958	2,388	1,570	4,076	3,037	1,039
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	547,563	330,326	217,237	563,985	420,197	143,788
J	Number of doses per vial	<i>Vaccine Parameter</i>	2			2		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	578,955	349,264	229,691	596,322	444,290	152,032
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	303,898	183,332	120,566	313,012	233,210	79,802
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	9,800	5,912	3,888	10,094	7,521	2,573
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,114,839	672,544	442,295	1,120,075	834,511	285,564
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	1,114,839	16,242	10,680	1,120,075	20,660	7,069
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	11,245	6,784	4,461	11,582	8,630	2,952
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	5,684	3,429	2,255	5,855	4,363	1,492
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	71,350	43,043	28,307	71,685	53,409	18,276
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	4,386	2,646	1,740	4,517	3,366	1,151
T	Total fund needed	$(N+O+P+Q+R+S)$	1,234,426	744,686	489,740	1,241,443	924,936	316,507
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	744,686			924,936		
V	Country co-financing % of GAVI supported proportion	U / T	60.33 %			74.50 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	168,717	176,332	181,622	187,071	713,742
	Number of children to be vaccinated with the first dose	Table 4	#	71,592	180,410	163,914	168,831	584,747
	Number of children to be vaccinated with the third dose	Table 4	#	9,468	163,989	172,541	177,717	523,715
	Immunisation coverage with the third dose	Table 4	%	5.61 %	93.00 %	95.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	119,300				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	119,300				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	
cc	Country co-financing per dose	Co-financing table	\$		1.49	2.16	2.83	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

Sans Objet

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

Co-financing group	Graduating	2012	2013	2014	2015
Minimum co-financing		0.70	1.40	2.10	2.80
Recommended co-financing as per APR 2011				2.16	2.83
Your co-financing		0.82	1.49	2.16	2.83

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

		2013	2014	2015
Number of vaccine doses	#	398,000	221,000	133,600
Number of AD syringes	#	422,400	232,800	140,800
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	4,700	2,600	1,575
Total value to be co-financed by GAVI	\$	1,499,000	832,000	503,000

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

		2013	2014	2015
Number of vaccine doses	#	260,600	297,200	404,000
Number of AD syringes	#	276,500	313,100	425,800
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	3,075	3,500	4,750
Total value to be co-financed by the Country ^[1]	\$	981,500	1,119,500	1,521,500

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

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	39.56 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	71,592	180,410	71,375	109,035
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	$B \times C$	214,776	541,230	214,125	327,105
E Estimated vaccine wastage factor	Table 4	1.00	1.05		
F Number of doses needed including wastage	$D \times E$	214,776	568,292	224,831	343,461
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		88,379	34,965	53,414
H Stock on 1 January 2013	Table 7.11.1	119,300			
I Total vaccine doses needed	$F + G - H$		658,471	260,508	397,963
J Number of doses per vial	Vaccine Parameter		1		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		698,866	276,490	422,376
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		7,758	3,070	4,688
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		2,304,649	911,778	1,392,871
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		32,498	12,858	19,640
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		4,500	1,781	2,719
R Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		138,279	54,707	83,572
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T Total fund needed	$(N+O+P+Q+R+S)$		2,479,926	981,123	1,498,803
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		981,122		
V Country co-financing % of GAVI supported proportion	U / T		39.56 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	57.36 %			75.15 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	163,914	94,019	69,895	168,831	126,877	41,954
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3			3		
D	Number of doses needed	$B \times C$	491,742	282,057	209,685	506,493	380,630	125,863
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	516,330	296,161	220,169	531,818	399,662	132,156
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	0	0	0	3,872	2,910	962
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	518,130	297,193	220,937	537,490	403,925	133,565
J	Number of doses per vial	<i>Vaccine Parameter</i>	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	545,834	313,084	232,750	566,506	425,730	140,776
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	6,059	3,476	2,583	6,289	4,727	1,562
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,813,456	1,040,176	773,280	1,881,215	1,413,735	467,480
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	1,813,456	14,559	10,823	1,881,215	19,797	6,546
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	3,515	2,017	1,498	3,648	2,742	906
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	108,808	62,411	46,397	112,873	84,825	28,048
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	1,951,161	1,119,161	832,000	2,024,079	1,521,097	502,982
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	1,119,161			1,521,097		
V	Country co-financing % of GAVI supported proportion	U / T	57.36 %			75.15 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	168,717	176,332	181,622	187,071	713,742
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	163,914	168,831	332,745
	Number of children to be vaccinated with the second dose	Table 4	#	0	0	136,217	149,657	285,874
	Immunisation coverage with the second dose	Table 4	%	0.00 %	0.00 %	75.00 %	80.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	0				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	0				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		No	No	No	
g	Vaccine price per dose	Table 7.10.1	\$		2.55	2.55	2.55	
cc	Country co-financing per dose	Co-financing table	\$		0.00	1.02	1.53	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

