



GAVI Alliance

Annual Progress Report **2012**

Submitted by

The Government of *Sao Tome and Principe*

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **6/25/2013 5:36:17 AM**

Deadline for submission: 9/24/2013

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Yellow Fever, 5 dose(s) per vial, LYOPHILISED	Yellow Fever, 5 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2014
INS			

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

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

2. Signatures

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

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

For the Government of **Sao Tome and Principe**

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Leonel Pinto Pontes	Name	Hélio Silva Vaz de Almeida
Date		Date	
Signature		Signature	

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

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2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Catarina Duarte	Cooperation Portuguese		

François Nguessan	OMS		
Tanya Radosavljevic	UNICEF		
Alberto Neto	Société Nationale de la Croix Rouge		
Antonio Marques Lima	Ministere de la Sante		
Neusa Raquel da Costa Lima	Direction de Planification et Finance Ministere de la Sante		
Manuela Ferreira da Costa	Direction de Soins de Santé Ministere de la Sante		
Maria Elizabeth Carvalho	Ministere de la Santé/PEV		
Vladimir Costa e Sousa	Ministere de la Santé/PEV		
Maria Quaresma dos Anjos	OMS		
Abdul Barros	Ministere du Plan et Finance		
Edgar Manuel Agostinho das Neves	ONG(Institut MARques Vall Flor)		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

Sao Tome and Principe is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

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

Sao Tome and Principe is not reporting on CSO (Type A & B) fund utilisation in 2013

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4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	5,783	5,760	5,898	5,898	6,016	6,016	6,139	6,139
Total infants' deaths	150	146	173	173	177	177	183	183
Total surviving infants	5633	5,614	5,725	5,725	5,839	5,839	5,956	5,956
Total pregnant women	6,633	6,408	6,766	6,766	6,901	6,901	7,039	7,039
Number of infants vaccinated (to be vaccinated) with BCG	5,783	5,715	5,898	5,898	6,016	6,016	6,139	6,139
BCG coverage	100 %	99 %	100 %	100 %	100 %	100 %	100 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3	5,520	5,433	5,610	5,610	5,722	5,722	5,837	5,837
OPV3 coverage	98 %	97 %	98 %	98 %	98 %	98 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with DTP1	5,577	5,610	5,668	5,668	5,781	5,781	5,896	5,896
Number of infants vaccinated (to be vaccinated) with DTP3	5,520	5,433	5,610	5,610	5,722	5,722	5,837	5,837
DTP3 coverage	98 %	97 %	98 %	98 %	98 %	98 %	98 %	98 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	4	3	4	4	4	4	4	4
Wastage[1] factor in base-year and planned thereafter for DTP	1.04	1.03	1.04	1.04	1.04	1.04	1.04	1.04
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	5,577	5,610	5,668	5,668	5,781	5,781	0	
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	5,577	5,433	5,668	5,610	5,722	5,722	0	
DTP-HepB-Hib coverage	98 %	97 %	98 %	98 %	98 %	98 %	0 %	0 %
Wastage[1] rate in base-year and planned thereafter (%)	0	3	0	5	5	5	0	
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.03	1.05	1.05	1.05	1.05	1	1
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	5,351	5,161	5,610	5,610	5,722	5,722	5,837	5,837
Yellow Fever coverage	95 %	92 %	98 %	98 %	98 %	98 %	98 %	98 %
Wastage[1] rate in base-year and planned thereafter (%)	0	10	0	10	10	10	10	10

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11
Maximum wastage rate value for Yellow Fever, 5 dose(s) per vial, LYOPHILISED	50 %	10 %	50 %	10 %	50 %	10 %	50 %	10 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	5,577	3,622	5,668	5,668	5,781	5,781	5,896	5,896
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	5,577	0	5,668	5,610	5,722	5,722	5,837	5,837
Pneumococcal (PCV13) coverage	95 %	0 %	98 %	98 %	98 %	98 %	98 %	98 %
Wastage[1] rate in base-year and planned thereafter (%)	0	3	0	5	5	5	0	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.03	1.05	1.05	1.05	1.05	1	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles		5,160	4,580	5,610	5,722	5,722	5,837	5,837
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles		0	4,580	4,580	4,671	4,671	4,765	4,765
Measles coverage	0 %	0 %	80 %	80 %	98 %	80 %	98 %	80 %
Wastage[1] rate in base-year and planned thereafter (%) {0}		31	0	25	0	20	0	20
Wastage[1] factor in base-year and planned thereafter (%)		1.45	1.25	1.33	1	1.25	1	1.25
Maximum wastage rate value for Measles second dose, 10 dose(s) per vial, LYOPHILISED	50.00 %	40.00 %	50.00 %	40.00 %	50.00 %	40.00 %	50.00 %	40.00 %
Pregnant women vaccinated with TT+	6,616	5,812	6,619	6,619	6,750	6,750	6,885	6,885
TT+ coverage	100 %	91 %	98 %	98 %	98 %	98 %	98 %	98 %
Vit A supplement to mothers within 6 weeks from delivery	6,303	5,673	6,415	6,415	6,544	6,544	6,675	6,675
Vit A supplement to infants after 6 months	18,172	20,569	18,420	18,420	18,789	18,868	19,875	19,236
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	1 %	3 %	1 %	1 %	1 %	1 %	1 %	1 %

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

Pas de changement.

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

Pas de changement

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

Pas de changement

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

Antigenios	2011	2012
BCG	58,9%	51%
DTC	4%	3,4%
Bep.B	4%	3,4%
VPO	5,1%	5,6%
Rougeole	36,2%	31%
Fievre jeune	15,7%	14%
VAT	3.4%	10%
58,90% 4,00%4,00%4,00%SOSO5,10%36,20%15,70%3,40%		

5.2. Immunisation achievements in 2012

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

- La mise en oeuvre d'évaluation de qualité des données (DQS) et rendre opérationnel les outils élaborés pendant la formation, dans tous les districts en 2012
- Augmenter le nombre de personnel de santé formés en DQS dans tous les districts
- Renforcer l'utilisation des outils de collectes des données du PEV du niveau central et des districts et le suivi par les supervisions formatives
- La mise en place de la base de données nationale (STP Info) y compris les données de santé, en particulier les données du PEV. A la fin de l'année les couvertures vaccinales obtenues ont été les suivantes: BCG - 99%; PENTA 3 - 96,4%; POLIO 3 - 96,4%; VAR - 91,6%; VAA - 91,6%; VAT2 - 88,2%.

Pour atteindre ces résultats les principales activités réalisées sont les suivantes.

