GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of
Viet Nam

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **31.05.2011 03:30:19**

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 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: Y*ou 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*

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 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 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 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-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 1 dose/vial, Liquid	2015
NVS	Measles, 10 doses/vial, Lyophilised	Measles, 10 doses/vial, Lyophilised	2011

Programme extension

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

Type of Support	Vaccine	Start Year	End Year	Action
	Change Vaccine			

1.2. ISS, HSS, CSO support

Type of Support	Active until
HSS	2010
ISS	2010

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 Viet Nam 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 Viet Nam

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	Nguyen Quoc Trieu	**Name**	Vu Van Ninh
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
Nguyen Van Cuong	Deputy Manager, National EPI	+84 4 39725745 or +84 0915342223	cuongepi@yahoo.com	

2.2. ICC Signatures Page

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

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
Craig Burgess, Chief, Child Survival and Development Section	UNICEF			
Toda Kohei, EPI Medical Officer	WHO			
Ramona Byrkit, PATH Country Representative	PATH			
Akira Shimizu, Senior Representative	JICA			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

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
PHAM Le Tuan, Director	Planning and Finance Department, MOH			
TRUONG Viet Dzung, Director	Training and Science Department, MOH			
NGUYEN Duc Vinh, Vice Director	Reproductive Health Department, MOH			
PHAM Van Tac, Director	Manpower and Organization Department, MOH			
TRAN Thi Giang Huong, Director	International Cooperation Department, MOH			
TRAN Quy Tuong, Vice Director	Curative Care Administration, MOH			
LE Quang Cuong, Director	Health Strategy and Policy Institute, MOH			
NGUYEN Tran Hien, Director	National Institute for Hygiene and Epidemiology			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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 Viet Nam's activities between January - December 2010 and specifies the requests for the period of January - December 2012

Sections

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	1,620,794	1,656,515	1,676,394	1,696,510	1,716,869	1,737,471
Total infants' deaths	0	0	0	0	0	0
Total surviving infants	1,620,794	1,656,515	1,676,394	1,696,510	1,716,869	1,737,471
Total pregnant women	1,605,300	1,656,515	1,676,394	1,696,510	1,716,869	1,737,471
# of infants vaccinated (to be vaccinated) with BCG	1,518,357	1,565,407	1,592,574	1,611,685	1,631,025	1,650,597
BCG coverage (%) *	94%	95%	95%	95%	95%	95%
# of infants vaccinated (to be vaccinated) with OPV3	1,518,709	1,590,255	1,609,338	1,628,650	1,648,194	1,667,972
OPV3 coverage (%) **	94%	96%	96%	96%	96%	96%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	1,505,191					
# of infants vaccinated (to be vaccinated) with DTP3 ***	1,505,191					
DTP3 coverage (%) **	93%	0%	0%	0%	0%	0%
Wastage[1] rate in base-year and planned thereafter (%)	35%					
Wastage[1] factor in base-year and planned thereafter	1.54	0	0	0	0	0
Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib	1,433,074	1,573,689	1,592,574	1,611,685	1,631,026	1,650,597
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib	1,418,885	1,557,952	1,576,649	1,595,568	1,614,715	1,634,091
3rd dose coverage (%) **	88%	94%	94%	94%	94%	94%
Wastage[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1st dose of Measles	1,585,086	1,573,689	1,592,574	1,611,685	1,631,026	1,650,597
Measles coverage (%) **	98%	95%	95%	95%	95%	95%
Infants vaccinated (to be vaccinated) with 2nd dose of Measles	1,500,635	1,573,689	1,592,574	1,611,685	1,631,026	1,650,597
Wastage[1] rate in base-year and planned thereafter (%)	35%	30%	30%	30%	30%	30%
Wastage[1] factor in base-year and planned thereafter	1.54	1.43	1.43	1.43	1.43	1.43
Pregnant women vaccinated with TT+	1,448,484	1,490,864	1,508,755	1,526,859	1,545,182	1,563,729
TT+ coverage (%) ****	90%	90%	90%	90%	90%	90%
Vit A supplement to mothers within 6 weeks from delivery	980,357					
Vit A supplement to infants after 6 months	4,837,927					
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	0%	0%	0%	0%	0%	0%
Annual Measles Drop-out rate	5%	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
**** 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] x 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 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**

Vietnam only provides estimates of surviving infants and not for births.

