GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of
Lao People's Democratic Republic

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **27.05.2011 06:18:42**

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

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

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

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

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

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

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.
The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY
The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

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

ARBITRATION
Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.
For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.
The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

- *Accomplishments using GAVI resources in the past year*
- *Important problems that were encountered and how the country has tried to overcome them*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*
- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*
- *How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

1. Application Specification

Reporting on year: **2010**
Requesting for support year: **2012**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 1 dose/vial, Liquid	2011
NVS	HepB monoval, 2 doses/vial, Liquid	HepB monoval, 2 doses/vial, Liquid	2010

Programme extension

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Type of Support	Vaccine	Start Year	End Year	Action
	Change Vaccine			
New Vaccines Support	DTP-HepB-Hib, 1 dose/vial, Liquid	2012	2015	

1.2. ISS, HSS, CSO support

Type of Support	Active until
HSS	2010

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

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

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

For the Government of Lao People's Democratic Republic

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

Enter the family name in capital letters.

Minister of Health (or delegated authority):		**Minister of Finance (or delegated authority)**	
Name	Minister of Health	**Name**	Director Planning and Budget, Dr. Khamphet Manivong
Date		**Date**	
Signature		**Signature**	

This report has been compiled by

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Dr. Anonh Xeuatvongsa	Manager, National Immunization Programme	+856-20-23010287	anonhxeuat@yahoo.com	

2.2. ICC Signatures Page

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

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

2.2.1. ICC report endorsement

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

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Dr. Bounfeng Phoummalaysith	Ministry of Health			
Mr. Tim Schaffter	UNICEF			
Dr. Yungao Liu	WHO			
Dr. Peter Heimann	Luxembourg Development			

ICC may wish to 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

If the country is reporting on HSS

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

2.3.1. HSS report endorsement

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

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Action.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - , endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

3. Table of Contents

This APR reports on Lao People's Democratic Republic's activities between January - December 2010 and specifies the requests for the period of January - December 2012

Sections

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	175,359	179,117	182,981	186,956	191,043	195,248
Total infants' deaths	9,473	9,672	9,876	10,087	10,302	10,524
Total surviving infants	165,886	169,445	173,105	176,869	180,741	184,724
Total pregnant women	175,359	179,117	182,981	186,956	191,043	195,248
# of infants vaccinated (to be vaccinated) with BCG	126,461	143,294	150,044	158,913	166,207	175,723
BCG coverage (%) *	72%	80%	82%	85%	87%	90%
# of infants vaccinated (to be vaccinated) with OPV3	125,060	135,556	141,946	150,338	157,244	166,251
OPV3 coverage (%) **	75%	80%	82%	85%	87%	90%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	134,710	144,028	150,601	159,182	162,667	166,252
# of infants vaccinated (to be vaccinated) with DTP3 ***	123,153	135,556	141,946	150,338	157,244	166,252
DTP3 coverage (%) **	74%	80%	82%	85%	87%	90%
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
Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib	134,710	144,028	150,601	159,182	162,667	166,252
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib	123,153	135,556	141,946	150,338	157,244	166,252
3rd dose coverage (%) **	74%	80%	82%	85%	87%	90%
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

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1st dose of Measles	106,652	135,556	141,946	150,338	157,244	166,251
Measles coverage (%) **	64%	80%	82%	85%	87%	90%
Pregnant women vaccinated with TT+	54,945	140,287	146,384	149,564	152,834	156,198
TT+ coverage (%) ****	31%	78%	80%	80%	80%	80%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months	583,631	632,852	710,052	741,092	758,161	774,763
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	9%	6%	6%	6%	3%	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] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

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

Provide justification for any changes in **births**

Same Numbers/No changes

Provide justification for any changes in **surviving infants**

Same numbers/No changes

Provide justification for any changes in **targets by vaccine**

Same Numbers/No changes

Provide justification for any changes in **wastage by vaccine**

No changes

5.2. Immunisation achievements in 2010

5.2.1.

Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2010 and how these were addressed

- The immunization coverage as measured by DPT3 has increased from 49% in 2005 to 74% in 2010 (an increase in 25% coverage). Measles coverage has increased from 41% to 64%. BCG coverage however has increased from only 62% to 72% (an increase of 10%), this is probably because the high number of births (80%) are at home and many children their first contact with EPI is only at 6 weeks or later.

- National drop-out rate for DPT1-DPT3 for 2010 is 9%, indicating that once first contacts are made the services are for the most part continuing to be utilized.

- There was a significant increase in Hepatitis B birth dose coverage from 20% to 29%

- The country also conducted the two rounds of MNTE TT SIA supported by UNICEF and WHO. 788,730 (98%) of target women were vaccinated with one dose during the campaign and 657,675(82%) received TT3

- Provincial trainings for data management and supervision were conducted.

- Vaccine Supply Stock Management (VSSM) training was given to central and provincial level EPI staff plus 3 staff from Vietnam NIP also trained

- Established use of new VSSM computer program for the central vaccine supply

- Formal Injection Safety and Effective Vaccine Management assessments were conducted in August and September 2010 in Lao PDR with technical support from WHO HQ and country office

- The NIP also was responsible for the successful A (H1N1) vaccine deployment with 857,316 (85.7%) persons vaccinated thus far from the possible 1,000,600 vaccine doses available

5.2.2.

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

- Operational costs still remains an issue as a significant number of villages still rely on outreach services and do not have an optimal number of immunization opportunities

- Typhoon Ketsana caused destruction of vaccines and cold chain equipment as well as disruption to the routine immunization in the 4 affected provinces in the Southern region in September 2009 that still affected activity in first quarter of 2010

- Community demand efforts are not sufficiently funded to improve the coverage

- Data management for follow up actions at all levels remains a challenge

- District and health center micro-plans need to be revised to reflect the new realities of improved road network and availability of new cold chain equipment. Fixed site sessions should increase complemented by more outreach sessions for those sites farther away from facilities

- The quarantine and recall of Shan 5 pentavalent vaccine disrupted immunization schedules for about 6 weeks

- There was a stock out of BCG vaccine during two months of 2010 due to funding and ordering issues at the beginning of the year

5.2.3.

Do males and females have equal access to the immunisation services? Yes

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.
If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? No

If Yes, please give a brief description on how you have achieved the equal access.

5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunisation services

5.3. Data assessments

5.3.1.

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 recent EPI coverage survey has been conducted to compare reported coverage against, however, there will be a national coverage survey conducted as part of the 2011 Lao Social Economic Indicator Survey

***** Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? No

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

5.3.3.

Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

Data management and supervision training conducted for provincial and district EPI staff. In June 2009 the MOH introduced single source of population estimate data (MoH data)

5.3.4.

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

Following the results of the Lao Social-economic Indicator Survey, the MoH will make adjustments to its target population estimates.

5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US$.

Exchange rate used	1 $US =	Enter the rate only; no local currency name

Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Expenditures by Category	**Expenditures Year 2010**	**Sources of Funding**							**Actions**
		Country	**GAVI**	**UNICEF**	**WHO**	**Donor name** Lux-Development	**Donor name** US AID	**Donor name**	
Traditional Vaccines*	466,995			188,072		278,923			
New Vaccines	1,888,470	97,026	1,791,444						
Injection supplies with AD syringes	124,159	1,974	27,117	32,823		62,245			
Injection supply with syringes other than ADs									
Cold Chain equipment	101,486				55,373	46,113			
Personnel	173,960	173,960							
Other operational costs	1,028,113	169,340	15,000	505,869	186,267	151,637			
Supplemental Immunisation Activities	3,003,576	150,000		1,000,000	1,539,692		313,884		
Vit A and Mebendazole	123,349			123,349					
Total Expenditures for Immunisation	*6,910,108*								
Total Government Health		592,300	1,833,561	1,850,113	1,781,332	538,918	313,884		

* 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.