1- Renforcement de capacités du personnel de la santé au niveau nationale

2- Activités pour la réduction des abandons (vaccination des enfants manqués pendant la consultation à domicile)

3- Amélioration de la capacité de stockage des vaccins au niveau Central (achat et l'installation de la chambre de froid au niveau central).

4- Formation du logiciel du PEV Central avec l'appui du consultant externe de l'UNICEF

Toutefois, pendant l'année 2012 le programme a accusé un certain faiblesse, dont la plus importante est liée à:

- La démotivation du personnel.

Le maintien des couvertures vaccinales au dessus de 80% pour le VAR depuis 2006 a permis au pays introduire le nouveau vaccin antipneumococcique en novembre 2012 et le pays se prépare pour introduire la deuxième dose de la rougeole en octobre 2013.

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

Les objectifs ont été atteints.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

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

<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

À Sao Tome et Principe le Programme de Vaccination (PEV) couvre tous les enfants sans disparité de genre. **Ceci est rendu possible a cause du respect de la loi et textes de la République en la matiere.**

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

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

NA

5.4. Data assessments

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

On a pas de probleme d'ecart de donnees sur la couverture vaccinale. Cette affirmation est confirmee par l'Enquete Demographique Sanitaire(EDS,2009), que a demontre qu'il n'y a pas statistiquement difference des donnees de'enquete par rapport aux administratives.

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

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No**

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

NA

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

Plusieurs activités ont été mises en œuvre pour améliorer la qualité des données:

- Les réunions de revue et d'harmonisation des données de vaccination et de surveillance au niveau des districts et au niveau central.
- Le renforcement des supervisions formative.
- Realisation de l'atelier de formation sur l'évaluation de qualité des données (DQS) pour le personnel de Santé au niveau central, et des districts sanitaires, (juin et décembre 2011) qui a contribué pour l'amélioration de la collecte et reportage des données.
- L'évaluation de gestion des vaccins (EGV), en juin 2011, qui a apporté des contributions significatives dans l'amélioration du système de collecte des données

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

- La mise en oeuvre d'évaluation de qualité des données (DQS) et rendre opérationnel les outils élaborés pendant la formation, dans tous les districts en 2012
- Actulisation des outils de collectes des données du PEV du niveau central et des districts et le suivi par les supervisions formatives.
- La mise en place de la base de données nationale (STP Info) y compris les données de santé, en particulier les données du PEV

5.5. Overall Expenditures and Financing for Immunisation

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

| | | |
|---------------------------|-------------------|--|
| Exchange rate used | 1 US\$ = 19354.62 | Enter the rate only; Please do not enter local currency name |
|---------------------------|-------------------|--|

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

| Expenditure by category | Expenditure Year 2012 | Source of funding | | | | | | |
|---|-----------------------|-------------------|----------------|---------------|---------------|---------------|----------|----------|
| | | Country | GAVI | UNICEF | WHO | TAIWAN | NA | NA |
| Traditional Vaccines* | 16,024 | 0 | 0 | 16,024 | 0 | 0 | 0 | 0 |
| New and underused Vaccines** | 213,608 | 16,652 | 196,956 | 0 | 0 | 0 | 0 | 0 |
| Injection supplies (both AD syringes and syringes other than ADs) | 1,982 | 0 | 957 | 1,025 | 0 | 0 | 0 | 0 |
| Cold Chain equipment | 31,844 | 18,781 | 0 | 13,063 | 0 | 0 | 0 | 0 |
| Personnel | 2,737 | 2,737 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other routine recurrent costs | 397,166 | 366,757 | 30,409 | 0 | 0 | 0 | 0 | 0 |
| Other Capital Costs | 118,118 | 118,118 | 0 | 0 | 0 | 0 | 0 | 0 |
| Campaigns costs | 57,648 | 2,000 | 0 | 9,600 | 26,048 | 20,000 | 0 | 0 |
| Assistance technique et financier pour l'elaboration des Manuel de formations pour la introduction de PCV13 | | | | | 18,600 | | | |
| Total Expenditures for Immunisation | 839,127 | | | | | | | |
| Total Government Health | | 525,045 | 228,322 | 39,712 | 44,648 | 20,000 | 0 | 0 |

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

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

Les financement planifiés sur le budget de l'état relatif à l'achat des vaccins traditionnels n'ont pu être débloqué par le trésor public. Ces mêmes fonds ont été replanifiés en 2013 dans la loi de finance.

5.6. Financial Management

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

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

| Action plan from Aide Mémoire | Implemented? |
|-------------------------------|--------------|
|-------------------------------|--------------|

| | |
|----|----|
| NA | No |
|----|----|

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

NA

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

NA

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **1**

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

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

Le CCIA s'est reuni en 2012 une fois. Cette situation s'explique par l'instabilité politique.

Les principales preoccupations du CCIA en 2012 ont été:

- Les membres de CCIA ont manifesté la necessite de prendre les mesures adequates pour augmenter le taux de couverture du VAT;
- Le CCIA a reconmendé que les données par sexe devront être registrés a partir de l'année de 2013.
- Ils ont reconmendé que le reunions du CCIA devront être realisées plus frequemment.
-

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

If Yes, which ones?

| List CSO member organisations: |
|---|
| ONG- Instituto Marquês Valle Flor (IMVF). |
| Société Nationale de la Croix Rouge. |
| Rotary Club de Sao Tomé. |

5.8. Priority actions in 2013 to 2014

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

1. Prestation des services:

- Organiser des ateliers de microplanification du PEV
- Renforcer la stratégie avancée et mobile
- Réaliser les visites de supervision dans chaque 6 mois pour le niveau central et trimestrielle au niveau des districts
- Relancer les réunions de suivi trimestriel et évaluation des activités du PEV
- Organiser l'évaluation externe du PEV en 2013.

2. Renforcement de la communication en faveur du PEV

- Mettre en oeuvre le plan intégré de communication pour le PEV.
- Produire les paquets de communication
- Former Agents de Santé Communaires (ASC) sur les stratégies de communication pour les communautés.

3. Renforcement de surveillance epidemiologique

- Finaliser le plan de surveillance active
- Produire trimestriellement les bulletins épidémiologique pour assurer la retro information a tous les niveaux
- Réviser/Mise à jour les outils de supervision
- Réaliser sessions de formation de formateurs sur la surveillance des cas de PFA pour les communautés

4. Renforcement du système de gestion des vaccins

- Doter les districts sanitaires d'outils informatiques de gestion des vaccins
- Adapter les outils de gestion par rapport aux nouveaux vaccins

5. Renforcement du système logistique

- Commander les équipements et matériels pour la CDF.

