

GAVI Alliance

# Annual Progress Report 2010

Submitted by  
The Government of  
**Uzbekistan**

Reporting on year: **2010**  
Requesting for support year: **2012**  
Date of submission: **31.05.2011 09:21:47**

**Deadline for submission: 1 Jun 2011**

Please submit the APR 2010 using the online platform

<https://AppsPortal.gavialliance.org/PDExtranet>

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

**Note:** You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at [http://www.gavialliance.org/performance/country\\_results/index.php](http://www.gavialliance.org/performance/country_results/index.php)

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

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**GAVI ALLIANCE  
GRANT TERMS AND CONDITIONS**

**FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

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

**AMENDMENT TO THE APPLICATION**

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

**RETURN OF FUNDS**

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

**SUSPENSION/ TERMINATION**

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

**ANTICORRUPTION**

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

**AUDITS AND RECORDS**

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

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

**CONFIRMATION OF LEGAL VALIDITY**

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

**CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY**

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

**USE OF COMMERCIAL BANK ACCOUNTS**

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

**ARBITRATION**

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

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

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

**By filling this APR the country will inform GAVI about:**

- Accomplishments using GAVI resources in the past year
- Important problems that were encountered and how the country has tried to overcome them
- Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners
- Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released
- How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

## 1. Application Specification

Reporting on year: 2010

Requesting for support year: 2012

### 1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB, 1 dose/vial, liquid	DTP-HepB, 1 dose/vial, liquid	2015

### Programme extension

No NVS support eligible to extension this year.

### 1.2. ISS, HSS, CSO support

There is no ISS, HSS or CSO support this year.

## 2. Signatures

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

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

By signing this page, the Government of Uzbekistan 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 Uzbekistan

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

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
Name	S.S. Saidaliyev, Deputy Minister	Name	B.A. Khashymov., Department Head
Date		Date	
Signature		Signature	

*This report has been compiled by*

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

Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Tursunova Dilorom Alimovna	Head of National immunologic prophylaxis program	+998 71 2394721	dilorom.tursunova@minzdrav.uz	

## 2.2. ICC Signatures Page

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

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

### 2.2.1. ICC report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
L.N. Tychiyev/ Head of Department for State Sanitary and Epidemiological Supervision	Ministry of Health			
D.A. Tursunova/ Head of National immunologic prophylaxis program	Ministry of Health			
E.I. Musabayev/ Director	Institute of virology			
S.A. Guseynov/ Technician	WHO			
K. Safayeva/ health service officer	UNICEF			
L.N. Kim/ Head of department	Republican Center for State Sanitary and Epidemiological Supervision			
B.K. Umirzakov/ Head doctor	Republican Center for State Sanitary and Epidemiological Supervision			
G.H. Tadzhybayev/ Deputy Head doctor	Republican Center for State Sanitary and Epidemiological Supervision			

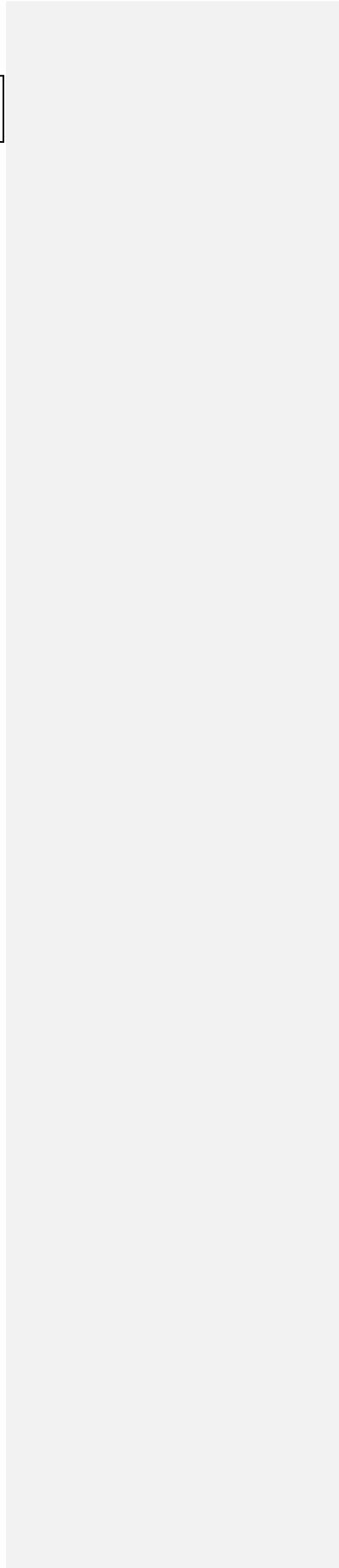
ICC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

