



GAVI Alliance

# Annual Progress Report **2012**

Submitted by

The Government of  
***Uzbekistan***

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/15/2013 12:44:53 PM**

**Deadline for submission: 9/24/2013**

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

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

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

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

**GAVI ALLIANCE  
GRANT TERMS AND CONDITIONS**

**FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

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

**AMENDMENT TO THE APPLICATION**

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

**RETURN OF FUNDS**

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

**SUSPENSION/ TERMINATION**

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

**ANTICORRUPTION**

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

**AUDITS AND RECORDS**

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

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

**CONFIRMATION OF LEGAL VALIDITY**

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

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

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

**USE OF COMMERCIAL BANK ACCOUNTS**

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

**ARBITRATION**

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

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

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

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

*Accomplishments using GAVI resources in the past year*

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

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

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

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

# 1. Application Specification

Reporting on year: 2012

Requesting for support year: 2014

## 1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
INS			

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

## 1.2. Programme extension

No NVS support eligible to extension this year

## 1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

## 1.4. Previous Monitoring IRC Report

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

## 2. Signatures

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

By signing this page, the Government of **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.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Saidaliev S.S.	Name	Khashimov B.A.
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
Dilolom Tursunova	Deputy Head of Chief Department for Sanitary Epidemiological Surveillance, MOH, NIP Manager	+998903594594	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*

**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
Tursunova/Deputy head of SES department	MOH		
Musabaev/Director	Virology Institute		

Mukhamedov/Head of SES department	MOH		
Kim/Head of Immunoprophylaxis department	RSES		
Almatov/Chief doctor	RSES		
Tadjibaev/Deputy chief doctor	RSES		
Huseynov/Technical Officer	WHO		
Safaeva/Health Officer	UNICEF		

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:

### 2.3. HSCC signatures page

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

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

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



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## 4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	625,000	615,206	625,000	625,000	625,000	625,000	625,000	625,000
Total infants' deaths	7,000	12,050	7,000	7,000	7,000	7,000	7,000	7,000
Total surviving infants	618000	603,156	618,000	618,000	618,000	618,000	618,000	618,000
Total pregnant women	630,000	682,879	630,000	630,000	630,000	630,000	630,000	630,000
Number of infants vaccinated (to be vaccinated) with BCG	622,500	613,335	622,500	622,500	622,500	622,500	622,500	622,500
BCG coverage	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3	616,146	602,946	616,146	616,146	616,146	616,146	616,146	616,146
OPV3 coverage	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Number of infants vaccinated (to be vaccinated) with DTP1	609,966	599,979	609,966	609,966	609,966	609,966	609,966	609,966
Number of infants vaccinated (to be vaccinated) with DTP3	613,674	598,360	613,674	613,674	613,674	613,674	613,674	613,674
DTP3 coverage	99 %	99 %	99 %	99 %	99 %	99 %	99 %	99 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	5	25	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.05	1.33	1.05	1.05	1.05	1.05	1.05	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	653,352	599,979	609,966	609,966	609,966	609,966	609,966	609,966
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	653,352	598,360	609,966	613,674	613,674	613,674	613,674	613,674
DTP-HepB-Hib coverage	99 %	99 %	99 %	99 %	99 %	99 %	99 %	99 %
Wastage[1] rate in base-year and planned thereafter (%)	0	11	0	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.12	1.18	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	617,382	606,318	617,382	617,382	617,382	617,382	617,382	617,382
Measles coverage	100 %	101 %	100 %	100 %	100 %	100 %	100 %	100 %
Pregnant women vaccinated with TT+	0	0	0	0	0	0	0	0

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
<b>TT+ coverage</b>	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
<b>Vit A supplement to mothers within 6 weeks from delivery</b>	0	0	0	0	0	0	0	0
<b>Vit A supplement to infants after 6 months</b>	0	0	0	0	0	0	0	0
<b>Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100</b>	-1 %	0 %	-1 %	-1 %	-1 %	-1 %	-1 %	-1 %

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

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

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

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

## 5. General Programme Management Component

### 5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

In 2012, there was an increase in birth cohort by 8,000 as compared to 2011 due to Uzbekistani citizens living abroad and giving birth in Uzbekistan

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

В 2012 году родилось 615 206 детей, умерло 5624, выжившие младенцы - это дети до 1 года, осталось 603 156. Разница составляет 6 426, которые выбыли из страны.