6. Renforcement des capacités

- Former tout le personnel des formations sanitaires lié à la vaccination dans le Manuel des Normes et Procédures du PEV
- Élaborer des manuels de formation pour l'introduction des nouveaux vaccins (Deuxième dose de rougeole et rotavirus)
- Organiser la formation du personnel de santé sur l'introduction des nouveaux vaccins par niveau
- Organiser la formation des agents de santé communaires et des accoucheuses traditionnelles sur l'introduction des nouveaux vaccins (Deuxième dose rougeole et rotavirus)

7 Renforcement de mécanismes de financement permanent du PEV

- Renforcer le plaidoyer pour la disponibilité des ressources inscrites dans le budget de l'Etat
- Renforcer le plaidoyer pour l'augmentation du budget national alloué à la santé.

5.9. Progress of transition plan for injection safety

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

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

| Vaccine | Types of syringe used in 2012 routine EPI | Funding sources of 2012 |
|------------------------|---|-------------------------|
| BCG | Seringues Autobloquants 0,05 ml ; SD 2ml | UNICEF |
| Measles | Seringues autobloquants 0,5 ml: SD 5ml | UNICEF |
| TT | Seringues autobloquants 0,5 ml | UNICEF |
| DTP-containing vaccine | | |

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

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

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

Le manuel des normes et procédures du PEV a été révisé en décembre 2011 et la politique de sécurité des injections est dans ce document. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

La principale contrainte c'est l que le personnel ne respect pas toutes les normes et orientations de sécurité des injections, notamment la façon de brûler les déchets

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

Les déchets coupants sont collectés dans des boites de sécurité qui sont insinérés dans un trou spécialement creusé.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

| | Amount US\$ | Amount local currency |
|--|-------------|-----------------------|
| Funds received during 2012 (A) | 99,967 | 1,934,820,588 |
| Remaining funds (carry over) from 2011 (B) | 5,458 | 107,672,899 |
| Total funds available in 2012 (C=A+B) | 105,425 | 2,042,493,487 |
| Total Expenditures in 2012 (D) | 30,409 | 588,551,349 |
| Balance carried over to 2013 (E=C-D) | 75,016 | 1,453,942,138 |

6.1.1. Briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

Les fonds GAVI sont dépensés selon un plan de dépenses validé par le CCIA.

Les fonds financement GAVI ne figurent pas dans les Plans et le budget national du secteur santé.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Aucun problème n'a pas été rencontré dans l'utilisation de ces fonds

6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

Une fois approuvé le plan de dépenses et les fonds alloués aux activités, le secteur comptable du PEV fait les démarches pour le déblocage des fonds y compris l'émission de cheque doit comporter 2 à 3 signatures: du directeur du soins primaire au le directeur de la planification et finances du ministère de santé et du Réprésentant de l'UNICEF

Le bénéficiaires sont tenus de présenter un rapport technique et financier des activités menées au PEV central. Le PEV central presente un rapport synthèse financier et technique de toutes ressources au CCIA pour approbation.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2012

Les principales activités menées avec les fonds du SSV en 2012 ont été:

- Sessions d'éducation pour la santé avec messages sur la vaccination dans les postes et centres e dans les communautés par les équipes avancées et par les agents santé communautaire ;<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
- Supervision à tous les niveaux de prestation des services y compris la supervision de la chaîne de froid
- Entretien des équipements de la Chaîne de Froid au niveau central et au niveau des Districts.
- Différentes formations pour la gestion du vaccin.
- Traduction et multiplication du Manuel PEV
- Elaboration, production et multiplication des Manuels de formation et de communication sur le PCV-13
- Formation des agents de santé pour l'introduction du PCV-13.

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **No**

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

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

Calculations of ISS rewards will be carried out by the GAVI Secretariat, based on country eligibility, based on JRF data reported to WHO/UNICEF, taking into account current GAVI policy.

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

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

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

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

| | [A] | [B] | | |
|----------------------|---|--|---|--|
| Vaccine type | Total doses for 2012 in Decision Letter | Total doses received by 31 December 2012 | Total doses of postponed deliveries in 2012 | Did the country experience any stockouts at any level in 2012? |
| Yellow Fever | 800 | 1,800 | 7,296 | No |
| Pneumococcal (PCV13) | 21,960 | 21,600 | 14,966 | No |
| Measles | | 35,400 | 36,620 | No |
| DTP-HepB-Hib | 17,568 | 16,168 | 17,197 | No |

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

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

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

Dans le PPAC il été planifie 21960 doses pour le PCV-13 e 17568 pour le DTC-Hep.B-Hib. pour l année 2012

Le pays a reçu 21600 doses de PCV-13 et 16168 de DTC-Hep.B-Hib.

En ce que concerne la difference existant, la raison ont ne connai pas.

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

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

Existence du Manuel de PEV actualise

Formation des agents de santé en gestion des vaccins

Augmentation de nombre des visites de Supervision formative.

L` utilisation des flacons monodoses.

Acquisition et instalation d` une chambre de Froid de 10 m3. de capacite pour le niveau central

Formation du logicien du PEV central sur l`entretien de cette chambre de Froid.

Renforcement des capacites sur le calcul de taux de perde en vaccins et comment calculer les quantités des vaccins lors des commandes.

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

7.2. Introduction of a New Vaccine in 2012

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

| DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | | |
|---|--------------|--|
| Phased introduction | Not selected | |
| Nationwide introduction | Not selected | |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | Not selected | |

| Measles second dose, 10 dose(s) per vial, LYOPHILISED | | |
|---|--------------|--|
| Phased introduction | Not selected | |
| Nationwide introduction | Not selected | |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | Not selected | |

| Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | | |
|---|-----|--|
| Phased introduction | No | |
| Nationwide introduction | Yes | 30/11/2012 |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | No | Le retard dans l'introduction a été induit par le changement de la Ministre de la Santé (instabilité politique). |

| Yellow Fever, 5 dose(s) per vial, LYOPHILISED | | |
|---|--------------|--|
| Phased introduction | Not selected | |
| Nationwide introduction | Not selected | |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | Not selected | |

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

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

Non. Le vaccin DTC-Hep.B-Hib a été intruduit en Octobre 2009 et une evaluation a été faite en Octobre 2010.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

