



Global Alliance for Vaccination and Immunization

Annual Progress Report for **2013**

Submitted by:

Government

The Republic of Moldova

Report for: **2013**

Request for Year of Support: **2015**

Submission Date: **May 15, 2014**

Submission Deadline: May 22, 2014

Please submit the APR **2013** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Send requests to apr@gavialliance.org or to the representatives of the GAVI Alliance. Copies of documents can be submitted to the GAVI partners, other cooperating organizations, and the general public. The Annual Progress Report (APR) and appendixes will be submitted in English, French, Spanish, or Russian.

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

The GAVI Secretariat shall not return the submitted documents and appendixes to the countries. Unless noted otherwise, copies of documents can be sent to the GAVI partners, other cooperating organizations, and the general public.

GAVI ALLIANCE TERMS AND CONDITIONS FOR THE GRANT ASSIGNMENT

APPROPRIATION OF FINANCIAL RESOURCES ONLY FOR PROGRAMS APPROVED

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance in accordance with this proposal shall be used only for the goals set out in the program (programs). Any significant departure from the program (programs) approved shall be subject to review and approval by the GAVI Alliance. All decisions on funding under this application shall be taken at the discretion of the GAVI Alliance Board, approved by the Independent Review Committee (IRC), and also depend on the availability of funds.

AMENDMENTS TO PROPOSAL

If the country wishes to make changes in the content of its proposal, it should inform the GAVI Alliance, including adequate justification in its Annual Progress Report. The GAVI Alliance shall document any change approved by it, and the relevant amendment shall be entered to the proposal approved.

FUNDS REPAYMENT

The country agrees to reimburse to the GAVI Alliance all financial resources not used for the implementation outlined in this program (programs) proposal. If the GAVI Alliance does not decide otherwise, the repayment (in U.S. dollars) shall be made within sixty (60) days after the Country receives the GAVI Alliance's demand for compensation by the payment to the account or accounts specified by the GAVI Alliance.

SUSPENSION/TERMINATION OF FUNDING

The GAVI Alliance may fully or partially suspend providing funds to the country if it has reason to suspect misuse of funds provided for the implementation of the programs described in this proposal or any amendment thereto approved by the GAVI Alliance. In case of confirmation of misuse of the funds provided to the country, the GAVI Alliance reserves the right to discontinue support for the implementation of the programs described in this proposal.

ANTI-CORRUPTION MEASURES

The country confirms that the funds provided by the GAVI Alliance will not be offered to any third party, and that in connection with this application the country shall not require any gifts, payments, or benefits, which could be directly or indirectly construed as corruption.

AUDITS AND RECORDS

The country shall conduct annual financial audits and render the results to the GAVI Alliance (upon request). The GAVI Alliance reserves the right to conduct audits or other financial management assessment in order to ensure the accountability of the funds provided to the country, on its own or through agents.

The country shall maintain detailed accounting and record-keeping on the GAVI Alliance funds' appropriation. The country shall keep its accounting records in accordance with the government approved accounting standards for at least three years after the date of the last GAVI Alliance's disbursement of funds. In case of any challenge regarding the abuse of funds, the country shall keep such records until the audit findings are final. The country agrees not to claim documented privileges in connection with any audit.

VALIDITY CONFIRMATION

The country and the persons authorized by the Government to sign this document confirm that this proposal and the APR contain accurate and correct information and, in accordance with the laws of the country, shall impose a legally binding obligation upon such country to fulfill the programs outlined in this proposal with corrections in the APR (if applicable).

CONFIRMATION OF GAVI ALLIANCE POLICY COMPLIANCE REGARDING TRANSPARENCY AND FINANCIAL ACCOUNTABILITY

The country confirms that it is familiar with the GAVI Alliance's policy pertaining to transparency and financial reporting procedures and shall abide by its requirements.

COMMERCIAL BANKS ACCOUNTS USE

The country shall be responsible for undertaking a comprehensive study of operations, financial condition, and position of all commercial banks used to manage the GAVI cash support. The country confirms that it assumes full responsibility for the compensation of the GAVI cash support, which can be negatively affected due to bank insolvency, fraud, or other unforeseen event.

ARBITRATION

Any dispute between the country and the GAVI Alliance arising out of or relating to it, which can not be resolved within a reasonable time, shall be submitted for arbitration upon the GAVI Alliance's or the country's request. Arbitration shall be conducted in accordance with the then-current

Arbitration Rules of the United Nations Commission on International Trade Law. The parties agree to be bound by the arbitration decision, which shall be considered as the final adjudication of any dispute of such kind. The seat of the arbitration will be Geneva, Switzerland. The language of any arbitration proceedings shall be English or French.

With the purpose of resolving a dispute with the amount claimed under or equal to USD 100 thousand, one arbitrator appointed by the GAVI Alliance shall be called. With the purpose of resolving a dispute with the amount claimed of over USD 100 thousand, three arbitrators appointed the following way shall be called: GAVI and the country will appoint an arbitrator from each side, and the two arbitrators appointed shall jointly appoint a third arbitrator, who shall be the Chairman.

GAVI shall not be liable for any country under whatsoever claim or for any damages associated with the programs described in the application, including, without limitation, any injury, harm caused to property, personal injury, or death. The country shall be solely responsible for all aspects of the management and execution of the programs described in its application.

By filling out this APR, the country informs GAVI on:

works fulfilled during the previous year using the GAVI funding

serious problems encountered and measures taken by the country to solve them

completing the conditions of accounting and reporting pertaining to the GAVI funds use, as well as cooperation with development partners in the country

request of additional funds, the allocation of which was approved in an earlier application for Immunization Service Support/New Vaccines Support/Health Service Support, but which have not yet been provided

possible measures by GAVI in order to simplify the APR, while maintaining the reliability of the GAVI principles regarding the accountability and transparency procedures.

1. Proposal Specification

Report for: **2013**

Request for Support in: **2015**

1.1. New Vaccines Support and Injection Safety Support

Type of Support	Vaccine Used	Preferred Presentation	Expiry Date
Support of new vaccines introduction for planned immunization	DTP-HepB-Hib, 1 dose per vial, liquid	DTP-HepB-Hib, 1 dose per vial, liquid	2015
Support of new vaccines introduction for planned immunization	Pneumococcal (PCV13), 1 dose per vial, liquid	Pneumococcal (PCV13), 1 dose per vial, liquid	2015
Support of new vaccines introduction for planned immunization	Rotavirus, two-dose schedule	Rotavirus, two-dose schedule	2015

DTP-HepB-Hib (Pentavalent) vaccine: Based on the current country's 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. Program Prolongation

This year, there is no right for the prolongation of the program for new vaccine support

1.3. Immunization Service Support, Health Service Support, Civil Society Organizations Support

Type of Support	Report on Funds Use in 2013	Application for Approval	Eligible For 2013 ISS Reward
VIG	Yes	Not applicable	Not applicable

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Report on Monitoring by the Independent Review Committee (IRC)

There has been no report on monitoring by the Independent Review Committee (IRC) Annual Progress Report (APR) for the Republic of Moldova since last year.

2. Signatures

2.1. List of Government Officials' Signatures for All Types of GAVI Support (Immunization Service Support, Injection Safety Support, New Vaccines Support, Health Service Support, Civil Society Organizations)

By signing this page, the Government of **Moldova Republic** hereby confirms the authenticity of the information contained in this report and all appendixes hereof, including the statement on financial implications and reports on audit results. The Government also confirms that the vaccines, equipment, and financing were used in accordance with the GAVI Alliance terms and conditions for providing support, as specified by this APR.

By the Government of **the Republic of Moldova**

Please note that Independent Review Committee (IRC) will not consider or approve this APR in the absence of signatures of the Minister of Health and Minister of Finance or their authorized representatives.

Minister of Health (or authorized representative)		Minister of Finance (or authorized representative)	
Full Name	USATY ANDREY	Full Name	ARAPU ANATOL
Date		Date	
By		By	

This report was compiled (these persons can be contacted if the GAVI Secretariat should have any questions on the content of this document):

Full Name	Position	Tel.:	Email
Melnik Anatoly	Head of the Center of Immunoprophylaxis of the National Center of Public Health, Ministry of Health of the Republic of Moldova	+373 22 574 674	amelnic@cnspl.md

2.2. List of Interagency Coordination Committee Members' Signatures

If the country provides the report for the Immunization Service Support, Injection Safety Support and/or for Support of introduction of new and underused vaccines

In some countries, the National Coordinating Committee in the Health Care Sector and the Interagency Coordination Committee are run together. Fill out each section with the relevant information and upload signatures to the “Attached Documents” (twice), separately the signatures of the National Coordinating Committee in the Health Care Sector members and signatures of the Interagency Coordination Committee members.

Transparency and Reporting Policy is an integral part of the GAVI Alliance’s monitoring of the performance by the countries. By signing this form, the members of Interagency Coordination Committee hereby confirm that the funds provided by the GAVI Alliance were used for the goals specified by the approved proposal of the country, and that the funds management was transparent, in accordance with the rules of the government and the requirements pertaining to financial management.

2.2.1. ICC Report Approval

We, the undersigned, as members of the Interagency Coordination Committee on Immunization, hereby approve this report. Signing this document shall not create any financial (or legal) obligation for the partner agency or any individual.

Name/Title	Institution/Organization	By	Date
KOTELYA SVETLANA, Deputy Minister	Ministry of Health		
PISLA MICHAIL, General Director	National Center of Public Health		
MELNIK ANATOLY, Head of the Center of Immunoprophylaxis	National Center of Public Health		
OSOYANU YURI, Deputy Director	National Company on Medical Insurance		
AMBROSIYE ANA, Senior Advisor at the Health Funding Department	Ministry of Finance		

MANGASARYAN NUNE, UNICEF Representative in the Republic of Moldova	UNICEF Office in the Republic of Moldova		
HABICHT JARNO, Head of the WHO Department in the Republic of Moldova	WHO Office in the Republic of Moldova		

The Interagency Coordination Committee may wish to send unofficial comments to the following address:

apr@gavialliance.org

All comments shall be kept confidential

Partners' Comments

Regional Task Team's Comments

2.3. List of Signatures of Members of the National Coordinating Committee in the Health Care Sector

The Republic of Moldova will not submit the report on the Health Service Support (HSS) in 2013

2.4. List of Signatures for the Civil Society Organizations Support (Types A and B)

The Republic of Moldova will not submit the report on the GAVI Support of Civil Society Organizations (type A and B) for 2014

3. Contents

This GAVI contains data on activities, undertaken in the *Moldova Republic* from January to December 2013, as well as the application for January-December 2015

Sections

[1. Proposal Specification](#)

[1.1. New Vaccines Support and Injection Safety Support](#)

[1.2. Program Prolongation](#)

[1.3. Immunization Service Support, Health Service Support, Civil Society Organizations Support](#)

[1.4. Previous Report on Monitoring by the Independent Review Committee \(IRC\)](#)

[2. Signatures](#)

[2.1. List of Government Officials' Signatures for All Types of GAVI Support \(Immunization Service Support, Injection Safety Support, New Vaccines Support, Health Service Support, Civil Society Organizations\)](#)

[2.2. List of Interagency Coordination Committee Members' Signatures](#)

[2.2.1. ICC Report Approval](#)

[2.3. List of Signatures of Members of the National Coordinating Committee in the Health Care Sector](#)

