The GAVI Alliance

2014 Annual Progress Report

Submitted by

The Government of

Cameroon

Reporting on year: **2014**
Requesting support for the year: **2016**
Date of submission: **15/05/2015**

Deadline for submission: 27/05/2015

Please submit the 2014 form 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 the 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. Electronic copies of previous annual progress reports and approved requests for assistance are available at the following address* http://www.gavialliance.org/country/

The GAVI Secretariat is unable to return submitted documents and attachments to the country. 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 procedures of the Independent Review Committee (IRC) and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report or equivalent 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 must be paid to the account or accounts as directed by the GAVI Alliance. Any funds reimbursed must 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 GAVI support and/or 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 programs 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 carry out 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 its application.

By preparing this APR the Country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Major problems 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 Characteristics of assistance

Reporting on year: **2014**

Requesting support for the year: **2016**

1.1 NVS & Injection Supplies support

Type of Support	Current Vaccine	Preferred presentation	Active until
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	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 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
Preventive campaign support	MR, 10 dose(s) per vial, LYOPHILISED	Not selected	2015
Routine New Vaccines Support	IPV, 10 dose(s) per vial, LIQUID	IPV, 10 dose(s) per vial, LIQUID	2018

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.

Second preferred IPV vaccine presentation: **IPV, 10 dose(s) per vial, LIQUID**

Third preferred IPV vaccine presentation: **IPV, 10 dose(s) per vial, LIQUID**

1.2 1.2. Programme extension

Type of Support	Vaccine product	Start Year	End Year
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016	2019
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	2019
Routine New Vaccines Support	Rotavirus, 2 scheduled doses	2016	2019
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2016	2019
Routine New Vaccines Support	IPV, 10 dose(s) per vial, LIQUID	2019	2019

1.3 ISS, HSS, CSO

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For 2014 ISS reward
VIG	Yes	N/A	No
HSS	Yes	next tranche of ISS grant: No	No

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

1.4 Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2013 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 authorized representatives.

Minister of Health (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 questions about this document):

Full name	Function	Telephone	Email
M. MAINA DJOULDE Emmanuel	GAVI HSS MINSANTE (Ministry of Health) focal point	00237 677 39 66 99 - 00237 222 22 02 29	mainadjoulde@yahoo.fr
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Dr EDENGUE EKANI Jean-Marie	National Coordinator, GAVI-AMP (Association for Preventive Medicine)	00237 670 25 05 23	jmedcas@yahoo.fr

2.2 ICC Signatures Page

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

In some countries, HSCC and ICC committees have been merged into a single committee. Please complete each section where information is required and upload the signatures in the section of the attached documents, once for the HSCC signatures and once for the 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/Organisation	Signature	Date
M. André MAMA FOUDA/President	Ministry of Public Health		
Pr MBU Robinson/DSF, Vice President	Ministry of Public Health		
Dr. Marie Kobela, Secretary of the Expanded Program on Immunization, Secretary	Ministry of Public Health		
Dr. Jean Baptise Rougou/WHO Representative, Member	WHO		
FELICITE TCHIBINDAT /UNICEF Representative, Member	UNICEF		
Mr. Michel Paradis, National HKI Director, Member	HKI		
Mr. Bell'Aube Houinato/National Plan Cameroon Director, Member	Plan Cameroon		
Mr. William Eteki Mboumoua/President of the Cameroon Red Cross, Member	Cameroon Red Cross		
Mr. GUY VERNET, Director, Pasteur Center in Cameroon, Member	Pasteur Center in Cameroon		
Dr Divine NZUOBONTANE/CHAI Country Director	CHAI		
Pr. Tetanye Ekoe/National Polio Experts Committee	Scientific committee		
Dr Jean Marie EDENGUE EKANI	National Coordinator, GAVI-AMP (Association for Preventive Medicine)		

Dr. Marius Macaire Biloa/OCASC Coordinator, Member	Catholic Organization for Health in Cameroon		
Mr. Leonard Onana Mbanga/CEPCA Focal Point at UTAC, Member	Conseil des Eglises Protestantes du Cameroun, CEPCA (Council of Protestant Churches in Cameroon).		
Mr. Jean Didier NWAHA	Representative, Ministry of Basic Education		

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

All comments will be treated confidentially

Comments from Partners:

Send EPI Annual Progress Report for 2014 by the deadline, after including changes.

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), SO, 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/Organisation	Signature	Date
N/A	N/A		

HSCC may wish to send informal comments to: apr@gavi.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 2015

3 Table of Contents

This APR reports on Cameroon's activities between January – December 2014 and specifies the requests for the period of January – December 2016

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.

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Achievements as per JRF		Targets (preferred presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	963,856	963,856	986,292	986,292		1,010,949		1,036,223		1,062,129
Total infants' deaths	149,934	149,934	153,423	153,418		157,253		161,184		165,214
Total surviving infants	813922	813,922	832,869	832,874		853,696		875,039		896,915
Total pregnant women	1,070,944	1,070,944	1,095,880	1,095,880		1,122,154		1,150,208		1,178,963
Number of infants vaccinated (to be vaccinated) with BCG	877,104	788,362	907,389	877,800		899,745		932,601		966,537
BCG coverage (1)	91 %	82 %	92 %	89 %	0 %	89 %	0 %	90 %	0 %	91 %
Number of infants vaccinated (to be vaccinated) with OPV3	748,805	701,657	774,568	741,258		0		0		0
OPV3 coverage (2)	92 %	86 %	93 %	89 %	0 %	0 %	0 %	0 %	0 %	0 %
Number of infants vaccinated (to be vaccinated) with DTP1 (3)	797,640	756,739	816,212	766,244		785,401		813,786		843,100
Number of infants vaccinated (to be vaccinated) with DTP3 (3) (4)	748,805	705,726	774,568	741,258		759,790		787,535		816,192
DTP3 coverage (2)	92 %	87 %	93 %	89 %	0 %	89 %	0 %	90 %	0 %	91 %
Wastage [5] rate in base-year and planned thereafter (%) for DTP vaccine	10	7	10	6		6		6		6
Wastage [5] factor in base-year and planned thereafter for DTP	1.11	1.08	1.11	1.06	1.00	1.06	1.00	1.06	1.00	1.06
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib vaccine	797,640	756,739	816,212	766,244		785,401		813,786		843,100
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib vaccine	756,944	705,726	774,568	741,258		759,790		787,535		816,192
DTP-HepB-Hib coverage (2)	93 %	87 %	93 %	89 %	0 %	89 %	0 %	90 %	0 %	91 %
Waste[5] in base-year and planned thereafter (%) [6]	10	7	10	6		6		6		6
Wastage[5] factor in base-year and planned thereafter	1.11	1.08	1.11	1.06	1	1.06	1	1.06	1	1.06

(%)										
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0 %	0 %	0 %	25 %	0 %	25 %	0 %	25 %	0 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	708,109	648,663	724,568	741,258		759,790		813,786		816,192
Yellow Fever coverage (2)	87 %	80 %	87 %	89 %	0 %	89 %	0 %	93 %	0 %	91 %
Wastage [5] rate in base-year and planned thereafter (%)	30	23	25	20		20		20		20
Wastage[5] factor in base-year and planned thereafter (%)	1.43	1.3	1.33	1.25	1	1.25	1	1.25	1	1.25
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	0 %	40 %	0 %	40 %	0 %	40 %	0 %	40 %	0 %	40 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13) vaccine	765,083	756,112	799,554	766,244		785,401		813,786		843,100
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13) vaccine	716,251	708,407	749,582	741,258		759,790		759,790		816,192
Pneumococcal (PCV13) coverage (2)	88 %	87 %	90 %	89 %	0 %	89 %	0 %	87 %	0 %	91 %
Wastage [5] rate in base-year and planned thereafter (%)	5	4	5	3		3		3		3
Wastage[5] factor in base-year and planned thereafter (%)	1.05	1.04	1.05	1.03	1	1.03	1	1.03	1	1.03
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose(s) of Rotavirus vaccine	642,995	472,091	699,610	691,286		725,642		770,034		834,131
Number of infants vaccinated (to be vaccinated) with 2nd dose(s) of Rotavirus vaccine	642,995	374,411	666,295	666,299		700,031		743,783		807,223
Rotavirus vaccine coverage (2)	79 %	46 %	80 %	80 %	0 %	82 %	0 %	85 %	0 %	90 %
Wastage [5] rate in base-year and planned thereafter (%)	5	5	5	5		5		5		5
Wastage[5] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for the Rotavirus vaccine, 2 scheduled doses	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %

Number of infants vaccinated (to be vaccinated) with IPV		0	697,316	624,656	714,854	674,420		700,031		717,532
Wastage [5] rate in base-year and planned thereafter (%)		0	50	10	50	10		10		10
Wastage[5] factor in base-year and planned thereafter (%)	1	1	2	1.11	2	1.11	1	1.11	1	1.11
Maximum wastage rate value for IPV vaccine, 10 dose(s) per vial, LIQUID (see note above)	0 %	50 %	0 %	50 %	0 %	50 %	0 %	50 %	0 %	50 %
Number of infants vaccinated (to be vaccinated) with 1st dose(s) of Measles vaccine	724,387	654,658	749,882	741,258		759,789		787,535		816,193
Measles coverage (2)	89 %	80 %	90 %	89 %	0 %	89 %	0 %	90 %	0 %	91 %
Pregnant women vaccinated with TT+	963,851	682,563	986,293	789,034		841,616		885,660		943,170
TT+ coverage (7)	90 %	64 %	90 %	72 %	0 %	75 %	0 %	77 %	0 %	80 %
Vit A supplement to mothers within 6 weeks after delivery	771,080	357,755	818,622	818,622		1,123,277		1,151,359		1,180,143
Vit A supplement to infants older than 6 months	779,648	525,398	806,568	741,258	N/A	776,864	N/A	805,036	N/A	834,131
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	6 %	7 %	5 %	3 %	0 %	3 %	0 %	3 %	0 %	3 %

Number	**Targets (preferred presentation)**	
	2019	
	Previous estimates in 2014	Current estimation
Total births		1,088,682
Total infants' deaths		169,345
Total surviving infants		919,337
Total pregnant women		1,208,437
Number of infants vaccinated (to be vaccinated) with BCG		1,001,587
BCG coverage (1)	0 %	92 %
Number of infants vaccinated (to be vaccinated) with OPV3		0
OPV3 coverage (2)	0 %	0 %
Number of infants vaccinated (to be vaccinated) with DTP1 (3)		873,371
Number of infants vaccinated (to be vaccinated) with DTP3 (3) (4)		845,790
DTP3 coverage (2)	0 %	92 %
Wastage [5] rate in base-		6

year and planned thereafter (%) for DTP vaccine		
Wastage [5] factor in base-year and planned thereafter for DTP	1.00	1.06
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib vaccine		873,371
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib vaccine		845,790
DTP-HepB-Hib coverage (2)	0 %	92 %
Waste[5] in base-year and planned thereafter (%) [6]		6
Wastage[5] factor in base-year and planned thereafter (%)	1	1.06
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever		845,790
Yellow Fever coverage (2)	0 %	92 %
Wastage [5] rate in base-year and planned thereafter (%)		20
Wastage[5] factor in base-year and planned thereafter (%)	1	1.25
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	0 %	40 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13) vaccine		873,371
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13) vaccine		845,790
Pneumococcal (PCV13) coverage (2)	0 %	92 %
Wastage [5] rate in base-year and planned thereafter (%)		3
Wastage[5] factor in base-year and planned thereafter (%)	1	1.03
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0 %	5 %

Number of infants vaccinated (to be vaccinated) with 1st dose(s) of Rotavirus vaccine		873,371
Number of infants vaccinated (to be vaccinated) with 2nd dose(s) of Rotavirus vaccine		845,790
Rotavirus vaccine coverage (2)	0 %	92 %
Wastage [5] rate in base-year and planned thereafter (%)		5
Wastage[5] factor in base-year and planned thereafter (%)	1	1.05
Maximum wastage rate value for the Rotavirus vaccine, 2 scheduled doses	0 %	5 %
Number of infants vaccinated (to be vaccinated) with IPV		753,857
Wastage [5] rate in base-year and planned thereafter (%)		10
Wastage[5] factor in base-year and planned thereafter (%)	1	1.11
Maximum wastage rate value for IPV vaccine, 10 dose(s) per vial, LIQUID (see note above)	0 %	50 %
Number of infants vaccinated (to be vaccinated) with 1st dose(s) of Measles vaccine		845,790
Measles coverage (2)	0 %	92 %
Pregnant women vaccinated with TT+		990,918
TT+ coverage (7)	0 %	82 %
Vit A supplement to mothers within 6 weeks after delivery		1,209,647
Vit A supplement to infants older than 6 months	N/A	864,177
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	3 %

[1] Number of infants vaccinated as compared to total number of births

[2] Number of infants vaccinated out of total surviving infants

[3] Indicate total number of children vaccinated with either DTP alone or combined

[4] Please ensure that the DTP cells are correctly completed

[5] 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.

[6] 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.

[7] Number of pregnant women vaccinated with TT+ out of total pregnant women

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 continuing

The numbers for 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014**. The numbers for 2015 - 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 cMYP.

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

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

  No change in the number of live births in 2015 as reported in the 2013 APR, aligned with the 2011-2015 cMYP. In addition, the numbers included for 2016-2019 are taken from the new 2015-2019 cMYP, validated by the ICC in January 2015.

