

GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Cameroon

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **31.05.2011 14:19:09**

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
<https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI 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/performance/country_results/index.php*

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 IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report 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 Annual Progress Report, 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 language of the arbitration will be English.

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: **2010**

Requesting for support year: **2012**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
SVN	DTP-HepB-Hib, 2 doses/vial, lyophilised	DTP-HepB-Hib, 10 doses/vial, liquid	2011
SVN	Pneumococcal (PCV13), 1 dose/vial, liquid	Pneumococcal (PCV13), 1 dose/vial, liquid	2011
SVN	Yellow fever, 10 doses/vial, lyophilised	Yellow fever, 10 doses/vial, lyophilised	2015

Programme extension

Note: To add new lines click on the **New item** icon in the **Action** column.

Type of Support	Vaccine	Start Year	End Year	Action
New Vaccines Support	DTP-HepB-Hib, 2 doses/vial, Lyophilised	2012	2015	
New Vaccines Support	Pneumococcal (PCV13), 1 doses/vial, Liquid	2012	2015	

1.2. ISS, HSS, CSO support

Type of Support	Active until
SSV	2011
RSS	2011
OSC	2010

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

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

By signing this page, the Government of Cameroon 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 Cameroon

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.

Enter the family name in capital letters.

Minister of Health (or delegated authority):	Minister of Finance (or delegated authority)		
Name	Mr. Andre MAMA FOU DA	Name	Mr. ESSIMI MENYE
Date		Date	
Signature		Signature	

This report has been compiled by

Note: To add new lines click on the **New item** icon in the **Action** column.

Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Dr. Marie KOBELA	Permanent Secretary CTG-EPI	(237) 22 23 09 / 42) / 99 56 74 25	gtc_peg@yahoo.fr mariekobela2006@yahoo.fr	
Dr. Rene Vincent OWONA ESSOMBA	Head of the ST/CP-SSS	(237) 22 22 60 78 / 76 11 35 00	setesss@yahoo.fr / orevinc2009@yahoo.com	
Dr. Blanche ANYA	PF/EPI-WHO	(237) 99 91 19 41 / 22 21 20 80	anyab@cm.afro.who.int	
Dr. NISSACK Françoise	NPO/WHO Health System	(237) 77 75 06 42 / 22 21 20 80	nissackf@cm.afro.who.int	
Dr. NGUM Bélyse	Immunization	(237) 77 70 14 92	bhngum@unicef.org	

		Officer /EPI-22 50 54 00	g	
Dr. AOUNEN	Béchir	UNICEF Chief Young Child Survival Section - UNICEF	(237) 77 70 14 47/ 22 50 54 00	baounen@unicef.o rg
Dr. BIKOY Thomas	Jean	Permanent Deputy Secretary CTG- EPI	(237) 77 69 09 99	jtbikoy@yahoo.fr

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

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.

Note: To add new lines click on the **New item** icon in the **Action** column.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Mr. André MAMA FOUA	Minister of Public Health			
Pr. Robinson MBU	Director of Family Health			
Dr. Marie KOBELA	Permanent Secretary of the Expanded Program on Immunization			
Charlotte FATY NDIAYE	WHO Representative			
Ora MUSU CLEMENS	UNICEF Representative			
Dr. Jean Luc PORTAL	Regional Health Advisor, French Cooperation, [Coopération Française]			
Mr. WILLIAM A. ETEKI MBOUMOUA	National President of the Cameroon Red Cross			
Mrs. Ann TARINI	Director of HKI			
Mr. El Hadj BANOUEFE	Islamic Cultural Association of Cameroon			
Dr. Yves TABI OMGBA	Catholic Organization for Health in Cameroon			
Rev. Pasteur Paul MBENDE	Council of Protestant Churches in Cameroon			

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

All comments will be treated confidentially

Comments from Partners:

WHO: Place special emphasis on Operational Research related to childhood bacterial meningitis and rotavirus diarrheas in order for the country to have its own evidence database that can help change the behavior of the people and families.

Accelerate the process of creating a National Immunization Fund in 2013.

UNICEF: Proceed with projections on cold chain equipment needs after 2015 (2011-2015 cMYP) even if the current situation is in line with the vaccines to be introduced.

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

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

2.3.1. HSS report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) – First committee dissolved, second committee is being created. Validated by the ICC, endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Note: To add new lines click on the **New item** icon in the **Action** column.

Action.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

HSCC 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:

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

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Dr. René Vincent Owona Essomba, President of the Adhoc CSO survey Committee	ST/CP-SSS/MINSANTE			
Dr. John Eyong, Secretary of the Adhoc CSO survey Committee	DCOOP/MINSANTE			

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - First committee dissolved, second committee is being created. Validated by the ICC, endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

3. Table of Contents

This APR reports on Cameroon's activities between January - December 2010 and specifies the requests for the period of January - December 2012

Sections

Main

Cover Page
GAVI Alliance Grant Terms and Conditions

1. Application Specification

1.1. NVS & INS
1.2. Other types of support

2. Signatures

2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)
2.2. ICC Signatures Page
2.3. HSCC Signatures Page
2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

3. Table of Contents

4. Baseline and Annual Targets

Table 1: Baseline figures

5. General Programme Management Component

5.1. Updated baseline and annual targets
5.2. Immunisation achievements in 2010
5.3. Data assessments
5.4. Overall Expenditures and Financing for Immunisation
Table 2a: Overall Expenditure and Financing for Immunisation
Table 2b: Overall Budgeted Expenditures for Immunisation
5.5. Inter-Agency Coordinating Committee (ICC)
5.6. Priority actions in 2011 to 2012
5.7. Progress of transition plan for injection safety

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010
6.2. Management of ISS Funds
6.3. Detailed expenditure of ISS funds during the 2010 calendar year
6.4. Request for ISS reward
Table 3: Calculation of expected ISS reward

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

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

Table 4: Received vaccine doses

7.2. Introduction of a New Vaccine in 2010

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

7.4. Vaccine Management (EVSM/VMA/EVM)

7.5. Change of vaccine presentation

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

7.7. Request for continued support for vaccines for 2012 vaccination programme

7.8. UNICEF Supply Division: weighted average prices of supply and related freight cost

Table 6.1: UNICEF prices

Table 6.2: Freight costs

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 10 doses/vial, Liquid

Co-financing tables for DTP-HepB-Hib, 10 doses/vial, Liquid

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Table 7.1.4: Calculation of requirements

Table 7.2.1: Specifications for Pneumococcal (PCV13), 1 doses/vial, Liquid

Co-financing tables for Pneumococcal (PCV13), 1 doses/vial, Liquid

Table 7.2.2: Estimated GAVI support and country co-financing (GAVI support)