[2.4. List of Signatures for the Civil Society Organizations Support \(Types A and B\)](#)

[3. Contents](#)

[4. Initial and Annual Goals](#)

[5. General Part of Program Management](#)

[5.1. Updated Initial and Annual Goals](#)

[5.2. Immunization Results in 2013](#)

[5.3. Monitoring of Gender Policy Progress \(GAVI\)](#)

[5.4. Data Assessment](#)

[5.5. Total Input and Immunization Funding](#)

[5.6. Finance Management](#)

[5.7. Interagency Coordination Committee](#)

[5.8. Top-Priority Activities in 2014-2015](#)

[5.9. Progress in Implementation of Plan for Transition to Safe Injections](#)

[6. 6. Immunization Service Development Support](#)

[6.1. Report on Use of Funds for Injection Safety Support in 2013](#)

[6.2. Detailed Data on Use of Funds Provided for Immunization Service Support within 2013 Calendar Year](#)

[6.3. Application for Premium within Immunization Service Support](#)

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

[7.1. Obtaining New and Underused Vaccines for Immunization Program in 2013](#)

[7.2. Introducing New Vaccines in 2013](#)

[7.3 One-Time Cash Payments within Grant for Introduction of New and Underused Vaccines 2013](#)

[7.3.1. Finance Management Reporting](#)

[7.3.2. Program Reporting](#)

[7.4. Reporting on Country's Cofinancing in 2013](#)

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

[7.6. Monitoring of GAVI Support for Prophylaxis Campaign in 2013](#)

[7.7. Modification of Vaccine Presentation](#)

[7.8. Resumption of Long-Term Vaccine Implementation Support for Countries whose Ongoing Support Ends in 2014](#)

[7.9. Request for Continued Supplies of Vaccines for Immunization Programs in 2015](#)

[7.10. Weighted Average Price of Delivery and Related Freight Price](#)

[7.11. Requirements Calculation](#)

[8. Support for Injection Safety Improvement](#)

[9. Support for Health Service Strengthening](#)

[10. Support for Strengthening Participation of Civil Society Organizations in Immunization: Types A and B](#)

[10.1. Type A: Support for Strengthening Coordination and Increasing Representation of Civil Society Organizations](#)

[10.2. Support of Civil Society Organizations, Type B: Should Contribute to Fulfillment of the GAVI Proposal for Health Service Support or ILC](#)

[11. Comments by Chairmen of Interagency Coordination Committee/National Coordinating Committee in the](#)

[Health Care Sector](#)

[12. Appendix](#)

[12.1. Appendix 1 - Provision on Immunization Service Support](#)

[12.2. Appendix 2 - Revenue and Expenses Sample \(Immunization Service Support\)](#)

[12.3. Appendix 3 - Terms of Reference - Health Service Support](#)

[12.4. Appendix 4 - the example of the income and expense \(HSS\)](#)

[12.5. Appendix 5 - Terms of Reference - Civil Society Organization](#)

[12.6. Appendix 6 - Revenue and Expenses Sample, civil society organization](#)

[13. Files Attached](#)

4. Initial and Annual Goals

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	Results on JRF Data		Target (Preferred Presentation)			
	2013		2014		2015	
	Initial Goal Specified in Letter of Approval	According to Reports Data	Initial Goal Specified in Letter of Approval	Latest Estimate	Previous Assessment in 2013	Latest Estimate
Total Newborn Babies	46 479	44 849	46 646	44 950	46 809	45 100
Total Deceased Babies	539	393	539	385	538	380
Total Surviving Babies	45940	44 456	46 107	44 565	46 271	44 720
Total Pregnant Women	46 479	44 849	46 646	44 950	46 809	45 100
Total BCG Obtained (To Be Obtained)	46 015	42 842	46 179	44 200	46 341	44 300
BCG Coverage	99 %	96 %	99 %	98 %	99 %	98 %
Total Oral Polio Vaccine Obtained (To Be Obtained)	42 724	40 749	43 341	43 341	43 957	43 957
Oral Polio Vaccine Coverage	93 %	92 %	94%	97%	95 %	98 %
Total TDP1 Obtained (To Be Obtained)	44 006	38 354	44 424	44 424	44 830	44 830
Total TDP3 Obtained (To Be Obtained)	42 724	39 814	43 341	43 341	43 957	43 957
DPT3 Coverage	93 %	90 %	94%	97%	95 %	98 %
Wastage[1] indicator in initial year and plan for the following period (%) for TDP	15	6	15	15	15	15
Wastage[1] factor in initial year and plan for the following period for TDP	1,18	1.06	1,18	1,18	1,18	1,18
Total babies that received (are to receive) 1 dose of TDP hepB-Hib	44 006	38 192	44 424	44 424	44 830	44 830
Total babies that received (are to receive) 3 dose of TDP hepB-Hib	44 006	39 526	44 424	44 424	43 957	43 957
TDP hepB-Hib Coverage	96 %	89 %	96 %	100 %	95 %	98 %

Wastage[1] indicator in initial year and plan for the following period (%)	5	3	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1,05	1,03	1,05	1,05	1,05	1,05
Degree of maximum wastage indicator for DTP-HepB-Hib, 1 dose per vial, liquid	5 %	5 %	5 %	5 %	5 %	5 %
Total babies that received (are to receive) 1 dose of pneumococcal vaccine (PCV13)	33 100	7 515	42 320	42 320	43 430	43 430
Total babies that received (are to receive) 3 dose of pneumococcal vaccine (PCV13)	33 100	0	42 320	42 320	42 569	42 569
Pneumococcal Vaccine (PCV13) Coverage	72 %	0 %	92 %	95 %	92 %	95 %
Wastage[1] indicator in initial year and plan for the following period (%)	5	1	5	1	0	0
Wastage[1] factor in base-year and planned thereafter (%)	1,05	1,01	1,05	1,01	1	1
Degree of maximum wastage indicator for Pneumococcal (PCV13), 1 dose per vial, liquid	5 %	5 %	5 %	5 %	5 %	5 %
Total babies that received (are to receive) 1 dose of TDP hepB-Hib	42 550	31 721	43 220	43 220	44 310	44 310
Total babies that received (are to receive) 2 dose of TDP hepB-Hib	42 550	28 721	43 220	43 220	43 495	43 495
Rotavirus Coverage	93 %	65 %	94%	97%	94%	97%
Wastage[1] indicator in initial year and plan for the following period (%)	0	1	0	0	0	0
Wastage[1] factor in base-year and planned thereafter (%)	1	1,01	1	1	1	1
Degree of maximum wastage indicator for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %
Total babies that received (are to receive) 1st dose of measles vaccine	42 724	40 346	43 341	43 341	43 957	43 957

Measles Vaccine Coverage	93 %	91 %	94%	97%	95 %	98 %
Pregnant women, AC+ vaccinated	0	0	0	0	0	0
AC+ Coverage	0 %	0 %	0 %	0 %	0 %	0 %
Prescribing Vitamin A for mothers for 6 weeks after delivery	0	0	0	0	0	0
Prescribing Vitamin A for babies after 6 months from birth	0	0	0	0	0	0
Annual noncompletion indicator for DTP [(DTP1 – DTP3) / DTP1] x 100	3 %	-4 %	2 %	2 %	2 %	2 %

** Number of vaccinated babies out of the total number of survived babies

*** Specify total number of children that received only DTP or combined vaccine

**** Number of pregnant women that received AC+ out of the total number of pregnant women

1 Formula for the calculation of the vaccine wastage indicator (in %): $[(A - B) / A] \times 100$. Where: A = number of doses distributed for the use in accordance with the reporting documents considering the stock balance at the end of the supply period; B = number of vaccinations with the same vaccine for the same period.

5. General Part of Program Management

5.1. Updated Initial and Annual Goals

Remark: Fill out the table in Section 4 Initial and Annual Goals and then continue

The figures for 2013 will conform to the data submitted by the country in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013**. Figures for 2014 - 2015 in Table 4: Initial and Annual Goals shall correspond to the data submitted to GAVI in its previous APR, the new proposal on providing GAVI support, or KMP.

Please give the argumentation and specify the reasons for any discrepancy between the figures in this APR and the reference:

- Argumentation of the changes in the **number of newborn babies**

Unlike the predicted number of 46 479 newborn babies in 2013, in fact 44 849 babies were born alive, that is 3.5% less than the number according to the preliminary data. Forecast precision was 96.5%. Data is represented throughout the country, including all the territory of the Trans-Dniester Region and corresponds to the data submitted by the country in the WHO/UNICEF Joint Reporting Form (JRF) for 2013. In the Republic of Moldova, all births are given at obstetrical institutions of the public health care system, and a small portion (1.1%) - in private health facilities. All children born alive are registered by the staff of the obstetrical institutions, regardless of the form of ownership, and the information on the number of newborns is submitted monthly to the National Center for Sanitary Management of Ministry of Health of the country. In addition, generalized specified data shall be submitted to the national level in the month of January following the reporting year. That's why instead of the calculated expected data, the immunization program specifies in the JRF the exact number of children born alive, based on the reports of all obstetrical institutions, regardless of their form of ownership.

- **Argumentation of the changes in the number of surviving newborns**

Unlike the projected number of 46 479 surviving infants up to 1 year in 2013, according to the calculated data, the number of surviving infants was 44 456, which is only 3.2% less than the number under the preliminary forecast. Forecast precision was 96.8%. Data is represented throughout the country, including the territory of the Trans-Dniester Region and corresponds to the data submitted by the country in the JRF for 2013.

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

The objectives on the vaccination coverage, compared to that contained in the previously submitted in APR and the multi-year plan, did not change. In 2013, reaching the levels of coverage of 99% for BCG vaccination (96%), vaccination against polio OPV - 93% (92%), immunization with DTP3 - 93% (90%), vaccination by pentavalent DTP-HepB-Hib vaccine - 93% (89%), measles vaccination MPR1 - 93% (91%), vaccination against rotavirus - 90%

(65%), and vaccination by pneumococcal vaccine failed. Not reaching the planned rates of the coverage on the whole is due to the increasing numbers of rejections of parents from vaccination under the influence of anti-vaccination propaganda, as well as the growth of unjustified medical contraindications, especially in the capital city of Chisinau and the Trans-Dniester Region, independent from the Central Government.

The levels of national coverage rates are negatively affected by the low levels of immunization coverage in the Trans-Dniester Region, which in 2013 amounted to: OPV - 88%, DTP3 - 75%, pentavalent vaccine - 73%, MPR1 vaccine - 79% and rotavirus vaccine - 28%. In the Trans-Dniester Region, instead of a pentavalent vaccine, some children were vaccinated by DTP vaccine or the Exhausted diphtheria tetanus vaccine, which some medical workers and parents consider to be more tested and less reactogenic. In addition, since the fourth quarter of 2013 the Trans-Dniester Region has refused to introduce pneumococcal vaccine and suspended vaccination against rotavirus infection because of their inability to pay co-financed parts for these vaccines due to insufficient funding of the immunization program.

The level of immunization against rotavirus is negatively influenced by unjustified medical exemption to the immunizations in the context of age limitations pertaining to rotavirus vaccination - from 2 to 7 months.

