[V1.15.4]

GAVI Alliance

Annual Progress Report 2014

submitted by

the Government of

Mali

Reporting year: **2014**

Support application for the year: **2016**

Date of presentation: **05/15/2015**

Deadline for submission: 05/27/2015

Please submit the Annual Progress Report 2014 via the online platformhttps://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavi.org or a GAVI Alliance partner representative. Documents may be provided to GAVI Alliance partners, their staff and the public. The APR and its appendices must be submitted in English, French, Spanish, or Russian.

Note: *Please use previous APRs and approved Proposals for GAVI support as reference documents. Electronic copies of previous annual progress reports and approved requests for support 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 stated, the documents will be made available to the GAVI Alliance partners and the general public.

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMS

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of conducting the program(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 Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THIS PROPOSAL

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the description of the program(s) in this application. The GAVI Alliance will document any changes that it has approved, and the Country's application will be amended accordingly.

REIMBURSEMENT OF FUNDS

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

SUSPENSION/CANCELLATION

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

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country accept any gifts, payments or benefits directly or indirectly related to this application, that could be construed as illegal or corrupt.

AUDITS AND RECORDS

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

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will keep its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of the GAVI Alliance funds. If there are any claims of misuse of funds, the Country shall 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 this support application is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to conduct the programs described in this application.

CONFIRMATION REGARDING COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By preparing this APR, the Country will inform GAVI about:

activities conducted using GAVI resources in the past year, significant problems that were

faced and how the country has tried to overcome them

meeting the accountability needs concerning the use of GAVI-disbursed funds and in-country arrangements with development partners for requesting more funds that had been approved in a previous application for ISS/NVS/HSS, but have not yet been released

how GAVI can make the APR more user-friendly while meeting GAVI's accountability and transparency principles

1. Characteristics of the support

Reporting year: **2014**

Support application for the year: **2016**

1.1. NVS AND INS SUPPORT

Type of Support	Current vaccine	Preferred presentation	Active until
New Vaccine Support (routine immunization)	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
New Vaccine Support (routine immunization)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
New Vaccine Support (routine immunization)	Rotavirus, 3 dose schedule	Rotavirus, 3 dose schedule	2016
New Vaccine Support (routine immunization)	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	2015

New Vaccine Support (routine immunization)	IPV, 10 dose(s) per vial, LIQUID	IPV, 10 dose(s) per vial, LIQUID	2018

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

The second preferred presentation of **IPV, 10 dose(s) per vial, LIQUID** IPV:

The third preferred presentation of **IPV, 5 dose(s) per vial, LIQUID** IPV:

1.2. Extension of the Program

Type of Support	Vaccine	Start Year	End Year
New Vaccine Support (routine immunization)	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016	2021
New Vaccine Support (routine immunization)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	2021
New Vaccine Support (routine immunization)	Rotavirus, 3 dose schedule	2017	2021
New Vaccine Support (routine immunization)	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	2016	2021
New Vaccine Support (routine immunization)	IPV, 10 dose(s) per vial, LIQUID	2019	2021

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilization in 2014	Request for approval of	Eligible for 2014 ISS reward
VIG	Yes	Not applicable	No
HSS	Yes	next installment of the HSS grant No	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous IRC Report

The annual progress report (APR) of the IRC for the year 2013 is available here. French version is also available here.

2. Signatures

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

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

For the Government of Mali

Please note that this APR will neither be reviewed or approved by the High-level Review Committee without the signatures of both the Minister of Health & Minister of Finance or their authorized representatives.

Minister of Health (or delegated authority)		**Minister of Finance (or delegated authority)**	
Name	Mr. Ousmane Kone	**Name**	Mr. Mamadou Igor Diarra
Date		**Date**	
Signature		**Signature**	

This report has been compiled by (these persons can be contacted if the GAVI Secretariat has any queries regarding this document):

Full name	Position	Telephone	E-mail
Dr. DIALLO Alimata NACO	Head of Immunization division/PI	60 41 39 81	nalimata1960@yahoo.fr
Dr. Mady KAMISSOKO	Surveillance Focal Points/Immunization Section	66 76 70 42	kamissoko_mady11@yahoo.fr
Dr. Ibrahima DIARRA	Head of Immunization Unit	76 03 42 33	idiarra50@yahoo.fr
Séydou KOUYATE	EPI Data Manager	76 48 14 40	sykouyate2007@yahoo.fr
Moussa BATHILY	Surveillance Data Manager	76 32 66 49	bathily.moussa@yahoo.fr
Bani DIABY	Head of SIA	66 85 57 55	diabyseptembre@yahoo.fr
Dramane TRAORE	Central Store Manager	76 38 34 37	dramane_t@yahoo.fr
Mrs. Diarra Hamsatou DICKO	AVA	76 17 91 43	gogo_dicko92@yahoo.fr
Mrs. Diarra Fatoumata KONE	EPI Data Manager	66 72 12 68	batatacoucou@yahoo.fr
Dr. Alpha M TOURE	HSS/GAVI/CPS FOCAL POINT	66 62 78 66	elphy2003@yahoo.fr
Mrs. DIALLO Djaba Aminata TRAORE	Planner/CSP/HEALTH SECTOR	66 72 84 24	djabaaminatatt@yahoo.fr
Dr. Fatogoma TOGOLA	Supply	71 35 52 05	doc-togola2008@yahoo.fr
Ms TOURE Halimatou TRAORE	Supervision	79 12 22 86	halimatoutraore10@yahoo.fr
Pr. Adama DIAWARA	GAVI/WHO Focal Point	66 75 26 88	diawaraad@who.int
Dr. Baba TOUNKARA	Focal point for EPI/WHO	75 24 68 01	tounkaba@who.int
Dr. Sylvsetre TIENDREBEOGO	Focal point for EPI/UNICEF	72 91 37 96	sytiendrebeogo@unicef.org
Charles AHOUANTO	GAVI/WHO Manager	63 62 00 21	ahouantoc@who.int

Dr. Mama COUMARE	Assistant National Director for Health	75 40 13 15	mamacoumare@yahoo.fr
Ladji Sidi TRAORE	National Center for Health Information, Education, and Communication	63 43 95 22	tlkoro2011@yahoo.fr
Vinima TRAORE	INSAT	73 10 43 80	traorevini@yahoo.fr
Mrs. COULIBALY Marie DIARRA	CPS/Health	66 63 44 02	coulibalymarie@yahoo.fr
Dr. DEMBELE Fanta NIARE	CNAM/CVD	76 45 89 79	niare63@yahoo.fr
Dr. Abdoul Karim SIDIBE	DPLM Head	76 36 72 51	sidibeak@yahoo.fr
Amadou N'To DAO	DFM/Health	66 43 23 60	amadouto@yahoo.fr
Dr Aguibou COULIBALY	Plan/Mali	66 71 09 89	aguibou.coulibaly@planinternational.org

2.2. ICC Signatures Page

If the country presents a report on the Immunization Services Support (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, the HSCC and ICC committees are merged into one committee. Please complete each relevant section and upload the signed sections of the attached documents twice, once for HSCC signatures and once for ICC signatures

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of the country's performance. By signing this form the 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 Inter-Agency coordinating Committee (ICC), endorse this report. Signing 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
Mr. Ousmane KONE/Minister	Ministry of Health and Public Hygiene		
Dr. Lamine DIARRA/Technical Adviser on Public Health	Ministry of Health and Public Hygiene		
Mr. Souleymane TRAORE/Director of Finance and Equipment	Ministry of Health and Public Hygiene		
Dr. Binta KEITA/National Director for Health	Ministry of Health and Public Hygiene		

Dr. Sarmoye CISSE/WHO Representative/a.i	World Health Organization		
Mr. Gary JUFTE/Director for USAID	USAID/Mali		
Mr. Fran EQUIZA/UNICEF Representative	UNICEF		
Fadimata ALAINCHAR	Plan Director/Mali		
Souleymane DOLO	Director for Health and Population Pivot Group		
Dr. Aliou MAIGA	CNPP/Rotary President		
Dr. Jena-Marie MILLELIRI	Regional Health Cooperation Counselor, Embassy of France		

The ICC may wish to send informal comments to: apr@gavi.org . All comments will be treated confidentially. Partners' observations:

Partners wished for quick processing of requests and timely justification of funds.

Observations of the Regional Working Group:

NA

2.3. HSCC Signatures Page

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

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

Name/Title	Agency/Organization	Signature	Date
Mr. Ousmane KONE/Minister	Ministry of Health and Public Hygiene		

The HSCC may wish to send informal comments to: apr@gavi.org. All comments will be treated confidentially. Partners' observations:

In Mali, ICC is the one to ensure transparency in the content of the Annual Progress Report.

Observations of the Regional Working Group:

2.4. Signatures Page for GAVI (Types A & B) support to CSOs

Mali does not submit the report on use of CSO funds (Type A and B) in 2015

3. Table of Contents

This APR reports on activities carried out by Mali from January to December, 2014and specifies requests made for the period of January to December,2016

Sections

4. Baseline data and annual targets

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

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

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)							
	2014		2015		2016		2017		2018	
	Original approved target in accordance with the Decision Letter	Reported	Original approved target in accordance with the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Total number of births	767,511	767,481	795,141	795,141	823,767	823,767		828,569		852,450
Total number of infant deaths	73,681	73,678	76,334	76,334	79,082	79,082		46,400		47,737
Total number of surviving infants	693,830	693,803	718,807	718,807	744,685	744,685		782,169		804,713
Total number of pregnant women	866,265	865,450	897,451	897,451	929,759	929,759		943,700		970,900
Number of infants who received (should receive) BCG vaccine	736,811	726,785	787,190	787,190	815,529	815,529		828,569		852,450
BCG coverage *[1]*	96%	95%	99%	99%	99%	99%	0%	100%	0%	100%
Number of infants who received (should receive) OPV3 vaccine	575,879	688,703	625,362	625,362	707,451	707,451		782,169		804,773
OPV3 coverage *[2]*	83%	99%	87%	87%	95%	95%	0%	100%	0%	100%
Number of infants who received (should receive) DTP1 vaccine *[3]*	680,231	775,460	729,301	729,301	806,494	806,494		782,169		804,773
Number of infants who received (should receive) the DTP3 vaccine *[3][4]*	596,694	688,955	639,739	639,739	707,451	707,451		782,169		804,773
DTP3 coverage *[2]*	86%	99%	89%	89%	95%	95%	0%	100%	0%	100%
Wastage *[5]* **rate during the reference year and anticipated thereafter (%) for the DTP vaccine**	5	3	5	5	5	5		5		5
Wastage *[5]* **factor during the reference year and anticipated thereafter for the DTP vaccine**	1.05	1.03	1.05	1.05	1.05	1.05	1.00	1.05	1.00	1.05
Number of infants who received (should receive) the 1st dose of DTP-HepB-Hib vaccine	680,491	775,460	729,301	729,301		729,301		782,169		804,773
Number of infants who received (should receive) the 3 rd dose of DTP-HepB-Hib vaccine	596,922	688,955	639,739	639,739		639,739		782,169		804,773
DTP-HepB-Hib coverage *[2]*	86%	99%	89%	89%	0%	86%	0%	100%	0%	100%
Wastage *[5]* **rate in the base-year and planned thereafter (%)** *[6]*	5	3	5	5		5		5		5

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)							
	2014		2015		2016		2017		2018	
	Original approved target in accordance with the Decision Letter	Reported	Original approved target in accordance with the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Wastage *[5]* factor in the base-year and planned thereafter (%)	1.05	1.03	1.05	1.05	1	1.05	1	1.05	1	1.05
Maximum loss rate for DTP-HepB-Hib vaccine, 10 dose(s) per vial, LIQUID	0%	0%	0%	25%	0%	25%	0%	25%	0%	25%
Number of infants who received (should receive) Yellow fever vaccine	659,660	604,651	603,798	603,798		603,798		782,169		804,713
Yellow fever coverage*[2]*	95%	87%	84%	84%	0%	81%	0%	100%	0%	100%
Wastage *[5]* rate in the base-year and planned thereafter (%)	15	13	15	15		15		15		15
Wastage *[5]* factor in the base-year and planned thereafter (%)	1.18	1.15	1.18	1.18	1	1.18	1	1.18	1	1.18
Maximum loss rate for Yellow fever vaccine, 1 dose(s) per vial, LYOPHILIZED	0%	40%	0%	40%	0%	40%	0%	40%	0%	40%
Number of infants who received (should receive) 1st dose of Pneumococcal (PCV13) vaccine	680,491	756,524	729,301	729,301		729,301		782,169		804,713
Number of infants who received (should receive) the 3rd dose(s) of Pneumococcal (PCV13) vaccine	596,922	673,388	639,738	639,738		639,738		782,169		804,713
Pneumococcal (PCV13) coverage*[2]*	86%	97%	89%	89%	0%	86%	0%	100%	0%	100%
Wastage *[5]* rate in the base-year and planned thereafter (%)	5	0	5	5		5		5		5
Wastage *[5]* factor in the base-year and planned thereafter (%)	1.05	1	1.05	1.05	1	1.05	1	1.05	1	1.05
Maximum loss rate for Pneumococcal (PCV13) vaccine, 1 dose(s) per vial, LIQUID	0%	5%	0%	5%	0%	5%	0%	5%	0%	5%
Number of infants who received (should receive)1st dose(s) of Rotavirus vaccine	277,752	137,741	327,776	327,776	806,494	639,738		782,169		804,713
Number of infants who received (should receive) 3rd dose(s) of Rotavirus vaccine	243,596	88,007	287,523	287,523	707,451	707,451		782,169		804,713
Rotavirus coverage*[2]*	35%	13%	40%	40%	95%	95%	0%	100%	0%	100%
Wastage *[5]* rate in the base-year and planned thereafter (%)	5	0	5	5	5	5		5		5
Wastage *[5]* factor in the base-year and planned thereafter (%)	1.05	1	1.05	1.05	1.05	1.05	1	1.05	1	1.05

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)							
	2014		2015		2016		2017		2018	
	Original approved target in accordance with the Decision Letter	Reported	Original approved target in accordance with the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Maximum loss rate for Rotavirus vaccine, 3-dose schedule	0%	5%	0%	5%	0%	5%	0%	5%	0%	5%
Number of infants who received (should receive) IPV vaccine		0	530,606	530,606	551,832	551,832	573,581	782,169		804,713
Wastage *[5]* rate in the base-year and planned thereafter (%)		0	20	20	20	20	20	20		20
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1	1.25	1.25	1.25	1.25	1.25	1.25	1	1.25
Maximum loss rate for IPV vaccine, 10 dose(s) per vial, LIQUID (see note above)	0%	50%	0%	50%	0%	50%	0%	50%	0%	50%
Number of infants who received (should receive) 1st dose(s) of Measles Vaccine	562,002	624,620	603,714	603,714	647,876	647,876		784,169		804,713
Measles coverage *[2]*	81%	90%	84%	84%	87%	87%	0%	100%	0%	100%
Pregnant women immunized with TT+	744,998	589,787	798,731	798,731	827,486	827,486		943,700		970,900
TT+ coverage*[7]*	86%	68%	89%	89%	89%	89%	0%	100%	0%	100%
Vit A supplement to mothers within 6 weeks of the delivery	0	385,749	0	480,223	0	523,691		627,335		643,770
Vit A supplement to infants older than 6 months	0	502,849	0	542,360	0	562,312	N/A	627,335	N/A	643,770
Annual DTP Drop out rate [(DTP1–DTP3)/ DTP1] x100	12%	11%	12%	12%	12%	12%	0%	0%	0%	0%

Number	Targets (Preferred presentation format)					
	2019		2020		2021	
	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Total number of births		876,791		901,574		926,817
Total number of infant deaths		49,099		50,488		51,902
Total number of surviving infants		827,692		851,086		874,915
Total number of pregnant women		998,600		1,026,850		1 055 600
Number of infants who received (should receive) BCG vaccine		876,791		901,574		926,817
BCG coverage*[1]*	0%	100%	0%	100%	0%	100%

