



GAVI Alliance

Annual Progress Report **2012**

Submitted by

The Government of
Republic of Moldova

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/15/2013 11:40:26 AM**

Deadline for submission: 9/24/2013

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

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

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

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

2. Signatures

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

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

For the Government of **Republic of Moldova**

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	УСАТЫЙ АНДРЕЙ	Name	НЕГРУЦА ВЯСЕСЛАВ
Date		Date	
Signature		Signature	

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

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2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
GRAMA OCTAVIAN, заместитель министра	Министерство здравоохранения		
БАХНАРЕЛ ИОН, генеральный директор	Национальный Центр Общественного Здоровья		

МЕЛЬНИК АНАТОЛИЙ, Руководитель Центра Иммунопрофилактики	Национальный Центр Общественного Здоровья		
ОСОЯНУ ЮРИЙ, заместитель директора	Национальная Компания по Медицинскому Страхованию		
АМБРОСИЙ АНА, главный консультант отдела финансирование здравоохранения	Министерство Финансов		
YUSTER ALEXANDRA, представитель ЮНИСЕФ в Республике Молдова	ЮНИСЕФ		
НАВИЧТ JARNO, руководитель офиса ВОЗ в Республике Молдова	Офис ВОЗ в Республике Молдова		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

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

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4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	46,310	44,713	46,479	46,479	46,646	46,646	46,809	46,809
Total infants' deaths	540	442	539	539	539	539	538	538
Total surviving infants	45770	44,271	45,940	45,940	46,107	46,107	46,271	46,271
Total pregnant women	46,310	44,713	46,479	46,479	46,646	46,646	46,809	46,809
Number of infants vaccinated (to be vaccinated) with BCG	45,847	44,168	46,015	46,015	46,179	46,179	46,341	46,341
BCG coverage	99 %	99 %	99 %	99 %	99 %	99 %	99 %	99 %
Number of infants vaccinated (to be vaccinated) with OPV3	42,109	40,614	42,724	42,724	43,341	43,341	43,957	43,957
OPV3 coverage	92 %	92 %	93 %	93 %	94 %	94 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	43,583	40,146	44,006	44,006	44,424	44,424	44,830	44,830
Number of infants vaccinated (to be vaccinated) with DTP3	42,109	39,880	42,724	42,724	43,341	43,341	43,957	43,957
DTP3 coverage	92 %	90 %	93 %	93 %	94 %	94 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	15	24	15	15	15	15	15	15
Wastage[1] factor in base-year and planned thereafter for DTP	1.18	1.32	1.18	1.18	1.18	1.18	1.18	1.18
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	43,583	39,632	44,006	44,006	44,424	44,424	44,830	44,830
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	43,583	37,757	44,006	42,724	43,341	43,341	43,957	43,957
DTP-HepB-Hib coverage	92 %	85 %	93 %	93 %	94 %	94 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)		0	33,100	33,100	42,320	42,320	43,430	43,430
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)		0	33,100	32,158	41,496	41,496	42,569	42,569

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Pneumococcal (PCV13) coverage	0 %	0 %	70 %	70 %	90 %	90 %	92 %	92 %
Wastage[1] rate in base-year and planned thereafter (%)		0	0	5	0	0	0	0
Wastage[1] factor in base-year and planned thereafter (%)		1	1.05	1.05	1	1	1	1
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus	32,990	16,297	42,550	42,550	43,220	43,220	44,310	44,310
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus	32,990	9,236	42,550	41,346	42,418	42,418	43,495	43,495
Rotavirus coverage	70 %	21 %	90 %	90 %	92 %	92 %	94 %	94 %
Wastage[1] rate in base-year and planned thereafter (%)	0	0	0	5	0	0	0	0
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1	1	1.05	1	1	1	1
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	42,109	41,354	42,724	42,724	43,341	43,341	43,957	43,957
Measles coverage	92 %	93 %	93 %	93 %	94 %	94 %	95 %	95 %
Pregnant women vaccinated with TT+	0	0	0	0	0	0	0	0
TT+ coverage	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	0	0	0	0	0	0	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	3 %	1 %	3 %	3 %	2 %	2 %	2 %	2 %

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

В отличие от прогнозируемого числа родившихся на 2012 год 46.310 детей, фактически родились живыми 44.713 младенцев, что на 3,5% меньше числа согласно предварительному прогнозу. Точность прогноза составила 96,6%. Данные представлены по всей стране, включая все территории Приднестровского региона и соответствуют данным представленных страной в Объединенной отчетной форме ВОЗ/ЮНИСЕФ (ООФ) за 2012 год. В Республике Молдова все роды происходят в родовспомогательных учреждениях системы общественного здравоохранения и незначительная часть в частных учреждениях. Все живорожденные регистрируются персоналом родовспомогательных учреждений, независимо от формы собственности, и сведения о числе родившихся ежемесячно представляются в Национальный Центр Санитарного Менеджмента Минздрава страны. Кроме того обобщенные уточненные данные представляются на национальный уровень в январе месяце следующего за отчетным годом. Поэтому вместо расчетных ожидаемых данных программа иммунизации указывает в ООФ точное количество живорожденных младенцев на основании отчетов всех родовспомогательных учреждений, независимо от их формы собственности.