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

  No change in the number of surviving infants in 2015 as reported in the 2013 APR, aligned with the 2011-2015 cMYP. In addition, the numbers included for 2016-2019 are taken from the new 2015-2019 cMYP.

- Justification for any changes in targets by vaccine **Please note that targets that exceed the previous years' results by more than 10 % must be justified.** For the IPV, justification must also be provided as an attachment to the APR, for EVERY change in the target population

  The 2015 coverage targets included in the APR and taken from the 2011-2015 cMYP have been reviewed, in the context of preparing the 2015-2019 cMYP. From the 2011-2015 cMYP to the 2015-2019 cMYP, the 2015 coverage targets changed from: 92% to 89% for the BCG; 93% to 89% for the OPV3 and the Penta3; from 87% to 89% for the YFV; from 90% to 89% for the PCV-13 and from 90% to 72% for the TT2+;

- Justification for any change made to the **wastage rate for each vaccine**

  N/A

5.2 Monitoring the Implementation of GAVI Gender Policy

5.2.1 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? **yes, 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
DHS-MICS	2011	68.1	68.9

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

Because there are no gender-specific obstacles to accessing vaccination, this data was not used in any special manner (DHS-MICS 2011):

5.2.3 If no sex-disaggregated data is currently available, do you plan in the future to collect sex-disaggregated data on routine immunization reporting? **Yes**

5.2.4 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/)

After consulting the GAVI "gender and vaccination" factsheet on the web page listed above, we can confirm that for the moment, nothing indicates that this issue is a problem 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. However, the country is in the process of improving its data collection and analysis tools to routinely track the question of gender in its surveys.

5.3 Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** is to guide GAVI's understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill in the tables using US$.

Exchange rate used	1 US$ = 490	Only enter the exchange rate; do not list the name of the local currency

Table 5.3a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditures by Category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	HKI	SVI	IFRC
Traditional Vaccines*	1,132,786	1,132,786	0	0	0	0	0	0
New and underused Vaccines**	26,048,188	2,081,500	18,191,367	5,775,321	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	2,147,764	467,721	1,069,375	4,716	605,952	0	0	0
Other capital costs	0	0	0	0	0	0	0	0
Campaigns costs	10,147,243	269,383	0	2,226,573	7,544,712	106,575	0	0
N/A		0	0	0	0	0	0	0
Total Expenditures for Immunisation	39,475,981							
Total Government Health		3,951,390	19,260,742	8,006,610	8,150,664	106,575	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 item, if these vaccines were introduced without GAVI support.

5.4 Inter-Agency Coordinating Committee

How many times did the ICC meet in 2014? **5**

Please attach the minutes **(Document No. 4)** of the meeting of the ICC in 2015 which endorsed this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1. Updated Baseline and Annual Targets through 5.3 Overall Expenditures and Financing for Immunisation

1) ICC meeting of 19 March 2014: Validated the 2013 Activity Report and the 2014 Annual Work Plan (AWP) for the EPI;

The following concerns were raised:

Resolutions

- Consolidate the Strategic Communications Plan, beginning in 2016, and discuss it within the EPI in 2014-2015 (MINSANTE, Development Partners).

Recommendations

- Validate the EPI's 2013 Activity Report, by emphasizing effective preparation of microplans at the regional level (MINSANTE, Development Partners).
- Validate the EPI's Annual Work Plan, paying particular attention to the implementation of key activities (MINSANTE, Development Partners);
- Validate the EPI's Strategic Communications Plan, subject to availability of the appendices (MINSANTE, Development Partners).

2) ICC meeting of 4 April 2014: Preparation for the fourth edition of the National Immunization Days (NIDs) to respond to polio in 2014

The following concerns were raised:

Resolutions

- Readjust the targets depending on the contexts (DRSP, CSSD);
- Expand microplanning responsibilities into the regions (DRSP);

Recommendations

- Accelerate the process of wiring funds to the regions, to implement NID activities in April 2014 (DCOOP);
- Work with the no. 2 Technical Counselor and the DCOOP to prepare a memorandum for financing microplanning (EPI TAG);
- Monitor the business process for the EPI TAG's human resources (SP/EPI).

3) ICC Meeting of 2 May 2014: Evaluation of the fourth edition of the National Immunization Days (NIDs) to respond to polio in 2014.

The following concerns were raised:

Resolutions

- Prepare and consolidate microplans before the beginning of the next round of NIDs (Development Partners, MINSANTE, EPI TAG);
- Oversee the responsible selection of supervisors during Supplemental Immunization Activities (DRSP; EPI TAG);
- Demonstrate increased patriotism to support the success of vaccination campaigns (MINSANTE staff).

Recommendations

- Accelerate the process of funds justification, to enable development partners to continue financing health system activities (MINSANTE);

4) ICC meeting of 10 June 2014: Presentation and discussion of training sessions on microplanning for supplemental immunization activities (SIAs).

The following concerns were raised:

Resolutions

- Conduct in-depth reflection so that campaigns strengthen the health system instead of harming it (MINSANTE, Partners).

Recommendations

- Urgently contact the appropriate entities to accelerate the process of unlocking SASNIM funds allocated by the central government for the 2014 fiscal year (EPI TAG);
- Validate the EPI's January-May 2014 Activity Report, specifically by making it a priority to reschedule incomplete activities for the third quarter of 2014 (ICC members, EPI TAG, Partners);
- Validate the EPI's June-September 2014 Work Plan, and the Strategic Plan for maintaining the elimination of MNT, while overseeing implementation of primary activities (ICC members, Partners, EPI TAG);
- Provide all effort required to stop the circulation of wild polio virus in our country by 31 July 2014 (MINSANTE, Partners).

5) ICC meeting of 25 September 2014: Joint evaluation of the 2013 Annual Progress Report for the Expanded Program on Immunization for Gavi; Presentation and discussion of the second independent evaluation of the response to the polio epidemic flareup in Cameroon; Presentation for validation of Cameroon's application to introduce the combined measles and rubella vaccine (MR).

Resolutions

- Review the various communications tools for polio SIAs, with support from Development Partners, in order to make them easier for the public to understand, taking into account Cameroon's linguistic diversity (MINSANTE, Partners).
- Inquire about the level of funds reimbursement for the Health Systems Strengthening debt (HSS) every 15 days, by initiating deadline reminders for the departments responsible for making these funds available (DCOOP);
- Send the MR introduction and measles monitoring campaign applications, while remaining aware that Cameroon is subject to budget constraints (EPI).

Recommendations

- Conduct a reflection to recenter health district configurations according to the administrative unit configuration (SG/MINSANTE, DOSTS);
- Conduct three supplemental NIDs to respond to polio (including one round before the end of 2014, and two rounds before the end of the first quarter of 2015), in addition to those already planned between 31 October and 2 November 2014. (MINSANTE, Development partners);
- Require signatures before submitting documents for MR introduction and the measles follow-up campaign.

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

If Yes, which ones?

List the 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).
Platform of 60 CSOs, PROVARESS
Cameroon Red Cross

5.5 Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI programme for 2015 to 2016?

1- <u>Primary objectives in 2015:</u>

- Increase Penta3 vaccination coverage from 87% to at least 89%;
- Increase MCV vaccination coverage from 80% 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.

<u>2- Key activities in 2015:</u>

1- Systematic vaccination component:

- Conduct monthly home visits to search for dropouts, in collaboration with the community.
- Conduct fixed-location, outreach and mobile vaccination activities in all health centers.
- On a quarterly basis, conduct intensified vaccination activities (AVIs) for special populations (refugees, difficult-to-access areas, high-risk areas, areas with security issues, etc.)
- Introduce IPV vaccine and the second dose of HPV, respectively.
- Replace the MCV with MR.

2-Vaccine procurement, quality and logistics component

- Acquire computer equipment for health districts.
- Purchase 100 bicycles and 20 motorcycles for health agents.
- Purchase, pick up and deliver vaccines and supplies at all levels.
- Implement EVM improvement plans for the E7 criteria.
- Purchase 16 solar refrigerators.
- Implement EVM improvement plans for the E3 criteria.
- Implement EVM improvement plans for the E5 criteria.
- Purchase 7,000 vaccine carriers for health facilities.
- Implement EVM improvement plans for the E4 and E2 criteria.
- Implement EVM improvement plans for the E6 and E8 criteria.
- Monitor vaccine and supply orders from UNICEF.
- Monitor the MINFI's funds payment process for purchasing and co-financing vaccines and supplies.
- Create a network of health facilities around incineration locations.

3-Disease prevention initiative acceleration component

- Conduct polio, measles, yellow fever and MNT risk analyses.
- Organize five National Immunization Days and three Local Immunization days for preventive polio vaccination in 2015.
- Participate in organizing two SASNIM (Action Week for Infant and Maternal Health and Nutrition)/SMV (World Immunization Week) days per year.
- Organize investigations of epidemic flareups.
- Organize a measles follow-up campaign in 2015 (9 months-14 years).
- Organize a preventive campaign in districts that have not conducted preventive or response

campaigns for yellow fever (9 months and older, or 92% of the population in the 55 Health Districts).
- Organize local responses to any measles epidemics.
- Organize MNT response campaigns.
- Organize investigations of epidemics in high-risk areas.

4-Surveillance and reporting component

- Strengthen active surveillance activities for AFP, measles, yellow fever and MNT in health facilities and communities (actively searching for cases by going door to door in communities, in health facilities and through traditional healers).
- Ensure that samples are forwarded from the operational level to the national laboratory (signing a contract with a transportation agency, reimbursing transportation fees).
- Preparing surveillance directives for congenital rubella and viral hepatitis B, and implementing them.
- Provide surveillance management tools (sampling materials, educational materials, photocopies of guide).
- Ensure that polio committees are operational.
- Provide financial support for laboratory activities.
- Implement an environmental surveillance system for polio.
- Prepare, translate and make copies of a standardized guide to AEFIs/pharmacovigilance.
- Organize missions to investigation serious AEFI cases.
- Ensure management of series AEFI cases.
- Provide feedback at all levels.
- Conduct sentinel surveillance activities (staff, reagents, meetings, purchasing and maintaining equipment).
- Ensure sustainable resources for sentinel surveillance activities.

5-Communications and demand-creation component

- Implement a coordinated communications platform for the EPI at the central level.
- Conduct advocacy aimed at the private sector, to fund communications to promote vaccination;
- Advocate to the Ministry responsible for communications and public/private media, to agree on preferential rates for communications activities to promote vaccination and epidemiologic surveillance activities.
- Organize forums in problematic regions to strengthen the authorities' leadership in implementing vaccination activities. Involve other sectors.
- Conduct advocacy meetings for women mayors [sic: may be meant to read "women who are mothers'].
- Prepare, validate and produce a communication guide for social mobilization workers.
- Create and distribute an EPI image box.
- Create and distribute audiovisual messages and programs on vaccination, through appropriate communication channels (TV, radio, SMS, etc.).
- Mobilize CSOs, CBOs and community groups that are interested in vaccination, through PROVARESSC.
- Organize public education caravans on the benefits of vaccination, at the time of World Vaccination Days.
- Hold a social mobilization session for transportation unions, to raise awareness of routine vaccination.
- Sign contracts with a dialogue entity/CSO/CBO for each health area, which might provide support for community mobilization for vaccination.
- Organize a meeting to revise SIA and routine vaccination messages.
- Conduct operational research on community behavior to promote vaccination.

6- Program management component

- Update all NRA subcommittees (AEFI committee, etc.).
- Organize two educational meetings for Deputies and Senators.
- Each year, organize meetings to prepare and consolidate EPI microplans at the central level (01), regional level (10) and district level (189).
- Each year, organize two monitoring/coordination meetings for the EPI at the central level and four at the regional level;
- Organize the AWP validation meeting.
- Prepare a three-year training plan.
- Organize central ICC meetings.
- Implement and operationalize regional ICCs.

- Organize quarterly monitoring of surveillance activities at the central and regional levels.
- Conduct surveillance data harmonization meetings at the central level (CPC, DLM, EPI TAG).
- Each month, organize data review and validation meetings at all levels.
- Create EPI tools.
- Organize a data quality improvement meeting.
- Each year, conduct an internal vaccination data quality audit in the 10 regions.
- Purchase computer equipment and supplies at all levels of the health pyramid.
- Organize thematic training sessions on new information and communication technologies, to help improve data quality and security
- Sign contracts for maintenance of computer equipment.
- Produce and distribute the standard operating procedures (SOP) manual for data management.
- Conduct post-introduction evaluations for new vaccines (IPV).
- Organize a DHS vaccination coverage survey.
- Conduct post-SIA vaccination coverage surveys.
- Monitor the implementation status of the EVMA gap improvement plan.
- Prepare quarterly activity reports and action plans for the EPI.
- Conduct operational studies and surveys on vaccination.

7-Human resources management component

- Train data managers in analysis tools.
- Prepare the EPI strategic training plan and implement it.
- Pay bonuses to EPI staff.
- Organize a training session for data managers at the central level (01) and the regional level (10).
- Build the capacities of staff involved in implementing the NRA's functions.
- Conduct two supervisions from the EPI TAG to the regions.
- Monitor the implementation of monthly supervision meetings from the regions to the districts.
- Organize supervisions of the inactive and low-performing health districts, to monitor them.
- Train staff in preventive maintenance for the new solar refrigerators.
- Organize vaccination training sessions for health care providers.