Vaccination against pneumococcal infection was launched in the country starting from 01.10.2013, due to the late delivery of the vaccine. Taking into account the WHO recommendations for the implementation in the scheme of vaccination one injection dose of inactivated polio vaccine, the country adopted a scheme of vaccination by pneumococcal vaccine at 2, 4 and 12 months. Therefore, the 3rd dose of pneumococcal vaccine will be administered to children only starting from August 01, 2014. During October-December 2013, a single dose of pneumococcal vaccine covered 7515 children, two doses - 1707 children.

- **Argumentation of change in the vaccine wastage**

As a result of purchase of DPT vaccines in 2013 in 1 and 10 - dose packaging in the ratio of 40% to 60%, the loss indicator decreased from 24% in 2012 to 6%. All other vaccine wastage rates did not exceed the predicted level and the maximum allowed. The rotavirus and pneumococcal vaccines loss indicator was 0.4%.

5.2. Immunization Results in 2013

5.2.1. Specify the results achieved in the course of the immunization program's implementation versus the planned indicators (specified in the APR for the previous year), the key activities held, and any challenges faced in 2013, as well as solutions to such challenges:

In 2013, in the context of increasing of anti-vaccination propaganda and multiple attempts to repeal the legal provisions on the mandatory vaccination, the high level of immunization coverage (90%) was maintained. In the National immunization program (NIP) for 2011-2015, the objectives on vaccination and re-vaccination coverage in the target age groups are not less than 95 %, and they were achieved by re-vaccination of children under the age of 3, 7 and 15. The reported data on vaccination coverage refers to the target ages. In the country, there is a system of immunization coverage tracking in the subsequent age groups - State Statistical Report No. 6 "On Immunization Coverage of Children against Infectious Diseases". In accordance with the data of this report for the year 2013, at the age of 2 years DPT coverage was 95,7%, OPV - 96,6%, HepB - 97,1%, Hib - 91.1%.

During 2013, there was a regular supply of vaccines and materials, the funding to fully finance the procurement of vaccines and materials was ensured, including new vaccines purchased on terms of co-financing with GAVI. The pneumococcal vaccine was implemented into the children's immunization schedules.

20 refrigerators MK 304 and 95 20-liter thermo-containers were purchased, certified in the system PQS, thus conditions for storage and transport of vaccines were improved. In order to improve the system of control over the vaccines storage conditions, 100 LogTag TRID30-7FW devices for continuous monitoring of temperature in refrigerators of the regional public health centers were purchased. The documents on registration of vaccines and vaccination, which were copied and given to all institutions introducing immunization and implementing control of vaccines, were reviewed and approved by the Ministry of Health.

A national seminar for doctors, epidemiologists, pediatricians and family doctors in immunization and introduction of pneumococcal vaccine was conducted for training of medical staff. The materials and information received during this seminar were subsequently used in conducting of city/district and local seminars on the introduction of the pneumococcal vaccine in all administrative territories of the country. The guidelines "Vaccines against Pneumococcal Infection in Program of Routine Immunization" were prepared, published, and distributed to health institutions. To improve the knowledge in the sphere of functioning of the epidemiological surveillance of infectious diseases system: early detection, notification on the basis of a standard case definition, and validation of cases, training seminars for epidemiologists were organized.

Another priority was spreading information among the general public on the benefits and safety of vaccination. There was one "round table" meeting held for journalists with discussions on the quality, safety and efficiency of the vaccines used. Within the European Immunization Week, in the Ministry of Health there was a press conference for journalists with a further demonstration of the conditions of receipt, storage, and delivery of vaccines at the national inventory. During 2013, various aspects

of immunization were brought to the attention of the population in 34 TV and 12 radio programs, 25 publications in periodicals, and 28 questions-and-answers evening.

Maintaining the high level of immunization coverage and timely carrying out of the anti-epidemic measures helped to ensure a safe epidemic situation in the country in respect of infections managed through immunization. The status of a country free from polio was maintained; there were no cases of diphtheria, tetanus, or rubella reported. Measles did not receive wide local distribution when coming from other countries. The incidence of pertussis was 2.86%, mumps fell from 3.23% in 2012 to 1.47% in 2013. Introduction of rotavirus vaccine immunization starting from July 2012 and prolongation of vaccination in 2013 has led to decrease from 39.9% to 23.3% of rotavirus infection cases among hospitalized children under 5 years in respect of diarrhea, a sharp decline of rotavirus infection among children under 1 year (sentinel surveillance data), and helped to reduce the incidence of rotavirus infection 2 times - from 782 cases (19.46%) in 2012 to 367 cases (9.02%) in 2013.

5.2.2. If the goals were not achieved, please comment on the reasons of non-achievement:

However, the achievement of the objectives for coverage of BCG, DPT, pentavalent, polio, rotavirus, PDA, and pneumococcal vaccines failed. Not reaching the object vaccination coverage is due to the increasing number of rejections by parents from vaccination under the influence of anti-vaccination propaganda over the Internet, media outlets, and religious organizations. Still there are low rates of vaccination coverage rates observed in 7 administrative territories of the Trans-Dniester Region, independent from the Central Government. More detailed information on the reasons and the measures taken is presented in the sections 5.1 and 5.2.1.

5.3. Monitoring of Gender Policy Progress (GAVI)

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**

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

Data Source	Reference Year for Estimate	Coverage Calculation	
		Boys	Girls
Medical and demographic research 2012	Planned to publish in May 2014	BCG - 96,6%	BCG - 98,3%
Medical and demographic research 2012	Planned to publish in May 2014	MPR1 89,4%	MPR1 - 94,2%
Medical and demoaographic research	Planned to publish in Mav 2014	DTP3 - 91.6%	DTP3 - 93.7%

2012			
Medical and demographic research 2012	Planned to publish in May 2014	OPV - 91.6%	OPV - 94.5%

5.3.2. How did you use the above mentioned data in order to eliminate gender barriers in access to immunization?

There are no gender barriers in access towards immunization. In 2012, Medical and Demographic Research was held. The results of this study and similar studies of Medical and Demographic Research in 2000 and DHS in 2005 did not reveal any significant difference in immunization coverage of boys and girls.

5.3.3. If there are no data on gender at this date, do you plan to include data on gender into reports on planned immunization in future? **Yes**

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

During the introduction of the informational system for individual vaccination registration.

5.4. Data Assessment

5.4.1. Comment on any discrepancies in the immunization coverage data obtained from various sources (e.g., if the analysis of the data shows the levels of coverage that differ from those obtained from administrative data systems, or if calculation of immunization coverage at the national level, made by WHO/UNICEF, is different from the official indicator of the country)

There is a double system of administrative data collection on the coverage of children vaccinated in the Republic of Moldova. The first one is based on the monthly data collection regarding children to be vaccinated and the number of those vaccinated with the separate vaccine doses. The second one involves obtaining data at the end of the reporting year on the number of children on medical records and their state of vaccination by age cohorts. There is no significant difference between the two sets of data. We have no calculations by WHO/UNICEF at the moment of reporting.

* Note that the WHO and UNICEF calculations for 2013 will only be available in July 2014 and may have retrospective changes on time series.

5.4.2. Was the assessment of the administrative data systems from 2012 to the present time carried out?

Yes

If yes, describe the assessment and information on the assessment carried out.

In 2012, Medical and Demographic Research was held. In 11 354 households, the data on vaccination of 383

children at the age from 15 to 26 months were identified and collected. According to the preliminary forecast (the study does not cover Trans-Dniester region), the vaccine coverage at the age of 12 month was: BCG – 97.3%, OPV1 – 94.3%, OPV3 - 88.0%, DTP1 – 93.6%, DTP3 -86.6%, HepB3 - 92.5%, MPR (15 multi-purpose) 88.2%. Territorially, the lowest rates are registered in Chisinau.

In May - July 2012, the research laboratory for specific prevention at the National Center of Public Health conducted data collection on vaccination of 1341 children aged 15 to 26 months in 34 localities of the country (except the Trans-Dniester Region). The analysis of the obtained data revealed that the target age of 12 months in the total mass 88.7% of children received 3 doses of DTP, 90.2% - 3 doses of OPV, 91.9% - 3 doses HepB vaccines and 82.6% - the vaccination of PDA to 15 months of age. The lowest rates of coverage are in the country's capital Chisinau - 80-85 %. In other areas, the coverage by the first cycle of vaccination by the age of 12 months is above 94%, PDA - 89%.

5.4.3. Describe the main activities for improvement of the system of administrative data since 2011 until the present time.

The system of collecting administrative data on the children vaccination in the country is functioning satisfactorily. There are no problems in data collection on the vaccines introduced. However, in conditions of intensive internal and external migration, there are difficulties in the accuracy of estimating the denominator - the number of children to be vaccinated. That's why NIP collects data on the number of the births at obstetric institutions, the number of the registered newborns from the institutions responsible of the population registration, and the number of the children on the medical records at the institutions of the primary care. At the national level, there is almost no difference between the data from obstetrical institutions and institutions on the population registration. The difference between the numbers of births/registered at the last reporting year and the number of the children in this age group, having been on the medical records in the medical institutions at the end of the year is not more than 4 %.

5.4.4. Describe the plans available or plans to be accepted in future for further improvement of the administrative data systems.

For the improvement of the administrative data collecting system on the vaccine coverage, there is a transition to electronic vaccine data registration. The development of the required software began in 2013.

5.5. Total Input and Immunization Funding

The purpose of **Table 5.5a** is to enable GAVI to understand broad trends in the immunization program expenditures and financial flows. Fill out the table using USD

Used Exchange Rate	1 US\$ = 12,5907	Notify only the exchange rate Do not specify the local currency
---------------------------	------------------	---

Table 5.5a: Total Expenses and Financing of Immunization from All Sources (Government and Donors) in USD

Expenses by Category	Expenses in 2013	Source of Funding						
		Country	GAVI	UNICEF	WHO	No	There were no donors	No donors
Traditional vaccines*	644 498	644 498	0	0	0	0	0	0
New and underused vaccines**	868 642	296 248	572 394	0	0	0	0	0
Injection materials (auto-disable and other syringes)	70 129	64 997	5 132	0	0	0	0	0
Cold chain equipment	73 400	73 400	0	0	0	0	0	0
Personnel	320 411	316 556	3 855	0	0	0	0	0
Other everyday expenditures	6 827 408	6 724 000	3 688	0	99 720	0	0	0
Other Capital Expenditures	44 450	42 757	1 693	0	0	0	0	0
Campaign expenditures	0	0	0	0	0	0	0	0
No		0	0	0	0	0	0	0
Total expenses for immunization	8 848 938							
Total Government expenditures for health protection		8 162 456	586 762	0	99 720	0	0	0

*Traditional vaccines: BCG, DTP, OPV (or IPV), measles 1 dose (or combined measles and rubella, MPR) AC. Some countries also include HepB and Hib vaccines into this line if they were introduced without GAVI support.

5.5.1. If the government is not financing purchase of traditional vaccines, specify the reasons and plans for the expected financing sources in 2014 and 2015

The government provides financing for the purchase of traditional vaccines and payment of co-financing according to the government's financial obligations.

In 2013, the country's total health care and protection amounted to 415.345.248,00 \$US. These figures are provided here because the program does not allow entering them in the corresponding box.