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

В отличие от прогнозируемого числа выживших детей в возрасте до года 45.770 на 2012 год по расчетным данным число выживших младенцев составило 44.162, что только на 3,5% меньше числа согласно предварительному прогнозу. Точность прогноза составила 96,5%. Данные представлены по всей стране, включая и Приднестровский регион, и соответствуют данным представленных страной в ООФ за 2012 год. Данные о числе выживших младенцев рассчитанные по фиксированной формуле в макете ГОВР на 109 детей больше, что связано с родами в родовспомогательных учреждениях страны иностранных гражданок, которые после выписки из роддомов выбыли с младенцами по месту постоянного жительства за пределами страны.

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

Цели по охвату вакцинацией в сравнении с ранее представленными в ГОВР и многолетнем плане не изменились. В 2012 году не удалось достигнуть охвата 92% по вакцинации АКДС, который составил 90%; по пентавалентной АКДС-ГепБ-Хиб вакцине - 85% вместо целевого показателя 92% и по ротавирусной вакцине - 21% вместо целевого показателя 70%. Не достижение цели по пентавалентной вакцине объясняется тем, что в Приднестровском регионе и городе Кишиневе вместо пентавалентной вакциной часть детей прививались АКДС вакциной, которую часть родителей и медработников считали более испытанной в стране. Охват вакцинацией ротавирусной вакциной был ниже целевого показателя в связи с тем, что вместо внедрения новой вакцины с 01.04.2012, в связи с поставкой вакцины в июне месяце вместо марта, вакцинация была начата только с 01.07.2012. Кроме того, из-за внутренних правил в Приднестровском регионе, не подвластном центральному Правительству, вакцинация на территории данного региона была начата только с 01.10.2012. Охват вакцинацией против кори вакциной КПК составил 93%, вместо прогнозированного 92%.

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

Показатель потерь для АКДС вакцины составил 24% в отличие от прогнозированного 15%. Это обстоятельство объясняется тем, что прогноз был составлен тогда, когда детям делались 4 дозы АКДС при использовании вакцины в 10 - дозовых флаконах. После внедрения пентавалентной вакцины АКДС вакцина стала применяться только для первой ревакцинации (4-ая доза) детей в возрасте 22- 24 месяца. Для уменьшения потерь вакцина АКДС на 2013 год закупается а 1 и 10- дозовой фасовке в соотношении 40% на 60%.

5.2. Immunisation achievements in 2012

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

В 2012 году были достигнуты цели указанные в ГОВР по охвату вакцинацией БЦЖ (99%), ОПВ (92%), КПК (93%). В Национальной Программе Иммунизации (НПИ) на 2011 - 2015 годы ориентиры по охвату вакцинацией и ревакцинациями в целевых возрастных группах - не менее 95% и они были достигнуты по ревакцинациям детей в возрасте 7 и 15 лет. Приведенные данные по охвату вакцинацией относятся к целевым возрастам. Наряду с этим в стране функционирует система отслеживания охватом иммунизацией в последующих возрастных группах. Так в возрасте 2 года охват АКДС составил 96%, ОПВ - 97%, ГепБ - 97,5%, Хиб - 98,7%.

В течение 2012 года удалось организовать без перебойное обеспечение большинством вакцин и расходных материалов, добиться выделения средств на полное финансирование закупок вакцин и расходных материалов, в т. ч. для новых вакцин, закупаемых на условиях со-финансирования с ГАВИ до 2015 года.

