



The GAVI Alliance

2013 Annual Progress Report

Submitted by
the Government of
Haiti

Reporting on year: **2013**
Requesting support for the year: **2015**
Date of submission: **Not yet submitted**
Deadline for submission: 22 May 2014

Please submit the 2013 Annual Progress Report using the on-line platform
<https://AppsPortal.gavialliance.org/PDExtranet>

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

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. Electronic copies of previous annual progress reports and approved requests for assistance are available at the following address <http://www.gavialliance.org/country/>*

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

The Country agrees to reimburse the GAVI Alliance for all funds 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 (60) days after the Country receives the GAVI Alliance's request for a reimbursement and must be paid to the account or accounts as directed by the GAVI Alliance. Any funds reimbursed must be deposited into the account or accounts designated by the GAVI Alliance.

SUSPENSION/TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purposes other than for the programs described in the Country's 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 programmes described in this application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION MEASURES

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

AUDITS AND RECORDS

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

The Country must maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country must 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 misuse of funds, the country must preserve these records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the government confirm that this application is accurate and correct and form legally binding obligations on the Country, under the Country's law, to carry out the programmes described in this application.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

The GAVI Alliance shall not be liable to the country for any claim or loss relating to the programmes described in this application, including without limitation, any financial loss, reliance claims, any harm to property, or bodily injury or death. The country is solely responsible for all aspects of the management and implementation of the programs described in this application.

By preparing this APR the Country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Major problems encountered and how the country has tried to overcome them.

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

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

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

1. Characteristics of assistance

Reporting on year: **2013**

Requesting support for the year: **2015**

1.1. NVS & Injection Supplies support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 2 dose(s) per vial, FREEZE-DRIED	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2 scheduled doses	Rotavirus, 2 scheduled doses	2015

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

1.2. 1.2. Programme extension

No NVS eligible for extension this year.

1.3. ISS, HSS, CSO

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	No	next tranche: N/A	N/A
VIG	Yes	N/A	N/A

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

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2012** is available [here](#). It is also available in French [here](#).

2. Signatures

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

By signing this page, the Government of **Haiti** hereby certifies the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of **Haiti**

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

Minister of Health (or authorized representative)		Minister of Finance (or authorized representative)	
Name	Dr. Florence Duperval Guillaume	Name	Mrs. Marie Carmelle Jean Marie
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone number	Email address
Dr. Yves Gaston Deslouches	National Director of the EPI	(509) 37519667	ygdeslouches@mspp.gouv.ht / ygdeslouches@yahoo.fr

2.2. ICC Signatures Page

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

In some countries, HSCC and ICC committees have been merged into a single committee. Please complete each section where information is required and upload the signatures in the section of the attached documents, once for the HSCC signatures and once for the ICC signatures.

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

2.2.1. ICC Report Endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), endorse this report. Signature of 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
Dr. Jean Luc Poncelet , Representative	Pan-American Health Organization/World Health Organization		

Edouard Beigbeder , Representative	UNICEF		
Elizabeth Warchow	Tripartite Project (Brazil-Cuba-Haiti)		
	Centers for Diseases Control (CDC)		
	Canadian Cooperation Office		
	Association des Oeuvres Privees de Sante (AOPS)		
	Red Cross of Haiti		
	Pediatrics Association of Haiti		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

Haiti is not submitting 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)

Haiti is not submitting a report on the use of type A and B CSO funds in 2014

3. Table of Contents

This APR reports on *Haiti's* activities between January – December 2013 and specifies the requests for the period of January – December 2015

Sections

[1. Application Specification](#)

[1.1. NVS & Injection Supplies support](#)

[1.2. Programme extension](#)

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

[1.4. Previous Monitoring 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 Programme Management Component](#)

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

[5.2. Immunisation Achievements in 2013](#)

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

[5.4. Data assessments](#)

[5.5. Overall Expenditures and Financing for Immunisation](#)

[5.6. Financial management](#)

[5.7. Inter-Agency Coordinating Committee](#)

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

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

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

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

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

[6.3. Request for ISS reward](#)

[7. New and Underused Vaccines Support \(NVS\)](#)

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

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

[7.3. New Vaccine Introduction Grant Lump Sums 2013](#)

[7.3.1. Financial Management Reporting](#)

[7.3.2. Programmatic Reporting](#)

[7.4. Report on Country Co-financing in 2013](#)

[7.5. Vaccine management \(EVSM/EVM/VMA\)](#)

[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 2015 vaccination programme](#)

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

- [7.11. Calculation of requirements](#)
- [8. Injection Safety Support \(INS\)](#)
- [9. Health System Strengthening Support \(HSS\)](#)
- [10. Increasing civil society organization \(CSO\) participation: 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. Appendices](#)
 - [12.1. Annex 1 - Terms of reference ISS](#)
 - [12.2. Annex 2 - Example income & expenditure ISS](#)
 - [12.3. Annex 3 - Terms of reference HSS](#)
 - [12.4. Annex 4 - Example income & expenditure HSS](#)
 - [12.5. Annex 5 - Terms of reference CSO](#)
 - [12.6. Annex 6 - Example income & expenditure CSO](#)
- [13. Attachments](#)

4. Baseline and Annual Targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative and maximum wastage values as shown for purposes of approximate information in the **Wastage Rate Table** in the guidelines for support requests. Please describe the reference wastage rate for the pentavalent vaccine available in 10-dose vials.