8-Funding component

- Implement and operationalize the health support fund with a specific account for vaccination.
- Implement a vaccination expense monitoring mechanism at the district and health area levels.
- Conduct annual external audits at the central level, and internal audits from the central level to the regions and the health districts.
- Finalize and distribute the vaccination operational procedures manual.
- Conduct half-yearly financial supervision missions at the central level, and quarterly missions at the regional level.

5.6 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 2014.

Vaccine product	Types of syringes used systematically in the EPI in 2014	Funding sources in 2014
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
IPV	N/A	N/A
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 2014 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 2014

Cameroon is not submitting a report on the use of funds for immunization services support (ISS) in 2014

6.2 Detailed expenditure of ISS funds during the calendar year

Cameroon is not submitting a report on the use of funds for immunization services support (ISS) in 2014

6.3 Request for ISS reward

The ISS reward request does not apply to Cameroon in 2014

7 New and Underused Vaccines Support (NVS)

7.1 Receipt of new & under-used vaccines for 2014 vaccination programme

7.1.1 Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill in the table below.

Table 7.1: Vaccines received for 2014 vaccinations against approvals for 2014

*Please also include any deliveries from the previous year received in accordance with this Decision Letter.

	[A]	[B]	[C]	
Vaccine Type	**Total doses for 2014 in the Decision Letter**	**Total doses received by 31 December 2014**	**Total doses postponed from previous years and received in 2014**	**Did the company record any stock shortages at any level during 2014?**
Pneumococcal (PCV13)	2,323,100	2,464,200	0	No
DTP- HepB- Hib	1,742,000	3,310,400	1,381,500	No
Rotavirus	1,688,000	1,138,500	0	No
Yellow fever	603,300	1,134,900	791,900	No
IPV		0	0	No

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 expiration date?. etc.)

  The difference in numbers [A] and [B] is linked to the average exchange rate for the dollar, which decreased from 2013 to 2014, going from US $500 to US $490; in addition the cost per vial increased slightly. The doses of the DTP-HepB-Hib and Yellow Fever vaccines mentioned in [B] include the vaccines from 2013 that were carried forward into 2014.

- 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.

  The provisional procurement plan for vaccines and supplies was revised, taking into account the doses carried forward from the previous year, coverage of needs for each vaccine and availability of the country's funds intended for co-financing.

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 2014

7.2.1 If you were approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the approved proposal and report on achievements:

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

For when is the Post Introduction Evaluation (PIE) planned? **December 0**

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

For when is the Post Introduction Evaluation (PIE) planned? **December 0**

Anti-Rotavirus, 1 dose(s) per vial, ORAL		
Nationwide introduction	Yes	28/03/2014
Phased introduction	No	
Was the time and scale of introduction as planned in the proposal? If No, Why?	No	Vaccine not available. Subsequent to the correspondence dated 3 December 2012, Gavi Alliance notified the country that it needed to be able to confirm availability of rotavirus vaccine, to be potentially introduced in January 2014; for that reason, the introduction that was planned for 2013 was set for 2014.

For when is the Post Introduction Evaluation (PIE) planned? **March 2015**

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

For when is the Post Introduction Evaluation (PIE) planned? **December 0**

IPV, 10 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
Was the time and	No	N/A

scale of introduction as planned in the proposal? If No, Why?		

For when is the Post Introduction Evaluation (PIE) planned? **December 0**

7.2.2 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)

N/A

7.2.3 7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance system? **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**

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 diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

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

Give new cases of WPV were detected in 2014. Concerning the two main indicators of AFP surveillance: i) the annualized investigation rate (TPFA NPA) has improved dramatically, from 4.1 in 2013 to 7.6 per 100,000 children under 15 years in 2014 (all regions reached the standard, which is at least 3 cases per 100,000 children under 15 years), ii) the percentage of adequate stool samples decreased from 79.2% in 2013 in 76.6% in 2014.

Measles surveillance indicators are satisfactory. At least 93.4% of the health districts investigated at least 1 suspected case of measles during the year (required minimum: 80%) and the non-measles febrile rash rate was 8.7/100,000 residents (required minimum: 2/100,000 residents). However we note that there are still measles epidemics. In 2014, 49 health districts had epidemics, as compared with 27 in 2013, 72 in 2012 and 44 in 2011. Of the 49 Health Districts that had epidemics, 14 conducted response campaigns.

97.8% of the health districts investigated at least one suspected case of yellow fever (required minimum: 80%). The detection rate for suspected yellow fever cases is 12.1/100,000 residents (required minimum: 2/100,000 residents). One Health District had an epidemic (Tiko Health Districts, Southwest Region) with a vaccination response.

In 2012, Cameroon reached elimination status for Maternal and Neonatal Tetanus. In 2014, the incidence of neonatal tetanus was <1 case/1,000 live births on the national level. One Health District (Nguti, in the Southwest region) recorded more than one case of neonatal tetanus per 1,000 live births. Reporting and investigation of MNT cases remains low (108 cases reported and 33 cases investigated). 13% of Health Districts investigated at least once case of MNT during the year.

7.3 Lump sums of the grant for the introduction of a new 2014 vaccine

7.3.1 Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2014 (A)	888,080	435,159,350
Remaining funds carried over from 2013	739,722	362,463,557
Total funds available in 2014 (C=A+B)	1,627,802	797,622,907
Total Expenditures in 2014 (D)	716,208	350,942,062
Carry over to 2015 (E=C-D)	911,594	446,680,845

Detailed expenditure of New Vaccines Introduction Grant funds during the 2014 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 calendar year (Document Nos. 10, 11). The instructions for this financial statement are attached in **Annex 1**. Financial statements must 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 Report on the programs

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.

The primary activities related to introducing the rotavirus diarrhea vaccine conducted in 2014 primarily involved training, social mobilization, EIC and advocacy, purchasing equipment for and maintaining the cold chain, the symposium, finalizing and producing training documents, education, information and communication materials, the media plan, pre-test preparation, producing and copying social mobilization messages and supports, education campaigns, the official launch, and receiving and distributing vaccines.

School-based HPV vaccination was not performed in the context of routine immunization, but rather in the context of a demonstration program in two health districts (Edéa et Foumban). The primary strategy used in the first phase was school strategy. This involved vaccinating girls from 9 to 13 years old in middle school classes 1 and 2 of the basic education system, and community-based vaccination of ten year-old girls not enrolled in school. Activities conducted using the Gavi grant involved, among other things, adapting EIC materials and the communications plan, reviewing and revising vaccination forms, training, microplanning at the district level, transporting vaccines to the districts, evaluating health interventions aimed at adolescents, and administering the first dose.

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 2015 onwards

N/A

7.4 7.4. Report on Country Co-financing in 2014

Table 7.4: Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**

Selected vaccine #1: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	380,714	388,900
Selected vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	646,509	190,600
Selected vaccine #3: Anti-Rotavirus, 1 dose(s) per vial, ORAL	416,537	174,500
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	484,213	248,600
Selected vaccine #5: IPV, 10 dose(s) per vial, LIQUID*	0	0
	Q.2: What were the amounts of funding for country co-financing in reporting year 2014 from the following sources?	
Government	2081500	
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	41,786	257,450
Selected vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	50,491	201,525
Selected vaccine #3: Anti-Rotavirus, 1 dose(s) per vial, ORAL	0	0
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	38,787	251,200
Selected vaccine #5: IPV, 10 dose(s) per vial, LIQUID*	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of funding
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: Anti-Rotavirus, 1 dose(s) per vial, ORAL	September	State
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	September	State
Selected vaccine #5: IPV, 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	
	No	

Note: co-financing is not mandatory for IPV

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. Information on the EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index3.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 timeliness. 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) the EVM report **(Document No. 12)**

b) the post-EVM improvement plan **(Document No. 13)**

c) the 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.

- Sign a formal plan with the transporter.
- Implement a system to correctly archive vaccine receiving reports by filing them with all documents (lot release certificates, invoices, packing lists, etc.)
- Train central warehouse staff in managing vaccines and the cold chain, including vaccines' freeze tolerance.
- Formalize, in writing, the emergency plan for vaccine security, and post staff contact information in all health facilities.

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

7.6 Monitoring GAVI Support for Preventive Campaigns in 2014

7.6.1 Vaccine shipping

Did you receive the approved amount of vaccine doses for Measles-Rubella preventive campaigns that GAVI communicated to you in its Decision Letter (DL)?

[A]	[B]	[C]
Total doses approved in DL	**Campaign start date**	**Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)**
0	29/09/2015	0

If numbers [A] and [B] above are different, what were the main problems encountered, if any?

N/A

If the date(s) indicated in [C] are after [B] the campaign dates, what were the main problems encountered? What actions did you take to ensure the campaign was conducted as planned?

N/A

7.6.2 Program results for MR preventive campaigns.

Geographical Area covered	Time period of the campaign	Total number of Target population	Achievement, i.e., vaccinated population	Administrative Coverage (%)	Survey Coverage (%)	Vaccine wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine
0	0	0	0	0	0	0	0	0

*If no survey is conducted, please provide estimated coverage by independent monitors

Has the campaign been conducted according to the plans in the approved proposal? **No**

If the implementation deviates from the plans described in the approved proposal, please describe the reason.

N/A

Did the campaign results reach the targets set in the approved proposal? (did not reach target/exceeded target/reached target) If you did not reach/exceed target, what are the causes of the result (higher/lower)?

N/A

What lessons have you learned from the campaign?

N/A

7.6.3 Use of funds for operational costs for MR preventive campaigns.

Category	Expenditure in Local currency	Expenditure in USD
N/A	0	0
Total	**0**	**0**

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 2015

If 2015 is the last year of approved multi-year support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2019 for the following vaccines:

* **Yellow Fever, 10 dose(s) per vial, LYOPHILISED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2 scheduled doses**
* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **IPV, 10 dose(s) per vial, LIQUID**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section 7.11 Calculation of requirements.

* **Yellow Fever, 10 dose(s) per vial, LYOPHILISED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2 scheduled doses**
* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **IPV, 10 dose(s) per vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2019, which is attached to this APR (Document N°**16**). The new costing tool is also attached (Document N°**17**) for the following vaccines:

* **Yellow Fever, 10 dose(s) per vial, LYOPHILISED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2 scheduled doses**
* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **IPV, 10 dose(s) per vial, LIQUID**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document No.**18**).

* **Yellow Fever, 10 dose(s) per vial, LYOPHILISED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2 scheduled doses**
* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **IPV, 10 dose(s) per vial, LIQUID**

7.9 Request for continued support for vaccines for 2016 vaccination programme

In order to request NVS support for 2016 vaccination, please do the following:

Confirm below that your request for 2016 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 shipping

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Transportation costs

Vaccine Antigen	Vaccine Type	2007	2008	2009	2010	2011	2012	2013
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED							
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID							
Rotavirus, 2 scheduled doses	Rotavirus, 2 scheduled doses							
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID							
MR, 10 dose(s) per vial, LYOPHILISED	MR, 10 dose(s) per vial, LYOPHILISED							
IPV, 10 dose(s) per vial, LIQUID	IPV, 10 dose(s) per vial, LIQUID							

Vaccine Antigen	Vaccine Type	2014	2015	2016	2017	2018	2019
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	7.50 %	7.50 %	7.40 %	7.20 %	6.80 %	6.80 %
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	4.40 %	4.50 %	3.00 %	4.50 %	4.60 %	3.10 %
Rotavirus, 2 scheduled doses	Rotavirus, 2 scheduled doses	3.90 %	4.20 %	4.40 %	4.40 %	4.40 %	4.40 %
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	3.40 %	4.30 %	3.60 %	4.40 %	4.40 %	4.40 %
MR, 10 dose(s) per vial, LYOPHILISED	MR, 10 dose(s) per vial, LYOPHILISED	12.70 %	12.10 %	11.60 %	11.80 %	12.10 %	12.20 %
IPV, 10 dose(s) per vial, LIQUID	IPV, 10 dose(s) per vial, LIQUID		7.70 %	7.50 %	8.60 %	8.60 %	9.90 %

7.11. Calculation of requirements

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

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	813,922	832,869	853,696	875,039	896,915
	Number of children to be vaccinated with the first dose	Parameter	#	797,640	816,212	785,401	813,786	843,100

	Number of children to be vaccinated with the third dose	Parameter	#	756,944	774,568	759,790	787,535	816,192
	Immunisation coverage with the third dose	Parameter	%	93.00 %	93.00 %	89.00 %	90.00 %	91.00 %
	Number of doses per child	Parameter	#	3	3	3	3	3
	Estimated vaccine wastage factor	Parameter	#	1.11	1.11	1.06	1.06	1.06
	Stock in Central Store Dec 31, 2014		#	586,010				
	Stock across second level Dec 31, 2014 (if available)*		#	585,830				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		10	10	10	10
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No	No	No
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.35	0.35	0.40	0.46
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		4.30 %	3.60 %	4.40 %	4.40 %

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

The country did not experience any stock variations between 31 December 2014 and 1 January 2015.

For pentavalent vaccines, GAVI applies an indicator of 4.5 months of regulator inventory and operational inventory. Countries must indicate their needs in terms of regulator inventory and operational inventory, if these are different from the indicator, up to a maximum of six months. If assistance is needed to calculate the regulator and operational inventory levels, please contact WHO or UNICEF. By default, the pre-selection applies to a regulator and operational inventory of 4.5 months.