Для обучения медперсонала проведены один национальный и 4 зональных семинара для врачей эпидемиологов, педиатров, невропатологов и семейных врачей по актуальным вопросам иммунизации и внедрению ротавирусной вакцины. В целях повышения уровня знаний и навыков общения с родителями и представителями средств массовой информации совместно с страновым офисом ЮНИСЕФ проведены один национальный и 6 региональных семинара для работников учреждений общественного здоровья и семейной медицины по вопросам коммуникации, в т. ч. в кризисных ситуациях. Проведено 2 заседания "круглый стол" для журналистов с дискуссиями о качества, безопасности и эффективности применяемых в стране вакцин, а также множество встреч, лекций, бесед в рамках Европейской недели иммунизации. Были подготовлены, изданы и распределены медучреждениям руководство для семейных врачей "Иммунизация в практике семейного врача", справочники "Вакцины против ротавирусной инфекции в программе рутинной иммунизации" и "Беседуем с родителями о вакцинации". В целях мониторинга за проведением иммунизации в целом и внедрения ротавирусной вакцины были осуществлены выезды в 28 города и районы страны. Высокий охват прививками и своевременное проведение противоэпидемических мероприятий позволили сохранить в стране благополучную эпидемическую ситуацию в отношении инфекций, управляемых посредством иммунизации. Сохранен статус страны свободной от полиомиелита, не были зарегистрированы случаи дифтерии и столбняка, вирусного гепатита Б среди привитых. Не получили местного распространения корь и краснуха при заносе случаев из других стран. Заболеваемость коклюшем составила 2,26‰, эпидемическим паротитом 3,23‰.

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

Вместе с тем не удалось достигнуть целевые показатели по охвату вакцинацией АКДС (90% вместо 92%), пентавалентной вакциной (85% вместо 92%), ротавирусной вакциной (21% вместо 70%). Не достижение целевых показателей по охвату вакцинацией обусловлено возросшим числом отказов родителей от вакцинации под воздействием антивакцинальной пропаганды через Интернет, каналы массовой информации, религиозные организации. По прежнему низкие показатели охвата прививками отмечаются в 7 административных территориях Приднестровского региона, не подвластного центральному Правительству

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

Исследование МИКС4 2012	Планируется опубликовать к 01.07.2013	БЦЖ - 96,6%	БЦЖ - 98,3%
Исследование МИКС4 2012	Планируется опубликовать к 01.07.2013	КПК 89,4%	КПК - 94,2%
Исследование МИКС4 2012	Планируется опубликовать к 01.07.2013	АКДС3 - 91,6%	АКДС3 - 93,7%
Исследование МИКС4 2012	Планируется опубликовать к 01.07.2013	ОПВ3 - 91,6%	ОПВ3 - 94,5%

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

Нет гендерных барьеров в доступе к иммунизации. В 2012 году проведено исследование МИКС 4. Результаты данного исследования, как и аналогичных исследований МИКС в 2000 году и DHS в 2005 году, не была выявлена достоверная разница в охвате прививками мальчиков и девочек.

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

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

При внедрении информационной системы индивидуального учета прививок.

5.4. Data assessments

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

В Республике Молдова существует двойная система сбора административных данных об охвате прививками детей. Первая основана на ежемесячном сборе данных о числе подлежащих вакцинации детей и числе привитых по отдельным введенным дозам вакцин. Вторая - предусматривает получение данных на конец отчетного года о числе состоящих на медицинском учете детей и состоянии их привитости по возрастным когортам. Существенной разницы между данными нет. Оценочными расчетными показателями ВОЗ/ЮНИСЕФ на время составления отчета не располагаем.

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

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Yes**
If Yes, please describe the assessment(s) and when they took place.

В 2012 году в стране проведено исследование МИКС4. В 11.354 хозяйствах были идентифицированы и собраны данные о вакцинации 383 детей в возрасте от 15 до 26 месяцев. По предварительным данным (исследованием не охвачен Приднестровский регион), охват вакцинацией к возрасту 12 месяцев составляет: БЦЖ - 97,3%, ОПВ1 - 94,3%, ОПВ3 - 88,0%, АКДС1 - 93,6%, АКДС3 - 86,6%, ГепБ3 - 92,5%, КПК (15 м-цев) 88,2%. В территориальном плане самые низкие показатели отмечаются в городе Кишиневе.

В мае - июле месяцах 2012 года научно-практической лабораторией специфической профилактики НЦОЗ проведен сбор данных о привитости 1341 ребенка в возрасте от 15 до 26 месяцев в 34 населенных пунктах страны (кроме Приднестровского региона). Анализом полученных данных выявлено что к целевому возрасту 12 месяцев в общей массе 88,7% детей получили 3 дозы АКДС, 90,2% - 3 дозы ОПВ, 91,9% 3 дозы ГепБ вакцины и 82,6% вакцинацию КПК к 15-ти месячному возрасту. Самые низкие показатели охвата отмечаются в столице страны городе Кишиневе - от 80 до 85%. По остальным территориям показатели охвата первым циклом вакцинации к возрасту 12 месяцев - выше 94%, КПК - 89%.