Number	Achievements as per JRF		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	N/A	297,815		314,876	323,567	323,567
Total number of infant deaths	N/A	17,571		17,948	18,443	18,443
Total surviving infants	N/A	280,244		296,928	305,124	305,124
Total number of pregnant women	N/A	342,488		314,876	323,567	323,567
Number of infants vaccinated (to be vaccinated) with BCG		223,104		236,157	258,854	258,854
BCG coverage		75 %		75 %	80 %	80 %
Number of infants vaccinated (to be vaccinated) with OPV3		259,025		237,542	274,611	274,611
OPV3 coverage		92 %		80 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1		0		0	289,867	0
Number of infants vaccinated (to be vaccinated) with DTP3		0		0	274,611	0
DTP3 coverage		0 %		0 %	90 %	0 %
Wastage [1] rate in base-year and planned thereafter (%) for DTP vaccine		0		0	0	0
Wastage [1] factor in base-year and planned thereafter for DTP		1.00		1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib vaccine		252,519		267,235	289,867	289,867
Number of infants vaccinated (to be vaccinated) with 3 doses of DTP-HepB-Hib vaccine		239,066		252,389	274,611	274,611
DTP-HepB-Hib coverage		85 %		85 %	90 %	90 %
Wastage [1] rate in base-year and planned thereafter (%)		5		5	0	5
Wastage [1] factor in base-year and planned thereafter (%)		1.05		1.05	1	1.05
Maximum wastage rate for DTP-HepB-Hib, 2 dose(s) per vial, Liquid	0 %	5 %	0 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13) vaccine		0		0		267,235

Number of infants vaccinated (to be vaccinated) with 3 doses of Pneumococcal (PCV13) vaccine		0		0		252,389
Pneumococcal (PCV13) coverage		0 %		0 %	0 %	83 %
Wastage [1] rate in base-year and planned thereafter (%)		5		5		5
Wastage [1] factor in base-year and planned thereafter (%)		1.05		1.05	1	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose(s) of Rotavirus vaccine		0		245,610		289,867
Number of infants vaccinated (to be vaccinated) with 2 dose(s) of Rotavirus vaccine		0		245,610		252,389
Rotavirus vaccine coverage		0 %		83 %	0 %	83 %
Wastage [1] rate in base-year and planned thereafter (%)		5		5		5
Wastage [1] factor in base-year and planned thereafter (%)		1.05		1.05	1	1.05
Maximum wastage rate value for the Rotavirus vaccine, 2 scheduled doses	0 %	5 %	0 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of measles vaccine		225,359		237,542	274,611	274,611
Measles coverage		80 %		80 %	90 %	90 %
Pregnant women vaccinated with TT+		193,742		220,413	258,853	258,853
TT+ coverage		57 %		70 %	80 %	80 %
Vit A supplement to mothers within 6 weeks after delivery					0	0
Vit A supplement to infants after 6 months	N/A	296,901	N/A	1,228,156	1,231,749	1,231,749
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100		0 %		0 %	5 %	0 %

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

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

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

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 procurement records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated Baseline and Annual Targets

Note: Fill in the table in Section 4, Baseline and Annual Targets before continuing

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

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

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

The number of births reported in the 2012 APR for the year 2013 is 306,419. This figure differs from the one provided in the 2013 JFR and in this 2013 APR, which reported 297,815 live births for this period. This difference is explained by the fact that the Management of the Expanded Program on Immunisation had to make changes in its database, taking into consideration new data obtained from the Haitian Institute of Statistics and Data Processing (IHSD).

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

The number of surviving infants represents 59/1000 of the new number of live births. This rate is the one indicated by the most recent Survey of Morbidity, Mortality and Utilization of Services conducted in 2012 (EMMUS V).

- Justification for any changes in targets by vaccine **Please note that targets that exceed the previous years' results by more than 10 % must be justified.**

In 2012, the coverage objective for children below the age of 1 by DTC3 was increased by 10%, from 75% to 85%. This decision was made because the program exceeded the target set in 2011. Consequently, the objectives for the subsequent years 2013, 2014 and 2015 have been increased from respectively 80, 85 and 90% to 85%, 90% and 95%. On this basis, it can be concluded that coverage of children below the age of 1 by the pentavalent vaccine has achieved the objective set for the year 2013.

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

No change has been made to the vaccine wastage rate accepted by GAVI.

5.2. Results of immunisation in 2013

5.2.1. Please comment on immunisation programme results in comparison to targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2013 and how these were addressed:

For 2013, we have observed a significant surpassing of the coverage objectives set for BCG, VPO3 and RR. The objectives for these indicators have been exceeded by 5%, 17% and 10% respectively. For Penta 3, the objective of 85% has been achieved.

These levels of performance are explained by the execution of the activities described below:

- The organization at the level of the municipalities, which performed poorly during the year 2013 of Immunisation Acceleration Weeks, during which all the vaccines were administered late to children less than one year of age with reference to their immunisation status.
- The application of the RED approach throughout the year at the level of the municipalities that had low levels of coverage in 2012 ...
- An operation called "Punch" carried out in August 2013, by a network of institutions staffed by Community Health Liaisons (SDSH) financed by USAID. In the framework of this "Operation Punch", the immunisation status of children less than 1 year of age living in areas not serviced by the SDSH project was supplemented. Note that the teams of community immunisation agents in this project operate primarily in suburban areas and in rural areas where access is difficult
- The Childhood Health Week carried out in November 2013, during which the immunisation status of children less than 1 year of age was supplemented.

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

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. During the last five years, were sex-disaggregated data on immunization service access available in your country from administrative data sources and/or studies on DTP3 coverage? **yes, available**

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

Source of data	Reference Year for Estimates	DTP3 Coverage Estimate	
		Boys	Girls
EMMUS IV	2005-2006	39.6%	43.1%
EMMUS V	2010-2011	64.9 %	60.2 %

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

There are no gender-specific obstacles to immunisation access. The most recent surveys, EMMIS IV and V, conducted by the Ministry of Health have all shown that there are no major differences between girls and boys in the utilization of immunisation services.