5.6. Finance Management

5.6.1. Was the assessment of GAVI finance management conducted before or within 2012 calendar year?

Not Completed

If yes, specify the results in the table below in brief with respect to the requirements and terms agreed in any

kind of memorandum, concluded between GAVI and your country:

Plan of Actions Specified in Memorandum	Was it fulfilled?
Not applicable	No

If it is seen from the above table that the plan from the memorandum is fully or partially completed, briefly specify the points completed.

Not applicable There was no assessment of finance management, the sum of that grant is less than 250.000,00 \$US, there is no memorandum or plan.

If the plan is not executed at all, briefly indicate why its requirements and conditions were not met.

Not applicable There was no assessment of finance management, the sum of the grant is less than 259.000,00 \$US, there is no memorandum or plan.

5.7. Interagency Coordination Committee

How many meetings of the Interagency Coordination Committee were held in 2013? **3**

Please attach the minutes (**Document № 4**) from the ICC meeting in 2014 endorsing this report.

Specify the main problems or recommendations (if any) made by the Interagency Coordination Committee regarding sections [Initial and Annual Goals and 5.5. Immunization Total Expenses and Financing](#)

There were no problems and recommendations by ICC to the sections 5.1 and 5.5.

Are any of the members of the Interagency Coordination Committee representatives of civil society organizations? **No**

If **yes**, then who?

List of Relevant Civil Society Organizations:
Not applicable

5.8. Top-Priority Activities in 2014-2015

What are the main tasks and main priority activities within the program of the Republic's Immunization Plan for the period from 2014 until 2015

Top-priority activities in 2014-2015

1. To maintain the high level of vaccine coverage and take measures for increasing it.
2. To continue the work on strengthening the practice of immunization with rotavirus and pneumococcal

vaccines, to carry out additional activities to increase the coverage of vaccination against rotavirus and pneumococcal infections.

3. To continue the sentinel surveillance for rotavirus and pneumococcal infections and the assessment of the efficiency of introduction of rotavirus and pneumococcal vaccines.
4. To continue the work on renewal of cold chain equipment for medical institutions.
5. To improve control over observing the condition during transport and storage of vaccines.
6. To conduct additional training for health workers on immunization.
7. To employ various forms and techniques of informing the population on the benefits and safety of vaccination.
8. To introduce the scheme of immunization of children with one dose of inactivated polio vaccine.
9. To maintain the status of a polio-free country, and the country that achieved complete elimination of measles, rubella, and diphtheria.
10. To improve the functioning of the National Technical Committee on Immunization.
11. To develop and approve the National Program on Immunization 2016 - 2020.

5.9. Progress in Implementation of Plan for Transition to Safe Injections

For all countries, specify the progress in implementing the plan for transition to safe injections.

Specify the types of syringes used, as well as sources of funding for the purchase of materials for safe injections in 2013

Vaccine	Types of Syringes Used in 2013 for the Republic's Immunization Plan	Source of Funding 2013
BCG	Auto-disable syringes 0,05 - 1 ml	Government
Measles	Auto-disable syringes 0,5 ml	Government
AC	Not applicable	Not applicable
DTP-containing vaccine	Auto-disable syringes 0,5 ml	Government and GAVI
Pneumococcal vaccine	Auto-disable syringes 0,5 ml	Government and GAVI
Hep B vaccine	Auto-disable syringes 0,5 ml	Government

Exhausted diphtheria tetanus vaccine and Exhausted diphtheria tetanus vaccine modified	Auto-disable syringes 0,5 ml	Government
--	------------------------------	------------

Has the country developed a policy / plan for injection safety? **Yes**

If yes: Have you encountered any obstacles in the implementation of the policy/plan of injection safety improvement?

If no: When will the country make the policy/plan for injection safety improvement? (specify in box below)

Yes. The issue of waste disposal is still unresolved. The environmental service objects and will take sanctions for the burning of syringes in open fire.

Explain how in 2013 sharp-ended and injection items were recycled, what were the problems encountered, etc.

Gathering in safety boxes to be further burned in open fire or autoclaving, waste burial.

6. Immunization Service Development Support

6.1. Report on Use of Funds for Injection Safety Support in 2013

The Republic of Moldova is under no obligation to submit a report on the application of funds the development of immunization services (SIS) in 2013

6.2. Detailed Data on Use of Funds Provided for Immunization Service Support within 2013 Calendar Year

The Republic of Moldova is under no obligation to submit a report on the application of funds the development of immunization services (SIS) in 2013

6.3. Application for Premium within Immunization Service Support

Request for premium for success in using Immunization Service Support in the Republic of Moldova is not applicable for 2013.

7. New and Underused Vaccines Implementation Support

7.1. Obtaining New and Underused Vaccines for Immunization Program in 2013

7.1.1. Did you obtain the approved number of vaccine doses for immunization program in 2013 which GAVI approved in its approval letter? Fill out the table below

Table 7.1: Vaccine Doses Obtained for Immunization is 2013 in Comparison with Approved Number for 2013

	[A]	[B]		
Type of Vaccine	Total Doses in 2013 in Approval Letter	Total Obtained Doses as of December 31, 2013	Total Doses with Delay in Delivery in 2013	Did the country experience any stockouts at any level in 2013?
DTP-HepB-Hib	139 000	139 000	0	No
Pneumococcal (PCV13)	66 600	66 600	0	No
Rotavirus	90 000	90 000	0	No

**Include any supply since last year, received in accordance with this decision letter*

If [A] and [B] are different, explain:

- What are the main problems you faced with? (Less widespread than expected use of vaccines due to delayed introduction of new vaccines or lower immunization coverage? Delays in supplies? Shortage of stock? Overstock? Problems with cold chain equipment? Write-off doses due to changes in vial thermal indicator color or upon expiration date? ...)

There is no difference in the values in A and B.

- What measures have you taken to improve the vaccines control? (e.g., correction of vaccine supply schedule (in the country and with UNICEF Supply Division)

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

No measures were necessary.

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 lower facility level.

There were no vaccine supply problems.

7.2. Introduction of New Vaccines in 2013

7.2.1. If GAVI approved your proposal on the introduction of new vaccines in 2013, refer the plan of vaccine introduction from the approved proposal and specify the works performed:

DTP-HepB-Hib, 1 dose per vial, liquid		
Phased Implementation	No	
Implementation at the National Level	No	
Has the introduction of the vaccine been conducted in time and scale specified in the proposal? If not, why?	No	DTP-HBV-HIB vaccine has been introduced in the vaccination practice since 2011 instead of vaccine DTP_Hib.

Pneumococcal (PCV13), 1 dose per vial, liquid		
Phased Implementation	Yes	October 01, 2013
Implementation at the National Level	Yes	October 01, 2013
Has the introduction of the vaccine been conducted in time and scale specified in the proposal? If not, why?	No	The Trans-Dniester Region, which is independent of the Central Government, where the number of one age group is about 5000 of children, refused to introduce pneumococcal vaccines. The refusal is motivated by two reasons: a) Pneumococcal vaccine is not included in the Immunization Schedule approved by the local law; b) The level of immunization program financing does not allow paying the cost of co-financing for this vaccine.

Rotavirus 1 dose in 1 bottle, ORAL		
Phased Implementation	No	
Implementation at the National Level	No	
Has the introduction of the vaccine been conducted in time and scale specified in the proposal? If not, why?	No	Rotavirus vaccine has been introduced into the immunization practice for children since July 02, 2012.

7.2.2. When is it planned to make the assessment of the situation after vaccine introduction? **September 2015**

If your country made an assessment of the situation after vaccine introduction during the last two years, attach the relevant reports and a brief description of carrying out the recommendations in accordance with the results of the said assessment. (Document No. 9)

The mission of European WHO regional office on the assessment of the introduction of rotavirus vaccine worked in the country from April 8-16, 2013. Representatives of the mission positively assessed the work on the introduction of the vaccine, their assessment was satisfactory. The recommendations based on the results of assessment are taken into account, and the measures for their implementation are taken. The report of the assessment mission is attached (Document No. 9).

7.2.3. Adverse Effects After Immunization (AEAI)

Is there a country-wide system of pharmacological control of vaccines specifically? **Yes**

Is there a national expert committee for review of adverse events after immunization? **Yes**

Does the country have a department plan for vaccine safety improvement? **Yes**

Does your country provide data on vaccine safety to the other countries? **No**

Does your country provide data on vaccine safety to the other countries? **No**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises?
Not Chosen **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? **Yes**

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? No **Yes**

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

Since 2013, studies of case-control over the efficiency of the introduction of rotavirus vaccine were initiated.

Upon the completion of the research work, the results will be communicated to GAVI and the partners. Also in 2013 the sentinel surveillance on the etiological structure of pneumonia among children under 5 began.

7.3 One-Time Cash Payments within Grant for Introduction of New and Underused Vaccines 2013

7.3.1. Finance Management Reporting

	Amount in USD	Amount in local currency
Funds obtained in 2013 (A)	100 000	1 291 500
Funds remaining (transferred) since 2012 (B)	37 970	448 600
Total funds available in 2013 (C=A+B)	137 970	1 740 100
Total expenditures in 2013 (D)	9 236	109 120
Balance transferred to the 2014 (E=C-D)	128 734	1 630 980

Detailed expenses of grant funds for the introduction of new vaccines in 2013 calendar year

Attach a detailed financial statement on the use of funds within the grant for the introduction of new vaccines in 2013 calendar year (Document No. 10 and 11). Initial requirements for compiling this report are specified in **Appendix 1**. Financial statements shall be signed by the Financial Director of the Republic's Immunization Program and its Head, or by Deputy Minister of Health.

7.3.2. Program Reporting

Describe the key activities carried out within the introduction of new vaccines using the grant funds of GAVI for the introduction of the new vaccines

The financial report with itemized expenditures is attached. In 2013, only the funds from the surplus of the grant for the introduction of the rotavirus vaccine with 2012 were spent. The funds on the introduction of the pneumococcal vaccine were received in the account of the National Center of Public Health on September 27, 2013. Taking into account the internal procedures for the preparation and approval of the expenditures estimate and procurement on the basis of tenders, it was clear that these funds will not develop until the end of the year. For these reasons, the funds were deposited for use in 2014. From the balance remaining after the year 2012, the funds were spent on personnel's salaries (including contributions to the compulsory state social and medical insurance) for work, training, preparation of information materials for health workers and the population. About 18% of the funds was allocated to the capital expenditure on the acquisition of 2 computers to ensure the functioning of the program wVSSM for electronic inventory accounting of vaccines and supplies at the national level. 2% of the funds was used to purchase stationery and household goods to ensure the activities of the department involved in the introduction of a new vaccine and management of the immunization program. 23.3% of the funds was spent on payments for publishing services (recording and

reporting forms, information materials). Transportation costs: 6.4 %. Other expenses were related to the payment for communication services and the Internet, information-computational work.

Describe any problems faced with upon the performance of the planned activities and measures for solving them.

The main problem in the disbursement of funds is the duration and complexity of the procedures for public procurement.

Describe the activities to be carried out with the funds remaining from 2014

The main part of the expenses - 24% is planned for publishing services and information materials for the population and health workers, as well as documents for the registration of vaccines and vaccination. 16% of funds is planned to be used for the acquisition of thermo-containers for transportation of vaccines and thermo-regulation devices in refrigerators for storage of vaccines at the district level and in major medical institutions. 16% of funds is planned for events on improvement of staff's professional qualifications. 10% of funds is intended for payments to the staff, and 6% for surveillance. The remaining funds will be spent for the repair and maintenance of equipment, and communication support.