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

Система сбора административных данных о привитости детей в стране функционирует удовлетворительно. Нет особых проблем в сборе данных о выполненных прививках. Однако в условиях интенсивной внутренней и внешней миграции имеются трудности в точности определения знаменателя - числе детей подлежащих прививкам. Поэтому НПИ собирает данные о численности родившихся из родовспомогательных учреждений, о числе зарегистрированных новорожденных из учреждения ответственных за регистрацию населения, а также о числе детей состоящих на медицинском учете в учреждениях первичной медицинской помощи. На национальном уровне разницы между данными из родовспомогательных учреждений и учреждения по регистрации населения практически нет. Разница между числом родившихся / зарегистрированных в последнем отчетном году и числе детей этой возрастной когорты состоявших на учете в медучреждениях на конец года не превышает 4%.

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

Для улучшения системы сбора административных данных об охвате прививками на перспективу предусматривается переход на электронную регистрацию данных о прививках.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 12.1122	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	Нет	Не было доноров	Нет доноров
Traditional Vaccines*	721,907	721,907	0	0	0	0	0	0
New and underused Vaccines**	600,677	150,968	449,709	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	72,397	66,180	6,217	0	0	0	0	0
Cold Chain equipment	8,354	8,354	0	0	0	0	0	0
Personnel	294,229	285,973	8,256	0	0	0	0	0
Other routine recurrent costs	6,618,071	6,544,142	28,298	41,758	3,873	0	0	0
Other Capital Costs	62,325	38,373	23,952	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
0		0	0	0	0	0	0	0
Total Expenditures for Immunisation	8,377,960							
Total Government Health		7,815,897	516,432	41,758	3,873	0	0	0

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

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

Правительство обеспечивает финансирование закупки традиционных вакцин, а также оплату софинансированной части согласно обязательств.

Общие затраты страны на здравоохранение составили в 2012 году 393.206.850,00 \$US. Эти данные представлены здесь, поскольку программа не позволяет внести их в соответствующую ячейку. внесение данных

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?
Не относится	Not selected

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

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **3**

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

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

Проблем и рекомендаций МКК к разделам 5.1 и 5.5 не было.

Are any Civil Society Organisations members of the ICC? **No**

If Yes, which ones?

List CSO member organisations:

5.8. Priority actions in 2013 to 2014

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

Приоритетные задачи на 2013 -2014 годы:

1. Сохранение высокого уровня охвата прививками.
2. Продолжить работу по укоренению в практику иммунизации ротавирусной вакцины, провести дополнительные мероприятия по увеличению охвата вакцинации против ротавирусной инфекции, продолжать дозорный надзор за ротавирусной инфекцией и оценки эффективности вакцинации.
3. Внедрить в практику иммунизации пневмококковую вакцину и провести промежуточную оценку результатов внедрения.
4. Обновление оборудования холодильной цепи для этапа перевозки вакцин, усиление контроля за соблюдением условия транспортировки и хранения вакцин.
5. Провести дополнительное обучение медицинских работников по вопросам иммунизации.
6. Разнообразить формы и методы информации населения о пользе и безопасности вакцинации.
7. Сохранение статуса страны как свободной от полиомиелита, а также страны добившейся элиминации кори, краснухи, дифтерии.
8. Организовать и обеспечить функционирование Национального технического комитета по иммунизации.

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	Самоблокирующиеся шприцы 0,05 - 0,1 мл	Правительство

Measles	Самоблокирующиеся шприцы 0,5 мл	Правительство
TT	Не относится	Правительство
DTP-containing vaccine	Самоблокирующиеся шприцы 0,5 мл	Правительство

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

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

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

Да. Остается не решенным вопрос об уничтожении отходов. Экологическая служба возражает и будет принимать санкции за сжигание шприцов на открытом огне.

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

Сбор в коробки безопасности с последующим сжиганием на открытом огне или захоронение.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

Republic of Moldova is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

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

Republic of Moldova is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.3. Request for ISS reward

Request for ISS reward achievement in Republic of Moldova is not applicable for 2012

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

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

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

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

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-НepB-Hib	137,999	138,100	138,100	Yes
Pneumococcal (PCV13)		0	0	Yes
Rotavirus	86,599	87,000	87,000	Yes

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

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

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

Ротавирусная вакцина была заказана для поступления в страну на март месяц с началом внедрения ее в практику иммунизации с 01.04.2012. Вакцина поступила только в первой декаде июня месяца, тем самым внедрение ее было задержано на 3 месяца. Более позднее начало вакцинации не позволило достичь целевые показатели охвата, защитить больше детей от заболевания. Пентавалентная вакцина АКДС-ГепБ-Хиб была заказана для поступления в страну на май месяц, а поступила только во второй декаде августа месяца. В результате примерно в 1/3 медучреждений в течение 1-2 месяцев вакцина отсутствовала. НПИ об указанных ситуациях информировала ЮНИСЕФ с просьбой принять меры по ускорению поставок.