4.5

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

Co-financing group	Intermediate

	2014	2015	2016	2017	2018
Minimum co-financing	0.26	0.30	0.35	0.40	0.46
Co-financing recommendation in accordance with			0.35	0.40	0.46
Your co-financing	0.30	0.35	0.35	0.40	0.46

	2019
Minimum co-financing	0.53
Co-financing recommendation in accordance with	0.53
Your co-financing	0.53

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	1,493,400	2,105,000	2,129,700	2,624,800	2,583,200
Number of AD syringes	#	1,394,600	2,076,000	2,217,400	2,768,300	2,724,300
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	15,500	22,850	23,450	28,875	28,425
Total amount to be co-financed by GAVI	$	3,141,000	4,280,500	4,064,500	4,183,000	4,116,500

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

		2019
Number of vaccine doses	#	2,511,100
Number of AD syringes	#	2,648,300
Number of re-constitution syringes	#	0
Number of safety boxes	#	27,625
Total amount to be co-financed by GAVI	$	4,001,500

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	248,600	438,000	478,400	879,800	1,048,400
Number of AD syringes	#	232,100	431,700	498,000	927,900	1,105,600
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	2,600	4,775	5,275	9,700	11,550
Total value to be co-financed by the Country [1]	$	523,000	890,500	913,000	1,402,000	1,670,500

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

		2019
Number of vaccine doses	#	1,251,500
Number of AD syringes	#	1,319,800
Number of re-constitution syringes	#	0
Number of safety boxes	#	13,775
Total value to be co-financed by the Country [1]	$	1,994,500

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	797,640	816,212		
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	756,944	816,212		
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))*	2,335,539	2,389,918		
E	**Estimated vaccine wastage factor**	*Table 4*	1.11	1.11		

F	**Number of doses needed including wastage**	*D X E*		2,652,809		
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*				
H	**Inventory to deduct**	*H1 - (F (2015) current estimation x 0,375)*				
H1	**Initial inventory calculated**	*H2 (2015) + H3 (2015) - F (2015)*				
H2	**Stock on 1 January**	*Table 7.11.1*	423,687	586,010		
H3	**Shipping plan**	*Approved volume*		2,543,000		
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*		2,543,000		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / T*				

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

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

		Formula	2016		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	18.34 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	785,401	144,043	641,358
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	759,790	139,346	620,444
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))*	2,320,092	425,505	1,894,587
E	**Estimated vaccine wastage factor**	*Table 4*	1.06		

F	**Number of doses needed including wastage**	*D X E*	2,459,297	451,036	2,008,261
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*	- 21,638	- 3,968	- 17,670
H	**Inventory to deduct**	*H1 - (F (2015) current estimation x 0,375)*	- 170,042	- 31,185	- 138,857
H1	**Initial inventory calculated**	*H2 (2015) + H3 (2015) - F (2015)*	729,699	133,827	595,872
H2	**Stock on 1 January**	*Table 7.11.1*			
H3	**Shipping plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	2,608,000	478,308	2,129,692
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	2,715,346	497,995	2,217,351
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*	28,689	5,262	23,427
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	4,686,576	859,519	3,827,057
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	121,648	22,311	99,337
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	157	29	128
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	168,717	30,943	137,774
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	4,977,098	912,800	4,064,298
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	912,800		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	18.34 %		

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 3)

		Formula	**2017**		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	25.10 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	813,786	204,280	609,506
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	787,535	197,691	589,844
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))*	2,404,345	603,549	1,800,796
E	**Estimated vaccine wastage factor**	*Table 4*	1.06		
F	**Number of doses needed including wastage**	*D X E*	2,548,605	639,761	1,908,844
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current*	955,728	239,911	715,817

		estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375 • *else: (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*			
H	**Inventory to deduct**	*H1 - (F (2015) current estimation x 0,375)*			
H1	**Initial inventory calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H2	**Stock on 1 January**	*Table 7.11.1*			
H3	**Shipping plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	3,504,500	879,714	2,624,786
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	3,696,081	927,805	2,768,276
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*	38,550	9,677	28,873
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	5,190,165	1,302,856	3,887,309
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	165,585	41,566	124,019
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	210	53	157
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	228,368	57,326	171,042
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	5,584,328	1,401,800	4,182,528
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	1,401,800		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	25.10 %		

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 4)

		Formula	**2018**		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	28.87 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	843,100	243,385	599,715
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	816,192	235,617	580,575
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))*	2,491,360	719,201	1,772,159
E	**Estimated vaccine wastage factor**	*Table 4*	1.06		
F	**Number of doses needed including wastage**	*D X E*	2,640,842	762,353	1,878,489
G	**Vaccines buffer stock**	***Buffer on doses needed** + **buffer on doses wasted*** ***Buffer on doses needed** = (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted** =* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*	990,316	285,883	704,433
H	**Inventory to deduct**	*H1 - (F (2015) current estimation x 0,375)*			

H1	**Initial inventory calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H2	**Stock on 1 January**	*Table 7.11.1*			
H3	**Shipping plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	3,631,500	1,048,334	2,583,166
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	3,829,844	1,105,592	2,724,252
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*	39,947	11,532	28,415
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	5,378,252	1,552,583	3,825,669
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	171,578	49,531	122,047
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	218	63	155
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	236,644	68,314	168,330
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	5,786,692	1,670,490	4,116,202
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	1,670,490		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	28.87 %		

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 5)

		Formula	**2019**		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	33.26 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	873,371	290,490	582,881
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	845,790	281,316	564,474
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))*	2,581,224	858,534	1,722,690
E	**Estimated vaccine wastage factor**	*Table 4*	1.06		
F	**Number of doses needed including wastage**	*D X E*	2,736,098	910,046	1,826,052
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*	1,026,037	341,268	684,769
H	**Inventory to deduct**	*H1 - (F (2015) current estimation x 0,375)*			
H1	**Initial inventory calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H2	**Stock on 1 January**	*Table 7.11.1*			
H3	**Shipping plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	3,762,500	1,251,435	2,511,065

J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	3,967,988	1,319,782	2,648,206
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*	41,388	13,766	27,622
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	5,572,263	1,853,375	3,718,888
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	177,766	59,127	118,639
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	226	76	150
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	245,180	81,549	163,631
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	5,995,435	1,994,125	4,001,310
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	1,994,125		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	33.26 %		

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

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

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	813,922	832,869	853,696	875,039	896,915
	Number of children to be vaccinated with the first dose	Parameter	#	765,083	799,554	785,401	813,786	843,100
	Number of children to be vaccinated with the third dose	Parameter	#	716,251	749,582	759,790	759,790	816,192
	Immunisation coverage with the third dose	Parameter	%	88.00 %	90.00 %	89.00 %	86.83 %	91.00 %
	Number of doses per child	Parameter	#	3	3	3	3	3
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.03	1.03	1.03
	Stock in Central Store Dec 31, 2014		#	1,388,400				
	Stock across second level Dec 31, 2014 (if available)*		#	636,820				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		1	1	1	1
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No	No	No
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.35	0.35	0.40	0.46
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		4.50 %	3.00 %	4.50 %	4.60 %

ID		Source		2019	Total
	Number of surviving infants	Parameter	#	919,337	5,191,778
	Number of children to be vaccinated with the first dose	Parameter	#	873,371	4,880,295
	Number of children to be vaccinated with the third dose	Parameter	#	845,790	4,647,395
	Immunisation coverage with the third dose	Parameter	%	92.00 %	
	Number of doses per child	Parameter	#	3	
	Estimated vaccine wastage factor	Parameter	#	1.03	
	Number of doses per vial	Parameter	#	1	
	AD syringes required	Parameter	#	Yes	
	Reconstitution syringes required	Parameter	#	No	
	Safety boxes required	Parameter	#	Yes	
cc	**Country co-financing per dose**	Parameter	$	0.53	
ca	**AD syringe price per unit**	Parameter	$	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$	0	
cs	**Safety box price per unit**	Parameter	$	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%	3.10 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

The country did not experience any stock variations between 31 December 2014 and 1 January 2015.

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

Co-financing group	Intermediate

	2014	2015	2016	2017	2018
Minimum co-financing	0.26	0.30	0.35	0.40	0.46
Co-financing recommendation in accordance with			0.35	0.40	0.46
Your co-financing	0.30	0.35	0.35	0.40	0.46

	2019
Minimum co-financing	0.53
Co-financing recommendation in accordance with	0.53
Your co-financing	0.53

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	2,132,500	1,994,400	1,494,900	2,771,500	2,808,800
Number of AD syringes	#	2,229,800	2,075,700	1,572,800	2,976,300	3,017,200
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	24,775	22,850	16,450	30,500	30,900
Total amount to be co-financed by GAVI	$	7,798,000	7,249,000	5,272,000	9,760,500	9,742,500

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

		2019
Number of vaccine doses	#	2,830,500
Number of AD syringes	#	3,039,900
Number of re-constitution syringes	#	0
Number of safety boxes	#	31,150
Total amount to be co-financed by GAVI	$	9,591,500

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	190,600	214,200	164,800	355,200	429,500
Number of AD syringes	#	199,300	221,400	173,300	381,400	461,400
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	2,225	2,450	1,825	3,925	4,725
Total value to be co-financed by the Country [1]	$	697,000	773,500	581,000	1,251,000	1,490,000

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

		2019
Number of vaccine doses	#	524,800

Number of AD syringes	#	563,600
Number of re-constitution syringes	#	0
Number of safety boxes	#	5,775
Total value to be co-financed by the Country [1]	$	1,778,500

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	765,083	799,554		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	2,295,249	2,398,663		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*		2,518,596		
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*				
H	**Inventory to deduct**	*H2 from previous year - 0,25 x F from previous year*				
H2	**Stock on 1 January**	*Table 7.11.1*	689,500	1,388,400		
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*		2,208,600		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / T*				

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

		Formula	2016		
			Total	Government	GAVI
A	**Country co-finance**	*V*	9.92 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	785,401	77,950	707,451
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	2,356,203	233,848	2,122,355
E	**Estimated vaccine wastage factor**	*Table 4*	1.03		
F	**Number of doses needed including wastage**	*D X E*	2,426,890	240,864	2,186,026
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	- 10,183	- 1,010	- 9,173
H	**Inventory to deduct**	*H2 from previous year - 0,25 x F from previous year*	758,751	75,305	683,446
H2	**Stock on 1 January**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	1,659,600	164,712	1,494,888
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,745,996	173,286	1,572,710
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*	18,256	1,812	16,444
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	5,606,129	556,395	5,049,734
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	78,221	7,764	70,457
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	100	10	90
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	168,184	16,692	151,492
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	5,852,634	580,860	5,271,774
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	580,860		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	9.92 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-finance**	*V*	11.36 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	813,786	92,430	721,356
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	2,441,358	277,290	2,164,068
E	**Estimated vaccine wastage factor**	*Table 4*	1.03		
F	**Number of doses needed including wastage**	*D X E*	2,514,599	285,608	2,228,991
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	610,979	69,395	541,584
H	**Inventory to deduct**	*H2 from previous year - 0,25 x F from previous year*			
H2	**Stock on 1 January**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	3,126,600	355,119	2,771,481
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	3,357,571	381,353	2,976,218
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*	34,393	3,907	30,486
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	10,392,819	1,180,416	9,212,403
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	150,420	17,085	133,335
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	188	22	166
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	467,677	53,119	414,558
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	11,011,104	1,250,640	9,760,464
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	1,250,640		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	11.36 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-finance**	*V*	15.64 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	873,371	136,601	736,770
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	2,620,113	409,802	2,210,311
E	**Estimated vaccine wastage factor**	*Table 4*	1.03		
F	**Number of doses needed including wastage**	*D X E*	2,698,717	422,096	2,276,621
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	655,710	102,558	553,152
H	**Inventory to deduct**	*H2 from previous year - 0,25 x F from previous year*			
H2	**Stock on 1 January**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	3,355,200	524,774	2,830,426
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	3,603,406	563,595	3,039,811
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*	36,908	5,773	31,135
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	10,870,848	1,700,268	9,170,580
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	161,433	25,250	136,183
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	201	32	169
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	336,997	52,709	284,288
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	11,369,479	1,778,256	9,591,223
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	1,778,256		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	15.64 %		

Table 7.11.1: Characteristics for Rotavirus vaccine, 2 scheduled doses

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	813,922	832,869	853,696	875,039	896,915
	Number of children to be vaccinated with the first dose	Parameter	#	642,995	699,610	725,642	770,034	834,131
	Number of children to be vaccinated with the second dose	Parameter	#	642,995	666,295	700,031	743,783	807,223
	Immunisation coverage with the second dose	Parameter	%	79.00 %	80.00 %	82.00 %	85.00 %	90.00 %
	Number of doses per child	Parameter	#	2	2	2	2	2
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	1.05	1.05
	Stock in Central Store Dec 31, 2014		#	154,500				
	Stock across second level Dec 31, 2014 (if available)*		#	490,243				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		1	1	1	1
	AD syringes required	Parameter	#		No	No	No	No
	Reconstitution syringes required	Parameter	#		No	No	No	No
	Safety boxes required	Parameter	#		No	No	No	No
cc	**Country co-financing per dose**	Parameter	$		0.35	0.26	0.30	0.35
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		4.20 %	4.40 %	4.40 %	4.40 %

ID		Source		2019	Total
	Number of surviving infants	Parameter	#	919,337	5,191,778
	Number of children to be vaccinated with the first dose	Parameter	#	873,371	4,545,783
	Number of children to be vaccinated with the second dose	Parameter	#	845,790	4,406,117
	Immunisation coverage with the second dose	Parameter	%	92.00 %	
	Number of doses per child	Parameter	#	2	
	Estimated vaccine wastage factor	Parameter	#	1.05	
	Number of doses per vial	Parameter	#	1	
	AD syringes required	Parameter	#	No	
	Reconstitution syringes required	Parameter	#	No	
	Safety boxes required	Parameter	#	No	
cc	**Country co-financing per dose**	Parameter	$	0.40	
ca	**AD syringe price per unit**	Parameter	$	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$	0	
cs	**Safety box price per unit**	Parameter	$	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%	4.40 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

The country did not experience any stock variations between 31 December 2014 and 1 January 2015.