- 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.**

Из-за миграции населения меняется целевая группа детей, в результате чего меняется также заявка на приобретение шприцов, вакцин и КБУ.

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

1. АКДС - потери составляют 25%, согласно нормативным документам МЗ Руз ( приказ № 148 от 2006), 70 % населения проживает в сельской местности и получает прививку в СВП в возрасте 16 месяцев;  
2. БЦЖ - потери составляют 53%, объясняется тем что страна закупила вакцину для ревакцинации 7-14 лет, однако из-за отсутствия туберкулина, ревакцинация не была проведена против туберкулеза, и было дано разрешение для использования БЦЖ вакцины для вакцинации одного родившегося новорожденного.

### 5.2. Immunisation achievements in 2012

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

Достигнуто улучшения показателя охвата профилактическими прививками каждого района, охват составил 95% и более.

Однако проблемы имеются:

1. Миграция населения, что влияет на учет подлежащего контингента;
2. Недоохват детей группы риска (домашние роды, ВИЧ инфицированные дети);
3. Оздоровление детей с медицинскими отводами.

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

### 5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

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

There is no gender disparities in reaching children with immunization in Uzbekistan

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/>)

No gender-related barriers to immunization were identified in Uzbekistan

## 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)

No discrepancies between immunization coverage data from different source identified

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

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No**

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

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

In 2012, the coverage reporting forms (form 63) were slightly updated.

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.

Improvement to administrative data system is a component of on-going health reform project. Among other, the first reporting units will be equipped with computers, forms digitized, etc.

## 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\$.

<b>Exchange rate used</b>	1 US\$ = 1847	Enter the rate only; Please do not enter local currency name
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**Table 5.5a:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	Russian Federation	n/a	n/a
Traditional Vaccines*	2,724,000	2,724,000	0	0	0	0	0	0

New and underused Vaccines**	4,305,109	543,997	3,761,112	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	610,653	500,000	110,653	0	0	0	0	0
Cold Chain equipment	77,927	0	0	77,927	0	0	0	0
Personnel	400,000	400,000	0	0	0	0	0	0
Other routine recurrent costs	0	0	0	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	1,105,896	0	0	0	0	1,105,896	0	0
n/a		0	0	0	0	0	0	0
Total Expenditures for Immunisation	9,223,585							
Total Government Health		4,167,997	3,871,765	77,927	0	1,105,896	0	0

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

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

n/a

## 5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, not implemented at all**

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.

FMA was no required for Uzbekistan

## 5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **5**

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

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

1. Состав и положение НТГЭИ;
2. Обоснованность внедрения ротавирусной вакцинации;
3. Рассмотрение заявки по внедрению ротавирусной вакцины;
4. Изменение календаря профилактических прививок;
5. Подготовка ГОБР в ГАВИ.

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

If **Yes**, which ones?

List CSO member organisations:

## 5.8. Priority actions in 2013 to 2014

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

2013-2014 годы:

1. Проведение оценки финансовой устойчивости;
2. Заявка на получение УСЗ и внедрение новых вакцин (пневмококковая, ВПЧ);
3. Подготовка и проведение мероприятий по верификации элиминации кори и краснухи;
4. Продолжение проведения дозорного эпид. надзора за ХИБ инфекцией;
5. Подготовка по безопасности иммунизации врачей общей практики и работников ВУЗов и СУЗов.

## 5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	AD, disposable	country
Measles	AD, disposable	country
TT	disposable	country
DTP-containing vaccine	AD	GAVI, country

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)

AD syringes are procured when they are bundled with vaccines, usually through GAVI. For traditional vaccines, AD syringes are often insufficient

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

There is a waste disposal policy in accordance to which the sharp waste is properly collected and burnt either in open-space (rural areas) or incinerators (urban areas)

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

### **6.1. Report on the use of ISS funds in 2012**

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

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

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

### **6.3. Request for ISS reward**

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

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

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

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

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

	[ A ]	[ B ]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-HepB-Hib	2,096,200	2,401,000	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? ...)