7.4. Reporting on Country's Co-Financing in 2013

Table 7.4 : Five Questions on Country's Co-Financing

	Q.1: What were the actual amounts of co-financing and the number of doses in 2013?	
Payments for Co-Financing	Total USD	Total Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose per vial, liquid	145 658	49 950
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose per vial, liquid	47 089	12 600
Awarded Vaccine #3: Rotavirus 1 dose in 1 bottle, ORAL	97 153	36 000
	Q.2: What were the amounts of funding for country's co-financing in reporting year 2013 from the following sources?	
Government	All expenses for co-financing 289.900,00 US dollars were paid from the Government (budgetary) funds. In addition to this amount, the country also paid a buffer stock in amount of 26.744 \$US	
Donor	No	
Other	No	

Q.3: Did you purchase injection materials for co-financing vaccines? Specify amounts in USD and materials.		
Payments for Co-Financing	Total USD	Total Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose per vial, liquid	3 188	52 800
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose per vial, liquid	780	13 000
Awarded Vaccine #3: Rotavirus 1 dose in 1 bottle, ORAL	0	0
Q.4: When are you going to transfer the funds for co-financing in 2015?		
Schedule of Payments within Co-Financing	The proposed Transfer Date for 2015	Source of Funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose per vial, liquid	April	Government, budget funds
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose per vial, liquid	May	Government, budget funds
Awarded Vaccine #3: Rotavirus 1 dose in 1 bottle, ORAL	June	Government, budget funds
Q.5: Specify any need in technical assistance for the development of strategy for providing financial stability and resources mobilization for immunization, including co-financing.		

In case of non-fulfillment by the country of its obligations pertaining to the payments, describe and explain the measures the country is going to take in order to fulfill the obligations on co-financing. More detailed information contained in the GAVI policy for non-fulfillment of obligations by the country is available at: <http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

The country has fully paid its part of co-financing for 2013. In 2014 and 2015, the funds are included in the budget for the medium term, the plan has been approved, and the funds will be appropriated. Only force majeure may cause a potential problem in this respect.

Is support from GAVI, in the form of new and under-used vaccines and injection supplies, reported in the national health sector budget? Not Chosen **Yes**

7.5 Vaccine Management (EVSM/VMA/EVM)

We remind you that the assessment tools of effectiveness of vaccine warehouse safety management (EVSM) and Vaccine Management Assessment (VMA) were replaced by a single tool for Effective Vaccine Management (EVM). You can find information in English at

http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

Before applying with a proposal for the introduction of the new vaccine the countries shall conduct EVM assessment. The assessment will be finalized by making a plan on remedial actions including activities and terms of performance; the report on its performance shall be attached to the annual report. The EVM assessment results are valid for three years.

When was the last EVM assessment conducted of alternative EVSM/VMA conducted? **April, 2011**

Attach the following documents:

- (a) EVM Assessment Results (**Document No. 12**)
- (b) Remedial Actions Plan According to EVM Assessment Results (**Document No. 13**)
- (c) Report on Activities Performed During the Year and the State of Carrying out of the Recommendations of Remedial Actions Plan (**Document No. 14**)

The report on the course of performance in accordance with the remedial actions plan in EVSM/VMA/EVM is a mandatory requirement.

Are there any changes in the remedial actions plan? What are the reasons? **No**

If yes, specify the details

When is the next EVM assessment planned? **October 2014**

7.6. Monitoring of GAVI Support for Prophylaxis Campaign in 2013

The Republic of Moldova will not be submitting the report on New Vaccines Support (for preventative campaigns).

7.7. Modification of Vaccine Presentation

The Moldova Republic does not request the modification of any vaccine presentation for the next years.

7.8. Resumption of Long-Term Vaccine Implementation Support for Countries whose Ongoing Support Ends in 2014

Renewal of long-term support of vaccine introduction in the Moldova Republic in 2014 is not applicable.

7.9. Request for Continued Supplies of Vaccines for Immunization Programs in 2015

In order to draw up a request for New Vaccines Support in 2015 take the following steps:

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

If you do not confirm, please explain

7.10. Weighted Average Price of Delivery and Related Freight Price

Table 7.10.1: Cost of Products

Estimated prices of supply are not disclosed

Table 7.10.2: Costs for Freight

Vaccine Antigens	Types of Vaccines	No Boundary	200 000\$		250 000\$	
			<=	>	<=	>
DTP-hepB	hepB-Hib	2,00 %				
HPV, divalent	HPV	3,50 %				
HPV, quadruple	HPV	3,50 %				
Yellow fever	YF	7,80 %				
Measles Rubella	Measles Rubella	13,20 %				
Rubella 2nd dose	Measles	14,00 %				
Meningococcal type A	Meningococcal A, conjugated	10,20 %				
Pneumococcal (PCV10)	PNEUMO	3,00 %				
Pneumococcal (PCV13)	PNEUMO	6,00 %				
Rotavirus	Rotavirus	5.00				

Vaccine Antigens	Types of Vaccines	500 000\$		2 000 000\$	
		<=	>	<=	>
DTP-hepB	hepB-Hib				
DTP hepB-Hib	hepB-Hib	25,50 %	6,40 %		
HPV, divalent	HPV				
HPV, quadruple	HPV				
Yellow fever	YF				
Measles Rubella	Measles Rubella				
Rubella 2nd dose	Measles				
Meningococcal type A	Meningococcal A, conjugated				

Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	Rotavirus				

7.11. Requirements Calculation

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

Identification	Source		2013	2014	2015	TOTAL
Number of Surviving Infants	Table 4	#	45 940	46 107	44 720	136 767
Number of Children to be Vaccinated by the First Dose	Table 4	#	44 006	44 424	44 830	133 260
Number of Children to be Vaccinated by the Third Dose	Table 4	#	44 006	44 424	43 957	132 387
Coverage by the Third Dose	Table 4	%	95,79 %	96,35 %	98,29 %	
Number of Doses for Vaccination per Child	Parameter	#	3	3	3	
Calculated factor of Vaccine Wastage	Table 4	#	1,05	1,05	1,05	
Vaccine Stock on 31st December 2013 * (see explanatory footnote)		#	74 250			
Vaccine Stock on 1 January 2014 ** (see explanatory footnote)		#	74 250			
Number of Doses per Vial	Parameter	#		1	1	
Required Number of Auto-Disable Syringes	Parameter	#		Yes	Yes	
Required Number of Syringes for Dilution	Parameter	#		No	No	
The required amount of safety boxes	Parameter	#		Yes	Yes	
cc National Co-financing of One Dosee	Table of the national co-financing	\$		1,49	1,95	
ca Price of One Auto-	Table 7.10.1	\$		0,0450	0,0450	

	Disable Syringe					
cr	Price of One Syringe for Dilution	Table 7.10.1	\$		0	0
cs	Price of One Safety Box	Table 7.10.1	\$		0,0050	0,0050
fv	Freight Cost as % of Cost of Vaccine	Table 7.10.2	%		25,50 %	25,50 %
fd	Freight Cost as % as of cost of Injecting Equipment	Parameter	%		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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.



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

Not Defined

Tables of National Co-Financing for **DTP-hepB-Hib, 1 doses per vial, LIQUID**

Group of National Co-financing	Graduating
---------------------------------------	------------

	2013	2014	2015
Minimum Amount of National Co-Financing	1,02	1,49	1,95
Recommended Co-Financing in Accordance with APR 2012			1,95
Your Co-Financing	1,02	1,49	1,95

Table 7.11.2: Calculated Volume of GAVI Support and National Co-financing (GAVI Support)

		2014	2015
Numbers of vaccine doses	#	75 600	54 300
Number of auto-disable syringes	#	79 200	56 900
Number of syringes for dilution	#	0	0
Number of safety boxes	#	875	625
Total volume to be co-financing	\$	243 500	173 000

Table 7.11.3: Calculated Volume of GAVI Support and National Co-Financing (Country's Support)

		2014	2015
Number of the vaccine doses	#	65 000	85 700
Number of auto-disable syringes	#	68 100	89 800
Number of syringes for dilution	#	0	0
Number of safety boxes	#	750	1 000
Total funding by country	\$	209 500	273 000

Table 7.11.4: Calculation of Required Number of **DTP-HepB-Hib, 1 dose per vial, LIQUID** (part 1)

	Formula	2013	2014			
			Total	Government	GAVI	
A	National Co-financing	V	0,00 %	46,22 %		
B	Number of Children to be Vaccinated by the First Dose	Table 4	44 006	44 424	20 534	23 890
B1	Number of Children to be Vaccinated by the Third Dose	Table 4	44 006	44 424	20 534	23 890
C	Number of Doses for Vaccination per Child	Parameter of vaccine (schedules)	3	3		
D	Required number of doses	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	132 018	133 272	61 601	71 671
E	Calculated factor of Vaccine Wastage	Table 4	1,05	1,05		
F	Required number of vaccine doses (including wastage)	$D \times E$		139 936	64 681	75 255
G	Reserve stock of vaccines	$((D - D \text{ of previous year}) \times 0.375) + ((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$		494	229	265
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0,375$				
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$				
H2	Supposed stock on January 1.	Table 7.11.1.	0	74 250		
H3	Shipment plan	UNICEF shipment report		118 200		
I	Required amount of vaccine doses	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		140 450	64 918	75 532
J	Number of Doses per Vial	Parameter of vaccine		1		
K	Required number of auto-disable syringes (taking into account the 10% of loss)	$(D + G - H) \times 1.10$		147 143	68 012	79 131
L	Required number of syringes for dilution (taking into account the 10% of loss)	$(I / J) \times 1.10$		0	0	0
M	Required number of safety boxes (taking into account the 10% for additional needs)	$(K + L) / 100 \times 1.10$		1 619	749	870
N	Cost of required vaccines	$I \times \text{Cost of one dose of vaccine (g)}$		355 479	164 308	191 171
O	Cost of required auto-disable syringes	$K \times \text{Cost of one auto-disable syringe (ca)}$		6 622	3 061	3 561
P	Cost of required syringes for dilution	$L \times \text{Cost of one syringe for dilution (cr)}$		0	0	0
Q	Cost of required safety boxes	$M \times \text{Cost of one safety box (cs)}$		9	5	4

R	Shipping cost of required vaccines	$N \times \text{Shipping cost as \% of the cost of vaccines (fv)}$		90 648	41 899	48 749
S	Shipping cost of injecting equipment	$(O+P+Q) \times \text{Shipping cost as \% of the cost of injecting equipment (fd)}$		0	0	0
T	Necessary funding	$(N+O+P+Q+R+S)$		452 758	209 271	243 487
U	Volume of national co-financing	$I \times \text{National co-financing of one dose (cc)}$		209 271		
V	% of the national co-financing from the volume which covered by GAVI Alliance	U / T		46,22 %		

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

Table 7.11.4: Calculation of Required Number of DTP-HepB-Hib, 1 dose per vial, LIQUID (part 2)