Field Code Changed



## 2.3. HSCC Signatures Page

*If the country is reporting on HSS*

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

### 2.3.1. HSS report endorsement

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

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

**Action.**

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

HSCC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

**Field Code Changed**

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

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

### 2.4.1. CSO report editors

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

### 2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - , endorse this report on the GAVI Alliance CSO Support.

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

Name/Title	Agency/Organisation	Signature	Date	Action

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

### 3. Table of Contents

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

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*Financial statements for civil society organisation (CSO) type B*

13. Attachments

13.1. List of Supporting Documents Attached to this APR

13.2. Attachments

#### 4. Baseline and Annual Targets

**Table 1:** baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	625,336	652,771	659,951	667,211	674,550	681,970
Total infants' deaths	6,456	39,167	39,597	40,033	40,473	40,918
Total surviving infants	618,880	613,604	620,354	627,178	634,077	641,052
Total pregnant women	860,000	731,103	739,145	733,939	742,005	750,167
# of infants vaccinated (to be vaccinated) with BCG	619,806	646,243	653,352	660,539	667,804	675,150
BCG coverage (%) *	99%	99%	99%	99%	99%	99%
# of infants vaccinated (to be vaccinated) with OPV3	618,102	607,468	614,151	620,906	627,736	634,641
OPV3 coverage (%) **	100%	99%	99%	99%	99%	99%

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1 <sup>st</sup> dose of Measles	614,495	607,468	614,151	620,906	627,736	634,641
Measles coverage (%) **	99%	99%	99%	99%	99%	99%
Pregnant women vaccinated with TT+						
TT+ coverage (%) ****	0%	0%	0%	0%	0%	0%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [ ( DTP1 - DTP3 ) / DTP1 ] x 100	0%	0%	0%	0%	0%	0%

\* Number of infants vaccinated out of total births

\*\* Number of infants vaccinated out of total surviving infants

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

## 5. General Programme Management Component

### 5.1. Updated baseline and annual targets

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

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

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

Provide justification for any changes in **births**

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

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

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

### 5.2. Immunisation achievements in 2010

#### 5.2.1.

Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2010 and how these were addressed

The following measures were taken in 2010:

1. Four rounds of National Immunization Days (NID) against poliomyelitis covering 98-102 %
2. There is full financing of the scheduled vaccine procurement for children under 2 years of age in the amount of 5,750,000,000 sum
3. The problem with the pentavalent vaccine co-financing for 2010-2011 has been resolved
4. The international immunization system evaluation has been made

#### 5.2.2.

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

1. Unfortunately the centralization problem of vaccine procurement for children above 2 years of age has not been resolved up to now; this is currently under-financed from the local budgets;
2. Customs clearance of vaccines received through UNICEF and as humanitarian aid is severely impeded

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### 5.2.3.

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

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

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

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

### 5.2.4.

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

In Uzbekistan no difference has been observed on the provision of equal access of men and women to the immunization services in recent years. Only if the multiple indicator cluster survey to be held in 2011 shows any difference on the grounds of sex, then disaggregated data will be collected in the future and the adequate actions will be taken

## 5.3. Data assessments

### 5.3.1.

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

There is no difference in the data of the scope of immunization for the reporting year.