Проблемы также возникали в связи с несвоевременной информации страны о поставке и представлении сопроводительных документов, хотя бы за 7-10 дней по прибытия товара в страну, для того чтобы ко времени поставки подготовить необходимые документы для таможенной очистки. Такие ситуации ежегодно повторяются при поставках шприцов и КБ, и часто при поставке вакцин.

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

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

Планы по поставкам могут быть скорректированы, однако от этого вакцина не появляется. В отношении пентавалентной вакцины АКДС-ГепБ-Хиб то безусловно следует отдавать предпочтение одно дозовым фасовкам. Цена одной дозы этой вакцины значительно выше цены одной дозы АКДС и потери в 15-20% наносят ощутимые финансовые потери. В странах с низкой рождаемостью потери могут быть еще выше, что наряду с финансовыми потерями, приводят к недостатку вакцины, невозможностью обеспечения ее все медицинские учреждения проводящие прививки. Кроме того, возрастает число родителей отказывающихся от вакцинации вакциной из ранее открытого флакона.

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

Несвоевременная поставка ротавирусной вакцины привело к задержке на 3 месяца ее внедрения в практику, что привело к не достижению целей по охвату вакцинацией, а также к защите от ротавирусной инфекции меньшего числа детей. Задержка в поставке пентавалентной вакцины привело к приостановлению вакцинации в 1/3 медучреждений на 1-2 месяца. В результате был нарушен календарь вакцинации детей, что способствовало не достижению целевых показателей охвата.

7.2. Introduction of a New Vaccine in 2012

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

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Вакцина АКДС-ГепБ-Хиб была внедрена в практику вакцинации с 2011 взамен вакцины АКДС_Хиб

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	По плану пневмококковая вакцина подлежит внедрению в 2013 году

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	Yes	02/07/2012
Nationwide introduction	Yes	02/07/2012
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Вакцина поступила в страну с опозданием на 3 месяца.<DIV>Территории Приднестровского региона ввели вакцину с 01.10.2012 ввиду местных особенностей.</DIV>

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

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

Миссия ЕРБ ВОЗ по оценке внедрения ротавирусной вакцины проводила работу в стране с 08 по 16 апреля 2013 года. Отчет по результатам оценки еще не завершен. В докладе сделанном представителями миссии внедрение вакцины прошло успешно, оценка удовлетворительная. Рекомендации данные по результатам оценки приняты во внимание и будут приняты меры по их выполнению. Презентация представленная миссией на совещании в Минздраве приложена (Документ 9).

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

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

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

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

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

Результаты дозорного эпиднадзора за ротавирусной инфекции оценены положительно. По поступлению отчет миссии будет представлен ГАВИ и партнерам.

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	100,000	1,181,460
Total funds available in 2012 (C=A+B)	100,000	1,181,460
Total Expenditures in 2012 (D)	62,030	732,860
Balance carried over to 2013 (E=C-D)	37,970	448,600

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

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

7.3.2. Programmatic Reporting

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

Финансовый отчет с постатейными расходами прилагается. 13,3% средств были израсходованы на оплату персонала за работы по подготовке кадров, подготовку информационных материалов для медработников и населения. Около 40% средств было направлено на капитальные расходы по приобретению сервера, оборудования для его охлаждения, компьютеров для подготовки к внедрению программы wVSSM для электронного ведения складского учета вакцин и расходных материалов на Национальном уровне и создания доступа к внедрению данной программы на территориальном уровне. На текущий ремонт и техническое обслуживание оборудования, включая склад для хранения вакцин было израсходовано 6,8% средств. 11,6% средств были направлены на приобретение канцелярских и хозяйственных товаров для обеспечения деятельности подразделения, работа которых связана с внедрением новой вакцины и управлением программой иммунизации. На оплату издательских услуг (учетно-отчетные формы, информационные материалы) израсходовано 6,3% средств. Транспортные расходы составили 3,4%. На проведение мероприятий по подготовке кадров израсходовано 16% средств. Остальные расходы были направлены на оплаты услуг связи и Интернета, приобретение спецодежды и обуви для работ в холодильных камерах.

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

Особых проблем не было.