	Formula	2015		
		Total	Government	GAVI
A	National Co-financing	V	61,23 %	
B	Number of Children to be Vaccinated by the First Dose	Table 4	44 830	27 450
B1	Number of Children to be Vaccinated by the Third Dose	Table 4	43 957	26 915
C	Number of Doses for Vaccination per Child	Parameter of vaccine (schedules)	3	
D	Required number of doses	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	133 260	81 596
E	Calculated factor of Vaccine Wastage	Table 4	1,05	
F	Required number of vaccine doses (including wastage)	$D \times E$	139 923	85 675
G	Reserve stock of vaccines	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$	- 4	- 2
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0,375$	39	24
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$	52 514	32 155
H2	Supposed stock on January 1.	Table 7.11.1.		
H3	Shipment plan	UNICEF shipment report		
I	Required amount of vaccine doses	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	139 900	85 661
J	Number of Doses per Vial	Parameter of vaccine	1	
K	Required number of auto-disable syringes (taking into account the 10% of loss)	$(D + G - H) \times 1.10$	146 538	89 726
L	Required number of syringes for dilution (taking into account the 10% of loss)	$(I / J) \times 1.10$	0	0
M	Required number of safety boxes (taking into account the 10% for additional needs)	$(K + L) / 100 \times 1.10$	1 612	988
N	Cost of required vaccines	$I \times \text{Cost of one dose of vaccine (g)}$	349 750	214 153
O	Cost of required auto-disable syringes	$K \times \text{Cost of one auto-disable syringe (ca)}$	6 595	4 039
P	Cost of required syringes for dilution	$L \times \text{Cost of one syringe for dilution (cr)}$	0	0
Q	Cost of required safety boxes	$M \times \text{Cost of one safety box (cs)}$	9	6
R	Shipping cost of required vaccines	$N \times \text{Shipping cost as \% of the cost of vaccines (fv)}$	89 187	54 610

S	Shipping cost of injecting equipment	$(O+P+Q) \times \text{Shipping cost as \% of the cost of injecting equipment (fd)}$	0	0	0
T	Necessary funding	$(N+O+P+Q+R+S)$	445 541	272 805	172 736
U	Volume of national co-financing	$I \times \text{National co-financing of one dose (cc)}$	272 805		
V	% of the national co-financing from the volume which covered by GAVI Alliance	U / T	61,23 %		

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

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

Identification		Source		2013	2014	2015	TOTAL
	Number of Surviving Infants	Table 4	#	45 940	46 107	44 720	136 767
	Number of Children to be Vaccinated by the First Dose	Table 4	#	33 100	42 320	43 430	118 850
	Number of Children to be Vaccinated by the Third Dose	Table 4	#	33 100	42 320	42 569	117 989
	Coverage by the Third Dose	Table 4	%	72,05 %	91,79 %	95,19 %	
	Number of Doses for Vaccination per Child	Parameter	#	3	3	3	
	Calculated factor of Vaccine Wastage	Table 4	#	1,05	1,05	1,00	
	Vaccine Stock on 31st December 2013 * (see explanatory footnote)		#	23 300			
	Vaccine Stock on 1 January 2014 ** (see explanatory footnote)		#	23 300			
	Number of Doses per Vial	Parameter	#		1	1	
	Required Number of Auto-Disable Syringes	Parameter	#		Yes	Yes	
	Required Number of Syringes for Dilution	Parameter	#		No	No	
	The required amount of safety boxes	Parameter	#		Yes	Yes	
cc	National Co-financing of One Dosee	Table of the national co-financing	\$		1.37	2,04	
ca	Price of One Auto-Disable Syringe	Table 7.10.1	\$		0,0450	0,0450	
cr	Price of One Syringe for Dilution	Table 7.10.1	\$		0	0	
cs	Price of One Safety Box	Table 7.10.1	\$		0,0050	0,0050	
fv	Freight Cost as % of Cost of Vaccine	Table 7.10.2	%		6,00 %	6,00 %	
fd	Freight Cost as % as of cost of Injecting Equipment	Parameter	%		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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

Tables of National Co-Financing for **Pneumococcal (PCV10), 1 doses per vial, LIQUID**

Group of National Co-financing	Graduating
--------------------------------	------------

	2013	2014	2015
Minimum Amount of National Co-Financing	0,70	1.37	2,04
Recommended Co-Financing in Accordance with APR 2012			2,04
Your Co-Financing	0,70	1.37	2,04

Table 7.11.2: Calculated Volume of GAVI Support and National Co-financing (**GAVI support**)

		2014	2015
Number of the vaccine doses	#	74 100	57 400
Number of auto-disable syringes	#	76 100	63 000
Number of syringes for dilution	#	0	0
Number of safety boxes	#	850	700
Total volume to be co-financed	\$	270 000	208 000

Table 7.11.3: Calculated Volume of GAVI Support and National Co-Financing (**country's support**)

		2014	2015
Number of the vaccine doses	#	44 800	74 100
Number of auto-disable syringes	#	46 000	81 300
Number of syringes for dilution	#	0	0
Number of safety boxes	#	525	900
Total funding by country	\$	163 000	268 500

Table 7.11.4: Calculation of Required Number of **DTP-HepB-Hib(PCV13), 1 dose per vial, LIQUID** (part 1)

	Formula	2013	2014			
			Total	Government	GAVI	
A	National Co-financing	V	0,00 %	37,63 %		
B	Number of Children to be Vaccinated by the First Dose	Table 4	33 100	42 320	15 925	26 395
C	Number of Doses for Vaccination per Child	Parameter of vaccine (schedules)	3	3		
D	Required number of doses	$B \times C$	99 300	126 960	47 775	79 185
E	Calculated factor of Vaccine Wastage	Table 4	1,05	1,05		
F	Required number of vaccine doses (including wastage)	$D \times E$		133 308	50 164	83 144
G	Reserve stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		7 261	2 733	4 528
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H2	Supposed stock on January 1.	Table 7.11.1.	0			
I	Required amount of vaccine doses	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		118 800	44 704	74 096
J	Number of Doses per Vial	Parameter of vaccine		1		
K	Required number of auto-disable syringes (taking into account the 10% of loss)	$(D + G - H) \times 1.10$		122 014	45 914	76 100
L	Required number of syringes for dilution (taking into account the 10% of loss)	$(I / J) \times 1.10$		0	0	0
M	Required number of safety boxes (taking into account the 10% for additional needs)	$(K + L) / 100 \times 1.10$		1 343	506	837
N	Cost of required vaccines	$I \times \text{Cost of one dose of vaccine (g)}$		402 851	151 592	251 259
O	Cost of required auto-disable syringes	$K \times \text{Cost of one auto-disable syringe (ca)}$		5 491	2 067	3 424
P	Cost of required syringes for dilution	$L \times \text{Cost of one syringe for dilution (cr)}$		0	0	0
Q	Cost of required safety boxes	$M \times \text{Cost of one safety box (cs)}$		7	3	4
R	Shipping cost of required vaccines	$N \times \text{Shipping cost as \% of the cost of vaccines (fv)}$		24 172	9 096	15 076
S	Shipping cost of injecting equipment	$(O+P+Q) \times \text{Shipping cost as \% of the cost of injecting equipment (fd)}$		0	0	0
T	Necessary funding	$(N+O+P+Q+R+S)$		432 521	162 756	269 765

U	Volume of national co-financing	<i>I x National co-financing of one dose (cc)</i>		162 756		
V	% of the national co-financing from the volume which covered by GAVI Alliance	<i>U / T</i>		37,63 %		

Table 7.11.4: Calculation of Required Number of **DTP-HepB-Hib(PCV13), 1 dose per vial, LIQUID** (part 2)

	Formula	2015		
		Total	Government	GAVI
A	National Co-financing	V	56,33 %	
B	Number of Children to be Vaccinated by the First Dose	Table 4	43 430	24 464
C	Number of Doses for Vaccination per Child	Parameter of vaccine (schedules)	3	
D	Required number of doses	$B \times C$	130 290	73 390
E	Calculated factor of Vaccine Wastage	Table 4	1,00	
F	Required number of vaccine doses (including wastage)	$D \times E$	130 290	73 390
G	Reserve stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	833	470
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0
H2	Supposed stock on January 1.	Table 7.11.1.		
I	Required amount of vaccine doses	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	131 400	74 015
J	Number of Doses per Vial	Parameter of vaccine	1	
K	Required number of auto-disable syringes (taking into account the 10% of loss)	$(D + G - H) \times 1.10$	144 236	81 245
L	Required number of syringes for dilution (taking into account the 10% of loss)	$(I / J) \times 1.10$	0	0
M	Required number of safety boxes (taking into account the 10% for additional needs)	$(K + L) / 100 \times 1.10$	1 587	894
N	Cost of required vaccines	$I \times \text{Cost of one dose of vaccine (g)}$	442 818	249 430
O	Cost of required auto-disable syringes	$K \times \text{Cost of one auto-disable syringe (ca)}$	6 491	3 657
P	Cost of required syringes for dilution	$L \times \text{Cost of one syringe for dilution (cr)}$	0	0
Q	Cost of required safety boxes	$M \times \text{Cost of one safety box (cs)}$	8	5
R	Shipping cost of required vaccines	$N \times \text{Shipping cost as \% of the cost of vaccines (fv)}$	26 570	14 967
S	Shipping cost of injecting equipment	$(O+P+Q) \times \text{Shipping cost as \% of the cost of injecting equipment (fd)}$	0	0
T	Necessary funding	$(N+O+P+Q+R+S)$	475 887	268 056
U	Volume of national co-financing	$I \times \text{National co-financing of one dose (cc)}$	268 056	

V	% of the national co-financing from the volume which covered by GAVI Alliance	<i>U/T</i>	56,33 %		
---	---	------------	---------	--	--

Table 7.11.1: Specifications for Rotavirus 1 dose in 1 bottle, ORAL

Identification	Source		2013	2014	2015	TOTAL	
	Number of Surviving Infants	Table 4	#	45 940	46 107	44 720	136 767
	Number of Children to be Vaccinated by the First Dose	Table 4	#	42 550	43 220	44 310	130 080
	Number of children to be vaccinated by the third dose	Table 4	#	42 550	43 220	43 495	129 265
	The second dose coverage	Table 4	%	92,62 %	93,74 %	97,26 %	
	Number of Doses for Vaccination per Child	Parameter	#	2	2	2	
	Calculated factor of Vaccine Wastage	Table 4	#	1,00	1,00	1,00	
	Vaccine Stock on 31st December 2013 * (see explanatory footnote)		#	52 300			
	Vaccine Stock on 1 January 2014 ** (see explanatory footnote)		#	52 300			
	Number of Doses per Vial	Parameter	#		1	1	
	Required Number of Auto-Disable Syringes	Parameter	#		No	No	
	Required Number of Syringes for Dilution	Parameter	#		No	No	
	The required amount of safety boxes	Parameter	#		No	No	
cc	National Co-financing of One Dose	Table of the national co-financing	\$		1.50	2,04	
ca	Price of One Auto-Disable Syringe	Table 7.10.1	\$		0,0450	0,0450	
cr	Price of One Syringe for Dilution	Table 7.10.1	\$		0	0	
cs	Price of One Safety Box	Table 7.10.1	\$		0,0050	0,0050	
fv	Freight Cost as % of Cost of Vaccine	Table 7.10.2	%		5.00	5.00	
fd	Freight Cost as % as of cost of Injecting Equipment	Parameter	%		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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

Tables of National Co-financing for **DTP-hepB-Hib, 1 doses per vial, ORAL**

Group of National Co-financing	Graduating		
	2013	2014	2015
Minimum Amount of National Co-Financing	1,05	1.50	2,04
Recommended Co-Financing in Accordance with APR 2012			2,04
Your Co-Financing	1,05	1.50	2,04