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

The number of surviving infants reported in 2010 (1,620,794) in JRF are slightly lower than projections (1,636,873) estimates for 2010 in 2009 APR (in 1.1. Updated baseline and annual targets/) It is note that number of surviving infants reported in 2010 (1,620,794) from 63 Preventive Medicine Centres of 63 provinces in Viet Nam. These were the real situation by province in 2010. It was lower than number of surviving infants estimate s for 2010 in 2009 APR. However, it was higher than number of children under one in docunemt “Population Change and Family Planning Survey 1/4/2010” from General Statistics Office, Ministry of Planning Invesment 2/2011 (1,458,445).

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

No change in targets by vaccine in 2011, same as in the c-MYP submitted earlier. The coverage goal remains at 95% for DPT3/OPV3 and 96% for DPT1/OPV1. However, the achievement in 2010 was slightly lower than the target (93.41% for DPT3 and 92.87% for DPT1). There a stock-out of DPT at all levels for about 4 months in 2010.

The covegare of Penta was lower than as expected for 2010. Following are main reasons of lower target of DPT-HepB-Hib3 in 2010, which was indicated in the submitted JRF and APR:

- According to plan, new Penta valent vaccine should be introduced in Jan.2010, however since the MOH vaccine license was issued on 12 Apr. 2010, then vaccine has been delivered later in Apr. and the actual introduction has been started since June 2010.
- By the end of 2010 , 4 million doses of the total GAVI pledged 5, 627,300 doses DPT-HepB-Hib vaccine was shipped to Viet nam for field use.
- In addition Gov't procured 440,000 doses of co-financed penta-vaccine in Dec. 2010
- The 63% coverage of DPT-HepB-Hib3 has been reached through vaccination all newly enroled children, who born in Mar-Apr..and afterward and those kids who already received DPT1 and/or DPT2 in the Quarter 1/2011 but have not competed full course due to stock-out of locally produced DPT (Pentavaccine introduction was planned to initiated in Jan.2010, so Gov't budget was not allocated fully for continued local DPT production for annual need as previous years).

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

No changes made 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

High coverage was maintained for all antigens except for Hepatitis B birth dose: FIC for child under one: 94.6%; Number of children vaccinated with DPT3 were 1,514,027 (93.4%). It is note that FIC is the child under one year were received BCG, OPV3, DPT3, HepB3 and measles (not include Hep B birth dose) in the year. In JRF 2010, number of children received DPT3 (1,514,027) in 2010 was higher than number of children received DPT1 (1,505,191).

The second dose of measles vaccine was introduced in 2006 nationwide and is provided at school age (grade 1). The number of children 6 years old received measles second doses for 2010 is 1,500,635 (97.67% of target population).

TT2+ for PW: 90.23 % and Protection at birth (PAB) again neonatal tetanus: 88.73%

Many IEC activities were conducted include guide line from MOH during 2010 to increase the coverage with birth dose of Hepatitis B vaccine. However, there was a stock-out of HepB vaccine at all levels in 8 months from May to December 2010.

Measles outbreak occurred in 2009 with 6582 confirmed cases in 57 provinces mainly among children 1 - 5 years old and young adults. 1574 measles cases were confirmed in 2010. A measles campaign targeting 7,292,713 children of to 5 years old with support from WHO and UNICEF was conducted in 2010. 7,034,895 (96.46%) target population were received measles vaccine during fourth quarter 2010.

Major achievements during this particular SIA:

- MoH/Gov made strong commitment for SIA and advocacy for measles elimination goal 2012.
- Most of the operational cost was prepared by local government (provincial peoples committees). The most of the fund were allocated timely. The communication and monitoring/supervision were well performed in most of provinces.
- The SIA activity discovered the high risk marginalized population which would be the important priority group targeted for the routine immunization

From 1st April 2011 the schedule of measles 2nd dose to 18 months of age will be instead of the current schedule at 6 years of age.

MNTE status still maintain in Vietnam. Only 35 neonatal tetanus cases were reported in 2010. However, there was one of 695 districts with 4 neonatal tetanus cases in 2010. Two rounds TT SIAs for CBAW from 15 to 35 years old were conducted in the fourth quarter 2010 for 3 communes with NNT cases and two TT SIAs for CBAW were conducted in the first quarter 2011 in this HRD.

5.2.2.

