The GAVI Alliance

Annual Progress Report 2013

Submitted by:

the Government of

Cameroon

Reporting on year: **2013.**
Requesting for support year: **2015.**
Date of submission: **5/14/2014**

Deadline for submission: 5/22/2014

Please submit the 2013 report using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in this 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 this 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. Any funds repaid will be deposited into the account or accounts designated 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 this application, or any GAVI Alliance-approved amendment to this application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in this 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 this 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 government confirm that this application is accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in this application.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

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

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

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in this 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 this 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. 1. Application Specification

Reporting on year: **2013.**

Requesting for support year: **2015.**

1.1. NVS & Injection Supplies support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015.
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015.
Routine New Vaccines Support	Rotavirus, 2 scheduled doses	Rotavirus, 2 scheduled doses	2015.
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015.

DTP-HepB-Hib (pentavalent) vaccine: per your Country's current preferences, the vaccine is available as a liquid from UNICEF in 1- or 10-dose vials or as lyophilised/liquid vaccine in 2-dose vials, to be administered on a three-injection schedule. Other presentations have also been preselected by the WHO and the complete list can be consulted on the WHO web site, however, the availability of each product must be specifically confirmed.

1.2. 1.2. Programme extension

No NVS eligible for extension this year.

1.3. ISS, HSS, CSO

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	Yes	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS grant: N/A	N/A
CSO Type A	No	N/A	N/A
VIG	Yes	N/A	N/A
CSO	No	N/A	N/A

VIG: GAVI Vaccine Introduction Grant; COS: Operational support for campaign

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 2011 is available here. It is also available in French here.

2. Signatures

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 & the Minister Finance or their delegated authority.

Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual (or delegated authority)		**Minister of Finance (or delegated authority)**	
Name	Mr.André MAMA FOUDA	**Name**	Mr. Alamine OUSMANE MEY
Date		**Date**	
Signature		**Signature**	

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

Full name	Title	Telephone	Email address
Dr Marie KOBELA	Permanent Secretary of the EPI	237/22 23 09 42 - 99 56 74 25	gtc_pev@yahoo.fr - mariekobela2006@yahoo.fr
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Dr. Médard Folefack Temfack	Immunization Officer - EPI/Unicef	237/99 62 12 15 - 22 22 31 82	mfolefacktemfack@unicef.org

2.2. ICC Signatures Page

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

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload two copies of the attached documents section the signatures pages signed by committee members, one for HSCC signatures and one for ICC signatures.

The GAVI Alliance Transparency and Accountability Policy 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 this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Name/Title	Agency/Organization	Signature	Date

M. André MAMA FOUDA/President	Ministère de la Santé Publique		
Pr MBU Robinson/DSF, Vice President	Ministère de la Santé Publique		
Dr Charlotte FATY NDIAYE/WHO Representative, Member	WHO		
FELICITE TCHIBINDAT /UNICEF Representative, Member	UNICEF		
Ms. Annette COLY/1st Secretary, German Embassy, Member	German cooperation		
Ms. Caroline COMITI, Regional Health Counselor, Member	French Cooperation		
Mr. GUY VERNET, Director, Pasteur Center in Cameroon, Member	Pasteur Center in Cameroon		
Pr Joseph MBEDE, Member	Scientific committee		
Mr. Bertrand KAMPOER	Mr. Bertrand KAMPOER Coordinator, Platform of Civil Society Organizations		
Mr. Jean Didier NWAHA	Representative, Ministry of Basic Education		
Jean Richard BIELEU	President, Rotary Polio Plus		

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

All comments will be treated confidentially

Comments from Partners:

Require signatures before the APR and the approved IPV introduction document are submitted.

Comments from the Regional Working Group:

The regional working group approved this document after their comments were included.

2.3. HSCC Signatures Page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), Ministry of Health, endorse this report on the Health Systems Strengthening Programme. Signature of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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.

Name/Title	Agency/Organization	Signature	Date
N/A	N/A		

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

All comments will be treated confidentially

Comments from Partners:

N/A

Comments from the Regional Working Group:

N/A

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

Cameroon is not submitting a report on the use of type A and B CSO funds in 2014

3. Table of Contents

This APR reports on Cameroon's activities between January – December 2013 and specifies the requests for the period of January – December 2015

Sections

4. Baseline and Annual Targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative and maximum wastage values as shown in the **Wastage Rate Table** in the guidelines for support requests. Please describe the reference wastage rate for the pentavalent vaccine available in 10-dose vials.

Number	Achievements as per JRF		Targets (preferred presentation)			
	2013.		2014.		2015.	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total number of births	940,346.	940,346.	963,850.	963,856.	986,292.	986,292.
Total infants' deaths	146,280.	146,278.	149,932.	149,934.	153,423.	153,423.
Total surviving infants	794066.	794,068.	813,918.	813,922.	832,869.	832,869.
Total pregnant women	1,044,823.	1,044,821.	1,070,944.	1,070,944.	1,095,880.	1,095,880.
Number of infants vaccinated (to be vaccinated) with BCG	846,308.	772,388.	877,104.	877,104.	907,389.	907,389.
BCG coverage	90 %	82 %	91 %	91 %	92 %	92 %
Number of infants vaccinated (to be vaccinated) with OPV3	698,779.	698,564.	748,805.	748,805.	774,568.	774,568.
OPV3 coverage	88 %	88 %	92 %	92 %	93 %	93 %
Number of infants vaccinated (to be vaccinated) with DTP1	770,244.	755,138.	797,640.	797,640.	816,212.	816,212.
Number of infants vaccinated (to be vaccinated) with DTP3	698,779.	703,478.	748,805.	748,805.	774,568.	774,568.
DTP3 coverage	88 %	89 %	92 %	92 %	93 %	93 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	10.	7.	10.	10.	10.	10.
Wastage[1] factor in base-year and planned thereafter for DTP	1.11.	1.08.	1.11.	1.11.	1.11.	1.11.
Number of infants vaccinated (to be vaccinated) with 1 dose(s) of DTP-HepB-Hib	810,784.	755,138.	797,640.	797,640.	816,212.	816,212.
Number of infants vaccinated (to be vaccinated) with 3 dose(s) of DTP-HepB-Hib	810,784.	703,478.	797,640.	797,640.	774,568.	774,568.
DTP-HepB-Hib coverage	102 %	89 %	98 %	98 %	93 %	93 %
Wastage rate [1] in base-year and planned thereafter (%) [2]	10.	7.	10.	10.	10.	10.
Wastage rate [1] in base-year and planned thereafter (%)	1.11.	1.08.	1.11.	1.11.	1.11.	1.11.
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	727,198.	657,346.	708,109.	708,109.	724,568.	724,568.
Yellow Fever coverage	92 %	83 %	87 %	87 %	87 %	87 %
Wastage[1] rate in base-year and planned thereafter (%)	30.	23.	30.	30.	25.	25.

Wastage rate [1] in base-year and planned thereafter (%)	1.43.	1.3.	1.43.	1.43.	1.33.	1.33.
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	40 %	40 %	40 %	40 %	50 %	40 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	755,000.	754,182.	765,083.	765,083.	799,554.	799,554.
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	755,000.	698,618.	765,083.	716,251.	749,582.	749,582.
Pneumococcal (PCV13) coverage	95 %	88 %	94 %	88 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	5.	4.	5.	5.	5.	5.
Wastage rate [1] in base-year and planned thereafter (%)	1.05.	1.04.	1.05.	1.05.	1.05.	1.05.
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose(s) of Rotavirus vaccine		0.	642,995.	642,995.	699,610.	699,610.
Number of infants vaccinated (to be vaccinated) with 2 dose(s) of Rotavirus vaccine		0.	642,995.	642,995.	666,295.	666,295.
Rotavirus coverage	0 %	0 %	79 %	79 %	80 %	80 %
Wastage[1] rate in base-year and planned thereafter (%)		0.	5.	5.	5.	5.
Wastage rate [1] in base-year and planned thereafter (%)		1.	1.05.	1.05.	1.05.	1.05.
Maximum wastage rate value for the Rotavirus vaccine, 2 scheduled doses	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	690,837.	660,408.	724,387.	724,387.	749,882.	749,882.
Measles coverage	87 %	83 %	89 %	89 %	90 %	90 %
Pregnant women vaccinated with TT+	919,446.	714,902.	963,851.	963,851.	986,293.	986,293.
TT+ coverage	88 %	68 %	90 %	90 %	90 %	90 %
Vit A supplement to mothers within 6 weeks from delivery	705,256.	714,902.	771,080.	771,080.	818,622.	818,622.
Vit A supplement to infants after 6 months	752,273.	686,167.	779,648.	779,648.	806,568.	806,568.
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	9 %	7 %	6 %	6 %	5 %	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] x 100, whereby A = the number of doses distributed for use according to procurement 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.

GAVI would also appreciate receiving comments from the countries on the feasibility of and interest in selecting and expediting multiple presentations of pentavalent vaccine (single-dose and ten-dose vials) so as to minimize wastage and cost while maximizing coverage.

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 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013**. The numbers for 2014 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous Annual Progress Reports or in new application for GAVI support or in the cMYP.

In the space below, please provide justification for those numbers in this APR that are different from those in the reference documents.

- Justification for any changes in **number of births**

  The number of live births in 2014 as stated in the 2012 APR is 963,850. The population database (utility.mdb) in the EPI-INFO application used for the routine EPI included the number 963,856 for the same data point. This difference is due to rounding differences in this database.

- Justification for any changes in the **number of surviving infants**

  The surviving infant numbers for 2013 and 2014 as provided in the 2012 APR are 794,066 instead of 794,068 for 2013, and 813,918 instead of 813,022 for 2014. This difference is due to rounding differences in the population database (utility.mdb) in the EPI-INFO application used by the routine EPI.

- Justification for any changes in targets by vaccine **Please note that targets that surpass the previous years' results by more than 10 % must be justified.**

  N/A

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

  N/A

5.2. Immunisation Achievements in 2013

5.2.1. Please comment on immunisation programme achievements in comparison to targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2013 and how these were addressed:

Vaccination coverage targets for 2013, as specified in the 2011-2015 cMYP and included in the most recent APR were achieved, but more effort needs to be put forth in order to reach the coverage levels recommended in the Global Vaccine Action Plan (90%). Immunization coverage for the Penta 3 tracer antigen increased from 85.19% in 2012 to 88.59% in 2013. BCG coverage increased from 81.49% to 82.14%; MCV coverage from 81.76% to 83.17%; VVM 13-3 from 83.57% to 87.98% and TT2+ from 65.34% in 2012 to 68.42% in 2013. Despite these improvements in routine immunization, there are still ongoing or new epidemics of polio, measles and yellow fever.