Table 7.2.3: Estimated GAVI support and country co-financing (Country support)

Table 7.2.4: Calculation of requirements

Table 7.3.1: Specifications for Yellow Fever, 10 doses/vial, Lyophilised

Co-financing tables for Yellow Fever, 10 doses/vial, Lyophilised

Table 7.3.2: Estimated GAVI support and country co-financing (GAVI support)

Table 7.3.3: Estimated GAVI support and country co-financing (Country support)

Table 7.3.4: Calculation of requirements

8. Injection Safety Support (INS)

9. Health System Strengthening Programme (HSS)

10. Civil Society Programme (CSO)

11. Comments

12. Annexes

Financial statements for immunisation services support (ISS) and new vaccine introduction grants

Financial statements for health systems strengthening (HSS)

Financial statements for civil society organisation (CSO) type B

13. Attachments

13.1. List of Supporting Documents Attached to this APR

13.2. Attachments

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2011	2012	2013	2014	2015	
Total births	910,739	895,980	917,406	940,341	963,850	986,292
Total infants' deaths	101,193	99,554	101,934	104,482	107,094	109,588
Total surviving infants	809,546	796,426	815,472	835,859	856,756	876,704
Total pregnant women	1,011,925	995,533	1,019,340	1,044,824	1,070,944	1,095,880
# of infants vaccinated (to be vaccinated) with BCG	752,427	770,543	807,318	846,308	877,104	907,389
BCG coverage (%) [*]	83%	86%	88%	90%	91%	92%
# of infants vaccinated (to be vaccinated)	673,535	700,855	733,929	760,632	788,216	815,335

with OPV3						
OPV3 coverage (%) **	83%	88%	90%	91%	92%	93%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	741,886	748,641	782,854	810,784	839,621	859,171
# of infants vaccinated (to be vaccinated) with DTP3 ***	683,002	700,855	733,925	760,632	788,216	815,335
DTP3 coverage (%) **	84%	88%	90%	91%	92%	93%
Wastage ^[1] rate in base- year and planned thereafter (%)	10%	10%	10%	10%	10%	10%
Wastage ^[1] factor in base-year and planned thereafter	1.11	1.11	1.11	1.11	1.11	1.11
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	741,886	748,641	782,854	810,784	839,621	859,171
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	683,002	700,855	7,733,929	752,274	771,081	789,035
3 rd dose coverage (%) **	84%	88%	948%	90%	90%	90%
Wastage ^[1] rate in base- year and planned thereafter (%)	10%	10%	10%	10%	10%	10%
Wastage ^[1] factor in base-year and planned thereafter	1.11	1.11	1.11	1.11	1.11	1.11
Infants vaccinated (to be vaccinated) with one dose of Yellow Fever	637,825	661,034	693,152	727,198	745,378	762,734

Yellow Fever coverage (%) **	79%	83%	85%	87%	87%	87%
Wastage^[1] rate in base-year and planned thereafter (%)	30%	30%	30%	30%	30%	25%
Wastage^[1] factor in base-year and planned thereafter	1.43	1.43	1.43	1.43	1.43	1.33
Infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal		346,255	705,240	755,000	806,400	839,400
Infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal		318,570	652,378	702,122	753,945	789,035
Pneumococcal coverage (%) **	0%	40%	80%	84%	88%	90%
Wastage^[1] rate in base-year and planned thereafter (%)		5%	5%	5%	5%	5%
Wastage^[1] factor in base-year and planned thereafter		1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1st dose of Measles	640,555	660,884	693,151	727,197	762,513	789,034
Measles coverage (%) **	79%	83%	85%	87%	89%	90%
Pregnant women vaccinated with TT+	744,223	836,248	876,633	919,446	963,851	986,293
TT+ coverage (%) ****	74%	84%	86%	88%	90%	90%
Vit A supplement to mothers within 6	473,177	501,749	596,314	705,256	771,080	818,622

weeks from delivery						
Vit A supplement to infants after 6 months	692,584	700,696	725,770	752,273	779,648	806,568
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	8%	6%	6%	6%	6%	5%

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill-in the table in section [4 Baseline and Annual Targets](#) before you continue.

The numbers for 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section [4 Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

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

Provide justification for any changes in **births**

The drop in the target population between 2010 and 2011 can be explained by the fact that the 2010 demographic data were calculated based on projections from the 1987 census, whereas starting in 2011 the 2005 survey data published at the end of 2010 are taken into account.

Provide justification for any changes in **surviving infants**

The current 2011 target for surviving births (796,426) differs from the figure provided in the 2009 APR (833,208) because the results of the survey conducted in 2005 but not published until the end of 2010 were used.

Provide justification for any changes in **targets by vaccine**

The targets were lowered because the targets included in the 2007-2011 cMYP were not achieved (vaccine coverage for Penta3 obtained in 2010: 84% vs. the planned 90%)

Provide justification for any changes in wastage by vaccine

No changes

5.2. Immunisation achievements in 2010

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 2010 and how these were addressed

In 2010, according to the estimates in the 2007-2011 cMYP, the targets set with respect to the GIVS were not achieved, although there was an improvement compared to the year 2009. Accordingly, we achieved a vaccine coverage of 84.37% for the tracer antigen, Penta 3, instead of the expected 88%, with a gain of 4 index points with respect to 2009; 82.62% for BCG; 79.13% for measles, and 73.54% for TT 2+. These results were obtained as a result of:

- greater implementation of catch-up activities for non- or incompletely immunized children in 114/179 districts that received catalytic funding from the WHO and UNICEF,
- implementation throughout the country of 2 rounds of the Mother and Child Health and Nutrition Week [Semaine d'Actions de Santé et de Nutrition Infantile et Maternelle (SASNIM)] during which child catch-up activities were also carried out,
- the memorandum sent by the Minister of Public Health to the people in charge of the health facilities, instructing them to increase the supply of immunization services,
- the midterm review meeting to evaluate EPI performance, which was held with the ten regional delegates and the partners in order to reverse the trend in the districts with weak performance.

