



GAVI Alliance

# Annual Progress Report **2013**

submitted by

the Government of  
**REPUBLIC OF CONGO**  
**(Brazzaville)**

Reporting year: **2013**

Requesting support for the year: **2015**

Submitted on: **5/15/2014**

**Deadline for submission: 5/22/2014**

Please submit the **2013** annual status report via the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: [apr@gavialliance.org](mailto:apr@gavialliance.org) or to the representatives of a GAVI Alliance partner. Documents may be provided to GAVI partners, their staff and the public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

**Note:** We invite you to use previous annual status reports and approved requests for support from GAVI as reference documents. The electronic copy of previous annual status reports and GAVI support requests are available from the following address: <http://www.gavialliance.org/country/>

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

**GAVI ALLIANCE  
GRANT TERMS AND CONDITIONS**

**FUNDING USED SOLELY FOR APPROVED PROGRAMS**

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 program(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 THIS PROPOSAL**

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

**REIMBURSEMENT OF FUNDS**

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

**SUSPENSION/ CANCELLATION**

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 a purpose other than for the programs described in this application, or any GAVI Alliance-approved amendment to this application. The GAVI Alliance retains the right to terminate its support to the Country for the programs described in this 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 accept any gifts, payments or benefits 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 assessments 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 are any claims of the misuse of funds, the Country must retain 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 Government's signatories confirm that this support application is accurate and correct and is a legally binding commitment for the Country, under its law, to perform the programs described in this application.

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

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

**USE OF COMMERCIAL BANK ACCOUNTS**

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all the 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 will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the UNCITRAL Arbitration Rules in force. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The arbitration will be conducted in Geneva, Switzerland. The arbitration languages 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 programs described in this application, including without limitation, any financial loss, reliance claims, harm to property, or personal injury or death. The Country is solely responsible for all aspects of managing and implementing the programs described in this application.

***By preparing 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*

*the request for any funds that had been approved in a previous application for ISS/NVS/HSS, but have not yet been released*

*How GAVI can make the APR more user-friendly in compliance with the Alliance's principles of accountability and transparency*

# 1. Features of the Support

Reporting year: **2013**

Requesting for support year: **2015**

## 1.1. NVS AND INS SUPPORT

Type of Support	Current vaccine	Preferred presentation	Active until
New Vaccines Support (routine immunization)	DTP-HepB-Hib, 2 dose(s) per vial, LYOPPHILIZED	DTP-HepB-Hib, 2 dose(s) per vial, LYOPPHILIZED	2015
New Vaccines Support (routine immunization)	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
New Vaccines Support (routine immunization)	Rotavirus, 2 schedule -doses	Rotavirus, 2 schedule -doses	2015
New Vaccines Support (routine immunization)	Yellow fever, 10 dose (s) per vial, LYOPHILIZED	Yellow fever, 10 dose (s) per vial, LYOPHILIZED	2015

**DTP-HepB-Hib (Pentavalent)** vaccine: based on the current preferences of your country, the vaccine is available through UNICEF in liquid form in vials of one or ten doses and in liquid/lyophilized form in two-dose vials to be used with a schedule of three injections. The other presentations have already been pre-selected by the WHO and the complete list can be viewed on the WHO website, but the availability of each product should be confirmed specifically.

## 1.2. Extension of the Program

No NVS is eligible for an extension of this year

## 1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilization in 2013	Request for Approval of	Eligible For <b>2013</b> ISS reward
ISS	Yes	next installment: N/A	N/A
HSS	No	HSS grant next installment N/C	N/A
VIG	Yes	Not applicable	N/A

AVI: Allocation of vaccine introduction; CSO: Operational support for a campaign

## 1.4. Previous IRC Report

The annual progress report (APR) of the IRC for the year **2012** is available [here](#). French version is also 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 the Republic of Congo (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 funds 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 **the Republic of Congo (Brazzaville)**

Please note that this APR will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Minister of 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 can be contacted if the GAVI Secretariat has any queries on this document):*

Full name	Position	Telephone	E-mail
Dr Hermann Boris DIDI NGOSSAKI	EPI, Chief Doctor	(00242) 06 666 47 88	didi_boris@yahoo.fr
Dr Edouard Ndinga	EPI Counselor/ WHO Surveillance	(00242) 06,666 47 88	ndingae@.afro.who.int
Dr Godefroy Mallandah	UNICEF EPI Administrator	(00242) 06 800 04 70	gmallandah@unicef.org

### 2.2. ICC Signatures Page

*If the country presents a report on the Immunization Services Support (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 is an integral part of GAVI Alliance monitoring of the country's performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with the government rules and regulations for financial management.

#### 2.2.1. ICC report endorsement

We, the undersigned members of the immunization Inter-Agency Coordinating Committee (ICC) endorse this report. Signature of 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
Prof Alexis ELIRA DOKEKIAS	Director General of Health		
Dr FATOUMATA Binta Tidiane DIALLO	WHO Representative		
Mr. Aloys KAMURAGIYE	UNICEF Representative		
Dr Yolande MVOUMBO MATOUMONA	Director of Family Health		
PR Obengui	Director of Epidemiology and fight against diseases		
Prof Samule NZINGOULA	President of the CNEP		
Dr Lambert	Representative from the Congolese Red Cross		
Mr. BOUTA Jean Arsène	Representative of the Ministry of Finance		
Mr. Christophe MASSAMBA	Representative of the Ministry of Planning		
YENGO Albert	Representative of the religious congregations		
BIDOUNGA Antoine	Representative of the religious congregations		
MAVOUNGOU Joseph	Delegate of the Health Committee		

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

All comments will be treated confidentially

Comments from partners:

N/A

Comments from the Regional Working Group:

N/A

### **2.3. HSCC Signatures Page**

The Republic of Congo (Brazzaville) will not present a report on the use of funds for Health System strengthening (HSS) in 2013

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

Republic of Congo is not presenting the report on the use of CSO funds (Type A and B) in 2014

### 3. Table of Contents

This APR reports on the *Republic of Congo's (Brazzaville)* activities between January - December 2013 and specifies requests for the period January - December 2015

#### Sections

##### [1. Features of the Support](#)

[1.1. NVS AND INS support](#)

[1.2. Extension of the Program](#)

[1.3. ISS, HSS, CSO support](#)

[1.4. Previous IRC report](#)

##### [2. Signatures](#)

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

[2.2. ICC Signatures Page](#)

[2.2.1. ICC report endorsement](#)

[2.3. HSCC Signatures Page](#)

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

##### [3. Table of Contents](#)

##### [4. Baseline and annual targets.](#)

##### [5. General Program Management Component](#)

[5.1. Updated Baseline and Annual Targets](#)

[5.2. Immunization achievements in 2013](#)

[5.3. Monitoring the Implementation of GAVI Gender Policy](#)

[5.4. Data assessments](#)

[5.5. Overall Expenditure and Financing for Immunization](#)

[5.6. Financial Management](#)

[5.7. Inter-Agency Coordination Committee \(ICC\)](#)

[5.8. Priority actions in 2014 to 2015](#)

[5.9. Progress of transition plan for injection safety](#)

##### [6. Immunization Services Support \(ISS\)](#)

[6.1. Report on the use of ISS funds in 2013](#)

[6.2. Details of expenditure of ISS funds during the calendar year](#)

[6.3. Request for ISS reward](#)

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

[7.1. Receipt of new & under-used vaccines for 2013 immunization program](#)

[7.2. Introduction of a New Vaccine in 2013](#)

[7.3. Lump sum allocation for the introduction of a new vaccine in 2013](#)

[7.3.1. Financial Management Reporting](#)

[7.3.2. Programme Reporting](#)

[7.4. Report on country co-financing in 2013](#)

[7.5. Immunization Management \(EVSM/VMA/EVM\)](#)

[7.6. Monitoring GAVI Support for Preventive Campaigns in 2013](#)

[7.7. Change of vaccine presentation](#)

[7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014](#)

[7.9. Request for continued support for vaccines for the 2015 vaccination program](#)

[7.10. Weighted average prices of supply and related freight costs](#)

- [7.11. Calculation of requirements](#)
- [8. Injection Safety Support \(INS\)](#)
- [9. Health System Strengthening Support \(HSS\)](#)
- [10. Strengthened the involvement of the Civil Society Organizations \(CSO\): type A and type B](#)
  - [10.1. TYPE A: Support to strengthen coordination and representation of CSOs](#)
  - [10.2. TYPE B: Support for CSOs to help implement the GAVI/ HSS proposal or CMYP:](#)
- [11. Comments from ICC/ HSCC Chairs](#)
- [12. Annexes](#)
  - [12.1. Annexe 1: ISS instructions](#)
  - [12.2. Annexe 2 - Example income & expenditure ISS](#)
  - [12.3. Annexe 3 - Instructions for HSS support](#)
  - [12.4. Annexe 4 - Example income & expenditure HSS](#)
  - [12.5. Annexe 5 - Instructions for CSO support](#)
  - [12.6. Annexe 6 - Example income & expenditure CSO](#)
- [13. Attachments](#)



## 4. Baseline and annual targets

Countries are requested to make a realistic evaluation of vaccine wastage, clarified by an analysis of data collected at the national level. In the absence of specific data, the country can use the maximum wastage rates given for illustrative purposes in the wastage rate table appendix of the support request guidelines. Please note the reference wastage rate for Pentavalent vaccine available in ten dose vials.

