GAVI Alliance

Annual Progress Report 2012

Submitted by

The Government of

Angola

Reporting on year: **2012**
Requesting for support year: **2014**
Date of submission: **5/15/2013 12:29:34 PM**

Deadline for submission: 9/24/2013

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

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2015
INS			

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 is available here.

2. Signatures

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

By signing this page, the Government of Angola 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 Angola

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	Dr. José VIEIRA DÍAS VAN-DÚNEM	**Name**	Dr. Armando MANUEL
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
Alda DE SOUSA	EPI Manager	244 926598836	aldamorais@yahoo.com.br
Jorge MARISCAL PADILLA	WHO Immunization Medical Officer	244 935148531	mariscalj@ao.afro.who.int
Fekadu LEMMA	WHO EPI Officer	244 935148589	lemmaf@ao.afro.who.int
Titus ANGI	UNICEF Immunization Officer	244 925 338 469	tangi@unicef.org

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
Dr Jose VIEIRA DÍAS VAN-DÚNEM, Minister of Health	Ministry of Health		

Dr Adelaide DE CARVALHO, Nat. Director of Public Health	Ministry of Health		
Dr. Hernando AGUDELO, WHO Representative	WHO		
Dr .Koenraad VANORMELINGEN, Representative	UNICEF		
Dr Teresa MCGHIE	USAID		
Ms. Silvia NAGY/ Representative	Rotary International		
Ms Ana PINTO, Director	CORE GROUP		
Sr Walter,QUIFICA, Secretariat Executive	RED CROSS		
Dr Ana Margarida SETAS FERREIRA, ESSO Officer	ESSO		

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

Angola is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

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

Angola is not reporting on CSO (Type A & B) fund utilisation in 2013

3. Table of Contents

This APR reports on Angola's activities between January – December 2012 and specifies the requests for the period of January – December 2014

Sections

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	1,072,614	1,074,702	1,102,647	1,104,794	1,133,522	1,135,728	1,165,260	1,167,529
Total infants' deaths	139,440	161,202	143,344	165,720	147,358	170,360	151,484	175,130
Total surviving infants	933174	913,500	959,303	939,074	986,164	965,368	1,013,776	992,399
Total pregnant women	1,072,614	1,074,702	1,102,647	1,104,794	1,133,522	1,135,728	1,165,260	1,167,529
Number of infants vaccinated (to be vaccinated) with BCG	997,531	936,771	1,036,489	1,038,506	10,065,510	1,067,585	1,106,997	1,109,152
BCG coverage	93 %	87 %	94 %	94 %	888 %	94 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	867,852	801,025	901,745	882,730	926,994	907,446	963,087	942,778
OPV3 coverage	93 %	88 %	94 %	94 %	94 %	94 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	933,174	978,010	959,303	939,074	986,164	965,368	1,013,776	992,398
Number of infants vaccinated (to be vaccinated) with DTP3	867,852	827,764	901,745	882,730	926,994	907,446	963,087	942,778
DTP3 coverage	93 %	91 %	94 %	94 %	94 %	94 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	15	15	15	15	15	15	15	15
Wastage[1] factor in base-year and planned thereafter for DTP	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	933,174	978,010	959,303	939,074	986,164	965,368	1,013,776	992,398
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	933,174	827,764	959,303	882,730	926,994	907,446	963,087	942,778
DTP-HepB-Hib coverage	93 %	91 %	94 %	94 %	94 %	94 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) [2]	0	15	0	15	15	15	15	15
Wastage[1] factor in base-year and planned thereafter (%)	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	466,587	0	559,593	469,537	986,164	965,368	1,013,776	992,398
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	466,587	0	559,593	441,365	926,994	907,446	963,087	942,778