Major activities conducted:

- Evaluation of EPI activities for the year 2009 and Formulation of the 2010 EPI Action Plan, validated by the ICC;
- Holding of six (06) ICC meetings on various subjects such as presentations on performance, approval of the EPI documentation and quarterly AWP, briefing and debriefing sessions for various missions;
- Organization of two rounds of the Mother and Child Health and Nutrition Week (SASNIM) in July and December 2010;
- Response to measles epidemics that occurred in the Extrême-Nord [Extreme North] region (March and June 2010);
- 3 rounds of preventive JLVs in March, April and December 2010, in four high-risk regions (Adamaoua, North, Extreme North and East) and 2 rounds of response JLVs in July and August 2010 in the Extreme North region only;
- 3 rounds of the MNT campaign in 43 high-risk health districts (February, May and October 2011);
- Yellow fever response immunization campaign in 4 health districts (April 9-14, 2010 and June 21-26, 2010);
- 2 routine immunization supervision visits (with administration of the DQS tool in all regions during one visit) and 2 visits for target disease surveillance;
- Receiving and clearance of batches of vaccines at the central level, and distribution in the regions;
- Evaluation of effective vaccine management (EVM) (November 2010) and external evaluation of the surveillance of vaccine preventable diseases in June 2010;
- Supplying of the regions with cold chain equipment purchased by the government/C2D;
- Training of pharmacovigilance focal points in AEFI surveillance in 3/10 regions;
- Conducting of EPI Mid Level Management (MLM) courses for management teams in 28 health districts in the Extreme North region.

5.2.2.

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

- Insufficient supply of immunization services (many health facilities do not vaccinate on a daily basis; 50% of the health facilities do not conduct outreach immunization strategies; Immunization using the mobile strategy is only done during accelerated immunization activities or during SASNIMs;
- Insufficient implementation of the RED approach (poor microplanning, supervision, monitoring, communication);
- Insufficient use of EPI management tools (score cards, immunization records, EPI schedules, immunization cards, etc.);
- Shortages in pentavalent vaccine stocks that lasted two months in 26 districts due to insufficient production at the international level;
- Insufficient monitoring at the operational level (no monitoring curve in certain districts/health centers)
- Insufficient financing to implement some of the program's activities.

5.2.3.

Do males and females have equal access to the immunisation services? Yes

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.

If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? No

If Yes, please give a brief description on how you have achieved the equal access.

In Cameroon, since the independence the organization of health services guarantees equal access to immunization services. However, the data is not disaggregated by sex.

5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunisation services

N/A

5.3. Data assessments

5.3.1.

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)*.

N/A

* Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? No

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

--

5.3.3.

Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

- Monthly meetings held to review data at the central and regional level and in some of the health districts, with the report sent to the next highest level; - Monthly implementation of the DQS tool in at least two health districts in each region, and at least two health centers per health district, with the report sent to the next highest level; - Monthly meetings held to harmonize epidemiological data, with the participation of the laboratory (Pasteur Center of Cameroon & the Mother and Child Center), the WHO, the EPI, and the Direction de la Lutte contre la maladie [Disease Control Directorate].

5.3.4.

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

- Expand data review meetings to all health districts, while improving the quality of such data and implementing the DQS tool; - Conduct the vaccine coverage survey scheduled for the month of May 2011 in order to compare the survey data with administrative data; - Improve vaccine coverage monitoring at the operational level (plotting and posting of vaccine coverage monitoring curves); - Step up the use of EPI management tools (score cards, immunization records, EPI schedules, immunization cards, DVDMT);

5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US\$.

Exchange rate used	1 \$US = 450	Enter the rate only; no local currency name
--------------------	--------------	---

Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Note: To add new lines click on the **New item** icon in the **Action** column.

Expenditures by	Expenditures Y	Sources of	Actions
-----------------	----------------	------------	---------

Category	Year 2010	Funding		Donor name H KI	Donor name C roix - Rouge	Donor name			
		UNICEF	WHO						
Traditional Vaccines *	1,241,970	1,241,970							
New Vaccines	5,956,931	683,352	5,274,579						
Injection supplies with AD syringes	1,992,921	355,385	1,869,461						
Injection supply with syringes other than ADs									
Cold Chain equipment	328,491	328,491		108,486					
Personnel	1,933,068	1,933,068			138,352				
Other operational costs				2,399,255					
Supplemental Immunisation Activities	15,558,312	984,472			12,071,066	103,519			
Total Expenditures for Immunisation	27,011,693								
Total Government Health		5,526,738	7,144,040	2,507,741	12,209,418	103,519			

* 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.

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Note: To add new lines click on the **New item** icon in the **Action** column

Expenditures by Category	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	1,341,611	1,432,604	

New Vaccines	14,754,563	28,251,865	
Injection supplies with AD syringes	715,627	776,089	
Injection supply with syringes other than ADs			
Cold Chain equipment	491,578	42,010	
Personnel	1,949,516	1,988,506	
Other operational costs			
Supplemental Immunisation Activities	13,761,199	2,315,998	
Total Expenditures for Immunisation	33,014,094	34,807,072	

* 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.

Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

All of the financing planned for 2010 in the 2007-2011 cMYP was completely discharged (100% mobilization). EPI costs in 2010 were financed by the government and its partners. The program's largest sources of financing remain the government 63.9%, GAVI, UNICEF, and WHO, followed by other partners such as HKI and Sabine Vaccine Institute.

Even though everything seems to be going well, the introduction of the rotavirus vaccine in 2013 will nonetheless require much more financing from the government. Because of this, we hope to solidify the achievements thus far by strengthening financial sustainability in the following three main areas:

- Area 1: Mobilization of additional resources;
- Area 2: Improved reliability of resources;
- Area 3: Improved effectiveness in the use of available resources.

In the first area, through the public authorities, the government's capital, debt relief funds (C2D), the decentralized territorial collectives, communities and partners. In addition, the country has proposed the creation of a national immunization fund in 2013.

The second area has to do with relaxing the procedures for releasing resources allocated to the EPI at all levels, in order to make all resources available in real time for EPI activities, particularly the portion allocated to purchase new vaccines and the strict and transparent management of the resources mobilized;

The third area involves strengthening the capacities of personnel to ensure better management of vaccines and supplies.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 6

Please attach the minutes (Document number 13) from all the ICC meetings held in 2010, including those of the meeting 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 [5.4 Overall Expenditures and Financing for Immunisation](#)

MEETING of 24/02/2010

- Order financial and operations audits each year for the EPI.
- Improve the quality of the documents submitted to the ICC on the clarifications requested by GAVI for the 2008 APR.

JOINT MEETING OF THE ICC AND CP-SSS OF 11/05/2010

- Lower the vaccine coverage target for the Pentavalent 3 in 2010 (from 90% to 88%), to bring it in line with the current situation which is not very conducive to implementation of the initial action plan, despite the efforts made.
- Notify GAVI that the 2005 survey figures that were published in 2010 will be used starting in January 2011.
- In regard to data quality, in light of the discrepancies observed in administrative coverage rates vs. the figures resulting from surveys, the meeting recommended the organization of a vaccine coverage survey at the end of 2011, as scheduled in the cMYP.

MEETING of 24/06/2010

- Following the external evaluation of surveillance, recommendations were made on monitoring and evaluation and strengthening of capacities.
- With respect to the drop in EPI performance levels, the Minister of Health ordered that a meeting be held on July 1 with the 10 Regional Delegates.