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

The achievement in 2010 was lower than the target (93.41% for DPT3 and 21.44% for HepB birth dose coverage). There were a stock-out of DPT at all levels for about 4 months and a stock-out of HepB vaccine at all levels for about 8 months in 2010. In the plan pentavalent vaccine (DPT-HepB-Hib) will be introduced in 1st January 2010. However, the vaccine introduction was delayed due to the time required for vaccine product registration in Vietnam. As per laws in Vietnam, only a locally registered product can be procured for immunization. Since none of the pentavalent vaccines were registered till 2009 in Vietnam, the introduction got delayed to June 2010. The other reason for stock out of HepB vaccine in 2010 was the local company product HepB vaccine (VABIOTECH) need more time for change presentation from 2 doses/vial in singe dose/vial for birth dose. In the plan for 2011 NEPI will receive HepB vaccine singe dose/vial from VABIOTECH in May 2011.

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?

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

In Viet Nam, both boys and girls have equal rights for health care, education and other basic rights. Findings from many EPI programme review evaluation show that no significant difference for boys and girls for their access to vaccination. Results from 2009 EPI review indicated that gender is not a significant factor affecting immunization service utilization, i.e 1% is the difference in DPT3 and FIC coverage between boys and girls (99% for boys and 98% for girls and 96% for boys and 95% for girls respectively)

5.2.4.

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

Immunization coverage for children was very high in EPI (more than 90%). There was no significant difference in coverage level between boys and girls as mention above. However, DPT3 in some remote districts is very low (<50%). With support from UNICEF for EPI activities in this area we hope it will be changed in future.

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)*****.

The 30-cluster coverage survey done in 6 provinces in March-April 2009, as part of an international EPI review found much more consistency between the two, with survey versus reported coverage being 94% versus 93.2 (DPT3), 91% versus 91.85 (MCV1), 76% versus 86.7% (HepB3), 12% versus 24% (timely hepB birth dose). The proportion of fully immunized children exceeded 90% in all 6 provinces for a national coverage level 95% (card and recall at time of survey). There was no significant difference in coverage level between boys and girls.

***** 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? Yes

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

The data quality and management review was undertaken as part of International EPI review in March-April 2009. The key findings of the review included:

- Commune staff and district supervisors use the EPI registration books extensively to identify drop outs and monitor data quality.
- Coverage and surveillance data recorded at the commune and district level was generally the same as that recorded at the district and provincial level, respectively.
- Submission of coverage and surveillance reports was usually timely and complete.
- Denominator data were based on various sources including office of statistics, a standardized algorithm, village health worker head counts, population collaborator head counts, and others.
- Data inconsistencies were occasionally found in some areas. Some discrepancies were found in dates of vaccine administration by card compared with registration books. DTP3 figures were sometimes greater than DTP1 at the commune level; measles coverage was also sometimes greater that DTP3. The reported number of births sometimes exceeded the reported number of pregnant women, raising questions regarding target population data accuracy.

The key recommendation included preparation of national guidelines and standard methods for assessing population and organizing quarterly review of People's Committee birth records at the commune level including comparison with EPI registration lists to ensure that all newborn children are included in registration lists and to obtain more accurate

target population data.

5.3.3.

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

One of the most difficult in EPI is estimating denominator. Some factors limiting the accuracy of the denominator include Digital birth registration is not implement in Viet Nam. Immigration and denigration are increase in the resent years.

A handbook on guidelines for collection, calculation and use of EPI data was prepared in 2009 and 2010 targeting EPI staff at all levels. The handbook will be printed and disseminated in 2011 to all EPI staff at all levels. The national workshop for use this document was conducted in April 2011. Training for EPI staff at all levels will be implemented in 2011 and 2012.

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 revised software for EPI data management was introduced for EPI staff at national, regional and provincial levels in 2010 and 2011.

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$.