Table 7.11.2: Calculated Volume of GAVI Support and National Co-Financing (**GAVI Support**)

		2014	2015
Number of the vaccine doses	#	15 300	14 000
Number of auto-disable syringes	#	0	0
Number of syringes for dilution	#	0	0
Number of safety boxes	#	0	0
Total volume to be co-financed	\$	41 500	37 500

Table 7.11.3: Calculated Volume of GAVI Support and National Co-Financing (**Country's Support**)

		2014	2015
Number of the vaccine doses	#	19 300	44 600
Number of auto-disable syringes	#	0	0
Number of syringes for dilution	#	0	0
Number of safety boxes	#	0	0
Total funding by country	\$	52 000	119 500

Table 7.11.4: Calculation of Required Number of Rotavirus 1 dose in 1 bottle, ORAL (part 1)

	Formula	2013	2014			
			Total	Government	GAVI	
A	National Co-financing	V	0,00 %	55,78 %		
B	Number of Children to be Vaccinated by the First Dose	Table 4	42 550	43 220	24 109	19 111
C	Number of Doses for Vaccination per Child	Parameter of vaccine (schedules)	2	2		
D	Required number of doses	$B \times C$	85 100	86 440	48 218	38 222
E	Calculated factor of Vaccine Wastage	Table 4	1,00	1,00		
F	Required number of vaccine doses (including wastage)	$D \times E$		86 440	48 218	38 222
G	Reserve stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		335	187	148
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H2	Supposed stock on January 1.	Table 7.11.1.	0			
I	Required amount of vaccine doses	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		34 500	19 245	15 255
J	Number of Doses per Vial	Parameter of vaccine		1		
K	Required number of auto-disable syringes (taking into account the 10% of loss)	$(D + G - H) \times 1.10$		0	0	0
L	Required number of syringes for dilution (taking into account the 10% of loss)	$(I / J) \times 1.10$		0	0	0
M	Required number of safety boxes (taking into account the 10% for additional needs)	$(I / 100) \times 1.10$		0	0	0
N	Cost of required vaccines	$I \times \text{Cost of one dose of vaccine (g)}$		88 355	49 286	39 069
O	Cost of required auto-disable syringes	$K \times \text{Cost of one auto-disable syringe (ca)}$		0	0	0
P	Cost of required syringes for dilution	$L \times \text{Cost of one syringe for dilution (cr)}$		0	0	0
Q	Cost of required safety boxes	$M \times \text{Cost of one safety box (cs)}$		0	0	0
R	Shipping cost of required vaccines	$N \times \text{Shipping cost as \% of the cost of vaccines (fv)}$		4 418	2 465	1 953
S	Shipping cost of injecting equipment	$(O+P+Q) \times \text{Shipping cost as \% of the cost of injecting equipment (fd)}$		0	0	0
T	Necessary funding	$(N+O+P+Q+R+S)$		92 773	51 750	41 023

U	Volume of national co-financing	<i>I x National co-financing of one dose (cc)</i>		51 750		
V	% of the national co-financing from the volume which covered by GAVI Alliance	<i>U / T</i>		55,78 %		

Table 7.11.4: Calculation of Required Number of Rotavirus, 1 dose in 1 bottle, ORAL (part 2)

	Formula	2015		
		Total	Government	GAVI
A	National Co-financing	V	76,10 %	
B	Number of Children to be Vaccinated by the First Dose	Table 4	44 310	33 721
C	Number of Doses for Vaccination per Child	Parameter of vaccine (schedules)	2	
D	Required number of doses	$B \times C$	88 620	67 441
E	Calculated factor of Vaccine Wastage	Table 4	1,00	
F	Required number of vaccine doses (including wastage)	$D \times E$	88 620	67 441
G	Reserve stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	545	415
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	30 690	23 356
H2	Supposed stock on January 1.	Table 7.11.1.		
I	Required amount of vaccine doses	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	58 500	44 519
J	Number of Doses per Vial	Parameter of vaccine	1	
K	Required number of auto-disable syringes (taking into account the 10% of loss)	$(D + G - H) \times 1.10$	0	0
L	Required number of syringes for dilution (taking into account the 10% of loss)	$(I / J) \times 1.10$	0	0
M	Required number of safety boxes (taking into account the 10% for additional needs)	$(I / 100) \times 1.10$	0	0
N	Cost of required vaccines	$I \times \text{Cost of one dose of vaccine (g)}$	149 351	113 657
O	Cost of required auto-disable syringes	$K \times \text{Cost of one auto-disable syringe (ca)}$	0	0
P	Cost of required syringes for dilution	$L \times \text{Cost of one syringe for dilution (cr)}$	0	0
Q	Cost of required safety boxes	$M \times \text{Cost of one safety box (cs)}$	0	0
R	Shipping cost of required vaccines	$N \times \text{Shipping cost as \% of the cost of vaccines (fv)}$	7 468	5 684
S	Shipping cost of injecting equipment	$(O+P+Q) \times \text{Shipping cost as \% of the cost of injecting equipment (fd)}$	0	0
T	Necessary funding	$(N+O+P+Q+R+S)$	156 819	119 340
U	Volume of national co-financing	$I \times \text{National co-financing of one dose (cc)}$	119 340	

V	% of the national co-financing from the volume which covered by GAVI Alliance	<i>U/T</i>	76,10 %		
---	---	------------	---------	--	--

8. Support for Injection Safety Improvement

This window of support is no longer available.

9. Support for Health Service Strengthening

The Republic of Moldova will not submit the report on the use of funds for Health Service Support (HSS) in 2014

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

10. Support for Strengthening Participation of Civil Society Organizations in Immunization: Types A and B

10.1. Type A: Support for Strengthening Coordination and Increasing Representation of Civil Society Organizations

The Republic of Moldova - GAVI support for civil society organizations (type A) was NOT obtained

The Republic of Moldova did not submit the report on Type A Civil Society Organizations support in 2013


10.2. Support of Civil Society Organizations, Type B: Should Contribute to Fulfillment of the GAVI Proposal for Health Service Support or ILC

The Republic of Moldova - GAVI support for Civil Society Organizations (Type A) was NOT obtained

The Republic of Moldova did not submit the report on Type B Civil Society Organizations support in 2013

11. Comments by Chairmen of Interagency Coordination Committee/National Coordinating Committee in the Health Care Sector

Give comments you would like to bring to the attention of the IRC monitoring group during this evaluation, as well as any information you would like to share about the problems that have arisen during the year. This can be a supplement to the approved protocols that should be included in the attachment.



12. Appendix

12.1. Appendix 1 - Provision on Immunization Service Support

INITIAL REQUIREMENTS:

FINANCIAL REPORTING ON **IMMUNIZATION SERVICES SUPPORT (ISS) AND GRANTS FOR THE INTRODUCTION OF NEW VACCINES**

- I. All countries that have received grants under Immunization Service Support for calendar year 2013 or countries that had remaining of grants previously provided by Immunization Service Support in 2013, must submit financial statements for these programs as part of their annual work performance reports.
- II. Financial statements should be drawn up on the basis of the countries' own accounting standards, and therefore GAVI does not consider it necessary to provide countries with a common template with predefined cost categories.
- III. **As a minimum**, GAVI requires a submitting of simple statement on the profit and loss for activities for the calendar year of 2013, which should include the following items from (a) to (f). The sample of profit and loss base statement is presented on the following page.
 - a. Funds transferred from calendar year 2012 (opening balance as of January 1, 2013)
 - b. Incomes from GAVI received during 2013
 - c. Other incomes received during the 2013 (interest, commission charges, etc.)
 - d. Total expenses during the calendar year
 - e. Closing balance at December 31, 2013
 - f. Detailed cost analysis for 2013 **on the basis of the economic classification system approved by your government**. This analysis should total annual expenditure by the economic classification system of your government and the relevant cost categories (e.g., wages and salaries). If possible, specify the budget for each category at the beginning of the calendar year, the actual amount of expenses for the calendar year, as well as the balance of each cost category as of December 31, 2013 (referred to as a "deviation").
- IV. Financial statements should be drawn up on the basis of the local currency, indicating the applicable exchange rate of the U.S. dollar. Additionally, countries should provide an explanation as to how and why one or another exchange rate was applied, as well as additional information that could be useful for the consideration of financial statements by the GAVI Alliance.
- V. Financial statements should not undergo any audit or any other verification before submission to GAVI. However, it is understood that these statements must be submitted to thorough examination by the results of financial year 2013, in the course of external audit conducted in each country. The results of the activities audit within HSS support should be submitted to the GAVI Secretariat not later than 6 months after the end of financial year in each country.

12.2. Appendix 2 - Revenue and Expenses Sample (Immunization Service Support)

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS ON **ISS** AND USE OF GRANTS FOR VACCINE INTRODUCTION 1

Revenue and Expenses Sample Report

Summary of Revenue and Expenses - Immunization Service Support by GAVI		
	Local Currency (franc CFA)	Amount in USD *
Balance transferred from 2012 (Balance as of December 31, 2012)	25 392 830	53,000
Resume of profits obtained in 2013		
Total income received from GAVI	57,493,200	120 000
Interest income	7 665 760	16,000
Other income (fees)	179,666	375
Total income	38,987,576	81,375
Total expenses in 2013	30,592,132	63 852
Balance on December 31, 2013 (Balance transferred to 2014)	60 139 325	125 523

* State the exchange rate as of the beginning (January 01, 2013) and the end (December 31, 2013) of year, as well as the exchange rate used in these financial statements to convert the local currency into U.S. dollars.

Detailed cost analysis on the basis of economic classification ** - GAVI Injection Safety Support						
	Budget in franc CFA	Budget in USD	Actually in franc CFA	Actually in USD	Difference in franc CFA	Difference in USD
Expenses for salaries						
Salary	2,000,000	4 174	0	0	2,000,000	4 174
Daily Allowance	9,000,000	18 785	6 150 000	12 836	2 850 000	5,949
Expenses other than salaries						
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
Service and overhead expenses	2 500 000	5 218	1 000 000	2 087	1 500 000	3 131
Other expenses						
Transport vehicles	12 500 000	26 090	6 792 132	14 177	5 707 868	11,913

TOTAL for 2013	42,000,000	87 663	30,592,132	63 852	11 407 868	23 811
-----------------------	------------	--------	------------	--------	------------	--------

** Cost categories are indicative and included for clarity only. Every government should provide the reporting in accordance with its own economic classification system.