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

### 5.3.2.

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

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

No administrative data system assessment from 2009 to the present day was made. The multiple indicator cluster survey (MICS) is planned for 2011

### 5.3.3.

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

- New software VAC-INFO is being developed.
- Reporting forms No 5, No 6 have been changed to take into account the implementation of the new pentavalent vaccine
- New sanitary rules and guidelines have been adopted after approval of a new prophylactic immunization schedule

#### 5.3.4.

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

- The international immunization program assessment has been carried out
- As part of the national polio immunization days, the HIV positive children immunization recommendations have been modified; the number of HIV positive children and their immunization are included in the reporting data
- Immunization safety seminars and meetings are held
- All immunization safety measures and monitoring at all levels have been strengthened
- In view of the frequent power outages, an assessment has been made to ascertain the cause of the frequent power outages on the site and the operating efficiency of the refrigeration equipment
- The epidemiological surveillance for invasive diseases has been implemented

#### 5.4. Overall Expenditures and Financing for Immunisation

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

<b>Exchange rate used</b>	1 \$US = 1699	Enter the rate only; no local currency name
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**Table 2a:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

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

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name GFATM	Donor name	Donor name	
Traditional Vaccines*	4,830,570	2,800,000		73,070	1,800,000	157,500			

**Table 2b:** Overall Budgeted Expenditures for Immunisation (donors) in US\$.

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

<i>Expenditures by Category</i>	Budgeted Year 2012	
Traditional Vaccines*	2,221,910	
New Vaccines	7,258,720	
Injection supplies with AD syringes	1,300,841	
Injection supply with syringes other than ADs		
Cold Chain equipment	887,928	
Personnel	22,973,439	
Other operational costs	19,920	
Supplemental Immunisation Activities	2,296,605	
Epidemiological surveillance	253,858	
Routine capital expenses	3,741,715	
Social mobilization	67,923	
Transportation	613,377	
Consolidated expenses within the health system	27,583,611	
Program coordination	250,091	
Training	125,145	
Maintenance and overhead costs	5,098,987	
<b>Total Expenditures for Immunisation</b>	74,694,070	

\* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose. Some countries will also include HepB and Hib vaccines in this row without GAVI support.

Please describe trends in immunisation expenditures and financing as differences between planned versus actual expenditures; explain the reasons for the reported trends and describe the financing of the immunisation program over the next three years; whether it is challenging, or alarming. If either of the latter two is applicable, describe the measures being pursued to address the gaps and indicate the sources of funding.

### 5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 4

Please attach the minutes ( Document number ) from the meeting including those of the meeting endorsing this report.

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

Are there any Civil Society Organisations (CSO) member of the

If Yes, which ones?

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

List CSO member organisations:	

### 5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for 2012? Are they linked with cMYP?

Yes, they are linked.

The main objectives include:

1. Carrying out of immunization days against measles in the 3rd quarter of the elimination program;
2. Implementation of reporting for each case of measles;
3. Carrying out of 2 additional rounds of national immunization days against measles and epidemiological surveillance for acute flaccid paralysis

### 5.7. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the amount of vaccine material in 2010

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

Vaccine	Types of syringe used in 2010 routine EPI	Funding
BCG	0,5 g, 1,0 g	
Measles	Single-use syringes 1,0 gr.and 2gr.	G
TT	Single-use syringes 1,0 gr.and 2gr.	G
DTP-containing vaccine	AD-SYRINGES	

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

If Yes: Have you encountered any obstacles during the implementation of the injection safety policy/plan? (Please report in box below)

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

No.

Additional training programs for the injection safety are scheduled for 2011

Please explain in 2010 how sharps waste is being disposed

Burning in muffle furnaces

-Burning in incinerators

-Burning in adapted furnaces



## **6. Immunisation Services Support (ISS)**

There is no ISS support this year.