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

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

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

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

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

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

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

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

<P>Le fin de l'étude sur la diarrhée à rotavirus est prévu pour la fin 2013.</P>

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

| | Amount US\$ | Amount local currency |
|--|-------------|-----------------------|
| Funds received during 2012 (A) | 99,967 | 1,934,820,588 |
| Remaining funds (carry over) from 2011 (B) | 5,458 | 107,672,899 |
| Total funds available in 2012 (C=A+B) | 105,425 | 2,042,493,487 |
| Total Expenditures in 2012 (D) | 30,409 | 588,551,349 |
| Balance carried over to 2013 (E=C-D) | 75,016 | 1,453,942,138 |

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

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

7.3.2. Programmatic Reporting

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

Les principales activités entreprises avec la l'allocation GAVI pour l'introduction du nouveau vaccin sont:

- Elaboration, production et multiplication des manuels de formation et de communication sur le PCV-13.
- Formation des agents de santé pour l'introduction du PCV-13
- La revision des outils de gestion du PEV.
- Sessions d'éducation pour la santé avec messages sur le vaccin PCV-13 dans les Communites et avec le média (TVS, Radio)
- L'appui à l'expédition des vaccins, et matériels d'injection dans les districts et formations sanitaires.
- Supervition à tous le niveaux de prestation des services y compris la supervition de la chambre de froid.

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

NA

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

Les Activités qui seront entreprises avec le solde des fonds reporté sur 2013:

- Maintenance de la chambre et des chaînes de Froid
- Acquisition des réfrigérateurs solaires.
- Acquisition des motos et des accessoires pour les districts sanitaires.
- Supervision des unités sanitaires
- Réhabilitation de bureaux du PEV

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

| Q.1: What were the actual co-financed amounts and doses in 2012? | | |
|--|---------------------------------------|------------------------------|
| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses |
| Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | | |
| Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED | 0 | 0 |
| Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 12,600 | 1,800 |
| Awarded Vaccine #4: Yellow Fever, 5 dose(s) per vial, LYOPHILISED | 132 | 200 |
| Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources? | | |
| Government | 12732 | |
| Donor | 159702.20 | |
| Other | NA | |
| Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies? | | |
| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses |
| Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 0 | 0 |
| Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED | 0 | 0 |
| Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 0 | 0 |
| Awarded Vaccine #4: Yellow Fever, 5 dose(s) per vial, LYOPHILISED | 0 | 0 |
| Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding | | |
| Schedule of Co-Financing Payments | Proposed Payment Date for 2014 | Source of funding |
| Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | | |

| | | |
|---|--|---------------|
| Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED | July | Guouvernement |
| Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | July | Gouvernement |
| Awarded Vaccine #4: Yellow Fever, 5 dose(s) per vial, LYOPHILISED | July | Gouvernement |
| | | |
| | Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing | |
| | <p>-Besoin d'un économiste de la Santé pour élaboration des stratégies de financement durable et réactualisation du CMYP.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" /></p> <p>-Capacitation des cadres de santé en mobilisation des ressources pour l` accroissement du Budget en 2014.</p> | |

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

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

?????????????

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **No**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

Please attach:

- (a) EVM assessment (**Document No 12**)
- (b) Improvement plan after EVM (**Document No 13**)
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

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

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

If yes, provide details

NA

When is the next Effective Vaccine Management (EVM) assessment planned? **September 2016**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Sao Tome and Principe does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Sao Tome and Principe does not require to change any of the vaccine presentation(s) for future years.

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

Renewal of multi-year vaccines support for Sao Tome and Principe is not available in 2013

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

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

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

If you don't confirm, please explain

7.11. Calculation of requirements

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

| ID | Source | | 2012 | 2013 | 2014 | TOTAL | |
|----|--|--------------------|------|---------|---------|---------|--------|
| | Number of surviving infants | Table 4 | # | 5,614 | 5,725 | 5,839 | 17,178 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 5,610 | 5,668 | 5,781 | 17,059 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 5,433 | 5,610 | 5,722 | 16,765 |
| | Immunisation coverage with the third dose | Table 4 | % | 96.78 % | 97.99 % | 98.00 % | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.03 | 1.05 | 1.05 | |
| | Vaccine stock on 31st December 2012 * (see explanation footnote) | | # | 4,678 | | | |
| | Vaccine stock on 1 January 2013 ** (see explanation footnote) | | # | 4,678 | | | |
| | Number of doses per vial | Parameter | # | | 1 | 1 | |
| | AD syringes required | Parameter | # | | Yes | Yes | |
| | Reconstitution syringes required | Parameter | # | | No | No | |
| | Safety boxes required | Parameter | # | | Yes | Yes | |
| g | Vaccine price per dose | Table 7.10.1 | \$ | | 2.04 | 2.04 | |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.23 | 0.26 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.5800 | 0.5800 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 25.50 % | 25.50 % | |
| fd | Freight cost as % of devices value | 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 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

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

| | |
|--------------------|--------------|
| Co-financing group | Intermediate |
|--------------------|--------------|

| | 2012 | 2013 | 2014 |
|--|------|------|------|
| Minimum co-financing | 0.20 | 0.23 | 0.26 |
| Recommended co-financing as per APR 2011 | | | 0.26 |
| Your co-financing | 0.23 | 0.23 | 0.26 |

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

| | | 2013 | 2014 |
|---------------------------------------|----|--------|--------|
| Number of vaccine doses | # | 16,500 | 16,600 |
| Number of AD syringes | # | 17,400 | 17,500 |
| Number of re-constitution syringes | # | 0 | 0 |
| Number of safety boxes | # | 200 | 200 |
| Total value to be co-financed by GAVI | \$ | 43,000 | 43,500 |

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

| | | 2013 | 2014 |
|---|----|-------|-------|
| Number of vaccine doses | # | 1,600 | 1,900 |
| Number of AD syringes | # | 1,700 | 2,000 |
| Number of re-constitution syringes | # | 0 | 0 |
| Number of safety boxes | # | 25 | 25 |
| Total value to be co-financed by the Country ^[1] | \$ | 4,500 | 5,000 |

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

| | Formula | 2012 | 2013 | | | |
|----------|--|--|--------|------------|-------|--------|
| | | Total | Total | Government | GAVI | |
| A | Country co-finance | V | 0.00 % | 8.81 % | | |
| B | Number of children to be vaccinated with the first dose | <i>Table 5.2.1</i> | 5,610 | 5,668 | 500 | 5,168 |
| C | Number of doses per child | <i>Vaccine parameter (schedule)</i> | 3 | 3 | | |
| D | Number of doses needed | $B \times C$ | 16,830 | 17,004 | 1,499 | 15,505 |
| E | Estimated vaccine wastage factor | <i>Table 4</i> | 1.03 | 1.05 | | |
| F | Number of doses needed including wastage | $D \times E$ | 17,335 | 17,855 | 1,574 | 16,281 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | | 130 | 12 | 118 |
| H | Stock on 1 January 2013 | <i>Table 7.11.1</i> | 4,678 | | | |
| I | Total vaccine doses needed | $F + G - H$ | | 18,035 | 1,589 | 16,446 |
| J | Number of doses per vial | <i>Vaccine Parameter</i> | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | | 19,019 | 1,676 | 17,343 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | | 212 | 19 | 193 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | | 36,720 | 3,236 | 33,484 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | | 885 | 78 | 807 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | | 123 | 11 | 112 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | | 9,364 | 826 | 8,538 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | | 47,092 | 4,149 | 42,943 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | | 4,149 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | | 8.81 % | | |

