



GAVI Alliance

Annual Progress Report **2013**

Submitted by

The Government of

Lao People's Democratic Republic

Reporting on year: **2013**

Requesting for support year: **2015**

Date of submission: **15/05/2014**

Deadline for submission: 16/05/2014

Please submit the APR **2013** 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: 2013

Requesting for support year: 2015

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
NVS Demo	HPV quadrivalent, 1 dose(s) per vial, LIQUID		2014

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 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	No	next tranche: N/A	N/A
HSFP	Yes	Next tranche of HSFP Grant Yes	N/A
VIG	Yes	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 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 **Lao People's Democratic Republic** 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 **Lao People's Democratic Republic**

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	Doctor Inlavanh Keoubouphanh, Vice-Minister of Health	Name	Mr. Khamphone Phouthavong, Director of Finance Dept. MOH
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

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

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

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

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

Name/Title	Agency/Organization	Signature	Date

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Lao People's Democratic Republic is not reporting on CSO (Type A & B) fund utilisation in 2014

3. Table of Contents

This APR reports on *Lao People's Democratic Republic's* activities between January – December 2013 and specifies the requests for the period of January – December 2015

Sections

1. Application Specification

1.1. NVS & INS support

1.2. Programme extension

1.3. ISS, HSS, CSO support

1.4. Previous Monitoring IRC Report

2. Signatures

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

2.2. ICC signatures page

2.2.1. ICC report endorsement

2.3. HSCC signatures page

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

3. Table of Contents

4. Baseline & annual targets

5. General Programme Management Component

5.1. Updated baseline and annual targets

5.2. Immunisation achievements in 2013

5.3. Monitoring the Implementation of GAVI Gender Policy

5.4. Data assessments

5.5. Overall Expenditures and Financing for Immunisation

5.6. Financial Management

5.7. Interagency Coordinating Committee (ICC)

5.8. Priority actions in 2014 to 2015

5.9. Progress of transition plan for injection safety

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

6.2. Detailed expenditure of ISS funds during the 2013 calendar year

6.3. Request for ISS reward

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

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

7.2. Introduction of a New Vaccine in 2013

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

7.3.2. Programmatic Reporting

7.4. Report on country co-financing in 2013

7.5. Vaccine Management (EVSM/VMA/EVM)

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

7.7. Change of vaccine presentation

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

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

7.10. Weighted average prices of supply and related freight cost

- [7.11. Calculation of requirements](#)
- [8. Injection Safety Support \(INS\)](#)
- [9. Health Systems Strengthening Support \(HSS\)](#)
- [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](#)
 - [10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP](#)
- [11. Comments from ICC/HSCC Chairs](#)
- [12. Annexes](#)
 - [12.1. Annex 1 – Terms of reference ISS](#)
 - [12.2. Annex 2 – Example income & expenditure ISS](#)
 - [12.3. Annex 3 – Terms of reference HSS](#)
 - [12.4. Annex 4 – Example income & expenditure HSS](#)
 - [12.5. Annex 5 – Terms of reference CSO](#)
 - [12.6. Annex 6 – Example income & expenditure CSO](#)
- [13. Attachments](#)

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)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total births	186,956	187,259	191,043	191,043	195,248	195,248
Total infants' deaths	10,087	10,215	10,302	10,302	10,524	10,524
Total surviving infants	176869	177,044	180,741	180,741	184,724	184,724
Total pregnant women	186,956	187,259	191,043	191,043	195,248	195,248
Number of infants vaccinated (to be vaccinated) with BCG	158,913	152,805	166,207	166,207	175,723	175,723
BCG coverage	85 %	82 %	87 %	87 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with OPV3	150,338	152,385	157,244	157,244	166,251	166,252
OPV3 coverage	85 %	86 %	87 %	87 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1	159,182	157,678	162,667	162,667	166,252	170,500
Number of infants vaccinated (to be vaccinated) with DTP3	150,338	153,154	157,244	157,244	166,252	166,252
DTP3 coverage	85 %	87 %	87 %	87 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	10	0	5	0	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.11	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	155,285	157,678	180,741	162,667	166,252	170,500
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	155,285	153,154	180,741	157,244	166,252	166,252
DTP-HepB-Hib coverage	88 %	87 %	100 %	87 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	5	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
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	159,182	2,283	162,667	108,418		166,252
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	159,182	1,185	162,667	99,383		157,266

Pneumococcal (PCV13) coverage	90 %	1 %	90 %	55 %		85 %
Wastage^[1] rate in base-year and planned thereafter (%)	5	5	5	5		5
Wastage^[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05		1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	150,338	144,397	157,244	157,244	166,251	166,252
Measles coverage	85 %	82 %	87 %	87 %	90 %	90 %
Pregnant women vaccinated with TT+	149,564	75,164	152,834	152,834	156,198	156,198
TT+ coverage	80 %	40 %	80 %	80 %	80 %	80 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0
Vit A supplement to infants after 6 months	741,092	676,400	758,161	758,161	774,763	774,763
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	6 %	3 %	3 %	3 %	0 %	2 %

** 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 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013**. The numbers for 2014 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous 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 changes in figures. The numbers are consistent.