MEETING of 1/07/2010

Top concern: Weak performance of the immunization program:

- In order to quickly reverse the trends and reach the target of 88% coverage by December 2010:
- Organize a regional workshop in each region with the District Management Teams, in order to draw up a timeline of activities for the second half of the 2010 annual work plan, taking into consideration the funds allocated by the WHO and UNICEF, with the aim of reaching the targets that were set;
- Reintroduce the use of score cards, immunization records and plotting of monthly monitoring curves and post them;
- On a monthly basis, monitor the activities and performance of the Regional Units of the Expanded Program on Immunization, as well as the activities and performance of the health districts (by health center), provide feedback and take the appropriate corrective administrative measures;
- Monitor the management of the allocated funds in terms of results;
- Each month sent the Minister of Public Health (MSP) a report on performance and all financing received.

In order to ensure the proper functioning of the health system:

- Between now and July 30, update the 2010 health map based on the data available to the BUCREP (Population of the districts and health center);
- Over the next two months, identify existing cold chain equipment in order to accommodate new vaccines and report on needs in the districts and health centers;
- Ensure an adequate supply of vaccines and supplies for faith-based health facilities;
- Lobby the decentralized administrations for the local mobilization of resources in order to finance the SASNIM, for budgetary allocation purposes;

MEETING of 1/10/2010

- Work together to determine the activities package and date of the SANIM2 (DSF, DLM, Programmes schisto/Palu/EPI);
- Obtain a progress report from the Regional Delegates on the effective implementation of the recommendations resulting from the work session that took place on July 1 2010 (EPI);
- Review the budgeted work plan for the 4th quarter of the EPI pursuant to the AWP with the technical support of MTEF experts (EPI);
- Indicate what needs to be taken into account to improve the performance of vaccine coverage, with the support of the DROS (EPI);
- Make supporting documentation for UNICEF funding available no later than October 8, 2010, so that funds can be released (EPI) ;
- Schedule an ICC meeting in the 3rd week of the month of November 2010, and hold an internal meeting at the end of October 2010 to take stock of the technical work that must be done in advance before the implementation of the SASNIM2 (EPI).

MEETING OF 24/11/2010

- Prepare a strategic review of the immunization system in Cameroon at the beginning of the month of January;

MEETING OF 02/12/2010

- The 2011 annual work plan of the CTG-EPI as well as the associated budget was approved subject to the inclusion of certain sources of financing;
 - The Procedures Manual for managing and monitoring GAVI funds was approved; it was agreed to remove all procedures that do not apply to GAVI funds.

Are there any Civil Society Organisations (CSO) member of the ICC?: Yes

If Yes, which ones?

Note: To add new lines click on the **New item** icon in the **Action** column.

List CSO member organisations:	Actions
Mr. El Hadj Banoufe, Islamic Cultural Association of Cameroon	
Dr. TABI OMGBA Yves, Catholic Health Service Service, OCASC	
Rev. Pasteur Paul MBENDE, Council of Protestant Churches in Cameroon	

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

Objectives by component:

Program Management:

100% of the regions have 4 coordination meetings per year

At least 80% of the health districts have at least 6 coordination meetings per year, including the review, validation of data, with a written report.

Service Delivery:

- Achieve a vaccine coverage (VC) of at least 90% at the national level in 2012
- 80% of the health districts have a VC>80% for penta 3
- None of the health districts has a VC<50% for penta 3
- 90% of the health districts have a drop-out rate of less than 5% for penta in 2015

Communication for development:

- At least 90% of the populations know that immunization protect the immunized individual from the EPI targeted diseases
- Train 100% of the individuals in charge of communication in the districts

Vaccine supply and quality assurance:

- Increase the number of health districts that use the DVTMT and management tools (vaccine movement logs) from 50 to 90%
- Reduce the wastage rate of the pentavalent =5% in at least 67% of the health districts

Surveillance of vaccine preventable diseases:

- Reach the pre-certification level for polio eradication: at least 3 cases of non-polio AFP annualized for 100,000 children under the age of 15; at least 90% adequate stool specimens
- Achieve MNT elimination status
- Achieve measles pre-elimination status by 2012: at least 80% of the health districts report at least one suspect case; 100% of the regions have achieved a rate of non-measles febrile rash of at least 2 cases per 100,000 inhabitants
- Continue efforts to control yellow fever: at least 80% of the health districts report at least one suspect case; 100% of the regions have achieved at least two cases of yellow fever per 100,000 inhabitants
- Document the principal etiologies of pediatric bacterial meningitis and the morbidity burden of rotavirus

diarrheas

Major activities:

- Support the health districts' implementation of the 5 components of the RED approach
- Support the expanded use of the DQS tool at all levels
- Support the holding of monthly data review meetings at all levels
- Introduce the vaccine for pneumococcal infections in July 2011 and the meningitis A vaccine in September 2011
- Prepare and submit the request to GAVI for introducing the rotavirus diarrhea vaccine
- Continue activities to create a national immunization fund
- Continue to implement quality surveillance activities for vaccine preventable diseases at all levels
- Conduct supportive supervision activities scheduled to take place at all levels
- Conduct preventive/response campaigns for meningitis A, measles, polio and yellow fever.
- Hold quarterly program monitoring meetings with the regions, as well as mid-term and annual evaluation meetings.

5.7. 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 2010

Note: To add new lines click on the **New item** icon in the **Action** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	Auto-disable syringes 0.05 ML and SDL 2 ML	GOVERNMENT	
Measles	SDL 5ML, Auto-disable syringes 0.5 ML	GOVERNMENT	
TT	Auto-disable syringes 0.5 ML	GOVERNMENT	
DTP-containing vaccine	Auto-disable syringes 0.5 ML	GOVERNMENT / GAVI	

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? (Please report in box below)

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

YES, it has been observed that several health districts do not have incinerators and some health facilities do not comply with the policy recommending the burning and burial of wastes

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

The waste disposal method consisted of the collection of safety boxes and incineration for the health districts that have an incinerator, and the burning and burial of waste for the health districts that do not have incinerators. In addition, some of the pits for burning and burying wastes do not meet the standards prescribed by the Ministry of Public Health or wastes are not disposed of as required. In regard to introducing the vaccine PCV 13, 80 incinerators were purchased, half of which have already been shipped and installed at the site.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 0
Remaining funds (carry over) from 2009	US\$ 0
Balance carried over to 2011	US\$ 0

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010

N/A

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? Yes

If Yes, please complete Part A below.

If No, please complete Part B below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds

An external audit of the management of GAVI funds was conducted for the fiscal years 2007, 2008 and 2009.

- Financial and accounting management software for GAVI resources was purchased.
- The EPI underwent a re-organization process, with the contracting of support staff eligible to hold public office and validation of a new organizational chart defining the work force and description of each position.
- The Administrative and Financial Procedures Manual was drafted and approved.