## 7. New and Under-used Vaccines Support (NV)

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

#### 7.1.1.

Did you receive the approved amount of vaccine doses for 2010 as indicated by GAVI communicated to you in its Decision Letter (DL)? Fill-in

**Table 4:** Received vaccine doses

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

	[ A ]	[ B ]
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *
DTP-HepB-Hib	2,503,800	2,678,470

\* Please also include any deliveries from the previous year received

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

What are the main problems encountered? (Lower quality, Delay in shipments? Stock-outs? Excessive stocks discarded because VVM changed colour or because of other reasons)

There was no problem with the vaccine supplies

What actions have you taken to improve the vaccine supply? (e.g. adjusting the plan for vaccine shipments? (in the Supply and Distribution Division)

Training programs for cooperation with the Supply department of the Ministry of Health. Vaccine control assessment is scheduled for the 4th quarter of 2010

#### 7.1.2.

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

**If Yes**, how long did the stock-out last?

Please describe the reason and impact of stock-out

### 7.2. Introduction of a New Vaccine in 2010

#### 7.2.1.

If you have been approved by GAVI to introduce a new vaccine, please describe the vaccine introduction plan in the proposal approved and reported

<b>Vaccine introduced</b>		
<b>Phased introduction</b>		<b>Date of introduction</b>
<b>Nationwide introduction</b>		<b>Date of introduction</b> 10.03.2009
<b>The time and scale of introduction was as planned in the proposal?</b>		<b>If No, why?</b>

### 7.2.2.

When is the Post introduction Evaluation (PIE) planned? **Th**

If your country conducted a PIE in the past two years (Document No )

### 7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) in the past year? **No**

If AEFI cases were reported in **2010**, please describe how their impact on vaccine introduction

### 7.2.4.

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

Funds of Vaccines Introduction Grant received in **2010**

<b>\$US</b>	159,000
<b>Receipt date</b>	20.05.2011

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

The new vaccine introduction grant appropriated in 2008 was received on 20.05.2011 and grant use is scheduled for 2011-2012

Please describe any problem encountered in the implementation of the grant

Is there a balance of the introduction grant that will be carried over to the next year?

**If Yes**, how much? US\$ 148,500

Please describe the activities that will be undertaken with the grant

1. Personnel training;

- 2. Refrigeration equipment procurement;
- 3. Strengthening of an administrative element and supervisory control

### 7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds

Please attach a detailed financial statement for the use of these funds in the 2010 calendar year ( Document No ). (The financial statements are available in [Annex 1Annex-1.](#)) Financial statements should be submitted to the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

<b>Q. 1: What are the actual co-financed amounts and doses in 2010?</b>	
<b>Co-Financed Payments</b>	<b>Total Amount in US\$</b>
1st Awarded Vaccine DTP-HepB, 1 dose/vial, liquid	832,500
2nd Awarded Vaccine	
3rd Awarded Vaccine	
<b>Q. 2: Which are the sources of funding for co-financing?</b>	
Government	
Donor	
Other	
<b>Q. 3: What factors have accelerated, slowed, or hindered mobilization of co-financing?</b>	
1. In 2010 there were difficulties with the appropriation of funds from the conversion of the appropriated funds. These problems were solved.	
2.	
3.	
4.	
<b>Q. 4: How have the proposed payment schedules and actual payments in 2010 compared?</b>	
<b>Schedule of Co-Financing Payments</b>	<b>Proposed Payment Schedule (month)</b>
1 <sup>st</sup> Awarded Vaccine DTP-HepB, 1 dose/vial, liquid	
2 <sup>nd</sup> Awarded Vaccine	
3 <sup>rd</sup> Awarded Vaccine	

If the country is in default please describe and explain the steps taken to meet its co-financing requirements. For more information on the Default Policy: <http://www.gavialliance.org/resources/9> C

Is GAVI's new vaccine support reported on the national health strategy?