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Pneumococcal (PCV13) coverage	0 %	0 %	94 %	47 %	94 %	94 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	0	0	0	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.11	1	1.05	1.05	1.05	1.05	1.05	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 1 dose of Rotavirus		0		0	838,229	888,139	912,399	992,398
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus		0		0	788,931	772,294	963,087	942,778
Rotavirus coverage	0 %	0 %	47 %	0 %	80 %	80 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)		0		0	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)		1		1	1.05	1.05	1.05	1.05
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	867,852	885,732	901,745	882,730	926,994	907,446	963,087	942,778
Measles coverage	93 %	97 %	94 %	94 %	94 %	94 %	95 %	95 %
Pregnant women vaccinated with TT+	997,531	837,159	1,036,489	1,038,506	1,065,510	1,067,585	1,106,997	1,097,477
TT+ coverage	93 %	78 %	94 %	94 %	94 %	94 %	95 %	94 %
Vit A supplement to mothers within 6 weeks from delivery	997,531	400,740	1,036,489	552,397	1,065,510	681,437	1,106,997	817,270
Vit A supplement to infants after 6 months	829,667	796,335	852,898	657,352	876,779	772,294	901,329	893,159
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	7 %	15 %	6 %	6 %	6 %	6 %	5 %	5 %

** Number of infants vaccinated out of total surviving infants

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

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

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

2 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.

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**

  At national level exist a difference of 2,088 more births registered in 2012 (0.2% of total) compared with planned figures of GAVI proposal for the same year. This difference occurred during adjustments of district populations

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

  Comparing the original approved target of survivors according to Decision Letter, with the population of survivors utilized for 2012, exist 19,674 survivors of difference (2.1%).<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

  In order to maintain comparability with the population of survivors of 2011, MoH 2012 population and following years population estimates (total population, births, survivors) was based on population figures of 2011 with an increase only the national population growth rate of 2.8%. The proportion of 4.25% survivors of the total population was maintained waiting for the National Population Census planned for 2014.

- 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.**

  For Pneumo vaccine, the target for 2013 was decreased from 94% to 50%, due to delays in the introduction of this vaccine from January to June 2013. <?xml:namespace prefix = o />

  Regarding Rotavirus vaccine, the introduction of this vaccine was postponed for February 2014, mainly due to increasing of cold chain storage capacity shortages and the target was adjusted accordingly.

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

  No changes

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:

Achievements and activities conducted<?xml:namespace prefix = o />

- The national Penta3 coverage targeted of 94% was not achieved; however, there was improvement in performance from 86% coverage compared to 91% this year. In 2012 the numbers of Pentavalent unvaccinated children decreased by 37%. The Measles coverage increased from 88% in 2011 to 97%.
- Angola maintains Wild Poliovirus transmission interruption for the last 22 months, mainly due to improved routine immunization coverage performance in Polio priority districts and implementation of four quality polio campaign rounds.
- At provincial level, 9/18 provinces achieved more than 90% of Penta-3 coverage, 3 other provinces

achieve Penta-3 coverage between 83% to 88%; 4/ 18 provinces with Penta3 coverage between 70% to 79% and one small province with a coverage rate was 68%. At district level, 112/165 (68%) municipalities achieved more than 80% of Penta-3 coverage, 34/164 municipalities (21%)with 50% -79% coverage and 19/165 (11%) municipalities with Penta-3 coverage below 50%.

- In 2012, immunization outreach activities in 123 of 165 municipalities were implemented with government funds decentralized to the municipal (district) level; improving geographical coverage, equity and access to immunization. Additional funds of partners were used to carry out at least three rounds of routine vaccination intensification with all antigens in 42 Polio high priority municipalities.

- Nationwide cold chain inventory was updated; gaps identified and national MoH authorities shared information to provincial and municipal decision makers to purchase prequalified cold chain equipment's.

- The central cold chain storage capacity was increased from 10 m3 to 90m3 with support of a private company. Currently, the Government is constructing a new national cold room structure and warehouse (85% completed), with future projection of vaccine storage capacity of 20 years.

- Major cold chain storage capacity improvement was made at municipal and health facility levels; maintaining equipment's and purchasing new one in around 66% of municipalities. Despite the expansion, gaps remain mainly at intermediate level, which are being overcome by use of local resources, complemented by GAVI Pneumo introduction grant funds.

- In 2012, two national EPI coordination and evaluation meetings were conducted; 18 provincial teams participated in these meetings ,routine EPI performance indicators were analyzed EPI staff received training on introduction of new vaccines and cold chain system. EPI central level interagency team conducted supportive supervision in 14out of 18 provinces.

- 12out of 18 provinces supported EPI training and supervision activities at local as well provincial levels, quarterly evaluation meetings were implemented, with participation of 54 districts teams accompanied by MoH and partners.