Number	Achievements in line with the WHO/ UNICEF joint report		Targets (Preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total number of births	190,629	190,629	196,348	196,348	202,239	202,239
Total infants' deaths	14,297	14,297	14,726	14,726	15,168	15,168
Total number of surviving infants	176332	176,332	181,622	181,622	187,071	187,071
Total pregnant women	190,629	190,629	196,348	196,348	202,239	202,239
Number of infants who have received (should receive) BCG vaccine	181,098	168.798	186,531	186,531	192,127	192,127
BCG coverage	95%	89%	95%	95%	95%	95%
Number of infants who received (should receive) OPV3 vaccine	163,989	148.374	172,541	172,541	177,717	177,717
OPV3 coverage	93%	84%	95%	95%	95%	95%
Number of infants who have received (should receive) DTP1 vaccine	167,515	160.094	172,541	172,541	177,717	177,717
Number of infants who received (should receive) DTP3 vaccine	163,989	148.374	172,541	172,541	177,717	177,717
DTP3 coverage	93%	84%	95%	95%	95%	95%
Wastage [1] rate during the reference year and anticipated thereafter (%) for DTP vaccine	5	5	5	5	5	5
Wastage [1] factor during the reference year and anticipated thereafter for DTP vaccine	1.05	1.05	1.05	1.05	1.05	1.05
Number of infants who received (should receive) 1 dose(s) of DTP-HepB-Hib vaccine	144,538	160.094	172,541	172,541	177,717	177,717
Number of infants who received (should receive) 3 dose(s) of DTP-HepB-Hib vaccine	144,538	148.374	172,541	172,541	177,717	177,717
DTP-HepB+Hib coverage	82%	84%	95%	95%	95%	95%
Wastage [1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5
Wastage [1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05
Maximum loss rate for DTP-HepB-Hib vaccine, 2 dose (s) per vial, LYOPHILIZED	10%	10%	10%	10%	10%	10%
Number of infants who received (should receive) Yellow fever vaccine	153.405	135.412	168,908	168,908	177,717	177,717
Yellow fever coverage:	87%	77 %	93%	93%	95%	95%

Wastage [1] rate in base-year and planned thereafter (%)	25	8	20	20	20	20
Wastage [1] factor in base-year and planned thereafter (%)	1.33	1.09	1.25	1.25	1.25	1.25
Maximum loss rate for Yellow fever, 10 dose(s) per vial, LYOPHILIZED	40 %	40 %	40 %	40 %	50%	40 %
Number of infants who received (should receive) 1 dose(s) of Pneumococcal (PCV13) vaccine	173,446	160,831	163,914	172,541	168,831	177,717
Number of infants who received (should receive) 3 dose(s) of Pneumococcal (PCV13) vaccine	173,446	151,646	163,914	172,541	177,717	177,717
Pneumococcal (PCV13) coverage	98 %	86%	90%	95%	95%	95%
Wastage [1] rate in base-year and planned thereafter (%)	5	3	5	5	5	5
Wastage [1] factor in base-year and planned thereafter (%)	1.05	1.03	1.05	1.05	1.05	1.05
Maximum loss rate for Pneumococcal (PCV13) vaccine, 1 dose(s) per vial, LIQUID	5%	5%	5%	5%	5%	5%
Number of infants who received (should receive) 1st dose(s) of DTP-HepB-Hib vaccine		0	163,914	163,914	168,831	168,831
Number of infants who received (should receive) 1st dose(s) of DTP-HepB-Hib vaccine		0	163,914	136,217	149,657	149,657
Rotavirus coverage	0%	0%	90%	75 %	80%	80%
Wastage [1] rate in base-year and planned thereafter (%)		0	5	5	5	5
Wastage [1] factor in base-year and planned thereafter (%)		1	1.05	1.05	1.05	1.05
Maximum wastage rate for Rotavirus vaccine, 2-dose schedule	5%	5%	5%	5%	5%	5%
Number of infants who received (should receive) 1st dose(s) of measles vaccine	158,699	136,757	168,908	168,908	177,717	177,717
Measles coverage	90%	78%	93%	93%	95%	95%
Pregnant women immunized with TT+	177,285	157,652	186,531	186,531	192,127	192,127
TT+ coverage	93%	83%	95%	95%	95%	95%
Vit A supplement to mothers within 6 weeks from delivery	157,097	15,695	166,896	166,896	176,713	176,713
Vit A supplement to infants after 6 months	158,699	130,486	168,908	168,908	177,717	177,717
Annual DTP Dropout rate [(DTP1–DTP3)/ DTP1] x100	2 %	7%	0%	0%	0%	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 Program Management Component

### 5.1. Updated Baseline and Annual Targets

**Note:** Please fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2013 must be consistent with those that the country reported in the **WHO/ UNICEF Joint Reporting Form (JRF) of immunization activities for 2013**. The figures for 2014 - 2015 in the Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APRs or in the new application for GAVI support or in the cMYP.

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

- Justification for any changes in **births**:

Not applicable. There isn't any change in the number of births given in this report and the other documents.

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

N/A There isn't any change in the number of surviving infants

- Provide justification for any changes in targets per vaccine: **Please note that for targets of more than 10%, the results from previous years must be justified.**

N/A There isn't any change in the targets for 2014. The activities planned for 2014 intend to achieve these coverage targets.

- Justification for any changes in **Wastage rate by vaccine**

Not applicable. No change in the targets on loss rates.

### 5.2. Immunization achievements in 2013

5.2.1. Please comment on the achievements of the immunization program against the objectives (as stated in last year's APR), the key major activities conducted and the challenges faced in 2013 and how these were addressed:

The EPI coverage in 2013 is as follows: BCG: 89%, Pentavalent 3: 84%, PCV-13 (3): 86%, MV: 78%, AYFV: 77%; TT 2+: 83%.

No improvement in the performance at the national level compared to 2012. The coverage targets have not been achieved for all the antigens. The dropout rate is 8%.

However, there is an improvement in categorizing the health districts. Not a single health district has recorded a coverage rate of less than 50% for Pentavalent 3.

The main activities carried out in 2013 are:

- Technical and financial support to the health districts noted for poor performance in organizing intensified immunization activities and in catching up with the immunization dropouts.
- Organizing quarterly meetings for assessing the activities and EPI performance at all levels: Training of District and Regional EPI Supervisors on data management (DVD-MT Tool)
- Provision of computer equipment (lap-tops and desktops, printers) to the health districts for computerizing the management data;
- Formative supervision

the main obstacles encountered in 2013 were:

- Insufficiency and disbursement of funds allocated by the State to EPI.
- Poor-appropriation and financing of EPI Annual Action Plan in 2013 by the IC
- \_Lack of qualified human resources for the EPI at all levels

The poor technical assistance from partners during the first quarter of 2013 (no EPI advisors from WHO and UNICEF)

The major actions taken to address these barriers are:

- Advocacy for increasing the budget allocated to EPI by the State and improvement of disbursement

mechanisms

- Advocacy for strengthening the program with qualified human resources
- Advocacy for strengthening the ICC leadership in implementing EPI activities

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

The major reasons for the non-achievement of results were:

- Poor vaccine stock particularly the co-financed vaccines (Congo did not have co-finance in 2012)
- Poor implementation of the RED approach in the health districts
- Poor implementation of the catch up activities on dropouts in the health districts and health facilities for want of financial resources.
- Poor functionality and rationalization of the health districts
- Poor data management (low promptness and completeness of reports) in certain health districts

### 5.3. Monitoring the implementation of GAVI gender policy

5.3.1. In the past five years, were the sex-disaggregated data on the coverage of DTP3, through administrative sources and/ or surveys, available in your country? **Yes, available**

If yes, please provide us with the latest data available and indicate the year in which this data was collected.

Data Source	Year of reference for estimation	DTP3 coverage estimation	
		Boys	Girls
EDS Congo 2011-2012	2011	72.1	71.4

5.3.2. How have you been using the above data to address the gender-related barrier to immunization access?

Not applicable as there is no significant difference in access to immunization between boys and girls. Current EPI tools take the gender factor into account in the monthly report. Weaknesses persist in the reporting of this data in the monthly report of EPI activities.

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

5.3.4. How the gender-related barriers at the access and implementation of immunization services (for example, mothers having no access to the services, the gender of service provider, etc.) were resolved from the programs point of view? (For more information on these gender-related barriers, refer to the GAVI "Gender and immunization" sheet at <http://www.gavialliance.org/fr/librairie/>)

Not applicable

### 5.4. Data assessments

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

Data from the latest Demographic and Health Survey is presented as follows: BCG: 93.9%; DTP3 74.9%; MV: 74.9 % whereas the administrative data for 2013 are: BCG: 89%, DTP3: 84%, MV: 78%. Official estimates for the country according to the JRF in 2013 are as follows: BCG: 90%; DPT (PENTAVALENT) 3: 85%, MV: 80%. These data are super-imposable to those of the WHO/ UNICEF estimates in 2012 and move closer to the EDS. the insignificant differences noted for some antigens with the EDS can be explained by the low conservation of immunization cards by parents (57% in EDSC 2011-2012).

Please note that the WHO/ UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **No**

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

N/A It is to be noted that efforts were made for strengthening the skills of the teams at all levels for improving data quality by systematizing data quality audits.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

Several activities were implemented to improve the quality of data:

- 1- Systematization of monthly and quarterly meetings for reviewing immunization and monitoring data at all levels (National, departmental and districts)
- Strengthening of training supervision
- Revision of management and monitoring tools and their availability at the district levels.
- Training of District and Regional EPI Supervisors on the use of computerized tools for data management.
- Provision of computers to all the EPI supervisors at the district and regional levels for improving data management

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.