The primary activities completed in 2013 are:

- Organized and conducted regional sessions to re-launch the EPI;
- Prepared the 2012 Annual Progress Report and 2013 Annual Work Plan for the EPI;
- Prepared the 2014-2020 Strategic Communications Plan;
- Conducted an annual evaluation meeting for the EPI in March, 2013;
- Conducted an external review of the EPI in August, 2013;
- Held a session to reinvigorate routine immunization in the Yaoundé and Douala HDs;
- Held a sub-regional training session for data managers in Douala;
- Completed a logistics inventory in September, 2013, in the context of the external review in August, 2013;
- Held a monitoring meeting with regional EPI units in December, 2013;
- Held six ICC meetings on various topics;
  - 5 March 2013: Presented and discussed the GAVI mission of 24 February-5 March, 2013;
  - 20 March 2013: Validated the 2012 Activity Report and the 2013 Annual Work Plan (AWP) for the EPI;
  - 8 May 2013: Validated the 2012 EPI Annual Progress Report (APR);
  - 23 July 2013: Validated the 2013 2nd quarter Activity Report and the 2013 3rd quarter Work Plan for the EPI;
  - 30 August 2013: Presented and discussed the External Review of the Expanded Program on Immunization and validated the GAVI application document for introducing the cervical cancer vaccine;
  - 10 December 2013: Presented and discussed the AMP mission to Cameroon, EPI performance as of 31 October and key activities in December, 2013.
- Organized and conducted four rounds of Local Vaccination Days (LVDs) for polio, including two preventive days in April and

May, 2013 and two response days in July and August, 2013, in the Adamaoua, Nord and Extreme-Nord regions.

- Organized and conducted one round of National Vaccination Days for polio, throughout the entire country in October 2013;
- Organized and conducted one round of Local Vaccination Days for polio in 8 regions in December, 2013.
- Organized and conducted one response campaign against the yellow fever epidemic (in 13 health districts in the Littoral (Coastal) Region);
- Organized two SASNIM (Action Week for Infant and Maternal Health and Nutrition) rounds, the first of which was held jointly with World Immunization Week (WIW) in April and October, 2013;
- Trained 40 vaccination service providers in the Pitoa and Lagdo HDs;
- Trained 33 staff at the central and regional levels on introducing the rotavirus diarrhea vaccine into the routine EPI in September;
- Trained a CTG-EPI staff person on scoping and planning vaccination logistics in Burkina Faso;
- Built an EPI staffer's capacity for operational research on vaccinations in the DR Congo;

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

N/A

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. During the last five years, were sex-disaggregated data on immunization service access available in your country from administrative data sources and/or studies on DTP3 coverage? **No, not available**

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

Source of data	Reference Year for Estimates	DTP3 Coverage Estimate	
		Boys	Girls
N/A	N/A	N/A	N/A

5.3.2. How have you been using the above data to address gender-related barriers to immunisation access?

N/A

5.3.3. If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunization reporting? **No**

5.3.4. How have any gender-related barriers to accessing and delivering immunization services (for example, mothers not having access to such services, the sex of service providers, etc.) been addressed programmatically? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunization, which can be found on http://www.gavialliance.org/fr/librairie/)

At the moment, there is no evidence that this is an issue in Cameroon. The current concern is strengthening the vaccination system to improve vaccination coverage, and to deal with the epidemics that the country is facing.

5.4. Data assessments

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

There is a difference between the routine coverage data according to the immunisation coverage survey in Cameroon conducted by UNICEF in 2011 (Evaluation of the first SASNIM/AIW 2011 and routine immunisation coverage) and administrative data. Routine coverage disparities are as follows:

BCG coverage: ICS 2011: 90.7%; Administrative data: 82.14%; Disparity (2011 ICS and administrative data): +08.56 points ;

DTP coverage (3rd dose): 2011 ICS: 78.2%; Administrative data: 88.59%; Disparity (2011 ICS and administrative data): -10.39 points ;

OPV coverage (3rd dose): 2011 ICS: 80.6%; Administrative data: 87.97%; Disparity (2011 ICS and administrative data): -07.37

points ;

MCV coverage: 2011 ICS: 74.6%; Administrative data: 83.17%; Disparity (2011 ICS and administrative data): -08.57 points ;

The results of the routine immunisation survey in 2011 show some discrepancies. No survey was done on this topic in 2013.

Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and may entail retrospective changes to the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **No**

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

N/A

5.4.3. Please describe any activities undertaken to improve administrative data systems from 2011 to the present.

- The DQS tool is used in the high-priority districts in the regions;
- Held monthly data review meetings at the central, regional and health district levels;
- Held monthly epidemiologic data harmonization meetings between the laboratory (Pasteur Center in Cameroon and the pilot site), the WHO, the EPI and the Department of Disease Prevention and Treatment;
- Participated in the data management training for vaccination programs in Central Africa, held in Cameroon in November, 2013;
- Held regional meetings in January, 2013.

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

- Ensure that all data review and validation meetings are held, and that DQS is implemented in all health districts;
- Strengthen use of EPI tools (tracking sheets, vaccination registers, DVTMT [sic: should probably be DVDMT], SMT, etc), at the operational and intermediate levels, and monitoring through supportive supervision.
- Use the "zero cost" telephones to improve promptness and completeness of monthly activity reports;
- Prepare and distribute standard procedures for managing and using data (SOPs);
- Conduct training supervisions;
- Hold at least two EPI monitoring/evaluation meetings;
- Hold two meetings to monitor the data management system;
- Design effective and secure computer solutions for cloud-based storage of EPI data at the central level
- Implement an integrated, computerized data management system for the CTG-EPI;
- Integrate data quality improvement factors into the review of the 2011-2015 cMYP;
- Capacity building: help the data managers in high-priority districts use the District Vaccine Data management Tool [note: incorrect expansion appears in French document] (DVDMT) and other data management tools.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 500	Only enter the exchange rate; do not list the name of the local currency

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

Expenditures by Category	Expenditure Year 2013	Funding source						
		Country	GAVI	UNICEF	WHO	HKI	-	-
Traditional Vaccines*	0.	0.	0.	0.	0.	0.	0.	0.
New and underused Vaccines**	20,595,012.	0.	17,724,500.	2,870,512.	0.	0.	0.	0.
Injection supplies (both AD syringes and syringes other than ADs)	0.	0.	0.	0.	0.	0.	0.	0.
Cold chain equipment	0.	0.	0.	0.	0.	0.	0.	0.
Staff	0.	0.	0.	0.	0.	0.	0.	0.
Other routine recurrent costs	0.	0.	0.	0.	0.	0.	0.	0.

Other capital costs	0.	0.	0.	0.	0.	0.	0.	0.
Campaigns costs	4,436,540.	400,000.	0.	1,683,546.	2,261,755.	91,239.	0.	0.
-		0.	0.	0.	0.	0.	0.	0.
Total Expenditures for Immunisation	25,031,552.							
Total Government Health		400,000.	17,724,500.	4,554,058.	2,261,755.	91,239.	0.	0.

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

5.5.1. 5.5.3. If there is no government funding allocated to traditional vaccines, please state the reasons why, and the plans for the expected sources of funding for 2014 and2015

N/A

5.6. Financial management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Yes, fully implemented.**

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

Action plan from Aide Mémoire	Implemented?
1- Purchase all goods in compliance with the procedures manual.	Yes
2- Prepare and submit quarterly budget execution reports to the ICC for information and approval.	Yes
3- Submit an annual progress report (APR) to GAVI, including the financial report for the use of immunization support funds.	Yes
4- Conduct an external audit, complying with the terms of reference for GAVI audits each year; submit it to GAVI no later than six months after the end of the previous fiscal year.	Yes

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

1- All EPI goods are purchased in compliance with procedures (use of the EPI supplier form and available contract award tools, call for bids, award report, etc.);

2- Quarterly budget reports are submitted to and approved by the ICC;

3- See 2013 APR;

4- The 2011 account audit and the final report submitted to GAVI in December, 2012 The audited planned in 2012 was supposed to begin in April, 2014, once the lengthy contract award procedures ended; the firm of Deloitte and Torch [sic] was retained, and their final report should be submitted by June 30.

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

N/A

5.7. Inter-Agency Coordinating Committee

How many times did the ICC meet in 2013? **6.**

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

List the key concerns or recommendations, if any, made by the ICC on sections 5.1. Updated Baseline and Annual Targets through 5.5 Overall Expenditures and Financing for Immunisation

1) ICC meeting of 5 March 2013: Presented and discussed the GAVI mission of 24 February-5

March, 2013;

The following concerns were raised:

Resolutions

- Work in close collaboration with CSOs so that they can participate in making strategic decisions about Cameroon's vaccination system (DCOOP, CTG-EPI);
- Conduct an in-depth reflection with vaccination players and statistics experts, to decrease the inconsistencies noted, concerning the demographic data (CTG-EPI, INS, WHO and UNICEF).

Recommendations

- Closely track vaccine inventory and communicate with GAVI about the country's actual needs, in order to avoid inventory surpluses (CTG-EPI, WHO and UNICEF);
- Notify MINEPAT (Ministry of the Economy, Planning and Land Use) of the difficulty in determining the target population (denominator) to be vaccinated in some health districts in Cameroon, subsequent to the 2005 GPHC (CTG-EPI, ICC members);
- Ensure transparency of the funds allocated by GAVI for the HSS and ISS components (CTG-EPI, HSS-TC, WHO and UNICEF).

2) ICC meeting of 20 March 2013: Validated the 2012 Activity Report and the 2013 Annual Work Plan (AWP) for the EPI;

The following concerns were raised:

Resolutions

- Conduct an in-depth reflection, in order to find solutions for improving governance at the operational level (MINSANTE, development partners);
- Consider that the reservations expressed about the maintenance contracts for EPI cold chain equipment purchased with C2D funding were raised by the DAJC (MINSANTE, AFD).

Recommendations

- Accelerate the process of creating a Technical Monitoring Committee (CTS) for the ICC (CTG-EPI).
- Engage the EPI's provisional 2013 AWP budget, subject to the changes to be made before sending it to GAVI (MINSANTE, CTG-EPI, development partners);
- Assign more responsibility for vaccination issues to the operational and intermediate levels, without the central level remaining inactive (MINSANTE).