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

No changes in figures. The numbers are consistent.

- 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.**

1. Target for PCV has been adjusted due to readiness for nation wide expansion which was delayed due to training of staff. Full nation wide is scheduled by June 2014.

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

No any changes

5.2. Immunisation achievements in 2013

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 2013 and how these were addressed:

According to JRF 2013 the reported coverage for traditional routine vaccination was:

- BCG: 82% (target 85%); DPT3: 87% (target 85%); OPV3: 86% (target 85%); MR: 82% (target 85%)
-In comparison with the annual set targets, DPT 3/ DPT-HepB-Hib3 and OPV3 coverage had increased slightly, however compared with the 78% coverage attained in 2012, coverage of these vaccines increased respectively by 8% and 9%. This was thanks to the early and additional allocation of Gov't budget in 2013 for vaccination activities at local levels and subsequently the numbers of outreach / mobile vaccination service-delivery had been increased.

The other achievements were:

1. Maternal Neonatal Tetanus Elimination was verified by LQA-CS survey in Nov.-December 2013 and WHO Official Notification of Lao PDR Attainment of MNTE awarded to MOH in Apr. 2014.
2. New PCV13 vaccine introduction had been launched and commenced since October 2013.
3. HPV school-based vaccination had been launched and delivered to 13,586 target grade-5 girls with two doses according to the schedule in the demonstration provinces, i.e. Vientiane Capital and Province, The third dose had been provided in Apr. 2014
4. JE vaccination campaign was conducted for 550,730 (97%) children from 1 to 15 years old in 6 endemic provinces in northern region. Additional to JE vaccination, Td, DT, OPV, VitA and DW were also provided.
5. Seasonal influenza vaccination had been delivered to 93,290 people of the four target groups of population, e.g elderly, pregnant women, health workers and persons with chronic diseases. And 14,035 pregnant women were vaccinated against Seasonal influenza in 2013.

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

The coverage of HepB birth dose was 45% and the main challenge is related to low access to health facility and assisted deliveries by SBA in the country where geographically access is difficult.

Vaccination services in Lao PDR heavily relies on outreach modality and therefore there were some issues resulted in delays and decrease the level of vaccination performance by a timeline, i.e. timeliness and unpredictability of funding disbursement for the outreach activities from both Gov't and development partners. Challenges are also related to health system, incl. Shortage of skilled human resources, vaccine stock management and cold chain at local level of health care might affect the vaccination services in many remote, hard-to reach areas of the country.

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? **yes, available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
Lao Social Indicator Survey	2011	55.4	55.5

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

No discrepancies between boys and girls in regard to the vaccination status.

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? **No**

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/>)

In the country, farming-mothers often are occupied with agriculture field work at different time of the year, and they bring children to the field with them for those long periods of time. In order to address this barrier, the time arrangement for outreach services at village levels has been scheduled according to the availability of working mothers.

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)

Lao Social Indicator Survey (LSIS) 2011 data shown a significant increase of DPT3 with 56 per cent compare to MICS 2006 of the 32 per cent.

WHO/UNICEF estimates are consistent with the national administrative figures.

* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

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

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

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

Data management training was one of main topics for training of provincial and district EPI staff in the MLM Programme in 2013. NIP had conducted data review and feedback to sub-national levels on quarterly basis. Recording and reporting forms are being reviewed, printed and distributed to HFs at all levels.

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.