#### **7.4. Vaccine Management (EVSM/VMA/EVM)**

Under new guidelines, it will be mandatory for the country to submit an application for introduction of new vaccine.

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

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

If your country conducted either EVSM or VMA in the past 12 months, please attach reports. ( Document N° )

A VMA report must be attached from those countries with Underused Vaccine with GAVI support before 2008.

Please note that EVSM and VMA tools have been replaced by the Effective Vaccine Management (EVM) tool. The information on EVM is available at [http://www.who.int/Immunisation\\_delivery/systems\\_policy/lo](http://www.who.int/Immunisation_delivery/systems_policy/lo)

For countries which conducted EVSM, VMA or EVM in the past 12 months, please attach reports carried out as part of either action plan or improvement plan. ( Document N° ) EVSM/VMA/EVM.

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

#### **7.5. Change of vaccine presentation**

If you would prefer, during 2012, to receive a vaccine presentation different from those currently being supplied (for instance the number of doses, the volume, the presentation (liquid/lyophilised) to the other, ...), please provide the vaccine presentation and the minutes of the ICC meeting recommending the change of vaccine presentation through UNICEF, planning for a switch in presentation should be included in the Decision Letter (DL) for next year, taking into account the impact of the switch as well as supply availability.

Please specify below the new vaccine presentation

Please attach the minutes of the ICC and NITAG (if available) that have endorsed the requested change.

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

If 2011 is the last year of approved multiyear support for a country that wishes to extend GAVI support, the country should request a new agreement with GAVI for vaccine support starting from 2012. This is done through a Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for 2012. At the same time it commits itself to co-finance the procurement of vaccines at the minimum GAVI co-financing levels as summarised in section 7.6. [Calculation of requirements](#).

The multi-year extension of vaccine support is in line with the cMYP which is attached to this APR ( Document No ).

The country ICC has endorsed this request for extended support for 2012 whose minutes are attached to this APR ( Document No ).

## 7.7. Request for continued support for vaccines for 2012

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

Confirm here below that your request for 2012 vaccines support is confirmed. [Calculation of requirements](#) [Calculation of requirements](#): Yes

If you don't confirm, please explain

## 7.8. Weighted average prices of supply and related freight cost

**Table 6.1:** Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, liquid	2	1.600				
DTP-HepB, 10 doses/vial, liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB, 1 dose/vial, liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, lyophilizate	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monovalent, 1 dose/vial, liquid	1					
HepB monovalent, 2 doses/vial, liquid	2					
Hib monovalent, 1 dose/vial, lyophilized	1	3.400				
Measles, 10 doses/vial, lyophilized	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose/vial, liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTITUTION SYRINGE - PENTAVALENT.	0	0.032	0.032	0.032	0.032	0.032
RECONSTITUTION SYRINGE - YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus, 2-dose scheme	1	7.500	6.000	5.000	4.000	3.600
Rotavirus, 3-dose scheme	1	5.500	4.000	3.333	2.667	2.400
SAFETY BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow fever, 5 doses/vial, lyophilized	WAP	0.856	0.856	0.856	0.856	0.856
Yellow fever, 10 doses/vial, lyophilized	WAP	0.856	0.856	0.856	0.856	0.856

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

**Table 6.2:** Freight Cost



	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		\$	0.30	0.34	0.40	0.46	0.52		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

#### Co-financing tables for DTP-HepB-Hib, 1 dose/vial, Liquid

Co-financing group	Low income
--------------------	------------

	2011	2012	2013	2014	2015
Minimum co-financing	0.30	0.30	0.34	0.40	0.46
Your co-financing	0.30	0.34	0.40	0.46	0.52

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

Supply that is procured by GAVI and related cost in US\$			For Approval		For Endorsement			TOTAL
			2011	2012	2013	2014	2015	
Required supply item								
Number of vaccine doses	#		1,796,600	1,748,700	1,662,400	1,573,800	6,781,500	
Number of AD syringes	#		1,899,500	1,848,900	1,757,600	1,664,000	7,170,000	
Number of re-constitution syringes	#		0	0	0	0	0	