An administrative account was opened at the CAA (Caisse Autonome d'Amortissement – Autonomous Amortization Bank) instead of the Standard Chartered Bank, which is a commercial bank.

This is a government account where funds are routed by bank wire in the accounts of the regional organizations in charge of implementing the activities, after budgets are approved by the ICC.

The financial and technical reports are prepared by the different levels after the activities are carried out, and then compiled by the Central Technical Group for the Expanded Program on Immunization, which submits them to the ICC for approval.

Part B: briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have

been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

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

Is GAVI's ISS support reported on the national health sector budget? Yes

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in [Annex 1](#)). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.4. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

- a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and
- b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/Immunisation_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm.

If you qualify for ISS reward based on DTP3 achievements in 2010 immunisation programme, estimate the US\$ amount by filling **Table 3** below

Note: The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available

Table 3: Calculation of expected ISS reward

	2008	2010
	B	
1	Number of infants vaccinated with DTP3* (from JRF) specify	641,965 683,002

2	Number of additional infants that are reported to be vaccinated with DTP3		41,037	
3	Calculating	\$20	per additional child vaccinated with DTP3	820,740
4	Rounded-up estimate of expected reward		821,000	

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

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

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

Note: To add new lines click on the **New item** icon in the **Action** column.

	[A]	[B]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
DTP-HepB-Hib	2,276,800	2,152,300	125,000	
Pneumococcal	0	0	0	
Yellow Fever	748,800	449,900	298,900	

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

If numbers [A] and [B] above are different

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

Delay in shipments

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)

A regular evaluation of the stock situation was conducted each month at the regional and health district level. This made it possible to move vaccines from storage facilities where there were over-stocks to those where there were shortages.

A monthly EPI, UNICEF, WHO meeting was instituted this year to deal with logistical problems.

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? Yes

If Yes, how long did the stock-out last? 2 months' interruption for DTP-HepB-Hib in 65 districts

Please describe the reason and impact of stock-out

- Non availability of the DTP-HepB-Hib vaccine in the international market;
- The shortage of this antigen deterred achieving the planned vaccine coverage target (88%).
- Use of the central level's buffer stock for 72 days;
- Over-stock at the central level after deliveries resumed.

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced	PCV 13	
Phased introduction	No	Date of introduction
Nationwide introduction	Yes	Date of introduction 01.07.2011
The time and scale of introduction was as planned in the proposal?	No	If No, why? The introduction of the pneumococcal vaccine scheduled in 2010 was postponed to July 1, 2011 due to the non-availability of the vaccine on the international market and the delay in cold chain procurement at the national level.

7.2.2.

When is the Post introduction Evaluation (PIE) planned? January 2012

If your country conducted a PIE in the past two years, please attach relevant reports (Document No)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? Yes

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

It was mostly a case of minor AEFIs that were treated in the health facilities. There was no negative impact on the introduction of the vaccine.

7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

\$US	273,500
Receipt date	30.06.2009

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

Workshop to develop training modules: 3,756,000 FCFA (8,346.67 USD)
 Workshop to brainstorm and marinate communication strategies for introducing new vaccines: 643,200 FCFA (1,429.33 USD) 1USD=450 FCFA

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

The activities to prepare for the introduction were suspended in February 2010 due to the unavailability of the vaccine at the international level, which caused the introduction date to be postponed until 2011

Is there a balance of the introduction grant that will be carried forward? Yes

If Yes, how much? US\$ 266,300

Please describe the activities that will be undertaken with the balance of funds

- Update, pre-test, produce, reproduce and disseminate the training modules and social mobilization aids for introducing the PCV13.
- Train health staff in the regions, districts and health centers on the introduction of the pneumococcal infection vaccine in the routine EPI.
- Receive and distribute the pneumococcal infection vaccine in the regions, districts and health centers.
- Organize the official launch of the PCV 13.
- Implement a communication plan for pneumococcal immunization (Organize a Symposium on the introduction of the pneumo vaccine into the EPI, organize an educational campaign on the PCV 13, etc) .
- Conduct a post-introduction evaluation

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No 7). (Terms of reference for this financial statement are available in [Annex 1](#).) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses

in 2010?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 2 doses/vial, lyophilised	280,125	124,500
2nd Awarded Vaccine Pneumococcal (PCV13), 1 dose/vial, liquid		0
3rd Awarded Vaccine Yellow fever, 10 doses/vial, lyophilised	286,944	298,900
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor	GAVI	
Other		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1.	The ponderous process of releasing the State's counterpart funds delays co-financing.	
2.		
3.		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2012	
	(month number e.g. 8 for August)	
1 st Awarded Vaccine DTP-HepB-Hib, 2 doses/vial, lyophilised		
2 nd Awarded Vaccine Pneumococcal (PCV13), 1 dose/vial, liquid		
3 rd Awarded Vaccine Yellow fever, 10 doses/vial, lyophilised		

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/resources/9_Co_Financing_Default_Policy.pdf.

--

Is GAVI's new vaccine support reported on the national health sector budget? Yes

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted? 11.11.2010

When was the last Vaccine Management Assessment (VMA) conducted? 11.11.2010

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° 10)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Please note that EVSM and 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/Immunisation_delivery/systems_policy/logistics/en/index6.html.

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

After the EVM assessment conducted in November 2010, a plan for resolving the problems identified in the evaluation was formulated. The activities already carried out are: i) review of management tools for the purpose of reporting on the status of the PCV and freeze indicator during vaccine storage and transportation, ii) preparation of a standardized operating procedures manual for vaccine management is currently in progress.

When is the next Effective Vaccine Management (EVM) Assessment planned? 11.11.2015

7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

N/A

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for Penta, yellow fever and PCV 13 vaccine for the years 2012 to 2015. At the same time it commits itself to co-finance the procurement of Penta, yellow fever and PCV 13 vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.9 Calculation of requirements](#).

The multi-year extension of Penta, yellow fever and PCV 13 vaccine support is in line with the new cMYP for the years 2012 to 2015 which is attached to this APR (Document No 12).

The country ICC has endorsed this request for extended support of Penta, yellow fever and PCV 13 vaccine at the ICC meeting whose minutes are attached to this APR (Document No 5).