- Improving data management is an essential part of the EPI Annual Action Plan for 2014.

The major line of action for this plan is:

- Strengthening of the skills of EPI Supervisors and data managers at the district and regional levels.
- Strengthening the computerization of data management (with a pilot phase on the computerized registration of immunization and the use of mobile phones for tracking immunizations in certain health facilities).
- Training of District and Regional EPI Supervisors on the conduct of data quality audits (DQS and DQA)

In addition to the EPI Action Plan, additional specific plans exist, particularly the plan for strengthening the national health information system (NHIS).

## 5.5. Overall Expenditure and Financing for Immunization

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

<b>Exchange rate used</b>	1 US\$ = 500
---------------------------	--------------

Only enter the exchange rate and not the name of the local currency

**Table 5.5a:** Overall Expenditure and Financing for Immunization from all sources (Government and donors) in US\$.

Expenditure by Category	Year of Expenditure 2013	Sources of Finance						
		Country	GAVI	UNICEF	WHO	not applicable	not applicable	not applicable
Traditional vaccines*	229.108	229.108	0	0	0	0	0	0
New and Under-used Vaccines (NVS)**	4,068,595	205.950	3,862,645	0	0	0	0	0
Injection material (AD syringes and others)	193.718	77.363	116.355	0	0	0	0	0
Cold Chain equipment	98.525	98.525	0	0	0	0	0	0
Staff	1,141,212	1,141,212	0	0	0	0	0	0
Other routine recurrent costs	754.984	607.661	112.000	7.323	28.000	0	0	0
Other Capital Costs	28.675	28.675	0	0	0	0	0	0
Campaigns costs	1,777,691	606.535	0	806.166	364.990	0	0	0
not applicable		0	0	0	0	0	0	0
Total Expenditure for Immunization	8,292,508							
Total Government Health expenditure		2,995,029	4,091,000	813.489	392.990	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 no government funds are allocated to traditional vaccines, please explain why and provide plans for expected sources of funding for 2014 and 2015

Not applicable. The Congo government makes a significant contribution to funding the vaccination program. The Government contributes to the purchase of 100% of traditional vaccines, and it co-finances the under-used and new vaccines. It also contributes to the operational costs and vaccination campaigns.

## 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 for 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	Implementation?
Not applicable	No

If the above table shows that the plan from the Aide-Memoire was completely or partially implemented, briefly describe what exactly was executed.

N/A

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

The financial management was not assessed in 2013 as Congo has not been eligible for ISS GAVI funds since 2010. However, for funds received in 2011, an external audit was conducted by the General Inspectorate of Finance and the report was submitted to the GAVI Secretariat.

## 5.7 Inter-Agency Coordination Committee (ICC)

How many times did the ICC meet in 2013? **4**

Please attach the minutes (**Document N° 4**) of all the ICC meetings held in 2014, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Overall Expenditures and Financing for Immunization](#) to [Overall Expenditure and Financing for Immunization](#)

The main preoccupations of the ICC in 2013 were:

- 1 - Securing immunization funds for the procurement of traditional vaccines and the co-financing by GAVI.
- Carrying out national campaigns on Polio and Measles.
- Implementation of routine immunization in poor performing districts.

The ICC remains concerned about the poor functioning of health districts where the emphasis is on the implementation of an effective plan for revitalizing the health districts

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

If **yes**, which ones?

<b>List of CSO members of the ICC:</b>
Congo Assistance Foundation
Evangelical Church of Congo
Evangelical Church of Congo
Congolese Red Cross
International Red Cross Committee

## 5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI program for **2014 to 2015**?

The main concerns in 2014 and 2015 are:

1- With regard to vaccine coverage:

- Increase vaccine coverage as per the following projections in the cMYP BCG 95%; PENTAVALENT 3: 95%; OPV 3: 95%; TT: 93% MV/AYFV: 90% TT2 93%-

- At least 60% of health districts have 90% or more vaccine coverage for all the antigens.

-Reduce or maintain the loss rates in line with the ICC's projection. BCG: at 30%; OPV at 10%, Pentavalent at 5%, MV and AYF at 25%, TT+ at 15%

2- On the introduction of new vaccines

- Introduce the Rotavirus vaccine in 2014;

-Introduce the inactivated polio vaccine in 2015;

3-In the area of acceleration of global initiatives

To keep the spreading of the wild polio virus in check

-Maintain the achievements in the elimination of maternal and neonatal tetanus

- Accelerate the implementation for the elimination of measles

- Ensure that Yellow-Fever is under control.

4-In the financial sector

-Increase and secure national immunization funding to cope with the GAVI performance criteria.

-Improve the management of EPI at all levels

the main priority concerns in 2014 are:

1- Securing orders for traditional vaccines and co-financing

2- Extension and improvement of vaccine supply throughout the territory

3- Strengthening cold chain capacity by acquiring Cold Chain equipment

4- Strengthening of training supervisions

5- Organizing MLM courses and training sessions for the health workers on immunization.

6- Technical and financial support to the health districts in implementing the Reach Every District (RED) approach and other outreach strategies for the unimmunized children.

7- Advocacy for the provision of qualified human resources to EPI.



- 8- Strengthen communication activities for the EPI (implementation of EPI communication activities)
- 9- Strengthening epidemiological surveillance by organizing training sessions for the staff involved in monitoring and implementing the sentinel surveillance system for acute rotavirus diarrhea and pediatric bacterial meningitis;
- 10- Enhancing data quality (Systematic use of the DVD-MT, DQS, computerization of data managements tools, strengthening meetings on data monitoring)
- 11- Strengthening of community participation in immunization activities.
- 12- Organize two National Immunization Days against Polio.
- 13- Organizing a post-introduction survey on Rotavirus vaccine.

## 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 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
FR BCG	SAB 0.05ml and SAD 2ml	Government
FR Measles	SAB 0.5ml and SAB 5 ml	Government
FR TT	AD syringe 0.5ml	Government
FR DTP-containing vaccine	AD syringe 0.5ml	Government and GAVI
PCV-13	AD syringe 0.5ml	Government and GAVI
Yellow Fever vaccine	SAB 0.5ml and SAB 5 ml	Government and 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)

The country has a plan for injection safety. The use of Auto-disable syringes (AD syringes) and safety boxes are systematized and generalized in immunization throughout the country.

The weaknesses lie in waste management and reporting of AEFI. Efforts are underway to improve the situation including the validation of a management plan for bio-medical waste with a focus on the acquisition of incinerators and staff training.

Please explain how sharp waste was been eliminated in 2013, what were the problems, etc...

The waste was discarded primarily by burning and burying. In structures provided with incinerators, waste was incinerated. Waste still persists in the handling of dry ice and expired diluents particularly at the central level.

## 6. Immunization Services Support (ISS)

### 6.1. Report on the use of ISS funds in 2013

	Amount in USD	Amount in local currency
Funds received in 2013 (A)	0	0
Remaining funds (carry over) from 2012 (B)	115,173	56,461,990
Total Available Funds in 2013 (C=A+B)	115,173	56,461,990
Total expenditure in 2013(D)	115,173	56,461,990
Balance carried over to 2014 (E=C-D)	0	0

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 program use.

ISS funds are spent according to a spending plan approved by the Inter-agency coordination committee. We haven't had any problems with ISS funds.

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 channeled 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

The EPI account is run at a commercial bank (the Congolese Bank /LCB). The funds for the sub-national level are awarded after review and approval of the action plans at central level.

Funds are transferred to the districts via bank transfer or via direct transfer through money transfer agencies for areas short of banks. The district recipients are required to submit a technical and financial report of the activities carried out. The central EPI presents a quarterly report summarizing its activities to the ICC for approval.

6.1.3. Please report on major activities conducted to strengthen immunization using ISS funds in 2013

The main activities carried out with the ISS GAVI funds were:

- Completion of 4 training sessions for immunization staff in districts with poor performance.
- Formative supervision
- Erection of solar refrigerators
- Organizing intensified immunization programs in districts with poor performance

6.1.4. Indicate whether ISS funds have been included in national health sector plans and budgets. **Yes**

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

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document No. 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 the Ministry of Health.

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

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

### 6.3. Request for ISS reward

The request for expected ISS reward is not applicable for 2013 in the Republic of Congo (Brazzaville)

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

### 7.1. Receipt of new & under-used vaccines for 2013 immunization program

7.1.1. Did you receive the approved amount of vaccine doses for the vaccination program in 2013 that GAVI communicated to you in its decision letter (DL)? Please fill the table below

**Table 7.1:** Vaccines received for 2013 vaccinations against approvals for 2013.

	[ A ]	[ B ]		
Vaccine Type	Total doses for 2013 in DL	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Has the country experienced a stock shortage at any level in 2013?
DTP-HepB-Hib	455.300	238.090	217.210	Yes
Pneumococcal (PCV13)	624.600	376.200	248.400	No
Rotavirus		0	0	No
Yellow fever	189.100	149.500	39.600	No

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

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

- What are the main problems encountered? (Lower vaccine utilization than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stock? Problems with cold chain? Doses discarded due to VVM changing color or due to the expiry date?)

Congo was short of co-finance in 2012, payment of co-financing in 2012 was made in May 2013 and the co-financed vaccines for Congo were not delivered in 2013. This cumulative default of payment caused low levels of stock for the co-financed vaccines particularly the Pentavalent and yellow fever.