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.
Note: To add new lines click on the ***New item*** icon in the ***Action*** column

Expenditures by Category	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	513,695	539,379	
New Vaccines	1,452,058	3,559,487	
Injection supplies with AD syringes	136,575	143,404	
Injection supply with syringes other than ADs			
Cold Chain equipment	200,000	200,000	
Personnel	191,791	201,380	
Other operational costs	1,150,976	1,187,025	
Supplemental Immunisation Activities	0	0	
Vit A and Mebendazole	135,684	142,468	
Other Routine capital costs	200,000	210,000	
Total Expenditures for Immunisation	3,980,779	6,183,143	

* 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.

Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

There was no significant funding gap according to the planned expenditures and the annual workplan. However, the national outreach strategy needs to be rationalized so that more fixed site immunization takes place and those areas requiring outreach get more than the current practice of 4 visits per year. The government and development partners only provide funds for an average of 4 outreach visits per year. Practice from other countries demonstrates at least 5 out-reach visits to administer HB-0 at birth; one month apart of 3 consecutive OPV and DPT-HB-Hib vaccinations, and Measles vaccination at 9 months of age are necessary to provide sufficient opportunity for children to be fully immunized within one calendar year. Therefore in practical terms there needs to be more funds available to increase the outreach visits to increase the coverage
The trend towards financial sustainability through both government and external resources remains uncertain. The government is increasingly spending more for operational costs and vaccines yet still far less than the external resources. New government revenues from hydroelectric power sales are expected to increase funding for the Ministry of Health, which should include EPI as well. Donor support is good for this year and next year but not secured after that.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 5

Please attach the minutes (Document number) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.4 Overall Expenditures and Financing for Immunisation

Are there any Civil Society Organisations (CSO) member of the ICC ?: Yes

If Yes, which ones?

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

List CSO member organisations:	Actions
Save the Children-Australia	
Lao Red Cross	
CESVI	
CARE	
World Concern	
Lao Women's Union	

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

- Strengthening routine immunization through "Reaching Every Village" and improved fixed-site strategies
- Maintain "Polio-free" status
- Achieve Measles Elimination and accelerated rubella control
- Achieve Maternal and Neonatal Tetanus Elimination in 2012
- Accelerated Hepatitis B Control
- Introduction of new vaccines (measles-rubella, pneumonia, Japanese Encephalitis and rotavirus in the future)

5.7. 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 2010

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD	LUX Development, UNICEF	
Measles	AD	UNICEF, US Gov, WHO, GAVI	
TT	AD	UNICEF, US Gov, WHO, GAVI	
DTP-containing vaccine	AD	UNICEF, US Gov, WHO, 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? (Please report in box below)

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

No obstacles in EPI programme but according to the 2010 Injection Safety Assessment carried out in Lao PDR injection safety remains a big problem in the therapeutic sector.

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

Used injection materials are placed in safety boxes then stored and later transported to auto-combustion incinerators at provincial level. This has been the practice since 2002, however, the working life of several incinerators is coming

to an end therefore a replacement plan and funding for the new incinerators is necessary.

6. Immunisation Services Support (ISS)

There is no ISS support this year.

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

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

	[A]	[B]		
Vaccine Type	**Total doses for 2010 in DL**	**Total doses received by 31 December 2010 ***	**Total doses of postponed deliveries in 2011**	**Actions**
DTP-HepB-Hib	629,905	629,905	0	

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

If numbers [A] and [B] above are different

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

- MOH was instructed to recall the Shan 5 DTP-HepB-HiB vaccine in first quarter and there was some delay before new vaccine was supplied
- The government requested more vaccine in advance on advice of UNICEF because of anticipated shortages

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

- No new actions taken

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? No

If Yes, how long did the stock-out last?