- In order to increase municipal administrators' involvement in immunization program, the MOH central level held 6 local advocacy meetings with municipal and communal authorities, traditional leaders and local partner organizations. two social communication workshops were implemented with participation of 55 journalists from 11 provinces

- In 6/18 provinces more activities were implemented to increase and improve interpersonal communication for routine immunization and community participation through training of more community volunteers for social mobilization.

- At national level regular ICC meetings chaired by Vice Minister or Minister of Health were conducted; high priority issues were discussed; action points identified and followed up to the end of the year.

Status of new vaccine introduction:

- ICC approved a detailed plan and budget for a countrywide new vaccines introduction. Expanded technical team and pediatric society participated actively in the revision of the plan.

- Sentinel site for surveillance of pediatric meningitis and rotavirus diarrhea was reinforced by training and improved organization and responsibilities.

- The MoH presented the updated nationwide cold chain inventory data during a general meeting of municipal administrators in order to accelerate purchase of the remaining standard cold chain.

- EPI information system updated and improved including the introduction of a nominal registration book that contains gender registration and permit tracking immunization defaulters.

- Cascade training programme & materials were approved; training manual and tools were revised pending the printing.

- Communication and social mobilization materials are being prepared.

- Official launching of pneumococcal vaccine which was scheduled for April 2013, as part of African Immunization Week activities was postponed it will now take place June 3rd, 2013.

The major challenges encountered in 2012 were:

- Poor primary health care facility network continues; reducing access to health facilities and services, particularly in rural areas and peri-urban overcrowded slump;, consequently, the need for expensive outreach and mobile immunization services.
- Frequent implementation of polio campaigns and house to house vaccination of children has a negative effect on demand for routine vaccination by the public in some communities; this challenge has not yet been overcome by IEC activities.
- Lack of census and population estimates makes it difficult to monitor vaccination coverage and identification of critical low performing areas.
- Insufficient progresses in tracing vaccine defaulter and reducing missed opportunities of immunization in health facilities.
- High turnover of trained vaccinators and district supervisors, mainly due to new opportunities to study basic nursing courses or change of responsibilities resulting in un trained staff in charge of field activities with deficiencies in data quality and vaccine management.
- Immunization data quality is still low; there is the need more for supportive supervision at municipal and health facility levels.
- Three to three times increase in cost of standard cold chain equipment's (refrigerator gas/ electric) in the international market and in the country.

The overall strategic points to reverse the challenges and to enable sustainable development of immunization system in Angola, which are ongoing includes:

- Re-launching of routine immunization as a basic activity of heath, taking in the advantage of Pneumo and Rotavirus vaccines introduction with additional resources and increased population expectations and demand ;
- Scaling up of routine immunization to all health facilities countrywide (around 30% of health facilities without cold chain);
- Supportive supervision and training focused on local staff;
- Improve cold chain and vaccine management equipment and procedures;
- Increase the social communication, mobilization and community participation activities based on KAP investigations;
- Central level leadership, partnerships and active support to provincial levels initiatives,
- Utilization of International evaluation of EPI programme results (October 2013) for EPI Multiyear Plan adjustments and implementation of corrective actions.

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

- The main reason for not reaching the national target of 94% Penta-3 coverage, was because Luanda the biggest city of the country that approximately concentrate of 26 % national population, achieved only 75% Penta-3 coverage; mainly due to missed opportunities of vaccination in health facilities, relatively poor network of primary health facilities and insufficient outreach activities to cover the underserved population in peri urban areas . <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
- On other hand 54 sparsely populated municipalities did not achieve 80% penta-3 coverage due to insufficient primary health care services with cold chain, insufficient health technicians, scarce supportive supervision and lack transport means to meet high need to reach communities by outreach vaccination teams

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

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

NA

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

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

The new nominal registration book well be introduced in all health facilities during the Pneumo vaccine introduction; which includes the variable sex for all immunization administered. These will permit future EPI programme data analysis by gender , access , dropout rates in immunization areas with low coverage and other areas with suspected gender inequalities. (In 2013 will be available gender data)

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)

In 2011 no discrepancies were informed. The only source of information about routine immunization coverage is administrative data. No coverage surveys were conducted. The main difficulty for better estimation of coverage is the not reliable population because the last national population census was implemented 40 years ago. Many districts have more than 100% immunization coverage with discrepancies observed between coverage of antigens with similar schedules particularly at municipality level.