In addition, vaccines co-financed by GAVI were delivered late

This has resulted in breaks in vaccine stock in some health districts and partly explain the failure to achieve coverage goals for Pentavalent 3.

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the schedule 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 optimize wastage, coverage and cost.**

Actions taken to borrow vaccines from neighboring countries (particularly from the Democratic Republic of Congo), internal redistribution of vaccines to health facilities inaccessible to efficient training were also conducted.

Long-term actions are drawn to improve vaccine management:

- Training of logisticians at all levels in the use of SMT.
- Monitoring of vaccine stock at the time of meetings held for the review and validation of data with the partners
- Advocacy for the timely disbursement of resources to improve vaccine orders and timely payment of the co-finance
- Advocacy with the country's UNICEF for a regular follow up with the Supply Division in Copenhagen on plans for vaccine delivery

Vaccine presentations currently used in the program in Congo pose no problem  
(Pentavalent 2 doses, PCV-13 single-dose)

If **Yes**, for any vaccine in **Table 7.1**, indicate the duration, reason and the impact of stock-out even if the stock-out occurred at the central, regional, district or a lower level.

The stock shortage occurred for two weeks in 5 health districts. No stock shortage at the central level.

The impact was the increase in the number of unvaccinated children in these districts. Remedial actions were organized in these districts during the first quarter of 2014.

## 7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the approved proposal and report on achievements.

Yellow fever, 10 dose (s) per vial, LYOPHILIZED		
PHASED INTRODUCTION	No	
Nationwide introduction [YES/ NO]	Yes	7/17/2007
Was the time and scale of the introduction as planned in the proposal? If not, Why?	Yes	Not applicable, no vaccines were introduced in 2013

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
PHASED INTRODUCTION	No	
Nationwide introduction [YES/ NO]	Yes	10/11/2012
Was the time and scale of the introduction as planned in the proposal? If not, Why?	No	Not applicable, no vaccines were introduced in 2013

Rotavirus, 1 dose (s) per vial, ORAL		
PHASED INTRODUCTION	No	
Nationwide introduction [YES/ NO]	Yes	4/24/2014
Was the time and scale of the introduction as planned in the proposal? If not, Why?	Yes	Not applicable, No vaccines were introduced in 2013

DTP-HepB-Hib, 2 dose (s) per vial, LYOPHILIZED		
PHASED INTRODUCTION	No	7/15/2009
Nationwide introduction [YES/ NO]	Yes	7/15/2009
Was the time and scale of the introduction as planned in the proposal? If not, Why?	Yes	Not applicable, no vaccines were introduced in 2013

7.2.2. When is the Post introduction evaluation (PIE) planned? **April 2015**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document No. 9))

In October 2013, Congo conducted a post introduction evaluation of the pneumococcal vaccine introduced in October 2012.

### 7.2.3. Adverse Events 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? **No**

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

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

Has your country implemented a risk communication strategy along with national preparation plans to deal with possible immunization issues? **No**

### 7.2.4. Supervision

Has your country set-up a sentinel monitoring system for:

a. Rotavirus diarrhea? **No**

b. bacterial meningitis or pneumococcal or meningococcal disease in children? **No**

Has your country conducted special studies on:

a. Rotavirus diarrhea? **Yes**

b. bacterial meningitis or pneumococcal or meningococcal disease in children? **No**

If yes, the National Technical Advisory Group on Immunization (ITAG) or the Inter-Agency Coordinating Committee (ICC), does it regularly examine the data from sentinel surveillance and special studies to make recommendations on the quality of data produced and on how to further improve the quality of data? **No**

Are you planning to use data from national sentinel surveillance and/ or special studies to monitor and assess the impact of the introduction and use of vaccines? **Yes**

Please describe the results of monitoring/ special studies and NITAG/ ICC contributions:

The preliminary results of the survey conducted by the Congolese medical research foundation on rotavirus diarrhea are not yet validated to be published.

## 7.3. Lump sum allocation for the introduction of a new vaccine in 2013

### 7.3.1. Financial Management Reporting

	Amount in USD	Amount in local currency
Funds received in 2013 (A)	0	0
Balance of funds carried forward from 2012	0	0
Total Available Funds in 2013 (C=A+B)	0	0
Total expenditures in 2013 (D)	0	0
Balance carried over to 2014 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document No. 10, 11). (Terms of reference for this financial statement are attached in **Annexe 1.**) Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of the Ministry of Health.

### 7.3.2. Programme 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.

N/A Congo did not introduce any new vaccines in 2013 and hence did not receive an allowance thereto.

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

N/A

Please describe the activities that will be undertaken with the balance of funds carried forward to 2014

N/A

### 7.4. Report on country co-financing in 2013

**Table 7.4:** 5 questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2013?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Vaccine selected # 1: Yellow fever, 10 dose (s) per vial, LYOPHILIZED	85.500	83.700
Vaccine selected # 2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Vaccine selected # 3: Rotavirus, 1 dose (s) per vial, ORAL	0	0
Vaccine selected # 4: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILIZED	117.500	36.606
Q.2: What were the shares of country co-financing during the reporting year 2013 from the following sources?		
Government	203000	
Donor	0	
Other	0	
Q.3: Did you procure related injections supplies for the co-financing of vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Vaccine selected # 1: Yellow fever, 10 dose (s) per vial, LYOPHILIZED	0	0
Vaccine selected # 2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Vaccine selected # 3: Rotavirus, 1 dose (s) per vial, ORAL	0	0
Vaccine selected # 4: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILIZED	0	0
Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding?		

Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Funding source
Vaccine selected # 1: Yellow fever, 10 dose (s) per vial, LYOPHILIZED	October	Government
Vaccine selected # 2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	October	Government
Vaccine selected # 3: Rotavirus, 1 dose (s) per vial, ORAL	October	Government
Vaccine selected # 4: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILIZED	October	Government
	<b>Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilizing funding for immunization, including for co-financing.</b>	
	The Congo is a country that falls short of eligibility for GAVI funds. Since 2012, due to the significant increase in co-financing related to the assessment and introduction of new vaccines (PCV-13 and anti rotavirus) that resulted in an increase in expenditure not covered by the State budget, Congo is in payment default. High-level advocacy work is underway to increase the program's budget, improve these disbursements and record specific budget lines for co-financing.	

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/program-policies/co-financing/>

The main activities carried out are:

- Mobilization of funds for other emergency requirements from the Ministry of Health's Budget for the payment of funding activities in 2013 and 2014
- Continued advocacy with the Ministry of Finance and parliament ministers to increase the program's budget subsequently increasing the co-finance,
- Advocacy for the inclusion of a budget line dedicated to co-financing

Is GAVI's new or under-used vaccines and injection supply support reported in the national health sector budget? **Yes**

#### 7.5 Vaccine Management (EVSM/ EVM/ VMA)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment (VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at [http://www.who.int/immunization\\_delivery/systems\\_policy/logistics/en/index6.html](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 the introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines. The progress of the implementation of this plan is reported in the annual progress report. The EVM assessment is valid for a period of three years.*

When was the last Effective Vaccine Management (EVM) or an alternative assessment (GEEV or GEV) carried out? **October 2010**

Please attach the following documents:

- (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

N/A The improvement plan has witnessed a performance of up to 70%. Other actions are yet to be carried out including the acquisition of certain refrigerators and freezers for the health facilities.

When is the next Effective Vaccine Management (EVM) assessment planned? **July 2014**

### **7.6. Monitoring GAVI Support for Preventive Campaigns in 2013**

The Republic of Congo (Brazzaville) will not provide a report on NVS as part of the prevention campaign

### **7.7. Change of vaccine presentation**

The Republic of Congo (Brazzaville) does not require changes in the vaccine presentation in the coming years.

### **7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014**

The renewal of multi-year support for the Republic of Congo (Brazzaville) is not available in 2014

### **7.9. Request for continued support for vaccines for the 2015 vaccination program**

In order to request NVS support for **2015** vaccination do the following:

Confirm below that your request for **2015** vaccine support is as per table **7.11 Calculation of requirements**

**Yes**

If you don't confirm, please explain:

N/A

## 7.10. Weighted average prices of supplies and related freight costs

**Table 7.10.1:** Cost of Commodities

Estimated prices of supply are not disclosed

**Table 7.10.2:** Freight cost

Vaccine Antigens	Vaccine Type	No threshold	200,000\$		250,000\$	
			<=	>	<=	>
Yellow fever	YF	7.80%				
Type A meningococcal	MENINACONJUGATE	10.20%				
Pneumococcal (PCV10)	PNEUMO	3.00%				
Pneumococcal (PCV13)	PNEUMO	6.00%				
Rotavirus	ROTA	5.00%				
Measles second dose	MEASLES	14.00%				
DTP-HepB	HEPBHIB	2.00%				
HPV bivalent	HPV2	3.50%				
HPV tetravalent	HPV2	3.50%				
RR	OR	13.20%				

Vaccine Antigens	Vaccine Type	500,000\$		2000000\$	
		<=	>	<=	>
Yellow fever	YF				
Type A meningococcal	MENINACONJUGATE				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Measles second dose	MEASLES				
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50%	6.40%		
HPV bivalent	HPV2				
HPV tetravalent	HPV2				
RR	OR				