3) ICC meeting of 8 May 2013: Validated the 2012 EPI Annual Progress Report (APR)

The following concerns were raised:

Resolutions

- Send the Ministry of Public Health a memo naming the three committees responsible for coordinating the external review of the EPI within one week (CTG-EPI);
- Formally request technical support from the WHO to finalize the terms of reference for the external review of the EPI (CTG-EPI)

Recommendations

- Accelerate the process of creating an ICC technical committee, to facilitate document validation (Development Partners, MINSANTE, CTG-EPI);
- Officially send statutory ICC members the documents for their changes before final approval (DCOOP/CTG-EPI);
- Clarify the responsibilities of the Sub-Directorate for Immunisation and the EPI, in order to avoid the confusion that exists at present (MINSANTE).

4) ICC meeting of 23 July 2013: Validated the EPI's 2nd quarter Activity Report and the 3rd quarter Work Plan for 2013;

Resolutions

- Conduct an in-depth reflection in order to find solutions for identifying unvaccinated children in large cities (MINSANTE, Development Partners);
- Consider involving the political system to better organize Cameroon's vaccination system (MINSANTE).

Recommendations

- As soon as possible, formalize the decree creating the Technical Monitoring Committee (TMC) for the ICC (CTG-EPI);
- Effectively prepare a community educational campaign for introducing the cervical cancer vaccine (MINSANTE, development partners);
- Ensure that these vaccinators actually receive compensation during the vaccination campaigns (MINSANTE).

5) ICC meeting of 30 August 2013: Presented and discussed the External Review of the Expanded Program on Immunisation and validated the GAVI application for introduction of the cervical cancer vaccine;

Resolutions

- Take into account the recommendations from the EPI's 2013 external review, to improve the program's, and thus the health system's, performance (MINSANTE, CTG-EPI);
- Take into account the weaknesses mentioned by the International Consultants in their preliminary report, in order to improve this review's final report (CTG-EPI);
- Clarify the responsibilities of the Sub-Directorate for Immunisation and the EPI (SG and DSF/MINSANTE).
- Find strategies to remedy routine immunisation's weaknesses, in order to avoid emergency situations during unexpected population migrations (CT2/MINSANTE, CTG-EPI).

Recommendations

- Identify the 27 recommendations from the 2005 review and those in the current review and create a chart, in order to track their implementation using a schedule, and in order to regularly present them to supervisors and at each ICC meeting (CTG-EPI);
- Require the GAVI application for the pilot cervical cancer vaccine program to be signed, once it is unanimously validated by the ICC members (CTG-EPI);
- Track submission of supporting financial documents after every activity and at all levels

(MINSANTE, CTG-EPI);
- Urgently, include a budget line item for the ICC's work at the regional level, so that it is included in the provisional budget for next year (DSF, CTG-EPI).

6) ICC meeting of 10 December 2013: Presentation and discussion of the AMP mission to Cameroon; EPI performance as of 31 October and key activities in December, 2013

Resolutions

- Plan to introduce the rotavirus diarrhea vaccine during March, 2014 (MINSANTE, Development Partners);
- Ensure financial provisions for the polio response vaccination campaigns in January and February, 2014 (MINSANTE, Development Partners);

Recommendations

- Review the objectives of the AMP (Agence de Médecine Préventive)'s mission, in order to synergize activities that can provide technical support to the Ministry of Public Health (Development Partners, AMP Coordination Team);
- Effectively coordinate surveillance of EPI target diseases, so that we are always on alert, and so that we can respond on time (MINSANTE, CTG-EPI);
- Track the process of creating a working group to provide technical validation of the ICC's documents (CTG-EPI);

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

If Yes, which ones?

List CSO member organizations belonging to the ICC:
Association Culturelle Islamique du Cameroun (Islamic Cultural Association of Cameroon);
Organisation Catholique pour Santé (OCASC) (Catholic Organization for Health);
Conseil des Eglises Protestantes du Cameroun, CEPCA (Council of Protestant Churches in Cameroon).
PROVARESS, and organization of 60 CSOs (Observer member, to be made official)
Red Cross

5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for 2014 to 2015?

1-Primary goals in 2014:

- Increase Penta3 vaccination coverage from 88% to at least 90%;
- Increase MCV vaccination coverage from 83% to at least 85%;
- Organize high-quality supplemental vaccination activities;
- Stop the circulation of the wild polio virus;
- Maintain indicators to certify the elimination of maternal and neonatal tetanus;
- Reach pre-elimination status for measles and yellow fever;
- Continue to improve financial management of the EPI.

2-Key activities in 2014:

Routine Immunization

- Financially support and monitor all regions and health districts as they implement "RED plans."
- Support/monitor the organization of intensified periodic vaccination activities in health districts with low immunisation coverage.
- Financially support technical personnel and community members who participate in outreach strategies and searches for vaccination dropouts.
- Support introduction of the rotavirus vaccine in the routine EPI;

Supplemental Immunisation Activities

- Conduct at least six National Immunisation Days to respond to the polio epidemic in Cameroon;
- Provide support for response vaccination campaigns for neonatal tetanus in the Ngambé, Pouma and Yokadouma health districts.
- Support the organization of vaccination campaigns to respond to the measles and yellow fever epidemics;
- Participate in organizing and conducting the one World Immunization Week (WIW), and two SASNIMs (Action Week for Infant and Maternal Health and Nutrition).

Vaccine supply & Logistics

- Purchase vaccines and input items.
- Pick up, receive and deliver vaccines and input items to the regions.
- Purchase cold chain equipment: 3 cold rooms, 106 refrigerators, 200 vaccine carriers, 100 automatic temperature loggers.
- Purchase vehicles: 622 motorcycles and 15 larger vehicles
- Maintain EPI equipment

Communication for development

- Conduct communication and social mobilization activities to introduce the rotavirus diarrhea vaccine into the EPI.
- Organize the launch for the introduction of the rotavirus diarrhea vaccine into the EPI.

- Create and distribute/broadcast spots and educational materials about vaccination.
- Sign partnership agreements with 1 community-based organization (CBO) per district, and 4 community radio stations per district, to educate the public about the EPI.

Epidemiological Surveillance

- Produce and distribute posters and educational materials about surveillance in health regions and districts.
- At all levels, allocate funds to support active surveillance
- Handle costs related to transporting samples.
- Purchase and distribute sampling material for diseases under surveillance
- Hold committee meetings (CNEP (National Polio Experts Committee), CNC (National Certification Committee), containment)

Programme management

- Financially support and monitor preparation of EPI micro-plans by the 181 operational health districts
- Hold 2 EPI monitoring and evaluation meetings
- Conduct at least 2 rounds of supportive supervision at the intermediate and operational level.
- Financially support and monitor integrated supportive supervision in the health districts and health areas, by the REDs.
- Ensure monthly maintenance of the areas' telephones.
- Financially support and monitor coordination meetings in the DRSPs /RPHMs and the health districts.

Capacity building

- Train regional financial managers in using the TOMPRO management software.
- Train at least 59 district management teams in how to use the Data Quality Self-Assessment tool (DQS).
- Train EPI providers in health facilities in 50 high-priority districts.
- Train C4D focal points in health districts in the 6 remaining regions.
- Train 3 discussion entity members and 1 communication focal point for each health area in social mobilization for routine immunisation, and in searching for vaccination dropouts.

Financial management

- Conduct an external audit of the CTG-EPI for fiscal years 2012 and 2013.
- Conduct a financial supervision mission at the intermediate and operational levels.
- Conduct joint half-yearly MINSANTE/WHO/UNICEF audit in the 10 regions.
- Update the procedures and administrative financial management for the funds allocated for the CTG-EPI.
- Build capacity in terms of management and accountability.

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2013.

Vaccine	Types of syringe used in 2013 routine EPI 2012	Funding sources of 2013
BCG	Auto-disabling (0.05 ml) [sic]	State
Measles	Auto-disabling (0.5 ml)	State
TT	Auto-disabling (0.5 ml)	State
DTP-containing vaccine	Auto-disabling (0.5 ml)	State, GAVI
BCG	2 ml dilution syringe	State
Measles	5 ml dilution syringe	State
PCV-13	0.5 ml Auto-disabling syringe	State, GAVI
FR YF vaccine	5 ml dilution syringe	State, 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?

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

The primary difficulty is the lack of dry storage space for the EPI's injection supplies at the central level. In addition, waste from curative care does not always comply with this injection safety policy.

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

Sharps are collected in sharps boxes and incinerated at health facilities that have an incinerator, or by being burned and the burned material buried, if there is no incinerator. As a primary difficulty, we note the lack of incinerators in health facilities, and the fact that some health facilities do not comply with the "bury and bury" policy.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount US$	Amount local currency
Funds received during 2013 *(A)*	1,351,879.	675,939,500.
Remaining funds (carry over) from 2012 *(B)*	62,962.	31,481,000.
Total funds available in 2013 *(C=A+B)*	1,414,841.	707,420,500.
Total Expenditures in 2013 *(D)*	13,625.	6,812,500.
Carry over to 2014 *(E=C-D)*	1,401,216.	700,608,000.

6.1.1. Briefly describe the financial management arrangements 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.

Since 2012, there has been an account exclusively for GAVI funds at the Caisse Autonome d'Amortissement (CAA) at the Standard Chartered Bank. Funds are distributed to the regions after the ICC approves budgets; the funds are wired into the (commercial) accounts for the regional entities responsible for implementing activities. Financial and technical reports are prepared by the coordinators at various levels and are then consolidated by the Central Technical Group of the National Immunisation Program, which then submits them to the ICC for approval. GAVI funds are included in the health sector plans and national budget. In March, 2013, accounting managers were assigned to the Regional Units/EPI through a decision by the Minister of Public Health. At the end of 2013, GAVI regional sub-accounts managed by the CAA were opened in the regions, and are held in the Banque Internationale pour l'Epargne et le Crédit du Cameroun (BICEC).

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

Type of bank account

The bank account used is a commercial account opened at the Standard Chartered Bank and managed by the Caisse Autonome d'Amortissement.

Budget approval procedures:

At the beginning of each year, the AWP is approved by the ICC; each quarter, a work plan is prepared and approved by the ICC, as is the associated activity report at the end of the quarter; a financial report is attached to each activity report. The budget is handled by the SAF (administrative and financial) Director and the Internal Auditor, and is signed by the SP (Permanent Secretary) and the Director of Family Health if the amount is less than 5,000,000 FCFA; above that amount, it is signed by the SAF Director, the Internal Auditor, the SP and the MINSANTE.

For each activity conducted in accordance with the AWP, a technical sheet and a budget are prepared. The technical sheet is signed by the Permanent Secretary (SP) if the activity amount is less than 5,000,000 FCFA; above that amount, it is signed by the Minister of Public Health (MINSANTE).