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

Основная часть расходов - около 60% запланировано для приобретения термокантейнеров для транспортировки вакцин и терморегистрирующих устройств температуры в холодильниках для хранения вакцин на районном уровне. 22% средств запланированы на издательские услуги информационных материалов и документов по учету вакцин и вакцинации и 10% для оплаты персонала. Остальные средства будут направлены на командировочные и транспортные расходы, ремонт и обслуживание оборудования.

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2012?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	97,786	32,100
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	39,058	16,500
Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?		
Government	Все расходы по софинансированию 139.340,00 долларов США были оплачены из Правительственных (бюджетных) средств.	
Donor	Нет	
Other	Нет	
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2,496	33,900
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	April	Правительственные (бюджетные) средства
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	June	Правительственные (бюджетные) средства
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	May	Правительственные (бюджетные) средства
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing		
Не требуется.		

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

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

Средства запланированы в бюджете на среднесрочный период, план утвержден, средства будут выделены. Только форс-мажорные обстоятельства могут создать проблему.

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **April 2011**

Please attach:

(a) EVM assessment (**Document No 12**)

(b) Improvement plan after EVM (**Document No 13**)

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

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

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

If yes, provide details

Последняя оценка ЭУВ была в апреле 2011 года, следующая - июнь 2014. Изменений в плане устранения недостатков нет. Оценка выполнения плана проведена в апреле 2013 внешним экспертом по поручению ЕРБ ВОЗ. Отчет будет представлен как только его получим. При оценке установлено не выполнение мероприятий связанных с капитальными вложениями, которые не выполнены в 2012 году из-за недостаточного финансирования на эти цели. Принимаются меры для их выполнения в 2013 году. Однако не выполненные мероприятия не препятствуют адекватному функционированию НПИ и хранению вакцин в соответствующих условиях.

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Republic of Moldova does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

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

Renewal of multi-year vaccines support for Republic of Moldova is not available in 2013

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

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

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

If you don't confirm, please explain

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	44,271	45,940	46,107	46,271	182,589
	Number of children to be vaccinated with the first dose	Table 4	#	39,632	44,006	44,424	44,830	172,892
	Number of children to be vaccinated with the third dose	Table 4	#	37,757	42,724	43,341	43,957	167,779
	Immunisation coverage with the third dose	Table 4	%	85.29 %	93.00 %	94.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	69,790				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	69,790				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.59	2.59	2.59	
cc	Country co-financing per dose	Co-financing table	\$		1.02	1.54	2.06	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		25.50 %	25.50 %	25.50 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

Co-financing tables for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

Co-financing group	Graduating	2012	2013	2014	2015
Minimum co-financing		0.61	1.02	1.54	2.06
Recommended co-financing as per APR 2011				1.54	2.06
Your co-financing		0.61	1.02	1.54	2.06

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

		2013	2014	2015
Number of vaccine doses	#	98,300	74,900	53,300
Number of AD syringes	#	104,000	79,200	56,300
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	1,175	900	625

Total value to be co-financed by GAVI	\$	324,500	247,500	176,000
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Table 7.11.3: Estimated GAVI support and country co-financing (Country support)

		2013	2014	2015
Number of vaccine doses	#	44,000	65,500	88,400
Number of AD syringes	#	46,500	69,200	93,400
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	525	775	1,050
Total value to be co-financed by the Country ^[1]	\$	145,000	216,500	292,000

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

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	30.90 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	39,632	44,006	13,596	30,410
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	$B \times C$	118,896	132,018	40,788	91,230
E Estimated vaccine wastage factor	Table 4	1.05	1.05		
F Number of doses needed including wastage	$D \times E$	124,841	138,619	42,828	95,791
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		3,445	1,065	2,380
H Stock on 1 January 2013	Table 7.11.1	69,790			
I Total vaccine doses needed	$F + G - H$		142,114	43,908	98,206
J Number of doses per vial	Vaccine Parameter		1		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		150,364	46,456	103,908
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		1,670	516	1,154
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		367,507	113,544	253,963
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		6,992	2,161	4,831
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		969	300	669
R Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		93,715	28,954	64,761
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T Total fund needed	$(N+O+P+Q+R+S)$		469,183	144,957	324,226
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		144,957		
V Country co-financing % of GAVI supported proportion	U / T		30.90 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	46.65 %			62.40 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	44,424	20,723	23,701	44,830	27,974	16,856
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3			3		
D	Number of doses needed	$B \times C$	133,272	62,168	71,104	134,490	83,920	50,570
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	139,936	65,276	74,660	141,215	88,116	53,099
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	330	154	176	320	200	120
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	140,316	65,454	74,862	141,585	88,347	53,238
J	Number of doses per vial	<i>Vaccine Parameter</i>	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	148,299	69,178	79,121	149,640	93,373	56,267
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	1,647	769	878	1,662	1,038	624
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	362,858	169,263	193,595	366,139	228,464	137,675
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	362,858	3,217	3,679	366,139	4,343	2,616
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	956	446	510	964	602	362
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	92,529	43,162	49,367	93,366	58,259	35,107
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	463,239	216,087	247,152	467,428	291,666	175,762
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	216,087			291,666		
V	Country co-financing % of GAVI supported proportion	U / T	46.65 %			62.40 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	44,271	45,940	46,107	46,271	182,589
	Number of children to be vaccinated with the first dose	Table 4	#	0	33,100	42,320	43,430	118,850
	Number of children to be vaccinated with the third dose	Table 4	#	0	32,158	41,496	42,569	116,223
	Immunisation coverage with the third dose	Table 4	%	0.00 %	70.00 %	90.00 %	92.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.00	1.00	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	0				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	0				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	
cc	Country co-financing per dose	Co-financing table	\$		0.70	1.40	2.10	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