## 7.11. Calculation of requirements

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

ID		Source		2013	2014	2015	TOTAL
	<b>Number of surviving infants</b>	Table 4	#	176,332	181,622	187,071	545.025
	<b>Number of children to be vaccinated with the first dose</b>	Table 4	#	144,538	172,541	177,717	494.796
	<b>Number of children to be vaccinated with the third dose</b>	Table 4	#	144,538	172,541	177,717	494.796

	<b>Immunization coverage with the third dose</b>	Table 4	%	81.97 %	95.00%	95.00%	
	<b>Number of doses per child</b>	Parameter:	#	3	3	3	
	<b>Estimated vaccine wastage factor</b>	Table 4	#	1.05	1.05	1.05	
	<b>Vaccine stock as at December 31, 2013 *(see explanatory note)</b>		#	49.600			
	<b>Vaccine stock as of January 1, 2014 *(see explanatory note)</b>		#	49.600			
	<b>Number of doses per vial</b>	Parameter:	#		2	2	
	<b>AD syringes required</b>	Parameter:	#		Yes	Yes	
	<b>Reconstitution syringes required</b>	Parameter:	#		Yes	Yes	
	<b>Safety boxes required</b>	Parameter:	#		Yes	Yes	
cc	<b>Country co-financing per dose</b>	Co-financing table	\$		1.36	1.72	
ca	<b>AD syringe price per unit</b>	Table 7.10.1	\$		0.0450	0.0450	
cr	<b>Reconstitution syringe price per unit</b>	Table 7.10.1	\$		0	0	
cs	<b>Safety box price per unit</b>	Table 7.10.1	\$		0.0050	0.0050	
fv	<b>Freight cost as % of vaccines value</b>	Table 7.10.2	%		6.40%	6.40%	
fd	<b>Freight cost as % of material value</b>	Parameter:	%		10.00%	10.00%	

\* Stocks of vaccines on 31 December 2012: the country is requested to indicate the total closing stock on December 31 of the reporting year.

\*\* The country is requested to indicate its opening stock on 1 January 2014, if there is a discrepancy between the stock on 31 December 2013 and 1 January 2014, please explain the reason in the box below.

N/A

For Pentavalent vaccines, GAVI applies a benchmark of a 4.5 month buffer + operational stock. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact the WHO or UNICEF. By default, a buffer + operational stock for 4.5 months are pre-selected.

Not defined

### Co-financing table for **DTP-HepB-Hib, 2 dose(s) per vial, LYOPPHILIZED**

Co-financing group	Graduating		
	2013	2014	2015
Minimum co-financing	1.08	1.36	1.66
Recommended co-financing as per <b>APR 2012</b>			1.66
Your co-financing	1.08	1.36	1.72

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

		<b>2014</b>	<b>2015</b>
<b>Number of vaccine doses</b>	#	282.600	115.100
<b>Number of AD syringes</b>	#	296.900	120.900
<b>Number of re-constitution syringes</b>	#	155.400	63.300
<b>Number of safety boxes</b>	#	4.975	2.025
<b>Total value to be co-financed by GAVI</b>	\$	753.500	246.500

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

		<b>2014</b>	<b>2015</b>
<b>Number of vaccine doses</b>	#	294.100	471.400
<b>Number of AD syringes</b>	#	309.000	494.900
<b>Number of re-constitution syringes</b>	#	161.800	259.300
<b>Number of safety boxes</b>	#	5.200	8.300
<b>Total value of country co-financing</b>	\$	784.500	1,009,000



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

	Formula	2013	2014			
			Total	Government	GAVI	
<b>A</b>	Country co-financing	V	0.00%	51.00 %		
<b>B</b>	Number of children to be vaccinated with the first dose	Table 4	144,538	172,541	87.997	84.544
<b>B1</b>	Number of children to be vaccinated with the third dose	Table 4	144,538	172,541	87.997	84.544
<b>C</b>	Number of doses per child	The immunization schedule	3	3		
<b>D</b>	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	433.615	517,623	263.990	253.633
<b>E</b>	Estimated vaccine wastage factor	Table 4	1.05	1.05		
<b>F</b>	Number of doses required including wastage	$D \times E$		543,505	277.190	266.315
<b>G</b>	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$		33.079	16.871	16.208
<b>H</b>	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$				
<b>H1</b>	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$				
<b>H2</b>	Stock on 1st January	Table 7.11.1	0	49.600		
<b>H3</b>	Shipment plan	UNICEF shipment report		677.300		
<b>I</b>	Total vaccine doses required	$\text{Round up } ((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		576.600	294.069	282.531
<b>J</b>	Number of doses per vial	Vaccine parameter		2		
<b>K</b>	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$		605.773	308.947	296.826
<b>L</b>	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$		317.130	161.738	155.392
<b>M</b>	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$		10.152	5.178	4.974
<b>N</b>	Cost of the required vaccines	$1 * \text{price of vaccine per dose}(g)$		1,415,553	721.939	693.614
<b>O</b>	Cost of AD syringes required	$K \times \text{AD syringe price per unit } (ca)$		27.260	13.903	13.357
<b>P</b>	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit } (cr)$		1.269	648	621
<b>Q</b>	Cost of the required safety boxes	$M \times \text{unit price of safety boxes } (cs)$		51	27	24
<b>R</b>	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value } (fv)$		90.596	46.205	44.391
<b>S</b>	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies } (fd)$		2.858	1.458	1.400
<b>T</b>	Total funds required	$(N+O+P+Q+R+S)$		1,537,587	784.176	753.411
<b>U</b>	Total country co-financing	$I \times \text{Country co-financing per dose } (cc)$		784.176		
<b>V</b>	Country co-financing % of GAVI supported proportion	$U / T$		51.00 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy 2014 shipment. The information would be updated when the shipment plan is available.

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-financing	V	80.38 %		
B	Number of children to be vaccinated with the first dose	Table 4	177,717	142.843	34.874
B1	Number of children to be vaccinated with the third dose	Table 4	177,717	142.843	34.874
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	533,151	428.528	104.623
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses required including wastage	$D \times E$	559,809	449.955	109.854
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$	6.115	4.916	1.199
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$	- 20,418	- 16,411	- 4,007
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$	183.396	147.407	35.989
H2	Stock on 1st January	Table 7.11.1			
H3	Shipment plan	UNICEF shipment report			
I	Total vaccine doses required	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	586.400	471.328	115.072
J	Number of doses per vial	Vaccine parameter	2		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	615.653	494.840	120.813
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	322.520	259.230	63.290
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$	10.320	8.295	2.025
N	Cost of the required vaccines	$1^* \text{ price of vaccine per dose (g)}$	1,149,344	923.802	225.542
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	27.705	22.269	5.436
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	1.291	1.038	253
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes (cs)}$	52	42	10
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value (fv)}$	73.559	59.125	14.434
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	2.905	2.335	570
T	Total funds required	$(N+O+P+Q+R+S)$	1,254,856	1,008,609	246.247
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	1,008,608		
V	Country co-financing % of GAVI supported proportion	$U / T$	80.38 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy 2014 shipment. The information would be updated when the shipment plan is available.

The calculated stock, the stock level estimated by the end of year, is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for the replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

Negative stock in Pentavalent is explained mainly by the fact that vaccines co-financed by Congo were delivered in 2013, which resulted in a low level of stock at the end of the year and hence the use of the buffer stock.

The calculated stock, the stock level estimated by the end of year, is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for the replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

The negative stock in Pentavalent is explained mainly by the fact that vaccines co-financed by Congo were delivered in 2013, which resulted in a low level of stock at the end of the year and hence the need to use the buffer stock.



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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	176,332	181,622	187,071	545.025
	Number of children to be vaccinated with the first dose	Table 4	#	173.446	163,914	177,717	515.077
	Number of children to be vaccinated with the third dose	Table 4	#	173.446	163,914	177,717	515.077
	Immunization coverage with the third dose	Table 4	%	98.36 %	90.25 %	95.00%	
	Number of doses per child	Parameter:	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock as at December 31, 2013 *(see explanatory note)		#	127.550			
	Vaccine stock as of January 1, 2014 *(see explanatory note)		#	127.550			
	Number of doses per vial	Parameter:	#		1	1	
	AD syringes required	Parameter:	#		Yes	Yes	
	Reconstitution syringes required	Parameter:	#		No	No	
	Safety boxes required	Parameter:	#		Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		2.16	2.72	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00%	6.00%	
fd	Freight cost as % of material value	Parameter:	%		0.00%	0.00%	

\* Stocks of vaccines on 31 December 2012: the country is requested to indicate the total closing stock on December 31 of the reporting year.

\*\* The country is requested to indicate its opening stock on 1 January 2014, if there is a discrepancy between the stock on 31 December 2013 and 1 January 2014, please explain the reason in the box below.