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

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

We have not noted any gender-specific obstacles to access to immunisation services.

5.4. Assessment of data

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

No surveys on a national scale were conducted in 2013. The survey conducted by the CDC Atlanta in 2012 after the Intensive Activities for Childhood Health related only to coverage with the measles and polio vaccines administered in the framework of a campaign targeted at children up to 9 years of age.

Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and may entail retrospective changes to 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.

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

Since 2011, various activities designed to improve the generation of EPI administrative data have been carried out:

- Revision/updating of management tools to adapt them to the programme's information requirements.
- Training of departmental statisticians and departmental coordinators of the EPI in the management of the EPI information system.
- Transfer of know-how to service-providers in the area of continuing education and educational supervision.
- Launch of quarterly workshops to monitor institutional performance indicators with all the EPI service

providers.

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.

In addition to the measures described above, the program plans to strengthen the EPI information system by means of 2 major campaigns:

- The training of all the EPI service providers in EPI Standards and Procedures, one of the most important aspects of which relates to the EPI Information System. This training is scheduled for May 2014.
- The skills transferred during these training sessions will be strengthened during these training sessions by means of supervised training assignments,
- The regular procurement of tools and media for the collection of data (registers, cards, files etc.)

5.5. Overall Expenditures and Financing for Immunisation

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

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

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

Expenditures by Category	Expenditure Year 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	Bilateral cooperation	Tripartite project (Brazil-Haiti-Cuba)	
Traditional Vaccines*	111,164			111,164				
New and underused Vaccines**	0							
Injection supplies (both AD syringes and syringes other than ADs)	19,254			19,254				
Cold chain equipment	436,192			396,677	39,515			
Staff	0							
Other routine recurrent costs	3,283,220		75,838	384,112	2,323,270		500,000	
Other capital costs	0							
Campaigns costs	2,244,055			2,061,270	155,485	27,300		
Total Expenditures for Immunisation	6,093,885							
Total Government Health			75,838	2,972,477	2,518,270	27,300	500,000	

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will

also include HepB and Hib vaccines in this item, if these vaccines were introduced without GAVI support.

5.5.1. If there is no government funding allocated to traditional vaccines, please state the reasons and the plans for the expected sources of funding for 2014 and 2015

The government has not contributed to the financing of traditional vaccines on account of limitations related to the availability of sufficient resources from the budget of the Ministry of Health. The Ministry continues to lobby the Ministry of Finance and partners to obtain financing for vaccines in the short, medium and long term.

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, no action has been taken**

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

Action plan from Aide Mémoire	Implemented?

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

If nothing has been implemented, briefly state below why those requirements and conditions were not met.

5.7. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **2**

Please attach the minutes (**Document No. 4**) of the meeting of the ICC in 2014 which endorsed this report.

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

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

If Yes, which ones?

List CSO member organizations belonging to the ICC:
Association des Oeuvres Privees de Sante (AOPS)
Haitian Platform for Immunisation Strengthening (PHAREV)
Red Cross of Haiti

5.8. Priority actions in 2014 to 2015

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

- Introduction of the Rotavirus vaccine in 2014
- Introduction of the anti-pneumococcus vaccine in 2015
- Increase of vaccine storage capacities on all levels (central, departmental and institutional)
- Improvement of vaccine management
- Strengthening the supervision of health departments and institutions;
- Improvement of waste management
- Strengthening the health Information system
- Strengthening of communication and social mobilization
- Lobbying decision-makers to obtain sufficient financing for the national immunisation programme

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 syringes used systematically in the EPI in 2013	Funding sources in 2013
BCG	0.1 ml AB Soloshot	Tripartite project (Brazil-Haiti-Cuba)
Measles	0.5 ml AB Soloshot	UNICEF
TT	0.5 ml AB Soloshot	UNICEF
DTP-containing vaccine		
Pentavalent	0.5 ml AB Soloshot	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 an injection safety policy/plan? (Please report in the box below)

The country does not have an injection safety plan. Nevertheless, the national program has defined, in its EPI Standards and Procedures Document, the standardization requirements relative to the use of syringes and sharps disposal boxes, which it has made available to all the service-provider institutions and community health agents. Also in line with the Injection Safety Policy, the country also has an operational plan for the disposal of immunisation waste materials. This implementation of this plan faces problems related to the small number of incinerators to which the institutions have access. The system has only 36 incinerators serving only 40% of the service-providing institutions. Consequently, 60% of these institutions that perform immunisations are not capable of processing waste material by incineration. In addition to this situation, the institutions that have access to the incinerators are faced with problems related to the lack of logistical resources for transport of the waste materials to the incineration centers. That explains why, in 2013, only 27% of the institutions used incineration as a method for waste disposal.

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

In 2013, the sharps waste was disposed of using different processing technologies:

- incineration (27%)
- burning in secure areas (24%)
- burial (24%)
- burning and burial (13%)
- other (12%)

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

Haiti is not submitting a report on the use of funds for immunization services support (ISS) in 2013

6.2. Detailed expenditure of ISS funds during the calendar year

Haiti is not submitting a report on the use of funds for immunization services support (ISS) in 2013

6.3. Request for ISS reward

The ISS reward request does not apply to Haiti in 2013

7. New and Underused Vaccines Support (NVS)

7.1. Receipt of new & under-used vaccines for 2013 vaccination programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill in the table below.