National EPI coverage survey might be conducted with cooperation of WHO/UNICEF and GAVI during 2014

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\$ = 8000	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 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	Lux-Dev	PATH	KOICA
Traditional Vaccines*	642,077	216,722	0	205,355	0	100,000	0	120,000
New and underused Vaccines**	1,961,000	105,500	1,815,500	0	0	0	40,000	0
Injection supplies (both AD syringes and syringes other than ADs)	60,000	0	0	60,000	0	0	0	0
Cold Chain equipment	30,000	0	0	30,000	0	0	0	0
Personnel	1,980,000	1,980,000	0	0	0	0	0	0
Other routine recurrent costs	583,613	0	0	166,211	417,402	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	250,000	0	0	100,000	0	0	150,000	0
Spare parts for cold chain equipment		0	0	0	50,000	0	0	0
Total Expenditures for Immunisation	5,506,690							
Total Government Health		2,302,222	1,815,500	561,566	467,402	100,000	190,000	120,000

* 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 2014 and 2015

The government allocates some funding for co-financing to some tradition vaccines and new introduction vaccines as shown in table above.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Not selected**

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?

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

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **2**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2014 endorsing this report.

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

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

If **Yes**, which ones?

List CSO member organisations:

5.8. Priority actions in 2014 to 2015

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

1. Strengthening routine vaccination with full implementation targeting at micro planning and increased outreach vaccination services with special focus on hard-to reach areas and minority.
2. Nation wide expansion of PCV 13 vaccination in the national routine programme and third dose of HPV vaccination demonstration in Vientiane Capital and province.
3. National Measles-Rubella follow-up vaccination campaign is scheduled in quarter 4/ 2014.
4. Strengthen vaccine management (EVM), data management and surveillance
5. EPI coverage survey is being scheduled in last quarter 2014 with technical and financial support from GAVI, WHO and UNICEF
6. Plan IPV vaccine introduction nation-wide (quarter 4/2015) and JE vaccination campaign (10 southern provinces).

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	AD	UNICEF
Measles	AD	UNICEF
TT	AD	UNICEF
DTP-containing vaccine	AD	GAVI, Gov't
HepB birth dose	AD	Luxembourg Development
PCV	AD	GAVI
HPV (in the demonstration prov.)	AD	GAVI
JE	AD	PATH

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)

No major obstacles were encountered for implementation of the plan

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

Filled safety boxes are being collected from HCs for incineration

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

Lao People's Democratic Republic is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

6.2. Detailed expenditure of ISS funds during the 2013 calendar year

Lao People's Democratic Republic is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

6.3. Request for ISS reward

Request for ISS reward achievement in Lao People's Democratic Republic is not applicable for 2013

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

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

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

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

	[A]	[B]		
Vaccine type	Total doses for 2013 in Decision Letter	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Did the country experience any stockouts at any level in 2013?
DTP-HepB-Hib	319,450	301,650	0	No
Pneumococcal (PCV13)	158,400	149,400	0	No

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

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

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

The PCV13 vaccination was launched in Oct.2013, hence the vaccine utilisation was only for quarter 4 of 2013

- 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.

There is no vaccine management issue regarding PCV

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

NA

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, 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	
Nationwide introduction	Yes	01/11/2009
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	Yes	01/10/2013
Nationwide introduction	Yes	01/06/2014
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **April 2014**

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

NA

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2013 (A)	596,677	4,773,416,000
Remaining funds (carry over) from 2012 (B)	124	992,000
Total funds available in 2013 (C=A+B)	596,801	4,774,408,000
Total Expenditures in 2013 (D)	596,801	4,774,408,000
Balance carried over to 2014 (E=C-D)	0	0

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year (Document 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

1. Launching ceremony of the new vaccine
2. Training provincial, district and health center vaccination teams
3. Produce IEC materials and distribution
4. Radio and TV broadcasting for the new vaccine
5. Improve cold chain and vaccine management
6. Monitoring and supervision of the new vaccine deployment
7. Vaccine transportation to all levels

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

Some refrigerators at the health centers are not functioning that affect storing capacity that also affect the deployment of vaccine on regular basis

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

Supervision to high risk and poor performance health facilities to improve micro planning and service delivery. To improve communication activities with local authorities for demand creation with special focus on ethnic minorities.

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

Co-Financed Payments	Q.1: What were the actual co-financed amounts and doses in 2013?	
	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	72,408	23,900
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	32,000	9,000

	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government	100%	
Donor		
Other		
	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 2015 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	July	government
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	July	government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	No	

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

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

NA

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **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? **October 2010**

Please attach:

- EVM assessment (**Document No 12**)
- Improvement plan after EVM (**Document No 13**)
- 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

When is the next Effective Vaccine Management (EVM) assessment planned? **June 2014**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Lao People's Democratic Republic does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Lao People's Democratic Republic 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 2014

Renewal of multi-year vaccines support for Lao People's Democratic Republic is not available in 2014

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

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

Confirm here below that your request for 2015 vaccines support is as per [7.11 Calculation of requirements](#)