Please describe the reason and impact of stock-out

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced	NONE	
Phased introduction		**Date of introduction**
Nationwide introduction		**Date of introduction**
The time and scale of introduction was as planned in the proposal?		**If No, why?**

7.2.2.

When is the Post introduction Evaluation (PIE) planned? April 2011

If your country conducted a PIE in the past two years, please attach relevant reports (Document No)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? Yes

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

AEFI cases are reported to the central and provincial levels and an immediate case investigation is conducted by the district and province. If issues remain unresolved or more expertise is required then central level sometimes with the participation of WHO and UNICEF will conduct a follow-up investigation and meeting with the concerned family and community. On rare occasions advice is sought from WHO at regional and/or headquarters level

7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

$US	0
Receipt date	

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 current immunization cards are being transitioned to a family book that has the new vaccine schedule with DTP-HepB-Hib on it
- Revision of current reporting forms to include the new vaccine
- New IEC materials were developed and disseminated prior to the introduction
- A national advocacy meeting was held to launch the introduction
- A training curriculum was developed and health workers from all levels throughout the country were trained
- Training of new district EPI managers
- Office supplies

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

None encountered

Is there a balance of the introduction grant that will be carried forward? No

If Yes, how much? US$

Please describe the activities that will be undertaken with the balance of funds

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No). (Terms of reference for this financial statement are available in Annex 1.) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	97,026	
2nd Awarded Vaccine HepB monoval, 2 doses/vial, Liquid		
3rd Awarded Vaccine		

Q. 2: Which are the sources of funding for co-financing?	
Government	
Donor	0
Other	0

Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?
1. Accelerated: Government has committed to improve vaccination coverage and health status of children
2.
3.
4.

Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2012
	(month number e.g. 8 for August)
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	
2nd Awarded Vaccine HepB monoval, 2 doses/vial, Liquid	
3rd Awarded Vaccine	

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/resources/9___Co_Financing_Default_Policy.pdf.

Is GAVI's new vaccine support reported on the national health sector budget?

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted? 14.10.2010

When was the last Vaccine Management Assessment (VMA) conducted? 15.08.2010

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N°)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Please note that EVSM and 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/Immunisation_delivery/systems_policy/logistics/en/index6.html.

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

The EVM assessment was only completed in November 2010. Finalization of the improvement plan is taking more time because it requires discussion with various government departments and partners. The improvement plan is expected to begin implementation in 2011.

When is the next Effective Vaccine Management (EVM) Assessment planned? 01.10.2013

7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, …), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

NO NEW PRESENTATION

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for Pentavalent vaccine for the years 2012 to 2015. At the same time it commits itself to co-finance the procurement of Pentavalent vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.9 Calculation of requirements.

The multi-year extension of Pentavalent vaccine support is in line with the new cMYP for the years 2012 to 2015 which is attached to this APR (Document No 7).

The country ICC has endorsed this request for extended support of Pentavalent vaccine at the ICC meeting whose minutes are attached to this APR (Document No 1).

7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section 7.9 Calculation of requirements:

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 $		250'000 $		2'000'000 $	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 1 dose/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	169,445	173,105	176,869	180,741	184,724		884,884
Number of children to be vaccinated with the third dose	Table 1	#	135,556	141,946	150,338	157,244	166,252		751,336
Immunisation coverage with the third dose	Table 1	#	80%	82%	85%	87%	90%		
Number of children to be vaccinated with the first dose	Table 1	#	144,028	150,601	159,182	162,667	166,252		782,730
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB-Hib, 1 dose/vial, Liquid

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US$			**For Approval**	**For Endorsement**			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		443,100	467,100	467,700	473,500	1,851,400
Number of AD syringes	#		468,700	494,100	494,600	500,700	1,958,100
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		5,225	5,500	5,500	5,575	21,800