Number	Targets (Preferred presentation format)					
	2019		2020		2021	
	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Number of infants who received (should receive) OPV3 vaccine		827,672		851,086		874,915
OPV3 coverage*[2]*	0%	100%	0%	100%	0%	100%
Number of infants who received (should receive) DTP1 vaccine*[3]*		827,672		901,574		926,817
Number of infants who received (should receive) the DTP3 vaccine *[3][4]*		827,672		901,574		926,817
DTP3 coverage*[2]*	0%	100%	0%	106%	0%	106%
Wastage *[5]* rate during the reference year and anticipated thereafter (%) for the DTP vaccine		5		5		5
Wastage *[5]* factor during the reference year and anticipated thereafter for the DTP vaccine	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants who received (should receive) the 1st dose of DTP-HepB-Hib vaccine		827,672		901,574		926,817
Number of infants who received (should receive) the 3 rd dose of DTP-HepB-Hib vaccine		827,572		901,574		926,817
DTP-HepB-Hib coverage *[2]*	0%	100%	0%	106%	0%	106%
Wastage *[5]* rate in the base-year and planned thereafter (%) *[6]*		5		5		5
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1.05	1	1.05	1	1.05
Maximum loss rate for DTP-HepB-Hib vaccine, 10 dose(s) per vial, LIQUID	0%	25%	0%	25%	0%	25%
Number of infants who received (should receive) Yellow fever vaccine		827,672		851,086		874,915
Yellow fever coverage*[2]*	0%	100%	0%	100%	0%	100%
Wastage *[5]* rate in the base-year and planned thereafter (%)		15		15		15
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1.18	1	1.18	1	1.18
Maximum loss rate for Yellow fever, 10 dose(s) per vial, LYOPHILIZED	0%	40%	0%	40%	0%	40%
Number of infants who received (should receive) 1st dose of Pneumococcal (PCV13) vaccine		827,672		851,086		874,915
Number of infants who received (should receive) the 3rd dose(s) of Pneumococcal (PCV13) vaccine		827,672		851,086		874,915
Pneumococcal (PCV13) coverage*[2]*	0%	100%	0%	100%	0%	100%

Number	Targets (Preferred presentation format)					
	2019		2020		2021	
	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Wastage *[5]* rate in the base-year and planned thereafter (%)		5		5		5
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1.05	1	1.05	1	1.05
Maximum loss rate for Pneumococcal (PCV13) vaccine, 1 dose(s) per vial, LIQUID	0%	5%	0%	5%	0%	5%
Number of infants who received (should receive)1st dose(s) of Rotavirus vaccine		827,672		851,086		874,915
Number of infants who received (should receive) 3rd dose(s) of Rotavirus vaccine		827,672		851,086		874,915
Rotavirus coverage*[2]*	0%	100%	0%	100%	0%	100%
Wastage *[5]* rate in the base-year and planned thereafter (%)		5		5		5
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1.05	1	1.05	1	1.05
Maximum loss rate for Rotavirus vaccine, 3-dose schedule	0%	5%	0%	5%	0%	5%
Number of infants who received (should receive) IPV vaccine		827,672		851,086		874,915
Wastage *[5]* rate in the base-year and planned thereafter (%)		20		20		20
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1.25	1	1.25	1	1.25
Maximum loss rate for IPV vaccine, 10 dose(s) per vial, LIQUID (see note above)	0%	50%	0%	50%	0%	50%
Number of infants who received (should receive) 1st dose(s) of Measles Vaccine		827,672		851,086		874,915
Measles coverage *[2]*	0%	100%	0%	100%	0%	100%
Pregnant women immunized with TT+		998,600		1,026,880		1 055 600
TT+ coverage*[7]*	0%	100%	0%	100%	0%	100%
Vit A supplement to mothers within 6 weeks of the delivery		662,137		680,869		699,932

Vit A supplement to infants older than 6 months	N/A	662,137	N/A	680,869	N/A	699,932
Annual DTP Drop out rate [(DTP1–DTP3)/DTP1] x100	0%	0%	0%	0%	0%	0%

[1] Number of infants vaccinated against the number of births *[2]* Number of infants vaccinated out of the total number of surviving infants

[3] Indicate total number of children vaccinated with either the DTP vaccine alone or combined with others

[4] Please ensure that the DTP3 cells are correctly filled in

[5] The formula for calculating a vaccine wastage rate (as a 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.

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

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

5. General Program Management Component

5.1. Updated Baseline and Annual Targets

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

The numbers for 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for immunization activities for 2014.** The figures for 2015 - 2015 in Table 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 the CMYP.

In the space 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**

There have been no changes

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

There have been no changes

- Explanation of changes in targets, per vaccine. **Please note that for targets of more than 10%, the results from previous years must be justified.** For the IPV, justification should also be provided as attachment to the APR concerning EACH change in target population.

None

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

The loss rates for BCG was brought down from 20% to 50% to avoid missed chances.

5.2. Monitoring the implementation of the GAVI gender policy

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

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

Data Source	Reference Year for Estimates	DTP3 coverage estimate	
		Boys	Girls
MDHS V	2012-2013	63.3	62.8

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

As per the MDHS V results, we do not observe any discrepancy in PENTA 3 coverage based on the gender of the child (page 126)

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

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

Obstacles in immunization are not gender-specific.

5.3. Overall Expenditure and Financing for Immunization

The purpose of **Table 5.3a** is to guide GAVI understanding of the broad trends in the immunization program expenditure and financial flow. Please fill the table using US$.

Exchange rate used	1 US$ = 470	Only enter the exchange rate; do not enter the name of the local currency

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

Expenditure by Category	Expenditure Year 2014	Funding source						
		Country	GAVI	UNICEF	WHO	HKI	Community	NA
Traditional vaccines*	2,934,642	655,640	0	2,279,002	0	0	0	0
New and Under-used Vaccines (NVS)**	16,303,595	1,156,040	14,945,494	202,061	0	0	0	0
Injection material (AD syringes and others)	650,678	248,636	220,071	181,971	0	0	0	0
Cold Chain equipment	364,400	364,400	0	0	0	0	0	0
Staff	178,858	80,928	3,192	0	94,738	0	0	0
Other routine recurrent costs	868,065	140,984	724,445	2,636	0	0	0	0
Other Capital Costs	687,808	31,970	123,953	531,885	0	0	0	0
Campaigns costs	10,880,829	0	0	5,508,233	5,219,619	76,416	76,561	0
10,246,840		0	0	0	0	0	0	0
Total Expenditures for Immunization	32,868,875							
Total Government Health expenditures		2,678,598	16,017,155	8,705,788	5,314,357	76,416	76,561	0

Traditional vaccines: BCG, DTP, OPV, 1st of measles vaccine (or the combined MR, MMR), TT. Some countries will also include Herb and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

5.4. Inter-Agency Coordination Committee (ICC)

How many times did the ICC meet in 2014? **7**

Please attach the minutes **(Document N°4)** from all the ICC meetings held in 2015, including those of the meeting endorsing this report.

List the principal concerns or recommendations, if any, made by the ICC on sections 5.1 Reference data and annual targets carried outto5.3 Overall Immunization Expenditure and Funding

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

If yes, which ones?

List CSO members of the ICC:
Health and Population Pivot Group

5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority activities for its EPI program from 2015 to 2016?

Objective 1: Mali gets involved in immunization on a priority basis:

- Advocate to gradually increase the immunization budget
- Submit the immunization act to the National Assembly for approval
- Extend the composition of ICC to other sectors
- Create an Immunization Directorate

Objective 2: Individuals and communities understand the value of vaccines and ask for immunization as a right and as a responsibility:

- Develop a national advocacy plan involving the CSO
- Advocacy efforts with the heads of the ASACO (FERASCOM, Regional Council, and Advisory sessions) to fulfill their commitment as an immunization organization at the health areas
- identify, habilitate, and support the CSOs to assert the value of vaccines to the authorities, decision-makers, and local media in support of the "reach every community" approach

Objective 3: The advantages of immunization equally apply to all:

- Recruit qualified immunization workers in 100% of the health areas
- Support the districts and health areas with mobile teams and immunization with advanced strategy
- Carry out mapping of the specific population group at risk, by district
- Organize mass immunization campaigns
- Organize an HPV demonstration in two districts (Fan and Commune V) spread the introduction of the rotavirus vaccine to the rest of the country
- Introduce the Inactivated Polio Vaccine in routine EPI
- Introduce the 2nd dose of MV in routine EPI
- Ensure supervision of EPI services at all levels
- Ensure training of EPI District Heads in DVD-MT and SMT tools
- Introduce the MenAfriVac vaccine in routine EPI

Objective 4: The efficient immunization systems are an integral part of an efficient health system

- Ensure visits to priority sites for disease surveillance under (AFP, Measles, Yellow Fever, tetanus, etc.) surveillance.
- Notify/investigate AFP cases and other diseases under surveillance with confirmation from the laboratory

Objective 5: The Extended Program on Immunization has the benefit of sustainable foreseeable funding, quality supplies, and latest technology

- Institute EPI funding monitoring tools at the national, regional, and district levels
- Make inventories at all levels (cold chain equipment, vaccines, and consumables)
- Ensure regular purchase of vaccines and consumables
- Ensure adequate vaccine and consumables supplies at all levels

- Strengthen the cold chain at all levels
- Equip regions and districts with adequate means of transport for vaccine supplies and supervision
- Equip health areas with motorcycles for advanced strategies
- Equip the Immunization division with two ordinary trucks for transportation of vaccines
- Equip 8 flooded districts with a pinnace for mobile strategies

5.6. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the sources of funding for Injection Safety equipment in 2014

Vaccine	Types of syringes used in the 2014 routine EPI	Funding sources in 2014
FR BCG	SAB 0.05 ml	State
FR Measles	AD syringe 0.5 ml	State
FR TT	AD syringe 0.5 ml	State
FR DTP-containing vaccine	AD syringe 0.5 ml	Report/GAVI
IPV		
PCV 13	AD syringe 0.5 ml	State/GAVI
Yellow Fever vaccine	AD syringe 0.5 ml	State/GAVI

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

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

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

Obstacles encountered in implementation of the injection safety policy are:

- Inadequate and dilapidated incinerators
- Inadequacy in procedures for routing safety boxes from immunization sites to some incineration sites
- Reluctance of the riverside population to incinerate waste due to the nuisance of smoke.

Please explain how in 2014 sharps waste has been eliminated, what were the problems faced, etc..

Sharps waste was incinerated or burnt in prepared pits and the residue was sent to the CHCs, and at the RHCs, the sharps waste was incinerated

Problems faced:

Reluctance of the riverside population to incinerate waste due to smoke.

6. Immunization Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Mali is not reporting on the use of immunization services support (ISS) funds in 2014

6.2. Detailed expenditure of ISS funds during the calendar year

Mali is not reporting on the use of immunization services support (ISS) funds in 2014

6.3. ISS Funding Application

The request for expected ISS reward is not applicable for 2014 to Mali.

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

7.1. Receipt of new & under-used vaccines for the 2014 immunization program

7.1.1. Did you receive the approved amount of vaccine doses for the immunization program in 2014 that GAVI specified in their Decision Letter? Please fill the table below

Table 7.1: Vaccines actually received in 2014 compared to the quantity approved for 2014.

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

	[A]	[B]	[C]	
Vaccine Type	**Total doses for 2014 in the Decision Letter**	**The number of total doses received by December 31, 2014**	**Total doses postponed from previous years and received in 2014**	**Has the country experienced a stock-out at any level in 2014?**
Pneumococcal (PCV13)	1,073,200	1,013,400	0	Yes
DTP-HepB-Hib	2,804,900	2,531,000	0	No
Rotavirus	1,014,800	584,550	374,850	No
Yellow fever	818,800	821,300	30,000	No
IPV		0	0	No

If numbers [A] and [B] are different, specify:

- What were the main problems encountered? (Was the lower than anticipated vaccine utilization due to a delay in the introduction of a new vaccine or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with the cold chain? Doses discarded because the VVM changed color or because of the expiry date?)

  The discrepancy in pneumococcal vaccine doses is explained by the receipt of 59,800 doses in 2015 due to delays in payment of the State's share.

  The discrepancy in rotavirus vaccine doses is explained by the delay caused due to extension of services to the rest of the country.

  The difference of 32,500 yellow fever doses is explained by the purchase of 32,500 yellow fever vaccine doses by the State.

- What actions have you taken to improve vaccine management, e.g. such as amending the schedule for vaccine deliveries? (within the country and with the UNICEF Supply Division)

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

  Review of vaccine delivery schedules by opting for quarterly supply of vaccines in place of half-yearly supply to the national level.

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

The country faced a national PCV13 stock-out for 7 days after a delay in the payment of the State's share.

7.2. Introduction of a New Vaccine in 2014

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

Yellow fever, 10 dose(s) per vial, LYOPHILIZED		
Nationwide introduction	No	
Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why?	No	Introduced from 2001

When do you expect to carry out a post introduction evaluation **February 2005**

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why?	No	Introduced from 2011

When do you expect to carry out a post introduction evaluation **December 2012**

Rotavirus, 1 dose(s) per vial, ORAL		
Nationwide introduction	No	
Phased introduction	Yes	01/14/2014
Was the time and scale of the introduction as planned in the proposal? If No, Why?	No	The introduction schedule provides for introduction in three phases: 1st Phase, District of Bamako 2nd phase: regional capital cities (8) 3rd phase: the entire remaining region The introduction date was planned in 2013 but given the delay in signing the MOU between the WHO and the Ministry of Health regarding fund management, the introduction was postponed to January 2014.

When do you plan to conduct a Post introduction evaluation (PIE)? **November 2015**

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Nationwide introduction	No	

Phased introduction	Yes	03/17/2005
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	Yes	Introduction in the rest of the country in 2007

When for is the Post introduction evaluation (PIE) planned? **May 2008**

IPV, 10 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	06/18/2015
Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	Yes	

When do you expect to carry out a post introduction evaluation **June 2016**

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

7.2.3. Adverse Events Following Immunization (AEFI)

Is there a national system dedicated to vaccinal pharmacovigilence? **No**

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

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

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

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

7.2.4. Supervision

Has your country set up a sentinel monitoring system for:

a. rotavirus diarrhea? **No**

b. bacterial meningitis or pneumococcal or meningococcal disease in children? **Yes**

Has your country carried out specific studies on:

a. Rotavirus diarrhea? **Yes**

b. Bacterial meningitis or pneumococcal or meningococcal disease in children? **Yes**

If yes, does either the National Technical Advisory Group on Immunization (NITAG) or the Interagency Coordinating Committee (ICC), regularly examine the data from the national sentinel surveillance and from any specific surveys to make recommendations on the quality of data produced and on how to further improve the quality of these data? **No**

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

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

As part of bacterial meningitis surveillance, 377 cases of CSFs were considered for sampling and testing purposes at the reference national laboratory, and the results are as follows:

Hib meningitis: 11 cases of

streptococcus pneumonia: 57 cases

Neisseria meningitidis, 13 cases consisting of stereotypes W 135 and X

7.3. Lump sum allocation for the introduction of a new vaccine in 2014

7.3.1. Financial Management Report

	Amount in US$	Amount in local currency
Funds received in 2014 (A)	0	0
Balance of funds carried forward from 2013	518,615	260,925,202
Total Available Funds in 2014 (C=A+B)	518,615	260,925,202
Total expenditure in 2014(D)	346,272	162,747,800
Balance carried over to 2015 (E=C-D)	172,343	98,177,402

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

Please attach a detailed financial statement for the use of new vaccine introduction grant during the 2014 calendar year (Document No. 10, 11). The terms of reference for this financial statement are attached in **Annex 1.** Financial statements should 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. Program Report

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.

Replenishing the District of Bamako with rotavirus vaccine

Strengthening the staff skills through training: (57 national, 18 regional, 54 EPI commune in-charges Bamako, 114 Central Technical Directors) and supervision

Social mobilization for the vaccine: organizing a workshop for adaptation of messages/support material, development/proliferation of sensitization and social mobilization material, distribution of sensitization and social mobilization material, advertisements, TV and radio commercials.