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

| | Formula | 2014 | | | |
|---|---|--|------------|-------|--------|
| | | Total | Government | GAVI | |
| A | Country co-finance | V | 9.96 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 5,781 | 576 | 5,205 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | |
| D | Number of doses needed | $B \times C$ | 17,343 | 1,727 | 15,616 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | | |
| F | Number of doses needed including wastage | $D \times E$ | 18,211 | 1,814 | 16,397 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 89 | 9 | 80 |
| H | Stock on 1 January 2013 | Table 7.11.1 | | | |
| I | Total vaccine doses needed | $F + G - H$ | 18,350 | 1,828 | 16,522 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | 19,350 | 1,927 | 17,423 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | 215 | 22 | 193 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 37,361 | 3,721 | 33,640 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 37,361 | 90 | 810 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 125 | 13 | 112 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 9,528 | 949 | 8,579 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 47,914 | 4,771 | 43,143 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 4,771 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | 9.96 % | | |

Table 7.11.4: Calculation of requirements for (part 3)

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

Table 7.11.1: Specifications for Measles second dose, 10 dose(s) per vial, LYOPHILISED

| ID | Source | | 2012 | 2013 | 2014 | 2015 | TOTAL | |
|----|--|--------------------|------|--------|---------|---------|---------|--------|
| | Number of surviving infants | Table 4 | # | 5,614 | 5,725 | 5,839 | 5,956 | 23,134 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 5,160 | 5,610 | 5,722 | 5,837 | 22,329 |
| | Number of children to be vaccinated with the second dose | Table 4 | # | 0 | 4,580 | 4,671 | 4,765 | 14,016 |
| | Immunisation coverage with the second dose | Table 4 | % | 0.00 % | 80.00 % | 80.00 % | 80.00 % | |
| | Number of doses per child | Parameter | # | 1 | 1 | 1 | 1 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.45 | 1.33 | 1.25 | 1.25 | |
| | Vaccine stock on 31st December 2012 * (see explanation footnote) | | # | 6,720 | | | | |
| | Vaccine stock on 1 January 2013 ** (see explanation footnote) | | # | 6,720 | | | | |
| | Number of doses per vial | Parameter | # | | 10 | 10 | 10 | |
| | AD syringes required | Parameter | # | | Yes | Yes | Yes | |
| | Reconstitution syringes required | Parameter | # | | Yes | Yes | Yes | |
| | Safety boxes required | Parameter | # | | Yes | Yes | Yes | |
| g | Vaccine price per dose | Table 7.10.1 | \$ | | 0.27 | 0.29 | 0.30 | |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.00 | 0.00 | 0.00 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.5800 | 0.5800 | 0.5800 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 14.00 % | 14.00 % | 14.00 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 10.00 % | 10.00 % | 10.00 % | |

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

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

Co-financing tables for Measles second dose, 10 dose(s) per vial, LYOPHILISED

| Co-financing group | Intermediate | 2012 | 2013 | 2014 | 2015 |
|--|--------------|------|------|------|------|
| Minimum co-financing | | 0.00 | 0.00 | 0.00 | 0.00 |
| Recommended co-financing as per APR 2011 | | | | 0.00 | 0.00 |
| Your co-financing | | | 0.00 | 0.00 | 0.00 |

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

| | | 2013 | 2014 | 2015 |
|---------------------------------------|----|-------|-------|-------|
| Number of vaccine doses | # | 7,800 | 6,000 | 6,100 |
| Number of AD syringes | # | 6,800 | 5,200 | 5,400 |
| Number of re-constitution syringes | # | 900 | 700 | 700 |
| Number of safety boxes | # | 100 | 75 | 75 |
| Total value to be co-financed by GAVI | \$ | 3,000 | 2,500 | 2,500 |

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

| | | 2013 | 2014 | 2015 |
|---|----|------|------|------|
| Number of vaccine doses | # | 0 | 0 | 0 |
| Number of AD syringes | # | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 0 | 0 |
| Total value to be co-financed by the Country ^[1]</td> <td>\$</td> <td>0</td> <td>0</td> <td>0</td> | \$ | 0 | 0 | 0 |

Table 7.11.4: Calculation of requirements for **Measles second dose, 10 dose(s) per vial, LYOPHILISED** (part 1)

| | Formula | 2012 | 2013 | | |
|--|--|--------|--------|------------|-------|
| | | Total | Total | Government | GAVI |
| A Country co-finance | V | 0.00 % | 0.00 % | | |
| B Number of children to be vaccinated with the first dose | Table 5.2.1 | 0 | 4,580 | 0 | 4,580 |
| C Number of doses per child | Vaccine parameter (schedule) | 1 | 1 | | |
| D Number of doses needed | $B \times C$ | 0 | 4,580 | 0 | 4,580 |
| E Estimated vaccine wastage factor | Table 4 | 1.45 | 1.33 | | |
| F Number of doses needed including wastage | $D \times E$ | 0 | 6,092 | 0 | 6,092 |
| G Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | | 1,523 | 0 | 1,523 |
| H Stock on 1 January 2013 | Table 7.11.1 | 6,720 | | | |
| I Total vaccine doses needed | $F + G - H$ | | 7,715 | 0 | 7,715 |
| J Number of doses per vial | Vaccine Parameter | | 10 | | |
| K Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | | 6,775 | 0 | 6,775 |
| L Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | | 857 | 0 | 857 |
| M Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | | 85 | 0 | 85 |
| N Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | | 2,107 | 0 | 2,107 |
| O Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | | 316 | 0 | 316 |
| P Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | | 32 | 0 | 32 |
| Q Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | | 50 | 0 | 50 |
| R Freight cost for vaccines needed | $N \times \text{freight cost as \% of vaccines value (fv)}$ | | 295 | 0 | 295 |
| S Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | | 40 | 0 | 40 |
| T Total fund needed | $(N+O+P+Q+R+S)$ | | 2,840 | 0 | 2,840 |
| U Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | | 0 | | |
| V Country co-financing % of GAVI supported proportion | U / T | | 0.00 % | | |