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Total value to be co-financed by GAVI	*$*		1,164,000	1,154,500	1,015,500	940,000	4,274,000

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		36,600	41,200	47,500	53,100	178,400
Number of AD syringes	#		38,700	43,600	50,200	56,200	188,700
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		450	500	575	625	2,150
Total value to be co-financed by the country	*$*		96,000	102,000	103,500	105,500	407,000

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 1 dose/vial, Liquid

		Formula	**2011**	**2012**			**2013**			**2014**			**2015**		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			7.62%			8.09%			9.21%			10.08%		
B	**Number of children to be vaccinated with the first dose**	Table 1	144,028	150,601	11,469	139,132	159,182	12,884	146,298	162,667	14,986	147,681	166,252	16,754	149,498
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
D	Number of doses needed	B x C	432,084	451,803	34,406	417,397	477,546	38,650	438,896	488,001	44,958	443,043	498,756	50,262	448,494
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	Number of doses needed including wastage	D x E	453,689	474,394	36,126	438,268	501,424	40,583	460,841	512,402	47,206	465,196	523,694	52,775	470,919
G	Vaccines buffer stock	(F – F of previous year) * 0.25		5,177	395	4,782	6,758	547	6,211	2,745	253	2,492	2,823	285	2,538
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		479,571	36,520	443,051	508,182	41,130	467,052	515,147	47,459	467,688	526,517	53,059	473,458
J	Number of doses per vial	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		507,248	38,628	468,620	537,578	43,509	494,069	544,729	50,184	494,545	556,753	56,106	500,647
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		5,631	429	5,202	5,968	484	5,484	6,047	558	5,489	6,180	623	5,557
N	Cost of vaccines needed	I x g		1,184,541	90,204	1,094,337	1,178,983	95,421	1,083,562	1,045,749	96,340	949,409	974,057	98,159	875,898

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
O	Cost of AD syringes needed	K x ca		26,885	2,048	24,837	28,492	2,306	26,186	28,871	2,660	26,211	29,508	2,974	26,534
P	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x cs		3,604	275	3,329	3,820	310	3,510	3,871	357	3,514	3,956	399	3,557
R	Freight cost for vaccines needed	N x fv		41,459	3,158	38,301	41,265	3,340	37,925	36,602	3,372	33,230	34,092	3,436	30,656
S	Freight cost for devices needed	(O+P+Q) x fd		3,049	233	2,816	3,232	262	2,970	3,275	302	2,973	3,347	338	3,009
T	Total fund needed	(N+O+P+Q+R+S)		1,259,538	95,915	1,163,623	1,255,792	101,637	1,154,155	1,118,368	103,030	1,015,338	1,044,960	105,304	939,656
U	Total country co-financing	I 3 cc		95,915			101,637			103,030			105,304		
V	Country co-financing % of GAVI supported proportion	U / T		7.62%			8.09%			9.21%			10.08%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: HSS section of the APR 2010 @ 18 Feb 2011.docx

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

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

12. Annexes

Annex 1

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS

I. All countries that have received ISS /new vaccine introduction grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2010 (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 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	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.

Annex 2

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, 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 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (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 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	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.

Annex 3

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, 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 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (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 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		3	Yes
Signature of Minister of Finance (or delegated authority)		4	Yes
Signatures of members of ICC		5	Yes
Signatures of members of HSCC		15	Yes
Minutes of ICC meetings in 2010		8, 9, 10, 11, 12	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		1	Yes
Minutes of HSCC meetings in 2010		17	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		14	Yes
Financial Statement for ISS grant in 2010			
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		16	Yes
EVSM/VMA/EVM report		2	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		6	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010		13	
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the ***Upload file*** arrow icon to upload the document. Use the ***Delete item*** icon to delete a line. To add new lines click on the ***New item*** icon in the ***Action*** column.