Проблемы возникают при проведении таможенных процедур по растаможиванию вакцин, в связи с изменением нормативно-законодательного документа страны, на все поступающие грузы дополнительно требуется экспортная декларация груза в оригинале.

- 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.**

1. Рабочая группа МЗ готовит проект-постановления Президента страны по устранению препятствий при проведении таможенных процедур;  
2. Устанавливается на национальном складе 2 дополнительные холодильные комнаты с объемом 20 и 30 тысяч литров.

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.

N/A

## 7.2. Introduction of a New Vaccine in 2012

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

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
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? **November 2011**

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 )

Rotavirus vaccine Pre-Introduction evaluation was conducted in November 2011 and contained questions assessing experience of pentavalent vaccine introduction.

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? **No**

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? **No**

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:

Uzbekistan is a member of IBD surveillance network and sentinel surveillance initiated in Q4 2011. Currently, the rota sentinel surveillance programme (funded by Norwegian Institute of Public Health till 2008) stopped and is pending approval for revival by WHO. The request for resuming rota surveillance was already submitted to WHO. NITAG was established in June 2012 and has reviewed and endorsed the application for rotavirus vaccine introduction which was based on results of special studies, among others. The IBD surveillance results will be discussed by NITAG in 2013.

## 7.3. New Vaccine Introduction Grant lump sums 2012

### 7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	79,631	147,049,196
Total funds available in 2012 (C=A+B)	79,631	147,049,196
Total Expenditures in 2012 (D)	79,631	147,049,196
Balance carried over to 2013 (E=C-D)	0	0

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

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

### 7.3.2. Programmatic Reporting

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

Закупка холодильного оборудования:

1. Закуплены 2 холодильные комнаты с 2 мя генераторам;

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

1. Обучение 900 специалистов по модулям ВОЗ;
2. С участием преподавателей национального центра ВОЗ Анкара, 30 специалистов - национального и областного уровня и преподаватели ВУЗов и СУЗов были обучены.

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

N/A

### 7.4. Report on country co-financing in 2012

**Table 7.4** : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-НepB-Hib, 1 dose(s) per vial, LIQUID	543,997	2,401,000
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	570128,22	
Donor	ГАВИ: 3871764,72	
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-НepB-Hib, 1 dose(s) per vial, LIQUID	14,787	288,000
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	

Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	May	Правительство Республики Узбекистан
	<b>Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing</b>	

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/>

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Not selected**

### 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](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? **May 2012**

Please attach:

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

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

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

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **May 2015**

### 7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Uzbekistan does not report on NVS Preventive campaign

### 7.7. Change of vaccine presentation

Due to the high demand in the early years of introduction, and in order to ensure safe introductions of this new vaccine, countries' requests for switch of PCV presentation (PCV10 or PCV13) will not be considered until 2015.

Countries wishing to apply for switch from one PCV to another may apply in 2014 Annual Progress Report for consideration by the IRC

For vaccines other than PCV, if you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. The reasons for requesting a change in vaccine presentation should be provided (e.g. cost of administration, epidemiologic data, number of children per session). Requests for change in presentation will be noted and considered based on the supply availability and GAVI's overall objective to shape vaccine markets, including existing contractual commitments. Country will be notified in the If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, about the ability to meet the requirement including timelines for supply availability, if applicable. Countries should inform about the time required to undertake necessary activities for preparing such a taking into account country activities needed in order to switch as well as supply availability.

You have requested switch of presentation(s); Below is (are) the new presentation(s) :

\* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

Please attach the minutes of the ICC and NITAG (if available) meeting (Document N° ) that has endorsed the requested change.