Table 7.11.4: Calculation of requirements for **Measles second dose, 10 dose(s) per vial, LYOPHILISED** (part 2)

| | Formula | 2014 | | | 2015 | | | |
|----------|--|--|------------|------|-------|------------|------|-------|
| | | Total | Government | GAVI | Total | Government | GAVI | |
| A | Country co-finance | V | 0.00 % | | | 0.00 % | | |
| B | Number of children to be vaccinated with the first dose | <i>Table 5.2.1</i> | 4,671 | 0 | 4,671 | 4,765 | 0 | 4,765 |
| C | Number of doses per child | <i>Vaccine parameter (schedule)</i> | 1 | | | 1 | | |
| D | Number of doses needed | $B \times C$ | 4,671 | 0 | 4,671 | 4,765 | 0 | 4,765 |
| E | Estimated vaccine wastage factor | <i>Table 4</i> | 1.25 | | | 1.25 | | |
| F | Number of doses needed including wastage | $D \times E$ | 5,839 | 0 | 5,839 | 5,957 | 0 | 5,957 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 0 | 0 | 0 | 30 | 0 | 30 |
| H | Stock on 1 January 2013 | <i>Table 7.11.1</i> | | | | | | |
| I | Total vaccine doses needed | $F + G - H$ | 5,939 | 0 | 5,939 | 6,087 | 0 | 6,087 |
| J | Number of doses per vial | <i>Vaccine Parameter</i> | 10 | | | 10 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | 5,185 | 0 | 5,185 | 5,323 | 0 | 5,323 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | 660 | 0 | 660 | 676 | 0 | 676 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | 65 | 0 | 65 | 67 | 0 | 67 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 1,699 | 0 | 1,699 | 1,802 | 0 | 1,802 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 1,699 | 0 | 242 | 1,802 | 0 | 248 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 25 | 0 | 25 | 26 | 0 | 26 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 38 | 0 | 38 | 39 | 0 | 39 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 238 | 0 | 238 | 253 | 0 | 253 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 31 | 0 | 31 | 32 | 0 | 32 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 2,273 | 0 | 2,273 | 2,400 | 0 | 2,400 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 0 | | | 0 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | 0.00 % | | | 0.00 % | | |

Table 7.11.4: Calculation of requirements for (part 3)

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

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

| ID | Source | | 2012 | 2013 | 2014 | 2015 | TOTAL | |
|----|--|--------------------|------|--------|---------|---------|---------|--------|
| | Number of surviving infants | Table 4 | # | 5,614 | 5,725 | 5,839 | 5,956 | 23,134 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 3,622 | 5,668 | 5,781 | 5,896 | 20,967 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 0 | 5,610 | 5,722 | 5,837 | 17,169 |
| | Immunisation coverage with the third dose | Table 4 | % | 0.00 % | 97.99 % | 98.00 % | 98.00 % | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 | 3 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.03 | 1.05 | 1.05 | 1.05 | |
| | Vaccine stock on 31st December 2012 * (see explanation footnote) | | # | 19,434 | | | | |
| | Vaccine stock on 1 January 2013 ** (see explanation footnote) | | # | 19,434 | | | | |
| | Number of doses per vial | Parameter | # | | 1 | 1 | 1 | |
| | AD syringes required | Parameter | # | | Yes | Yes | Yes | |
| | Reconstitution syringes required | Parameter | # | | No | No | No | |
| | Safety boxes required | Parameter | # | | Yes | Yes | Yes | |
| g | Vaccine price per dose | Table 7.10.1 | \$ | | 3.50 | 3.50 | 3.50 | |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.23 | 0.26 | 0.30 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.5800 | 0.5800 | 0.5800 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 6.00 % | 6.00 % | 6.00 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 0.00 % | 0.00 % | 0.00 % | |

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

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

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

| Co-financing group | Intermediate | 2012 | 2013 | 2014 | 2015 |
|---|--------------|------|------|------|------|
| Minimum co-financing | | 0.20 | 0.23 | 0.26 | 0.30 |
| Recommended co-financing as per APR 2011 | | | | 0.26 | 0.30 |
| Your co-financing | | 0.20 | 0.23 | 0.26 | 0.30 |

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

| | | 2013 | 2014 | 2015 |
|---------------------------------------|----|--------|--------|--------|
| Number of vaccine doses | # | 20,100 | 18,800 | 18,900 |
| Number of AD syringes | # | 19,500 | 18,100 | 18,200 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Number of safety boxes | # | 225 | 200 | 225 |
| Total value to be co-financed by GAVI | \$ | 75,500 | 70,500 | 71,000 |

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

| | | 2013 | 2014 | 2015 |
|---|----|-------|-------|-------|
| Number of vaccine doses | # | 1,400 | 1,400 | 1,700 |
| Number of AD syringes | # | 1,300 | 1,400 | 1,600 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Number of safety boxes | # | 25 | 25 | 25 |
| Total value to be co-financed by the Country ^[1] | \$ | 5,000 | 5,500 | 6,500 |

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

| | Formula | 2012 | 2013 | | |
|--|--|--------|--------|------------|--------|
| | | Total | Total | Government | GAVI |
| A Country co-finance | V | 0.00 % | 6.11 % | | |
| B Number of children to be vaccinated with the first dose | Table 5.2.1 | 3,622 | 5,668 | 347 | 5,321 |
| C Number of doses per child | Vaccine parameter (schedule) | 3 | 3 | | |
| D Number of doses needed | $B \times C$ | 10,866 | 17,004 | 1,040 | 15,964 |
| E Estimated vaccine wastage factor | Table 4 | 1.03 | 1.05 | | |
| F Number of doses needed including wastage | $D \times E$ | 11,192 | 17,855 | 1,092 | 16,763 |
| G Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | | 1,666 | 102 | 1,564 |
| H Stock on 1 January 2013 | Table 7.11.1 | 19,434 | | | |
| I Total vaccine doses needed | $F + G - H$ | | 21,321 | 1,304 | 20,017 |
| J Number of doses per vial | Vaccine Parameter | | 1 | | |
| K Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | | 20,724 | 1,268 | 19,456 |
| L Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | | 0 | 0 | 0 |
| M Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | | 231 | 15 | 216 |
| N Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | | 74,624 | 4,564 | 70,060 |
| O Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | | 964 | 59 | 905 |
| P Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | | 0 | 0 | 0 |
| Q Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | | 134 | 9 | 125 |
| R Freight cost for vaccines needed | $N \times \text{freight cost as \% of vaccines value (fv)}$ | | 4,478 | 274 | 4,204 |
| S Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | | 0 | 0 | 0 |
| T Total fund needed | $(N+O+P+Q+R+S)$ | | 80,200 | 4,904 | 75,296 |
| U Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | | 4,904 | | |
| V Country co-financing % of GAVI supported proportion | U / T | | 6.11 % | | |