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

	[A]	[B]		
Vaccine Type	Total doses for 2013 in the Decision Letter	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Did the company record any stock shortages at any level during 2013?
DTP-HepB-Hib		0	730,300	No
Pneumococcal (PCV13)		0	0	Not selected
Rotavirus vaccine		468,000	109,200	No

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

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

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

According to the decision letter relative to the Pentavalent vaccine, the country should receive a total of 855,758 doses in 2012. Of this initial quantity 627,065 doses were actually delivered. Delivery of the remaining 258,693 doses was deferred until 2013. Because the introduction of the Pentavalent vaccine took place in late 2012, a very small quantity of the 2012 shipment could be used that year. The balance of the vaccines received in 2012 was used in its entirety in 2013.

The country was out of the Pentavalent vaccine on all levels (central, departmental and local) between January and April 2014. Only in March 2014 did Haiti receive approval of GAVI support for the Pentavalent vaccine for the year 2013.

The reason: The 2012 GAVI APR was sent to GAVI on May 15, 2013, and GAVI requested certain clarifications concerning some points in the document. Due to technical problems related to the Portal to be used for the submission of the report, however, it seems that the GAVI Secretariat never received the response from the Ministry of Public Health. It is important to note that this response is composed of different components, the last of which was sent in October 2013. Therefore the application file for support for the Pentavalent vaccine for the year 2013 was considered incomplete, and consequently the request was not approved in 2013. The 2012 APR was therefore sent to GAVI a second time in 2014, this time with no technical problems. The file was reviewed and the decision letter was received in March 2014.

With regard to the anti-rotavirus vaccine, the country received 425,800 doses in 2013 in the form of two shipments of 212,900 doses each. This quantity was used beginning in late April 2014.

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

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

wastage and cost while maximizing coverage.

In the framework of the improvement of vaccine management, the country adopted the following measures during the year 2013:

- training of the managers on the central level and in 5 departmental depots (North, Northeast, Central, Southeast, Grande Anse) in the VSSM (Vaccines and Supplies Stock Management) software,
- hiring and training of an employee responsible for vaccine management on the central level
- supervision of service providers in vaccine management
- training of managers on the central level and on the level of the departmental depots in use of the DVD-MT and SMT tools

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

N/A

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you were 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:

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	
Was the time and scale of introduction as planned in the proposal? If No, Why?	No	The anti-pneumococcus vaccine was to have been introduced in 2013 at the same time as the anti-rotavirus vaccine. Nevertheless, for the same reasons that resulted in the postponement of the introduction of the rotavirus vaccine (insufficient storage capacity), the introduction of the anti-pneumococcus vaccine was also postponed and is not scheduled for the first quarter of 2015.

Anti-Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	Yes	4/29/2014
Was the time and scale of introduction as planned in the proposal? If No, Why?	No	The anti-rotavirus vaccine was to have been introduced in late 2013. For reasons related to a lack of storage space for the vaccines in the central and intermediate levels, the date of introduction was postponed until 2014.

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	
Was the time and scale of introduction as planned in the proposal? If No, Why?	No	

7.2.2. For when is the Post Introduction Evaluation (PIE) planned? **October 2014**

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

A post-introduction evaluation for the anti-rotavirus is planned 6 months after the introduction of the vaccine into the programme, i.e. in October 2014. However, the Ministry of Health, with the support of its partners, will carry out supervisory assignments aimed at introducing the anti-rotavirus vaccine beginning in the third week of May 2014. These assignments will target all the health departments as well as a sample of health institutions in each department. The tools as well as the resources necessary for the execution of these assignments are already available.

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

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

Does your country have a risk communication strategy with preparedness plans to address potential vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

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

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

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

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

The surveillance data of cases of diarrhea related to Rotavirus and pediatric bacterial meningitis are regularly shared with the participants in the meetings of the Inter-Agency Coordination Committee. The data provided by the genotyping of the Rotavirus identified have shown that the vaccine introduced corresponds to the genotypes circulating in Haiti.

For rotavirus surveillance, the country has 4 monitoring sites, which from January to March 2014 have received 305 suspected cases, 134 of which tested positive for Rotavirus.

For pediatric bacterial meningitis surveillance, from July 2013 to April 2014 the country's 3 monitoring sites received 48 suspected cases, of which 2 cases were diagnosed with Neisseria meningitidis and 1 case of Hib.

7.3. Lump sums of the grant for the introduction of a new 2013 vaccine

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2013 (A)	384,500	
Remaining funds carried over from 2012	0	
Total funds available in 2013 (C=A+B)	384,500	
Total Expenditures in 2013 (D)	69,172	
Carry over to 2014 (E=C-D)	315,328	

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year (Document Nos. 10, 11). The instructions for this financial statement are attached in **Annex 1**. Financial statements must be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Report on the programs

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.

The funds allocated for the introduction of a new vaccine received from the PAHO/WHO in 2013 made it possible to finance the following activities:

- planning and coordination meetings in preparation for the introduction of the anti-rotavirus vaccine
- the design of training materials
- the design of public relations materials
- the purchase of the laboratory equipment and supplies necessary for the implementation of the

rotavirus diarrhea surveillance.

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

The above mentioned activities have been carried out according to the defined schedule.

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

The balance of the funds allocated to the introduction of the anti-rotavirus vaccine will be used in 2014 to finance the following activities:

- Supervisory inspections to monitor the introduction of the anti-rotavirus vaccine
- Training of institutional or community service providers who may not have received previous training in the introduction of the anti-rotavirus vaccine. These agents will be identified during the supervision activities of the introduction of the anti-rotavirus vaccine scheduled for June 2014.