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

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

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

		2013	2014	2015
Number of vaccine doses	#	107,600	84,500	58,900
Number of AD syringes	#	113,300	92,600	64,500
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	1,275	1,050	725
Total value to be co-financed by GAVI	\$	405,500	318,500	222,000

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

		2013	2014	2015
Number of vaccine doses	#	24,600	50,000	74,100
Number of AD syringes	#	25,900	54,800	81,200
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	300	625	925
Total value to be co-financed by the Country ^[1]	\$	92,500	188,500	279,500

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

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	18.59 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	0	33,100	6,153	26,947
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	$B \times C$	0	99,300	18,459	80,841
E Estimated vaccine wastage factor	Table 4	1.00	1.05		
F Number of doses needed including wastage	$D \times E$	0	104,265	19,382	84,883
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		26,067	4,846	21,221
H Stock on 1 January 2013	Table 7.11.1	0			
I Total vaccine doses needed	$F + G - H$		132,132	24,562	107,570
J Number of doses per vial	Vaccine Parameter		1		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		139,158	25,868	113,290
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		1,545	288	1,257
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		462,462	85,966	376,496
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		6,471	1,203	5,268
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		897	167	730
R Freight cost for vaccines needed	$N \times \text{freight cost as \% of \% of vaccines value (fv)}$		27,748	5,158	22,590
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T Total fund needed	$(N+O+P+Q+R+S)$		497,578	92,493	405,085
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		92,493		
V Country co-financing % of GAVI supported proportion	U / T		18.59 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	37.16 %			55.73 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	42,320	15,725	26,595	43,430	24,205	19,225
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3			3		
D	Number of doses needed	$B \times C$	126,960	47,173	79,787	130,290	72,615	57,675
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.00			1.00		
F	Number of doses needed including wastage	$D \times E$	126,960	47,173	79,787	130,290	72,615	57,675
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	5,674	2,109	3,565	833	465	368
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	134,434	49,950	84,484	132,923	74,082	58,841
J	Number of doses per vial	<i>Vaccine Parameter</i>	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	147,224	54,702	92,522	145,547	81,118	64,429
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	1,635	608	1,027	1,616	901	715
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	470,519	174,823	295,696	465,231	259,287	205,944
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	470,519	2,544	4,302	465,231	3,773	2,995
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	949	353	596	938	523	415
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	28,232	10,490	17,742	27,914	15,558	12,356
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	506,546	188,208	318,338	500,851	279,139	221,712
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	188,208			279,139		
V	Country co-financing % of GAVI supported proportion	U / T	37.16 %			55.73 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	44,271	45,940	46,107	46,271	182,589
	Number of children to be vaccinated with the first dose	Table 4	#	16,297	42,550	43,220	44,310	146,377
	Number of children to be vaccinated with the second dose	Table 4	#	9,236	41,346	42,418	43,495	136,495
	Immunisation coverage with the second dose	Table 4	%	20.86 %	90.00 %	92.00 %	94.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.00	1.00	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	39,800				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	39,800				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		No	No	No	
g	Vaccine price per dose	Table 7.10.1	\$		2.55	2.55	2.55	
cc	Country co-financing per dose	Co-financing table	\$		1.05	1.55	2.05	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

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

Co-financing group	Graduating	2012	2013	2014	2015
Minimum co-financing		0.55	1.05	1.55	2.05
Recommended co-financing as per APR 2011				1.55	2.05
Your co-financing		0.55	1.05	1.55	2.05

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

		2013	2014	2015
Number of vaccine doses	#	63,900	37,100	21,300
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by GAVI	\$	171,000	99,500	57,000

