



GAVI Alliance

Annual Progress Report **2012**

Submitted by

The Government of
Kiribati

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **8/28/2013 8:50:18 AM**

Deadline for submission: 9/24/2013

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

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

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

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

2. Signatures

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

By signing this page, the Government of Kiribati 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 Kiribati

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr Kautu Tenaua	Name	Mr Atanteora BEIATAU-Permanent Secreatay
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email
PNO Tikua Tofinga TEKITANGA	Child Health Coordinator	(686) 28760 or 90841	tikutanga@gmail.com
Ms Meria RUSSELL	Child Health Program-WHO	(686) 28213	russellm@wpro.who.int
Ms Tinai IUTA	Child Health-UNICEF(Health & Nutrition)	(686) 29267	tiuta.unicef@gmail.com

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr Teatao TIRA-Director of Public Health	Ministry of Health and Medical Services		
Dr Andre REIFFER-CLO Kiribati	WHO Kiribati		

Ms Nutzart SHAHZADI-Chief of Unicef Field Officer and UNJP	Pacific UNICEF		
Ms Tirebwa MAURINTEKERAOI-Project Officer	Ministry of Finance Economics and Development		
Ms Ioana TAKAU-Director of Pharmacy	Ministry of Health and Medical Services		
Mr Teanibuaka TABUNGA-Chief Statician	Ministry of Health and Medical Services		
Ms Tikua Tofinga TEKITANGA- Child Health Coordinator	Ministry of Health and Medical Services		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

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

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4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	3,460	2,807	2,107	2,919	2,107	3,035	2,107	3,100
Total infants' deaths	131	127	131	127	131	128	131	128
Total surviving infants	3329	2,680	1,976	2,792	1,976	2,907	1,976	2,972
Total pregnant women	3,460	2,851	3,460	2,895	3,460	2,940	3,460	2,986
Number of infants vaccinated (to be vaccinated) with BCG	3,183	2,664	3,226	2,773	3,319	2,853	3,415	2,945
BCG coverage	92 %	95 %	153 %	95 %	158 %	94 %	162 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	3,095	2,477	3,103	2,597	3,193	2,733	3,285	2,824
OPV3 coverage	93 %	92 %	157 %	93 %	162 %	94 %	166 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	0	2,519	3,103	2,652	3,193	2,762	3,285	2,853
Number of infants vaccinated (to be vaccinated) with DTP3	0	2,506	3,103	2,625	3,193	2,733	3,285	2,824
DTP3 coverage	0 %	94 %	157 %	94 %	162 %	94 %	166 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	5	0	5	0	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	3,081	2,519	3,453	2,652	0	2,762	0	2,853
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	3,081	2,506	3,453	2,625	0	2,733	0	2,824
DTP-HepB-Hib coverage	92 %	94 %	0 %	94 %	0 %	94 %	0 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	1,639	0	2,836	2,800	2,955	2,674	3,112	2,794
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	1,639	0	2,836	2,750	2,955	2,617	3,112	2,735

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Pneumococcal (PCV13) coverage	49 %	0 %	144 %	98 %	150 %	90 %	157 %	92 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	5	0	5	0	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1	1.05	1	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	2,995	2,439	3,070	2,569	3,159	2,703	3,285	2,824
Measles coverage	90 %	91 %	155 %	92 %	160 %	93 %	166 %	95 %
Pregnant women vaccinated with TT+	2,767	2,395	2,948	2,432	3,001	2,470	3,055	2,508
TT+ coverage	80 %	84 %	85 %	84 %	87 %	84 %	88 %	84 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	3,020	0	3,020	0	3,020	0	3,020	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	1 %	0 %	1 %	0 %	1 %	0 %	1 %

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

No change, we still using our annual birth register

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

No change, same as above

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

We still keep to 90-95% coverage in all antigens but encouraged our nurses to try and get 100%, so they have to target all the eligible children under the age groups required

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

No change, we still using the wastage rate used in the Pacific

5.2. Immunisation achievements in 2012

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

Integrated Child Health Week-This is done on South Tarawa and Tabiteuea North

Supportive supervision-This carried out in South Tarawa Only

Fabrication and Installation of refrigerators- 14 outer islands visited and work conducted

Community IMCI-11 Communities visited and trainings done

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

Most targets reached 90%

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate
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		Boys	Girls
Not available	Not available	0	0

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

Not applicable

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

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

No gender-related barriers experienced, all eligible children were received their vaccination according to the Kiribati Immunization Schedule.