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

Delays in funds mobilization after the Ebola epidemic and the long disbursement process, the WHO

management system mechanism (delinquent DFC irrespective of the activity of the other program)

Please describe the activities that will be undertaken with the balance of funds carried forward to 2015

Extension of introduction to the rest of the country:

Training the trainers for districts and health areas, replenishing regions with vaccines, supervision of service providers, information days in districts with post introduction evaluation, creating an EPI technical guide.

7.4. Report on country co-financing in 2014

Table 7.4: Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Selected vaccine #1: Yellow fever, 10 dose(s) per vial, LYOPHILIZED	164,000	156,100
Selected vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	215,000	59,700
Selected vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	203,000	55,400
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	561,000	273,900
Vaccine selected #5: IPV, 10 dose(s) per vial, LIQUID*	0	0
	Q.2: What were the shares of country co-financing during the reporting year 2014 from the following sources?	
Government	1,143,000	
Donor	NA	
Others	NA	
	Q.3: Did you procure related injection supplies for the co-financing vaccines? What were the amounts in US$ and in supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Selected vaccine #1: Yellow fever, 10 dose(s) per vial, LYOPHILIZED	245,831	1,909,700
Selected vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Selected vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0	0
Vaccine selected #5: IPV, 10 dose(s) per vial, LIQUID*	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Funding source

Selected vaccine #1: Yellow fever, 10 dose(s) per vial, LYOPHILIZED	March	Government
Selected vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	March	Government
Selected vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	March	Government
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	March	Government
Vaccine selected #5: IPV, 10 dose(s) per vial, LIQUID*	March	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilizing funding for immunization, including for co-financing.	
	NA	

***Note:** co-financing is not mandatory for the IPV

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

7.5. Vaccine Management (EVSM/EVM/VMA)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment (VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on the EVM tool can be found at
<http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.html>

It is mandatory for the countries to conduct a Vaccine Management Assessment (VMA) prior to an application for the introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines. The progress of the implementation of this plan is reported in the Annual Progress Report. The VMA 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 2014**

Please attach the following documents:

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

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

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

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

Have any changes been made to the Improvement plan, and what were the reasons? **No** If yes, give details

When is the next Effective Vaccine Management (EVM) assessment planned? **May 2017**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Mali is not providing a report on NVS as part of the prevention campaign

7.7. Change in vaccine presentation

Mali does not require changes in the vaccine presentation in the coming years.

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

If 2015 is the last year of approved multi-year support for a vaccine and the country wishes to extend the GAVI support, the country must apply for an extension of the co-funding agreement with GAVI for vaccine support commencing from 2016 and for the duration of a new comprehensive multi-year plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2021 for the following vaccines:

* **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 3 dose schedule**
* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **IPV, 10 dose(s) per vial, LIQUID**

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

* **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 3 dose schedule**
* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **IPV, 10 dose(s) per vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2021, which is attached to this APR (Document N°**16**). The new costing tool is also attached (Document No. **17**) for the following vaccines:

* **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 3 dose schedule**
* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **IPV, 10 dose(s) per vial, LIQUID**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document No. **18**)

* **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 3 dose schedule**
* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **IPV, 10 dose(s) per vial, LIQUID**

7.9. Request for continued support for vaccines for 2016 immunization program

In order to request NVS for vaccination in 2016 do the following:

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

If you do not confirm, please explain:

NA

7.10. Weighted average prices of supplies and related freight costs

Table 7.10.1: Commodities Cost

The estimated cost of supplies is not disclosed

Table 7.10.2: Freight cost

Vaccine Antigens	Vaccine Type	2007	2008	2009	2010	2011	2012	2013
Yellow fever, 10 dose(s) per vial, LYOPHILIZED	Yellow fever, 10 dose(s) per vial, LYOPHILIZED							
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID							
Rotavirus, 3 dose schedule	Rotavirus, 3 dose schedule							
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID							
IPV, 10 dose(s) per vial, LIQUID	IPV, 10 dose(s) per vial, LIQUID							

Vaccine Antigens	Vaccine Type	2014	2015	2016	2017	2018	2019	2020
Yellow fever, 10 dose(s) per vial, LYOPHILIZED	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	7.50%	7.50%	7.40%	7.20%	6.80%	6.80%	6.30%
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	4.40%	4.50%	3.00%	4.50%	4.60%	3.10%	3.10%
Rotavirus, 3 dose schedule	Rotavirus, 3 dose schedule	7.10%	7.10%	7.10%	8.30%	11.10%	7.20%	7.20%
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	3.40%	4.30%	3.60%	4.40%	4.40%	4.40%	4.40%
IPV, 10 dose(s) per vial, LIQUID	IPV, 10 dose(s) per vial, LIQUID		7.70%	7.50%	8.60%	8.60%	9.90%	9.90%

Vaccine Antigens	Vaccine Type	2021
Yellow fever, 10 dose(s) per vial, LYOPHILIZED	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	6.30%
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	3.10%
Rotavirus, 3 dose schedule	Rotavirus, 3 dose schedule	7.20%

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	4.40%
IPV, 10 dose(s) per vial, LIQUID	IPV, 10 dose(s) per vial, LIQUID	9.90%

7.11. Calculation of requirements

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

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	693,830	718,807	744,685	782,169	804,713
	Number of children to be vaccinated with the first dose	Parameter	#	680,491	729,301	729,301	782,169	804,773
	Number of children to be vaccinated with the third dose	Parameter	#	596,922	639,739	639,739	782,169	804,773
	Immunization coverage with the third dose	Parameter	%	86.03%	89.00%	85.91%	100.00%	100.01%
	Number of doses per child	Parameter	#	3	3	3	3	3
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	1.05	1.05
	Stock in Central Store Dec 31, 2014		#	985,680				
	Stock across second level Dec 31, 2014 (if available)*		#	985,680				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	985,680				
	Number of doses per vial	Parameter	#		10	10	10	10
	Number of AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No	No	No
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		4.30%	3.60%	4.40%	4.40%

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

No variation

For Pentavalent vaccines, GAVI applies an indicator of 4.5 months of buffer stock + operational stock. The countries must indicate their needs in terms of buffer stock + operational stock, if they are different from the indicator for up to a maximum of 6 months. If you need help to calculate the levels of buffer and operational stocks, please contact the WHO or UNICEF. By default, the pre-selection provides a buffer stock+ operational stock for 4.5 months. **3**

Table for co-financing for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Co-financing group	Low

	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

	2019	2020	2021
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	2,531,000	1,145,000	2,332,300	2,681,600	2,759,100
Number of AD syringes	#	2,973,100	1,285,700	2 760 800	3,258,800	3,352,900
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	33,025	14,150	28,750	33,900	34,875
Total value to be co-financed by GAVI	$	5,359,000	2,373,000	4,453,000	4,273,500	4,397,000

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

		2019	2020	2021
Number of vaccine doses	#	2,837,500	3,089,600	3,176,200
Number of AD syringes	#	3,448,100	3,756,200	3,861,400
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	35,850	39,050	40,150
Total value to be co-financed by GAVI	$	4,522,000	4,911,000	5,048,500

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	273,900	127,000	280,800	398,500	410,000
Number of AD syringes	#	0	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	0	0	0	0	0
Total value of country co-financing*[1]*	$	561,000	254,500	536,000	635,000	653,500

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

		2019	2020	2021
Number of vaccine doses	#	421,600	460,500	473,400
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value of country co-financing*[1]*	$	672,000	732,000	752,500

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	680,491	729,301		
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	596,922	729,301		
C	**Number of doses per child**	*The immunization schedule*	3	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	1,923,641	2,061,621		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses required taking wastage into account**	*D x E*		2,164,702		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *=* • *if (wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0, 25* • *else: (F - D - ((F - D) of previous year original approved)) x 0, 25 >= 0*				
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0, 25)*				
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*				
H 2	**Stock on 1st January**	*Table 7.11.1*	1,232,420	985,680		
H 3	**Dispatch schedule**	*Approved volume*		1,272,000		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		1,272,000		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				

Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				
T	**Total funds required**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

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

		Formula	2016		
			Total	Government	GAVI
A	**Country co-financing**	*V*	10.74%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	729,301	78,349	650,952
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	639,739	68,727	571,012
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,061,621	221,479	1,840,142
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D X E*	2,164,702	232,553	1,932,149
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *=* • *if (wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0, 25* • *else: (F - D - ((F - D) of previous year original approved)) x 0, 25 >= 0*	1	1	0
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0, 25)*	- 448,196	- 48,149	- 400,047
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*	92,979	9,989	82,990
H 2	**Stock on 1st January**	*Table 7.11.1*			
H 3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	2,613,000	280,713	2,332,287
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	2 760 800	0	2 760 800
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	28,744	0	28,744
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	4,695,561	504,441	4,191,120
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	123,684	0	123,684
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	157	0	157
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	169,041	18,160	150,881
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	4,988,443	535,905	4,452,538
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	522,600		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	10.74%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

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

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	12.94%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	782,169	101,176	680,993
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	782,169	101,176	680,993
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,346,507	303,527	2,042,980
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D X E*	2,463,833	318,703	2,145,130
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *=* • *if (wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0, 25* • *else: (F - D - ((F - D) of previous year original approved)) x 0, 25 >= 0*	615,959	79,676	536,283
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0, 25)*			
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
H 3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	3,080,000	398,406	2,681,594
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	3,258,713	0	3,258,713
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	33,880	0	33,880
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	4,561,480	590,039	3,971,441
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	145,991	0	145,991
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	185	0	185
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	200,706	25,962	174,744
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	4,908,362	634,909	4,273,453
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	616,000		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.94%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

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

		Formula	2018		
			Total	Government	GAVI
A	**Country co-financing**	*V*	12.94%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	804,773	104,100	700,673
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	804,773	104,100	700,673
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,414,319	312,298	2,102,021
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D X E*	2,535,035	327,913	2,207,122
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *=* • *if (wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0, 25* • *else: (F - D - ((F - D) of previous year original approved)) x 0, 25 >= 0*	633,759	81,979	551,780
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0, 25)*			
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
H 3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	3,169,000	409,918	2,759,082
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	3,352,886	0	3,352,886
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	34,859	0	34,859
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	4,693,289	607,089	4,086,200
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	150,210	0	150,210
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	190	0	190
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	206,505	26,712	179,793
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	5,050,194	653,255	4,396,939
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	633,800		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.94%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

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

		Formula	2019		
			Total	Government	GAVI
A	**Country co-financing**	*V*	12.94%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	827,672	107,062	720,610
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	827,572	107,049	720,523
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,482,875	321,166	2,161,709
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D X E*	2,607,019	337,225	2,269,794
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *=* • *if (wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0, 25* • *else: (F - D - ((F - D) of previous year original approved)) x 0, 25 >= 0*	651,755	84,307	567,448
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0, 25)*			
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
H 3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	3,259,000	421,560	2,837,440
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	3,448,094	0	3,448,094
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	35,849	0	35,849
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	4,826,579	624,330	4,202,249
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	154,475	0	154,475
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	196	0	196
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	212,370	27,471	184,899
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	5,193,620	671,808	4,521,812

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	651,800		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.94%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 6)

		Formula	2020		
			Total	**Government**	**GAVI**
A	**Country co-financing**	*V*	12.97%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	901,574	116,937	784,637
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	901,574	116,937	784,637
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,704,722	350,810	2,353,912
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D X E*	2,839,959	368,351	2,471,608
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** = • *if (wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0, 25* • *else: (F - D - ((F - D) of previous year original approved)) x 0, 25 >= 0*	709,990	92,088	617,902
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0, 25)*			
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
H 3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	3,550,000	460,445	3,089,555
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	3,756,184	0	3,756,184
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	39,050	0	39,050
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	5,243,350	680,077	4,563,273
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	168,278	0	168,278
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	213	0	213

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	230,708	29,924	200,784
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	5,642,549	731,854	4,910,695
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	710,000		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.97%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 7)

		Formula	2021		
			Total	**Government**	**GAVI**
A	**Country co-financing**	*V*	12.97%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	926,817	120,211	806,606
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	926,817	120,211	806,606
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,780,451	360,632	2,419,819
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D X E*	2,919,474	378,664	2,540,810
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *=* • *if (wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0, 25* • *else: (F - D - ((F - D) of previous year original approved)) x 0, 25 >= 0*	729,869	94,666	635,203
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0, 25)*			
H1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H2	**Stock on 1st January**	*Table 7.11.1*			
H3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	3,649,500	473,350	3,176,150
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	3,861,353	0	3,861,353
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	40,145	0	40,145
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	5,390,312	699,138	4,691,174
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	172,989	0	172,989

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	219	0	219
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	237,174	30,763	206,411
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	5,800,694	752,366	5,048,328
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	729,900		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.97%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

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

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	693,830	718,807	744,685	782,169	804,713
	Number of children to be vaccinated with the first dose	Parameter	#	680,491	729,301	729,301	782,169	804,713
	Number of children to be vaccinated with the third dose	Parameter	#	596,922	639,738	639,738	782,169	804,713
	Immunization coverage with the third dose	Parameter	%	86.03%	89.00%	85.91%	100.00%	100.00%
	Number of doses per child	Parameter	#	3	3	3	3	3
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	1.05	1.05
	Stock in Central Store Dec 31, 2014		#	41,300				
	Stock across second level Dec 31, 2014 (if available)*		#	41,300				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	41,300				
	Number of doses per vial	Parameter	#		1	1	1	1
	Number of AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Number of reconstitution syringes required	Parameter	#		No	No	No	No
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		4.50%	3.00%	4.50%	4.60%

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

No variation

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

Co-financing group	Low

	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

	2019	2020	2021
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	680,491	729,301		
C	**Number of doses per child**	*The immunization schedule*	3	3		
D	**Number of doses required**	*B x C*	2,041,473	2,187,904		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses required taking wastage into account**	*D x E*		2,297,299		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*				
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*				
H 2	**Stock on 1st January**	*Table 7.11.1*	1,606,344	41,300		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		2,336,400		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				
T	**Total funds required**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

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

		Formula	2016		
			Total	Government	GAVI
A	**Country co-financing**	*V*	5.75%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	729,301	41,922	687,379
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	2,187,903	125,766	2,062,137
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	2,297,299	132,054	2,165,245
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	0	0	0
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*	0	0	0
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	2,298,600	132,129	2,166,471
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	2,406,694	0	2,406,694
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	25,285	0	25,285
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	7,764,671	446,331	7,318,340
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	107,820	0	107,820
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	138	0	138
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	232,941	13,390	219,551
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	8,105,570	465,926	7,639,644
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	459,720		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.75%		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	5.76%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	782,169	45,036	737,133
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	2,346,507	135,106	2,211,401
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	2,463,833	141,862	2,321,971
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	588,610	33,891	554,719
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	3,052,800	175,773	2,877,027
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	3,228,629	0	3,228,629
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	33,581	0	33,581
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	10,147,508	584,268	9,563,240
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	144,643	0	144,643
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	183	0	183
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	456,638	26,293	430,345
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	10,748,972	618,899	10,130,073
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	610,560		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.76%		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	Government	GAVI
A	**Country co-financing**	*V*	5.85%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	804,713	47,054	757,659
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	2,414,139	141,161	2,272,978
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	2,534,846	148,219	2,386,627
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	604,381	35,340	569,041
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	3,141,000	183,662	2,957,338
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	3,320,373	0	3,320,373
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	34,551	0	34,551
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	10,271,070	600,574	9,670,496
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	148,753	0	148,753
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	188	0	188
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	472,470	27,627	444,843
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	10,892,481	636,909	10,255,572
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	628,200		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.85%		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-financing**	*V*	5.99%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	827,672	49,555	778,117
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	2,483,016	148,665	2,334,351
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	2,607,167	156,098	2,451,069
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	621,615	37,218	584,397
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	3,229,200	193,340	3,035,860
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	3,415,095	0	3,415,095
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	35,522	0	35,522
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	10,462,608	626,421	9,836,187
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	152,997	0	152,997
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	194	0	194
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	324,341	19,420	304,921
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	10,940,140	655,012	10,285,128
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	645,840		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.99%		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 6)