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

		2013	2014	2015
Number of vaccine doses	#	41,200	51,000	69,500
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	110,500	136,500	186,000

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

	Formula	2012	2013			
		Total	Total	Government	GAVI	
A	Country co-finance	V	0.00 %	39.22 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	16,297	42,550	16,687	25,863
C	Number of doses per child	Vaccine parameter (schedule)	2	2		
D	Number of doses needed	$B \times C$	32,594	85,100	33,373	51,727
E	Estimated vaccine wastage factor	Table 4	1.00	1.05		
F	Number of doses needed including wastage	$D \times E$	32,594	89,355	35,042	54,313
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		14,191	5,566	8,625
H	Stock on 1 January 2013	Table 7.11.1	39,800			
I	Total vaccine doses needed	$F + G - H$		105,046	41,195	63,851
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$				
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		267,868	105,047	162,821
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		0	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		13,394	5,253	8,141
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		281,262	110,299	170,963
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		110,299		
V	Country co-financing % of GAVI supported proportion	U / T		39.22 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	57.89 %			76.56 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	43,220	25,020	18,200	44,310	33,926	10,384
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	2			2		
D	Number of doses needed	$B \times C$	86,440	50,040	36,400	88,620	67,852	20,768
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.00			1.00		
F	Number of doses needed including wastage	$D \times E$	86,440	50,040	36,400	88,620	67,852	20,768
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	0	0	0	545	418	127
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	87,940	50,909	37,031	90,665	69,417	21,248
J	Number of doses per vial	<i>Vaccine Parameter</i>	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$						
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	224,247	129,816	94,431	231,196	177,014	54,182
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	224,247	0	0	231,196	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	11,213	6,492	4,721	11,560	8,851	2,709
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	235,460	136,307	99,153	242,756	185,864	56,892
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	136,307			185,864		
V	Country co-financing % of GAVI supported proportion	U / T	57.89 %			76.56 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

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

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

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

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

Republic of Moldova **has NOT received GAVI TYPE A CSO support**

Republic of Moldova is not reporting on GAVI TYPE A CSO support for 2012

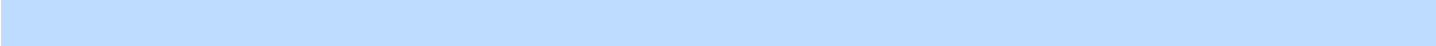
10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Republic of Moldova **has NOT received GAVI TYPE B CSO support**

Republic of Moldova is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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



12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

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

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

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

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

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

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure










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

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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		Moldova MoH & MF signatures APR 2012.pdf File desc: Date/time: 5/15/2013 4:01:29 AM Size: 132534
2	Signature of Minister of Finance (or delegated authority)	2.1		Moldova MoH & MF signatures APR 2012.pdf File desc: Date/time: 5/15/2013 4:01:56 AM Size: 132534
3	Signatures of members of ICC	2.2		Moldova ICC signaures APR 2012.pdf File desc: Date/time: 5/15/2013 4:03:03 AM Size: 115645
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7		Moldova minutes of ICC meeting in 2013 endorsing the APR 2012.pdf File desc: Date/time: 5/14/2013 12:53:18 PM Size: 179853
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3		Moldova minutes of HSCP in 2013.docx File desc: Date/time: 5/14/2013 1:13:34 PM Size: 10228
9	Post Introduction Evaluation Report	7.2.2		MOH Presentation Moldova 1 Mosina 15.04.13.pptx File desc: Date/time: 5/11/2013 12:17:34 PM Size: 2864449
10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		MDA Financial report new vaccine 2012.pdf File desc: Date/time: 5/7/2013 8:10:36 AM Size: 142088
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1		Moldova external audit report for NVS introd grant 2012.docx File desc: Date/time: 5/14/2013 1:26:07 PM Size: 10429
12	Latest EVSM/VMA/EVM report	7.5		EVM_report_MD_Apr2011 (eng)_v6.doc File desc:

				Date/time: 5/11/2013 12:22:04 PM Size: 1608704
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	MDA-EVM-imp-plan_V3 rus 2013.xls File desc: Date/time: 5/11/2013 12:17:34 PM Size: 81920
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Moldova realization EVM in 2012.pdf File desc: Date/time: 5/14/2013 12:54:48 PM Size: 236728
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3	✗	Moldova external audit report for NVS introd grant 2012.docx File desc: Date/time: 5/14/2013 1:26:45 PM Size: 10429
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	MDA Bank statements for each cash programme.docx File desc: Date/time: 5/15/2013 4:57:07 AM Size: 10214