5.4. Data assessments

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

National coverage and Official Country estimate are the same, we have two sources of denominators- National and Nurses census but the National one is used which Health statistics was working with it . Differences could be raised due to births happened after the census conducted

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

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No**
If Yes, please describe the assessment(s) and when they took place.

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

Exchanged experiences with other countries- JICA staff came to work with MHMS on improving data system
Recruitment of Data base staff with Programmes
Installation of Computers to Obstetric, Outpatient and Clinics
Regular Monthly reporting by Programme Data staff

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

Allocating of staff to each programme data base
Presenting of data every Inter agency Coordinating Committee Meetings
Training of staff for data entry- fill in correctly and properly- reporting timely

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 90000	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	ACCF	0	0
Traditional Vaccines*	40,000	40,000	0	0	0	0	0	0
New and underused Vaccines**	90,000	0	90,000	0	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
Personnel	0	0	0	0	0	0	0	0
Other routine recurrent costs	0	0	0	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
Not classified by activity		0	90,000	25,000	10,000	3,600	0	0
Total Expenditures for Immunisation	130,000							
Total Government Health		40,000	180,000	25,000	10,000	3,600	0	0

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

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

Government paid 100% of traditional vaccines annually

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?
GAVI and Country have agreed to co-share the cost of some vaccines, the agreement will stop in 2015	Yes

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

GAVI assisted in payment of Pentavalent and Hepatitis B vaccines. The assistance was started since 2009

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

NA

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **3**

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

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

National Census should be used as a denominator so that coverage for annual targets should be done according to the same baseline. Overall expenditure is very high and financing is not enough, this has to be looked more on in future by the Government as GAVI is going away in 2015

Are any Civil Society Organisations members of the ICC? **No**

If **Yes**, which ones?

List CSO member organisations:

5.8. Priority actions in 2013 to 2014

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

Objectives

Provide Immunization services promptly and timely

Analyze immunization coverage data-Identify problems, propose solutions and take action to improve immunization coverage

Recognize ways to effectively promote the importance of immunization to caregivers, community and colleagues

Identify ways to run and evaluate an effective immunization programme

Priority actions

Integrated Child Health Week

Supportive supervision

Building of Cold Chain Storage

Effective Vaccine Management

Mid level Management training

Update and Upgrade trainings to health workers- nurses, pharmacy staff etc

Regular Monitoring and Evaluation

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	AD Syringe 0.01ml	Government
Measles	AD Syringe 0.5ml	Government
TT	AD Syringe 0.5ml	Government
DTP-containing vaccine	AD Syringe 0.5ml	Government
Pentavalent, Hep B, MR	AD Syringes 0.5ml	Government

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

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

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

2000-revised 2006 when MR was introduced and revised again 2008 when Penta was introduced and revised again 2012 before Pneumococcal introduced.

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

Safety boxes in all facilities- and Incineration for Tarawa while burning and burying for outer islands

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

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

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

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

6.3. Request for ISS reward

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

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

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

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

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

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
Pneumococcal (PCV13)	6,454	0	5,250	No
DTP-HepB-Hib	9,957	0	9,000	No

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

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

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

There was no stock out encountered, but we faced low stock and vaccine distribution to clinics were less according to request, so some children were not vaccinated and told to come back again the next session as vaccines will be available that time. This could give us a problem- mothers will never come back, or child could have been sick and missed again the opportunity
We have working cold chain equipments. and there were no VVM changed- the vaccines were not expired.

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

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

Vaccine shipments was from UNICEF Suva and they worked according to the company's schedule of shipment.

We do appreciate both single and 10 doses vials-we can use single doses on outer islands while the 10 doses vial for the main island-Tarawa

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

We did not have stock outs except low stock in National Pharmacy- sometimes shipment were delayed and our stock were going down. We could place a request urgently if this seen and assistance was provided quickly.

If we have low stock in National Pharmacy, facilities were given enough supplies for that month, outer islands will be given a monthly supply instead of a two months.

7.2. Introduction of a New Vaccine in 2012

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

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	09/09/2009
Nationwide introduction	No	09/09/2009
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	We do not have new introduction 2012. Pentavalent was introduced 2009 - we had it 2013- May 6-10th for pneumococcal vaccine

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	Yes	06/05/2013
Nationwide introduction	Yes	06/05/2013
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	Pneumococcal just completed last week, it was a national campaign, those remote islands are finishing this week

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

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

We do not have the PIE yet for the last introduction, but we do keep an eye for coverage on Pentavalent, so far Pentavalent coverage is gradually coming up and the last coverage 2012 reached 92%. We will plan to do PIE for Pneumococcal after six months, this could be repeated in one year to compare the progress after the initial campaign.