7.4. 7.4. Report on Country Co-financing in 2013

Table 7.4: Five 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
Selected vaccine #1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Selected vaccine #2: Anti-Rotavirus, 1 dose(s) per vial, ORAL	0	0
Selected vaccine #3: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0	0
Q.2: What were the amounts of funding for country co-financing in reporting year 2013 from the following sources?		
Government	N/A	
Donor	N/A	
Other	N/A	
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Selected vaccine #1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Selected vaccine #2: Anti-Rotavirus, 1 dose(s) per vial, ORAL	0	0
Selected vaccine #3: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	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	Source of funding
Selected vaccine #1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	July	CDC via the PAHO/WHO Revolving Fund
Selected vaccine #2: Anti-Rotavirus, 1 dose(s) per vial, ORAL	July	CDC via the PAHO/WHO Revolving Fund
Selected vaccine #3: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	July	CDC via the PAHO/WHO Revolving Fund

	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing
	Yes, the National Program will require technical assistance to aid it in the preparation of financial viability strategies and to mobilize funds not only for the co-financing of new vaccines but also for the co-financing of traditional vaccines.

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, see the GAVI Alliance policy on payment default <http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

N/A

Is support from GAVI, in the form of new and under-used vaccines and injection supplies, reported on 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. Information on the EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for 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 report included in the implementation of this plan must be included in the annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **August 2013**

Please attach:

- the EVM report (**Document No. 12**)
- the post-EVM improvement plan (**Document No. 13**)
- the 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 to the Improvement Plan, with reasons provided? **Yes**

If yes, provide details.

An EVM was carried out from June to September 2013. However, because certain criteria on the methodological level were not satisfied, plans call for the revision of certain aspects of the exercise to guarantee compliance with the defined standards. The report and the plan will be updated following this revision.

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Haiti is not submitting a preventive campaign NVS report.

7.7. Change of vaccine presentation

Haiti is not requesting any change in vaccine presentation in the next few years.

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

Haiti is not eligible for renewal of multi-year support in 2014.

7.9. Request for continued support for vaccines for 2015 vaccination programme

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

Confirm below that your request for 2015 vaccines support is as per [7.11 Calculation of requirements](#) **Yes**

If you do not confirm, please explain

7.10. Weighted average prices of supply and related shipping

Table 7.10.1: Price of the products

Estimated prices of supply are not disclosed

Table 7.10.2: Transportation costs

Vaccine Antigens	Vaccine Types	No Threshold	\$200,000		\$250,000	
			<=	>	<=	>
DTP-HepB	YF	7.80 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
Pneumococcal (VPC10)	HPV	3.00 %				
Pneumococcal (PCV13)	HPV	6.00 %				
Rotavirus	ROTA	5.00 %				
Measles, second dose	MEASLES	14.00 %				
DTC-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV2	3.50 %				
Quadrivalent HPC	HPV2	3.50 %				
MR	YF	13.20 %				

Vaccine Antigens	Vaccine Types	\$500,000		\$2,000,000	
		<=	>	<=	>
Yellow fever vaccine	YF				
Meningococcal type A	MENINACONJUGATE				
Pneumococcus (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Measles, second dose	MEASLES				
DTC-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV2				
HPV quadrivalent	HPV2				
RR	OR				

7.11. Calculation of requirements

Table 7.11.1: Characteristics for DTC-HepB-Hib, 2 dose(s) per vial, FREEZE-DRIED

ID	Source		2013	2014	2015	TOTAL
Number of surviving infants	Table 4	#	0	0	305,124	305,124
Number of children to be vaccinated with the first dose	Table 4	#	0	0	289,867	289,867
Number of children to be vaccinated with the third dose	Table 4	#			274,611	274,611
Immunisation coverage with	Table 4	%	0.00 %	0.00 %	90.00 %	

	the third dose					
	Number of doses per child	Parameter	#	3	3	3
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.05
	Inventory of vaccine as of December 31, 2013 * (see explanatory note)		#	68,374		
	Inventory of vaccine as of January 1, 2014 * (see explanatory note)		#	68,374		
	Number of doses per vial	Parameter	#		1	1
	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	\$		0.00	0.00
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	Shipping cost as % of the value of the vaccines	Table 7.10.2	%		0.00 %	6.40 %
fd	shipping as % of the value of the equipment	Parameter	%		0.00 %	0.00 %

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

** Countries are additionally requested to provide their opening inventory as of January 1, 2014; if there is a difference between the stock on December 31, 2012, and January 1, 2014, please explain why in the box below.

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. 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 WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

Not defined

Co-financing tables for DTC-HepB-Hib, 2 dose(s) per vial, FREEZE-DRIED

Co-financing group	Low
--------------------	-----

	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per APR 2012			0.20
Your co-financing			

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

		2014	2015
Number of vaccine doses	#	0	2,283,300
Number of AD syringes	#	0	2,465,000

Number of reconstitution syringes	#	0	0
Number of safety boxes	#	0	27,125
Total amount to be co-financed by GAVI	\$	0	4,846,500

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

		2014	2015
Number of vaccine doses	#	0	0
Number of AD syringes	#	0	0
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	0	0
Total amount to be co-financed by the country	\$	0	0

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

	Formula	2013	2014		
			Total	Government	GAVI
A	Country co-financing	V	0.00 %	0.00 %	
B	Number of children to be vaccinated with the first dose	Table 4	0	0	0
B1	Number of children to be vaccinated with the third dose	Table 4	0	0	0
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	0	0	0
E	Estimated vaccine wastage factor	Table 4	1.00	1.00	
F	Number of doses needed including wastage	$D \times E$		0	0
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0,375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,375)$		0	0
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0,375$			
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$			
H2	Stock on 1 January	Table 7.11.1	0	68,374	
H3	Shipment plan	UNICEF shipment report		0	
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		0	0
J	Number of doses per vial	Vaccine parameter		1	
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		0	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		0	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		0	0
R	shipping for vaccines needed	$N \times \text{shipping as \% of vaccines value (fv)}$		0	0
S	shipping for devices needed	$(O+P+Q) \times \text{shipping \% of devices value (fd)}$		0	0
T	Total funding needed	$(N+O+P+Q+R+S)$		0	0
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		0	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		0.00 %	