		Formula	2020		
			Total	Government	GAVI
A	**Country co-financing**	*V*	6.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	851,086	51,036	800,050
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	2,553,258	153,106	2,400,152
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	2,680,921	160,762	2,520,159
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	639,193	38,330	600,863
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	3,321,000	199,144	3,121,856
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	3,511,697	0	3,511,697
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	36,531	0	36,531
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	10,743,435	644,229	10,099,206
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	157,325	0	157,325
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	199	0	199
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	333,047	19,972	313,075
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	11,234,006	673,646	10,560,360
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	664,200		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	6.00%		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 7)

		Formula	2021		
			Total	Government	GAVI
A	**Country co-financing**	*V*	6.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	874,915	52,465	822,450
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	2,624,745	157,393	2,467,352
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	2,755,983	165,263	2,590,720
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	657,080	39,402	617,678
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	3,414,600	204,757	3,209,843
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	3,610,008	0	3,610,008
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	37,561	0	37,561
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	11,046,231	662,386	10,383,845
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	161,729	0	161,729
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	205	0	205
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	342,434	20,535	321,899
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	11,550,599	692,631	10,857,968
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	682,920		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	6.00%		

Table 7.11.1: Characteristics for Rotavirus, 3-dose schedule

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	693,830	718,807	744,685	782,169	804,713
	Number of children to be vaccinated with the first dose	Parameter	#	277,752	327,776	639,738	782,169	804,713
	Number of children to be vaccinated with the third dose	Parameter	#	243,596	287,523	707,451	782,169	804,713
	Immunization coverage with the third dose	Parameter	%	35.11%	40.00%	95.00%	100.00%	100.00%
	Number of doses per child	Parameter	#	3	3	3	3	3
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	1.05	1.05
	Stock in Central Store Dec 31, 2014		#	603,965				
	Stock across second level Dec 31, 2014 (if available)*		#	603,965				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	0				
	Number of doses per vial	Parameter	#		1	1	1	1
	Number of AD syringes required	Parameter	#		No	No	No	No
	Number of reconstitution syringes required	Parameter	#		No	No	No	No
	Number of safety boxes required	Parameter	#		No	No	No	No
cc	**Country co-financing per dose**	Parameter	$		0.13	1.56	1.56	1.56
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		7.10%	7.10%	8.30%	11.10%

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

No variation

Co-financing table for Rotavirus, 3 dose schedule

Co-financing group	Low

	2014	2015	2016	2017	2018
Minimum co-financing	0.13	0.13	0.13	0.13	0.13
Recommended co-financing as per			0.13	0.13	0.13
Your co-financing	0.20	0.13	1.56	1.56	1.56

	2019	2020	2021
Minimum co-financing	0.13	0.13	0.13
Recommended co-financing as per	0.13	0.13	0.13
Your co-financing	1.56	1.56	1.56

Table 7.11.4: Calculation of requirements for Rotavirus, 3 dose schedule (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	277,752	327,776		
C	**Number of doses per child**	*The immunization schedule*	3	3		
D	**Number of doses required**	*B x C*	833,256	983,328		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses required taking wastage into account**	*D x E*		1,032,495		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*				
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*				
H 2	**Stock on 1st January**	*Table 7.11.1*	0	603,965		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		1,072,000		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				
T	**Total funds required**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

Table 7.11.4: Calculation of requirements for Rotavirus, 3 dose schedule (part 2)

		Formula	2016		
			Total	Government	GAVI
A	Country co-financing	*V*	41.62%		
B	Number of children to be vaccinated with the first dose	*Table 4*	639,738	266,238	373,500
C	Number of doses per child	*The immunization schedule*	3		
D	Number of doses required	*B x C*	1,919,214	798,713	1,120,501
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses required taking wastage into account	*D x E*	2,015,175	838,649	1,176,526
G	Buffer stock of vaccines	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	245,671	102,241	143,430
H	Stock to be deducted	*H2 of the previous year - 0.25 x F of the previous year*	345,842	143,928	201,914
H 2	Stock on 1st January	*Table 7.11.1*			
I	Total vaccine doses required	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	1,915,200	797,042	1,118,158
J	Number of doses per vial	*Vaccine parameter*	1		
K	Number of Auto-disable syringes required (+10% wastage)	*(D + G – H) x 1.10*	0	0	0
L	Number of Reconstitution syringes required (+10% wastage)	*(I / J) x 1.10*	0	0	0
M	Total number of safety boxes required (10% extra)	*(K + L) / 100 x 1.10*	0	0	0
N	Cost of the required vaccines	*I x price of vaccine per dose(g)*	6,703,200	2,789,647	3,913,553
O	Cost of the required AD syringes	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of the required reconstitution syringes	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	Cost of the safety boxes required	*M X unit price of safety boxes (cs)*	0	0	0
R	Freight cost of the required vaccines	*N x Freight cost as % of vaccine value (fv)*	475,928	198,066	277,862
S	Freight cost of the required material	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	Total funds required	*(N+O+P+Q+R+S)*	7,179,128	2,987,712	4,191,416
U	Total country co-financing	*I x Country co-financing per dose (cc)*	2,987,712		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	41.62%		

Table 7.11.4: Calculation of requirements for Rotavirus, 3 dose schedule (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	48.01%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	782,169	375,557	406,612
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	2,346,507	1,126,670	1,219,837
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	2,463,833	1,183,004	1,280,829
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	- 12,902	- 6,194	- 6,708
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	2,451,150	1,176,915	1,274,235
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	7,353,450	3,530,743	3,822,707
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	610,337	293,052	317,285
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	7,963,787	3,823,794	4,139,993
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	3,823,794		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	48.01%		

Table 7.11.4: Calculation of requirements for Rotavirus, 3 dose schedule (part 4)

		Formula	2018		
			Total	Government	GAVI
A	Country co-financing	*V*	62.13%		
B	Number of children to be vaccinated with the first dose	*Table 4*	804,713	499,970	304,743
C	Number of doses per child	*The immunization schedule*	3		
D	Number of doses required	*B x C*	2,414,139	1,499,908	914,231
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses required taking wastage into account	*D x E*	2,534,846	1,574,903	959,943
G	Buffer stock of vaccines	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	604,381	375,503	228,878
H	Stock to be deducted	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	Stock on 1st January	*Table 7.11.1*			
I	Total vaccine doses required	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	3,139,650	1,950,668	1,188,982
J	Number of doses per vial	*Vaccine parameter*	1		
K	Number of Auto-disable syringes required (+10% wastage)	*(D + G – H) x 1.10*	0	0	0
L	Number of Reconstitution syringes required (+10% wastage)	*(I / J) x 1.10*	0	0	0
M	Total number of safety boxes required (10% extra)	*(K + L) / 100 x 1.10*	0	0	0
N	Cost of the required vaccines	*I x price of vaccine per dose(g)*	7,095,609	4,408,510	2,687,099
O	Cost of the required AD syringes	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of the required reconstitution syringes	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	Cost of the safety boxes required	*M X unit price of safety boxes (cs)*	0	0	0
R	Freight cost of the required vaccines	*N x Freight cost as % of vaccine value (fv)*	787,613	489,345	298,268
S	Freight cost of the required material	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	Total funds required	*(N+O+P+Q+R+S)*	7,883,222	4,897,854	2,985,368
U	Total country co-financing	*I x Country co-financing per dose (cc)*	4,897,854		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	62.13%		

Table 7.11.4: Calculation of requirements for Rotavirus, 3 dose schedule (part 5)

		Formula	2019		
			Total	Government	GAVI
A	Country co-financing	*V*	69.76%		
B	Number of children to be vaccinated with the first dose	*Table 4*	827,672	577,396	250,276
C	Number of doses per child	*The immunization schedule*	3		
D	Number of doses required	*B x C*	2,483,016	1,732,188	750,828
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses required taking wastage into account	*D x E*	2,607,167	1,818,798	788,369
G	Buffer stock of vaccines	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	621,615	433,648	187,967
H	Stock to be deducted	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	Stock on 1st January	*Table 7.11.1*			
I	Total vaccine doses required	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	3,229,200	2,252,737	976,463
J	Number of doses per vial	*Vaccine parameter*	1		
K	Number of Auto-disable syringes required (+10% wastage)	*(D + G – H) x 1.10*	0	0	0
L	Number of Reconstitution syringes required (+10% wastage)	*(I / J) x 1.10*	0	0	0
M	Total number of safety boxes required (10% extra)	*(K + L) / 100 x 1.10*	0	0	0
N	Cost of the required vaccines	*I x price of vaccine per dose(g)*	6,736,112	4,699,209	2,036,903
O	Cost of the required AD syringes	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of the required reconstitution syringes	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	Cost of the safety boxes required	*M X unit price of safety boxes (cs)*	0	0	0
R	Freight cost of the required vaccines	*N x Freight cost as % of vaccine value (fv)*	485,001	338,344	146,657
S	Freight cost of the required material	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	Total funds required	*(N+O+P+Q+R+S)*	7,221,113	5,037,552	2,183,561
U	Total country co-financing	*I x Country co-financing per dose (cc)*	5,037,552		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	69.76%		

Table 7.11.4: Calculation of requirements for Rotavirus, 3 dose schedule (part 6)

		Formula	2020		
			Total	Government	GAVI
A	Country co-financing	*V*	70.20%		
B	Number of children to be vaccinated with the first dose	*Table 4*	851,086	597,454	253,632
C	Number of doses per child	*The immunization schedule*	3		
D	Number of doses required	*B x C*	2,553,258	1,792,360	760,898
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses required taking wastage into account	*D x E*	2,680,921	1,881,978	798,943
G	Buffer stock of vaccines	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	639,193	448,707	190,486
H	Stock to be deducted	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	Stock on 1st January	*Table 7.11.1*			
I	Total vaccine doses required	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	3,320,550	2,330,991	989,559
J	Number of doses per vial	*Vaccine parameter*	1		
K	Number of Auto-disable syringes required (+10% wastage)	*(D + G – H) x 1.10*	0	0	0
L	Number of Reconstitution syringes required (+10% wastage)	*(I / J) x 1.10*	0	0	0
M	Total number of safety boxes required (10% extra)	*(K + L) / 100 x 1.10*	0	0	0
N	Cost of the required vaccines	*I x price of vaccine per dose(g)*	6,883,501	4,832,144	2,051,357
O	Cost of the required AD syringes	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of the required reconstitution syringes	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	Cost of the safety boxes required	*M X unit price of safety boxes (cs)*	0	0	0
R	Freight cost of the required vaccines	*N x Freight cost as % of vaccine value (fv)*	495,613	347,915	147,698
S	Freight cost of the required material	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	Total funds required	*(N+O+P+Q+R+S)*	7,379,114	5,180,058	2,199,056
U	Total country co-financing	*I x Country co-financing per dose (cc)*	5,180,058		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	70.20%		

Table 7.11.4: Calculation of requirements for Rotavirus, 3 dose schedule (part 7)

		Formula	2021		
			Total	Government	GAVI
A	**Country co-financing**	*V*	70.20%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	874,915	614,181	260,734
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	2,624,745	1,842,543	782,202
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	2,755,983	1,934,671	821,312
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	657,080	461,264	195,816
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	3,413,250	2,396,065	1,017,185
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	7,075,668	4,967,043	2,108,625
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	509,449	357,628	151,821
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	7,585,117	5,324,670	2,260,447
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	5,324,670		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	70.20%		

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

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	693,830	718,807	744,685	782,169	804,713
	Immunization coverage	Parameter	%	95.08%	84.00%	81.08%	100.00%	100.00%
	Number of doses per child	Parameter	#	1	1	1	1	1
	Estimated vaccine wastage factor	Parameter	#	1.18	1.18	1.18	1.18	1.18
	Stock in Central Store Dec 31, 2014		#	381,300				
	Stock across second level Dec 31, 2014 (if available)*		#	381,300				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	0				
	Number of doses per vial	Parameter	#		10	10	10	10
	Number of AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Number of reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		7.50%	7.40%	7.20%	6.80%
fd	**Freight cost as % of material value**	Parameter	%					

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

No variation

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

Co-financing group	Low

	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

	2019	2020	2021
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	659,660	603,798		
C	**Number of doses per child**	*The immunization schedule*	1	1		
D	**Number of doses required**	*B x C*	659,660	603,798		
E	**Estimated vaccine wastage factor**	*Table 4*	1.18	1.18		
F	**Number of doses required taking wastage into account**	*D x E*		712,482		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*				
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*				
H 2	**Stock on 1st January**	*Table 7.11.1*	747,650	381,300		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		354,200		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				
T	**Total funds required**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

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

		Formula	2016		
			Total	Government	GAVI
A	**Country co-financing**	*V*	18.77%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	603,798	113,346	490,452
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	603,798	113,346	490,452
E	**Estimated vaccine wastage factor**	*Table 4*	1.18		
F	**Number of doses required taking wastage into account**	*D x E*	712,482	133,748	578,734
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	0	0	0
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*	203,180	38,142	165,038
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	509,400	95,626	413,774
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	440,680	0	440,680
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	56,035	0	56,035
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	5,604	0	5,604
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	505,325	94,861	410,464
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	19,743	0	19,743
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	1,962	0	1,962
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	31	0	31
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	37,395	7,020	30,375
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	564,456	105,961	458,495
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	101,880		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	18.77%		

Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose(s) per vial, LYOPHILIZED (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	18.29%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	782,169	143,066	639,103
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	782,169	143,066	639,103
E	**Estimated vaccine wastage factor**	*Table 4*	1.18		
F	**Number of doses required taking wastage into account**	*D x E*	922,960	168,818	754,142
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	203,569	37,235	166,334
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	1,126,600	206,066	920,534
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	1,084,312	0	1,084,312
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	123,927	0	123,927
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	12,393	0	12,393
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	1,149,132	210,187	938,945
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	48,578	0	48,578
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	4,338	0	4,338
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	68	0	68
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	82,738	15,134	67,604
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,284,854	235,012	1,049,842
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	225,320		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	18.29%		

Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose(s) per vial, LYOPHILIZED (part 4)

		Formula	2018		
			Total	Government	GAVI
A	**Country co-financing**	*V*	17.40%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	804,713	140,052	664,661
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	804,713	140,052	664,661
E	**Estimated vaccine wastage factor**	*Table 4*	1.18		
F	**Number of doses required taking wastage into account**	*D x E*	949,562	165,261	784,301
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	202,193	35,190	167,003
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	1,151,800	200,459	951,341
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	1,107,597	0	1,107,597
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	126,699	0	126,699
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	12,670	0	12,670
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	1,239,337	215,693	1,023,644
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	49,621	0	49,621
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	4,435	0	4,435
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	69	0	69
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	84,275	14,668	69,607
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,377,737	239,780	1,137,957
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	230,360		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	17.40%		

Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose(s) per vial, LYOPHILIZED (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-financing**	*V*	17.31%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	827,672	143,249	684,423
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	827,672	143,249	684,423
E	**Estimated vaccine wastage factor**	*Table 4*	1.18		
F	**Number of doses required taking wastage into account**	*D x E*	976,653	169,033	807,620
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	207,952	35,992	171,960
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	1,184,700	205,041	979,659
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	1,139,187	0	1,139,187
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	130,318	0	130,318
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	13,032	0	13,032
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	1,281,846	221,854	1,059,992
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	51,036	0	51,036
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	4,562	0	4,562
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	71	0	71
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	87,166	15,087	72,079
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,424,681	246,575	1,178,106
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	236,940		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	17.31%		

Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose(s) per vial, LYOPHILIZED (part 6)

		Formula	2020		
			Total	Government	GAVI
A	**Country co-financing**	*V*	16.29%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	851,086	138,640	712,446
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	851,086	138,640	712,446
E	**Estimated vaccine wastage factor**	*Table 4*	1.18		
F	**Number of doses required taking wastage into account**	*D x E*	1,004,282	163,596	840,686
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	213,826	34,832	178,994
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	1,218,200	198,442	1,019,758
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	1,171,404	0	1,171,404
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	134,002	0	134,002
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	13,401	0	13,401
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	1,407,021	229,201	1,177,820
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	52,479	0	52,479
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	4,691	0	4,691
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	73	0	73
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	88,643	14,440	74,203
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,552,907	252,965	1,299,942
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	243,640		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	16.29%		

Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose(s) per vial, LYOPHILIZED (part 7)

		Formula	2021		
			Total	Government	GAVI
A	Country co-financing	*V*	16.29%		
B	Number of children to be vaccinated with the first dose	*Table 4*	874,915	142,522	732,393
C	Number of doses per child	*The immunization schedule*	1		
D	Number of doses required	*B x C*	874,915	142,522	732,393
E	Estimated vaccine wastage factor	*Table 4*	1.18		
F	Number of doses required taking wastage into account	*D x E*	1,032,400	168,176	864,224
G	Buffer stock of vaccines	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	219,802	35,806	183,996
H	Stock to be deducted	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	Stock on 1st January	*Table 7.11.1*			
I	Total vaccine doses required	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	1,252,300	203,997	1,048,303
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of Auto-disable syringes required (+10% wastage)	*(D + G – H) x 1.10*	1,204,189	0	1,204,189
L	Number of Reconstitution syringes required (+10% wastage)	*(I / J) x 1.10*	137,753	0	137,753
M	Total number of safety boxes required (10% extra)	*(I / 100) x 1.10*	13,776	0	13,776
N	Cost of the required vaccines	*I x price of vaccine per dose(g)*	1,446,407	235,617	1,210,790
O	Cost of the required AD syringes	*K x AD syringe price per unit (ca)*	53,948	0	53,948
P	Cost of the required reconstitution syringes	*L X Reconstitution syringe price per unit (cr)*	4,822	0	4,822
Q	Cost of the safety boxes required	*M X unit price of safety boxes (cs)*	75	0	75
R	Freight cost of the required vaccines	*N x Freight cost as % of vaccine value (fv)*	91,124	14,844	76,280
S	Freight cost of the required material	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	Total funds required	*(N+O+P+Q+R+S)*	1,596,376	260,046	1,336,330
U	Total country co-financing	*I x Country co-financing per dose (cc)*	250,460		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	16.29%		

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

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	693,830	718,807	744,685	782,169	804,713
	Immunization coverage	Parameter	%	0.00%	0.00%	0.00%	0.00%	0.00%
	Number of doses per child	Parameter	#	1	1	1	1	1
	Estimated vaccine wastage factor	Parameter	#	1.00	1.25	1.25	1.25	1.25
	Stock in Central Store Dec 31, 2014		#	0				
	Stock across second level Dec 31, 2014 (if available)*		#	0				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	0				
	Number of doses per vial	Parameter	#		10	10	10	10
	Number of AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Number of reconstitution syringes required	Parameter	#		No	No	No	No
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.00	0.00	0.00	0.00
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		7.70%	7.50%	8.60%	8.60%

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

NA

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

Co-financing group	Low

	2014	2015	2016	2017	2018
Minimum co-financing			0.00	0.00	0.00
Recommended co-financing as per			0.00	0.00	0.00
Your co-financing		0.00	0.00	0.00	0.00

	2019	2020	2021
Minimum co-financing	0.00	0.00	0.00

Recommended co-financing as per	0.00	0.00	0.00
Your co-financing	0.00	0.00	0.00

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	530,606	530,606		
C	**Number of doses per child**	*The immunization schedule*	1	1		
D	**Number of doses required**	*B x C*	0	530,607		
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.25		
F	**Number of doses required taking wastage into account**	*D x E*		663,258		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*				
H	**Stock to be deducted**	*H1 - 0.25 x F of previous year original approved*				
H 1	**Initial stock calculated**	*H2 of previous year + I of previous year - F of previous year current estimation*				
H 2	**Stock on 1st January**	*Table 7.11.1*	0	0		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		483,700		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				
T	**Total funds required**	*(N+O+P+Q+R+S)*				

U	**Total country co-financing**	*I x Country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

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

		Formula	2016		
			Total	**Government**	**GAVI**
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	551,832	0	551,832
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	551,832	0	551,832
E	**Estimated vaccine wastage factor**	*Table 4*	1.25		
F	**Number of doses required taking wastage into account**	*D x E*	689,790	0	689,790
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	6,634	0	6,634
H	**Stock to be deducted**	*H1 - 0.25 x F of previous year original approved*	- 352,004	0	- 352,004
H 1	**Initial stock calculated**	*H2 of previous year + I of previous year - F of previous year current estimation*	- 179,557	0	- 179,557
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	1,049,400	0	1,049,400
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	1,001,518	0	1,001,518
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	11,544	0	11,544
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	1,395,702	0	1,395,702
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	44,869	0	44,869
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	63	0	63
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	104,678	0	104,678
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,545,312	0	1,545,312
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

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

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	782,169	0	782,169
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	782,169	0	782,169
E	**Estimated vaccine wastage factor**	*Table 4*	1.25		
F	**Number of doses required taking wastage into account**	*D x E*	977,712	0	977,712
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	71,981	0	71,981
H	**Stock to be deducted**	*H1 - 0.25 x F of previous year original approved*			
H 1	**Initial stock calculated**	*H2 of previous year + I of previous year - F of previous year current estimation*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	1,051,200	0	1,051,200
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	939,566	0	939,566
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	11,564	0	11,564
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	1,221,495	0	1,221,495
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	42,093	0	42,093
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	63	0	63
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	105,049	0	105,049
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,368,700	0	1,368,700
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

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

		Formula	2018		
			Total	Government	GAVI
A	Country co-financing	*V*	0.00%		
B	Number of children to be vaccinated with the first dose	*Table 4*	804,713	0	804,713
C	Number of doses per child	*The immunization schedule*	1		
D	Number of doses required	*B x C*	804,713	0	804,713
E	Estimated vaccine wastage factor	*Table 4*	1.25		
F	Number of doses required taking wastage into account	*D x E*	1,005,892	0	1,005,892
G	Buffer stock of vaccines	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	59,193	0	59,193
H	Stock to be deducted	*H1 - 0.25 x F of previous year original approved*			
H 1	Initial stock calculated	*H2 of previous year + I of previous year - F of previous year current estimation*			
H 2	Stock on 1st January	*Table 7.11.1*			
I	Total vaccine doses required	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	1,065,600	0	1,065,600
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of Auto-disable syringes required (+10% wastage)	*(D + G – H) x 1.10*	950,297	0	950,297
L	Number of Reconstitution syringes required (+10% wastage)	*(I / J) x 1.10*	0	0	0
M	Total number of safety boxes required (10% extra)	*(I / 100) x 1.10*	11,722	0	11,722
N	Cost of the required vaccines	*I x price of vaccine per dose(g)*	1,236,096	0	1,236,096
O	Cost of the required AD syringes	*K x AD syringe price per unit (ca)*	42,574	0	42,574
P	Cost of the required reconstitution syringes	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	Cost of the safety boxes required	*M X unit price of safety boxes (cs)*	64	0	64
R	Freight cost of the required vaccines	*N x Freight cost as % of vaccine value (fv)*	106,305	0	106,305
S	Freight cost of the required material	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	Total funds required	*(N+O+P+Q+R+S)*	1,385,039	0	1,385,039
U	Total country co-financing	*I x Country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	0.00%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

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

		Formula	2019		
			Total	Government	GAVI
A	Country co-financing	*V*	0.00%		
B	Number of children to be vaccinated with the first dose	*Table 4*	827,672	0	827,672
C	Number of doses per child	*The immunization schedule*	1		
D	Number of doses required	*B x C*	827,672	0	827,672
E	Estimated vaccine wastage factor	*Table 4*	1.25		
F	Number of doses required taking wastage into account	*D x E*	1,034,590	0	1,034,590
G	Buffer stock of vaccines	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	208,353	0	208,353
H	Stock to be deducted	*H1 - 0.25 x F of previous year original approved*			
H 1	Initial stock calculated	*H2 of previous year + I of previous year - F of previous year current estimation*			
H 2	Stock on 1st January	*Table 7.11.1*			
I	Total vaccine doses required	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	1,243,800	0	1,243,800
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of Auto-disable syringes required (+10% wastage)	*(D + G – H) x 1.10*	1,139,628	0	1,139,628
L	Number of Reconstitution syringes required (+10% wastage)	*(I / J) x 1.10*	0	0	0
M	Total number of safety boxes required (10% extra)	*(I / 100) x 1.10*	13,682	0	13,682
N	Cost of the required vaccines	*I x price of vaccine per dose(g)*	1,252,507	0	1,252,507
O	Cost of the required AD syringes	*K x AD syringe price per unit (ca)*	51,056	0	51,056
P	Cost of the required reconstitution syringes	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	Cost of the safety boxes required	*M X unit price of safety boxes (cs)*	75	0	75
R	Freight cost of the required vaccines	*N x Freight cost as % of vaccine value (fv)*	123,999	0	123,999
S	Freight cost of the required material	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	Total funds required	*(N+O+P+Q+R+S)*	1,427,637	0	1,427,637
U	Total country co-financing	*I x Country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	0.00%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

Table 7.11.4: Calculation of requirements for IPV, 10 dose(s) per vial, LIQUID (part 6)

		Formula	2020		
			Total	Government	GAVI
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	851,086	0	851,086
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	851,086	0	851,086
E	**Estimated vaccine wastage factor**	*Table 4*	1.25		
F	**Number of doses required taking wastage into account**	*D x E*	1,063,858	0	1,063,858
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	214,235	0	214,235
H	**Stock to be deducted**	*H1 - 0.25 x F of previous year original approved*			
H 1	**Initial stock calculated**	*H2 of previous year + I of previous year - F of previous year current estimation*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	1,279,800	0	1,279,800
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	1,171,854	0	1,171,854
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	14,078	0	14,078
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	1,288,759	0	1,288,759
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	52,500	0	52,500
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	77	0	77
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	127,588	0	127,588
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,468,924	0	1,468,924
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

Table 7.11.4: Calculation of requirements for IPV, 10 dose(s) per vial, LIQUID (part 7)

		Formula	2021		
			Total	Government	GAVI
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	874,915	0	874,915
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	874,915	0	874,915
E	**Estimated vaccine wastage factor**	*Table 4*	1.25		
F	**Number of doses required taking wastage into account**	*D x E*	1,093,644	0	1,093,644
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0, 25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0, 25*	220,219	0	220,219
H	**Stock to be deducted**	*H1 - 0.25 x F of previous year original approved*			
H 1	**Initial stock calculated**	*H2 of previous year + I of previous year - F of previous year current estimation*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	1,314,000	0	1,314,000
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	1,204,648	0	1,204,648
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	14,455	0	14,455
N	**Cost of the required vaccines**	*I x price of vaccine per dose(g)*	1,323,198	0	1,323,198
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	53,969	0	53,969
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	79	0	79
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	130,997	0	130,997
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,508,243	0	1,508,243
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

As the shipment schedules for 2014 are not yet available, the volume approved for 2014 is used

8. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. **Please complete this section only if your country was approved for and received HSS funds before or during the period January to December 2014.** All countries are expected to report on: a. The progress made in 2014

   b. The implementation of HSS from January to April 2015 (interim report)

   c. plans for 2016

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last three months of 2014, or experienced other delays that limited implementation in 2014, this section can be used as an inception report on start-up activities.

In order to better align the HSS report to national procedures, for countries where the 2014 fiscal year starts in January 2014 and ends in December2014, HSS reports should be received by the GAVI Alliance before **May 15, 2015**. For other countries, the HSS reports should be received by the GAVI Alliance approximately six months after the end of country's fiscal year, e.g., if the country's fiscal year ends in March 2015, the HSS reports are expected by GAVI Alliance by September 2015.

3. Please use your approved proposal to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately. Please use additional space than that provided in this template, as necessary.

4. If you would like to modify the objectives, activities and pre-approved budgets (reprogramming), please ask the person in charge of your country's application at the GAVI Secretariat for guidelines on reprogramming or send an email to gavihss@gavi.org.

5. If you are requesting additional funds, please make this clear in section 8.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures, and sources used.

7. Please attach all required supporting documents. These include:

   a. Minutes of the HSCC meetings held in 2014

   b. Minutes of the HSCC meeting in 2015 that endorsed this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the calendar year 2014

   e. External audit report for HSS funds during the most recent fiscal year (if available).

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further installments of HSS funding:

   a. Reports on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter

   b. A demonstration of strong links (with tangible evidence) between activities, output, outcome and impact indicators

   c. An outline of technical support that may be required to either support the implementation or monitor the GAVI HSS investment in the coming year.

9. Inaccurate, incomplete or unsubstantiated reports may lead the IRC to either send the APR back to your country for clarification (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next installment of HSS funding.

8.1. Report on the use of ISS funds in 2014 and request for additional funding

Countries that have already received the final disbursement of GAVI approved funds under HSS grant and require no further financing: Is the implementation of the HSS grant completed? YES/NO If NO, please indicate the anticipated date for completion of the HSS grant. **No**

If NO, please indicate the anticipated date for completion of the HSS grant.

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Please attach all studies and evaluations related to the GAVI HSS grant or financed by it.

Please attach the gender disaggregated data, if any, by rural/urban areas, district/state, especially for immunization coverage indicators. This is mainly important if the GAVI HSS grants are used to target populations and/or specific geographic locations in the country.

If the CSOs are involved in HSS implementation, please attach a list of those involved in implementing the grant, financing received by the CSOs for GAVI HSS grant and activities that are conducted. If the CSO involvement was already planned in the initial proposal approved by GAVI, but no financing was provided to CSOs, please explain why. Go to http://www.gavialliance.org/support/cso/, for the GAVI CSO implementation framework.

NFCHA participated in the recruitment process for the medicalization of the CHC and as part of monitoring the grant of incentive bonus through its umbrella organization (FELASCOM and ASACO)

Please see http://www.gavialliance.org/support/cso/ for GAVI's CSO Implementation Framework

Please provide data sources for all data used in this report.

Please attach the latest national/monitoring report and evaluation framework results of the health sector (with actual data reported for the latest year available in the country).

8.1.1. Report on the use of HSS funds in **2014**

Please complete Table 8.1.3.a and 8.1.3.b (as per APR) for each year of your country's approved multi-year HSS program and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 8.1.3.a and 8.1.3.b..

8.1.2. Please indicate if you are requesting additional funding **Yes**

If yes, please indicate the amount of funding requested: US$ **3,840,000**

These funds will be sufficient to ensure the HSS allocation till December 2016.

Table 8.1.3a (US$):

	2009	2010	2011	2012	2013	2014
Original annual budgets (*as per the originally approved HSS proposal*)		1,545,810	1,846,340			
Revised annual budget (*if revised during a review of the previous years' annual reports*)						
Total funds received from GAVI during the calendar year (*A*)		1,544,988			1,846,340	

Balance funds (carry over) from previous year (*A*)	1,373,000	210,685	1,676,939	1,372,565	1,334,523	3,438,895
Total Funds available during the calendar year *(C=A+B)*	1,373,000	1,755,253	1,676,939	1,372,565	3,180,863	3,438,895
Total expenditure during the calendar year (*D*)	1,020,129	80,787	274,419	38,042		651,492
Balance carried forward to the next calendar year (E=C-D)	352,871	1,677,808	1,367,254	1,334,523	3,180,863	2,787,403
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	1,545,810	1,846,340	0	0	0

	2015	**2016**	**2017**	**2018**
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budget (*if revised during a review of the previous years' annual reports*)				
Total funds received from GAVI during the calendar year (*A*)				
Balance funds (carry over) from previous year (*A*)	2,787,403			
Total Funds available during the calendar year *(C=A+B)*	2,787,403			
Total expenditure during the calendar year (*D*)				
Balance carried forward to the next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	4,800,000	3,840,000	3,840,000	3,840,000

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets (*as per the originally approved HSS proposal*)		775,996,620	930,555,360			
Revised annual budget (*if revised during a review of the previous years' annual reports*)						
Total funds received from GAVI during the calendar year (*A*)		775,583,976			929,009,234	
Balance funds (carry over) from previous year (*A*)	59,862,800	105,553,231	845,177,022	7,068,870,084	687,271,339	1,616,280,856
Total Funds available during the calendar year *(C=A+B)*	598,628,000	881,137,207	845,177,022	706,870,084	1,616,280,856	1,616,280,856
Total expenditure during the calendar year (*D*)	501,903,314	40,555,187	138,306,938	19,591,845		306,201,380
Balance carried forward to the next calendar year (E=C-D)	96,724,686	840,582,020	70,680,084	687,278,239	1,616,280,856	1,310,079,476
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	775,996,620	932,555,360	0	0	0

	2015	2016	2017	2018
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budget (*if revised during a review of the previous years' annual reports*)				
Total funds received from GAVI during the calendar year (*A*)				
Balance funds (carry over) from previous year (*A*)	1,310,079,476			

Total Funds available during the calendar year *(C=A+B)*	1,310,079,476			
Total expenditure during the calendar year (*D*)				
Balance carried forward to the next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	2,414,400,000	1,931,520,000	1,931,520,000	1,931,520,000

Report of Exchange Rate Fluctuation

Please indicate in Table 8.3.c below the exchange rate used for each calendar year at opening and closing.