Co-financing tables for rotavirus, 2 scheduled doses

Co-financing group	Intermediate

	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.23	0.26	0.30	0.35
Co-financing recommendation in accordance with			0.26	0.30	0.35
Your co-financing	0.26	0.35	0.26	0.30	0.35

	2019
Minimum co-financing	0.40
Co-financing recommendation in accordance with	0.40
Your co-financing	0.40

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	1,513,500	1,105,000	1,369,200	1,748,800	1,848,000
Number of AD syringes	#	0	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	0	0	0	0	0
Total amount to be co-financed by GAVI	$	3,811,500	2,941,500	3,225,000	4,119,000	4,352,500

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

		2019
Number of vaccine doses	#	1,886,600
Number of AD syringes	#	0
Number of re-constitution syringes	#	0
Number of safety boxes	#	0
Total amount to be co-financed by GAVI	$	4,443,500

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	174,500	169,500	169,900	255,300	322,600
Number of AD syringes	#	0	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	0	0	0	0	0
Total value to be co-financed by the Country [1]	$	439,000	451,000	400,500	601,500	760,000

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

		2019
Number of vaccine doses	#	386,000

Number of AD syringes	#	0
Number of re-constitution syringes	#	0
Number of safety boxes	#	0
Total value to be co-financed by the Country [1]	$	909,000

Table 7.11.4: Calculated needs for Rotavirus, 2 scheduled doses (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	Country co-finance	*V*				
B	Number of children to be vaccinated with the first dose	*Table 4*	642,995	699,610		
C	Number of doses per child	*Vaccine parameter (schedule)*	2	2		
D	Number of doses needed	*B X C*	1,285,990	1,399,220		
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.05		
F	Number of doses needed including wastage	*D X E*		1,469,181		
G	Vaccines buffer stock	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*				
H	Inventory to deduct	*H2 from previous year - 0,25 x F from previous year*				
H2	Stock on 1 January	*Table 7.11.1*	0	154,500		
I	Total vaccine doses needed	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*		1,274,500		
J	Number of doses per vial	*Vaccine parameter*				
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*				
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*				
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*				
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*				
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*				
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*				
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*				
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*				
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	Total fund needed	*(N+O+P+Q+R+S)*				
U	Total country co-financing	*I x country co-financing per dose (cc)*				
V	Country co-financing % of GAVI supported proportion	*U / T*				

Table 7.11.4: Calculated needs for Rotavirus, 2 scheduled doses (part 2)

		Formula	2016		
			Total	Government	GAVI
A	**Country co-finance**	*V*	11.04 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	725,642	80,105	645,537
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2		
D	**Number of doses needed**	*B X C*	1,451,284	160,209	1,291,075
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	1,523,849	168,220	1,355,629
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	13,875	1,532	12,343
H	**Inventory to deduct**	*H2 from previous year - 0,25 x F from 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) * Vaccine package size*	1,539,000	169,892	1,369,108
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**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	3,471,984	383,276	3,088,708
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	152,768	16,865	135,903
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	3,624,752	400,140	3,224,612
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	400,140		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	11.04 %		

Table 7.11.4: Calculated needs for Rotavirus, 2 scheduled doses (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-finance**	*V*	12.74 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	770,034	98,083	671,951
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2		
D	**Number of doses needed**	*B X C*	1,540,068	196,165	1,343,903
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	1,617,072	205,974	1,411,098
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	386,127	49,183	336,944
H	**Inventory to deduct**	*H2 from previous year - 0,25 x F from previous year*			
H2	**Stock on 1 January**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	2,004,000	255,258	1,748,742
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**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	4,521,024	575,862	3,945,162
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	198,926	25,339	173,587
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	4,719,950	601,201	4,118,749
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	601,200		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	12.74 %		

Table 7.11.4: Calculated needs for Rotavirus, 2 scheduled doses (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-finance**	*V*	16.98 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	873,371	148,327	725,044
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2		
D	**Number of doses needed**	*B X C*	1,746,742	296,654	1,450,088
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	1,834,080	311,487	1,522,593
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	437,667	74,331	363,336
H	**Inventory to deduct**	*H2 from previous year - 0,25 x F from previous year*			
H2	**Stock on 1 January**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	2,272,500	385,944	1,886,556
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**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	5,126,760	870,690	4,256,070
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	225,578	38,311	187,267
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	5,352,338	909,000	4,443,338
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	909,000		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	16.98 %		

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

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	813,922	832,869	853,696	875,039	896,915
	Number of children to be vaccinated with the first dose	Parameter	#	708,109	724,568	759,790	813,786	816,192
	Number of doses per child	Parameter	#	1	1	1	1	1
	Estimated vaccine wastage factor	Parameter	#	1.43	1.33	1.25	1.25	1.25
	Stock in Central Store Dec 31, 2014		#	247,885				
	Stock across second level Dec 31, 2014 (if available)*		#	218,710				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		10	10	10	10
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.71	0.80	0.93	1.06
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		7.50 %	7.40 %	7.20 %	6.80 %
fd	**Freight cost as % of devices value**	Parameter	%					

ID		Source		2019	Total
	Number of surviving infants	Parameter	#	919,337	5,191,778
	Number of children to be vaccinated with the first dose	Parameter	#	845,790	4,668,235
	Number of doses per child	Parameter	#	1	
	Estimated vaccine wastage factor	Parameter	#	1.25	
	Number of doses per vial	Parameter	#	10	
	AD syringes required	Parameter	#	Yes	
	Reconstitution syringes required	Parameter	#	Yes	
	Safety boxes required	Parameter	#	Yes	
cc	**Country co-financing per dose**	Parameter	$	1.08	
ca	**AD syringe price per unit**	Parameter	$	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$	0	
cs	**Safety box price per unit**	Parameter	$	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%	6.80 %	
fd	**Freight cost as % of devices value**	Parameter	%		

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

The country did not experience any stock variations between 31 December 2014 and 1 January 2015.

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

Co-financing group	Intermediate

	2014	2015	2016	2017	2018
Minimum co-financing	0.61	0.70	0.80	0.93	1.06
Co-financing recommendation in accordance with			0.80	0.93	1.06
Your co-financing	0.70	0.71	0.80	0.93	1.06

	2019
Minimum co-financing	1.08
Co-financing recommendation in accordance with	1.08
Your co-financing	1.08

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	214,400	257,900	265,400	224,200	137,600
Number of AD syringes	#	116,800	188,300	233,700	205,600	126,100
Number of re-constitution syringes	#	23,600	28,400	29,200	24,700	15,200
Number of safety boxes	#	1,575	2,400	2,925	2,475	1,525
Total amount to be co-financed by GAVI	$	233,000	287,500	294,500	255,500	164,500

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

		2019
Number of vaccine doses	#	127,600
Number of AD syringes	#	117,000
Number of re-constitution syringes	#	14,100
Number of safety boxes	#	1,425
Total amount to be co-financed by GAVI	$	153,500

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	388,900	453,100	687,500	1,000,000	1,087,000
Number of AD syringes	#	211,800	330,800	605,500	917,200	996,400
Number of re-constitution syringes	#	42,800	49,900	75,700	110,000	119,600
Number of safety boxes	#	2,850	4,200	7,575	11,025	11,975
Total value to be co-financed by the Country [1]	$	422,500	505,000	762,500	1,138,500	1,298,000

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

		2019
Number of vaccine doses	#	1,143,100
Number of AD syringes	#	1,048,100
Number of re-constitution syringes	#	125,800
Number of safety boxes	#	12,575
Total value to be co-financed by the Country [1]	$	1,372,500

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	708,109	724,568		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B X C*	708,109	724,568		
E	**Estimated vaccine wastage factor**	*Table 4*	1.43	1.33		
F	**Number of doses needed including wastage**	*D X E*		963,676		
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*				
H	**Inventory to deduct**	*H2 from previous year - 0,25 x F from previous year*				
H2	**Stock on 1 January**	*Table 7.11.1*	669,400	247,885		
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*		711,000		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / T*				

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

		Formula	2016		
			Total	Government	GAVI
A	**Country co-finance**	*V*	72.15 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	759,790	548,202	211,588
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B X C*	759,790	548,202	211,588
E	**Estimated vaccine wastage factor**	*Table 4*	1.25		
F	**Number of doses needed including wastage**	*D X E*	949,738	685,253	264,485
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	9,964	7,190	2,774
H	**Inventory to deduct**	*H2 from previous year - 0,25 x F from previous year*	6,966	5,027	1,939
H2	**Stock on 1 January**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	952,800	687,462	265,338
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	839,067	605,402	233,665
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	104,809	75,622	29,187
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	10,481	7,563	2,918
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	945,178	681,963	263,215
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	37,591	27,123	10,468
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	3,669	2,648	1,021
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	58	42	16
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	69,944	50,466	19,478
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	1,056,440	762,240	294,200
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	762,240		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	72.15 %		

Table 7.11.4: Calculation of requirements for Yellow Fever, 10 dose(s) per vial, LYOPHILISED (part 3)

		Formula	2017		
			Total	Government	GAVI
A	Country co-finance	*V*	81.69 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	813,786	664,789	148,997
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	813,786	664,789	148,997
E	Estimated vaccine wastage factor	*Table 4*	1.25		
F	Number of doses needed including wastage	*D X E*	1,017,233	830,986	186,247
G	Vaccines buffer stock	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	206,822	168,955	37,867
H	Inventory to deduct	*H2 from previous year - 0,25 x F from previous year*			
H2	Stock on 1 January	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	1,224,100	999,978	224,122
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	1,122,669	917,118	205,551
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	134,651	109,998	24,653
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	13,466	11,001	2,465
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	1,248,582	1,019,977	228,605
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	50,296	41,088	9,208
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	4,713	3,851	862
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	74	61	13
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	89,898	73,439	16,459
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	1,393,563	1,138,413	255,150
U	Total country co-financing	*I x country co-financing per dose (cc)*	1,138,413		
V	Country co-financing % of GAVI supported proportion	*U / T*	81.69 %		

Table 7.11.4: Calculation of requirements for Yellow Fever, 10 dose(s) per vial, LYOPHILISED (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-finance**	*V*	89.96 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	845,790	760,854	84,936
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B X C*	845,790	760,854	84,936
E	**Estimated vaccine wastage factor**	*Table 4*	1.25		
F	**Number of doses needed including wastage**	*D X E*	1,057,238	951,067	106,171
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	213,298	191,878	21,420
H	**Inventory to deduct**	*H2 from previous year - 0,25 x F from previous year*			
H2	**Stock on 1 January**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	1,270,600	1,143,003	127,597
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,164,997	1,048,005	116,992
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	139,766	125,731	14,035
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	13,977	12,574	1,403
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	1,374,790	1,236,730	138,060
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	52,192	46,951	5,241
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	4,892	4,401	491
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	77	70	7
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	93,486	84,098	9,388
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	1,525,437	1,372,248	153,189
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	1,372,248		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	89.96 %		

Table 7.11.1: Specifications for IPV 10 dose(s) per vial, LIQUID

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	813,922	832,869	853,696	875,039	896,915
	Number of children to be vaccinated	Parameter	#	0	697,316	0.00 %	700,031	0.00 %
	Number of doses per child	Parameter	#	1	1	1	1	1
	Estimated vaccine wastage factor	Parameter	#	1.00	2.00	1.11	1.11	1.11
	Stock in Central Store Dec 31, 2014		#	0				
	Stock across second level Dec 31, 2014 (if available)*		#	0				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		10	10	10	10
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No	No	No
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.00	0.00	0.00	0.00
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		7.70 %	7.50 %	8.60 %	8.60 %

ID		Source		2019	Total
	Number of surviving infants	Parameter	#	919,337	5,191,778
	Number of children to be vaccinated	Parameter	#	753,857	3,543,156
	Number of doses per child	Parameter	#	1	
	Estimated vaccine wastage factor	Parameter	#	1.11	
	Number of doses per vial	Parameter	#	10	
	AD syringes required	Parameter	#	Yes	
	Reconstitution syringes required	Parameter	#	No	
	Safety boxes required	Parameter	#	Yes	
cc	**Country co-financing per dose**	Parameter	$	0.00	
ca	**AD syringe price per unit**	Parameter	$	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$	0	
cs	**Safety box price per unit**	Parameter	$	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%	9.90 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

The vaccine stock on 31 December 2014 was 0 doses, as the country had not yet introduced the vaccine into the routine EPI and was waiting to receive its first stock.