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

Table 7.11.4: Calculation of requirements for DTC-HepB-Hib, 2 dose(s) per vial, FREEZE-DRIED (part 2)

	Formula	2015		
		Total	Government	GAVI
A	Country co-financing	V	0.00 %	
B	Number of children to be vaccinated with the first dose	Table 4	289,867	0
B1	Number of children to be vaccinated with the third dose	Table 4	274,611	0
C	Number of doses per child	Vaccine parameter (schedule)	3	
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	848,091	0
E	Estimated vaccine wastage factor	Table 4	1.05	
F	Number of doses needed including wastage	$D \times E$	890,496	0
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0,375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,375)$	333,936	0
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0,375$	- 1,058,866	0
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$	- 751,438	0
H2	Stock on 1 January	Table 7.11.1		
H3	Shipment plan	UNICEF shipment report		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	2,283,300	0
J	Number of doses per vial	Vaccine parameter	2	
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	2,464,983	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	1,255,815	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	40,929	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	4,450,152	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	110,925	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	5,024	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	205	0
R	shipping for vaccines needed	$N \times \text{shipping as of\% of vaccines value (fv)}$	284,810	0
S	shipping for devices needed	$(O+P+Q) \times \text{shipping \% of devices value (fd)}$	11,616	0
T	Total funding needed	$(N+O+P+Q+R+S)$	4,862,732	0
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %	

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

The calculated stock which is 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 replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

The calculated stock which is 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 replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

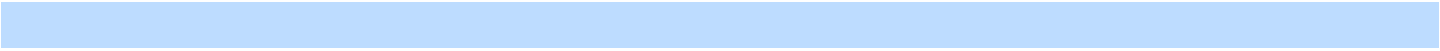


Table 7.11.1: Specifications for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	0	0	305,124	305,124
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	267,235	267,235
	Number of children to be vaccinated with the third dose	Table 4	#			252,389	252,389
	Immunisation coverage with the third dose	Table 4	%	0.00 %	0.00 %	82.72 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.05	
	Inventory of vaccine as of December 31, 2013 * (see explanatory note)		#	0			
	Inventory of vaccine as of January 1, 2014 * (see explanatory note)		#	0			
	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	\$		0.00	0.00	
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	Shipping cost as % of the value of the vaccines	Table 7.10.2	%		0.00 %	6.00 %	
fd	Shipping cost as % of the value of the equipment	Parameter	%		0.00 %	0.00 %	

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

** Countries are additionally requested to provide their opening inventory as of January 1, 2014; if there is a difference between the stock on December 31, 2012, and January 1, 2014, please explain why in the box below.

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

Co-financing group	Low
--------------------	-----

	2013	2014	2015
Minimum co-financing		0.20	0.20
Recommended co-financing as per APR 2012			0.20
Your co-financing			

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

		2014	2015
Number of vaccine doses	#	0	1,053,000
Number of AD syringes	#	0	1,113,400
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	0	12,250
Total value to be co-financed by GAVI	\$	0	3,812,000

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

		2014	2015
Number of vaccine doses	#	0	0
Number of AD syringes	#	0	0
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	0	0
Total amount to be co-financed by the country	\$	0	0

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

	Formula	2013	2014		
			Total	Government	GAVI
A	Country co-financing	V	0.00 %	0.00 %	
B	Number of children to be vaccinated with the first dose	Table 4	0	0	0
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B \times C$	0	0	0
E	Estimated vaccine wastage factor	Table 4	1.00	1.00	
F	Number of doses needed including wastage	$D \times E$		0	0
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0,25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,25)$		0	0
H	Stock to be deducted	$H2 \text{ of previous year} - 0,25 \times F \text{ of previous year}$			
H2	Stock on 1 January	Table 7.11.1	0		
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		0	0
J	Number of doses per vial	Vaccine parameter		1	
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		0	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		0	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		0	0
R	Shipping cost for required vaccines	$N \times \text{shipping as \% of vaccines value (fv)}$		0	0
S	Shipping cost for required equipment	$(O+P+Q) \times \text{shipping \% of devices value (fd)}$		0	0
T	Total funding needed	$(N+O+P+Q+R+S)$		0	0
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		0	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		0.00 %	

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-financing	V	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	267,235	0	267,235
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	801,705	0	801,705
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	841,791	0	841,791
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0,25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,25)$	210,448	0	210,448
H	Stock to be deducted	$H2 \text{ of previous year} - 0,25 \times F \text{ of previous year}$	0	0	0
H2	Stock on 1 January	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	1,053,000	0	1,053,000
J	Number of doses per vial	Vaccine parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	1,113,369	0	1,113,369
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	12,248	0	12,248
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	3,548,610	0	3,548,610
Y	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	50,102	0	50,102
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	62	0	62
R	Shipping cost for required vaccines	$N \times \text{shipping cost as of \% of the value of the vaccines (fv)}$	212,917	0	212,917
S	Shipping cost for required equipment	$(O+P+Q) \times \text{shipping \% of the value of the equipment (fd)}$	0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$	3,811,691	0	3,811,691
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %		

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	0	0	305,124	305,124
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	289,867	289,867
	Number of children to be vaccinated with the second dose	Table 4	#			252,389	252,389
	Immunisation coverage with the second dose	Table 4	%	0.00 %	0.00 %	82.72 %	
	Number of doses per child	Parameter	#	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.05	
	Inventory of vaccine as of December 31, 2013 * (see explanatory note)		#	425,790			
	Inventory of vaccine as of January 1, 2014 * (see explanatory note)		#	425,790			
	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	\$		0.00	0.00	
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	Shipping as % of the value of the vaccines	Table 7.10.2	%		0.00 %	5.00 %	
fd	Shipping as % of the value of the equipment	Parameter	%		0.00 %	0.00 %	

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

** Countries are additionally requested to provide their opening inventory as of January 1, 2014; if there is a difference between the stock on December 31, 2012, and January 1, 2014, please explain why in the box below.