	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
	(schedule)														
D	Number of doses needed	B x C	1,938,729	1,960,056	253,744	1,706,312	1,981,617	320,767	1,660,850	2,003,412	424,501	1,578,911	2,025,450	530,690	1,494,760
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	Number of doses needed including wastage	D x E	2,035,666	2,058,059	266,431	1,791,628	2,080,698	336,805	1,743,893	2,103,583	445,726	1,657,857	2,126,723	557,225	1,569,498
G	Vaccines buffer stock	(F – F of previous year) * 0.25		5,599	725	4,874	5,660	917	4,743	5,722	1,213	4,509	5,785	1,516	4,269
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		2,063,658	267,156	1,796,502	2,086,358	337,722	1,748,636	2,109,305	446,938	1,662,367	2,132,508	558,741	1,573,767
J	Number of doses per vial	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		2,181,878	282,460	1,899,418	2,205,878	357,068	1,848,810	2,230,139	472,541	1,757,598	2,254,671	590,749	1,663,922
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		24,219	3,136	21,083	24,486	3,964	20,522	24,755	5,246	19,509	25,027	6,558	18,469

	Formula	2011	2012			2013			2014			2015		
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
<b>N</b>	<b>Cost of vaccines needed</b>	$I \times g$	5,097,236	659,874	4,437,362	4,840,351	783,514	4,056,837	4,281,890	907,284	3,374,606	3,945,140	1,033,670	2,911,470
<b>O</b>	<b>Cost of AD syringes needed</b>	$K \times ca$	115,640	14,971	100,669	116,912	18,925	97,987	118,198	25,045	93,153	119,498	31,310	88,188
<b>P</b>	<b>Cost of reconstitution syringes needed</b>	$L \times cr$	0	0	0	0	0	0	0	0	0	0	0	0
<b>Q</b>	<b>Cost of safety boxes needed</b>	$M \times cs$	15,501	2,007	13,494	15,672	2,537	13,135	15,844	3,358	12,486	16,018	4,197	11,821
<b>R</b>	<b>Freight cost for vaccines needed</b>	$N \times fv$	178,404	23,096	155,308	169,413	27,424	141,989	149,867	31,756	118,111	138,080	36,179	101,901
<b>S</b>	<b>Freight cost for devices needed</b>	$(O+P+Q) \times fd$	13,115	1,698	11,417	13,259	2,147	11,112	13,405	2,841	10,564	13,552	3,551	10,001
<b>T</b>	<b>Total fund needed</b>	$(N+O+P+Q+R+S)$	5,419,896	701,644	4,718,252	5,155,607	834,544	4,321,063	4,579,204	970,281	3,608,923	4,232,288	1,108,905	3,123,383
<b>U</b>	<b>Total country co-financing</b>	$I \text{ } 3 \text{ } cc$	701,644			834,544			970,281			1,108,905		
<b>V</b>	<b>Country co-financing % of GAVI supported proportion</b>	$U / T$	12.95%			16.19%			21.19%			26.20%		



## **8. Injection Safety Support (INS)**

There is no INS support this year.

## 9. Health System Strengthening Programme (

There is no HSS support this year.

## **10. Civil Society Programme (CSO)**

There is no CSO support this year.

## 11. Comments

### Comments from ICC/HSCC Chairs

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

ICC discussed several times difficulties with the appropriation of funds for the conversion of the appropriated funds for vaccine procurement and co-funding. This problem was resolved as a result of successful advocating on the part of the ICC and its partners