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

Co-financing group	Graduating	2012	2013	2014	2015
Minimum co-financing			0.51	1.02	1.53
Recommended co-financing as per APR 2011				1.02	1.53
Your co-financing				1.02	1.53

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

		2013	2014	2015
Number of vaccine doses	#	1,500	267,300	153,700
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by GAVI	\$	4,500	716,000	412,000

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

		2013	2014	2015
Number of vaccine doses	#	0	164,500	205,000
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	0	440,500	549,000

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

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

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	38.10 %			57.14 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	163,914	62,444	101,470	168,831	96,475	72,356
C	Number of doses per child	Vaccine parameter (schedule)	2			2		
D	Number of doses needed	$B \times C$	327,828	124,887	202,941	337,662	192,950	144,712
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	344,220	131,132	213,088	354,546	202,598	151,948
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	86,055	32,783	53,272	2,582	1,476	1,106
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	431,775	164,486	267,289	358,628	204,931	153,697
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$						
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,101,027	419,439	681,588	914,502	522,572	391,930
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	1,101,027	0	0	914,502	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	55,052	20,973	34,079	45,726	26,130	19,596
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	1,156,079	440,411	715,668	960,228	548,701	411,527
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	440,411			548,701		
V	Country co-financing % of GAVI supported proportion	U / T	38.10 %			57.14 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	168,717	176,332	181,622	187,071	713,742
	Number of children to be vaccinated with the first dose	Table 4	#	130,467	158,699	93.00 %	177,717	635,791
	Number of doses per child	Parameter	#	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.15	1.33	1.25	1.25	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	41,500				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	41,500				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		0.90	0.91	0.92	
cc	Country co-financing per dose	Co-financing table	\$		0.45	0.65	0.80	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		7.80 %	7.80 %	7.80 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	

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

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

Sans Objet

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

Co-financing group	Graduating	2012	2013	2014	2015
Minimum co-financing		0.29	0.44	0.60	0.76
Recommended co-financing as per APR 2011				0.65	0.80
Your co-financing		0.29	0.45	0.65	0.80

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

		2013	2014	2015
Number of vaccine doses	#	127,100	78,600	54,000
Number of AD syringes	#	108,400	69,800	48,100
Number of re-constitution syringes	#	14,200	8,800	6,000
Number of safety boxes	#	1,375	875	600
Total value to be co-financed by GAVI	\$	130,500	81,500	57,000

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

		2013	2014	2015
Number of vaccine doses	#	99,400	132,800	171,100

Number of AD syringes	#	84,800	117,800	152,400
Number of re-constitution syringes	#	11,100	14,800	19,000
Number of safety boxes	#	1,075	1,475	1,925
Total value to be co-financed by the Country ^[1]	\$	102,000	137,500	180,500

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

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	43.89 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	130,467	158,699	69,661	89,038
C Number of doses per child	Vaccine parameter (schedule)	1	1		
D Number of doses needed	$B \times C$	130,467	158,699	69,661	89,038
E Estimated vaccine wastage factor	Table 4	1.15	1.33		
F Number of doses needed including wastage	$D \times E$	150,038	211,070	92,650	118,420
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		15,258	6,698	8,560
H Stock on 1 January 2013	Table 7.11.1	41,500			
I Total vaccine doses needed	$F + G - H$		226,428	99,391	127,037
J Number of doses per vial	Vaccine Parameter		10		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		193,093	84,759	108,334
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		25,134	11,033	14,101
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		2,423	1,064	1,359
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		203,786	89,452	114,334
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		8,979	3,942	5,037
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		930	409	521
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		1,406	618	788
R Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		15,896	6,978	8,918
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		1,132	497	635
T Total fund needed	$(N+O+P+Q+R+S)$		232,129	101,893	130,236
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		101,893		
V Country co-financing % of GAVI supported proportion	U / T		43.89 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	62.82 %			76.03 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	168,908	106,103	62,805	177,717	135,127	42,590
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	1			1		
D	Number of doses needed	$B \times C$	168,908	106,103	62,805	177,717	135,127	42,590
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.25			1.25		
F	Number of doses needed including wastage	$D \times E$	211,135	132,629	78,506	222,147	168,909	53,238
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	17	11	6	2,753	2,094	659
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	211,252	132,702	78,550	225,000	171,078	53,922
J	Number of doses per vial	<i>Vaccine Parameter</i>	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	187,507	117,787	69,720	200,322	152,314	48,008
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	23,449	14,730	8,719	24,976	18,991	5,985
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	2,342	1,472	870	2,501	1,902	599
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	191,606	120,361	71,245	207,675	157,905	49,770
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	191,606	5,478	3,242	207,675	7,083	2,232
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	868	546	322	925	704	221
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	1,359	854	505	1,451	1,104	347
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	14,946	9,389	5,557	16,199	12,317	3,882
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	1,095	688	407	1,170	890	280
T	Total fund needed	$(N+O+P+Q+R+S)$	218,594	137,314	81,280	236,735	180,001	56,734
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	137,314			180,000		
V	Country co-financing % of GAVI supported proportion	U / T	62.82 %			76.03 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Congo, Republic of (Brazzaville) is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2013