* 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.

- Training of EPI National supervisors and 5 Provincial EPI teams on Data Quality Self-assessment (DQS) tool. Implementation of DQS in 5 provinces. Some local adjustments implemented.<? xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
- Training of EPI supervisors and WHO surveillance officers on District Vaccination Data Management tool (DVD-MT) improves the monitoring the EPI performance indicators and facilitate the identification of quality issues and districts affected to taken action during the supervisory visits.
- Quarterly evaluations meetings with the participation of 54 districts of 12 provinces improve the data completeness and quality.
- Cascade supportive supervision implemented countrywide.

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.

For new vaccine introduction were adjusted the information and monitoring forms and tools. The cascade specific training was planned<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- Basic Training of EPI includes 2 units of data registration reporting and analysis
- Introduction of nominal child vaccination registration at health facility level (against the only tally sheet in the past)
- District immunization report includes data by health facilities facilitating the consistency analysis and feedback at local level (previously consolidated data only were available at provincial level)
- Integration data quality auditing key aspects into supervisory check list for all levels in order to be systematic the data quality follow-up
- More frequent supportive supervision from all levels taking in account the new vaccines
- Expand the regular monthly data analysis, harmonization meeting and feedback at health facility, municipal and district level.

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$ = 100	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**	**CORE**	**NA**	**NA**
Traditional Vaccines*	2,650,300	2,650,300	0	0	0	0	0	0
New and underused Vaccines**	7,201,000	2,796,000	4,405,000	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	1,589,600	1,340,338	249,262	0	0	0	0	0
Cold Chain equipment	2,212,020	1,846,100	0	365,920	0	0	0	0
Personnel	2,367,041	1,469,979	0	30,000	811,162	55,900	0	0
Other routine recurrent costs	1,536,418	1,296,000	0	240,418	0	0	0	0
Other Capital Costs	201,351	136,500	0	64,851	0	0	0	0

Campaigns costs	14,334,403	8,551,608	0	5,046,692	736,103	0	0	0
NA		0	0	0	0	0	0	0
Total Expenditures for Immunisation	32,092,133							
Total Government Health		20,086,825	4,654,262	5,747,881	1,547,265	55,900	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

The Angolan Government pay 100% of cost of traditional vaccines since 2007<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

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. For 2013 was planned GAVI/WHO/UNICEF jointly Mission<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

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? **9**

Please attach the minutes **(Document nº 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

During 2012, 9 ICC meetings were conducted, chaired by the Vice Minister of Health or Minister of Health. Major concerns related to routine immunization were:<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- Cold chain capacity and maintenance to receive new vaccines;
- Necessity to improve the quality of immunization data;
- Importance to concentrate the outreach activities in districts (municipalities) with largest unvaccinated children;
- The proper utilization of funds of Primary Health Care (decentralized under municipal level) in Routine Immunization and campaigns activities

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

If Yes, which ones?

List CSO member organisations:
Red Cross
CORE

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

Country priorities 2013-2014<?xml:namespace prefix = o />

- The National Plan of Health Development aim to strengthen all components of immunization system particularly to build capacity of municipal and front line health staff for effective plan implement and monitor the programme adapted to local conditions, through basic training and supportive supervision, and for close the logistic and cold chain gaps for secure vaccine storage and handling.

Main Objectives for 2013-2014:

- Achieve and maintain 94% of routine immunization coverage with all EPI antigens
- Consolidate the Poliovirus transmission interruption in the Country
- Achieve pre elimination standards for Measles
- Achieve Neonatal Tetanus Elimination standards
- Effective implementation of pneumococcal vaccine introduction Countrywide in 2013 and Rotavirus in 2014

Priority actions for 2013 -1214

- Introduction of Pneumo-13 vaccine in 2013 and Rotavirus vaccine in 2014
- Conducting cascaded capacity building training on EPI at all levels
- Secure the increasing positive cold chain capacity for Pneumo and Rotavirus vaccines introduction and extend cold chain network at all health facilities with enough personnel.
- Implement strong IEC to improve the demand and utilization of routine immunization services
- Intensification of routine immunization activities with outreach and mobile immunization teams in all districts, focusing on largest immunized children districts and hard to reach populations
- Conducting two annual rounds of Polio NIDs, Measles and Tetanus Follow-up campaigns
- Improve the field supportive supervision
- Conducting Immunization coverage surveys in 2013
- Implement Data Quality Self-Assessment in priority municipalities 2013-2014
- Strengthening the Hib, Pneumo and Rotavirus sentinel surveillance sites
- Strengthening of integrated disease surveillance and response.
- Strengthening AEFI surveillance system
- Implement post introduction evaluation for Pneumococcal and Rotavirus vaccines
- Implementation of EPI External Review in 2013
- Implementation of 2nd EVM assessment in September 2013
- Conducting cold chain management and maintenance training for logisticians