7.2.3. Adverse Event Following Immunization (AEFI)

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

Is there a national AEFI expert review committee? **No**

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

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

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

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **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 Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

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

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

Results of impacts for rotavirus, paediatric bacterial meningitis or pneumococcal or meningococcal diseases were discussed at Senior Management Committee, then roll on to ICC and provide ideas to pack up ideas of wanting to have the vaccine to such diseases to be introduced in the country.
Number of cases admitted were reported if this seen very high and deaths were detected amongst those cases.

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	10,000,000	9,200,000
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	10,000,000	9,200,000
Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	10,000,000	9,200,000

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

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

7.3.2. Programmatic Reporting

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

Pneumococcal Campaign was started nationally 6-10/5/13, preparatory activities were planned and each activity conducted to schedule on work plan and budgeted plan.

Major activities done:

Revising & Printings of Immunization documents

1. Immunization Policy
2. MS1-Monthly reporting Form
3. Revised and Printings of Handbooks, Registers, Forms,Cards etc
4. Trainings and Delivery -TOT, Health Staff, LDS Members. ICC, Community, Outer islands- staff and community
5. Public Awareness / Printings and Announcements- Puppet show, papers, posters, pamphlets, radio, news, 5/0 programme
6. Outer islands visits- DPNOs for trainings etc
7. Xmas- trainings
8. Vaccines
9. Equipments-cold chain etc
10. Launching and Implementation

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

We do not have major problems- only remote islands delayed due to unreliable flight, now finishing this week

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

PIE - could be done on Tarawa and Outer islands

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2012?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	10,000,000	9,000
Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?		
Government	\$40,000.00	
Donor	\$3,600.00	
Other	\$100,000.00	
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	March	Government
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	March	Government
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing		
Project fund Officer for Immunization to be recruited and has to deal with Immunization funding and budget only. Training on funding system and other financial needs for that staff Providing and creating of a standardize funding ledger		

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

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

Kiribati is paying (co-financing) for its vaccines annually, this goes from its recurrent budget. There has been a cut off budget from Government which gives some problems to Ministry of Health to face the cost. Payment will be assisted as requested but delays could be the problems.

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **September 2010**

Please attach:

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

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

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

If yes, provide details

NA

When is the next Effective Vaccine Management (EVM) assessment planned? **October 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Kiribati does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Kiribati does not require to change any of the vaccine presentation(s) for future years.

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

Renewal of multi-year vaccines support for Kiribati is not available in 2013

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

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

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

Yes

If you don't confirm, please explain

Kiribati confirmed for request on NVS for 2014

7.11. Calculation of requirements

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	2,680	2,792	2,907	2,972	11,351
	Number of children to be vaccinated with the first dose	Table 4	#	2,519	2,652	2,762	2,853	10,786
	Number of children to be vaccinated with the third dose	Table 4	#	2,506	2,625	2,733	2,824	10,688
	Immunisation coverage with the third dose	Table 4	%	93.51 %	94.02 %	94.01 %	95.02 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	3,950				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	3,950				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.59	2.59	2.59	
cc	Country co-financing per dose	Co-financing table	\$		1.48	1.70	2.14	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		25.50 %	25.50 %	25.50 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

No difference

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

Co-financing group	Graduating	2012	2013	2014	2015
Minimum co-financing		0.74	1.25	1.70	2.14
Recommended co-financing as per APR 2011					
Your co-financing		1.39	1.48	1.70	2.14

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

		2013	2014	2015
Number of vaccine doses	#	4,700	4,300	3,300
Number of AD syringes	#	5,000	4,600	3,400
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	75	50	50
Total value to be co-financed by GAVI	\$	15,500	14,500	11,000

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

		2013	2014	2015
Number of vaccine doses	#	3,900	4,600	6,000
Number of AD syringes	#	4,100	4,800	6,300
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	50	75	75
Total value to be co-financed by the Country ^[1]	\$	13,000	15,500	19,500