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

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

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

Congo, Republic of (Brazzaville) **has NOT received GAVI TYPE A CSO support**

Congo, Republic of (Brazzaville) is not reporting on GAVI TYPE A CSO support for 2012

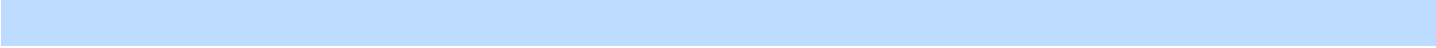
10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Congo, Republic of (Brazzaville) **has NOT received GAVI TYPE B CSO support**

Congo, Republic of (Brazzaville) is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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



12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

- I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
 - a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

- I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
 - a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure







Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		Page des signatures MdS et MdF .pdf File desc: Date/time: 6/21/2013 10:57:15 AM Size: 946349
2	Signature of Minister of Finance (or delegated authority)	2.1		Page des signatures MdS et MdF .pdf File desc: Date/time: 6/21/2013 10:58:04 AM Size: 946349
3	Signatures of members of ICC	2.2		Singatures membres CCIA.pdf File desc: Date/time: 5/15/2013 2:45:25 PM Size: 1329593
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7		COMPTE RENDU CCIA.pdf File desc: Compte rendu réunion CCIA validant le RSA Date/time: 5/15/2013 2:05:32 PM Size: 552372
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3		COMPTE RENDU CCIA.pdf File desc: Date/time: 5/15/2013 2:24:09 PM Size: 552372
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1		Rélevé fonds SSV 2011-2012 Congo.pdf File desc: Relevé fonds SSV 2011-2012 Date/time: 5/14/2013 1:59:22 PM Size: 1598662
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3		Rélevé fonds SSV 2011-2012 Congo.pdf File desc: Relevé fonds SSV 2011-2012 Date/time: 5/14/2013 2:06:27 PM Size: 1598662
9	Post Introduction Evaluation Report	7.2.2		Rapport Evaluation Post introduction.doc File desc: Indication sur rapport évaluation post introduction Date/time: 5/14/2013 2:11:22 PM Size: 22016
10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		Relevé allocation IntroductionPCV-13 CONGO.pdf File desc: Relevé allocation introduction PCV-13

				Date/time: 5/14/2013 2:14:29 PM Size: 1609084
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1	✓	Rapport Audit Allocation introduction.nouveau vaccin.doc File desc: Indication rapport audit Date/time: 5/14/2013 2:35:31 PM Size: 22016
12	Latest EVSM/VMA/EVM report	7.5	✓	Rapport EVM 2010 vs finale.doc File desc: Rapport GEV 2010 Date/time: 5/14/2013 12:34:37 PM Size: 386048
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Plan d'amélioration de la gestion des vaccins.2011-2012.doc File desc: Plan d'amélioration GEV Date/time: 5/14/2013 1:02:38 PM Size: 124928
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Rapport Mise en oeuvre GEV RAS 2013.doc File desc: Rapport de la mise en oeuvre du plan d'amélioration de la GEV Date/time: 5/14/2013 9:07:18 AM Size: 93696
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3	✗	Rapport Audit frais de campagnes.doc File desc: Indication rapport audit frais campagnes préventives Date/time: 5/15/2013 2:27:19 PM Size: 22016
17	Valid cMYP if requesting extension of support	7.8	✗	PPCA 2012-2016 CONGO final.doc File desc: PPAC 2012-2016 Congo Date/time: 5/14/2013 9:12:32 AM Size: 2186240
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	Rélevé fonds SSV 2011-2012 Congo.pdf File desc: Relevés Fonds SSV 2011-2012 Date/time: 5/15/2013 2:33:00 PM Size: 1598662