Exchange rate used	1 $US = 18932	Enter the rate only; no local currency name

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** PATH	**Donor name** UN through UNICEF and WHO	**Donor name**	
Traditional Vaccines*	3,578,202	3,578,202							
New Vaccines	19,138,289	1,633,789	17,504,500						
Injection supplies with AD syringes	811,959	811,959							
Injection supply with syringes other than ADs	271,001	271,001							
Cold Chain equipment									
Personnel	719,974			276,234	395,465	48,275			
Other operational costs	2,422,949	2,422,949							
Supplemental Immunisation Activities	5,329,989	2,112,825		217,164			3,000,000		
Measles 2nd dose	622,000		622,000						
Total Expenditures for Immunisation	*32,894,363*								

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name PATH	Donor name UN through UNICEF and WHO	Donor name	
Total Government Health		10,830,725	18,126,500	493,398	395,465	48,275	3,000,000		

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

Table 2b: Overall Budgeted Expenditures 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	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	16,992,171	16,403,506	
New Vaccines	2,072,645	14,008,059	
Injection supplies with AD syringes	2,383,287	2,656,052	
Injection supply with syringes other than ADs	271,000	271,000	
Cold Chain equipment	427,461	1,091,085	
Personnel	915,225	960,986	
Other operational costs	4,314,267	4,498,065	
Supplemental Immunisation Activities			
Maintenance and overheads	1,676,394	1,696,510	
Total Expenditures for Immunisation	29,052,450	41,585,263	

* 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.

Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

The Gov't total approved budget in 2010 (170 billion VND) represented an increase of 20% from 2009 approved budget (142 billion VND). Overall, the total approved budget increased from 110 billion VND in 2005 to 170 billion VND in 2010, representing an increase of 54.5%. Support from WHO, UNICEF. GAVI, PATH and Luxembourg government helped to cover different EPI activities in 2010. Funding is secured for all the activities planned in 2011, and government will cofinance the cost of Hib vaccine.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 1

Please attach the minutes (Document number 1) from all the ICC meetings held in 2010, including those of the meeting 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 5.4 Overall Expenditures and Financing for Immunisation

1) Measles surveillance should be improved with monthly data analysis.
2) HepB sero-survey would show the impact of high coverage of HepB birth dose.
HepB birth dose coverage should be monitored monthly and by province.
3) Introduction ofPentavalent vaccine is importantvaccination development event in 2010.
4) HSS and ISS report should be integrated and consolidated into APR/GAVI.
5) Next ICC should report specific activity of Luxemburg and PATH as well

Are there any Civil Society Organisations (CSO) member of the ICC ?: Yes

If Yes, which ones?

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

List CSO member organisations:	Actions
PATH	

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

A c-MYP has been developed for years 2011-2015. The objectives and priority actions are fully linked with the current c-MYP (for year 2010) and with the future c-MYP (for 2011). Following are in brief main objectives and priority actions for 2011:

1) Maintain more than 95% coverage of the eligible population with all the vaccines included in the national immunization program with special efforts made to increase the coverage with hepatitis B vaccine birth dose.

2) Maintain polio-free and Maternal Neonatal Tetanus Elimination status

3) Introduce booster doses of DPT at 18 months of age and meales second dose for children at 18 months of age inste of 6 years

4) Set up maintenance system for cold chain equipment at all levels

5) Increasing HepB birth dose vaccination, esp. reduce missed opportunity for HepB vaccination in hospitals

6) The scientific committee for EPI was conduct the meeting in April 2011 and give recommendation and have agreement from MOH for two new vaccines will be introduced in EPI are Rubella vaccine and Rota virus vaccine. Detail plan will be prepare and send to Government for approve. Viet Nam will submit application form to GAVI when it have agreement from government. It is note that in cMYP 2011 - 2015 Rubella vaccine and pneumococcal vaccine were mention on new vaccines in EPI.

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 funding sources of Injection Safety 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 sources of 2010	Actions
BCG	Single use syringe	Gov.	
Measles	AD syringe	Gov. and GAVI	
TT	AD syringe	Gov.	
DTP-containing vaccine	AD syringe	Gov. GAVI	
JE and Typhoid	AD syringe	Gov.	

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? (Please report in box below)

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

What types of incinerators will be selected for commune level?

How to set-up incinerator for all commune health centre with limited fund from EPI.

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

The practice for disposal of immunization waste in 2010 were: incineration for urban area, open burning for rural area and burial in mountainous area. However, it needs to improve in rural area. It is note that safety boxes from EPI just only enough to use for used syringes from EPI. However, at commune health centre (immunization points) sharp waste is not only syringes from EPI.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US$ 0
Remaining funds (carry over) from 2009	US$ 82,486
Balance carried over to 2011	US$ 55,534

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010

No ISS funds received during 2010. Total remaining funds from 2009 were USD 82,486.