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

Co-financing group	Low
--------------------	-----

	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per APR 2012			0.20
Your co-financing			

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

		2014	2015
Number of vaccine doses	#	- 424,500	336,000
Number of AD syringes	#	0	0
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by GAVI	\$	- 1,087,000	901,000

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

		2014	2015
Number of vaccine doses	#	0	0
Number of AD syringes	#	0	0
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	0	0
Total amount to be co-financed by the country	\$	0	0

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

	Formula	2013	2014		
			Total	Government	GAVI
A	Country co-financing	V	0.00 %	0.00 %	
B	Number of children to be vaccinated with the first dose	Table 4	0	0	0
C	Number of doses per child	Vaccine parameter (schedule)	2	2	
D	Number of doses needed	$B \times C$	0	0	0
E	Estimated vaccine wastage factor	Table 4	1.00	1.00	
F	Number of doses needed including wastage	$D \times E$		0	0
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0,25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,25)$		0	0
H	Stock to be deducted	$H2 \text{ of previous year} - 0,25 \times F \text{ of previous year}$			
H2	Stock on 1 January	Table 7.11.1	0		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		- 424,500	0
J	Number of doses per vial	Vaccine parameter		1	
K	Number of AD syringes (+ 10% wastage) needed	$(I + G - H) \times 1.10$		0	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$		0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		- 1,087,144	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		0	0
R	Shipping for vaccines required	$N \times \text{shipping as \% of value of the vaccines (fv)}$		0	0
S	Shipping for equipment required	$(O+P+Q) \times \text{shipping \% of value of the equipment (fd)}$		0	0
T	Total funding required	$(N+O+P+Q+R+S)$		- 1,087,144	0
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		0	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		0.00 %	

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

	Formula	2015		
		Total	Government	GAVI
A	Country co-financing	V	0.00 %	
B	Number of children to be vaccinated with the first dose	Table 4	289,867	0
C	Number of doses per child	Vaccine parameter (schedule)	2	
D	Number of doses needed	$B \times C$	579,734	0
E	Estimated vaccine wastage factor	Table 4	1.05	
F	Number of doses needed including wastage	$D \times E$	608,721	0
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0,25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,25)$	152,181	0
H	Stock to be deducted	$H2 \text{ of previous year} - 0,25 \times F \text{ of previous year}$	425,790	0
H2	Stock on 1 January	Table 7.11.1		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	336,000	0
J	Number of doses per vial	Vaccine parameter	1	
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	857,808	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0
R	Shipping for vaccines needed	$N \times \text{shipping as of\% of the value of the vaccines (fv)}$	42,891	0
S	Shipping for equipment needed	$(O+P+Q) \times \text{shipping \% of the value of the equipment (fd)}$	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$	900,699	0
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %	

8. Injection Safety Support (ISS)

This type of support is not available.

9. Health System Strengthening Support (HSS)

Haïti is not submitting 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. Increasing civil society organization (CSO) participation: type A and type B

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

Haiti did **NOT** receive the support of GAVI type A CSOs

Haiti is not submitting a report on GAVI Type A CSO support for 2013.

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

Haiti **did NOT** receive the support of GAVI type B CSOs

Haiti is not submitting a report on GAVI Type B CSO support for 2013.

11. Comments from ICC/HSCC Chairpersons

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

Because the country did not receive any Pentavalent vaccines in 2013, the Ministry is offering to negotiate with CDC a postponement until 2016 of the use of the funds already mobilized for the co-financing of these vaccines in 2013.

12. Appendices

12.1. Annex 1 - Terms of reference ISS

INSTRUCTIONS:

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

I. All countries that have received ISS/new vaccine introduction grants during the 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 programmes as part of their Annual Progress Reports.

II: Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditures for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditures is provided on the next page.

a. Funds carried forward from the 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 expenditures 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 total annual expenditures for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. Cost categories will be based on your government's own system of economic classification. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 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.

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

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

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

An example statement of income & expenditures

Summary of income and expenditures - GAVI ISS		
	Local Currency (CFA)	Value in \$USD*
2012 Report (closing balance as of 31 December 2012)	25,392,830	53.000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120.000
Interest income	7,665,760	16.000
Other income (fees)	179.666	375
Total revenues	38,987,576	81.375
Total expenditures in 2013	30,592,132	63.852
Closing balance as of 31 December 2012 (2014 report)	60,139,325	125.523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditures by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in US\$	Actual spending in CFA	Actual spending in \$US	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Per diem payments	9,000,000	18.785	6,150,000	12.836	2,850,000	5.949
Non-salary expenditures						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance and overheads	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenditures						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
TOTALS FOR 2013	42,000,000	87.663	30,592,132	63.852	11,407,868	23.811

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

12.3. 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 upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013, calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 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 should summarize total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories will be based on your government's own system of economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 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 have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS FOR HSS SUPPORT:

An example statement of income & expenditures

Summary of income and expenditures - GAVI HSS		
	Local Currency (CFA)	Value in \$USD*
2012 Report (closing balance as of 31 December 2012)	25,392,830	53.000
Summary table of income received in 2013		
Income received from GAVI	57,493,200	120.000
Interest income	7,665,760	16.000
Other income (fees)	179.666	375
Total income	38,987,576	81.375
Total expenditures in 2013	30,592,132	63.852
Closing balance as of 31 December 2012 (2014 report)	60,139,325	125.523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in US\$	Actual expenditures in CFA	Actual expenditures in \$US	Variance in CFA	Variance in USD
Wage and salary expenditures						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Per diem payments	9,000,000	18.785	6,150,000	12.836	2,850,000	5.949
Non-wage and non-salary expenditures						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance and overhead	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenditures						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
TOTALS FOR 2013	42,000,000	87.663	30,592,132	63.852	11,407,868	23.811

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

12.5. Annex 5 - Instructions for support for CSOs

INSTRUCTIONS:

FINANCIAL STATEMENTS FOR THE SUPPORT OF 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 Reports.