7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section [7.9 Calculation of requirements](#): Yes

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
Auto-disable syringe	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, liquid	2	1.600				
DTP-HepB, 10 doses/vial, liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial,	WAP	2.580	2.470	2.320	2.030	1.850

liquid						
DTP-HepB-Hib, 2 doses/vial, lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monovalent, 1 dose/vial, liquid	1					
HepB monovalent, 2 doses/vial, liquid	2					
Hib monovalent, 1 dose/vial, lyophilised	1	3.400				
Measles, 10 doses/vial, lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose/vial, liquid	1	3.500	3.500	3.500	3.500	3.500
Reconstitution syringe pentavalent	0	0.032	0.032	0.032	0.032	0.032
Reconstitution syringe yellow fever	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2 dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus for 3 dose schedule	1	5.500	4.000	3.333	2.667	2.400
Safety box	0	0.640	0.640	0.640	0.640	0.640
Yellow fever, 5 doses/vial, lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow fever, 10 doses/vial, lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 6.2: Freight Cost

Vaccines	Group	No Threshol d	200'000 \$	250'000 \$	2'000'000 \$			
			>	<=	>			
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB- Hib	HepB and or Hib				15%	3,50%		
Pneumoco ccal vaccine (PCV10)	Pneumoco ccal	5%						
Pneumoco ccal vaccine (PCV13)	Pneumoco ccal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 10 doses/vial, Liquid

	Instructi ons		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	796,426	815,472	835,859	856,756	876,704		4,181,217
Number of children to be vaccinated with the third dose	Table 1	#	700,855	7,733,929	752,274	771,081	789,035		10,747,174
Immunisation coverage with the third dose	Table 1	#	88%	948%	90%	90%	90%		

Number of children to be vaccinated with the first dose	Table 1	#	748,641	782,854	810,784	839,621	859,171		4,041,071
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.11	1.11	1.11	1.11	1.11		
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	2	2	2	2	2		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		\$	0.20	0.23	0.26	0.30	0.35		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB-Hib, 10 doses/vial, Liquid

Co-financing group	Intermédiaire
--------------------	---------------

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.23	0.26	0.30
Your co-financing	0.20	0.23	0.26	0.30	0.35

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		2,406,400	2,439,000	2,433,900	2,375,000	9,654,300
Number of AD syringes	#		2,409,300	2,441,300	2,436,200	2,376,500	9,663,300
Number of re-constitution syringes	#		1,335,600	1,353,700	1,350,800	1,318,200	5,358,300
Number of safety boxes	#		41,575	42,125	42,050	41,025	166,775
Total value to be co-financed by GAVI	\$		6,368,500	6,076,500	5,333,000	4,761,500	22,539,500

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related			For approval	For endorsement
--	--	--	--------------	-----------------

cost in US\$							
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		229,100	284,300	386,100	502,400	1,401,900
Number of AD syringes	#		229,400	284,500	386,500	502,700	1,403,100
Number of re-constitution syringes	#		127,200	157,800	214,300	278,800	778,100
Number of safety boxes	#		3,975	4,925	6,675	8,675	24,250
Total value to be co-financed by the country	\$		606,500	708,500	846,000	1,007,500	3,168,500

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 10 doses/vial, Liquid

[illegible]

	ge factor														
F	Number of doses needed including wastage	$D \times E$	2,492,975	2,606,904	226,558	2,380,346	2,699,911	281,778	2,418,133	2,795,938	382,813	2,413,125	2,861,040	499,489	2,361,551
G	Vaccines buffer stock (F – F of previous year) * 0.25			28,483	2,476	26,007	23,252	2,427	20,825	24,007	3,287	20,720	16,276	2,842	13,434
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	$F + G - H$		2,635,387	229,034	2,406,353	2,723,163	284,204	2,438,959	2,819,945	386,100	2,433,845	2,877,316	502,330	2,374,986
J	Number of doses per vial	Vaccine parameter		2	2	2	2	2	2	2	2	2	2	2	2
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		2,638,520	229,306	2,409,214	2,725,721	284,471	2,441,250	2,822,586	386,462	2,436,124	2,879,106	502,643	2,376,463
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		1,462,640	127,114	1,335,526	1,511,356	157,734	1,353,622	1,565,070	214,286	1,350,784	1,596,911	278,794	1,318,117
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$		45,523	3,957	41,566	47,032	4,909	42,123	48,703	6,669	42,034	49,684	8,674	41,010

	needed														
N	Cost of vaccines needed	I x g		6,509,406	565,712	5,943,694	6,317,739	659,353	5,658,386	5,724,489	783,784	4,940,705	5,323,035	929,311	4,393,724
O	Cost of AD syringes needed	K x ca		139,842	12,154	127,688	144,464	15,078	129,386	149,598	20,483	129,115	152,593	26,641	125,952
P	Cost of reconstitution syringes needed	L x cr		46,805	4,068	42,737	48,364	5,048	43,316	50,083	6,858	43,225	51,102	8,922	42,180
Q	Cost of safety boxes needed	M x cs		29,135	2,533	26,602	30,101	3,142	26,959	31,170	4,268	26,902	31,798	5,552	26,246
R	Freight cost for vaccines needed	N x fv		227,830	19,800	208,030	221,121	23,078	198,043	200,358	27,433	172,925	186,307	32,527	153,780
S	Freight cost for devices needed	(O+P+Q) x fd		21,579	1,876	19,703	22,293	2,327	19,966	23,086	3,161	19,925	23,550	4,112	19,438
T	Total fund needed	(N+O+P+Q+R+S)		6,974,597	606,140	6,368,457	6,784,082	708,023	6,076,059	6,178,784	845,984	5,332,800	5,768,385	1,007,061	4,761,324
U	Total country co-financing	I 3 cc		606,140			708,023			845,984			1,007,061		
V	Country co-financing % of GAVI supported	U / T		8.69%			10.44%			13.69%			17.46%		

required	NO								
Vaccine price per dose	Table 6.1	\$	3.500	3.500	3.500	3.500	3.500		
Country co-financing per dose		\$	0.20	0.23	0.26	0.30	0.35		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.000	0.000	0.000	0.000	0.000		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	5.00%	5.00%	5.00%	5.00%	5.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for Pneumococcal (PCV13), 1 doses/vial, Liquid

Co-financing group	Intermédiaire
--------------------	---------------

	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.23	0.26	0.30
Your co-financing	0.20	0.23	0.26	0.30	0.35

Table 7.2.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement
--	--	--	--------------	-----------------

Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		2,350,500	2,249,600	2,374,000	2,420,600	9,394,700
Number of AD syringes	#		2,498,800	2,380,100	2,511,600	2,560,200	9,950,700
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		27,750	26,425	27,900	28,425	110,500
Total value to be co-financed by GAVI	\$		8,803,500	8,425,000	8,890,500	9,065,000	35,184,000

Table 7.2.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval	For endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		153,800	167,900	206,800	249,600	778,100
Number of AD syringes	#		163,500	177,600	218,800	264,000	823,900
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		1,825	1,975	2,450	2,950	9,200
Total value to be co-financed by the country	\$		576,000	629,000	774,500	935,000	2,914,500