N/A

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

Co-financing group	Graduating	2013	2014	2015
Minimum co-financing		1.40	2.06	2.71
Recommended co-financing as per APR 2012				2.83
Your co-financing		1.49	2.16	2.72

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

		2014	2015
Number of vaccine doses	#	156,000	142.300
Number of AD syringes	#	159.800	148.700
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	1.775	1.650

Total value to be co-financed by GAVI	\$	568.000	515.000
---------------------------------------	----	---------	---------

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

		2014	2015
Number of vaccine doses	#	227.500	430.200
Number of AD syringes	#	233.100	449.800
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	2,575	4.950
Total value of country co-financing	\$	828.500	1,557,000



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

	Formula	2013	2014			
			Total	Government	GAVI	
<b>A</b>	Country co-financing	V	0.00%	59.33 %		
<b>B</b>	Number of children to be vaccinated with the first dose	Table 4	173.446	163,914	97.252	66.662
<b>C</b>	Number of doses per child	The immunization schedule	3	3		
<b>D</b>	Number of doses required	$B \times C$	520.338	491,742	291.754	199.988
<b>E</b>	Estimated vaccine wastage factor	Table 4	1.05	1.05		
<b>F</b>	Number of doses required including wastage	$D \times E$		516,330	306.342	209.988
<b>G</b>	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + ((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25$		- 7,149	- 4,241	- 2,908
<b>H</b>	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
<b>H2</b>	Stock on 1st January	Table 7.11.1	0			
<b>I</b>	Total vaccine doses required	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		383.400	227.474	155.926
<b>J</b>	Number of doses per vial	Vaccine parameter		1		
<b>K</b>	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$		392.748	233.020	159.728
<b>L</b>	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$		0	0	0
<b>M</b>	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$		4.321	2.564	1.757
<b>N</b>	Cost of the required vaccines	$1 \times \text{price of vaccine per dose}(g)$		1,300,110	771.363	528.747
<b>O</b>	Cost of AD syringes required	$K \times \text{AD syringe price per unit}(ca)$		17.674	10.487	7.187
<b>P</b>	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit}(cr)$		0	0	0
<b>Q</b>	Cost of the required safety boxes	$M \times \text{unit price of safety boxes}(cs)$		22	14	8
<b>R</b>	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value}(fv)$		78.007	46.283	31.724
<b>S</b>	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$		0	0	0
<b>T</b>	Total funds required	$(N+O+P+Q+R+S)$		1,395,813	828.144	567.669
<b>U</b>	Total country co-financing	$I \times \text{Country co-financing per dose}(cc)$		828.144		
<b>V</b>	Country co-financing % of GAVI supported proportion	$U / T$		59.33 %		

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-financing	V	75.15%		
B	Number of children to be vaccinated with the first dose	Table 4	177,717	133.559	44.158
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B \times C$	533,151	400.677	132.474
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses required including wastage	$D \times E$	559,809	420.711	139.098
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	10.870	8.170	2.700
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Stock on 1st January	Table 7.11.1			
I	Total vaccine doses required	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	572.400	430.174	142.226
J	Number of doses per vial	Vaccine parameter	1		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	598.424	449.731	148.693
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$	6.583	4.948	1.635
N	Cost of the required vaccines	$1^* \text{ price of vaccine per dose}(g)$	1,928,988	1,449,684	479.304
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit}(ca)$	26.930	20.239	6.691
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit}(cr)$	0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes}(cs)$	33	25	8
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value}(fv)$	115.740	86.982	28.758
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	2,071,691	1,556,928	514.763
U	Total country co-financing	$I \times \text{Country co-financing per dose}(cc)$	1,556,928		
V	Country co-financing % of GAVI supported proportion	$U / T$	75.15%		

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	176,332	181,622	187,071	545.025
	Number of children to be vaccinated with the first dose	Table 4	#	0	163,914	168,831	332,745
	Number of children to be vaccinated with the second dose	Table 4	#		163,914	149,657	313.571
	Immunization coverage with the second dose	Table 4	%	0.00%	90.25 %	80.00%	
	Number of doses per child	Parameter:	#	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	
	Vaccine stock as at December 31, 2013 *(see explanatory note)		#	0			
	Vaccine stock as of January 1, 2014 *(see explanatory note)		#	0			
	Number of doses per vial	Parameter:	#		1	1	
	AD syringes required	Parameter:	#		No	No	
	Reconstitution syringes required	Parameter:	#		No	No	
	Safety boxes required	Parameter:	#		No	No	
cc	Country co-financing per dose	Co-financing table	\$		0.48	1.01	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		5.00%	5.00%	
fd	Freight cost as % of material value	Parameter:	%		0.00%	0.00%	

\* Stocks of vaccines on 31 December 2012: the country is requested to indicate the total closing stock on December 31 of the reporting year.

\*\* The country is requested to indicate its opening stock on 1 January 2014, if there is a discrepancy between the stock on 31 December 2013 and 1 January 2014, please explain the reason in the box below.

N/A

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

Co-financing group	Graduating	2013	2014	2015
Minimum co-financing			0.48	1.01
Recommended co-financing as per APR 2012				1.01
Your co-financing			0.48	1.01

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

		2014	2015
Number of vaccine doses	#	353.700	223.500
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0

Total value to be co-financed by GAVI	\$	951.000	599.000
---------------------------------------	----	---------	---------

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

		2014	2015
Number of vaccine doses	#	76.900	135.100
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value of country co-financing	\$	207.000	362.500





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

	Formula	2013	2014			
			Total	Government	GAVI	
<b>A</b>	Country co-financing	V	0.00%	17.85 %		
<b>B</b>	Number of children to be vaccinated with the first dose	Table 4	0	163,914	29.259	134.655
<b>C</b>	Number of doses per child	The immunization schedule	2	2		
<b>D</b>	Number of doses required	$B \times C$	0	327,828	58.518	269.310
<b>E</b>	Estimated vaccine wastage factor	Table 4	1.00	1.05		
<b>F</b>	Number of doses required including wastage	$D \times E$		344,220	61.444	282.776
<b>G</b>	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		86,055	15.361	70.694
<b>H</b>	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
<b>H2</b>	Stock on 1st January	Table 7.11.1	0			
<b>I</b>	Total vaccine doses required	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		430.500	76.845	353.655
<b>J</b>	Number of doses per vial	Vaccine parameter		1		
<b>K</b>	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$		0	0	0
<b>L</b>	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$		0	0	0
<b>M</b>	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$		0	0	0
<b>N</b>	Cost of the required vaccines	$1 \times \text{price of vaccine per dose}(g)$		1,102,511	196.800	905.711
<b>O</b>	Cost of AD syringes required	$K \times \text{AD syringe price per unit}(ca)$		0	0	0
<b>P</b>	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit}(cr)$		0	0	0
<b>Q</b>	Cost of the required safety boxes	$M \times \text{unit price of safety boxes}(cs)$		0	0	0
<b>R</b>	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value}(fv)$		55.126	9.841	45.285
<b>S</b>	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$		0	0	0
<b>T</b>	Total funds required	$(N+O+P+Q+R+S)$		1,157,637	206.641	950.996
<b>U</b>	Total country co-financing	$I \times \text{Country co-financing per dose}(cc)$		206.640		
<b>V</b>	Country co-financing % of GAVI supported proportion	$U / T$		17.85 %		

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-financing	V	37.68 %		
B	Number of children to be vaccinated with the first dose	Table 4	168,831	63.612	105.219
C	Number of doses per child	The immunization schedule	2		
D	Number of doses required	$B \times C$	337,662	127.223	210.439
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses required including wastage	$D \times E$	354,546	133.584	220.962
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	2,582	973	1.609
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Stock on 1st January	Table 7.11.1			
I	Total vaccine doses required	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	358.500	135.074	223.426
J	Number of doses per vial	Vaccine parameter	1		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	0	0	0
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	0	0	0
N	Cost of the required vaccines	$I^* \text{ price of vaccine per dose}(g)$	915.251	344.843	570.408
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit} (ca)$	0	0	0
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit} (cr)$	0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes} (cs)$	0	0	0
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value} (fv)$	45.763	17.243	28.520
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies} (fd)$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	961.014	362.085	598.929
U	Total country co-financing	$I \times \text{Country co-financing per dose} (cc)$	362.085		
V	Country co-financing % of GAVI supported proportion	$U / T$	37.68 %		

**Table 7.11.1: Characteristics for Yellow fever, 10 dose(s) per vial, LYOPHILIZED**

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	176,332	181,622	187,071	545.025
	Number of children to be vaccinated with the first dose	Table 4	#	153.405	168,908	177,717	500.030
	Number of doses per child	Parameter:	#	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.33	1.25	1.25	
	Vaccine stock as at December 31, 2013 *(see explanatory note)		#	44.300			
	Vaccine stock as of January 1, 2014 *(see explanatory note)		#	44.300			
	Number of doses per vial	Parameter:	#		10	10	
	AD syringes required	Parameter:	#		Yes	Yes	
	Reconstitution syringes required	Parameter:	#		Yes	Yes	
	Safety boxes required	Parameter:	#		Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		0.65	0.88	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		7.80%	7.80%	
fd	Freight cost as % of material value	Parameter:	%		10.00%	10.00%	

\* Stocks of vaccines on 31 December 2012: the country is requested to indicate the total closing stock on December 31 of the reporting year.

\*\* The country is requested to indicate its opening stock on 1 January 2014, if there is a discrepancy between the stock on 31 December 2013 and 1 January 2014, please explain the reason in the box below.