ID	File type Description	File name Date and Time Size	New file	Actions
1	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:** ICC Meeting Minutes	**File name:** MINUTES ICC meeting 12-5-11_Lao PDR.doc **Date/Time:** 24.05.2011 00:10:01 **Size:** 76 KB		
2	**File Type:** EVSM/VMA/EVM report **File Desc:** EVM Report and Improvement Plan	**File name:** Report_Improvement Plan Based on 2010 EVM_LAO PDR.doc **Date/Time:** 27.05.2011 04:41:41 **Size:** 466 KB		

ID	File type Description	File name Date and Time Size	New file	Actions
3	**File Type:** Signature of Minister of Health (or delegated authority) * **File Desc:** MoH Signature	**File name:** APR MINISTERS.pdf **Date/Time:** 27.05.2011 05:57:18 **Size:** 270 KB		
4	**File Type:** Signature of Minister of Finance (or delegated authority) * **File Desc:** MoF Signature	**File name:** APR MINISTERS.pdf **Date/Time:** 27.05.2011 05:58:33 **Size:** 270 KB		
5	**File Type:** Signatures of members of ICC * **File Desc:** ICC Signatures	**File name:** APR ICC.pdf **Date/Time:** 27.05.2011 05:59:15 **Size:** 240 KB		
6	**File Type:** new cMYP starting 2012 **File Desc:** cMYP	**File name:** LAOPDR_cMYP_2012_15_FINAL_24may.docx **Date/Time:** 27.05.2011 04:45:28 **Size:** 480 KB		
7	**File Type:** other **File Desc:** Pentavalent PIE	**File name:** PIE Final Report.docx **Date/Time:** 27.05.2011 04:46:39 **Size:** 321 KB		
8	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** 10th TWG Minutes	**File name:** Minutes meeting of the 10th HPF TWG on 04 june10.pdf **Date/Time:** 27.05.2011 04:56:32 **Size:** 559 KB		
9	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** 11th TGW Minutes	**File name:** Minutes of meeting the 11th HPF TWG on 26.07.2010.pdf **Date/Time:** 27.05.2011 04:57:40 **Size:** 823 KB		
10	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** 12th TWG Minutes	**File name:** Minutes of meeting the 12th HPF TWG on 31.08.2010.pdf **Date/Time:** 27.05.2011 04:59:09 **Size:** 783 KB		
11	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** 13th TWG Minutes	**File name:** Minutes of meeting of the 13th HPF TWG meeting on 30 Nov 2010.pdf **Date/Time:** 27.05.2011 05:01:12 **Size:** 803 KB		
12	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** 14th TWG Minutes	**File name:** Minutes of the 14th HP&F TWG.xlsx **Date/Time:** 27.05.2011 05:02:12 **Size:**		

ID	File type Description	File name Date and Time Size	New file	Actions
		29 KB		
13	**File Type:** Financial Statement for NVS introduction grant in 2010 **File Desc:** Financial Statement Intro Grant 2010	**File name:** INTRO GRANT FINANC STATEMENT SCANNED.pdf **Date/Time:** 27.05.2011 05:55:43 **Size:** 218 KB		
14	**File Type:** Minutes of HSCC meeting in 2011 endorsing APR 2010 * **File Desc:**	**File name:** MINUTES ICC meeting 12-5-11_Lao PDR.doc **Date/Time:** 27.05.2011 06:05:54 **Size:** 76 KB		
15	**File Type:** Signatures of members of HSCC * **File Desc:**	**File name:** APR ICC.pdf **Date/Time:** 27.05.2011 06:07:54 **Size:** 240 KB		
16	**File Type:** Financial Statement for HSS grant in 2010 * **File Desc:**	**File name:** HSS document.pdf **Date/Time:** 27.05.2011 06:18:05 **Size:** 105 KB		
17	**File Type:** Minutes of HSCC meetings in 2010 * **File Desc:**	**File name:** HSS document.pdf **Date/Time:** 27.05.2011 06:18:16 **Size:** 105 KB		