Co-financing tables for IPV, 10 dose(s) per vial, LIQUID

Co-financing group	Intermediate

	2014	2015	2016	2017	2018

Minimum co-financing			0.00	0.00	0.00
Co-financing recommendation in accordance with			0.00	0.00	0.00
Your co-financing		0.00	0.00	0.00	0.00

	2019
Minimum co-financing	0.00
Co-financing recommendation in accordance with	0.00
Your co-financing	0.00

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

		2014	**2015**	**2016**	**2017**	**2018**
Number of vaccine doses	#		1,307,500	318,600	775,800	977,400
Number of AD syringes	#		863,000	267,400	766,800	987,200
Number of re-constitution syringes	#		0	0	0	0
Number of safety boxes	#		9,500	3,525	8,550	10,775
Total amount to be co-financed by GAVI	$		1,500,000	468,000	1,013,500	1,276,000

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

		2019
Number of vaccine doses	#	1,027,800
Number of AD syringes	#	1,037,700
Number of re-constitution syringes	#	0
Number of safety boxes	#	11,325
Total amount to be co-financed by GAVI	$	1,184,500

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

		2014	**2015**	**2016**	**2017**	**2018**
Number of vaccine doses	#		0	0	0	0
Number of AD syringes	#		0	0	0	0
Number of re-constitution syringes	#		0	0	0	0
Number of safety boxes	#		0	0	0	0
Total value to be co-financed by the Country [1]	$		0	0	0	0

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

		2019
Number of vaccine doses	#	0
Number of AD syringes	#	0
Number of re-constitution syringes	#	0
Number of safety boxes	#	0
Total value to be co-financed by the Country [1]	$	0

Table 7.11.4: Calculation of requirements for IPV, 10 dose(s) per vial, LIQUID (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	697,316		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B X C*	0	697,317		
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	2.00		
F	**Number of doses needed including wastage**	*D X E*		1,394,633		
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*				
H	**Inventory to deduct**	*H1 - 0.25 x F of previous year original approved*				
H1	**Initial inventory calculated**	*H2 of previous year + I of previous year - F of previous year current estimation*				
H2	**Stock on 1 January**	*Table 7.11.1*	0	0		
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*		1,307,500		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / T*				

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

Table 7.11.4: Calculation of requirements for IPV, 10 dose(s) per vial, LIQUID (part 2)

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	*V*	0.00 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	674,420	0	674,420
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	674,420	0	674,420
E	Estimated vaccine wastage factor	*Table 4*	1.11		
F	Number of doses needed including wastage	*D X E*	748,607	0	748,607
G	Vaccines buffer stock	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	- 4,355	0	- 4,355
H	Inventory to deduct	*H1 - 0.25 x F of previous year original approved*	426,981	0	426,981
H1	Initial inventory calculated	*H2 of previous year + I of previous year - F of previous year current estimation*	614,132	0	614,132
H2	Stock on 1 January	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	318,600	0	318,600
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	267,393	0	267,393
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*	3,505	0	3,505
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	423,738	0	423,738
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	11,980	0	11,980
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	20	0	20
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	31,781	0	31,781
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	467,519	0	467,519
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / T*	0.00 %		

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

Table 7.11.4: Calculation of requirements for IPV, 10 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	Government	GAVI
A	Country co-finance	*V*	0.00 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	700,031	0	700,031
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	700,031	0	700,031
E	Estimated vaccine wastage factor	*Table 4*	1.11		
F	Number of doses needed including wastage	*D X E*	777,035	0	777,035
G	Vaccines buffer stock	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	- 3,001	0	- 3,001
H	Inventory to deduct	*H1 - 0.25 x F of previous year original approved*			
H1	Initial inventory calculated	*H2 of previous year + I of previous year - F of previous year current estimation*			
H2	Stock on 1 January	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	775,800	0	775,800
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	766,734	0	766,734
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*	8,534	0	8,534
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	901,480	0	901,480
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	34,350	0	34,350
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	47	0	47
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	77,528	0	77,528
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	1,013,405	0	1,013,405
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / T*	0.00 %		

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

Table 7.11.4: Calculation of requirements for IPV, 10 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	Government	GAVI
A	Country co-finance	*V*	0.00 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	717,532	0	717,532
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	717,532	0	717,532
E	Estimated vaccine wastage factor	*Table 4*	1.11		
F	Number of doses needed including wastage	*D X E*	796,461	0	796,461
G	Vaccines buffer stock	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	179,865	0	179,865
H	Inventory to deduct	*H1 - 0.25 x F of previous year original approved*			
H1	Initial inventory calculated	*H2 of previous year + I of previous year - F of previous year current estimation*			
H2	Stock on 1 January	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	977,400	0	977,400
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	987,137	0	987,137
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*	10,752	0	10,752
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	1,133,784	0	1,133,784
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	44,224	0	44,224
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	59	0	59
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	97,506	0	97,506
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	1,275,573	0	1,275,573
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / T*	0.00 %		

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

Table 7.11.4: Calculation of requirements for IPV, 10 dose(s) per vial, LIQUID (part 5)

		Formula	2019		
			Total	Government	GAVI
A	Country co-finance	*V*	0.00 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	753,857	0	753,857
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	753,857	0	753,857
E	Estimated vaccine wastage factor	*Table 4*	1.11		
F	Number of doses needed including wastage	*D X E*	836,782	0	836,782
G	Vaccines buffer stock	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	189,464	0	189,464
H	Inventory to deduct	*H1 - 0.25 x F of previous year original approved*			
H1	Initial inventory calculated	*H2 of previous year + I of previous year - F of previous year current estimation*			
H2	Stock on 1 January	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	1,027,800	0	1,027,800
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	1,037,654	0	1,037,654
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*	11,306	0	11,306
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	1,034,995	0	1,034,995
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	46,487	0	46,487
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	62	0	62
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	102,465	0	102,465
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	1,184,009	0	1,184,009
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / T*	0.00 %		

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

8 Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1 Please complete this section **only if your country was approved for andreceived HSS funds before or during January to December 2014**. All countries are expected to report on:

a. Progress achieved in 2014

b. HSS implementation during January - April 2015 (interim reporting)

c. Plans for 2016

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

For countries that received HSS funds within the last 3 months of 2014, or experienced other delays that limited implementation in 2014, 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 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **15 May 2015**. 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 2015, the HSS reports are expected by GAVI Alliance by September 2015.

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 8.1.2.

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 2014

b. Minutes of the HSCC meeting in 2015 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 2014 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.

8 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.

8.1 Report on the use of HSS funds in 2014 and request of a new tranche

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

8.1.1 Report on the use of ISS funds in **2014**

Please complete tableaux 8.1.3.a and 8.1.3.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 8.1.3.a and 8.1.3.b..

8.1.2 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, 2016.

Table 8.1.3a (US)$

	2009	2010	2011	2012	2013	2014
Original annual budgets (*(per the originally approved HSS proposal))*					2124957	2200327
Revised annual budgets (*if revised by previous Annual Progress Reviews)*						
Total funds received from GAVI during the calendar year (*A*)					2124957	2200327
Remaining funds (carry over) from previous year (A)						2124957
Total Funds available during the calendar year (*C=A+B*)						4325284
Total Expenditures during calendar year (*D*)						2884678
Balance carried forward to next calendar year (*E=C-D*)						1440606
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2015	2016	2017	2018
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 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets ((*per the originally approved HSS proposal*))					1062478495	1100163279
Revised annual budgets (*if revised by previous Annual Progress Reviews)*						
Total funds received from GAVI during the calendar year (*A*)					1062478495	1100163279
Remaining funds (carry over) from previous year (A)						1062478495
Total Funds available during the calendar year (*C=A+B*)						2162641774
Total Expenditures during calendar year (*D*)						1442339000
Balance carried forward to next calendar year (*E=C-D*)						720302774
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2015	2016	2017	2018
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 8.3.c below the exchange rate used for each calendar year at opening and closing.

Table 8.1.3.c

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January					500	490
Closing on 31 December					500	490

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 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 2015 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**

Has an external audit been conducted? No

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

8.2 Progress on HSS activities in the 2014 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 8.2. 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 8.2: HSS activities in the 2014 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
1.1 Train four members per dialogue entity per Health Area (including the health area's communications focal point) in routine vaccination, specifically how to search for dropouts and how to plan vaccination sessions with the public, by March 2014.	Jan-March, 2014	27	2014 annual progress report (MOU with CSO PROVARESSC, 26 CBO trainers and dialogue entities trained; 506 health committees and 52 CBOs with 2,038 community workers).
1.2 Educate five womens' associations per health district about the EPI	Jan-March, 2014	10	Annual Progress Report 2014
1.3 Sign partnership agreements with 1 community-based organization (CBO) per district, to provide education about the EPI.	Jan-March, 2014	20	Annual Progress Report 2014
1.4 Sign partnership agreements with four community radio stations per region, to create and broadcast messages about the EPI.	Jan-March, 2014	100	Annual Progress Report 2014
1.5 Create and distribute educational materials about the EPI (posters, brochures, image boxes, vaccination schedule).	Dec 2013- March 2014	50	Annual Progress Report 2014
1.6 Create (two: English and French) and distribute spots and documentaries about vaccination on national radio and television stations.	Dec 2013- March 2014	40	Annual Progress Report 2014
2.1 Provide transportation for vaccination teams to work on monthly outreach and mobile strategies in health areas.	April 2014- March 2015	25	Annual Progress Report 2014
2.2 Provide refreshments for technical staff who are working on vaccination during outreach and mobile strategies.	April 2014- March 2015	25	Annual Progress Report 2014
2.3 Provide refreshments for community members working on social mobilization and drop-out searches for each village	April 2014- March 2015	25	Annual Progress Report 2014

and neighborhood during outreach and mobile strategies.			
2.4 On a quarterly basis, offer an integrated package of services for populations that live in remote areas (insular communities, islands, mountainous areas, etc.).	April, July, October 2014, January 2015	0	Annual Progress Report 2014
2.5 On a quarterly basis, organize Intensified Vaccination Activities ("Periodic Intensification of Routine Immunization-PIRI") in the districts with the greatest numbers of unvaccinated children.	March, June, September, December 2014	50	Annual Progress Report 2014
2.6 Provide daily, fixed-location vaccination services in compliance with the opened vial policy.	January-April	0	Annual Progress Report 2014
3.1 Provide 50 health facilities with solar refrigerators	November-April 2014	75	Annual Progress Report 2014
3.2 Purchase 50 automatic temperature loggers to monitor the cold chain's temperature in health facilities.	November-April 2014	100	Annual Progress Report 2014
3.3 Purchase and distribute 422 motorcycles, to support vaccination activities in difficult-to-access areas	November-April 2014	100	Annual Progress Report 2014
3.4 Purchase and distribute 10 vehicles to support supervision in one high-priority district per region	November-April 2014	100	Annual Progress Report 2014
3.5 Train EPI providers in health facilities in 20 high-priority districts.	March-May 2014	50	Annual Progress Report 2014
3.6 Train 50 Health Office Directors (CBS) in preventive and curative maintenance for the newly-purchased solar refrigerators	March-May 2014	0	Annual Progress Report 2014
4.1 Organize one supportive supervision from the EPI TAG to the regions	February, August 2014, March 2015	100	Annual Progress Report 2014
4.2 Organize integrated supervision (EPI, IMCI/SR, etc.) twice per year in at least 80% of the districts (regions to the districts).	February 2014-March 2015	5	Annual Progress Report 2014
4.3 Organize integrated supportive supervisions (EPI,IMCI/SR, etc.) twice per year in at least 60% of the health areas (districts to the health areas).	February 2014-March 2015	0	Annual Progress Report 2014

5.1 Conduct monthly integrated data coordination and review meetings in all districts.	January 2014-March 2015	0	Annual Progress Report 2014
5.2 Conduct half-yearly regional coordination meetings	January, June 2014, January 2015	0	Annual Progress Report 2014
5.3 Organize a meeting to prepare terms of reference in the districts	May-July 2014	0	Annual Progress Report 2014
5.4 Conduct a microplanning meeting in all District Health Departments, with the participation of all health area managers and COSA (health committee) presidents.	Dec 2013- Jan 2014	0	Annual Progress Report 2014
5.5 Conduct an integrated monitoring session in at least 50% of health areas.	May-July 2014	85	Annual Progress Report 2014
5.6 Train 10 EPI accountants in using the TOMPRO management software	Jan 2014	100	Annual Progress Report 2014
5.7 Prepare an EPI administrative and financial management procedures manual	February 2014-March 2014	50	Annual Progress Report 2014
5.8 Organize joint half-yearly WHO/MINSANTE financial audits on the management of financial resources in the regions	February 2014-March 2015	40	Annual Progress Report 2014
5.9 Support monitoring of the Gavi HSS reprogramming and management of WHO and MINSANTE resources based on Performance-Based Financing.	November 2013- March 2015	75	Annual Progress Report 2014
5.10 Support preparation of the next Gavi application for 2015-2017, based on Performance-Based Financing	November 2013- March 2015	70	Annual Progress Report 2014
5.1 Build capacity for management and accounting	February 2014-March 2015	50	Annual Progress Report 2014
6.1 Train at least 50% of district management teams in how to use the Data Quality Self-Assessment tool (DQS).	March-May 2014	73	Annual Progress Report 2014
6.2 Implement four DQSs in at least 30% of health districts during 2014 supervisions	March 2014-March 2015	100	Annual Progress Report 2014
6.3 Install 12 teleconferencing setups by the end of 2013 (one per Regional Health Delegation, the MINSANTE and the EPI TAG)	March 2014	100	Annual Progress Report 2014