N/A

**Co-financing table for Yellow fever, 10 dose (s) per vial, LYOPHILIZED**

Co-financing group	Graduating	2013	2014	2015
Minimum co-financing		0.44	0.65	0.88
Recommended co-financing as per APR 2012				0.88
Your co-financing		0.45	0.65	0.88

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

		2014	2015
Number of vaccine doses	#	79.300	63.300
Number of AD syringes	#	65.700	55.900
Number of re-constitution syringes	#	8,800	7.000
Number of safety boxes	#	825	700
Total value to be co-financed by GAVI	\$	96,500	78.000

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

		2014	2015
Number of vaccine doses	#	91.600	161.700
Number of AD syringes	#	75.800	142.700
Number of re-constitution syringes	#	10.100	17.800
Number of safety boxes	#	950	1.775
Total value of country co-financing	\$	111.500	198.000



**Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose(s) per vial, LYOPHILIZED (section 1)**

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00%	53.57 %		
B	Number of children to be vaccinated with the first dose	Table 4	153.405	168,908	90.489	78.419
C	Number of doses per child	The immunization schedule	1	1		
D	Number of doses required	$B \times C$	153.405	168,908	90.489	78.419
E	Estimated vaccine wastage factor	Table 4	1.33	1.25		
F	Number of doses required including wastage	$D \times E$		211,135	113.111	98.024
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		3.876	2.077	1.799
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H2	Stock on 1st January	Table 7.11.1	0			
I	Total vaccine doses required	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		170.800	91.503	79.297
J	Number of doses per vial	Vaccine parameter		10		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$		141.333	75.717	65.616
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$		18.788	10.066	8.722
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$		1.762	944	818
N	Cost of the required vaccines	$1 \times \text{price of vaccine per dose}(g)$		185.660	99.464	86.196
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit}(ca)$		6.360	3.408	2,952
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit}(cr)$		76	41	35
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes}(cs)$		9	5	4
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value}(fv)$		14.482	7.759	6.723
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$		645	346	299
T	Total funds required	$(N+O+P+Q+R+S)$		207.232	111.021	96.211
U	Total country co-financing	$I \times \text{Country co-financing per dose}(cc)$		111.020		
V	Country co-financing % of GAVI supported proportion	$U / T$		53.57 %		

**Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose(s) per vial, LYOPHILIZED (section 2)**

	Formula	2015			
		Total	Government	GAVI	
A	Country co-financing	V	71.86 %		
B	Number of children to be vaccinated with the first dose	Table 4	177,717	127.702	50.015
C	Number of doses per child	The immunization schedule	1		
D	Number of doses required	$B \times C$	177,717	127.702	50.015
E	Estimated vaccine wastage factor	Table 4	1.25		
F	Number of doses required including wastage	$D \times E$	222,147	159.628	62.519
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	2,753	1.979	774
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Stock on 1st January	Table 7.11.1			
I	Total vaccine doses required	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	224.900	161.606	63.294
J	Number of doses per vial	Vaccine parameter	10		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	198.518	142.649	55.869
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	24.740	17.778	6.962
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$	2.456	1.765	691
N	Cost of the required vaccines	$I^* \text{ price of vaccine per dose}(g)$	246.266	176.959	69.307
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit}(ca)$	8.934	6.420	2.514
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit}(cr)$	99	72	27
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes}(cs)$	13	10	3
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value}(fv)$	19.209	13.803	5.406
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$	905	651	254
T	Total funds required	$(N+O+P+Q+R+S)$	275.426	197.912	77.514
U	Total country co-financing	$I \times \text{Country co-financing per dose}(cc)$	197.912		
V	Country co-financing % of GAVI supported proportion	$U / T$	71.86 %		

## 8. Injection Safety Support (INS)

This type of support is no longer available



## 9. Health System Strengthening Support (HSS)

The [Republic of Congo \(Brazzaville\)](#) will not present a report on the use of funds for Health System strengthening (HSS) in [2014](#)

Please complete and attach the [HSS Reporting Form](#) to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

## **10. Strengthen the involvement of Civil Society Organizations (CSO): type A and type B**

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

Chad has not received GAVI support for the Type A CSOs

The Republic of Congo (Brazzaville) will not present a report on Type A GAVI support to the CSOs in 2013

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

The Republic of Congo (Brazzaville) **has not received Type B GAVI support for the CSOs**

The Republic of Congo (Brazzaville) will not present a report on Type B GAVI support to the CSOs in 2013

## 11. Comments from ICC/ HSCC Chairs

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

The comments from the ICC members were essentially based on the following points:

- 1- The need to revise the plan for the grading of Congo, because despite the actions taken, the country does not seem to be able to cope satisfactorily with the GAVI requirements. The ICC members want an extension of GAVI support for 2-3 years to allow greater ownership of financial issues for Government immunization funding.
- 2- The ICC members want the Congo to continue to benefit from preferential GAVI support for vaccines once the actual withdrawal is in effect.

## 12. Annexes

### 12.1. Annexe 1: ISS instructions

#### INSTRUCTIONS:

#### FINANCIAL STATEMENTS **FOR THE ALLOCATION OF NEW VACCINE INTRODUCTION UNDER IMMUNIZATION SERVICES SUPPORT (ISS)**

All countries that have received ISS/ new vaccine introduction grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/ new vaccine introduction grants in 2013, are required to submit financial statements for these programs as part of their Annual Progress Reports.

II. Financial statements should be compiled based on the 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 2013 calendar year, to be comprised of points (a) through (f), below. A basic sample statement of income and expenditure is provided on the following page.

- a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)
- b. Income received from GAVI during 2013
- c. Other income received during 2013 (interest, fees, etc)
- d. Total expenditure during the calendar year
- e. Closing balance as of 31 December 2013
- f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis summarizes the total annual expenditure for the year by your Government's own system of economic classification, and relevant cost categories (for example: salaries and wages). Cost categories used shall be based on the economic classification from your Government. 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 2013 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not be audited/ certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the financial year 2013. Audits for ISS funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

## 12.2. Annexe 2 - Example income & expenditure ISS

### MINIMUM REQUIREMENTS FOR ISS FINANCIAL STATEMENTS AND FOR THE ALLOCATION OF NEW VACCINE INTRODUCTION 1

*An example of an income & expenditure statement*

Summary Table of income & expenditure – GAVI-ISS		
	Local Currency (CFA)	Value in USD*
Closing balance for 2012 (as of 31 December 2012)	25,392,830	53.000
<b>Summary of income received in 2013</b>		
Income received from GAVI	57,493,200	120.000
Income from interest	7,665,760	16.000
Other incomes (charges)	179.666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81.375</b>
<b>Total expenditure in 2013</b>	<b>30,592,132</b>	<b>63.852</b>
<b>Closing Balance on 31 December 2013</b> (Balance carried over to 2014)	<b>60,139,325</b>	<b>125.523</b>

\* Enter the exchange rate at the opening on 01.01.2013, the exchange rate at close on 31.12.2013 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

Detailed Analysis of Expenses by economic classification** – GAVI ISS						
	Budget in CFA	Budget in US\$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Payment of daily allowances	9,000,000	18.785	6,150,000	12.836	2,850,000	5.949
<b>Non-Salary expenditure</b>						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance and general expenses	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
<b>Other expenses</b>						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
<b>TOTAL FOR 2013</b>	<b>42,000,000</b>	<b>87.663</b>	<b>30,592,132</b>	<b>63.852</b>	<b>11,407,868</b>	<b>23.811</b>

\*\*The expense categories are indicative and included only as an example. Each Government will provide financial statements in compliance with their own economic classification system.

## 12.3. Annexe 3 - Instructions for HSS support

### INSTRUCTIONS:

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

- I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based on the 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 activities carried out during the calendar year 2013, taking into account the points (a) through (f), below. A basic sample statement of income and expenditure is provided on the following page.
  - a. Funds carried forward from calendar year 2012 (opening balance as of 1 January 2013)
  - b. Income received from GAVI during 2013
  - c. Other income received during 2013 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2013
  - f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarize the total annual expenditure for each HSS objective and activity, as per your government's originally approved HSS proposal, with further breakdown by cost category (for example: salaries and wages). Cost categories used shall be based on the economic classification from your Government. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (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 exchange rate has been applied, and any additional notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not be audited/ certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for ISS funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in respective countries.

## 12.4. Annexe 4 - Example income & expenditure HSS

### MINIMUM REQUIREMENTS FOR THE HSS-SUPPORT FINANCIAL STATEMENTS:

*An example of an income & expenditure statement*

Summary Table of income & expenditure – GAVI-HSS		
	Local Currency (CFA)	Value in USD*
Closing balance for 2012 (as of 31 December 2012)	25,392,830	53.000
<b>Summary of income received in 2013</b>		
Income received from GAVI	57,493,200	120.000
Income from interest	7,665,760	16.000
Other incomes (charges)	179.666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81.375</b>
<b>Total expenditure in 2013</b>	<b>30,592,132</b>	<b>63.852</b>
<b>Closing Balance on 31 December 2013</b> (Balance carried over to 2014)	<b>60,139,325</b>	<b>125.523</b>

\* Enter the exchange rate at the opening on 01.01.2013, the exchange rate at close on 31.12.2013 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

Detailed Analysis of Expenses by economic classification ** - GAVI-ISS						
	Budget in CFA	Budget in US\$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Payment of daily allowances	9,000,000	18.785	6,150,000	12.836	2,850,000	5.949
<b>Non-Salary expenditure</b>						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance and general expenses	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
<b>Other expenses</b>						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
<b>TOTAL FOR 2013</b>	<b>42,000,000</b>	<b>87.663</b>	<b>30,592,132</b>	<b>63.852</b>	<b>11,407,868</b>	<b>23.811</b>

\*\*The expense categories are indicative and included only as an example. Each Government will provide financial statements in compliance with their own economic classification system.