Only $26,951.08 from ISS funds were used in 2010 to support transportation, supportive supervision, epidemiological surveillance,AEFI surveillance and training on EPI data management for EPI staff form provincial, regional national levels.

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? No

If Yes, please complete Part A below.
If No, please complete Part B below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds

Part B: briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

The fund was transferred to the account of National Institute of Hygiene and Epidemiology (NIHE) in the part for EPI expenditures.

The Ministry of Finance acknowledged the fund as they involved in confirming the support plan and had signed in the application form.

Based on the requirement and necessary of EPI situation the national EPI and ICC working group developed the plan of action for EPI. It will be approved the spending for each activity through ICC meetings. The fund was transferred from the account of National Institute of Hygiene and Epidemiology (NEPI) to the account of regional levels.

The progress of activities implementation will be reported in EPI quarterly meeting between EPI staff at national, regional and ICC member or/and ICC meetings.

Is GAVI's ISS support reported on the national health sector budget? Yes

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number 3) (Terms of reference for this financial statement are attached in Annex 1). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached (Document Number 4).

6.4. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/Immunisation_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm.

If you qualify for ISS reward based on DTP3 achievements in 2010 immunisation programme, estimate the US$ amount by filling **Table 3** below

Note: The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available

Table 3: Calculation of expected ISS reward

				2009	2010
				A	B
1	Number of infants vaccinated with DTP3* (from JRF) **specify**				1,505,191
2	Number of **additional** infants that are reported to be vaccinated with DTP3				
3	Calculating	$20	per additional child vaccinated with DTP3		
4	**Rounded-up estimate of expected reward**				

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

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

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

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

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 ***	**Total doses of postponed deliveries in 2011**	**Actions**
DTP-HepB-Hib	5,627,300	4,000,000	1,627,300	
Measles	1,898,100	1,898,100	0	

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

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

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

2011 is the fifth year Viet Nam receive support from GAVI for 2nd dose of measles (2007-2011). It will be the last year for support by GAVI for 2nd dose of measles. However, if Viet Nam introduce Rubella vaccine in EPI in 2012 the total budged for EPI will be increase and may have problem. Viet Nam expected for continue receive support from GAVI for 2nd dose of measles for one or two more years (2012 and 2013)

1,627,399 doses of DPT-HepB-Hib was dalay in shipment in 2010. It was informed from UNICEF the new shipment will be in 2011.

Vietnam received suport from GAVI for measles second dose in cash. Only measles vaccine from Sanofi Aventis France is registered in Vietnam. The cost of it was USD 0.32 per dose. The fund from GAVI could only procure 1,580,000 doses for 2010 at that price. The fund from government covered enough of requirement for measles second dose.

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)

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? No

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 in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced	DPT-HepB-Hib	
Phased introduction	No	**Date of introduction** 01.06.2010
Nationwide introduction	Yes	**Date of introduction** 01.06.2010
The time and scale of introduction was as planned in the proposal?	No	**If No, why?** The vaccine introduction was delayed due to the time required for vaccine product registration in Vietnam. As per Nationalregulationsfor drug/vaccine importation(laws in Vietnam), only a locally registered/ licensedvaccineproduct can be procured for immunizationin the country. Since none of the pentavalent vaccines were registered till April 2010 in Vietnam, the introduction got delayed to June 2010.

7.2.2.

When is the Post introduction Evaluation (PIE) planned?

If your country conducted a PIE in the past two years, please attach relevant reports (Document No)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? Yes

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

When AEFI cases occur, causing severe impact on the health and life of the inoculated people, the use of the related vaccines, medical biological shall be ceased immediately and quick investigation and evaluation of the causes shall be started. Investigation shall include the following steps in accordance with the stipulations.

The Committee of science &technical specialization will be established to evaluate the use of vaccines under the extended inoculation project in order to assess the use of vaccines, medical biological of the provinces including Health Service leaders, representatives of the Hygiene & Epidemiology Institute, Pasteur Institute, Preventive Medicine Center, treatment establishments and related agencies, consultants in case of need so as to evaluate the causes of post-inoculation reaction. No impact from AEFI cases on vaccine introduction in 2010

7.2.4.