## 12. Annexes

### Annex 1

#### TERMS OF REFERENCE FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES VACCINE INTRODUCTION GRANTS

- I. All countries that have received ISS /new vaccine in the 2010 calendar year, or had balances of funding remaining from previous vaccine introduction grants in 2010, are required to submit their financial statements for the 2010 calendar year as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon the principles of accrual accounting, thus GAVI will not provide a single set of determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure during the 2010 calendar year, to be comprised of the following items:
  - a. Funds carried forward from the 2009 calendar year (opening balance 2010 )
  - b. Income received from GAVI during 2010
  - c. Other income received during 2010 (interest, fees, etc.)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2010
  - f. A detailed analysis of expenditures during 2010, broken down by **system of economic classification**. This analysis should show expenditure for the year by your government's own classification and relevant cost categories, for example: wages, salaries, etc. You should report on the budget for each category at the beginning of the year, expenditure during the calendar year, and the balance as of 31 December 2010 (referred to as closing balance).
- IV. Financial statements should be compiled in local currency. The exchange rate applied. Countries should provide additional information on the particular rate of exchange has been applied, and any other relevant information to the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified by an external auditor. GAVI. However, it is understood that these statements should be audited during each country's external audit for the 2010 financial year and submitted to the GAVI Secretariat 6 months following the close of the calendar year.

## MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

*An example statement of income & expenditure*

<b>Summary of income and expenditure – GAVI ISS</b>		
	<b>Local currency (CFA)</b>	<b>Value in USD *</b>
<b>Balance brought forward from 2008</b> (balance as of 31Decembre 2008)	25,392,830	53,000
<b>Summary of income received during 2009</b>		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2009</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2009</b> (balance carried forward to 2010)	<b>60,139,325</b>	<b>125,523</b>

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

Detailed information for financial statements classification: # GAVI/ISS

## Annex 2

### TERMS OF REFERENCE FINANCIAL STATEMENTS FOR HEALTH SYSTEMS

- I. All countries that have received HSS grants during the calendar year 2010 should submit closing balances of funding remaining from previously disbursed grants to the GAVI Secretariat to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon the accounting system used by the country for accounting, thus GAVI will not provide a single set of accounting or predetermined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for the calendar year during the 2010 calendar year, to be comprised of points 1 to 6 below. If a more detailed basic statement of income and expenditure is provided, it should include:
  - a. Funds carried forward from the 2009 calendar year (closing balance as of 31 December 2010)
  - b. Income received from GAVI during 2010
  - c. Other income received during 2010 (interest, fees, etc.)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2010
  - f. A detailed analysis of expenditures during 2010, broken down by activity and cost category, using a system of economic classification. This analysis should include a breakdown of expenditure for each HSS objective and activity (e.g. vaccines, health systems, etc.) approved HSS proposal, with further breakdown by cost category (e.g. materials, wages & salaries). Cost categories used should be consistent with the country's own system for economic classification. Please include a list of activities and cost category at the beginning of the calendar year, and the beginning and ending expenditure during the calendar year, and the beginning and ending activity and cost category as of 31 December 2010.
- IV. Financial statements should be compiled in local currency. If a different exchange rate is applied, the exchange rate applied. Countries should provide additional information on the particular rate of exchange has been applied, and any other information relevant to the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/verified by an external auditor for GAVI. However, it is understood that these statements should be audited/verified during each country's external audit for the 2010 financial year. The audit should be submitted to the GAVI Secretariat 6 months following the close of the calendar year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

*An example statement of income & expenditure*

<b>Summary of income and expenditure – GAVI HSS</b>		
	<b>Local currency (CFA)</b>	<b>Value in USD *</b>
<b>Balance brought forward from 2008</b> (balance as of 31Decembre 2008)	25,392,830	53,000
<b>Summary of income received during 2009</b>		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2009</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2009</b> (balance carried forward to 2010)	<b>60,139,325</b>	<b>125,523</b>