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

| | Formula | 2014 | | | 2015 | | | |
|---|---|--|------------|-------|--------|------------|-------|--------|
| | | Total | Government | GAVI | Total | Government | GAVI | |
| A | Country co-finance | V | 6.91 % | | | 7.98 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 5,781 | 400 | 5,381 | 5,896 | 471 | 5,425 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | | 3 | | |
| D | Number of doses needed | $B \times C$ | 17,343 | 1,199 | 16,144 | 17,688 | 1,412 | 16,276 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | | | 1.05 | | |
| F | Number of doses needed including wastage | $D \times E$ | 18,211 | 1,259 | 16,952 | 18,573 | 1,482 | 17,091 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 89 | 7 | 82 | 91 | 8 | 83 |
| H | Stock on 1 January 2013 | Table 7.11.1 | | | | | | |
| I | Total vaccine doses needed | $F + G - H$ | 20,100 | 1,390 | 18,710 | 20,464 | 1,633 | 18,831 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | 19,350 | 1,338 | 18,012 | 19,735 | 1,575 | 18,160 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | 215 | 15 | 200 | 220 | 18 | 202 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 70,350 | 4,864 | 65,486 | 71,624 | 5,714 | 65,910 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 70,350 | 63 | 837 | 71,624 | 74 | 844 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 125 | 9 | 116 | 128 | 11 | 117 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 4,221 | 292 | 3,929 | 4,298 | 343 | 3,955 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 75,596 | 5,227 | 70,369 | 76,968 | 6,140 | 70,828 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 5,226 | | | 6,140 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | 6.91 % | | | 7.98 % | | |

Table 7.11.4: Calculation of requirements for (part 3)

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

Table 7.11.1: Specifications for Yellow Fever, 5 dose(s) per vial, LYOPHILISED

| ID | Source | | 2012 | 2013 | 2014 | 2015 | TOTAL | |
|----|--|--------------------|------|-------|---------|---------|---------|--------|
| | Number of surviving infants | Table 4 | # | 5,614 | 5,725 | 5,839 | 5,956 | 23,134 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 5,161 | 5,610 | 5,722 | 5,837 | 22,330 |
| | Number of doses per child | Parameter | # | 1 | 1 | 1 | 1 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.11 | 1.11 | 1.11 | 1.11 | |
| | Vaccine stock on 31st December 2012 * (see explanation footnote) | | # | 2,740 | | | | |
| | Vaccine stock on 1 January 2013 ** (see explanation footnote) | | # | 2,740 | | | | |
| | Number of doses per vial | Parameter | # | | 5 | 5 | 5 | |
| | AD syringes required | Parameter | # | | Yes | Yes | Yes | |
| | Reconstitution syringes required | Parameter | # | | Yes | Yes | Yes | |
| | Safety boxes required | Parameter | # | | Yes | Yes | Yes | |
| g | Vaccine price per dose | Table 7.10.1 | \$ | | 0.90 | 0.91 | 0.92 | |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.23 | 0.26 | 0.30 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.5800 | 0.5800 | 0.5800 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 7.80 % | 7.80 % | 7.80 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 10.00 % | 10.00 % | 10.00 % | |

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

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

Co-financing tables for Yellow Fever, 5 dose(s) per vial, LYOPHILISED

| | |
|--------------------|--------------|
| Co-financing group | Intermediate |
|--------------------|--------------|

| | 2012 | 2013 | 2014 | 2015 |
|--|------|------|------|------|
| Minimum co-financing | 0.20 | 0.23 | 0.26 | 0.30 |
| Recommended co-financing as per APR 2011 | | | 0.26 | 0.30 |
| Your co-financing | 0.23 | 0.23 | 0.26 | 0.30 |

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

| | | 2013 | 2014 | 2015 |
|---------------------------------------|----|-------|-------|-------|
| Number of vaccine doses | # | 5,000 | 4,900 | 4,800 |
| Number of AD syringes | # | 5,000 | 4,800 | 4,700 |
| Number of re-constitution syringes | # | 1,200 | 1,100 | 1,100 |
| Number of safety boxes | # | 75 | 75 | 75 |
| Total value to be co-financed by GAVI | \$ | 5,500 | 5,500 | 5,500 |

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

| | | 2013 | 2014 | 2015 |
|-------------------------|---|-------|-------|-------|
| Number of vaccine doses | # | 1,500 | 1,600 | 1,900 |

| | | | | |
|---|----|-------|-------|-------|
| Number of AD syringes | # | 1,500 | 1,600 | 1,900 |
| Number of re-constitution syringes | # | 400 | 400 | 500 |
| Number of safety boxes | # | 25 | 25 | 50 |
| Total value to be co-financed by the Country ^[1] | \$ | 1,500 | 2,000 | 2,000 |

Table 7.11.4: Calculation of requirements for Yellow Fever, 5 dose(s) per vial, LYOPHILISED (part 1)

| | Formula | 2012 | 2013 | | |
|--|--|--------|---------|------------|-------|
| | | Total | Total | Government | GAVI |
| A Country co-finance | V | 0.00 % | 22.13 % | | |
| B Number of children to be vaccinated with the first dose | Table 5.2.1 | 5,161 | 5,610 | 1,242 | 4,368 |
| C Number of doses per child | Vaccine parameter (schedule) | 1 | 1 | | |
| D Number of doses needed | $B \times C$ | 5,161 | 5,610 | 1,242 | 4,368 |
| E Estimated vaccine wastage factor | Table 4 | 1.11 | 1.11 | | |
| F Number of doses needed including wastage | $D \times E$ | 5,729 | 6,228 | 1,379 | 4,849 |
| G Vaccines buffer stock | $(F - F \text{ of previous year}) * 0.25$ | | 125 | 28 | 97 |
| H Stock on 1 January 2013 | Table 7.11.1 | 2,740 | | | |
| I Total vaccine doses needed | $F + G - H$ | | 6,403 | 1,418 | 4,985 |
| J Number of doses per vial | Vaccine Parameter | | 5 | | |
| K Number of AD syringes (+ 10% wastage) needed | $(D + G - H) * 1.11$ | | 6,366 | 1,410 | 4,956 |
| L Reconstitution syringes (+ 10% wastage) needed | $I / J * 1.11$ | | 1,422 | 315 | 1,107 |
| M Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 * 1.11$ | | 87 | 20 | 67 |
| N Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | | 5,763 | 1,276 | 4,487 |
| O Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | | 297 | 66 | 231 |
| P Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | | 53 | 12 | 41 |
| Q Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | | 51 | 12 | 39 |
| R Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | | 450 | 100 | 350 |
| S Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | | 41 | 10 | 31 |
| T Total fund needed | $(N+O+P+Q+R+S)$ | | 6,655 | 1,473 | 5,182 |
| U Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | | 1,473 | | |
| V Country co-financing % of GAVI supported proportion | U / T | | 22.13 % | | |