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	Autodisable syringe	Government

Measles	Autodisable syringe	Government
TT	Autodisable syringe	Government
DTP-containing vaccine	Autodisable syringe	Government /GAVI
Yellow Fever	Autodisable syringe	Government

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)

- High cost of incinerators (the priority in investments was done to purchase cold chain) in 2013 -2014 must be prioritize the gradual acquisition of incinerators for all districts<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
- Lack of strong and committed organizational committee for injection safety
- Gaps in on job training of health workers by competing priorities
- Weak commitment of health workers in notifying and investigating adverse events following immunization

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

Sharps are disposed countrywide through open field burning and burial except in Luanda Province when was by incineration.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

–□□□ The main problems encountered are: lack of attention by health facility management for safe disposal of sharps in some districts, lack of active injection safety committee at health facility, lack of person responsible for ensuring safe disposal of sharps and other wastes at health facility level.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

Angola is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

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

Angola is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.3. Request for ISS reward

Request for ISS reward achievement in Angola is not applicable for 2012

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

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

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

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

	[A]	[B]		
Vaccine type	**Total doses for 2012 in Decision Letter**	**Total doses received by 31 December 2012**	**Total doses of postponed deliveries in 2012**	**Did the country experience any stockouts at any level in 2012?**
DTP-HepB-Hib	2,852,616	1,570,500	1,282,116	No
Pneumococcal (PCV13)	1,942,169	1,576,800	365,369	No
Rotavirus		0	0	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? ...)

Pentavalent (DTP-HepB-Hib) <?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

- On December 28th 2011 the Ministry of Health of Angola received 1,431,000 doses of Pentavalent vaccine, this vaccine was used in 2012, for this reason was reprogramed and postponed 1,282,116 doses for the next year.

Pneumococcal (PC13) vaccine

- The total of vaccine received in 2012, was not utilized because the introduction was postponed for 2013. The main reasons for postponing were competing activities including national elections period and some delay in the purchasing of cold chain.

- 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.

.

The Interagency Technical and Logistical Teams (MoH- UNICEF-WHO) meet regularly in order to follow up the all vaccines needs, utilization, requesting's and shipments and take accordingly decisions.

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

Pentavalent 10 doses vial is more convenient for Angola, occupy less storage volume and wastage is low (open vial police application).

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.

NA.

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, 10 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	NA

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	Yes	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	<P>Angola planned to introduce Pneumococcal-13 vaccine nationwide in 2012, it was not possible to implement introduction in 2012 due to many challenges encountered (Too lengthy administrative procedures and delay in decision making of purchasing cold chain equipment, many overlapping priority activities including national electoral period .The cold chain gaps particularly at provincial and lower level not addressed on time). </P><P>Currently we are at the final fase of the preparation and new vaccine will be introduced phased in June 2013 because the delay to accomplish all the requirements in some provinces.</P>

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Insuficient cold chain storage capacity

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

The post introduction Evaluation for Pneumo Vaccine will be held end of November 2013 in order to identify problems and make adjustments before the Rotavirus introduction in 2014

The rotavirus introduction is planned for February 2014 and post introduction evaluation will be made in September 2014.

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? **No**

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? **No**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

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? **Yes**

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 class=MsoNormal style="MARGIN: 0cm 0cm 10pt 18pt"><FONT size=3><FONT face=Calibri>Since the introduction of Pentavalent vaccine in Angola in 2006, the evolution of cases of paediatric bacterial meningitis with isolation of Haemophilus influenzae type b until 2012 show a dramatic and sustained reduction in the proportion of cases of this bacteria, in parallel the meningitis cases with isolation of Streptococcus pneumonia were increased. Related of severe cases of diarrhea in around 35% of them was serological confirmed Rotavirus. All this information was obtained from Luanda Pediatric Hospital Sentinel Site that is working regularly in surveillance. The results was presented during the ICC meetings.<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" /><o:p></o:p></FONT></FONT></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)	0	0
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	0	0
Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	0	0

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

NA. In 2012 the Country didn't receive GAVI Funds.