II: Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditures for activity during the 2013, calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditures is provided on the next page.

a. Funds carried forward from the 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 expenditures 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 is to summarize total annual expenditures by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages and salaries). Cost categories will be based on your government's own system of economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 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 have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for CSO "Type B" are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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

MINIMUM REQUIREMENTS FOR FOR CSO 'TYPE B' FINANCIAL STATEMENTS

A sample statement of income & expenditures










Summary of income and expenditures - GAVI CSO		
	Local Currency (CFA)	Value in \$USD*
Carry-forward from 2012 (closing balance as of 31 December 2012)	25,392,830	53.000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120.000
Interest income	7,665,760	16.000
Other income (fees)	179.666	375
Total income	38,987,576	81.375
Total expenditures in 2013	30,592,132	63.852
Closing balance as of 31 December 2012 (2014 report)	60,139,325	125.523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditures by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in US\$	Actual expenditures in CFA	Actual expenditures in \$US	Variance in CFA	Variance in USD
Salary expenditures						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Per diem payments	9,000,000	18.785	6,150,000	12.836	2,850,000	5.949
Non-salary expenditures						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance and overhead	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenditures						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
TOTALS FOR 2013	42,000,000	87.663	30,592,132	63.852	11,407,868	23.811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of the Minister of Health (or delegated authority)	2.1		Signature of the Minister of Health.pdf Desc. file: Date/time: May 15, 2014 04:37:27 Size: 205 KB
2	Signature of the Minister of Finance (or delegated authority)	2.1		No file downloaded
3	Signatures of the members of the ICC	2.2		No file downloaded
4	Minutes of the ICC meeting in 2014 that endorsed the 2013 APR	5.7		No file downloaded
5	HSCC member signatures	2.3		No file downloaded
6	Minutes of the HSCC meeting in 2014 that endorsed the 2013 APR	9.9.3.		No file downloaded
7	Financial statement for ISS grant (fiscal year 2013) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	6.2.1.		No file downloaded
8	External report audit on ISS grant (fiscal year 2013)	6.2.3.		No file downloaded
9	Post-introduction evaluation report	7.2.2.		No file downloaded

10	Financial statement for grant for introduction of new vaccine (fiscal year 2013) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	7.3.1.	✓	etats financiers gavi 2013 de OPS OMS.xlsx (2013 GAVI financial statements PAHO WHO) Desc. file: Financial statement, grant funds received from GAVO via the PAHO/WHO Date/time: May 15, 2014 3:20:35 AM Size: 16 KB
11	External audit report for grant for introduction of new vaccine (fiscal year 2013), if total expenditures for 2013 were greater than \$US 250,000	7.3.1.	✓	No file downloaded
12	EVSM/EVM report	7.5	✓	RAPPORT Evaluation GEV 2013 HAÏTI Version finale du 22-11-13.docx (HAÏTI 2013 EVM Assessment REPORT Final Version dated Nov. 22, 2013) Desc. file: , Date/time: 5/12/2014 8:57:43 AM Size: 1 MB
13	Latest EVSM/EVM improvement plan	7.5	✓	PLAN D'AMELIORATION GEV HAÏTI VF du 24-11-13.docx (HATI EVM IMPROVEMENT PLAN, Final Version dated Nov. 24, 2013) Desc. file: Date/time: 5/12/2014 8:58:27 AM Size: 225 KB
14	Progress report on EVSM/EVM improvement plan	7.5	✓	etat d'avancement plan de renforcement GEV.docx (EVM strengthening plan, progress report) Desc. file:

				Date/time: 5/13/2014 3:20:24 AM Size: 17 KB
16	Valid cMYP if the country is requesting continued support	7.8	X	No file downloaded
17	Valid Tool for calculating cMYP costs if the country is requesting continued support	7.8	X	No file downloaded
18	Minutes of the meeting of the ICC approving the extension of support for vaccines, if appropriate	7.8	X	No file downloaded
19	Financial statement for HSS grant (fiscal year 2013) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	9.1.3.	X	No file downloaded
20	Financial statement for HSS grant for January-April 2014 signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	9.1.3.	X	No file downloaded
21	External audit report for HSS grant (fiscal year 2013)	9.1.3.	X	No file downloaded
22	Health Sector Review Report - HSS	9.9.3.	X	No file downloaded
23	Survey report - Support for Type A CSO	10.1.1.	X	No file downloaded
24	Financial statement for grant in support of Type B CSO (2013 financial year)	10.2.4.	X	No file downloaded

25	External audit report for support for Type B CSO (2013 financial year)	10.2.4.	X	No file downloaded
26	Bank statements for each cash programme, or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) January 1st, 2013 and (ii) December 31st, 2012	0	✓	No file downloaded
27	compte_rendu_reunion_ccia_changement_presentation_vaccin (ICC meeting minutes, change of vaccine presentation)	7.7	X	No file downloaded
	Other document		X	No file downloaded