Methods of transferring funds to the sub-national level:

Funds are distributed to the regions after the ICC approves budgets; the funds are wired into the (commercial) accounts for the regional entities responsible for implementing activities.

financial reporting arrangements at both the sub-national and national levels;

and the overall role of the ICC in this process.

Financial and technical reports are prepared by the coordinators at various levels and are then consolidated by the Central Technical Group of the National Immunisation Program, which then submits them to the ICC for approval.

6.1.3. Please report on major activities conducted to strengthen immunization using ISS funds in 2013.

Programme management

- Hold an annual EPI evaluation meeting, at a cost of $3,830;
- Hold a presentation and discussion meeting about the external EPI review, at a cost of $2,356

6.1.4. 6.1.4. Is GAVI's ISS support reported on the national health sector budget? **Yes**

6.2. Detailed expenditure of ISS funds during the calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document Number 7). (The instructions for this financial statement are attached in Annex 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **Yes**

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

6.3. Request for ISS reward

The ISS reward request does not apply to Cameroon in 2013

7. New and Underused Vaccines Support (NVS)

7.1. Receipt of new & under-used vaccines for 2013 vaccination programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill in the table below.

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013

	[A]	[B]		
Vaccine Type	**Total doses for 2013 in the Decision Letter**	**Total doses received by 31 December 2013**	**Total doses of postponed deliveries in 2013**	**Did the company record any stock shortages at any level during 2013?**
DTP-HepB-Hib	1,568,500.	289,500.	1,279,000.	No
Pneumococcal (PCV13)	2,419,200.	2,304,650.	167,400.	No
Rotavirus vaccine		0.	0.	No
Yellow Fever	1,095,400.	501,000.	594,400.	No

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

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

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

  The country was not supplied with DTP-HepB-Hib and yellow fever vaccine because of the surplus of these antigens. The quantities received are the 2012 amounts, carried forward to 2013

- What measures have you taken to improve vaccine management, for example, adjusting the plan for vaccine shipments? (in the country and with the UNICEF Procurement Division)

  GAVI would also appreciate receiving comments from the countries on the feasibility of and interest in selecting and expediting multiple presentations of pentavalent vaccine (single-dose and ten-dose vials) so as to minimize wastage and cost while maximizing coverage.

  As a result the country has proposed that some deliveries be pushed back in 2014, according to a new shipment schedule.

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

N/A

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you were approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the approved proposal and report on achievements:

Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	No	
Was the time and scale of introduction as planned in the proposal? If No, Why?	No	N/A

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
Was the time and scale of introduction as planned in the proposal? If No, Why?	No	N/A

Rotavirus, 1 dose per vial, ORAL		
Phased introduction	No	
Nationwide introduction	No	
Was the time and scale of introduction as planned in the proposal? If No, Why?	No	N/A

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
Was the time and scale of introduction as planned in the proposal? If No, Why?	No	N/A

7.2.2. For when is the Post Introduction Evaluation (PIE) planned? **October 2014**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document No. 9)

The post-introduction evaluation of the PCV-13 occurred in June, 2012. The resulting recommendations were included in all action plans after that date, and are subject to close monitoring.

7.2.3. 7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

Is the country sharing its vaccine safety data with other countries? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhoea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhoea? **Yes**

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

If so, does the National Immunisation Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the national sentinel surveillance systems and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

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

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

Epidemiologic surveillance investigated 483 cases of Acute Flaccid Paralysis (AFP) in 2013, as compared with 368 cases in 2012. Four polio virus cases from the vaccination strain (cVDPV) were confirmed in the Extrême-Nord (Far North) region. Four cases of wild polio virus (WPV) were confirmed in the West region. An emergency polio plan was prepared in response to these epidemics, in addition to the response campaigns conducted. Twenty-six (26) HDs were involved in the measles epidemic, and twenty-four carried out response campaigns. In addition, 11 positive cases of yellow fever were confirmed through seroneutralization, but only two cases received response care. Two HDs (Kolofata and Yokadouma) exceeded the alert threshold of one neonatal tetanus case per 1,000 live births. Responses were conducted.

Four rounds of Local Vaccination Days against polio were organized in 3 high-risk regions (Adamaoua, North and Far North); these included two rounds of preventive campaigns in April and May 2013 (coverage of 107 and 110% respectively, in children 0-5 years) and two rounds of response campaigns in July and August, 2013 (coverage of 113 and 115% respectively, in children 0-5 years). A third response round in the form of a NVD in October, 2013, targeting children 0-5 years old was held, with coverage of 105%. These responses were in response to four cases of cVDPV in the Far North (Extrême-Nord). The fourth and final response round for these cVDPV cases with coverage of 107% in children 0-5 years also served as the first response round for the four cases of wild polio virus in the West region. A Yellow Fever response campaign in 13 HDs in the Littoral (Coastal) region vaccinated 109% of people aged 9 or older against Yellow Fever.

7.3. New Vaccine Introduction Grant Lump Sums 2013

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2013 (A)	733,262.	366,631,047.
Remaining funds (carry over) from 2012	37,580.	18,790,063.
Total funds available in 2013 (C=A+B)	770,842.	385,421,110.
Total Expenditures in 2013 (D)	8,335.	4,167,490.
Carry over to 2014 (E=C-D)	762,507.	381,253,620.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year (Document Nos. 10, 11). The instructions for this financial statement are attached in **Annex 1**. Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or

by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

N/A

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

N/A

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

Key activities that will be conducted in 2014 in the context of introducing the rotavirus vaccine are:

- receiving and distributing the vaccine in regions and districts
- organizing a Symposium on rotavirus vaccine introduction
- finalizing and creating a training document, and informational/educational materials
- training health personnel on introducing rotavirus vaccine into the routine EPI at the Regional, Health District and Health Area level
- organizing supportive supervision
- conducting operational research activities
- conducting missions to inspect sentinel sites
- organizing an evaluation after the introduction of the rotavirus vaccine

7.4. 7.4. Report on Country Co-financing in 2013

Table 7.4: Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Selected vaccine #1: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	543,115.	603,500.
Selected vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	584,852.	167,400.
Selected vaccine #3: Rotavirus, 1 dose per vial, ORAL	0.	0.
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	376,424.	187,000.
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government	1834971.	
Donor	0.	
Other	0.	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Selected vaccine #1: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	70,385.	551,775.
Selected vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	44,148.	178,675.
Selected vaccine #3: Rotavirus, 1	0.	0.

dose per vial, ORAL		
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	31,576.	173,825.
	Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Funding source
Selected vaccine #1: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	September	State
Selected vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	September	State
Selected vaccine #3: Rotavirus, 1 dose per vial, ORAL	September	State
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	September	State
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	N/A	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/about/governance/programme-policies/co-financing/

The country was in a co-financing default situation in 2013

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

7.5. Vaccine management (EVSM/EVM/VMA)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **August 2013**

Please attach:

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

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

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

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

Are there any changes to the Improvement Plan, with reasons provided? **Yes**

If yes, provide details.

- Repair the negative cold room
- Repair the shelves;
- Order a positive cold room (already done)

For when is the next Effective Vaccine Management (EVM) assessment scheduled? **August 2016**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Cameroon is not submitting a preventive campaign NVS report.

7.7. Change of vaccine presentation

Cameroon is not requesting any change of vaccine presentation for the next few years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014

Cameroon is not eligible for renewal of multi-year support in 2014.

7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination, please do the following:

Confirm below that your request for 2015 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you do not confirm, please explain

N/A

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Transportation costs

Vaccine Antigens	Vaccine Types	No Threshold	$200,000		$250,000	
			<=	>	<=	>
Yellow fever	YF	7.80 %				
Meningococcal type A	HEPBHIB 23.80 %	10.20 %				
Pneumococcal (PCV10)	HPV	3.00 %				
Pneumococcal (PCV13)	HPV	6.00 %				
Rotavirus	MEASLES	5.00 %				
Measles, second dose	MEASLES	14.00 %				
DTP-HepB	MR	2.00 %				
HPV bivalent	HPV2	3.50 %				
Rotavirus	HPV2	3.50 %				
MR	YF	13.20 %				

Vaccine Antigens	Vaccine Types	$500,000		$2,000,000	
		<=	>	<=	>
Yellow fever	YF				
Meningococcal type A	HEPBHIB 23.80 %				
Pneumococcal (PCV10)	HPV				
Pneumococcal (PCV13)	HPV				
Rotavirus	MEASLES				
Measles, second dose	MEASLES				
DTP-HepB	MR				
DTP-HepB-Hib	MR	25.50 %	6.40 %		
HPV bivalent	HPV2				
Rotavirus	HPV2				
MR	YF				

7.11. Calculation of requirements

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

ID		Source		2013.	2014.	2015.	TOTAL
	Number of surviving infants	Table 4	#	794,066.	813,918.	832,869.	2,440,853.
	Number of children to be vaccinated with the first dose	Table 4	#	810,784.	797,640.	816,212.	2,424,636.
	Number of children to be vaccinated with the third dose	Table 4	#	810,784.	797,640.	774,568.	2,382,992.

	Immunisation coverage with the third dose	Table 4	%	102.11 %	98.00 %	93.00 %	
	Number of doses per child	Parameter	#	3.	3.	3.	
	Estimated vaccine wastage factor	Table 4	#	1.11.	1.11.	1.11.	
	Vaccine inventory as of December 31, 2013* (see explanatory memo)		#	387,000.			
	Vaccine inventory as of January 1, 2014 (see our explanatory memo)**		#	387,000.			
	Number of doses per vial	Parameter	#		10.	10.	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.30.	0.35.	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450.	0.0450.	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0.	0.	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050.	0.0050.	
fv	**Freight cost as % of vaccines' value**	Table 7.10.2	%		6.40 %	6.40 %	
fd	**Freight cost as % of devices' value**	Parameter	%		0.00 %	0.00 %	

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

** Countries are additionally requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

N/A

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

Not defined

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

Co-financing group	Intermediate

	2013.	**2014.**	**2015.**
Minimum co-financing	0.23.	0.26.	0.30.
Recommended co-financing as per APR 2012			0.35.
Your co-financing	0.26.	0.30.	0.35.

Table 7.11.2: Estimate of GAVI support and country co-financing **GAVI support**)

		2014.	**2015.**
Number of vaccine doses	#	2,262,900.	3,485,800.

Number of AD syringes	#	2,241,000.	3,592,900.
Number of reconstitution syringes	#	0.	0.
Number of safety boxes	#	24,675.	39,525.
Total value to be co-financed by GAVI	$	4,736,000.	7,390,500.