Table 7.2.4: Calculation of requirements for Pneumococcal (PCV13), 1 doses/vial, Liquid

		Formula	2011	2012	2013	2014	2015									
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	

[illegible]

	per vial	eter														
K	Number of AD syringes (+ 10% waste) needed	$(D + G - H) \times 1.11$		2,662,248	163,491	2,498,757	2,557,647	177,570	2,380,077	2,730,243	218,715	2,511,528	2,824,049	263,936	2,560,113	
L	Reconstitution syringes (+ 10% waste) needed	$I / J \times 1.11$		0	0	0	0	0	0	0	0	0	0	0	0	
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		29,551	1,815	27,736	28,390	1,972	26,418	30,306	2,428	27,878	31,347	2,930	28,417	
N	Cost of vaccines needed	$I \times g$		8,764,725	538,247	8,226,478	8,461,026	587,423	7,873,603	9,032,233	723,555	8,308,678	9,345,343	873,415	8,471,928	
O	Cost of AD syringes needed	$K \times ca$		141,100	8,666	132,434	135,556	9,412	126,144	144,703	11,592	133,111	149,675	13,989	135,686	
P	Cost of reconstitution syringes needed	$L \times cr$		0	0	0	0	0	0	0	0	0	0	0	0	
Q	Cost of safety boxes needed	$M \times cs$		18,913	1,162	17,751	18,170	1,262	16,908	19,396	1,554	17,842	20,063	1,876	18,187	
R	Freight	$N \times fv$		438,237	26,913	411,324	423,052	29,372	393,680	451,612	36,178	415,434	467,268	43,671	423,597	

	cost for vaccines needed													
S	Freight cost for devices needed (O+P+Q) x fd		16,002	983	15,019	15,373	1,068	14,305	16,410	1,315	15,095	16,974	1,587	15,387
T	Total fund needed (N+O+P+Q+R+S)		9,378,977	575,968	8,803,009	9,053,177	628,534	8,424,643	9,664,354	774,192	8,890,162	9,999,323	934,535	9,064,788
U	Total country co-financing 13 cc		575,968			628,534			774,192			934,535		
V	Country co-financing % of GAVI supported proportion U / T		6.14%			6.94%			8.01%			9.35%		

Table 7.3.1: Specifications for Yellow Fever, 10 doses/vial, Lyophilised

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	796,426	815,472	835,859	856,756	876,704		4,181,217
Number of children to be vaccinated with the third dose	Table 1	#							0
Immunisation coverage with the third	Table 1	#	83%	85%	87%	87%	87%		

dose									
Number of children to be vaccinated with the first dose	Table 1	#	661,034	693,152	727,198	745,378	762,734		3,589,496
Number of doses per child		#	1	1	1	1	1		
Estimated vaccine wastage factor	Table 1	#	1.43	1.43	1.43	1.43	1.33		
Vaccine stock on 1 January 2011		#		470,000					
Number of doses per vial		#	10	10	10	10	10		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	0.856	0.856	0.856	0.856	0.856		
Country co-financing per dose		\$	0.46	0.53	0.61	0.70	0.80		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.038	0.038	0.038	0.038	0.038		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		
Freight cost as % of devices	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

value									
-------	--	--	--	--	--	--	--	--	--

Co-financing tables for Yellow Fever, 10 doses/vial, Lyophilised

Co-financing group	Intermédiaire
--------------------	---------------

	2011	2012	2013	2014	2015
Minimum co-financing	0.46	0.46	0.53	0.61	0.70
Your co-financing	0.46	0.53	0.61	0.70	0.80

Table 7.3.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		244,500	409,500	320,700	204,800	1,179,500
Number of AD syringes	#		119,600	319,500	249,600	170,900	859,600
Number of re-constitution syringes	#		27,200	45,500	35,600	22,800	131,100
Number of safety boxes	#		1,650	4,050	3,175	2,150	11,025
Total value to be co-financed by GAVI	\$		239,500	409,000	320,500	205,500	1,174,500

Table 7.3.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and			For approval	For endorsement
--	--	--	--------------	-----------------

related cost in US\$							
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		288,300	642,700	751,800	809,700	2,492,500
Number of AD syringes	#		141,000	501,300	585,100	675,800	1,903,200
Number of re-constitution syringes	#		32,000	71,400	83,500	89,900	276,800
Number of safety boxes	#		1,925	6,375	7,425	8,500	24,225
Total value to be co-financed by the country	\$		282,500	642,000	751,000	812,000	2,487,500

Table 7.3.4: Calculation of requirements for Yellow Fever, 10 doses/vial, Lyophilised

		Form ula	2011	2012	2013	2014	2015								
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
A	Country Co-financing			54.11%			61.08%			70.10%			79.82%		
B	Number of children to be vaccinated with the first dose	Table 1	661,034	693,152	375,084	318,068	727,198	444,176	283,022	745,378	522,515	222,863	762,734	608,795	153,939
C	Number of doses per child	Vaccine parameter (schedule)	1	1	1	1	1	1	1	1	1	1	1	1	1
D	Number of doses needed	B x C	661,034	693,152	375,084	318,068	727,198	444,176	283,022	745,378	522,515	222,863	762,734	608,795	153,939
E	Estimated vaccine	Waste factor table	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.33	1.33	1.33

	waste factor														
F	Number of doses needed including waste	$D \times E$	945,279	991,208	536,371	454,837	1,039,894	635,172	404,722	1,065,891	747,197	318,694	1,014,437	809,698	204,739
G	Vaccine buffer stock	$(F - F \text{ of previous year}) \times 0.25$		11,483	6,214	5,269	12,172	7,435	4,737	6,500	4,557	1,943	0	0	0
H	Stock on 1 January 2011			470,000	254,331	215,669									
I	Total vaccine doses needed	$F + G - H$		532,691	288,254	244,437	1,052,066	642,606	409,460	1,072,391	751,753	320,638	1,014,437	809,698	204,739
J	Number of doses per vial	Vaccine parameter		10	10	10	10	10	10	10	10	10	10	10	10
K	Number of AD syringes (+ 10% waste) needed	$(D + G - H) \times 1.11$		260,445	140,935	119,510	820,701	501,288	319,413	834,585	585,050	249,535	846,635	675,763	170,872
L	Reconstitution syringes (+ 10% waste) needed	$I / J \times 1.11$		59,129	31,997	27,132	116,780	71,330	45,450	119,036	83,445	35,591	112,603	89,877	22,726
M	Total of safety boxes (+ 10% of extra	$(K + L) / 100 \times 1.11$		3,548	1,920	1,628	10,407	6,357	4,050	10,586	7,421	3,165	10,648	8,499	2,149