6.4 Ensure monthly maintenance of the areas' telephones.	November 2013- January 2015	100	Annual Progress Report 2014

8.2.1 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**
1.1	Obstacles: -Lack of a reliable framework for monitoring and executing community activities at the national level delayed implementation. Progress: -Exploration of a partnership with other institutions for implementing community activities, followed by identification of the CSO discussion platform PROVARESSC. -Signature of a partnership agreement with the CSO platform PROVARESSC, on October 1, 2014, for this activity to be implemented. -Training of a pool of 26 CBO and discussion entity trainers; 506 COSA (health committee), 52 CBOs and 2,038 community workers.
1.2	Obstacles: -Activity depends on Activity 1.1 (the trained CBOs will be responsible for it); Progress: -2,038 communities trained through 31 December 2014; -Network of 50 women mayors educated in vaccination promotion.
1.3	Obstacles: -Activity depends on Activity 1.1 (the trained CBOs will be responsible for it); -Lack of inclusion of sessions on briefing, monitoring and evaluation methods, lack of supervision of activities conducted by the CSOs and CBOs during resource estimation. Progress: -Briefing and monitoring conducted by PROVARESSC, but half-yearly supervision conducted by the EPI; - Partnership agreements signed between PROVARESSC and 52 CBOs; -506 COSAs (Health Committees) educated.
5.5	Incomplete: This activity was divided into multiple sub-activities that all contributed to integrated monitoring of activities.
5.6	Obstacles: -Insufficient funding, which led to the use of additional funding from activity line 5.11 Progress: -The 10 EPI accountants from the 10 regions were trained in the use of the Tompro management software
5.7	Obstacles: -Lack of expertise. Progress: -First draft of procedures manual prepared during a meeting in Mbalmayo
5.8	Obstacles: Progress: -Audit in progress in the country's regions.
5.9	
5.10	
5.11	Progress: -Activity reformulated and subdivided into multiple sub-activities, including a meeting to harmonize the accounting systems.
6.1	Obstacle : -Insufficient funding to reach the target; Progress: -The objective was lowered, to include 32 Health Districts being trained instead of 42, along with the 20 Health Districts trained by the AMP (Association for Preventive Medicine);
6.2	Must occur at the same time as 4.2
6.3	Progress: -Equipment is functioning in all Regions
6.4	1,200 telephones in the health areas have been credited with 5,000 CFA Fr/month since September 2013

3.3	Obstacles: -Congestion at the autonomous port delayed the unloading of the containers with the motorcycles in Douala (second load of 184/422); Progress: -Motorcycles were received, registered and officially turned over to the beneficiaries in all of the country's 10 regions.
3.4	Progress: . The Health Districts of Banyo, Bafia, Ketté, Kaélé, Nylon, Rey Bouba, Ako, Malentouen, Mvangan, Akwaya received the 10 vehicles purchased.
3.5	Obstacles: -Schedule conflict related to the polio epidemic and the risk of an Ebola epidemic delayed the implementation. Progress: -Applied vaccination training for actors in many of the country's Health Districts.
3.6	Depends on 3.1.
4.1	Progress: -Pool of technical supervisors at the central, regional and district levels trained by the AMP; -Two supervision rounds funded by the WHO (59 Health Districts with the largest number of unvaccinated children) and the AMP (the country's 25 lowest-performing Health Districts).
4.2	Obstacle : -Numerous schedule conflicts, resulting in poor ownership of the activity at the regional level; -Activity suspended subsequent to the closure of the DFC system. Progress: -Implementation of EPI-specific supervision due to numerous schedule conflicts
4.3	Obstacle : -Numerous schedule conflicts, resulting in poor ownership of the activity at the regional level; -Activity suspended subsequent to the closure of the DFC system. Progress: -Implementation of EPI-specific supervision due to numerous schedule conflicts
5.1	NOT COMPLETED (Activities funded by other funding sources)
5.2	NOT COMPLETED (Activities funded by other funding sources)
5.3	NOT COMPLETED The Terms of Reference (ToR) exist; it was agreed that this activity would be removed from the operational plan and that the funding would be reallocated to another activity.
5.4	Obstacles: -Poor ownership of the RED microplanning framework by actors at all levels; -Poor preparation for the activity; Lack of consolidation of Health District microplans at the central level. Progress: Microplans exist in all operational Health Districts in 2014.
5.5	Incomplete: This activity was divided into multiple sub-activities that all contributed to integrated monitoring of activities.
5.6	Obstacles: -Insufficient funding, which led to the use of additional funding from activity line 5.11 Progress: -The 10 EPI accountants from the 10 regions were trained in the use of the Tompro management software
5.7	Obstacles: -Lack of expertise. Progress: -First draft of procedures manual prepared during a meeting in Mbalmayo
5.8	Obstacles: Progress: -Audit in progress in the country's regions.
5.9	
5.10	
5.11	Progress: -Activity reformulated and subdivided into multiple sub-activities

	including a meeting to harmonize the accounting systems.
6.1	Obstacle : -Insufficient funding to reach the target; Progress: -The objective was lowered, to include 32 Health Districts being trained instead of 42, along with the 20 Health Districts trained by the AMP (Association for Preventive Medicine);
6.2	Must occur at the same time as 4.2
6.3	Progress: -Equipment is functioning in all Regions
6.4	1,200 telephones in the health areas have been credited with 5,000 CFA Fr/month since September 2013

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

Five planned activities were not completed during 2014. The primary reasons are listed below.

- On a quarterly basis, offer an integrated package of services for populations that live in remote areas (insular communities, islands, mountainous areas, etc.). Activities depend on exhaustive identification of difficult-to-access areas, and setting priorities depending on the current epidemiologic context. Process of mapping difficult-to-access areas depends on updating the RED microplanning in December, 2014 or January, 2015.
- Provide daily, fixed-location vaccination services in compliance with the opened vial policy. Activity classified as unrealistic, as it depends on routine activities in health facilities.
- Train 50 Health Office Directors (CBS) in preventive and curative maintenance for the newly-purchased solar refrigerators Activity depends on installation of solar refrigerators.
- Organize a meeting to prepare terms of reference in the districts Activity to be reformulated; the Terms of Reference already exist, so they may be used for an MLM course.
- Conduct an integrated monitoring session in at least 60% of health areas. Last integrated monitoring activity noted implementation difficulties, so the operation plan specifies for the activity to be reformulated or divided into multiple activities in support of integrated monitoring.

8.2.3 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?

N/A

8.3 General overview of targets achieved

Please complete **Table 8.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2013 from your original HSS proposal.

Table 8.3: 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	2014 Target						Source of data	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2010	2011	2012	2013	2014		
DTP3 coverage	85	JRF 2012	90	90					86.70	JRF (Administrative data)	
Measles vaccine coverage	82	JRF 2012	85	85					80.43	JRF (Administrative data)	
Geographic equity of DTP3 coverage:	75	JRF 2012	80	80					69	JRF (Administrative data)	
Socio-economic equity in immunization	44	DHS-MICS 2011	30	30						Surveys	Not available in 2014

coverage:											
National specific DTP1-DTP3 dropout rate	9	JRF 2012	7	7					6.14	JRF (Administrative data)	
Rate of children who are fully immunized:	53	DHS-MICS 2011	60	60							Not available in 2014

8.4 Programme Implementation in 2014

8.4.1 Please provide a narrative on major accomplishments in 2014, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme.

Implementation of the operational plan for HSS reprogramming with Gavi funds (via WHO and AMP) for 2014 enabled the following major accomplishments:

-Strengthening community involvement in vaccination activities: partnership with PROVARESSC (CSO platform for monitoring and implementation of community activities) through which a pool of 26 trainers from CBOs and dialogue entities, 2,038 communities and 506 COSA (Health Committee) members were trained; signature of partnership agreements between the health districts and 52 Community-Based Organizations (CBOs); involvement and training of 33 community radio stations, in partnership with the EPI in 9/10 regions.

-At least 80% of vaccination sessions held (two rounds of Intensified Vaccination Activities in the Health districts with the greatest number of unvaccinated children);

-Strengthen logistics to support the EPI (purchase 10 4x4 vehicles for 10 high-priority Health Districts, 422 motorcycles for the Health Areas in the country's 10 regions; 50 automatic temperature loggers purchased; 48 solar refrigerators purchased and installed at the operational level as of January 2015);

-Conduct at least 60% of supervisions at all levels (two EPI TAG supervision rounds to the 10 regions);

-Supportive supervision from the regions to 96 Health Districts in the 10 regions (50%); Supportive supervision from the districts to 706 Health Areas (40%).

-Strengthen leadership, coordination and governance (funding for the health system's telephones for the entire year); Installation of 3 teleconferencing systems for the central level and 10 in the regions; Training of 10 regional accountants in the Tompro software; Capacity-building for 10 regional accounting managers, in financial management and account reporting;

Due to all of these accomplishments, the EPI achieved the following: -National vaccination coverage and in 6/10 regions ≥ 80% for all routine antigens; 4,030 additional children vaccinated in 2014 as compared to 2013; successful introduction of the rotavirus diarrhea vaccine; improvement in awareness indicators for the surveillance of vaccine-preventable diseases, specifically those related to surveillance of Acute Flaccid Paralysis (AFP) compared to 2013; improvement in the quality of Supplemental Immunization Activities organized in response to the polio, yellow fever and measles vaccines.

Geographic equity in vaccination within the health districts improved, from 93 to 96 Health Districts with vaccination coverage between 80% and 100% from 2013 to 2014.

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

It is important to specify that all of these accomplishments were achieved in a health environment with numerous emergency challenges: the circulation of the wild polio virus (WPV), the polio epidemic, the risk of an Ebola epidemic, socio-political disturbances in the Central African Republic, resulting in a massive influx of refugees in certain regions of the country, insecurity in the country's northern regions, related to the Boko Haram sect. All of these emergencies resulted in numerous scheduling conflicts.

Activity integration was the primary strategy explored. Each time, the issue involved seizing the opportunities that involved multiple resources (logistical, human and financial) offered by managing all of these health emergencies to conduct routine activities.

In this context, more educational opportunities were offered during mobilization and local activities conducted

during response SIAs, for example; the multiple campaigns were also an opportunity to search for suspected cases of vaccine-preventable diseases; catch-up activities for children who had missed routine vaccinations were also conducted during polio response SIAs.

When submitting applications for future HSS programming, it was recommended that unforeseen circumstances be taken into account, and that a fairly dynamic program should be planned, in order to leave some space for potential health emergencies.

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

One of the weaknesses shown in the 2014 report on the implementation of HSS operational activities was insufficient local monitoring of the implementation of these activities. The usual monitoring and evaluation mechanisms (monthly coordination meetings, half-yearly monitoring meetings) were conducted. The completion rate for planned supervisions was less than 50% at all levels; two EPI monitoring and evaluation meetings were held. These made it possible to talk with the primary vaccination system stakeholders from the central and intermediate levels, about the program's performance, and to identify difficulties encountered during its implementation, and to suggest corrective actions. The country also received three independent evaluations of the quality of the response to the polio epidemic, showing progressive improvement in the quality of response activities, but routine vaccination activities and epidemiologic surveillance activities remain insufficient.

Next, supportive supervisions were planned, along with closer monitoring of activities at all levels. Monitoring and supervision tools were recommended and prepared for this purpose.

8.4.4 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.

The HSS evaluation was also conducted during EPI monitoring meetings, and HSS reporting was integrated into the monthly EPI reports.

8.4.5 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.

The additional Gavi-AMP (Association for Preventive Medicine) technical assistance mission helped HSS implementation through:

- Capacity-building and methodological support from a pool of supervisors.
- Quarterly formative supervisions in the 20 Health Districts that have large numbers of unvaccinated children.
- Capacity-building for the Health District teams, and conducting DQSs in the 20 high-priority districts.
- Support for the evaluation of the vaccination data management system.
- Participation in monitoring and coordination activities for implementation of the reprogramming.
- Participation in the annual reprogramming evaluation.
- Participation in preparing the new HSS application.

In addition, PROVARESSC (platform for civil society organizations that promote vaccination and strengthen the Cameroon health system), signed a Memorandum of Understanding with the MINSANTE and the WHO, to implement community activities in the operational districts.

8.4.6 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.

A tri-partite Memorandum of Understanding (MoU) was signed between the MINSANTE, the WHO and PROVARESSC, to implement and monitor community activities for the health systems strengthening plan aimed at the Expanded Program on Immunization and involving the following activities:

- Train four members per dialogue entity per Health Area (including the health area's communications focal point) in routine vaccination, specifically how to search for dropouts and how to plan vaccination

sessions with the public.
- Educate five womens' associations per health district about the EPI
- Sign partnership agreements with 1 community-based organization (CBO) per district, to provide education about the EPI.

This primarily aims to involve Community-Based Organizations in communications activities to promote routine vaccination, in order to promote public demand for vaccination services.