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

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

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

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

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

**Yes**

If you don't confirm, please explain

## **7.11. Calculation of requirements**

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	603,156	618,000	618,000	618,000	2,457,156
	Number of children to be vaccinated with the first dose	Table 4	#	599,979	609,966	609,966	609,966	2,429,877
	Number of children to be vaccinated with the third dose	Table 4	#	598,360	613,674	613,674	613,674	2,439,382
	Immunisation coverage with the third dose	Table 4	%	99.20 %	99.30 %	99.30 %	99.30 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.12	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	1,500,000				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	1,500,000				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.04	2.04	1.99	
cc	Country co-financing per dose	Co-financing table	\$		0.40	0.46	0.52	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

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

Co-financing group	Intermediate
--------------------	--------------

	2012	2013	2014	2015
Minimum co-financing	0.30	0.34	0.40	0.46
Recommended co-financing as per APR 2011			0.46	0.52
Your co-financing	0.34	0.40	0.46	0.52

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

		2013	2014	2015
Number of vaccine doses	#	1,576,000	1,524,100	1,461,200
Number of AD syringes	#	1,665,600	1,610,800	1,544,300
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	18,500	17,900	17,150
Total value to be co-financed by GAVI	\$	3,502,500	3,387,000	3,169,500

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

		2013	2014	2015
Number of vaccine doses	#	346,000	397,900	460,800
Number of AD syringes	#	365,700	420,500	487,000
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	4,075	4,675	5,425
Total value to be co-financed by the Country <sup>[1]</sup>	\$	769,000	884,500	999,500

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

	Formula	2012	2013		
		Total	Total	Government	GAVI
<b>A</b> Country co-finance	$V$	0.00 %	18.00 %		
<b>B</b> Number of children to be vaccinated with the first dose	Table 5.2.1	599,979	609,966	109,793	500,173
<b>C</b> Number of doses per child	Vaccine parameter (schedule)	3	3		
<b>D</b> Number of doses needed	$B \times C$	1,799,937	1,829,898	329,378	1,500,520
<b>E</b> Estimated vaccine wastage factor	Table 4	1.12	1.05		
<b>F</b> Number of doses needed including wastage	$D \times E$	2,015,930	1,921,393	345,847	1,575,546
<b>G</b> Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		0	0	0
<b>H</b> Stock on 1 January 2013	Table 7.11.1	1,500,000			
<b>I</b> Total vaccine doses needed	$F + G - H$		1,921,893	345,937	1,575,956
<b>J</b> Number of doses per vial	Vaccine Parameter		10		
<b>K</b> Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		2,031,187	365,609	1,665,578
<b>L</b> Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
<b>M</b> Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		22,547	4,059	18,488
<b>N</b> Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		3,912,975	704,327	3,208,648
<b>O</b> Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		94,451	17,001	77,450
<b>P</b> Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
<b>Q</b> Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		13,078	2,355	10,723
<b>R</b> Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		250,431	45,077	205,354
<b>S</b> Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
<b>T</b> Total fund needed	$(N+O+P+Q+R+S)$		4,270,935	768,759	3,502,176
<b>U</b> Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		768,758		
<b>V</b> Country co-financing % of GAVI supported proportion	$U / T$		18.00 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	20.70 %			23.97 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	609,966	126,262	483,704	609,966	146,231	463,735
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	1,829,898	378,784	1,451,114	1,829,898	438,693	1,391,205
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	1,921,393	397,723	1,523,670	1,921,393	460,628	1,460,765
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	0	0	0	0	0	0
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	1,921,893	397,827	1,524,066	1,921,893	460,747	1,461,146
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	2,031,187	420,450	1,610,737	2,031,187	486,949	1,544,238
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	22,547	4,668	17,879	22,547	5,406	17,141
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	3,912,975	809,975	3,103,000	3,816,880	915,044	2,901,836
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	3,912,975	19,552	74,899	3,816,880	22,644	71,807
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	13,078	2,708	10,370	13,078	3,136	9,942
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	250,431	51,839	198,592	244,281	58,563	185,718
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	4,270,935	884,071	3,386,864	4,168,690	999,385	3,169,305
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	884,071			999,385		
V	Country co-financing % of GAVI supported proportion	$U / T$	20.70 %			23.97 %		