Table 8.1.3.c

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1st January	0	502	504	515	494	470
Closing on 31st December	0	501	517	515	475	533

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes).*

Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health. (**Document number: 19)**

If any expenditures for the period of January to April 2015 are reported in Table 14, a separate detailed financial statement for the use of these HSS funds must also be attached (**Document Number: 20)**

Has an external audit been carried out? No

External audit reports for HSS programs are due to the GAVI Secretariat six months following the end of your government's fiscal year. If an external audit report is available for your HSS program for your government's most recent fiscal year, this must also be attached (Document Number: 21)

8.2. HSS activities progress in the 2014 calendar year

Please report on any major measures taken to improve the immunization activities using HSS funds in Table 8.2. It is very important to be precise about the extent of progress made and the use of M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of the activity completed, where applicable
- A description of the progress made and any problems encountered
- The source of information and data, if relevant.

Table 8.2: HSS activities in the reporting year 2014

Major Activities (insert as many rows as necessary)	**Activities planned for 2014**	**Percentage of activity completed** (annual) (where applicable)	**Source of information/data** (if relevant)
Objective 1. Provide staff required in 80% of CHCs, 6 health districts in poverty zone 1, by 2011.			
Activity 1.1. Additional grants to 110 men/month (40 nurses and 70 midwives) working in the underprivileged zones of poverty zone 1.	- Pay for one (1) year, incentive/isolation bonus for 110 men/month (70 new obstetric nurses/midwives and 40 new graduate head nurses) for the new difficult to access and poor health areas of the country.	100	Payment report for motivated workers
Objective 2. By 2011, improve the quality of health services in the entire country in at least 60% of CHCs and 65% of RHCs.			
Activity 2.4. Recruit 75 doctors per year for preliminary healthcare services in rural areas and per month (40 nurses and 70 midwives) working in the underprivileged zones of poverty zone 1.	2.4.1 Pay, the salaries and social charges, for one year, for 86 newly recruited doctors for difficult-to-access and poor health areas in rural areas of the Country	80	Number of contracts made
	2.4.2 Fund the organization of recruitment process for doctors	100	Report on the recruitment process
Activity 2.6. Establish an accreditation system for efficient districts mainly applying a patient-centered approach	Implement the RHC accreditation process in the Kayes region	0	Not executed
	Train two (2) pharmacists in DNS logistics tool of the EPI	100	Two DNS executives are being trained at Benin

Objective 3. Strengthen the Local Authorities (LA), by the end of 2011, so that at least 80% of those to which the MOH has transferred some of its technical and financial competencies following order no. 02-314, participate in the management bodies of the health facilities, public sector, and private sector at the district level			
Activity 3.1. Establish performance contracts between the public and private sectors at the district level:	Strengthen the various immunization strategies (advanced strategy for people living at least 5 km away from a fixed health center; simplified mobile/multipurpose strategy for people who cannot be reached by fixed or advanced strategies; fixed center), by funding performance contracts between the Ministry of Health and the private sector, in the health districts and in areas with poor vaccine coverage in the country.	0	Not executed
Activity 3.2. Strengthen 150 CHCs, with poor performance levels, with a motorcycle for activities under advanced strategies	Strengthen 150 RHCs, with poor performance levels, with a motorcycle for activities under advanced strategies	0	The request was placed with the NPSU that processed and routed it to the firm for sending it to the WHO.
Activity 3.3. Strengthen 15 health districts with 4x4 vehicles for mobile strategies and supervision rounds	Strengthen 15 health districts with 4x4 vehicles for mobile strategies and supervision rounds	0	The request was placed with the NPSU that processed and routed it to the firm for sending it to the WHO.
Activity 3.4. Equip 150 CHC with solar refrigerators	Equip 150 CHC with solar refrigerators	0	The request was placed with the NPSU that processed and routed it to the firm for sending it to the WHO.
Operational expenses of the focal team of the MOH:			
Staff costs	Allowances for the program management focal team	75	Payment report for the concerned parties
	Expenses for missions costs, Program Manager	17	Mission report
	Allowances for the program driver during field trips	17	Mission report

	Miscellaneous (other staff costs)	0	
Administrative support services	Stationery	100	Delivery note
	Cartridge for printing and photocopying	100	Delivery note

	Expenses for sending couriers to GAVI	0	
	Miscellaneous (pen, stapler and staple pins, paperclips, buckle folder, clipboards)	100	Delivery note
Transport	Purchase of 4x4 vehicle for monitoring and evaluation program missions	100	Vehicle receipt note
	Fuel for the vehicle	0	
	Maintenance/repairs for the vehicle	0	
	·Insurance for the vehicle	0	
Information and telecommunication equipment/technology	Fixed line (Wassa)	100	Receipt note
	Mobile phone:	0	
	Telecommunication expenses	100	Delivery receipt
	Internet connection key	100	Receipt note
IT equipment and accessories	Installation and maintenance/repair of the IT system (software)	0	
Support costs for M & E	Ensure program monitoring-evaluation	0	
IT equipment and accessories	Purchase IT equipment and accessories	100	Receipt note
	Purchase a complete office	100	Delivery receipt

8.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), describe the progress achieved and obstacles faced (e.g. assessments, HSCC meetings).

Main Activities (insert as many rows as required)	**Explain progress achieved and constraints**
Support costs for M & E	None
Ensure program monitoring	None
OPERATIONAL EXPENSES	
Contribute in paying allowances for a manager	Coordination team receives its allowances a quarter later
Ensure monitoring missions of the coordination team	Only one supervision mission out of the six (6) planned, were conducted during the year 2014
Contribute in purchasing a 4X4 vehicle to ensure	A 4x4 vehicle was purchased and provided to the CPS coordination team, but its fuel management and customs clearance have been slow
Contribute in purchasing the IT equipment	IT equipment is available at the CPS/SS HD FP
Objective 1. Make the required staff available	Payment of incentive bonus to qualified personnel in poor and difficult-to access areas helped maintain staff in these difficult locations during the year 2014
Activity 1.1. Pay the incentive bonus for one (1) year	A total of 166 workers received incentive bonus during the year 2014 and remained there to provide quality healthcare to the people with improvement in vaccine coverage.
Objective 3. Strengthen local authorities	
Activity 3.1. Prepare performance contracts	Not executed
Activity 3.1.1. Strengthen different strategies	Check with Immunization Service
Activity 3.2. Strengthen 150 RHCs with poor levels	The request was placed with the NPSU that processed and routed it to the firm for sending it to the WHO.
Activity 3.3. Strengthen 15 health districts with	The request was placed with the NPSU that processed and routed it to the firm for sending it to the WHO.
Activity 3.4. Equip 150 CHC with solar refrigerators	The request was placed with the NPSU that processed and routed it to the firm for sending it to the WHO.
Objective 2. By 2011, improve in at least 60	The quality of healthcare has seen a clear improvement due to medicalization of some health centers
Activity 2.4. Recruit 75 doctors per year for	After the re-scheduling of the initial funds planned, the proposed number of people to medicalize the CHCs rose from 75 to 86
Activity 2.4.1. Pay salaries for one year and	Fifty-nine (59) doctors were recruited on the basis of signing a work contract This contributes to monitoring immunization services in the CHCs where they are posted
Activity 2.4.2. Finance the organization of the process	The recruitment process of 86 doctors was conducted by the Directorate of Human Resources
Activity 2.6. Institute an accreditation system	None
Activity 2.6.1. Implement the accreditation process	None
Activity 2.6.2. Train Two (2) Pharmacists in D	Two workers of the Immunization division have started their training at the IRSP in Benin

8.2.2 Explain why certain activities have not been implemented, or have been modified, and give references.

Some activities could not be conducted due to administrative inertia at all levels

8.2.3 If the GAVI HSS grant has been utilized to provide incentives to national health human resources, how have these GAVI HSS funds been used to implement the National Policy or guidelines on Human Resource?

- The Ministry of Health through the Directorate of Human Resources recruited 86 doctors through GAVI funds and went on to divide them according to the priorities of the State.
- The incentive measures from GAVI funds helped maintain Nurses, Mid-wives/Obstetric nurses in some poor area (Regions: Koulikoro, Sikasso Ségou, and Mopti) and the difficult-to-access area during the year 2014.

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8.3. General overview of targets achieved

Please complete **Table 8.3** for each indicator and objective outlined in the originally approved proposal and Decision Letter. Please use the baseline values and targets for 2013 from your original HSS proposal.

Table 8.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2014 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2010	2011	2012	2013	2014		
Objective 1. Provide staff required in 80% of CHCs, 6 health districts in poverty zone 1, by 2011.											

Indicator of objective 1: The rate of CHC staff available is planned as per the standard.	18% (117/662)	LHIS Activity Reports	80% or in 530 CHC	80%				20%	29%	Supervision mission reports	In December 2014, there were approximately 1170 CHC, with 342 having staff provided as per the national norms. Due to the resultant constant insecurity, many workers abandoned their jobs in the northern regions of the Country. This insecurity coupled with the creation of the CHC without necessarily being accompanied with support measures, prevented the objectives of 80% of CHC having staff as per the national norms from being achieved.

Indicator activity 1.1 Percentage of technical staff benefiting from the grant, working in the unfavorable poverty zone 1.	0%	(State Payroll) Financial information system DRB, DAF/MS and ct 2007	80%	80%					45%	Reports on supervisory missions	Of the 122 CHCs with 40 priorities in difficult to access zones of the six health districts in Zone I poverty line in the country, only 45% (166/366) receive the motivation premium; a programmatic failure which would be considered as the principle cause that hampered the achievement of program objectives.
Indicators of the objective 2: Participation rate of LA to management bodies of health structures, at different planned levels and examining the follow-up reports of the functioning of these facilities.	0%										
Indicator of activity 3.1 : Percentage of contracts established and implemented at the district level	0%	College of Physicians /DNS/FENASCOM, CPS 2007	50%	0%							Implementation of the accreditation process for the HCs, Note: Could not be started
Objective 3. Improve by 2011, in at least 60% of CHCs and 65% of RHCs, the quality of health services in the entire country.											
Indicators of the objective 2:Percentage of CSCOM and CSREF with an appropriate technical support (up to the qualifier of "acceptable" criteria for quality of services in the integrated supervision)	ND	Reports on SLIS activity, supervision of DAF, DNS 2007 surveys.	CHC 60 & CSREF 65%	0%						0	The implementation of the accreditation process for the CSRs could not be started and the laxity in supervisions carried out (,only once) is due to the problem in disbursing funds.
Indicator of activity 2.4 : Percentage of CHCs provided with medical care	5% (115/785)	Monitoring tools for PRODESS (CPS 2007)	34% (340/1070)	34%					27.44 %(321/ 1170)	32.47% (380/1170	

Indicator of the activity 2.6 Percentage of districts accredited	0	DNS Activity Reports 2007	80%	80%							Implementation of the accreditation process of RHCs could not be started due to a problem in funds disbursement.

8.4. Program implementation in 2014

8.4.1. Please provide a narrative on major accomplishments in 2014, especially impacts on health service programs, and how the HSS funds have proved useful to the immunization system.

- Medicalization of certain CHCs and the provision of isolation/incentive bonus to midwives/obstetric nurses in poverty zone 1 regions led to interesting results not only in terms of increase in the demand for services by general public but also and especially in the use of maternal and child healthcare services, and an upward trend in coverage rate for Penta3, and percentage of health districts whose coverage rate for Penta3 is greater than or equal to 80%.

- Availability of vaccines;
  Organization of services and community management of CSCOM;
  Community involvement;
  Regular monitoring of interventions,

8.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

As per the 2015 outlook, it will be possible for the HSS support of GAVI to give more importance to:

- The CHC medicalization process, at the expense of technical assistance and other activities that could not be implemented in the initial program;
- Recruitment of obstetric nurses at the expense of midwives who are difficult to be mobilize for CHC and at the expense of other activities that could not be implemented in the initial program.
- Strengthening different strategies (advanced strategy, simplified mobile strategy, fixed center strategies, etc.) for immunization by funding performance contracts between the Ministry of Health and the private sector in the low performing health districts in terms of vaccine coverage rates.

8.4.3. Please describe the exact arrangements made at the different levels for the monitoring and evaluation of GAVI funded HSS activities.

GAVI HSS support is a part of the PRODESS implementation. The provisions (management bodies) defined in this scope remains the only monitoring and evaluation mechanisms of HSS activities funded by GAVI, at different levels: These were strengthened by the recommendations from the Financial Management Assessment (FMA) reports for GAVI funds.

Indeed, it should be noted that through monitoring/evaluation of PRODESS bodies, stakeholders have agreed to establish the Technical Committee restricted by major thematic groups identified to properly address these serious issues with a follow-up approach. One of the groups is dedicated to

the strengthening of the health system. It enables the coherence of interventions, their complementarities and their funding. Thus a number of thematic groups including HSS support is created within the Steering Committee of PRODESS , which takes over the activities on an interim basis by the technical commission limited to monitoring of the implementation of the GAVI HSS support.

Bodies and instances established to provide direction, co-ordination, monitoring and evaluation are the following:

Follow-up committee of PRODESS It is co-presided by the Minister of Health (MOH), the Minister of Social Development, Solidarity and Aged People (MSDSAP) and the Minister for the Promotion of Women, Child and Family (MPWCF). It is composed of representatives of superstructure administrative services, central services, related services, personalized services, representatives of other departments and local authorities and Financial and Technical Partners (FTP) at the highest level. They meet once per year and as and when required. It is the follow-up body of PRODESS.

Technical committee of PRODESS It is co-presided by the Secretary Generals of the MOH, the MSDSAP and MPWCF. It is composed of representatives of all central levels and financial and technical partners (FTP) of PRODESS. They meet once every six months. This is the technical co-ordination body of the sectoral program.

Steering committee of PRODESS It is also co-presided by the Secretary General of the MOH, the MSDSAP and MPWCF. It regroups the central technical services of the three departments and those of FTP, along with the representatives of the Civil Society. It is held every two months, to monitor the implementation of the program to regularly remove the bottle-necks, constraints, and obstacles.

The Regional Committee of Direction, Co-ordination and Evaluation of PRODESS (RCDCEP) is presided by the regional Governor. It is primarily responsible to review and validate the plans and health development programs in the region and also to monitor their execution. It regroups the political and administrative authorities of the region, FTP and other intervening factors in the implementation of PRODESS.

Management Council: It is mainly responsible for the adoption and validation of development and operational plans of the medical districts at the circle level. It is presided by the president of the Circle Council and composed of political, local administrative authorities, chief doctors, civil society, local FTPs and other factors of PRODESS. They meet twice a year.

Evaluation and planning days, presided by the Minister of Health, regroups the representatives of superstructure administrative services, central services, related services, and personalized services: They are held once an year before the second meeting of the technical committee.

Joint follow-up mission. The Steering Committee, when needed, will organize a mission every year to evaluate and analyze the implementation of the program at different levels and sends report to the technical committee.