Implementation of these activities was launched on 10 December 2014, and involved:

- EPI/WHO/PROVARESSC preparation meeting
- Train-the-trainers meeting
- Holding trainings, in cooperation with the Health Districts
- Monitoring the signing of contracts with CBOs

The following primary results were achieved:

- 92 training sessions organized,
- 52 Health Districts and 506 COSAs (Health Committees) trained,
- 2,038 persons trained; 52 contracts signed with District CBOs

The following should be added to these results:

- Training of health center coordinators in areas with indigenous populations in the East and South, difficult-to-reach groups in the West, Coastal and East regions, and in limited-access regions in the far North and the Northwest.

The goal of mobilizing 24 focal points in 9 regions with the full collaboration of the Chief District Physicians, the Health District Health Office Directory, the Surveillance Focal Point and the Health District Communications Focal Point was achieved.

The total amount of the MoU is 67,644,850 CFA Fr, and the amount of the first tranche received in December 2014 is 22,548,283 CFA Fr.

8.4.7 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?

8.5 Planned HSS activities for 2015

Please use **Table 8.4** to provide information on 2015 activity progress. If you are proposing changes to your activities and budget in 2015 please explain these changes in the table below and provide explanations for these changes.

Table 8.4: Planned Activity 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)	**2015 actual expenditures**(April 2015)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2015** (if relevant)
		0	0			0

8.6 Planned HSS activities for 2016

Please use **Table 8.6** to outline planned activities for 2016. 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 8.6: Planned HSS Activities for 2016

Major Activities (insert as many rows as necessary)	**Planned Activity for 2016**	**Original budget for 2016** (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 2016** (if relevant)
		0			

8.7 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

8.8 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 8.8: Sources of HSS funds in your country

Donor	Amount US$	Duration of support	Type of activities funded
Donor: Technical Assistance Mission, Gavi-AMP (Association for Preventive Medicine)	15016	12 months	Meeting to build supportive supervision capacities (4.1)

8.8.1 Is GAVI's HSS support reported on the national health sector budget? **Yes**

8.9 Reporting on the HSS grant

8.9.1 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 8.9.1: Data sources

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

8.9.2 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.

N/A

8.9.3 How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014?

Please attach:

1. HSCC meeting minutes for 2015 showing endorsement of this report **(Document number: 6)**
2. The most recent review report for the health sector **(Document number: 22)**

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

9.1 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 2014.

9.2 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 2014.

10 Comments from ICC/HSCC Chairpersons

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:

- Urgently identify the areas where the cold rooms that are being purchased will be installed (MINSANTE);
- Send EPI Annual Progress Report for 2014 by the deadline, after including changes from the MINSANTE and Partners.

11 Appendices

11.1 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 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, 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 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditures is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditures during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditures 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 2014 (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 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.2 Annex 2 - Example income & expenditures for the ISS

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

An example statement of income & expenditures

Summary of income and expenditures - GAVI ISS		
	Local Currency (CFA)	**Value in $USD***
2013 Report (closing balance as of *31December 2013*)	25,392,830	53.000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120.000
Interest income	7,665,760	16.000
Other income (fees)	179.666	375
Total income	38,987,576	81.375
Total expenditures in 2014	30,592,132	63.852
Closing balance as of 31 December 2014 (carried forward to 2015)	60,139,325	125.523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditures by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in US$**	**Actual expenditures in CFA**	**Actual expenditures in $US**	**Variance in CFA**	**Variance in USD**
Salary expenditures						
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-wage and non-salary expenditures						
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 overhead	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenditures						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
TOTALS FOR 2014	42,000,000	87.663	30,592,132	63.852	11,407,868	23.811

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

11.3 Annexe 3 - Instructions for HSS support

INSTRUCTIONS:

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

I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, 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 expenditures for activity during the 2014, calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditures is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditures during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.4 Annex 4 - Sample statement of income and expenses for HSS

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

A sample statement of income & expenditures

Summary of income and expenditures - GAVI HSS		
	Local Currency (CFA)	**Value in $USD***
2013 Report (closing balance as of *31December 2013*)	25,392,830	53.000
Summary table of income received in 2014		
Income received from GAVI	57,493,200	120.000
Interest income	7,665,760	16.000
Other income (fees)	179.666	375
Total income	38,987,576	81.375
Total expenditures in 2014	30,592,132	63.852
Closing balance as of 31 December 2014 (carried forward to 2015)	60,139,325	125.523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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 expenditures in CFA**	**Actual expenditures in $US**	**Variance in CFA**	**Variance in USD**
Salary expenditures						
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-wage and non-salary expenditures						
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 overhead	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenditures						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
TOTALS FOR 2014	42,000,000	87.663	30,592,132	63.852	11,407,868	23.811

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

11.5 Annex 5 - Instructions for support for CSOs

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 2014 calendar year, or had balances of funding remaining from previously disbursed CSO "Type B" grants in 2014, 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 expenditures for activity during the 2014, calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditures is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditures during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis is to summarize total annual expenditures 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 2014 (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 2014 financial year. Audits for CSO "Type B" are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.6 Annex 6 - Sample statement of income and expenses for CSO

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

A sample statement of income & expenditures

Summary of income and expenditures - GAVI CSO		
	Local Currency (CFA)	**Value in $USD***
2013 Report (closing balance as of *31December 2013*)	25,392,830	53.000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120.000
Interest income	7,665,760	16.000
Other income (fees)	179.666	375
Total income	38,987,576	81.375
Total expenditures in 2014	30,592,132	63.852
Closing balance as of 31 December 2014 (carried forward to 2015)	60,139,325	125.523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditures by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in US$**	**Actual expenditures in CFA**	**Actual expenditures in $US**	**Variance in CFA**	**Variance in USD**
Salary expenditures						
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-wage and non-salary expenditures						
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 overhead	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenditures						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
TOTALS FOR 2014	42,000,000	87.663	30,592,132	63.852	11,407,868	23.811

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

12 Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of the Minister of Health (or delegated authority)	2.1	✓	Page de Signatures des Minis 2014.pdf **Desc. file:** Minister of Health S **Date/time** 15/05/2015 01:10:2 **Size:** 509 KB
2	Signature of the Minister of Finance (or delegated authority)	2.1	✓	Page de Signatures des Minis 2014.pdf **Desc. file:** Minister of Finance Signature **Date/time** 15/05/2015 1:11:19 **Size:** 509 KB
3	Signatures of the members of the ICC	2.2	✓	Pages Signatures Membres C 2014.pdf **Desc. file:** Signatures of the m of the ICC **Date/time** 15/05/2015 1:12:42 **Size:** 1 MB
4	Minutes of the ICC meeting in 2015 that endorsed the 2014 APR	5.4	✓	Relevé Conclusions CCIA du 2015.pdf **Desc. file:** Minutes of the ICC in 2015 that endorsed the 201 **Date/time** 15/05/2015 1:14:39 **Size:** 1 MB
5	HSCC member signatures	2.3	✓	Pages Signatures Membres C 2014.pdf **Desc. file:** ICC/HSCC membe signatures **Date/time** 15/05/2015 1:18:00 **Size:** 1 MB
6	Minutes of the HSCC meeting in 2015 that endorsed the 2014 APR	8.9.3	✓	Relevé Conclusions CCIA du 2015.pdf **Desc. file:** Minutes of the HSC meeting in 2015 that endorsed 2014 APR **Date/time** 15/05/2015 1:19:40 **Size:** 1 MB
7	Financial statement for ISS grant (fiscal year 2014) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	6.2.1	✗	Explications volet SSV 2014.d **Desc. file:** Explanation: financ statements for the 2014 ISS g **Date/time** 15/05/2015 1:21:14 **Size:** 11 KB

8	External report audit on ISS grant (fiscal year 2014)	6.2.3	✗	Explications volet SSV 2014.d **Desc. file:** Explanation: financ statements for the 2014 ISS g **Date/time** 15/05/2015 1:37:45 **Size:** 11 KB
9	Post Introduction Evaluation Report	7.2.1	✗	Rapport PIE Rotarix Camerou 2015.pdf **Desc. file:** Post Introduction E Report- Rotarix **Date/time** 15/05/2015 1:39:50 **Size:** 3 MB
10	Financial statement for grant for introduction of new vaccine (fiscal year 2014) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	7.3.1	✓	Etat Recettes et Dépenses VP HPV 2014.zip **Desc. file:** Financial statemen new vaccine introduction grant year 2014), signed. **Date/time** 15/05/2015 4:20:48 **Size:** 2 MB
11	External audit report for grant for introduction of new vaccine (fiscal year 2014), if total expenditures for 2014 were greater than $US 250,000	7.3.1	✓	Explications_au Rapport d'aud 2014.docx **Desc. file:** Explanation: 2014 reports **Date/time** 15/05/2015 8:26:30 **Size:** 13 KB
12	EVSM/EVM report	7.5	✓	Rapport_GEV_Cameroun_CM 2013.pdf **Desc. file:** EVSM/EVM report **Date/time** 15/05/2015 1:44:39 **Size:** 1 MB
13	Latest EVSM/EVM improvement plan	7.5	✓	Rapport d'etape GEV 2013.do **Desc. file:** EVM progress repo **Date/time** 15/05/2015 1:48:44 **Size:** 96 KB
14	Progress report on EVSM/EVM improvement plan	7.5	✓	Rapport d'etape GEV 2013.do **Desc. file:** EVM progress repo **Date/time** 15/05/2015 1:49:37 **Size:** 96 KB
16	Valid cMYP if the country is requesting continued support	7.8	✓	PPAC 2015-2019 -Version def 24-01-2015-22h10.pdf **Desc. file:** cMYP 2015-2019 **Date/time** 15/05/2015 1:52:29 **Size:** 4 MB

17	Valid Tool for calculating cMYP costs if the country is requesting continued support	7.8	✓	cmyp_costing_tool_3 version 2014 Final.xlsx **Desc. file:** Cost calculation to 2015-2019 cMYP, **Date/time** 15/05/2015 1:55:09 **Size:** 3 MB
18	Minutes of the meeting of the ICC approving the extension of support for vaccines, if appropriate	7.8	✓	Releve des conclusions finales PPAC2015-2019 du 22-01-201 **Desc. file:** Minutes of the mee the ICC approving the extensi support for vaccines (Summar conclusions validating the 201 cMYP). **Date/time** 15/05/2015 8:45:32 **Size:** 1 MB
19	Financial statement for HSS grant (fiscal year 2014) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	8.1.3	✓	Etats Financiers RSS pr RSA **Desc. file:** Financial statemen 2014 HSS grant **Date/time** 15/05/2015 1:25:53 **Size:** 1 MB
20	Financial statement for HSS grant for January-April 2015 signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	8.1.3	✓	Explications Etat financier pou l'allocation de RSS pour janvie 2015 signé.docx **Desc. file:** Explanation: Finan statement for the HSS grant fo January-April 2015, signed **Date/time** 15/05/2015 1:58:13 **Size:** 11 KB
21	External audit report for HSS grant (fiscal year 2014)	8.1.3	✓	Explication rapport de l'audit e sur l'allocation de RSS (exerci 2014).docx **Desc. file:** Explanation: extern report for the HSS grant (2014 year) **Date/time** 15/05/2015 2:30:24 **Size:** 12 KB
22	Health Sector Review Report - HSS	8.9.3	✓	Rapport technique final Edea Draft_DE SEPTEMBRE.doc **Desc. file:** Draft of final techni report **Date/time** 15/05/2015 10:15:4 **Size:** 398 KB
23	Report of census-support for type A CSOs	9.1.1	✗	Explications volet OSC type A 2014.docx **Desc. file:** Explanation: suppo CSOs, type A **Date/time** 15/05/2015 1:57:16 **Size:** 12 KB

24	Financial statement for grant in support of Type B CSO (2014 financial year)	9.2.4	✗	Explications volet OSC type B 2014.docx **Desc. file:** Explanation: suppo CSOs, type B **Date/time** 15/05/2015 1:58:23 **Size:** 11 KB
25	External audit report for support for Type B CSO (2014 financial year)	9.2.4	✗	Explications volet OSC type B 2014.docx **Desc. file:** Explanation: suppo CSOs, type B **Date/time** 15/05/2015 1:59:13 **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 2014 on (i) January 1st, 2014 and (ii) December 31st, 2014.	0	✓	Relevé Bancaire Gavi au 31 D 2014.pdf **Desc. file:** Gavi bank stateme 31 December 2014 **Date/time** 15/05/2015 8:04:08 **Size:** 439 KB
27	compte_rendu_réunion_ccia_changement_présentation_vaccin (ICC meeting minutes, change of vaccine presentation)	7.7	✗	NOTE EXPLICATIVE DU CHANGEMENT DE PRESENT DU VACCIN EN 2014.docx **Desc. file:** Explanation: chang vaccine presentation **Date/time** 15/05/2015 2:13:06 **Size:** 11 KB
28	Justification for changes in target population	5.1	✗	NOTE EXPLICATIVE DU CHANGEMENT DE LA POPU CIBLE EN 2014.docx **Desc. file:** Explanation: Justifi changes in target population **Date/time** 15/05/2015 2:17:31 **Size:** 11 KB
	Other documents		✗	Fiche Présence Validation RA 2014.pdf **Desc. file:** Attendance sheet: validation, 2014 **Date/time** 15/05/2015 2:03:37 **Size:** 2 MB Les cinq rapports CCIA 2014.z **Desc. file:** Reports of the five meetings in 2014 **Date/time** 15/05/2015 2:06:12 **Size:** 1 MB