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

Funds of Vaccines Introduction Grant received in 2010

$US	492,500
Receipt date	24.09.2008

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

Many activities have been undertaken in relation to the introduction of DPT-HepB-Hib vaccine (Quinvaxem) in EPI. It is include support from UNICEF for IEC and from central and local government. Major activities support from GAVI were used for:

1) Developing guidance on introducing pentavalent vaccine (DPT-HepB-Hib)

2) IEC: Workshop on introduction pentavalent vaccine for journalists; Printing and distribution 24,000 immunization posters; 156,000 leaflets of pentavalent vaccine

3) National and regional workshops on introducing Hib vaccine, EPI steering board meeting

4) Conducted training course for the health workers in 63 provinces on Hib vaccine introduction:'.
-1171 participants from 28 provinces of the North,
- 404 from 11 provinces of the Central,
- 169 from 4 highland provinces,
- 733 from 20 provinces of the South

5) Training for 33,270 health workers in 11,090 communes (North: 6365, Central: 1530, South: 2640, Highland: 55),

6) 4,116 health workers from hospitals, PMC in 686 districts throughout 63provinces/cities

7) Supportive Supervision.

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

The vaccine introduction was delayed due to the time required for vaccine product registration in Vietnam. As per Nat'l regulations for drug and biological products (laws in Vietnam), only a locally registered product can be procured for immunization. Since none of the pentavalent vaccines were registered till April 2010 in Vietnam, the introduction got delayed to June 2010.

Is there a balance of the introduction grant that will be carried forward? No

If Yes, how much? US$

Please describe the activities that will be undertaken with the balance of funds

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No). (Terms of reference for this financial statement are available in Annex 1.) Financial statements should be signed by 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

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine	1,633,789	440,000

DTP-HepB-Hib, 1 dose/vial, Liquid		
2nd Awarded Vaccine Measles, 10 doses/vial, Lyophilised		
3rd Awarded Vaccine		

Q. 2: Which are the sources of funding for co-financing?
Government
Donor
Other

Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?
1. Funding for co-financing will be part of Gov't allocated budget (funding) for NEPI (support by government)for the fiscal year
2. Funding for EPI is transferred to NEPI from MOH in the second quarter
3.
4.

Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?

Schedule of Co-Financing Payments	Proposed Payment Date for 2012
	(month number e.g. 8 for August)
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	11
2nd Awarded Vaccine Measles, 10 doses/vial, Lyophilised	
3rd Awarded Vaccine	

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/resources/9___Co_Financing_Default_Policy.pdf.

Is GAVI's new vaccine support reported on the national health sector budget? Yes

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted? 15.09.2009

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

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° 6)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Please note that EVSM and 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/Immunisation_delivery/systems_policy/logistics/en/index6.html.

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

- The EPI was supported by the Luxembourg-Development project to set/ conduct maintenance activities for all EPI storage systems from national to commune level.
- The NEPI will develop a technical team to support maintenance activities in all lower level stores.
- Develop SOPs on packing vaccine in refrigerated trucks.
- Develop SOPs and contingency plans for internal vaccine distributions and transport to the airport in the event of flight delays and the like.

When is the next Effective Vaccine Management (EVM) Assessment planned? 15.09.2014

7.5. Change of vaccine presentation

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. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No) that has endorsed the requested change.

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

If 2011 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for vaccine for the years 2012 to . At the same time it commits itself to co-finance the procurement of vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.9 Calculation of requirements.

The multi-year extension of vaccine support is in line with the new cMYP for the years 2012 to which is attached to this APR (Document No).

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

7.7. Request for continued support for vaccines for 2012 vaccination programme

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

Confirm here below that your request for 2012 vaccines support is as per section 7.9 Calculation of requirements:

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-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	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 monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	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 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	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, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	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

Vaccines	Group	No Threshold	200'000 $		250'000 $		2'000'000 $	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 1 dose/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	1,656,515	1,676,394	1,696,510	1,716,869	1,737,471		8,483,759
Number of children to be vaccinated with the third dose	Table 1	#	1,557,952	1,576,649	1,595,568	1,614,715	1,634,091		7,978,975
Immunisation coverage with the third dose	Table 1	#	94%	94%	94%	94%	94%		
Number of children to be vaccinated with the first dose	Table 1	#	1,573,689	1,592,574	1,611,685	1,631,026	1,650,597		8,059,571
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		1,500,000					
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	Intermediate

	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**			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		3,074,100	4,267,700	4,061,200	3,848,500	15,251,500
Number of AD syringes	#		3,181,400	4,512,200	4,293,900	4,069,000	16,056,500
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		35,325	50,100	47,675	45,175	178,275