Mid-term and final evaluation. PRODESS will be subject to two external evaluations: Once at mid-term and the other at the end of the Ten-year medical and social development Program (TMSDP). The themes and TDR of these evaluations will be defined and the experts selected jointly by the MOH, MSDSAP and the MPWCF and FTPs.

PRODESS Audits. Internal audits of the Ministry of Health (MOH) were executed regularly and the implementation of PRODESS is subject to an annual technical and financial external audit.

Monthly meetings for consultation between the FTPs (to which the representatives of the MOH are invited) are not part of the integral institutional framework of PRODESS. However, they can play an important role in the follow-up of specific files.

The monitoring of implementation is done using tools of planning, follow-up and evaluation which are balance sheets, activity reports, and joint mission reports with partners, internal and external audits and operational plans. Planning starts from the operational level to the central level.

8.4.4. Please outline to what extent the M&E is integrated with the country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more harmonized with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in the place of GAVI indicators.

Monitoring and evaluation activities of HSS support from GAVI are integrated in the national systems, as described in section 8.4.2 above.

This effective integration is due to the follow-up and evaluation reports, not to mention the specifications of a funding whatsoever.

Harmonisation can only be done when the conditions of transfer of GAVI funds to Mali adheres to the planning cycles of the country in general and Ministry of Health in particular.

8.4.5. Please specify the participation of the key stakeholders in the implementation of the HSS proposal (including EPI and Civil Society Organizations). This should include organization type, name and role in the implementation process.

Organization : HSCC member Yes/No

Roles and responsibilities of the partner in the implementation of GAVI HSS support.

- Ministry of Health of Mali

Yes

Consultation and technical support;

Participation in field supervision/monitoring missions;

Quarterly monitoring of activities and the budget;

Signing of contracts with national and international consultants

- Ministry of Economic Affairs and Finance of Mali

Yes

Consultation and technical support;

Participation in field supervision/monitoring missions;

Quarterly monitoring of activities and the budget

- Ministry of Economic Affairs, Industry and Trade of Mali

Yes

Consultation and technical support;

Participation in field supervision/monitoring missions;

Quarterly monitoring of activities and the budget.

- WHO

Yes

Consultation and technical support;

Participation in field supervision/monitoring missions;

Quarterly monitoring of activities and the budget

Signing of contracts with international consultants.

- UNICEF

Yes

Consultation and technical support;

Participation in field supervision/monitoring missions;

Quarterly monitoring of activities and budget.

- World Bank

Yes

Consultation and technical support;

Signing of contracts with international consultants (to be determined);

Quarterly monitoring of activities and the budget

- CAID (Spanish Cooperation) Yes

Consultation and technical support;

Participation in field supervision/monitoring missions;

Quarterly monitoring of activities and budget

- BTC (Belgian Technical Cooperation)

Yes

Consultation and technical support;

Participation in field supervision/monitoring missions;

Quarterly monitoring of activities and budget

- UNFPA

Yes

Consultation and technical support;

Participation in field supervision/monitoring missions;

Quarterly monitoring of activities and budget

- Health and Population Pivot Group (HPPG)

Yes

Consultation and technical support;

Participation in field supervision/monitoring missions;

Quarterly monitoring of activities and budget

- NFCHA

Yes

Consultation and technical support;

Participation in field supervision/monitoring missions;

Quarterly monitoring of activities and budget

- Association of Pharmacists of Mali

Yes

Consultation and technical support;

Participation in monitoring missions/field supervision

Quarterly monitoring of activities

- Association of Doctors of Mali

Yes

Consultation and technical support;

Participation in field supervision/monitoring missions;

Quarterly monitoring of activities

- Orders from midwives in Mali

Yes

Consultation and technical support;

Participation in field supervision/monitoring missions;

Quarterly monitoring of activities

In Mali, due to the development of this partnership described in the above table, and cooperation and better coordination of interventions between the State structures, civil society, and local communities, improved results are currently being achieved, in terms of strengthening of our health system. All this, strengthened by the willingness and commitment, from both government and GAVI partners, will lead to a better monitoring of progress towards strengthening the health system in general and immunization services in particular, and hence an acceleration towards the MDGs related to health.

8.4.6. Please describe the participation of the Civil Society Organizations in the implementation of the HSS application. Please provide names of organizations, type of activities and funding provided to these organizations from the HSS funding.

OSC like local communities participate actively in the implementation processes of GAVI HSS, at all levels.

- At national level (central)

The CSOs, through the National Federation of Community Health Associations (NFCHA) and the Health and Population Pivot group (a group of NGOs) actively participated in all development processes of the plan, at all the ICC and PRODESS Steering Committee meetings.

- At local/district level

They are part of local cooperation groups, for the medical development of districts.

They help to increase the demand of services through social mobilization and advocacy.

They help to provide services and information to difficult to reach populations.

They participate in close collaboration with heads of health districts and health areas, in the implementation of coordinated activities in the strengthening the local and district health system (availability and motivation of qualified human resources of CHCs; improvement in the quality of healthcare; monitoring of CHC; preparation of health district micro plans, etc.)

They provide immunization services, infant health care and technical assistance.

They contribute to recurring costs mainly those related to immunization (purchase of oil, gasoline, support the salary of some vaccinators, etc.)

Given the important role of CSOs, GAVI HSS support, as in the case of NFCHA, will help increase their execution capacity, in different ways:

At the coordination level, it will help to:

Improve the coordination of CSOs

Facilitate the establishment of efficient partnerships between CSOs, authorities, and technical and financial partners.

8.4.7. Please describe the management of the HSS funds and include the following:

- Was the management of the HSS funds has been effective?
- Where there any constraints in disbursing internal funds?
- Actions taken to address any issues and to improve management
- Are there any planned changes to management processes in the coming year?

Efficiency of the management of GAVI HSS funds was not up to the mark. To this effect, the country is in the process of making enormous efforts to overcome the shortcomings observed.

The obstacles in internal disbursements, especially the delay in the approval / signature of requests and in the disbursement of funds at the national level, are the many shortcomings to be corrected in the future. These are the blocking factors for the timely execution of program activities, by the structures responsible for implementation.

Changes were brought about in the management procedures after signing the memorandum of understanding between the Government of Mali and the WHO in July 2013. Thus, this body ensures program management from this date onward.

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As part of implementation of the new support proposal, it is provided that the management will get back to the State with the required management procedures.

8.5. HSS Activities planned for 2015

Please use **Table 8.4** to provide information on progress on activities in 2015. If you are proposing changes to your activities and budget in 2015, please explain these changes in the table below and provide explanations for these changes.

Table 8.4: Activities planned for 2015

Principal activities (insert as many lines as necessary)	**Activity planned for 2015**	**Original budget for 2015** (approved in the HSS proposal or as adjusted after the analysis of the previous annual progress reports)	**2015 Expenditure Actual** (April 2015)	**Revised Activity** (if applicable)	**Explanation for changes proposed in activities or in the budget** (if applicable)	**Revised budget for 2015** (if applicable)
Activity 1.1 Grant addition bonus to 110men/month (40 nurses and 70 mid-wives) working in disadvantaged zones and areas in poverty						
	Activity 11.: Grant addition bonus to 166 men/month (qualified staff) working in disadvantaged zones and areas in poverty (Health districts of Kolokani, Nara, Yorosso, Niono,	118,779				

	Koro and Tenenkou)					
Activity 2.4 Recruit 75 doctors per year for preliminary health services in rural areas:						
	Activity 2.1: Pay salaries and social welfare charges for 86 doctors in preliminary health services in rural areas:	245,690				
	Activity 2.2: Monitor the recruitment process, initial training of GAVI doctors in the regions of Koulikoro. Ségou Mopti, Tombouctou and Gao	23,779				
	Activity 2.3 Implement the accreditation process for the RHCs in the Kayes region.	48,895				
	Activity 2.4: Supervise on a monthly basis the personnel in-charge of GAVI-HSS funds	20,691				
II. Operational expenses of the focal team at the Ministry of Health						
1. Cost related to the staff	* Incentives for the management team (Focal point and Substitute) (150 000 F CFA x 6 months) + (100000x6 months)= 1 500 000 F CFA	2,981				
	* Mission expenses, Program Manager (Perdiem and fuel)					

	"-Organize joint bi-monthly supervisions (CPS, DNS, RHD, CHC, and FERASCOM) of workers receiving incentive bonus and Doctors in-charge of GAVI funds for Health system strengthening."	92,129				
	"-Quarterly supervise the accreditation process of CHC"	7,306				
2. Administrative support services	· Stationery: Three cartons of paper per month	393				
	· Cartridge for printing and photocopying	616				
3. Transport	· Fuel for the vehicle	512				
	· Maintenance/repairs of the vehicle	447				
	· Insurance for the vehicle	199				
4. Information and telecommunication equipment/technology	- Cost of telephone network WASSA	1,193				
	- Cost of Internet connection	596				

5. IT equipment and accessories	· Purchase of spare parts, maintenance and repair of the IT system, updated antivirus license and other software	894				
6. Support costs for M & E:	- Ensure program monitoring-evaluation	23,869				
Train the management teams (3 health workers) of 28 health districts in performance based funding		95,107				
Train and appoint 1500 vaccinators from CHCs, private and para-public health facilities		92,160				
Train 3 persons per CHC for monitoring the micro-planning in 1170 CHCs		94,080				
Implement the advanced strategy in 1110 CHCs		363,960				
Train 104 health workers of the following regions, Kayes, Koulikoro, Sikasso, Ségou, Mopti and the District of Bamako on the management of biomedical wastes.		234,612				

Provide 20 health districts with vehicles for supervisions and mobile team visits (Koutiala, Yanfolila, Sikasso. Sélingué, Tominian, Ségou, Macina, Niono. Tenenkou. Douentza. Youwarou, DJéné, Nioro. Kayes, Kita, Diéma, Nara, Fana, Kati and Dioila)		800,000				
Provide 200 CHCs with motorcycles for the advanced strategy		600,000				

Equip twenty-five (25) CHC with AJA incinerator by 2019 (Sélingué, Sikasso, Kadiolo, Kolondièba, Kigna, Niono, Bla, Macina, Ségou, San, Banamba, Koulikoro, Kalaban coro, Fana, Kati, Bandiagara, Koro, Douentza, Bankass, Djenné, Kita, Kéniéba, Kayes, Diéma, Oussoubidiagan)		175,000				

Equip 25 health districts with equipment for collecting and managing biomedical waste (Yorosso, Kignan, Sélingué, Sikasso, Kadiolo, Macina, Tominian, Baraouéli, San, Ségou, Nara, Banamba, Kalaban coro, Kati, Koulikoro, Bandiagara, Koro, Douentza, Bankass, Djenné, Kita, Kénièba, Kayes, Diéma, Oussoubidiagan)		6,200				
Strengthen the specific quarterly EPI supervision from the central level to the decentralized levels		45,140				
Support the mobile immunization team in 57 health districts		178,102				
Grant quarterly performance bonus of 75,000 CFA Francs to CHC that have achieved 95% of Penta 3 and MV and a drop-out rate of <10% in districts in Mopti, Ségou, Koulikoro, Sikasso, Kayes and Bamako regions)		90,000				

Continue the medicalization process of CHC through recruitment and salary and expense management for 50 doctors per year		141,334				
Institute a verification system for the RBF data by auto-evaluation		55,704				
Prepare communication plans for routine immunization in 3 priority health districts with poor vaccine coverage		16,421				
Implement communication plans for routine immunization in 3 health districts		21,600				
Continue the CHC accreditation process in the Kayes region (Bafoulabé, Diéma, Kayes, Kéniéba, Kita, Nioro, Yélimané, Oussoubidiagnan)		97,438				

Implement a monitoring system for the accredited districts in the regions of Kayes (Bafoulabé, Diéma, Kayes, Kéniéba, Kita, Nioro, Yélimané, Oussoubidiagnan)		26,478				
Set up an external monitoring system for the FBR data		3,153				
Provide isolation / distance bonuses to 90 new staff/ month (30 nurses and 30 midwives and 30 immunization workers) working in the unfavorable zones of poverty line I & II for five years.		64,800				
Sign an annual contract for provision of services with the CSOs and NGOs following a call for proposals on the basis of TOR, for ensuring providing healthcare services including immunization services in areas under the control of the army (The Kidal region and the districts of Ménaka, Tombouctou, Goundam, Niafounké)		297,795				
Review the FBR tools for integrating priority indicators of vaccination for enhancing the performance of the health facilities.		14,757				

Support the updating of mapping human resources in health sector and particularly those responsible for EPI		25,301				
Train 130 technical workers in DQS in 65 health districts		28,408				
Train 1,170 Central Technical Directors in LQAS method		19,835				
Conduct quarterly LQAS surveys regarding immunization in the health areas		45,500				
-Finalize the review of SLIS data collection tools		34,497				
Ensure weekly updating of the data management portal		847				
Organize a workshop for training the trainers at the regional and district level (74 workers) in the revised collection tools		31,008				
Support the organization of a workshop to prepare and validate the Regional Statistical Yearbook		17,437				
Support the preparation of the annual DQRC		20,722				

Construct a dry store at the central level		200,000				

Provide and install cold chambers of dimension 20m^3 in 9 regional directorates and 6 districts; Bougouni, Kita, Kati, Koutiala, San, Bandiagara		513,000				
Train the middle level staff on immunization logistics (3 immunization sections, 18 regional and 63 districts)		8,758				
Sensitize the customs and transit officers on vaccine management		1,187				

Support Cold chain maintenance works at the central and regional levels by SEPAUMAT		7,828				
Organize meetings in 63 health districts every two years for all stakeholders of EPI (local government, ASACO, DTC,...) for resource mobilization for immunization.		17,542				
Contribute to pay the incentives for additional charge of members of the focal team for program management; One coordinator, two(s) Staff supervisors, one (1) secretary and one (1) Driver		13,080				
Ensure monitoring missions of the coordination groups for program implementation;		22,682				
Contribute to the functioning of the coordination team at the Ministry of Health		9,306				
Strengthen the skills of the coordination team at the Ministry of Health		42,000				
Contribute to the procurement of IT equipment (if required), office materials, and others		9,300				

Conduct an annual audit of the financial management of the program		28,000				
		5,199,048	0			0

8.6. HSS activities planned for 2016

Please use **Table 8.6** to outline the activities planned for 2016. If you are proposing changes to your activities and budget (rescheduling) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

Please note that if the change in the budget is more than 15% of the approved allocation for the specific activity during the current financial year, these proposed changes must be submitted to the IRC for approval with the required proof.