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

## Annex 3

### TERMS OF REFERENCE FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATIONS

- I. All countries that have received CSO 'Type B' grants or had balances of funding remaining from previous years in 2010, are required to submit financial statements with their Annual Progress Reports.
- II. Financial statements should be compiled based upon the accruals basis for accounting, thus GAVI will not provide a single set of determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure during the 2010 calendar year, to be comprised of points 1 to 6. A basic statement of income and expenditure is provided below:
  - a. Funds carried forward from the 2009 calendar year (closing balance 2010 )
  - b. Income received from GAVI during 2010
  - c. Other income received during 2010 (interest, fees, etc.)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2010
  - f. A detailed analysis of expenditures during 2010 using a system of economic classification. This analysis should show expenditure by each civil society partner, per year, per CSO 'Type B' proposal, with further breakdown by activity (e.g. & salaries). Cost categories used should be based on the system for economic classification. Please report the activity and cost category at the beginning of the calendar year, expenditure during the calendar year, and the balance as of 31 December 2010, activity and cost category as of 31 December 2010.
- IV. Financial statements should be compiled in local currency and the exchange rate applied. Countries should provide additional information on the particular rate of exchange has been applied, and any other relevant information to the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/externally verified by GAVI. However, it is understood that these statements should be audited during each country's external audit for the 2010 financial year. Audits are due to the GAVI Secretariat 6 months following the end of the year.

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

*An example statement of income & expenditure*

<b>Summary of income and expenditure – GAVI CSO</b>		
	<b>Local currency (CFA)</b>	<b>Value in USD *</b>
<b>Balance brought forward from 2008</b> (balance as of 31Decembre 2008)	25,392,830	53,000
<b>Summary of income received during 2009</b>		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2009</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2009</b> (balance carried forward to 2010)	<b>60,139,325</b>	<b>125,523</b>

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

**Detailed analysis of expenditure by economic classification \*\* – GAVI CSO**

### 13. Attachments

#### 13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Yes
Signature of Minister of Finance (or delegated authority)		4	Yes
Signatures of members of ICC		2	Yes
Signatures of members of HSCC			Yes
Minutes of ICC meetings in 2010		3	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		5	Yes
Minutes of HSCC meetings in 2010			
Minutes of HSCC meeting in 2011 endorsing APR 2010			
Financial Statement for ISS grant in 2010			
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010			
EVSM/VMA/EVM report			
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		6	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

#### 13.2. Attachments

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

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

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	File Type: Signature of Minister of Health (or delegated authority) * File Desc: Signature of Dr Ikramov	File name: <a href="#">Ministers signatures.pdf</a> Date/Time: 30.05.2011 08:24:48 Size: 42 KB		
2	File Type: Signatures of members of ICC * File Desc: Signatures of ICC members	File name: <a href="#">ICC members signatures.pdf</a> Date/Time: 31.05.2011 07:28:24 Size: 54 KB		
3	File Type: Minutes of ICC meetings in 2010 * File Desc: ICC reports for 2010	File name: <a href="#">ICC reports for 2010.doc</a> Date/Time: 31.05.2011 07:49:48		

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ID	File type	File name	New file	Actions
	Description	Date and Time Size		
		Size: 96 KB		
4	File Type: Signature of Minister of Finance (or delegated authority) * File Desc: Signature of Mr Khashimov	File name: <a href="#">Ministers signatures.pdf</a> Date/Time: 30.05.2011 08:24:48 Size: 42 KB		
5	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc: ICC report on APR approval	File name: <a href="#">ICC report on APR approval.doc</a> Date/Time: 31.05.2011 07:52:32 Size: 32 KB		
6	File Type: new cMYP starting 2012 File Desc: Revised MYP	File name: <a href="#">Revised cMYP.rar</a> Date/Time: 31.05.2011 07:58:22 Size: 778 KB		
7	File Type: other File Desc: ICC report on proposal approval	File name: <a href="#">ICC report on proposal approval.doc</a> Date/Time: 31.05.2011 09:11:57 Size: 32 KB		
8	File Type: other File Desc: WHO EURO email on target/data - clarification	File name: <a href="#">RE GAVI APR 2010 clarifications required.msg</a> Date/Time: 22.06.2011 09:57:28 Size: 76 KB		

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