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

		2014.	**2015.**
Number of vaccine doses	#	378,700.	689,300.
Number of AD syringes	#	375,000.	710,400.
Number of reconstitution syringes	#	0.	0.
Number of safety boxes	#	4,125.	7,825.
Total value to be co-financed by country [1]	$	792,500.	1,461,500.

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

		Formula	2013.	2014.		
				Total	Government	GAVI
A	Country co-financing	*V*	0.00 %	14.33 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	810,784.	797,640.	114,340.	683,300.
B1	Number of children to be vaccinated with the third dose	*Table 4*	810,784.	797,640.	114,340.	683,300.
C	Number of doses per child	*Vaccine parameter (schedule)*	3.	3.		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,432,352.	2,392,920.	343,019.	2,049,901.
E	Estimated vaccine wastage factor	*Table 4*	1.11.	1.11.		
F	Number of doses needed including wastage	*D X E*		2,656,142.	380,751.	2,275,391.
G	Vaccines buffer stock	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*		- 14,787	- 2,119	- 12,668
M	Stock to be deducted	*H1 - F of previous year x 0.375*				
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*				
H2	Stock on 1 January	*Table 7.11.1*	0.	387,000.		
H3	Shipment plan	*UNICEF shipment report*		1,742,000.		
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		2,641,500.	378,652.	2,262,848.
J	Number of doses per vial	*Vaccine parameter*		10.		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		2,615,947.	374,989.	2,240,958.
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0.	0.	0.
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		28,776.	4,125.	24,651.
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*		5,084,888.	728,905.	4,355,983.
O	Cost of AD syringes needed	*K * AD syringe price per unit (ca)*		117,718.	16,875.	100,843.
P	Cost of reconstitution syringes needed	*L * reconstitution price per unit (cr)*		0.	0.	0.
Q	Cost of safety boxes needed	*M * safety box price per unit (cs)*		144.	21.	123.
R	Freight cost for vaccines needed	*N * freight cost as of% of vaccines value (fv)*		325,433.	46,650.	278,783.
S	Freight cost for devices needed	*(O+P+Q) x * freight cost % of devices value (fd)*		0.	0.	0.
T	Total funding needed	*(N+O+P+Q+R+S)*		5,528,183.	792,451.	4,735,732.
U	Total country co-financing	*I * country co-financing per dose (cc)*		792,450.		
V	Country co-financing % of GAVI supported proportion	*U / T*		14.33 %		

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

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

		Formula	2015.		
			Total	Government	GAVI
A	Country co-financing	*V*	16.51 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	816,212.	134,741.	681,471.
B1	Number of children to be vaccinated with the third dose	*Table 4*	774,568.	127,867.	646,701.
C	Number of doses per child	*Vaccine parameter (schedule)*	3.		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,389,918.	394,530.	1,995,388.
E	Estimated vaccine wastage factor	*Table 4*	1.11.		
F	Number of doses needed including wastage	*D X E*	2,652,809.	437,928.	2,214,881.
G	Vaccines buffer stock	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*	- 1,125	- 185	- 940
M	Stock to be deducted	*H1 - F of previous year x 0.375*	- 1,523,194	- 251,449	- 1,271,745
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*	- 527,141	- 87,020	- 440,121
H2	Stock on 1 January	*Table 7.11.1*			
H3	Shipment plan	*UNICEF shipment report*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	4,175,000.	689,213.	3,485,787.
J	Number of doses per vial	*Vaccine parameter*	10.		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	4,303,185.	710,373.	3,592,812.
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0.	0.	0.
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	47,336.	7,815.	39,521.
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	8,137,075.	1,343,275.	6,793,800.
O	Cost of AD syringes needed	*K * AD syringe price per unit (ca)*	193,644.	31,967.	161,677.
P	Cost of reconstitution syringes needed	*L * reconstitution price per unit (cr)*	0.	0.	0.
Q	Cost of safety boxes needed	*M * safety box price per unit (cs)*	237.	40.	197.
R	Freight cost for vaccines needed	*N * freight cost as of% of vaccines value (fv)*	520,773.	85,970.	434,803.
S	Freight cost for devices needed	*(O+P+Q) x * freight cost % of devices value (fd)*	0.	0.	0.
T	Total funding needed	*(N+O+P+Q+R+S)*	8,851,729.	1,461,250.	7,390,479.
U	Total country co-financing	*I * country co-financing per dose (cc)*	1,461,250.		
V	Country co-financing % of GAVI supported proportion	*U / T*	16.51 %		

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

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

On 31 December 2012, the country had a penta surplus, and was not supplied for 2013. To absorb this surplus, the country used its backup/safety stock. In addition, the State's co-financing amount was not submitted.

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main

reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

On 31 December 2012, the country had a penta surplus, and was not supplied for 2013. To absorb this surplus, the country used its backup/safety stock. In addition, the State's co-financing amount was not submitted.

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

ID		Source		2013.	2014.	2015.	TOTAL
	Number of surviving infants	Table 4	#	794,066.	813,918.	832,869.	2,440,853.
	Number of children to be vaccinated with the first dose	Table 4	#	755,000.	765,083.	799,554.	2,319,637.
	Number of children to be vaccinated with the third dose	Table 4	#	755,000.	765,083.	749,582.	2,269,665.
	Immunisation coverage with the third dose	Table 4	%	95.08 %	94.00 %	90.00 %	
	Number of doses per child	Parameter	#	3.	3.	3.	
	Estimated vaccine wastage factor	Table 4	#	1.05.	1.05.	1.05.	
	Vaccine inventory as of December 31, 2013* (see explanatory memo)		#	954,800.			
	Vaccine inventory as of January 1, 2014 (see our explanatory memo)**		#	954,800.			
	Number of doses per vial	Parameter	#		1.	1.	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.30.	0.35.	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450.	0.0450.	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0.	0.	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050.	0.0050.	
fv	**Freight cost as % of vaccines' value**	Table 7.10.2	%		6.00 %	6.00 %	
fd	**Freight cost as % of devices' value**	Parameter	%		0.00 %	0.00 %	

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

** Countries are additionally requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

N/A

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

Co-financing group	Intermediate

	2013.	2014.	2015.
Minimum co-financing	0.23.	0.26.	0.30.
Recommended co-financing as per APR 2012			0.35.
Your co-financing	0.26.	0.30.	0.35.

Table 7.11.2: Estimate of GAVI support and country co-financing **GAVI support**)

		2014.	2015.
Number of vaccine doses	#	1,342,800.	1,982,000.
Number of AD syringes	#	1,361,000.	2,060,300.
Number of reconstitution syringes	#	0.	0.
Number of safety boxes	#	14,975.	22,675.
Total value to be co-financed by GAVI	$	4,888,000.	7,173,000.

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

		2014.	2015.
Number of vaccine doses	#	120,700.	212,300.
Number of AD syringes	#	122,300.	220,600.
Number of reconstitution syringes	#	0.	0.
Number of safety boxes	#	1,350.	2,450.
Total value to be co-financed by country [1]	$	439,500.	768,000.

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

		Formula	2013.	2014.		
				Total	Government	GAVI
A	Country co-financing	*V*	0.00 %	8.24 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	755,000.	765,083.	63,055.	702,028.
C	Number of doses per child	*Vaccine parameter (schedule)*	3.	3.		
D	Number of doses needed	*B X C*	2,265,000.	2,295,249.	189,163.	2,106,086.
E	Estimated vaccine wastage factor	*Table 4*	1.05.	1.05.		
F	Number of doses needed including wastage	*D X E*		2,410,012.	198,621.	2,211,391.
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		7,941.	655.	7,286.
M	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Stock on 1 January	*Table 7.11.1*	0.			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		1,463,400.	120,606.	1,342,794.
J	Number of doses per vial	*Vaccine parameter*		1.		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		1,483,230.	122,240.	1,360,990.
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0.	0.	0.
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		16,316.	1,345.	14,971.
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*		4,962,390.	408,974.	4,553,416.
O	Cost of AD syringes needed	*K * AD syringe price per unit (ca)*		66,746.	5,501.	61,245.
P	Cost of reconstitution syringes needed	*L * reconstitution price per unit (cr)*		0.	0.	0.
Q	Cost of safety boxes needed	*M * safety box price per unit (cs)*		82.	7.	75.
R	Freight cost for vaccines needed	*N * freight cost as of% of vaccines value (fv)*		297,744.	24,539.	273,205.
S	Freight cost for devices needed	*(O+P+Q) x * freight cost % of devices value (fd)*		0.	0.	0.
T	Total funding needed	*(N+O+P+Q+R+S)*		5,326,962.	439,020.	4,887,942.
U	Total country co-financing	*I * country co-financing per dose (cc)*		439,020.		
V	Country co-financing % of GAVI supported proportion	*U / T*		8.24 %		

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

		Formula	2015.		
			Total	Government	GAVI
A	Country co-financing	*V*	9.67 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	799,554.	77,326.	722,228.
C	Number of doses per child	*Vaccine parameter (schedule)*	3.		
D	Number of doses needed	*B X C*	2,398,662.	231,977.	2,166,685.
E	Estimated vaccine wastage factor	*Table 4*	1.05.		
F	Number of doses needed including wastage	*D X E*	2,518,596.	243,576.	2,275,020.
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	27,146.	2,626.	24,520.
M	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	352,297.	34,071.	318,226.
H2	Stock on 1 January	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	2,194,200.	212,203.	1,981,997.
J	Number of doses per vial	*Vaccine parameter*	1.		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	2,280,863.	220,585.	2,060,278.
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0.	0.	0.
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	25,090.	2,427.	22,663.
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	7,394,454.	715,124.	6,679,330.
O	Cost of AD syringes needed	*K * AD syringe price per unit (ca)*	102,639.	9,927.	92,712.
P	Cost of reconstitution syringes needed	*L * reconstitution price per unit (cr)*	0.	0.	0.
Q	Cost of safety boxes needed	*M * safety box price per unit (cs)*	126.	13.	113.
R	Freight cost for vaccines needed	*N * freight cost as of% of vaccines value (fv)*	443,668.	42,908.	400,760.
S	Freight cost for devices needed	*(O+P+Q) x * freight cost % of devices value (fd)*	0.	0.	0.
T	Total funding needed	*(N+O+P+Q+R+S)*	7,940,887.	767,970.	7,172,917.
U	Total country co-financing	*I * country co-financing per dose (cc)*	767,970.		
V	Country co-financing % of GAVI supported proportion	*U / T*	9.67 %		

Table 7.11.1: Specifications for Yellow Fever 1 dose(s) per vial, LYOPHILISED

ID		Source		2013.	2014.	2015.	TOTAL
	Number of surviving infants	Table 4	#	794,066.	813,918.	832,869.	2,440,853.
	Number of children to be vaccinated with the first dose	Table 4	#	0.	642,995.	699,610.	1,342,605.
	Number of children to be vaccinated with the second dose	Table 4	#		642,995.	666,295.	1,309,290.
	Immunisation coverage with the second dose	Table 4	%	0.00 %	79.00 %	80.00 %	
	Number of doses per child	Parameter	#	2.	2.	2.	
	Estimated vaccine wastage factor	Table 4	#	1.00.	1.05.	1.05.	
	Vaccine inventory as of December 31, 2013* (see explanatory memo)		#	0.			
	Vaccine inventory as of January 1, 2014 (see our explanatory memo)**		#	0.			
	Number of doses per vial	Parameter	#		1.	1.	
	AD syringes required	Parameter	#		No	No	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		No	No	
cc	**Country co-financing per dose**	Co-financing table	$		0.26.	0.35.	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450.	0.0450.	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0.	0.	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050.	0.0050.	
fv	**Freight cost as % of vaccines' value**	Table 7.10.2	%		5.00 %	5.00 %	
fd	**Freight cost as % of devices' value**	Parameter	%		0.00 %	0.00 %	

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

** Countries are additionally requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

N/A

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

Co-financing group	Intermediate

	2013.	2014.	2015.
Minimum co-financing		0.20.	0.23.
Recommended co-financing as per APR 2012			0.35.
Your co-financing		0.26.	0.35.