Yes

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

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

Vaccine Antigens	VaccineTypes	500,000\$		2,000,000\$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

7.11. Calculation of requirements

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

ID	Source		2013	2014	2015	TOTAL
Number of surviving infants	Table 4	#	176,869	180,741	184,724	542,334
Number of children to be vaccinated with the first dose	Table 4	#	155,285	180,741	170,500	506,526
Number of children to be vaccinated with the third dose	Table 4	#	155,285	180,741	166,252	502,278
Immunisation coverage with	Table 4	%	87.80 %	100.00 %	90.00 %	

	the third dose					
	Number of doses per child	Parameter	#	3	3	3
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	398,550		
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	398,550		
	Number of doses per vial	Parameter	#		1	1
	AD syringes required	Parameter	#		Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No
	Safety boxes required	Parameter	#		Yes	Yes
cc	Country co-financing per dose	Co-financing table	\$		0.26	0.30
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %

* Vaccine stock on 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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

NA

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

Not defined

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

Co-financing group	Intermediate	2013	2014	2015
Minimum co-financing		0.23	0.26	0.30
Recommended co-financing as per APR 2012				0.30
Your co-financing		0.23	0.26	0.30

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

		2014	2015
Number of vaccine doses	#	525,100	103,200
Number of AD syringes	#	551,500	89,600

Number of re-constitution syringes	#	0	0
Number of safety boxes	#	6,075	1,000
Total value to be co-financed by GAVI	\$	1,100,500	218,000

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

		2014	2015
Number of vaccine doses	#	74,400	17,100
Number of AD syringes	#	78,200	14,900
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	875	175
Total value to be co-financed by the Country	\$	156,000	36,500

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-finance	V	0.00 %	12.41 %		
B	Number of children to be vaccinated with the first dose	Table 4	155,285	180,741	22,426	158,315
B1	Number of children to be vaccinated with the third dose	Table 4	155,285	180,741	22,426	158,315
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	465,855	542,223	67,276	474,947
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	$D \times E$		569,335	70,640	498,695
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$		30,070	3,731	26,339
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$				
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$				
H2	Reported stock on January 1st	Table 7.11.1	0	398,550		
H3	Shipment plan	UNICEF shipment report		691,800		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		599,450	74,377	525,073
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		629,523	78,108	551,415
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		6,925	860	6,065
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		1,153,942	143,175	1,010,767
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		28,329	3,515	24,814
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		35	5	30
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		73,853	9,164	64,689
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	$(N+O+P+Q+R+S)$		1,256,159	155,858	1,100,301
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		155,857		
V	Country co-financing % of GAVI supported proportion	U / T		12.41 %		

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

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-finance	V	14.20 %		
B	Number of children to be vaccinated with the first dose	Table 4	170,500	24,209	146,291
B1	Number of children to be vaccinated with the third dose	Table 4	166,252	23,606	142,646
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	505,511	71,776	433,735
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	530,787	75,365	455,422
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$	- 13,767	- 1,954	- 11,813
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$	396,838	56,346	340,492
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$	585,977	83,201	502,776
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	UNICEF shipment report			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	120,200	17,067	103,133
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	104,396	14,823	89,573
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	1,149	164	985
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	234,270	33,264	201,006
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	4,698	668	4,030
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	6	1	5
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	14,994	2,129	12,865
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	$(N+O+P+Q+R+S)$	253,968	36,060	217,908
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	36,060		
V	Country co-financing % of GAVI supported proportion	U / T	14.20 %		

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

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

		2014	2015
Number of vaccine doses	#	25,000	37,900
Number of AD syringes	#	25,700	39,700
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	300	450
Total value to be co-financed by the Country	\$	91,000	137,500

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-finance	V	0.00 %	6.32 %		
B	Number of children to be vaccinated with the first dose	Table 4	159,182	162,667	10,276	152,391
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B \times C$	477,546	488,001	30,828	457,173
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	$D \times E$		512,402	32,370	480,032
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		2,745	174	2,571
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H2	Reported stock on January 1st	Table 7.11.1	0			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		394,200	24,903	369,297
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		406,061	25,652	380,409
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		4,467	283	4,184
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		1,336,733	84,444	1,252,289
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		18,273	1,155	17,118
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		23	2	21
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		80,204	5,067	75,137
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	$(N+O+P+Q+R+S)$		1,435,233	90,666	1,344,567
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		90,666		
V	Country co-financing % of GAVI supported proportion	U / T		6.32 %		