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

NA

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$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2,796,000	168,300
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	2796000	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2,796,000	168,300
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	March	Government
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	June	Government
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	September	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	GAVI /WHO/UNICEF Mission visit to Angola (June 2013) to support the developing of financial sustainability strategies.	

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/

NA

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 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Angola does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Angola 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 Angola 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

NA

7.11. Calculation of requirements

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	913,500	939,074	965,368	992,399	3,810,341
	Number of children to be vaccinated with the first dose	Table 4	#	978,010	939,074	965,368	992,398	3,874,850
	Number of children to be vaccinated with the third dose	Table 4	#	827,764	882,730	907,446	942,778	3,560,718
	Immunisation coverage with the third dose	Table 4	%	90.61 %	94.00 %	94.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.18	1.18	1.18	1.18	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	1,440,020				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	1,440,020				
	Number of doses per vial	Parameter	#		10	10	10	
	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	$		1.73	1.73	1.73	
cc	**Country co-financing per dose**	Co-financing table	$		1.20	1.42	1.63	
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	%		6.40 %	6.40 %	6.40 %	
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.

NA

Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Co-financing group	Graduating

	2012	2013	2014	2015
Minimum co-financing	0.98	1.17	1.36	1.54
Recommended co-financing as per APR 2011			1.42	1.63
Your co-financing	0.98	1.20	1.42	1.63

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

		2013	2014	2015
Number of vaccine doses	#	1,215,600	858,000	489,300
Number of AD syringes	#	1,143,300	808,000	460,800
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	12,700	8,975	5,125
Total value to be co-financed by GAVI	$	2,299,500	1,623,000	926,000

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

		2013	2014	2015
Number of vaccine doses	#	2,109,300	2,583,200	3,048,300
Number of AD syringes	#	1,983,900	2,432,600	2,870,500
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	22,025	27,025	31,875
Total value to be co-financed by the Country ^[1]	$	3,990,000	4,886,500	5,766,500

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	63.44 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	978,010	939,074	595,742	343,332
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	2,934,030	2,817,222	1,787,224	1,029,998
E	**Estimated vaccine wastage factor**	*Table 4*	1.18	1.18		
F	**Number of doses needed including wastage**	*D X E*	3,462,156	3,324,322	2,108,924	1,215,398
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		0	0	0
H	**Stock on 1 January 2013**	*Table 7.11.1*	1,440,020			
I	**Total vaccine doses needed**	*F + G – H*		3,324,822	2,109,242	1,215,580
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		3,127,117	1,983,819	1,143,298
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		34,711	22,021	12,690
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		5,755,267	3,651,097	2,104,170
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		145,411	92,248	53,163
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		20,133	12,773	7,360
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		368,338	233,671	134,667
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		6,289,149	3,989,787	2,299,362
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		3,989,787		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		63.44 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	75.07 %			86.17 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	965,368	724,676	240,692	992,398	855,138	137,260
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	2,896,104	2,174,028	722,076	2,977,194	2,565,413	411,781
E	Estimated vaccine wastage factor	*Table 4*	1.18			1.18		
F	Number of doses needed including wastage	*D X E*	3,417,403	2,565,353	852,050	3,513,089	3,027,188	485,901
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	23,271	17,469	5,802	23,922	20,614	3,308
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	3,441,174	2,583,198	857,976	3,537,511	3,048,232	489,279
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	3,240,507	2,432,562	807,945	3,331,239	2,870,490	460,749
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	35,970	27,002	8,968	36,977	31,863	5,114
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	5,956,673	4,471,515	1,485,158	6,123,432	5,276,489	846,943
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	5,956,673	113,115	37,569	6,123,432	133,479	21,424
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	20,863	15,662	5,201	21,447	18,481	2,966
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	381,228	286,178	95,050	391,900	337,696	54,204
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	6,509,448	4,886,468	1,622,980	6,691,682	5,766,143	925,539
U	Total country co-financing	*I x country co-financing per dose (cc)*	4,886,468			5,766,143		
V	Country co-financing % of GAVI supported proportion	*U / T*	75.07 %			86.17 %		

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 X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 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) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / 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	#	913,500	939,074	965,368	992,399	3,810,341
	Number of children to be vaccinated with the first dose	Table 4	#	0	469,537	965,368	992,398	2,427,303
	Number of children to be vaccinated with the third dose	Table 4	#	0	441,365	907,446	942,778	2,291,589
	Immunisation coverage with the third dose	Table 4	%	0.00 %	47.00 %	94.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	1,576,800				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	1,576,800				
	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	$		1.40	2.10	2.80	
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.