12.3. Appendix 3 - Terms of Reference - Health Service Support

INITIAL REQUIREMENTS:

FINANCIAL REPORTING OF **HEALTH SYSTEMS STRENGTHENING (HSS)**

- I. All countries that have received grants under the support of Health Service Support for calendar year 2013 or countries that had remaining of grants previously provided by Health Service Support in 2013, must submit financial statements for these programs as part of their annual work performance reports.
- II. Financial statements should be drawn up on the basis of the countries' own accounting standards, and therefore GAVI does not consider it necessary to provide countries with a common template with predefined cost categories.
- III. As a minimum, GAVI requires a submitting of simple statement on the profit and loss for activities for the calendar year of 2013, which should include the following items from (a) to (f). The sample of profit and loss base statement is presented on the following page.
 - a. Funds transferred from calendar year 2012 (opening balance as of January 1, 2013)
 - b. Incomes from GAVI received during 2013
 - c. Other incomes received during the 2013 (interest, commission charges, etc.)
 - d. Total expenses during the calendar year
 - e. Closing balance at December 31, 2013
 - f. Detailed cost analysis for 2013 on the basis of the economic classification system approved by your government. This analysis should include a stated total annual expenditure on all goals and activities under the CCL in accordance with the CCL proposal originally approved by your government, as well as breakdown by category of costs (e.g. wages and salaries). Categories of costs should be specified in accordance with the economic classification system approved by your government. Therewith, it should be specified the following: budget for each objectives, activities types and category of costs at the beginning of calendar year, the actual amount of expenses for calendar year, as well as the balance of each objectives, activity and category of costs on December 31, 2013 (referred to as "deviation").
- IV. Financial statements should be drawn up on the basis of the local currency, indicating the applicable exchange rate of the U.S. dollar. Additionally, countries should provide an explanation as to how and why one or another exchange rate was applied, as well as additional information that could be useful for the consideration of financial statements by the GAVI Alliance.
- V. Financial statements should not undergo any audit or any other verification before submission to GAVI. However, it is understood that these statements must be submitted to thorough examination by the results of financial year 2013, in the course of external audit conducted in each country. The results of the activities audit within HSS support should be submitted to the GAVI Secretariat not later than 6 months after the end of financial year in each country.

12.4. Appendix 4 - Revenue and Expenses Sample, HSS

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS OF SUPPORT FOR HSS :

Revenue and Expenses Sample Report

Summary of Revenue and Expenses - Immunization Service Support by GAVI		
	Local Currency (franc CFA)	Amount in USD *
Balance transferred from 2012 (Balance as of <i>December 31, 2012</i>)	25 392 830	53,000
Total income received in 2013		
Funds received from GAVI	57,493,200	120 000
Interest income	7 665 760	16,000
Other income (fee)	179,666	375
Total income	38,987,576	81,375
Total expenses in 2013	30,592,132	63 852
Balance on December 31, 2013 (Balance transferred to 2014)	60 139 325	125 523

* State the exchange rate as of the beginning (January 01, 2013) and the end (December 31, 2013) of year, as well as the exchange rate used in these financial statements to convert the local currency into U.S. dollars.

Detailed cost analysis on the basis of economic classification ** - GAVI HSS						
	Budget in franc CFA	Budget in USD	Actually in CFA francs	Actually in USD	Difference in the CFA franc	Difference in USD
Expenses for salaries						
Salaries and wages	2,000,000	4 174	0	0	2,000,000	4 174
Daily allowance	9,000,000	18 785	6 150 000	12 836	2 850 000	5,949
Expenses other than salaries						
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
Service and overhead expenses	2 500 000	5 218	1 000 000	2 087	1 500 000	3 131
Other expenses						
Transport vehicles	12 500 000	26 090	6 792 132	14 177	5 707 868	11,913

TOTAL FOR 2013	42,000,000	87 663	30,592,132	63 852	11 407 868	23 811
-----------------------	------------	--------	------------	--------	------------	--------

** Cost categories are indicative and included for clarity only. Every government should provide the reporting in accordance with its own economic classification system.

12.5. Appendix 5 - Terms of Reference - Civil Society Organization

INITIAL REQUIREMENTS:

FINANCIAL STATEMENT ON SUPPORT OF **CIVIL SOCIETY ORGANIZATIONS (CSOs)**, TYPE B

- I. All countries that have received grants under the support of CSO Type B for calendar year 2013 or countries that had remaining of grants previously provided by CSO Type B in 2013, must submit financial statements for these programs as part of their annual work performance reports.
- II. Financial statements should be drawn up on the basis of countries' own accounting standards, and therefore GAVI does not consider it necessary to provide for countries with a common template with predefined cost categories.
- III. As a minimum, GAVI requires a submitting of simple statement on the profit and loss for activities for calendar year 2013, which should include the following items from (a) to (f). The sample of profit and loss base statement is presented on page 3 of this Appendix.
 - a. Funds transferred from calendar year 2012 (opening balance as of January 1, 2013)
 - b. Incomes from GAVI received during 2013
 - c. Other income received during 2013 (interest, fees, etc.)
 - d. Total expenses during the calendar year
 - e. Closing balance at December 31, 2013
 - f. Detailed cost analysis for 2013 on the basis of the economic classification system approved by your government. This analysis should include a stated total annual expenses for each partner organization of civil society in accordance with proposal of CSO Type B support, originally approved by your government, as well as breakdown by category of costs (e.g. wages and salaries). Categories of costs should be specified in accordance with the economic classification system approved by your government. Therewith, the following should be specified : budget for each aim, activities types and category of costs at the beginning of calendar year, the actual amount of expenditure for calendar year, as well as the balance of each goal, activity and category of costs as for of December 31, 2013 (referred to as "deviation").
- IV. Financial statements should be drawn up on the basis of the local currency, indicating the applicable exchange rate of the U.S. dollar. Additionally, countries should provide an explanation as to how and why one or another exchange rate was applied, as well as additional information that could be useful for the consideration of financial statements by the GAVI Alliance.
- V. Financial statements should not undergo any audit or any other verification before submission to GAVI. However, it is understood that these statements must be submitted to thorough examination by the results of financial year 2013, in the course of external audit conducted in each country. The results of the activities audit within CSO Type B support should be submitted to the GAVI Secretariat not later than 6 months after the end of financial year in each country.

12.6. Appendix 6 - Revenue and Expenses Sample, Civil Society Organization

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS OF SUPPORT FOR **CSO Type B** :

Revenue and Expenses Sample Report

Summary of Revenue and Expenses – CSO support		
	Local Currency (franc CFA)	Amount in USD *
Balance transferred from 2012 (Balance as of <i>December 31, 2012</i>)	25 392 830	53,000
Total income received in 2013		
Funds received from GAVI	57,493,200	120 000
Interest income	7 665 760	16,000
Other income (fee)	179,666	375
Total income	38,987,576	81,375
Total expenses in 2013	30,592,132	63 852
Balance on December 31, 2013 (Balance transferred to 2014)	60 139 325	125 523





* State the exchange rate as of the beginning (January 01, 2013) and the end (December 31, 2013) of year, as well as the exchange rate used in these financial statements to convert the local currency into U.S. dollars.

Detailed cost analysis on the basis of economic classification ** - GAVI CSO						
	Budget in franc CFA	Budget in USD	Actually in CFA francs	Actually in USD	Difference in the CFA franc	Difference in USD
Expenses for salaries						
Salaries and wages	2,000,000	4 174	0	0	2,000,000	4 174
Daily allowance	9,000,000	18 785	6 150 000	12 836	2 850 000	5,949
Expenses other than salaries						
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
Service and overhead expenses	2 500 000	5 218	1 000 000	2 087	1 500 000	3 131
Other expenses						
Transport vehicles	12 500 000	26 090	6 792 132	14 177	5 707 868	11,913






TOTAL FOR 2013	42,000,000	87 663	30,592,132	63 852	11 407 868	23 811
-----------------------	------------	--------	------------	--------	------------	--------

** Cost categories are indicative and included for clarity only. Every government should provide the reporting in accordance with its own economic classification system.

13. Files Attached

Document No.	Document	Section	Mandatory	File
1	Signature of the Minister of Health (or authorized representative)	2.1		Moldova MoH signature APR 2013.pdf File desc: Date/Time: May 14, 2014 01:20:12 Size: 115 KB
2	Signature of the Minister of Finance (or authorized representative)	2.1		Moldova MF signature APR 2013.pdf File desc: , Date/Time: May 15052014 07:56:47 Size: 123 KB
3	Signatures of the ICC Members	2.2		Moldova ICC signatures APR 2013.pdf File desc: Date/Time: May 15052014 07:59:26 Size: 123 KB
4	Minutes of ICC Meeting in 2014 Endorsing the APR 2013	5.7		MDA_Proceeding record meeting ICC 08.05.2014.pdf File desc: Date/Time: May 15052014 04:57:36 Size: 290 KB

5	Signatures of Members of the National Coordinating Committee in the Health Care Sector	2.3	X	File not uploaded
6	Minutes of HSCC Meeting in 2014 Endorsing the APR 2013	9.9.3	✓	Moldova minutes of HSCP in 2014.docx File desc: Date/Time: May 14, 2014 01:26:31 Size: 10 KB
7	Financial Statement for ISS Grant (Fiscal year 2013) Signed by the Chief Accountant or Permanent Secretary at the Ministry of Health	6.2.1	X	File not uploaded
8	External Audit Report for ISS Grant (Fiscal Year 2013)	6.2.3	X	File not uploaded
9	Post Introduction Evaluation Report	7.2.2	✓	Moldova PIE Report v3 report NIP_Final_LMo.doc File desc: ,, Date/Time: May 05, 2014 11:16:33 Size: 472 KB
10	Financial Statement for NVS Introduction Grant (Fiscal year 2013) Signed by the Chief Accountant or Permanent Secretary at the Ministry of Health	7.3.1	✓	Financial report new vaccine 2013 MDA.pdf File desc: Date/Time: May 12, 2014 11:32:12 Size: 166 KB

11	External Audit Report for NVS Introduction Grant (Fiscal year 2013), if total expenditures in 2013 is greater than US \$250,000	7.3.1		Moldova external audit report for NVS introd grant 2013.docx File desc: Date/Time: May 14, 2014 01:29:57 Size: 10 KB
12	EVSM/VMA/EVM Report	7.5		EVM report MD Apr2011 (eng) v6.doc File desc: Date/Time: May 05, 2014 11:18:34 Size: 1 MB
13	Latest EVSM/VMA/EVM Improvement Plan	7.5		MDA-EVM-imp-plan_V3 rus 2013.xls File desc: Date/Time: May 05, 2014 11:19:30 Size: 81 KB
14	EVSM/VMA/EVM Improvement Plan Implementation Status	7.5		Moldova Report EVM realization in 2013.pdf File desc: Date/Time: May 14, 2014 01:33:39 Size: 205 KB
16	Valid cMYP, if requesting extension of support	7.8		File not uploaded

17	Valid cMYP Costing Tool, if requesting extension of support	7.8	X	File not uploaded
18	Minutes of ICC Meeting Endorsing Extension of Vaccine Support, if applicable	7.8	X	File not uploaded
19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary at the Ministry of Health	9.1.3	X	File not uploaded
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary at the Ministry of Health	9.1.3	X	File not uploaded
21	External Audit Report for HSS Grant (Fiscal Year 2013)	9.1.3	X	File not uploaded
22	HSS Health Sector Review Report	9.9.3	X	File not uploaded

23	Report for Mapping Exercise CSO Type A	10.1.1	✘	File not uploaded
24	Financial Statement for CSO Type B Grant (Fiscal year 2013)	10.2.4	✘	File not uploaded
25	External Audit Report for HSS Grant (Fiscal Year 2013)	10.2.4	✘	File not uploaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✔	MDA Bank statements for each cash programme.docx File desc: Date/Time: May 14, 2014 01:39:21 Size: 10 KB
27	Protocol_of_meeting_of_Interagency_Coordination_Committee_on_amendment_of_vaccine_presentation	7.7	✘	File not uploaded
	Other relevant documents		✘	File not uploaded