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

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	44.83 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	2,519	2,652	1,189	1,463
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	$B \times C$	7,557	7,956	3,567	4,389
E Estimated vaccine wastage factor	Table 4	1.05	1.05		
F Number of doses needed including wastage	$D \times E$	7,935	8,354	3,746	4,608
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		105	48	57
H Stock on 1 January 2013	Table 7.11.1	3,950			
I Total vaccine doses needed	$F + G - H$		8,509	3,815	4,694
J Number of doses per vial	Vaccine Parameter		1		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		8,948	4,012	4,936
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		100	45	55
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		22,005	9,866	12,139
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		417	187	230
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		58	27	31
R Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		5,612	2,516	3,096
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T Total fund needed	$(N+O+P+Q+R+S)$		28,092	12,594	15,498
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		12,594		
V Country co-financing % of GAVI supported proportion	U / T		44.83 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	51.49 %			64.82 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	2,762	1,423	1,339	2,853	1,850	1,003
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3			3		
D	Number of doses needed	$B \times C$	8,286	4,267	4,019	8,559	5,549	3,010
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	8,701	4,481	4,220	8,987	5,826	3,161
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	87	45	42	72	47	25
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	8,838	4,551	4,287	9,109	5,905	3,204
J	Number of doses per vial	<i>Vaccine Parameter</i>	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	9,295	4,787	4,508	9,581	6,211	3,370
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	104	54	50	107	70	37
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	22,856	11,770	11,086	23,556	15,271	8,285
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	22,856	223	210	23,556	290	156
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	61	32	29	63	41	22
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	5,829	3,002	2,827	6,007	3,895	2,112
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	29,179	15,025	14,154	30,072	19,494	10,578
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	15,025			19,494		
V	Country co-financing % of GAVI supported proportion	U / T	51.49 %			64.82 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	2,680	2,792	2,907	2,972	11,351
	Number of children to be vaccinated with the first dose	Table 4	#	0	2,800	2,674	2,794	8,268
	Number of children to be vaccinated with the third dose	Table 4	#	0	2,750	2,617	2,735	8,102
	Immunisation coverage with the third dose	Table 4	%	0.00 %	98.50 %	90.02 %	92.03 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	0				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	0				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	
cc	Country co-financing per dose	Co-financing table	\$		0.70	1.40	2.10	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

No differences

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

Co-financing group	Graduating	2012	2013	2014	2015
Minimum co-financing			0.70	1.40	2.10
Your co-financing			0.70	1.40	2.10

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

		2013	2014	2015
Number of vaccine doses	#	10,500	6,500	4,800
Number of AD syringes	#	9,600	5,600	4,200
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	125	75	50
Total value to be co-financed by GAVI	\$	39,500	24,500	18,000

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

		2013	2014	2015
Number of vaccine doses	#	2,400	3,900	6,000
Number of AD syringes	#	2,200	3,400	5,300
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	25	50	75
Total value to be co-financed by the Country ^[1]	\$	9,000	14,500	22,500

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

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	18.62 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	0	2,800	522	2,278
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	$B \times C$	0	8,400	1,565	6,835
E Estimated vaccine wastage factor	Table 4	1.05	1.05		
F Number of doses needed including wastage	$D \times E$	0	8,820	1,643	7,177
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		2,205	411	1,794
H Stock on 1 January 2013	Table 7.11.1	0			
I Total vaccine doses needed	$F + G - H$		12,825	2,389	10,436
J Number of doses per vial	Vaccine Parameter		1		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		11,772	2,193	9,579
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		131	25	106
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		44,888	8,361	36,527
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		548	103	445
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		76	15	61
R Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		2,694	502	2,192
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T Total fund needed	$(N+O+P+Q+R+S)$		48,206	8,978	39,228
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		8,978		
V Country co-financing % of GAVI supported proportion	U / T		18.62 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	37.27 %			55.90 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	2,674	997	1,677	2,794	1,562	1,232
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3			3		
D	Number of doses needed	$B \times C$	8,022	2,990	5,032	8,382	4,686	3,696
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	8,424	3,140	5,284	8,802	4,921	3,881
G	Vaccines buffer stock	$(F - F \text{ of previous year}) * 0.25$	0	0	0	95	54	41
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	10,224	3,811	6,413	10,697	5,980	4,717
J	Number of doses per vial	<i>Vaccine Parameter</i>	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) * 1.11$	8,905	3,319	5,586	9,410	5,261	4,149
L	Reconstitution syringes (+ 10% wastage) needed	$I / J * 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 * 1.11$	99	37	62	105	59	46
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	35,784	13,338	22,446	37,440	20,929	16,511
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	35,784	155	260	37,440	245	193
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	58	22	36	61	35	26
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	2,148	801	1,347	2,247	1,257	990
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	38,405	14,314	24,091	40,186	22,464	17,722
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	14,314			22,464		
V	Country co-financing % of GAVI supported proportion	U / T	37.27 %			55.90 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Kiribati is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2013

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

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

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

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

Kiribati is not reporting on GAVI TYPE A CSO support for 2012

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

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

Kiribati is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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

Kiribati has New and Underused vaccine support only. I request if other supports could be included in future such as HSS, ISS.