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-finance	V	7.18 %		
B	Number of children to be vaccinated with the first dose	Table 4	166,252	11,943	154,309
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	498,756	35,829	462,927
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	523,694	37,621	486,073
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	2,824	203	2,621
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	527,400	37,887	489,513
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(I + G - H) \times 1.10$	551,738	39,635	512,103
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	6,070	437	5,633
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,777,338	127,678	1,649,660
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	24,829	1,784	23,045
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	31	3	28
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	106,641	7,661	98,980
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	$(N+O+P+Q+R+S)$	1,908,839	137,124	1,771,715
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	137,124		
V	Country co-financing % of GAVI supported proportion	U / T	7.18 %		

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Please complete and attach the [HSS Reporting Form](#) to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

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

Lao People's Democratic Republic **has NOT received GAVI TYPE A CSO support**

Lao People's Democratic Republic is not reporting on GAVI TYPE A CSO support for 2013

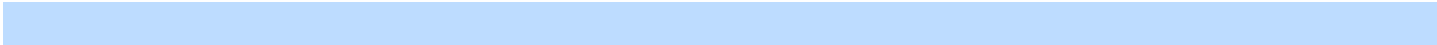
10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Lao People's Democratic Republic **has NOT received GAVI TYPE B CSO support**

Lao People's Democratic Republic is not reporting on GAVI TYPE B CSO support for 2013

11. Comments from ICC/HSCC Chairs

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



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 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, based on ***your government's own system of economic classification***. This analysis should 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 2013 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for 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 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & 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 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

- I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
 - a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should 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 2013 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & 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 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

- I. All countries that have received CSO 'Type B' grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
- a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should 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 2013 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523










* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & 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 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Minister and Finance Dept Signatures Page.PDF File desc: Date/time : 14/05/2014 12:13:48 Size: 439 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Minister and Finance Dept Signatures Page.PDF File desc: Date/time : 14/05/2014 12:16:26 Size: 439 KB
3	Signatures of members of ICC	2.2	✓	ICC Member signatures.PDF File desc: Date/time : 14/05/2014 12:21:11 Size: 523 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	Minute of ICC meeting on 9th May 2014.PDF File desc: Date/time : 15/05/2014 06:50:45 Size: 863 KB
5	Signatures of members of HSCC	2.3	✓	ICC member signatue.PDF File desc: There is no HSCC committee in Lao PDR Date/time : 15/05/2014 07:10:48 Size: 409 KB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	Minute of ICC meeting on 9th May 2014.PDF File desc: There is no HSCC committee in Lao PDR Date/time : 15/05/2014 06:52:50 Size: 863 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	No file loaded
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✗	No file loaded

9	Post Introduction Evaluation Report	7.2.2		Note for record.PDF File desc: Date/time : 10/05/2014 04:08:05 Size: 254 KB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		Bank Statement - MCH EPI.pdf File desc: , Date/time : 14/05/2014 10:39:45 Size: 171 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US\$ 250,000	7.3.1		Note for record.PDF File desc: Date/time : 10/05/2014 04:03:06 Size: 254 KB
12	Latest EVSM/VMA/EVM report	7.5		EVM assessment report Lao PDR.pdf File desc: Date/time : 10/05/2014 03:58:41 Size: 169 KB
13	Latest EVSM/VMA/EVM improvement plan	7.5		2012 EVM improvement plan logframe_update.doc File desc: Date/time : 10/05/2014 04:11:29 Size: 134 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5		2012 EVM improvement plan logframe_update.doc File desc: Date/time : 10/05/2014 04:14:17 Size: 134 KB
16	Valid cMYP if requesting extension of support	7.8		No file loaded
17	Valid cMYP costing tool if requesting extension of support	7.8		No file loaded
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8		No file loaded

19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3		Statement 2013.PDF File desc: Date/time : 14/05/2014 12:27:57 Size: 2 MB
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3		Statement 2014.PDF File desc: Date/time : 14/05/2014 12:29:36 Size: 2 MB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3		GAVI Audit Report.PDF File desc: Date/time : 15/05/2014 06:55:00 Size: 2 MB
22	HSS Health Sector review report	9.9.3		2013_HSS_Reporting_-_PBF_Phase_1_Countries_EN_10_May_2014_final_version.pdf File desc: Date/time : 14/05/2014 03:57:23 Size: 527 KB
23	Report for Mapping Exercise CSO Type A	10.1.1		No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4		No file loaded
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4		No file loaded
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	0		Bank Statement - MCH EPI.pdf File desc: Date/time : 14/05/2014 10:42:02 Size: 171 KB

	and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013			
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	X	No file loaded
	Other		X	No file loaded