NA

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

Co-financing group	Graduating

	2012	2013	2014	2015
Minimum co-financing	0.70	1.40	2.10	2.80
Recommended co-financing as per APR 2011			2.10	2.80
Your co-financing	0.70	1.40	2.10	2.80

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

		2013	2014	2015
Number of vaccine doses	#	1,162,800	1,518,900	807,800
Number of AD syringes	#	1,240,300	1,614,000	853,700
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	13,775	17,925	9,500
Total value to be co-financed by GAVI	$	4,379,500	5,721,000	3,042,000

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

		2013	2014	2015
Number of vaccine doses	#	687,900	1,914,300	2,341,400
Number of AD syringes	#	733,800	2,034,200	2,474,700
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	8,150	22,600	27,475
Total value to be co-financed by the Country ^[1]	$	2,591,000	7,210,000	8,818,000

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 %	37.17 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	469,537	174,528	295,009
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	0	1,408,611	523,583	885,028
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.05		
F	**Number of doses needed including wastage**	*D X E*	0	1,479,042	549,762	929,280
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		369,761	137,441	232,320
H	**Stock on 1 January 2013**	*Table 7.11.1*	1,576,800			
I	**Total vaccine doses needed**	*F + G – H*		1,850,603	687,872	1,162,731
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		1,973,993	733,736	1,240,257
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		21,912	8,145	13,767
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		6,477,111	2,407,550	4,069,561
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		91,791	34,119	57,672
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		12,709	4,724	7,985
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		388,627	144,454	244,173
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		6,970,238	2,590,845	4,379,393
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		2,590,845		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		37.17 %		

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*	55.76 %			74.35 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	965,368	538,274	427,094	992,398	737,853	254,545
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	2,896,104	1,614,820	1,281,284	2,977,194	2,213,557	763,637
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	3,040,910	1,695,562	1,345,348	3,126,054	2,324,235	801,819
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	390,467	217,718	172,749	21,286	15,827	5,459
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	3,433,177	1,914,283	1,518,894	3,149,140	2,341,399	807,741
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	3,648,094	2,034,117	1,613,977	3,328,313	2,474,615	853,698
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	40,494	22,579	17,915	36,945	27,469	9,476
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	12,016,120	6,699,990	5,316,130	11,021,990	8,194,896	2,827,094
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	12,016,120	94,587	75,050	11,021,990	115,070	39,697
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	23,487	13,096	10,391	21,429	15,933	5,496
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	720,968	402,000	318,968	661,320	491,695	169,625
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	12,930,212	7,209,672	5,720,540	11,859,506	8,817,592	3,041,914
U	Total country co-financing	*I x country co-financing per dose (cc)*	7,209,672			8,817,592		
V	Country co-financing % of GAVI supported proportion	*U / T*	55.76 %			74.35 %		

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 X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 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) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / T*

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	913,500	939,074	965,368	992,399	3,810,341
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	888,139	992,398	1,880,537
	Number of children to be vaccinated with the second dose	Table 4	#	0	0	772,294	942,778	1,715,072
	Immunisation coverage with the second dose	Table 4	%	0.00 %	0.00 %	80.00 %	95.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	0				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	0				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		No	No	No	
g	**Vaccine price per dose**	Table 7.10.1	$		2.55	2.55	2.55	
cc	**Country co-financing per dose**	Co-financing table	$		0.00	1.02	1.53	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

<P><FONT style="BACKGROUND-COLOR: #ffeeee">NA</FONT></P>

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

Co-financing group	Graduating

	2012	2013	2014	2015
Minimum co-financing		0.51	1.02	1.53
Recommended co-financing as per APR 2011			1.02	1.53
Your co-financing			1.02	1.53