We still insisting for better health especially our under five children. I request if Rotavirus vaccine could be considered as Kiribati priority in future.

I understand that GAVI will let off it hands in few more years but I wish this could be looked on and maintained the support for New vaccines and could be extended.

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

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

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

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

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

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

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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










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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		Kiribati Signatures.pdf File desc: Date/time: 8/9/2013 6:52:28 AM Size: 1094043
2	Signature of Minister of Finance (or delegated authority)	2.1		Kiribati Signatures Finance.pdf File desc: Date/time: 8/9/2013 6:53:03 AM Size: 837475
3	Signatures of members of ICC	2.2		Kiribati Signatures ICC.pdf File desc: Date/time: 8/9/2013 6:53:32 AM Size: 1244201
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7		Kiribati ICC minutes 2.pdf File desc: Date/time: 8/9/2013 6:56:57 AM Size: 316209
5	Signatures of members of HSCC	2.3		Not applicable.docx File desc: Date/time: 8/9/2013 6:57:33 AM Size: 12617
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3		Not applicable.docx File desc: Date/time: 8/9/2013 6:58:19 AM Size: 12617
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1		Not applicable.docx File desc: Date/time: 8/9/2013 6:58:38 AM Size: 12617
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3		Not applicable.docx File desc: Date/time: 8/9/2013 6:58:58 AM Size: 12617
9	Post Introduction Evaluation Report	7.2.2		Not applicable.docx File desc: Date/time: 8/9/2013 6:59:23 AM Size: 12617
				Not applicable.docx

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		File desc: Date/time: 8/9/2013 6:59:40 AM Size: 12617
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1		Not applicable.docx File desc: Date/time: 8/9/2013 6:59:54 AM Size: 12617
12	Latest EVSM/VMA/EVM report	7.5		Kiribati EVM.docx File desc: Date/time: 8/9/2013 7:01:26 AM Size: 12713
13	Latest EVSM/VMA/EVM improvement plan	7.5		Kiribati EVM.docx File desc: Date/time: 8/9/2013 7:01:44 AM Size: 12713
14	EVSM/VMA/EVM improvement plan implementation status	7.5		Kiribati EVM.docx File desc: Date/time: 8/9/2013 7:02:06 AM Size: 12713
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3		Not applicable.docx File desc: Date/time: 8/9/2013 7:02:54 AM Size: 12617
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8		Not applicable.docx File desc: Date/time: 8/9/2013 7:03:37 AM Size: 12617
17	Valid cMYP if requesting extension of support	7.8		Kiribati cMYP.pdf File desc: Date/time: 8/9/2013 7:04:15 AM Size: 790065
18	Valid cMYP costing tool if requesting extension of support	7.8		Not applicable.docx File desc: Date/time: 8/9/2013 7:04:31 AM Size: 12617
				Not applicable.docx

19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	File desc: Date/time: 8/9/2013 7:04:48 AM Size: 12617
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	Not applicable.docx File desc: Date/time: 8/9/2013 7:05:02 AM Size: 12617
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	X	Not applicable.docx File desc: Date/time: 8/9/2013 7:05:21 AM Size: 12617
22	HSS Health Sector review report	9.9.3	X	Not applicable.docx File desc: Date/time: 8/9/2013 7:05:35 AM Size: 12617
23	Report for Mapping Exercise CSO Type A	10.1.1	X	Not applicable.docx File desc: Date/time: 8/9/2013 7:05:50 AM Size: 12617
24	Financial statement for CSO Type B grant (Fiscal year 2012)	10.2.4	X	Not applicable.docx File desc: Date/time: 8/9/2013 7:06:03 AM Size: 12617
25	External audit report for CSO Type B (Fiscal Year 2012)	10.2.4	X	Not applicable.docx File desc: Date/time: 8/9/2013 7:06:17 AM Size: 12617
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	Not applicable.docx File desc: Date/time: 8/9/2013 7:06:32 AM Size: 12617