Table 8.6: HSS Activities planned for 2016

Principal activities insert as many lines as necessary)	**Activity planned for 2016**	**Original budget for 2016** approved in the proposal HSS proposal or as adjusted d the analysis of the previous annual progress reports)	**Revised activity**(if applicable)	**Explanations for proposed changes in the activities or in the budget** (if applicable)	**Revised budget for 2016** (if applicable)
Train and upgrade 1500 workers in immunizatio of CHC, of private structures, semi-public		92,160			
Train 3 people per CHC en micro /planning in 1,170CHC		90,353			
Support advanced strategy in 1,110CHC		702,000			
Train 104 workers in districts in the following regions: Kayes, Koulikoro, Sikasso, Ségou, Mopti and the District of Bamako in biomedical waste management		26,068			

Support specific quarterly EPI supervision from the central level to the decentralized levels		90,280			
Support the mobile immunization team in 57 health districts		257,421			
Grant quarterly performance bonus of 75,000 CFA Francs to CHC that have achieved 95% of Penta 3 and MV and a drop-out rate of <10% in districts in Mopti, Ségou, Koulikoro, Sikasso, Kayes and Bamako regions)		180,000			
Continue the medicalization process of CHC through recruitment and salary and expense management for 50 doctors per year		424,002			
Institute a verification system for the RBF data by auto-evaluation		55,704			
Implement communication plans for routine immunization in 3 health districts		43,200			

Monitor the accreditation process of the CSRs in the regions of Kayes (Bafoulabé, Diéma, Kayes, Kéniéba, Kita, Nioro, Yélimané, Oussoubidiagnan)		97,437			
Implement a monitoring system for the accredited districts in the regions of Kayes (Bafoulabé, Diéma, Kayes, Kéniéba, Kita, Nioro, Yélimané, Oussoubidiagnan)		25,155			
Set up an external monitoring system for the FBR data		12,612			

Provide isolation / distance bonuses to 90 men / month (30 doctors and 30 midwives) working in the unfavorable zones of poverty I & II for five years.		259,200			
Support the preparation of the DQRC annually		62,166			
Support updating of the human resources category on health, particularly those in charge of EPI		25,301			
Support the conduct of the SARA survey once in two years (2016-2018)		140,000			
Support the organization of an external EPI review to prepare a new cMYP 2017-2021		377,876			
Organize meetings in 63 health districts every two years with all EPI stakeholders (Municipality, ASACO, DTC, etc.) for mobilization of resources allocated to immunization		350,855			

Contribute to paying the allowances for additional expenses to members of the program coordination focal team: One coordinator, two (2) supervisory executives, one (1) secretary and one (1) driver		26,160			
Carry out monitoring missions for the coordination teams and the implementation of the program		45,365			
Contribute to the functioning of the coordination team at the Ministry of Health		6,204			
Conduct an annual audit of the financial management of the program		28,000			
Technical assistance		45,730			
Train the middle level staff on immunization logistics (3 immunization sections, 18 regional and 63 districts)		8,758			
Support Cold chain maintenance works at the central and regional levels by SEPAUMAT		16,380			

Organize meetings in 63 health districts every two years for all stakeholders of EPI (local government, SACO, DTC,..) for resource mobilization for immunization.		350,855			
Contribute to pay the incentives for additional charge of members of the focal team for program management; One coordinator, two(s) Staff supervisors, one (1) secretary and one (1) Driver		26,160			
Ensure monitoring missions of the coordination groups for program implementation;		45,365			
Contribute to the functioning of the coordination committee at the Ministry of Health		6,204			
Carry out an annual audit on the program's financial management		28,000			

Technical assistance		45,730			
		3,990,701			

8.7. Revised indicators in case of rescheduling

Countries planning to request rescheduling can do it at any time of the year. Please ask the your country's program managers at the GAVI Secretariat for guidelines on rescheduling or send an email to gavihss@gavi.org.

8.8. Other sources of funding for HSS

If other donors are contributing to the achievement of objectives outlined in the GAVI HSS proposal, please indicate the amount and the links to inputs mentioned in the report:

Table 8.8: Sources of funds for HSS in your country

Donor	Amount in US$	Duration of support	Type of activities funded
AECID (Spanish Agency for International Development Cooperation)	3,288,000	5 years (2010-2015)	Support the implementation of the reproductive health policy in the Kayes region
French Agency for Development (AFD)			
Embassy of France			
World Bank	25,000,000	3 years (2014-2017)	Strengthening reproductive health
Canadian Cooperation through UNICEF	1,000,000	2 years (2014-2015)	Support biomedical waste management
European Union			
WHO			
UNAIDS			
The Netherlands/Dutch			
UNFPA			
USAID			

8.8.1. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

8.9. Reporting on the HSS grant

8.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How the information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these questions were dealt with or solved.

Table 8.9.1: Data Sources

Data sources used in this report	How the information was validated?	Problems experienced, if any
Activity reports	Joint meeting of the Steering committee and the ICC	Difficulty in organizing the meeting related to the availability of the Ministry of Health and Public Hygiene

8.9.2. Please describe any difficulties faced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

Entering information into the format is done online, often with connection problems. Which brings the team to make frequent visits to structures where the connection is stable or to work at late hours when the connection speed is better.

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014? Please attach:

1. The minutes from all the HSCC meetings held in 2015 that endorsed this report **(Document Number: 6)**
2. Latest Health Sector Review Report (**Document N°: 22)**

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

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

Mali **has NOT received GAVI Type A support to CSOs**

Mali will not present a report on GAVI Type A support to CSOs for 2014

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

Mali **has NOT received GAVI Type B support to CSOs**

Mali will not present a report on GAVI Type B support to CSOs for 2014

10. Comments from ICC/HSCC Chairs

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

11. Appendices

11.1. Annex 1 - ISS instructions

INSTRUCTIONS:

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

I. All countries that have received ISS/ new vaccine introduction grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, are required to submit financial statements for these programs as part of their Annual Progress Reports.

II. The financial statements are prepared in accordance with the national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.

III. GAVI requires **at least** a simple statement of income and expenditure for activities conducted during the calendar year 2014, containing the points (a) through (f), below. A sample basic statement of income and expenditure is provided on the following page.

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

b. Income received from GAVI during 2014

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

d. Total expenditure during the calendar year

e. Closing balance as of December 31, 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis summarizes the total annual expenditure for the year by your Government's own economic classification system, and relevant cost categories (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. Please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of December 31, 2014(referred to as the "variance").

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

V. Financial statements need not be audited/certified prior to their submission to GAVI. However, it is understood that these financial statements should be subjected to scrutiny during each country's external audit for the financial year 2014. Audits for ISS funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

11.2. Annex 2 - Example of income & expenditure of ISS

MINIMUM REQUIREMENTS FOR ISS FINANCIAL STATEMENTS AND FOR THE ALLOCATION FOR A VACCINE INTRODUCTION 1

An example of income & expenditure statement

Summary Table of income & expenditure – GAVI-ISS		
	Local Currency (CFA)	Value in USD*
Closing balance for 2013 (as of 31 December 2013)	25,392,830	53,000
Summary of income received in 2014		
Income received from GAVI	57,493,200	120,000
Interest based income	7,665,760	16,000
Other incomes (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure in 2014	30,592,132	63,852
Closing Balance on 31 December 2014 (Balance carried over to 2015)	60,139,325	125,523

* Enter the exchange rate at the opening on 01.01.2014, the exchange rate at close on 12.31.2014 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

Detailed Analysis of Expenses by economic classification** – GAVI ISS						
	Budget in CFA	Budget in US$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages and salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
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 and overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenses						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

11.3. Annex 3 - Instructions for HSS support

INSTRUCTIONS:

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

I. All countries that have received HSS grants during the 2014calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit a financial statement for these programs as part of their Annual Progress Reports.

II. The financial statements are prepared in accordance with the national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.

III. GAVI requires at least a simple statement of income and expenditure for activities carried out during the calendar year 2014, taking into account the points (a) to (f), below. A sample basic statement of income and expenditure is provided on the following page.

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

b. Income received from GAVI during 2014

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

d. Total expenditure during the calendar year

e. Closing balance as of December 31, 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each HSS objective and activity, as per your government's originally approved HSS proposal, with further breakdown by cost category (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of December 31, 2014(referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these financial statements should be subjected to scrutiny during each country's external audit for the 2014financial year. Audits for HSS funds are to be submitted to the GAVI Secretariat 6 months following the close financial year in respective countries.

11.4. Annex 4 - Example of income & expenditure of HSS

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS FOR HSS-SUPPORT:

An example of income & expenditure statement

Summary Table of income & expenditure – GAVI-HSS		
	Local Currency (CFA)	Value in USD*
Closing balance for 2013 (as of 31 December 2013)	25,392,830	53,000
Summary of income received in 2014		
Income received from GAVI	57,493,200	120,000
Interest based income	7,665,760	16,000
Other incomes (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure in 2014	30,592,132	63,852
Closing Balance on 31 December 2014 (Balance carried over to 2015)	60,139,325	125,523

* Enter the exchange rate at the opening on 01.01.2014, the exchange rate at close on 12.31.2014 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

Detailed Analysis of Expenses by economic classification ** - GAVI-ISS						
	Budget in CFA	Budget in US$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages and salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
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 and overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenses						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

11.5. Annex 5 - Instructions for CSO support

INSTRUCTIONS:

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

I. All countries that have received CSO - Type B grants during the 2014calendar year, or had balances of funding remaining from previously disbursed CSO-Type B grants in 2014, are required to submit financial statements for these programs as part of their Annual Progress Report.

II. The financial statements are prepared in accordance with the national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.

III. GAVI requires at least a simple statement of income and expenditure for activities carried out during the calendar year 2014, taking into account the points (a) to (f), below. A sample basic statement of income and expenditure is provided on the following page.

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

b. Income received from GAVI during 2014

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

d. Total expenditure during the calendar year

e. Closing balance as of December 31, 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each partner of the civil society, per your government's originally approved Type B support to CSOs, with further breakdown by cost category (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of December 31, 2014(referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these financial statements should be subjected to scrutiny during each country's external audit for the 2014financial year. Audits for the Type B support to CSOs funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

11.6. Annex 6 - CSO income & expenditure example

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

An example of income & expenditure statement

Summary Table of income & expenditure – GAVI-CSO		
	Local Currency (CFA)	Value in USD*
Closing balance for 2013 (as of 31 December 2013)	25,392,830	53,000
Summary of income received in 2014		
Income received from GAVI	57,493,200	120,000
Interest based income	7,665,760	16,000
Other incomes (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure in 2014	30,592,132	63,852
Closing Balance on 31 December 2014 (Balance carried over to 2015)	60,139,325	125,523

*Enter the exchange rate at the opening on 01.01.2014, the exchange rate at close on 12.31.2014 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

Detailed Analysis of Expenses by economic classification ** - GAVI-CSOs						
	Budget in CFA	Budget in US$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages and salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
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 and overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenses						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of the Health Minister (or delegated authority)	2.1	✓	Page signautre MEF et MSHP RSA.docx **File desc:** **Date/Time:** 05/14/2015 10: 28: 37 **Size:** 474 KB
2	Signature of the Finance Minister (or delegated authority)	2.1	✓	Page signautre MEF et MSHP RSA.docx **File desc:** **Date/Time:** 05/14/2015 10: 29: 07 **Size:** 474 KB
3	Signatures of the ICC members	2.2	✓	Aval (Signature) Rapport par CCIA.docx **File desc:** **Date/Time:** 05/14/2015 10: 29: 35 **Size:** 421 KB
4	Minutes of the ICC meeting in 2015 endorsing the Annual Progress Report 2014	5.4	✓	Compte rendu réunion CCIA du 29 avril 2015.docx **File desc:** **Date/Time:** 05/14/2015 10: 29: 59 **Size:** 2 MB
5	Signature of the HSCC members	2.3	✓	Aval Rapport par CCIA (page signature).jpg **File desc:** **Date/Time:** 15/05/2015 10: 57: 43 **Size:** 410 KB
6	Minutes of the HSCC meeting in 2015 endorsing the Annual Progress Report 2014	8.9.3	✓	Compte rendu réunion CCIA du 29 avril 2015 P1.jpg **File desc:** **Date/Time:** 15/05/2015 10: 57: 59 **Size:** 240 KB
7	Financial statement for the ISS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	6.2.1	✗	RAPPORT FINANCIER SSV GAVI.pdf **File desc:** **Date/Time:** 05/14/2015 11: 15: 00 **Size:** 546 KB
8	External audit report on the allocation of ISS funds (fiscal year 2014)	6.2.3	✗	RAPPORT FINANCIER SSV GAVI.pdf **File desc:** **Date/Time:** 05/15/2015 11: 00: 25 **Size:** 546 KB
9	Post-introduction Evaluation Report	7.2.1	✗	Rapport_final_EPI_PCV-13_Mali.pdf **File desc:** **Date/Time:** 05/14/2015 11: 56: 47 **Size:** 807 KB

10	Financial statement for grants for introducing a new vaccine (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	7.3.1	✓	RAPPORT FINANCIER SNV ROTA GAVI.pdf **File desc:** **Date/Time:** 05/14/2015 11: 17: 25 **Size:** 554 KB

11	External audit report for the allocation of funds for the introduction of a new vaccine (fiscal year 2014), if the total expenses in 2014 are greater than US$ 250,000	7.3.1	✓	RAPPORT FINANCIER SNV ROTA GAVI.pdf **File desc:** **Date/Time:** 05/15/2015 11: 00: 47 **Size:** 554 KB
12	EVSM/EVM/VMA report	7.5	✓	Rapport_final_GEV_MALI_25_Aou00FBt_15_Septembre_2014___Copy.pdf **File desc:** **Date/Time:** 05/14/2015 10: 32: 28 **Size:** 1 MB
13	Latest EVSM/EVM/VMA improvement plan	7.5	✓	Plan_d'amelioration_EVM_Mali_2014.xls **File desc:** **Date/Time:** 05/14/2015 10: 33: 28 **Size:** 222 KB
14	Status of the implementation of EVSM/EVM/VMA improvement plan	7.5	✓	Niveau d'exécution du plan d'amélioration GEV - Copie.doc **File desc:** **Date/Time:** 05/14/2015 01: 14: 28 **Size:** 250 KB
16	The cMYP is valid if the country requests for extension of support	7.8	✓	PPAC_INPUTS Dr ST mise en page.doc **File desc:** **Date/Time:** 05/14/2015 10: 34: 04 **Size:** 4 MB
17	The costing tool for the valid cMYP, if the country is requesting an extension of support	7.8	✓	PPAC_INPUTS Dr ST mise en page.doc **File desc:** **Date/Time:** 05/15/2015 11: 02: 25 **Size:** 4 MB
18	Minutes of the ICC meeting approving the extension of vaccine support, if applicable	7.8	✓	Compte rendu réunion CCIA du 29 avril 2015.docx **File desc:** **Date/Time:** 05/15/2015 11: 03: 14 **Size:** 2 MB
19	Financial statement for the HSS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	8.1.3	✓	RAPPORT FINANCIER RSS GAVI.pdf **File desc:** **Date/Time:** 05/14/2015 11: 49: 24 **Size:** 573 KB
20	Financial statement for the HSS funds for the period January-April 2015 signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	8.1.3	✓	Rapport financier_RSS_janvier-avril 2015.pdf **File desc:** **Date/Time:** 15/05/2015 07: 27: 32 **Size:** 573 KB

21	External audit report on the allocation of HSS funds (fiscal year 2014)	8.1.3	✓	RAPPORT FINANCIER RSS GAVI.pdf **File desc:** **Date/Time:** 05/15/2015 11: 04: 07 **Size:** 573 KB
22	Review report of the health sector - HSS	8.9.3	✓	RAPPORT FINANCIER RSS GAVI.pdf **File desc:** **Date/Time:** 05/15/2015 11: 04: 26 **Size:** 573 KB

23	Census report - Type A CSO support	9.1.1	✗	RAPPORT FINANCIER RSS GAVI.pdf **File desc:** **Date/Time:** 05/15/2015 11: 04: 46 **Size:** 573 KB
24	Financial statement for the allocation of Type B support to CSOs (fiscal year 2014)	9.2.4	✗	RAPPORT FINANCIER SNV ROTA GAVI.pdf **File desc:** **Date/Time:** 05/15/2015 11: 05: 05 **Size:** 554 KB
25	External audit report on the Type B support to CSOs (fiscal year 2014)	9.2.4	✗	RAPPORT FINANCIER SSV GAVI.pdf **File desc:** **Date/Time:** 05/15/2015 11: 05: 23 **Size:** 546 KB
26	Bank statements for each program funded in cash or a cumulative bank statement for all programs funded in cash, if funds are kept in the same bank account, where the opening and closing balance for the year 2014 as of i) January 1, 2014 and ii) as of December 31, 2014 are given	0	✓	RAPPORT FINANCIER RSS GAVI.pdf **File desc:** **Date/Time:** 05/15/2015 11: 05: 40 **Size:** 573 KB
27	minutes_ of_ icc meeting_vaccin_change_presentation	7.7	✗	Compte rendu réunion CCIA du 29 avril 2015.docx **File desc:** **Date/Time:** 05/15/2015 11: 06: 31 **Size:** 2 MB
28	Explanation for changes in target population	5.1	✗	Page signautre MEF et MSHP RSA.docx **File desc:** **Date/Time:** 05/15/2015 11: 07: 58 **Size:** 474 KB
	Other documents		✗	Compte rendu réunion CCIA du 29 avril 2015.docx **File desc:** **Date/Time:** 05/15/2015 11: 08: 33 **Size:** 2 MB