Table 7.11.2: Estimate of GAVI support and country co-financing **GAVI support**)

		2014.	2015.
Number of vaccine doses	#	1,525,700.	1,304,200.
Number of AD syringes	#	0.	0.
Number of reconstitution syringes	#	0.	0.
Number of safety boxes	#	0.	0.
Total value to be co-financed by GAVI	$	4,103,000.	3,496,000.

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

		2014.	2015.
Number of vaccine doses	#	163,400.	195,900.
Number of AD syringes	#	0.	0.
Number of reconstitution syringes	#	0.	0.
Number of safety boxes	#	0.	0.
Total value to be co-financed by country [1]	$	439,500.	525,000.

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

		Formula	2013.	2014.		
				Total	Government	GAVI
A	Country co-financing	*V*	0.00 %	9.67 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	0.	642,995.	62,171.	580,824.
C	Number of doses per child	*Vaccine parameter (schedule)*	2.	2.		
D	Number of doses needed	*B X C*	0.	1,285,990.	124,341.	1,161,649.
E	Estimated vaccine wastage factor	*Table 4*	1.00.	1.05.		
F	Number of doses needed including wastage	*D X E*		1,350,290.	130,558.	1,219,732.
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		337,573.	32,640.	304,933.
M	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Stock on 1 January	*Table 7.11.1*	0.			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		1,689,000.	163,307.	1,525,693.
J	Number of doses per vial	*Vaccine parameter*		1.		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		0.	0.	0.
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0.	0.	0.
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*		0.	0.	0.
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*		4,325,529.	418,229.	3,907,300.
O	Cost of AD syringes needed	*K * AD syringe price per unit (ca)*		0.	0.	0.
P	Cost of reconstitution syringes needed	*L * reconstitution price per unit (cr)*		0.	0.	0.
Q	Cost of safety boxes needed	*M * safety box price per unit (cs)*		0.	0.	0.
R	Freight cost for vaccines needed	*N * freight cost as of% of vaccines value (fv)*		216,277.	20,912.	195,365.
S	Freight cost for devices needed	*(O+P+Q) x * freight cost % of devices value (fd)*		0.	0.	0.
T	Total funding needed	*(N+O+P+Q+R+S)*		4,541,806.	439,140.	4,102,666.
U	Total country co-financing	*I * country co-financing per dose (cc)*		439,140.		
V	Country co-financing % of GAVI supported proportion	*U / T*		9.67 %		

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

		Formula	2015.		
			Total	Government	GAVI
A	Country co-financing	*V*	13.06 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	699,610.	91,345.	608,265.
C	Number of doses per child	*Vaccine parameter (schedule)*	2.		
D	Number of doses needed	*B X C*	1,399,220.	182,690.	1,216,530.
E	Estimated vaccine wastage factor	*Table 4*	1.05.		
F	Number of doses needed including wastage	*D X E*	1,469,181.	191,825.	1,277,356.
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	29,723.	3,881.	25,842.
M	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	0.	0.	0.
H2	Stock on 1 January	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,500,000.	195,849.	1,304,151.
J	Number of doses per vial	*Vaccine parameter*	1.		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	0.	0.	0.
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0.	0.	0.
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	0.	0.	0.
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	3,829,500.	500,000.	3,329,500.
O	Cost of AD syringes needed	*K * AD syringe price per unit (ca)*	0.	0.	0.
P	Cost of reconstitution syringes needed	*L * reconstitution price per unit (cr)*	0.	0.	0.
Q	Cost of safety boxes needed	*M * safety box price per unit (cs)*	0.	0.	0.
R	Freight cost for vaccines needed	*N * freight cost as of% of vaccines value (fv)*	191,475.	25,000.	166,475.
S	Freight cost for devices needed	*(O+P+Q) x * freight cost % of devices value (fd)*	0.	0.	0.
T	Total funding needed	*(N+O+P+Q+R+S)*	4,020,975.	525,000.	3,495,975.
U	Total country co-financing	*I * country co-financing per dose (cc)*	525,000.		
V	Country co-financing % of GAVI supported proportion	*U / T*	13.06 %		

Table 7.11.1: Specifications for Yellow Fever 10 dose(s) per vial, LYOPHILISED

ID		Source		2013.	2014.	2015.	TOTAL
	Number of surviving infants	Table 4	#	794,066.	813,918.	832,869.	2,440,853.
	Number of children to be vaccinated with the first dose	Table 4	#	727,198.	708,109.	724,568.	2,159,875.
	Number of doses per child	Parameter	#	1.	1.	1.	
	Estimated vaccine wastage factor	Table 4	#	1.43.	1.43.	1.33.	
	Vaccine inventory as of December 31, 2013* (see explanatory memo)		#	510,000.			
	Vaccine inventory as of January 1, 2014 (see our explanatory memo)**		#	510,000.			
	Number of doses per vial	Parameter	#		10.	10.	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.70.	0.71.	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450.	0.0450.	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0.	0.	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050.	0.0050.	
fv	**Freight cost as % of vaccines' value**	Table 7.10.2	%		7.80 %	7.80 %	
fd	**Freight cost as % of devices' value**	Parameter	%		10.00 %	10.00 %	

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

** Countries are additionally requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

N/A

Co-financing tables for Yellow Fever, 10 dose(s) per vial, LYOPHILISED

Co-financing group	Intermediate

	2013.	2014.	2015.
Minimum co-financing	0.53.	0.61.	0.70.
Recommended co-financing as per APR 2012			0.71.
Your co-financing	0.56.	0.70.	0.71.

Table 7.11.2: Estimate of GAVI support and country co-financing **GAVI support**)

		2014.	2015.
Number of vaccine doses	#	207,700.	268,900.
Number of AD syringes	#	88,800.	196,300.
Number of reconstitution syringes	#	22,900.	29,600.
Number of safety boxes	#	1,250.	2,500.
Total value to be co-financed by GAVI	$	249,500.	307,000.

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

		2014.	2015.
Number of vaccine doses	#	290,300.	442,200.
Number of AD syringes	#	124,000.	322,800.
Number of reconstitution syringes	#	32,000.	48,700.
Number of safety boxes	#	1,725.	4,100.
Total value to be co-financed by country [1]	$	349,000.	505,000.

Table 7.11.4: Calculation of requirements for Yellow Fever, 10 dose(s) per vial, LYOPHILISED (part 1)

		Formula	2013.	2014.		
				Total	Government	GAVI
A	Country co-financing	*V*	0.00 %	58.28 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	727,198.	708,109.	412,721.	295,388.
C	Number of doses per child	*Vaccine parameter (schedule)*	1.	1.		
D	Number of doses needed	*B X C*	727,198.	708,109.	412,721.	295,388.
E	Estimated vaccine wastage factor	*Table 4*	1.43.	1.43.		
F	Number of doses needed including wastage	*D X E*		1,012,596.	590,191.	422,405.
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		- 4,772	- 2,781	- 1,991
M	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Stock on 1 January	*Table 7.11.1*	0.			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		497,900.	290,201.	207,699.
J	Number of doses per vial	*Vaccine parameter*		10.		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		212,671.	123,955.	88,716.
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		54,770.	31,923.	22,847.
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		2,942.	1,715.	1,227.
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*		544,703.	317,480.	227,223.
O	Cost of AD syringes needed	*K * AD syringe price per unit (ca)*		9,571.	5,579.	3,992.
P	Cost of reconstitution syringes needed	*L * reconstitution price per unit (cr)*		220.	129.	91.
Q	Cost of safety boxes needed	*M * safety box price per unit (cs)*		15.	9.	6.
R	Freight cost for vaccines needed	*N * freight cost as of% of vaccines value (fv)*		42,487.	24,764.	17,723.
S	Freight cost for devices needed	*(O+P+Q) x * freight cost % of devices value (fd)*		981.	572.	409.
T	Total funding needed	*(N+O+P+Q+R+S)*		597,977.	348,530.	249,447.
U	Total country co-financing	*I * country co-financing per dose (cc)*		348,530.		
V	Country co-financing % of GAVI supported proportion	*U / T*		58.28 %		

Table 7.11.4: Calculation of requirements for Yellow Fever, 10 dose(s) per vial, LYOPHILISED (part 2)

		Formula	2015.		
			Total	Government	GAVI
A	Country co-financing	*V*	62.19 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	724,568.	450,626.	273,942.
C	Number of doses per child	*Vaccine parameter (schedule)*	1.		
D	Number of doses needed	*B X C*	724,568.	450,626.	273,942.
E	Estimated vaccine wastage factor	*Table 4*	1.33.		
F	Number of doses needed including wastage	*D X E*	963,676.	599,332.	364,344.
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	4,115.	2,560.	1,555.
M	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	256,851.	159,742.	97,109.
H2	Stock on 1 January	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	711,000.	442,187.	268,813.
J	Number of doses per vial	*Vaccine parameter*	10.		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	519,016.	322,788.	196,228.
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	78,210.	48,641.	29,569.
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	6,570.	4,087.	2,483.
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	728,775.	453,242.	275,533.
O	Cost of AD syringes needed	*K * AD syringe price per unit (ca)*	23,356.	14,526.	8,830.
P	Cost of reconstitution syringes needed	*L * reconstitution price per unit (cr)*	313.	195.	118.
Q	Cost of safety boxes needed	*M * safety box price per unit (cs)*	33.	21.	12.
R	Freight cost for vaccines needed	*N * freight cost as of% of vaccines value (fv)*	56,845.	35,354.	21,491.
S	Freight cost for devices needed	*(O+P+Q) x * freight cost % of devices value (fd)*	2,371.	1,475.	896.
T	Total funding needed	*(N+O+P+Q+R+S)*	811,693.	504,811.	306,882.
U	Total country co-financing	*I * country co-financing per dose (cc)*	504,810.		
V	Country co-financing % of GAVI supported proportion	*U / T*	62.19 %		

8. Injection Safety Support (INS)

This type of support is not available.

9. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section **only if your country was approved for and received HSS funds before or during January to December 2013**. All countries are expected to report on:

   a. Progress achieved in 2013

   b. HSS implementation during January - April 2014 (interim reporting)

   c. Plans for 2015

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries for which the 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15 May 2014**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2014, the HSS reports are expected by GAVI Alliance by September 2014.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately. Please use additional space than that provided in this reporting template, as necessary.

4. If you are proposing changes to approved activities and budget (reprogramming), please request guidelines about reprogramming from the manager in your country or the GAVI Alliance Secretariat or send an email to the following address: gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please so indicate in Section 9.1.2.

6. Please ensure that, prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination entity (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2013

   b. Minutes of the HSCC meeting in 2014 that endorsed the submission of this report

   c. The latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2013 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available).

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year.

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2013 and request of a new tranche

For countries that have already received the final installment of all GAVI funding approved in the context of HSS support and that are not requesting other funding: Has implementation of the HSS support ended? YES/NO If NO, please indicate the planned date for the end of HSS support implementation. **Not selected**

If NO, please indicate the anticipated date for completion of the HSS grant.

Please attach all studies and evaluations related to GAVI HSS support, or funded by it.

If available, please attach data that are disaggregated by data, rural/urban area, district/state, specifically for vaccination coverage indicators. This is particularly important if the GAVI HSS support serves to target specific populations and/or geographic areas in the country.

If CSOs have been involved in implementing HSS support, please attach a list of those involved in implementing the support, the funding received by the CSOs from GAVI HSS support, and the activities they conducted. If CSO involvement was specified in the initial proposal approved by GAVI but no funding was provided to CSOs, please explain why. Please consult http://www.gaviallaiance,org/support/cso/ for GAVI's CSO implementation framework.

Please see http://www.gavialliance.org/support/cso/ for GAVI's CSO Implementation Framework

Please specify all sources for all data used in this report.

Please attach the most recent report of national results/monitoring and evaluation framework for the health sector (with real data reported for the most recent year available in the country).

9.1.1. Report on the use of ISS funds in **2013**

Please complete tableaux 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

Note: if you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b..

9.1.2. Please indicate if you are requesting a new tranche of funding **No**

If yes, please indicate the amount of funding requested: US$

These funds must be sufficient to ensure implementation of the HSS allocation until December, 2015.

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

	2008.	2009.	2010.	2011.	2012.	2013.
Original annual budgets (*(per the originally approved HSS proposal))*						
Revised annual budgets (*if revised by previous Annual Progress Reviews)*						

Total funds received from GAVI during the calendar year (*A*)						
Remaining funds (carry over) from previous year (A)						
Total Funds available during the calendar year (C=A+B)						
Total Expenditures during calendar year (*D*)						
Balance carried forward to next calendar year (*E=C-D*)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2014.	2015.	2016.	2017.
Original annual budgets (*(per the originally approved HSS proposal))*				
Revised annual budgets (*if revised by previous Annual Progress Reviews)*				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (A)				
Total Funds available during the calendar year (C=A+B)				
Total Expenditures during calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Table 9.1.3b (Local currency)

	2008.	2009.	2010.	2011.	2012.	2013.
Original annual budgets (*(per the originally approved HSS proposal))*						
Revised annual budgets (*if revised by previous Annual Progress Reviews)*						
Total funds received from GAVI during the calendar year (*A*)						
Remaining funds (carry over) from previous year (A)						
Total Funds available during the calendar year (C=A+B)						
Total Expenditures during calendar year (*D*)						
Balance carried forward to next calendar year (*E=C-D*)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2014.	2015.	2016.	2017.
Original annual budgets (*(per the originally approved HSS proposal))*				
Revised annual budgets (*if revised by previous Annual Progress Reviews)*				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (A)				
Total Funds available during the calendar year (C=A+B)				
Total Expenditures during calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Report of Exchange Rate Fluctuation

Please indicate in Table 9.3.c below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

Exchange Rate	2008.	2009.	2010.	2011.	2012.	2013.
Opening on 1 January						
Closing on 31 December						

Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January to April 2014 period are reported in Table 14, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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

Please indicate the type of bank account(s) used (business or government account); budget approval process; how funds are directed to sub-national levels; provisions for preparing national and sub-national level financial reports; and the global role of ICC in the process.

Has an external audit been conducted? Not selected

External audit reports for HSS programs 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 HSS program during your government's most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2013 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and decision letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2013 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

9.2.3 If GAVI HSS grant has been utilized to provide national health personnel incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2012 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	**Reference**		**Agreed target till end of support in original HSS application**	**2013 Target**	**Source of data**	**Explanation if any targets were not achieved**
	Baseline value	**Baseline source/date**				

9.4. Programme Implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme.

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI and Civil Society Organizations). This should include organization type, name and implementation function.

9.4.6. Please describe the participation of Civil Society Organizations in the implementation of the HSS proposal. Please provide names of organizations, type of activities and funding provided to these organizations from the HSS funding.

9.4.7. Please describe the management of HSS funds and include the following:

- Has the management of HSS funds has been effective?
- List constraints to internal fund disbursement, if any.
- List actions taken to address any issues and to improve management.
- Are any changes to management processes planned for the coming year?

9.5. Planned HSS activities for 2014

Please use **Table 9.4** to provide information on 2014 activity progress. If you are proposing changes to your activities and budget in 2014 please explain these changes in the table below and provide explanations for these changes.

Table 9.4: Planned Activity for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2014 actual expenditures**(April 2014)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
		0.	0.			0.

9.6. Planned HSS activities for 2015

Please use **Table 9.6** to outline planned activities for 2015. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval of the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2015

Major Activities (insert as many rows as necessary)	**Planned Activity for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2015** (if relevant)
		0.			

9.7. Revised indicators in case of reprogramming

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

9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

Donor	Amount US$	Duration of support	Type of activities funded

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2013?

Please attach:

1. HSCC meeting minutes for 2014 showing endorsement of this report **(document number: 6)**
2. The most recent review report for the health sector **(Document number: 22)**

10. Increasing civil society organization (CSO) participation: type A and type B

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

Cameroon did not receive GAVI type A CSO support

Cameroon is not submitting a report on GAVI Type A CSO support for 2013.

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

Cameroon **did NOT receive GAVI type B CSO support**

Cameroon is not submitting a report on GAVI Type B CSO support for 2013.

11. Comments from ICC/HSCC Chairs

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

Following the enlightening comments that followed the various discussions, the participants made the following resolutions and recommendations:

Resolutions

- Investigate the level of execution and the availability of the Cameroon government's contributions to vaccine purchases in 2013 (MINSANTE, MINFI);
- Because of the current emergency situation, continue National Immunisation Days (polio response) as the sole intervention, and plan the 1st SASNIM 2014 (Action Week for Infant and Maternal Health and Nutrition) at a later date (DSF, EPI).

Recommendations

- Strengthen vaccination teams during campaigns with medical students (MINSANTE) [Note: unclear if this means campaigns conducted by medical students, or that the campaigns should include medical students]
- Translate the polio epidemic response evaluation mission's recommendations into actions; integrate them into the polio emergency plan (MINSANTE, Development partners) ;
- Require signatures before the APR and the document are submitted, in order to introduce IPV, which has been validated.

12. Appendices

12.1. Annex 1 - Terms of reference ISS

INSTRUCTIONS:

FINANCIAL STATEMENTS **FOR NEW VACCINE INTRODUCTION GRANT** FOR **IMMUNIZATION SERVICES SUPPORT (ISS)**

I. All countries that have received ISS/new vaccine introduction grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. Cost categories will be based on your government's own system of economic classification. 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 2013 (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.

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 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 - Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS FINANCIAL STATEMENTS AND FINANCIAL STATEMENTS FOR A NEW VACCINE INTRODUCTION GRANT *1*

An example statement of income & expenditure

Summary of income and expenditure - GAVI ISS		
	Local Currency (CFA)	**Value in $USD***
2012 Report (closing balance as of *31December 2012*)	25,392,830.	53.000.
Summary of income received during 2013		
Income received from GAVI	57,493,200.	120.000.
Interest income	7,665,760.	16.000.
Other income (fees)	179.666.	375.
Total revenues	38,987,576.	81.375.
Total expenditure in 2013	30,592,132.	63.852.
Closing balance as of 31 December 2013 (2014 report)	60,139,325.	125.523.

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in US$**	**Actual spending in CFA**	**Actual spending in $US**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & 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 and overheads	2,500,000.	5.218.	1,000,000.	2.087.	1,500,000.	3.131.
Other expenditure						
Vehicles	12,500,000.	26.090.	6,792,132.	14.177.	5,707,868.	11.913.
TOTALS FOR 2013	42,000,000.	87.663.	30,592,132.	63.852.	11,407,868.	23.811.

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

12.3. Annex 3 - Terms of reference HSS

INSTRUCTIONS:

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

I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, 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 2013, 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarize 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 will be based on your government's own system of 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 2013 (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 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 - Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS FINANCIAL STATEMENTS:**:

An example statement of income & expenditure

Summary of income and expenditure - GAVI HSS		
	Local Currency (CFA)	**Value in $USD***
2012 Report (closing balance as of *31December 2012*)	25,392,830.	53.000.
Summary of income and expenditure - 2013		
Income received from GAVI	57,493,200.	120.000.
Interest income	7,665,760.	16.000.
Other income (fees)	179.666.	375.
Total revenues	38,987,576.	81.375.
Total expenditure in 2013	30,592,132.	63.852.
Closing balance as of 31 December 2013 (2014 report)	60,139,325.	125.523.

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in US$**	**Actual spending in CFA**	**Actual spending in $US**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & 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 and overheads	2,500,000.	5.218.	1,000,000.	2.087.	1,500,000.	3.131.
Other expenditure						
Vehicles	12,500,000.	26.090.	6,792,132.	14.177.	5,707,868.	11.913.
TOTALS FOR 2013	42,000,000.	87.663.	30,592,132.	63.852.	11,407,868.	23.811.