## 12.5. Annexe 5 - Instructions for CSO support

### INSTRUCTIONS:

#### FINANCIAL STATEMENTS FOR **SUPPORT TO CIVIL SOCIETY ORGANIZATIONS (CSO)** TYPE B

- I. All countries that have received CSO - Type B grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO-Type B grants in 2013, are required to submit financial statements for these programs as part of their Annual Progress Report.
- II. Financial statements should be compiled based on the 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 activities carried out during the calendar year 2013, taking into account the points (a) through (f), below. A basic sample statement of income and expenditure is provided on the following page.
  - a. Funds carried forward from calendar year 2012 (opening balance as of 1 January 2013)
  - b. Income received from GAVI during 2013
  - c. Other income received during 2013 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2013
  - f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarize the total annual expenditure for each partner of the civil society, per your government's originally approved type B CSO support, with further breakdown by cost category (for example: salaries and wages). Cost categories used shall be based on the economic classification from your Government. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (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 exchange rate has been applied, and any additional notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not be audited/ certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for the CSO-Type B funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

## 12.6. Annexe 6 - Example income & expenditure CSO

### MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS ON TYPE- B CSO SUPPORT:

*An example of an income & expenditure statement*

Summary Table of income & expenditure – GAVI-CSO		
	Local Currency (CFA)	Value in USD*
Closing balance for 2012 (as of 31 December 2012)	25,392,830	53.000
<b>Summary of income received in 2013</b>		
Income received from GAVI	57,493,200	120.000
Income from interest	7,665,760	16.000
Other incomes (charges)	179.666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81.375</b>
<b>Total expenditure in 2013</b>	<b>30,592,132</b>	<b>63.852</b>
<b>Closing Balance on 31 December 2013</b> (Balance carried over to 2014)	<b>60,139,325</b>	<b>125.523</b>








\* Enter the exchange rate at the opening on 01.01.2013, the exchange rate at close on 31.12.2013 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

Detailed Analysis of Expenses by economic classification ** - GAVI-CSOs						
	Budget in CFA	Budget in US\$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Payment of daily allowances	9,000,000	18.785	6,150,000	12.836	2,850,000	5.949
<b>Non-Salary expenditure</b>						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance and general expenses	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
<b>Other expenses</b>						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
<b>TOTAL FOR 2013</b>	<b>42,000,000</b>	<b>87.663</b>	<b>30,592,132</b>	<b>63.852</b>	<b>11,407,868</b>	<b>23.811</b>

\*\*The expense categories are indicative and included only as an example. Each Government will provide financial statements in compliance with their own economic classification system.

## 13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature from the Health Minister (or delegated authority)	2.1	<input checked="" type="checkbox"/>	<a href="#">Min Santé et finance.pdf</a> <b>File desc:</b> .... Signatures of the Health and Finance Ministers <b>Date/ Time:</b> 15/05/2014 09:15:46 <b>Size:</b> 923 KB
2	Signature from Finance Minister (or delegated authority)	2.1	<input checked="" type="checkbox"/>	<a href="#">Min Santé et finance.pdf</a> <b>File desc:</b> .... Signatures of the Health and Finance Ministers <b>Date/ Time:</b> 15/05/2014 9:18:42 AM <b>Size:</b> 923 KB
3	Signatures from ICC members	2.2	<input checked="" type="checkbox"/>	<a href="#">Liste de présence CCIA du 13 05 2014.pdf</a> <b>File desc:</b> .... List of ICC members endorsing the APR 2013 <b>Date/ Time:</b> 15/05/2014 9:41:26 AM
4	Minutes of the ICC meeting in 2014 endorsing the Annual Progress Report 2013.	5.7	<input checked="" type="checkbox"/>	<a href="#">CCIA Séance du 13 05 2014.pdf</a> <b>File desc:</b> .... Minutes of the ICC meeting endorsing APR 2013 <b>Date/ Time:</b> 15/05/2014 9:37:53 AM <b>Size:</b> 1 MB
5	Signature of HSCC members	2.3	<input type="checkbox"/>	No file downloaded
6	Minutes of the HSCC meeting in 2014 endorsing the Annual Progress Report 2013	9.9.3	<input checked="" type="checkbox"/>	<a href="#">Signatures CCSS.doc</a> <b>File desc:</b> .... HSCC, Not Applicable <b>Date/ Time:</b> 15/05/2014 10:05:36 AM <b>Size:</b> 24 KB

7	Financial statements for the allocation of HSS (fiscal year 2013) signed by the Chief Accountant or the Permanent Secretary of the Ministry of Health.	6.2.1.		<a href="#">Analyse détaillée des dépenses des SSV de GAVI.pdf</a> <b>File desc:</b> .... Expenditure report ISS 2013 <b>Date/ Time:</b> 15/05/2014 9:33:43 AM
8	External audit report on the allocation of ISS (fiscal year 2013)	6.2.3		<a href="#">Rapport d'audit des fonds du BONUS de GAVI.pdf</a> <b>File desc:</b> .... Audit Report for ISS Funds for 2013 <b>Date/ Time:</b> 15/05/2014 10:22:10 AM <b>Size:</b> 1 MB
9	Post-introduction Evaluation Report	7.2.2.		<a href="#">RAPPORT PIE PCV13 CONGO Oct 2013 final IVD congo.doc</a> <b>File desc:</b> .... Post introduction evaluation report for PCV-13 <b>Date/ Time:</b> 11/05/2014 05:54:50
10	Financial statements of grants for introducing new vaccines (fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health	7.3.1		<a href="#">Congo SVN 2013.doc</a> <b>File desc:</b> .... SVN Congo 2013 Not applicable <b>Date/ Time:</b> 15/05/2014 9:24:32 AM <b>Size:</b> 24 KB
11	External audit report for the allocation of the introduction of a new vaccine (fiscal year 2013), if the total expenses in 2013 are greater than USD 250,000	7.3.1		<a href="#">Congo SVN 2013.doc</a> <b>File desc:</b> .... SVN Congo 2013 Not applicable <b>Date/ Time:</b> 15/05/2014 9:28:05 AM <b>Size:</b> 24 KB
12	EVSM/VMA/EVM report	7.5		<a href="#">Rapport EVM 2010 vs finale.doc</a> <b>File desc:</b> .... EVM Report 2010 <b>Date/ Time:</b> 11/05/2014 6:32:29 AM <b>Size:</b> 386 KB
13	Latest EVSM/VMA/EVM improvement plan	7.5		<a href="#">Plan d'amélioration de la gestion des vaccins.2011-2012.doc</a> <b>File desc:</b> .... EVM Improvement Plan <b>Date/ Time:</b> 11/05/2014 6:39:26 AM

14	Status of the implementation of EVSM/VMA/EVM improvement plan	7.5	<input checked="" type="checkbox"/>	<a href="#">Rapport Mise en oeuvre GEV RAS 2013.doc</a> <b>File desc:</b> .... EVM 2013 Implementation Report <b>Date/ Time:</b> 15/05/2014 10:18:00 AM <b>Size:</b> 94 KB
16	cMYP valid if the country requests for extension of support	7.8	<input type="checkbox"/>	<a href="#">PPAC 2012-2016 CONGO.doc</a> <b>File desc:</b> .... Comprehensive Multi-Year Plan 2012-2016 for EPI Congo <b>Date/ Time:</b> 11/05/2014 6:10:49 AM
17	Costing tool for the cMYP valid if the country requests for extension of support.	7.8	<input type="checkbox"/>	<a href="#">CONGO cMYP Costing Tool Vs 2 6 Fr 2012-2016 final.xls</a> <b>File desc:</b> .... Costing tool for the cMYP Congo <b>Date/ Time:</b> 11/05/2014 6:28:01 AM
18	Minutes of the ICC meeting approving the extension of support to vaccines, if applicable	7.8	<input type="checkbox"/>	No file downloaded
19	Financial statements for the HSS funds (fiscal year 2013) signed by the Head Accountant or by the Permanent Secretary of the Ministry of Health.	9.1.3	<input type="checkbox"/>	No file downloaded
20	Financial statements for the HSS funds for the period January-April 2014 signed by the Head Accountant or by the Permanent Secretary of the Ministry of Health.	9.1.3	<input type="checkbox"/>	No file downloaded
21	External audit report on the allocation of HSS (fiscal year 2013)	9.1.3	<input type="checkbox"/>	No file downloaded
22	Review report for health sector-HSS	9.9.3	<input type="checkbox"/>	No file downloaded
23	Listing Report - Type A - CSO support	10.1.1	<input type="checkbox"/>	No file downloaded
24	Financial statement for the allocation of type B CSO support (fiscal year 2013)	10.2.4	<input type="checkbox"/>	No file downloaded

25	External audit report on Type B CSO support (fiscal year 2013)	10.2.4	<input type="checkbox"/>	No file downloaded
26	Bank statements for each cash program or a cumulative bank statement for all the cash programs if funds are kept in the same bank account where the opening and closing balance for the year 2013 i) January 1, 2013 and ii) closing balance on December 31, 2013.	0	<input checked="" type="checkbox"/>	<a href="#">Relevé bancaire 2.pdf</a> <b>File desc:</b> .... Bank Statement for EPI 2013 <b>Date/ Time:</b> 15/05/2014 10:45:57 AM <b>Size:</b> 2 MB
27	compte_rendu_réunion_ccia_changement_présentation_vaccin	7.7	<input type="checkbox"/>	No file downloaded
	Another document		<input type="checkbox"/>	<a href="#">CCIA Séance du 14 05 2013.pdf</a> <b>File desc:</b> .... ICC Report 2013 <b>Date/ Time:</b> 15/05/2014 10:09:34 AM <b>Size:</b> 1 MB