	need) neede d														
N	Cost of vaccine needed	I x g		455,984	246,746	209,238	900,569	550,071	350,498	917,967	643,501	274,466	868,359	693,102	175,257
O	Cost of AD syringes needed	K x ca		13,804	7,470	6,334	43,498	26,569	16,929	44,234	31,009	13,225	44,872	35,816	9,056
P	Cost of reconstituting syringes needed	L x cr		2,247	1,216	1,031	4,438	2,711	1,727	4,524	3,172	1,352	4,279	3,416	863
Q	Cost of safety boxes needed	M x cs		2,271	1,229	1,042	6,661	4,069	2,592	6,776	4,751	2,025	6,815	5,440	1,375
R	Freight cost for vaccine needed	N x fv		45,599	24,675	20,924	90,057	55,008	35,049	91,797	64,351	27,446	86,836	69,311	17,525
S	Freight cost for devices needed	(O+P+Q) x fd		1,833	992	841	5,460	3,335	2,125	5,554	3,894	1,660	5,597	4,468	1,129
T	Total fund needed	(N+O+P+Q+R+S)		521,738	282,327	239,411	1,050,683	641,761	408,922	1,070,852	750,674	320,178	1,016,758	811,550	205,208
U	Total country co-financing	I 3 cc		282,327			641,761			750,674			811,550		
V	Country co-financing % of GAVI supp	U / T		54.11%			61.08%			70.10%			79.82%		

	orted propo rtion													
--	-------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: [HSS section of the APR 2010 @ 18 Feb 2011.docx](#)

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

10. Civil Society Programme (CSO)

The CSO form is available at this address: [CSO section of the APR 2010 @ 18 Feb 2011.docx](#)

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

11. Comments

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

Annex 1

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 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION
GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS

	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

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 2009	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.

Annex 2

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, 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 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

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 2009	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.

Annex 3

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

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 2009	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

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of		1	Yes

Health (or delegated authority)		
Signature of Minister of Finance (or delegated authority)	2	Yes
Signatures of members of ICC	3	Yes
Signatures of members of HSCC	4	Yes
Minutes of ICC meetings in 2010	13	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010	5	Yes
Minutes of HSCC meetings in 2010	14	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010	6	Yes
Financial Statement for ISS grant in 2010	Missing	Yes
Financial Statement for CSO Type B grant in 2010	Missing	Yes
Financial Statement for HSS grant in 2010	9	Yes
EVSM/VMA/EVM report	10	
External Audit Report (Fiscal Year 2010) for ISS grant		
CSO Mapping Report (Type A)		
New Banking Details new cMYP starting 2012	12, 15	
Summary on fund utilisation of CSO Type A in 2010		
Financial Statement for NVS introduction grant in 2010	7	
External Audit Report (Fiscal Year 2010) for CSO Type B grant		
External Audit Report (Fiscal Year 2010) for HSS grant		
Latest Health Sector Review Report		

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the **Upload file** arrow icon to upload the document. Use the **Delete item** icon to delete a line. To add new lines click on the **New item** icon in the **Action** column.

ID	File type	File name	New file	Actions
	Date and			

	Time	Size		
1	File Type: Signature of Minister of Health (or delegated authority) * File Desc: Signature MINSANTE_MINFI	File name: Signatures MINSANTE_MINFI.jpg Date/Time: 31.05.2011 12:23:56 Size: 366 KB		
2	File Type: Signature of Minister of Finance (or delegated authority) * File Desc: Signature MINSANTE_MINFI	File name: Signatures MINSANTE_MINFI.jpg Date/Time: 31.05.2011 12:26:02 Size: 366 KB		
3	File Type: Signatures of members of ICC * File Desc: Signature_ICC	File name: Signatures CCIA.rar Date/Time : 31.05.2011 12:29:38 Size: 596 KB		
4	File Type: Signatures of members of HSCC * File Desc: Signature_ICC	File name: Signatures CCIA.rar Date/Time : 31.05.2011 12:33:31 Size: 596 KB		
5	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc: Minutes of the ICC Validation	File name: Compte rendu CCIA validation proposition.doc Date/Time: 31.05.2011 13:04:34 Size: 1 MB		
6	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 * File Desc: Minutes of the ICC/HSCC	File name: Compte rendu CCIA validation proposition.doc Date/Time: 31.05.2011 13:12:38 Size: 1 MB		
7	File Type: Financial Statement for NVS introduction grant in 2010 File Desc: Financial statement for introduction PCV13	File name: Etat financier_intro_PCV13.jpg Date/Time: 31.05.2011 13:15:54 Size: 354 KB		
8	File Type: other File Desc: APR CSO Section	File name: Rapport subvention OSC TYPE A.doc Date/Time: 31.05.2011 13:21:16 Size: 47 KB		
9	File Type: Financial Statement for HSS grant in 2010 * File Desc: Financial Statement for HSS	File name: Etat financier RSS 2010.pdf Date/Time : 31.05.2011 13:22:15 Size: 28		

	2010	KB		
10	File Type: EVSM/VMA/ EVM report File Desc: EVM report Cameroon December 2010 + Plan	File name: Rapport_GE V_Cameroun_Déce mbre- 2010+Plan.pdf Date /Time: 31.05.2011 13:24:08 Size: 461 KB		
11	File Type: other File Desc: Report RSA 2010 Section HSS	File name: Rapport RSA 2010 Section RSS.doc Date/Time : 31.05.2011 13:26:23 Size: 325 KB		
12	File Type: new cMYP starting 2012 File Desc: PPAC_2011_ 2015_CAE	File name: PPAc 2011_ 2015_CAE.pdf Date /Time: 31.05.2011 13:32:07 Size: 1 MB		
13	File Type: Minutes of ICC meetings in 2010 * File Desc: Minutes of ICC meetings in 2010	File name: Rapports CCIA 2010.pdf Date/Time : 31.05.2011 13:37:44 Size: 782 KB		
14	File Type: Minutes of HSCC meetings in 2010 * File Desc: Minutes of HSCC meetings in 2010	File name: Rapports Réunions CCSS 2010.pdf Date/Time : 31.05.2011 14:02:29 Size: 779 KB		
15	File Type: new cMYP starting 2012 File Desc: starting 2011 - 2015	File name: CMYP Costing Tool 2011- 2015 Cameroun.xls Date/ Time: 23.06.2011 10:42:26 Size: 3 MB		
16	File Type: other File Desc: Activities ICC next 12 months	File name: Activités CCIA 12 prochains mois.doc Date/Time : 23.06.2011 10:42:55 Size: 338 KB		
17	File Type: other File Desc: PNDS	File name: LA SANTE AU QUOTIDIEN 75 06 11.pdf Date/Time: 23.06.2011 12:13:36 Size: 463 KB		

~ End ~