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

		2013	2014	2015
Number of vaccine doses	#	1,500	1,444,200	917,300
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by GAVI	$	4,500	3,867,000	2,456,000

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

		2013	2014	2015
Number of vaccine doses	#	0	888,800	1,223,100
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	0	2,380,000	3,275,000

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B X C*	0	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.00		
F	**Number of doses needed including wastage**	*D X E*	0	0	0	0
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		0	0	0
H	**Stock on 1 January 2013**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		1,500	0	1,500
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		3,825	0	3,825
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		192	0	192
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		4,017	0	4,017
U	**Total country co-financing**	*I x 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 Rotavirus, 1 dose(s) per vial, ORAL (part 2)

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	38.10 %			57.14 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	888,139	338,339	549,800	992,398	567,085	425,313
C	Number of doses per child	*Vaccine parameter (schedule)*	2			2		
D	Number of doses needed	*B X C*	1,776,278	676,678	1,099,600	1,984,796	1,134,170	850,626
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	1,865,092	710,512	1,154,580	2,084,036	1,190,878	893,158
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	466,273	177,628	288,645	54,736	31,278	23,458
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	2,332,865	888,711	1,444,154	2,140,272	1,223,013	917,259
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*						
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	5,948,806	2,266,213	3,682,593	5,457,694	3,118,683	2,339,011
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	5,948,806	0	0	5,457,694	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	297,441	113,311	184,130	272,885	155,935	116,950
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	6,246,247	2,379,523	3,866,724	5,730,579	3,274,617	2,455,962
U	Total country co-financing	*I x country co-financing per dose (cc)*	2,379,523			3,274,617		
V	Country co-financing % of GAVI supported proportion	*U / T*	38.10 %			57.14 %		

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 X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 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) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / T*

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Angola 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

Angola **has NOT received GAVI TYPE A CSO support**

Angola 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

Angola **has NOT received GAVI TYPE B CSO support**

Angola 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	✓	Signature of Minister of Health.pdf File desc: Signature of Angolan Ministry Of Health Date/time: 5/15/2013 4:38:26 AM Size: 670758
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature of Minister of Finance.pdf File desc: Signature of Angolan Ministry of Finance Date/time: 5/15/2013 4:45:28 AM Size: 359654
3	Signatures of members of ICC	2.2	✓	Signature of ICC Members.pdf File desc: ICC Members signature endorsing GAVI APR 2012 Date/time: 5/15/2013 6:56:31 AM Size: 265348
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✓	Minute of ICC Meeting Endorsing Annual GAVI Progress Report 2012 ENG.doc File desc: Minute of the ICC Meeting endorsing the GAVI APR 2012 Date/time: 5/15/2013 9:52:59 AM Size: 249856
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✓	Attachment 6.doc File desc: Date/time: 5/15/2013 10:16:58 AM Size: 52736
9	Post Introduction Evaluation Report	7.2.2	✓	9. Post Introduction Evaluation Report.doc File desc: Angola not introduce NV in 2012 Date/time: 5/15/2013 10:21:28 AM Size: 52736
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	✓	10. Financial statetment Pneumo 13 Grant.pdf File desc: Financial Statement 2012 Date/time: 5/15/2013 10:45:45 AM Size: 154817
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.3.1	✓	11. External Audit Report.doc File desc: External audit report. Angola did not receive funds in 2012 Date/time: 5/15/2013 10:40:55 AM Size: 52736
12	Latest EVSM/VMA/EVM report	7.5	✓	12 Angola Effective Vaccine Assessment EVM report.doc File desc: Last EVM Report

				Date/time: 5/15/2013 10:50:12 AM Size: 2462720
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	13 Angola Action Plan Improving EVM.doc File desc: EVM improvement Plan Date/time: 5/15/2013 11:06:17 AM Size: 419328
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Status of implementations of recommendations issued from EVM Assessment 2011.xls File desc: Implementation status of EVM Plan Date/time: 5/15/2013 11:07:16 AM Size: 47104
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.6.3	✗	15. External Audit Report Preventive Campaign.doc File desc: Angola Didn't receive funds for preventive campaigns Date/time: 5/15/2013 11:00:20 AM Size: 52736
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	26. Bank statement.doc File desc: Angola Didn't receive funds from GAVI in 2012 Date/time: 5/15/2013 11:14:23 AM Size: 52736