**Table 7.11.4:** Calculation of requirements for (part 3)

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

## 8. Injection Safety Support (INS)

This window of support is no longer available

## 9. Health Systems Strengthening Support (HSS)

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

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

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

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

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

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

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

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

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

## 11. Comments from ICC/HSCC Chairs

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



## 12. Annexes

### 12.1. Annex 1 – Terms of reference ISS

#### TERMS OF REFERENCE:

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

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

## 12.2. Annex 2 – Example income & expenditure ISS

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

1

*An example statement of income & expenditure*

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
<b>Summary of income received during 2012</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 2012</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2012</b> (balance carried forward to 2013)	<b>60,139,325</b>	<b>125,523</b>

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2012</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

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

## 12.3. Annex 3 – Terms of reference HSS

### TERMS OF REFERENCE:

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

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

## 12.4. Annex 4 – Example income & expenditure HSS

### MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

*An example statement of income & expenditure*

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
<b>Summary of income received during 2012</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 2012</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2012 (balance carried forward to 2013)</b>	<b>60,139,325</b>	<b>125,523</b>

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

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2012</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

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

## 12.5. Annex 5 – Terms of reference CSO

### TERMS OF REFERENCE:

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

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

## 12.6. Annex 6 – Example income & expenditure CSO

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

*An example statement of income & expenditure*

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
<b>Summary of income received during 2012</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 2012</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2012</b> (balance carried forward to 2013)	<b>60,139,325</b>	<b>125,523</b>

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

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2012</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* 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	✓	Deputy Ministers signatures.pdf File desc: Date/time: 5/10/2013 6:47:08 AM Size: 29535
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Deputy Ministers signatures.pdf File desc: Date/time: 5/10/2013 6:47:27 AM Size: 29535
3	Signatures of members of ICC	2.2	✓	ICC members signatures.pdf File desc: Date/time: 5/10/2013 7:25:40 AM Size: 44452
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✓	протокол ГАВИ 2012г..doc File desc: Date/time: 5/10/2013 6:48:09 AM Size: 98816
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✓	Not applicable.docx File desc: Date/time: 5/15/2013 12:40:10 PM Size: 11274
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3	✗	Not applicable.docx File desc: Date/time: 5/15/2013 12:41:14 PM Size: 11274
9	Post Introduction Evaluation Report	7.2.2	✓	UZB_Pre-RV intro evaluation.pptx File desc: Date/time: 5/15/2013 11:59:30 AM Size: 627653
10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Grant Utilization Details by Activity.pdf File desc: Date/time: 5/15/2013 12:02:35 PM Size: 14082
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1	✓	Not applicable.docx File desc: Date/time: 5/15/2013 12:43:46 PM

				Size: 11274
12	Latest EVSM/VMA/EVM report	7.5	✓	EVM_report-UZB_2012.doc File desc: Date/time: 5/10/2013 6:52:03 AM Size: 7114752
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	EVM_improvement plan.doc File desc: Date/time: 5/15/2013 12:04:29 PM Size: 128000
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Not applicable.docx File desc: Date/time: 5/15/2013 12:39:42 PM Size: 11274
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3	✗	Not applicable.docx File desc: Date/time: 5/15/2013 12:44:07 PM Size: 11274
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	ICC meeting final.docx File desc: Date/time: 5/15/2013 12:08:17 PM Size: 14326
17	Valid cMYP if requesting extension of support	7.8	✗	UZB_cMYP_2011-2015 - revised 01.08.12.doc File desc: Date/time: 5/15/2013 12:10:53 PM Size: 2334208
18	Valid cMYP costing tool if requesting extension of support	7.8	✓	UZB_cMYP_Scenario_A_revised 01.08.12.xls File desc: Date/time: 5/15/2013 12:11:33 PM Size: 3555840
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	✗	Not applicable.docx File desc: Date/time: 5/15/2013 12:41:31 PM Size: 11274
				Not applicable.docx

26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0		File desc:  Date/time: 5/15/2013 12:42:09 PM Size: 11274
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