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Total value to be co-financed by GAVI	*$*		8,069,000	10,546,000	8,816,500	7,638,000	35,069,500

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		457,500	824,300	1,091,900	1,366,400	3,740,100
Number of AD syringes	#		473,500	871,500	1,154,500	1,444,700	3,944,200
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		5,275	9,675	12,825	16,050	43,825
Total value to be co-financed by the country	*$*		1,201,000	2,037,000	2,370,500	2,712,000	8,320,500

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 1 dose/vial, Liquid

		Formula	2011	2012			2013			2014			2015		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			12.95%			16.19%			21.19%			26.20%		
B	**Number of children to be vaccinated with the first dose**	Table 1	1,573,689	1,592,574	206,287	1,386,287	1,611,685	260,886	1,350,799	1,631,026	345,596	1,285,430	1,650,597	432,474	1,218,123
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
D	**Number of doses needed**	B x C	4,721,067	4,777,722	618,859	4,158,863	4,835,055	782,656	4,052,399	4,893,078	1,036,787	3,856,291	4,951,791	1,297,422	3,654,369
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	4,957,121	5,016,609	649,802	4,366,807	5,076,808	821,789	4,255,019	5,137,732	1,088,627	4,049,105	5,199,381	1,362,293	3,837,088
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		14,872	1,927	12,945	15,050	2,437	12,613	15,231	3,228	12,003	15,413	4,039	11,374
H	**Stock on 1 January 2011**			1,500,000	194,296	1,305,704									
I	**Total vaccine doses needed**	F + G - H		3,531,481	457,434	3,074,047	5,091,858	824,225	4,267,633	5,152,963	1,091,854	4,061,109	5,214,794	1,366,332	3,848,462
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		3,654,780	473,404	3,181,376	5,383,617	871,452	4,512,165	5,448,223	1,154,416	4,293,807	5,513,597	1,444,621	4,068,976
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		40,569	5,255	35,314	59,759	9,674	50,085	60,476	12,815	47,661	61,201	16,036	45,165

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
N	Cost of vaccines needed	I x g		8,722,759	1,129,860	7,592,899	11,813,111	1,912,202	9,900,909	10,460,515	2,216,463	8,244,052	9,647,369	2,527,713	7,119,656
O	Cost of AD syringes needed	K x ca		193,704	25,091	168,613	285,332	46,188	239,144	288,756	61,185	227,571	292,221	76,565	215,656
P	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x cs		25,965	3,364	22,601	38,246	6,191	32,055	38,705	8,202	30,503	39,169	10,263	28,906
R	Freight cost for vaccines needed	N x fv		305,297	39,546	265,751	413,459	66,928	346,531	366,119	77,577	288,542	337,658	88,470	249,188
S	Freight cost for devices needed	(O+P+Q) x fd		21,967	2,846	19,121	32,358	5,238	27,120	32,747	6,939	25,808	33,139	8,683	24,456
T	Total fund needed	(N+O+P+Q+R+S)		9,269,692	1,200,704	8,068,988	12,582,506	2,036,744	10,545,762	11,186,842	2,370,363	8,816,479	10,349,556	2,711,693	7,637,863
U	Total country co-financing	I 3 cc		1,200,704			2,036,744			2,370,363			2,711,693		
V	Country co-financing % of GAVI supported proportion	U / T		12.95%			16.19%			21.19%			26.20%		

Table 7.2.1: Specifications for Measles, 10 doses/vial, Lyophilised

	Instructions		2011						TOTAL

	Instructions		2011						TOTAL
Number of Surviving infants	Table 1	#	1,656,515						1,656,515
Number of children to be vaccinated with the third dose	Table 1	#	1,573,689						1,573,689
Immunisation coverage with the third dose	Table 1	#	95%						
Number of children to be vaccinated with the first dose	Table 1	#	1,573,689						1,573,689
Number of doses per child		#	1						
Estimated vaccine wastage factor	Table 1	#	1.43						
Vaccine stock on 1 January 2011		#							
Number of doses per vial		#	10						
AD syringes required	Select YES or NO	#	Yes						
Reconstitution syringes required	Select YES or NO	#	Yes						
Safety boxes required	Select YES or NO	#	Yes						
Vaccine price per dose	Table 6.1	$	0.240						
Country co-financing per dose		$	0.00						
AD syringe price per unit	Table 6.1	$	0.053						
Reconstitution syringe price per unit	Table 6.1	$	0.038						
Safety box price per unit	Table 6.1	$	0.640						
Freight cost as % of vaccines value	Table 6.2	%	10.00%						
Freight cost as % of devices value	Table 6.2	%	10.00%						

No Co-financing for Measles.