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

12.5. Annex 5 - Terms of reference CSO

INSTRUCTIONS:

FINANCIAL STATEMENTS FOR **THE SUPPORT OF CIVIL SOCIETY ORGANIZATIONS (CSO)** TYPE B

I. All countries that have received CSO "Type B" grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO "Type B" grants in 2013, are required to submit financial statements for these programs 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 2013, 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis is to summarize 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 and salaries). Cost categories will be based on your government's own system of 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 2013 (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 2013 financial year. Audits for CSO "Type B" are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 - Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'TYPE B' FINANCIAL STATEMENTS**

An example statement of income & expenditure

Summary of income and expenditure - GAVI CSO		
	Local Currency (CFA)	**Value in $USD***
2012 Report (closing balance as of *31December 2012*)	25,392,830.	53.000.
Summary of income received during 2013		
Income received from GAVI	57,493,200.	120.000.
Interest income	7,665,760.	16.000.
Other income (fees)	179.666.	375.
Total revenues	38,987,576.	81.375.
Total expenditure in 2013	30,592,132.	63.852.
Closing balance as of 31 December 2013 (2014 report)	60,139,325.	125.523.

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in US$**	**Actual spending in CFA**	**Actual spending in $US**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & 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 and overheads	2,500,000.	5.218.	1,000,000.	2.087.	1,500,000.	3.131.
Other expenditure						
Vehicles	12,500,000.	26.090.	6,792,132.	14.177.	5,707,868.	11.913.
TOTALS FOR 2013	42,000,000.	87.663.	30,592,132.	63.852.	11,407,868.	23.811.

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

13. Attachments

Document Number	Attachment	Section	Mandatory	File
1.	Minister of Health Signature (or delegated authority)	2.1.	☑	Page de Signatures des Ministres-RAS 2013.pdf **File desc:** Minister of Health Signature **Date/time** 14/05/2014 10:20:26 AM **Size:** 353 KB
2.	Minister of Health Signature (or delegated authority)	2.1.	☑	Page de Signatures des Ministres-RAS 2013.pdf **File desc:** Minister of Finance Signature **Date/time** 14/05/2014 10:22:41 AM **Size:** 353 KB
3.	ICC member signatures	2.2.	☑	Page Signatures Membres CCIA-RAS 2013.pdf **File desc:** ICC member signatures **Date/time** 14/05/2014 10:35:03 AM **Size:** 837 KB
4.	Minutes of the ICC meeting in 2014 that endorsed the 2013 APR	5.7.	☑	Relevé Conclusions Finales CCIA du 29 Avril 2014.pdf **File desc:** Minutes of the ICC meeting on 29 April 2014 that endorsed the 2013 APR **Date/time** 10/05/2014 12:44:10 **Size:** 892 KB
5.	HSCC member signatures	2.3.	☑	Explications volet HSS 2013.docx **File desc:** Explanatory memo, HSS component **Date/time** 14/05/2014 9:43:46 AM **Size:** 12 KB
6.	Minutes of the HSCC meeting in 2014 that endorsed the 2013 APR	9.9.3.	☑	Explications volet HSS 2013.docx **File desc:** Explanatory memo, HSS component **Date/time** 14/05/2014 9:46:37 AM **Size:** 12 KB
7.	Financial statement for ISS grant (fiscal year 2013) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	6.2.1.	☑	Recettes et dépenses SSV 2013.pdf **File desc:** Financial statement for the ISS grant in 2013 (Income and

				expenditures) **Date/time** 10/05/2014 12:48:50 PM **Size:** 414 KB
8.	External report audit on ISS grant (fiscal year 2013)	6.2.3.	☑	NOTE EXPLICATIVE AU SUJET DU RAPPORT D'AUDIT.docx **File desc:** Explanatory memo on the external audit report **Date/time** 12/05/2014 12:57:21 PM **Size:** 13 KB
9.	Post-introduction evaluation report	7.2.2.	☑	Rapport final PIE_PCV-13_CMR.pdf **File desc:** June, 2012 report on the post-introduction evaluation of PCV-13 **Date/time** 12/05/2014 12:52:49 PM **Size:** 2 MB
10.	Financial statement for grant for introduction of new vaccine (fiscal year 2013) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	7.3.1.	☑	Recettes et dépenses SSV 2013.pdf **File desc:** Financial statement for the NVS grant in 2013 (Income and expenditures) **Date/time** 10/05/2014 12:53:10 PM **Size:** 407 KB
11.	External audit report for grant for introduction of new vaccine (fiscal year 2013), if total expenditures for 2013 were greater than $US 250,000	7.3.1.	☑	NOTE EXPLICATIVE AU SUJET DU RAPPORT D'AUDIT.docx **File desc:** Explanatory memo on the external audit report **Date/time** 12/05/2014 1:23:37 AM **Size:** 13 KB
12.	EVSM/EVM report	7.5.	☑	Rapport_GEV_Cameroun_CM_06_10__2013.doc **File desc:** Report on the 2013 EVM (Effective Vaccine Management) evaluation **Date/time** 12/05/2014 12:42:31 PM **Size:** 19 MB
13.	Latest EVSM/EVM improvement plan	7.5.	☑	Plan d'amélioration ecarts GEV & Etat de MEO des recommendations_17-02-14.xlsx **File desc:** EVM improvement plan **Date/time** 12/05/2014 12:45:48 PM

				Size: 327 KB
14.	Progress report on EVSM/EVM improvement plan	7.5.	☑	Plan d'amélioration ecarts GEV & Etat de MEO des recommendations_17-02-14.xlsx **File desc:** Progress report on EVSM/EVM improvement plan **Date/time** 12/05/2014 12:48:28 PM **Size:** 327 KB
16.	Valid cMYP if the country is requesting continued support	7.8.	☒	PPAC 2011-2015 revisé 13_08_2012.docx **File desc:** 2011-2015 cMYP, revised on 13 August 2012 **Date/time** 10/05/2014 12:55:45 PM **Size:** 1 MB
17.	Valid Tool for calculating cMYP costs if the country is requesting continued support	7.8.	☒	CMYP Costing Tool 2011-2015 CAE révisé 13_08_2012.xls **File desc:** Cost calculation tool for the 2011-2015 cMYP, revised on 13 August 2012 **Date/time** 11/05/2014 11:35:57 **Size:** 3 MB
18.	Report of the ICC meeting approving an extension of immunization support, if applicable	7.8.	☒	Relevé Conclusions Finales CCIA du 29 Avril 2014.pdf **File desc:** Summary of conclusions from the ICC of 29 April 2014, which endorsed the 2013 Annual Progress Report, approving the extension of vaccine support. **Date/time** 11/05/2014 11:42:17 AM **Size:** 892 KB
19.	Financial statement for HSS grant (fiscal year 2013) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	9.1.3.	☑	Explications volet HSS 2013.docx **File desc:** Explanatory memo, HSS component **Date/time** 14/05/2014 10:02:28 AM **Size:** 12 KB
20.	Financial statement for HSS grant for January-April 2014 signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	9.1.3.	☑	Explications volet HSS 2013.docx **File desc:** Explanatory memo, HSS component **Date/time** 14/05/2014 10:03:55 AM **Size:** 12 KB

21.	External audit report for HSS grant (fiscal year 2013)	9.1.3.	☑	Explications volet HSS 2013.docx **File desc:** Explanatory memo, HSS component **Date/time** 14/05/2014 10:05:32 AM **Size:** 12 KB
22.	Health Sector Review Report - HSS	9.9.3.	☑	Explications volet HSS 2013.docx **File desc:** Explanatory memo, HSS component **Date/time** 14/05/2014 10:07:14 AM **Size:** 12 KB
23.	Report of census-support for type A CSOs	10.1.1.	☒	Explications volet OSC type A-2013.docx **File desc:** Explanatory memo on support to type A CSOs **Date/time** 12/05/2014 8:47:03 AM **Size:** 11 KB
24.	Financial statement for allocation of funding to type B CSOs (fiscal year 2013)	10.2.4.	☒	Explications volet OSC type B-2013.docx **File desc:** Explanatory memo on support to type B CSOs **Date/time** 12/05/2014 8:59:29 AM **Size:** 11 KB
25.	External audit report for type B CSO grant (fiscal year 2013)	10.2.4.	☒	Explications volet OSC type B-2013.docx **File desc:** Explanatory memo on support to type B CSOs **Date/time** 12/05/2014 9:01:03 AM **Size:** 11 KB
26.	Bank statements for each cash programme, or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) January 1st, 2013 and (ii) December 31st, 2012	0.	☑	Relevé Bancaire 2013.pdf **File desc:** 2013 bank statement **Date/time** 12/05/2014 9:03:37 AM **Size:** 413 KB
27.	compte_rendu_réunion_ccia_changement_présentation_vaccin	7.7.	☒	NOTE EXPLICATIVE DU CHANGEMENT DE PRESENTATION DU VACCIN.docx **File desc:** Explanatory memo on the change in vaccination presentation in 2013 **Date/time** 14/05/2014 10:31:00 AM **Size:** 11 KB

	Other documents			Fiche de présence du CCIA du 29-04-2014.pdf **File desc:** Attendance sheet from the ICC meeting of 29 April 2014, endorsing the 2013 APR. **Date/time** 12/05/2014 1:29:43 AM **Size:** 3 MB
				Rapport Réunion CCIA 05 Mars 2013.doc **File desc:** Report of the ICC meeting on 5 March 2013 **Date/time** 12/05/2014 1:34:07 AM **Size:** 409 KB
				Relevé Conclusions Finales CCIA du 29 Avril 2014.pdf **File desc:** Report of the ICC meeting on 8 May 2013 **Date/time** 12/05/2014 1:42:51 AM **Size:** 1 MB
				Rapport Réunion CCIA 05 Mars 2013.doc **File desc:** Report of the ICC meeting on 10 December 2013 **Date/time** 12/05/2014 1:50:59 AM **Size:** 1 MB
				Rapport Réunion CCIA 20 Mars 2013.doc **File desc:** Report of the ICC meeting on 20 March 2013 **Date/time** 12/05/2014 1:38:02 AM **Size:** 1 MB
				Rapport Réunion CCIA 23 Juillet 2013.docx **File desc:** Report of the ICC meeting on 23 July 2013 **Date/time** 12/05/2014 1:45:44 AM **Size:** 406 KB
				Rapport Réunion CCIA 30 Août 2013 .doc **File desc:** Report of the ICC meeting on 30 August 2013 **Date/time** 12/05/2014 1:48:18 AM **Size:** 1 MB