Table 7.11.4: Calculation of requirements for Yellow Fever, 5 dose(s) per vial, LYOPHILISED (part 2)

| | Formula | 2014 | | | 2015 | | | |
|----------|--|--|------------|-------|-------|------------|-------|-------|
| | | Total | Government | GAVI | Total | Government | GAVI | |
| A | Country co-finance | V | 24.85 % | | | 28.21 % | | |
| B | Number of children to be vaccinated with the first dose | <i>Table 5.2.1</i> | 5,722 | 1,422 | 4,300 | 5,837 | 1,647 | 4,190 |
| C | Number of doses per child | <i>Vaccine parameter (schedule)</i> | 1 | | | 1 | | |
| D | Number of doses needed | $B \times C$ | 5,722 | 1,422 | 4,300 | 5,837 | 1,647 | 4,190 |
| E | Estimated vaccine wastage factor | <i>Table 4</i> | 1.11 | | | 1.11 | | |
| F | Number of doses needed including wastage | $D \times E$ | 6,352 | 1,579 | 4,773 | 6,480 | 1,828 | 4,652 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 31 | 8 | 23 | 32 | 10 | 22 |
| H | Stock on 1 January 2013 | <i>Table 7.11.1</i> | | | | | | |
| I | Total vaccine doses needed | $F + G - H$ | 6,433 | 1,599 | 4,834 | 6,562 | 1,852 | 4,710 |
| J | Number of doses per vial | <i>Vaccine Parameter</i> | 5 | | | 5 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | 6,386 | 1,587 | 4,799 | 6,515 | 1,838 | 4,677 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | 1,429 | 356 | 1,073 | 1,457 | 412 | 1,045 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | 87 | 22 | 65 | 89 | 26 | 63 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 5,835 | 1,450 | 4,385 | 6,057 | 1,709 | 4,348 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 5,835 | 74 | 223 | 6,057 | 86 | 217 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 53 | 14 | 39 | 54 | 16 | 38 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 51 | 13 | 38 | 52 | 15 | 37 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 456 | 114 | 342 | 473 | 134 | 339 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 41 | 11 | 30 | 41 | 12 | 29 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 6,733 | 1,673 | 5,060 | 6,980 | 1,970 | 5,010 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 1,673 | | | 1,969 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | 24.85 % | | | 28.21 % | | |

Table 7.11.4: Calculation of requirements for (part 3)

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

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Sao Tome and Principe is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2013

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

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

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

Sao Tome and Principe **has NOT received GAVI TYPE A CSO support**

Sao Tome and Principe is not reporting on GAVI TYPE A CSO support for 2012

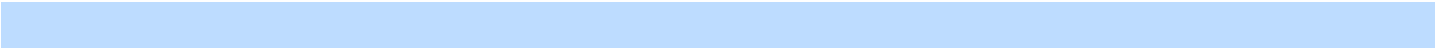
10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Sao Tome and Principe **has NOT received GAVI TYPE B CSO support**

Sao Tome and Principe is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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



12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

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

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

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

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

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

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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




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

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

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

13. Attachments

| Document Number | Document | Section | Mandatory | File |
|-----------------|---|---------|-----------|--|
| 1 | Signature of Minister of Health (or delegated authority) | 2.1 | ✓ | Assinatura dos Ministros 2012.pdf
File desc:
Date/time: 5/15/2013 6:15:32 AM
Size: 337106 |
| 2 | Signature of Minister of Finance (or delegated authority) | 2.1 | ✓ | Assinatura dos Ministros 2012.pdf
File desc:
Date/time: 5/15/2013 6:16:28 AM
Size: 337106 |
| 3 | Signatures of members of ICC | 2.2 | ✓ | Assin. Membros CCIA 2012.pdf
File desc:
Date/time: 5/15/2013 6:17:15 AM
Size: 366370 |
| 4 | Minutes of ICC meeting in 2013 endorsing the APR 2012 | 5.7 | ✓ | Relatorio CCIA 2012.pdf
File desc:
Date/time: 5/15/2013 6:18:04 AM
Size: 449937 |
| 7 | Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 6.2.1 | ✗ | Estado Fin. SSV 2012.pdf
File desc:
Date/time: 5/15/2013 6:19:37 AM
Size: 257534 |
| 9 | Post Introduction Evaluation Report | 7.2.2 | ✓ | Rapport_PIE_STP_POST INTRODUCTION PENTA.doc
File desc:
Date/time: 5/15/2013 6:21:09 AM
Size: 265728 |
| 10 | Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 7.3.1 | ✓ | Estado financeiro 2012.pdf
File desc:
Date/time: 5/15/2013 6:22:29 AM
Size: 232486 |
| 12 | Latest EVSM/VMA/EVM report | 7.5 | ✓ | RAPPORT_EVM_STP_2011 (Reparado) GEV.docx
File desc:
Date/time: 5/15/2013 6:24:40 AM
Size: 1399338 |
| 13 | Latest EVSM/VMA/EVM improvement plan | 7.5 | ✓ | plan amelioration de GEV.doc
File desc:
Date/time: 5/15/2013 6:25:44 AM |

| | | | | |
|----|--|-----|---|---|
| | | | | Size: 109568 |
| 14 | EVSM/VMA/EVM improvement plan implementation status | 7.5 |  | ETAT DE LA MISE EN OEUVRE
GEV_2012.docx
File desc:
Date/time: 5/15/2013 6:26:24 AM
Size: 18084 |
| 17 | Valid cMYP if requesting extension of support | 7.8 |  | comprehensive Multi Year Plan - cMYP - 1 - EN.docx
File desc:
Date/time: 6/25/2013 4:59:50 AM
Size: 869917 |
| 18 | Valid cMYP costing tool if requesting extension of support | 7.8 |  | cMYP Costing tool for financial analysis - 1 - EN.xls
File desc:
Date/time: 6/25/2013 5:00:45 AM
Size: 3264000 |