Table 7.2.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US$			**For Approval**	**For Endorsement**			
Required supply item		**2011**					**TOTAL**
Number of vaccine doses	#						0
Number of AD syringes	#						0
Number of re-constitution syringes	#						0
Number of safety boxes	#						0
Total value to be co-financed by GAVI	*$*						0

Table 7.2.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**					**TOTAL**
Number of vaccine doses	#						0
Number of AD syringes	#						0
Number of re-constitution syringes	#						0
Number of safety boxes	#						0
Total value to be co-financed by the country	*$*						0

Table 7.2.4: Calculation of requirements for Measles, 10 doses/vial, Lyophilised

		Formula	2011												
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**														
B	**Number of children to be vaccinated with the first dose**	Table 1	1,573,689												
C	**Number of doses per child**	Vaccine parameter (schedule)	1												
D	**Number of doses needed**	B x C	1,573,689												
E	**Estimated vaccine wastage factor**	Wastage factor table	1.43												
F	**Number of**	D x E	2,250,376												

		Formula	2011												
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	doses needed including wastage														
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25													
H	**Stock on 1 January 2011**														
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) x 1.11													
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11													
M	**Total of safety boxes (+ 10% of extra need) needed**	(K + L) /100 * 1.11													
N	**Cost of vaccines needed**	I x g													
O	**Cost of AD syringes needed**	K x ca													
P	**Cost of reconstitution syringes needed**	L x cr													
Q	**Cost of safety boxes needed**	M x cs													

		Formula	2011												
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
R	Freight cost for vaccines needed	N x fv													
S	Freight cost for devices needed	(O+P+Q) x fd													
T	Total fund needed	(N+O+P+Q+R+S)													
U	Total country co-financing	I 3 cc													
V	Country co-financing % of GAVI supported proportion	U / T													

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: HSS section of the APR 2010 @ 18 Feb 2011.docx

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

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 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

Annex 1

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 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 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, 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 2010 (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 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

Annex 2

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, 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 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 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, 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 2010 (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 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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

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

Detailed analysis of expenditure by economic classification ** – GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

Annex 3

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 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, 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 2010 (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 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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

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

Detailed analysis of expenditure by economic classification ** – GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		14	Yes
Signature of Minister of Finance (or delegated authority)		15	Yes
Signatures of members of ICC		6	Yes
Signatures of members of HSCC		3	Yes
Minutes of ICC meetings in 2010		7	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		8	Yes
Minutes of HSCC meetings in 2010		13	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		1	Yes
Financial Statement for ISS grant in 2010		9	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		4	Yes
EVSM/VMA/EVM report		12	
External Audit Report (Fiscal Year 2010) for ISS grant		10	
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012			
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010		11	
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		5	

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 Description	File name Date and Time Size	New file	Actions
1	**File Type:** Minutes of HSCC meeting in 2011 endorsing APR 2010 * **File Desc:**	**File name:** Minutes-HSCC meeting-HSS2010.doc **Date/Time:** 19.05.2011 03:04:53 **Size:** 67 KB		
2	**File Type:** other **File Desc:** APR HSS Section	**File name:** APR_2010-HSS_section-final.doc **Date/Time:** 19.05.2011 03:07:27 **Size:** 273 KB		

ID	File type Description	File name Date and Time Size	New file	Actions
3	**File Type:** Signatures of members of HSCC * **File Desc:**	**File name:** HSCC signature page.pdf **Date/Time:** 19.05.2011 03:08:35 **Size:** 567 KB		
4	**File Type:** Financial Statement for HSS grant in 2010 * **File Desc:**	**File name:** Financial Statement.pdf **Date/Time:** 19.05.2011 03:10:03 **Size:** 286 KB		
5	**File Type:** Latest Health Sector Review Report **File Desc:**	**File name:** JAHR2010-VN.pdf **Date/Time:** 19.05.2011 03:15:38 **Size:** 3 MB		
6	**File Type:** Signatures of members of ICC * **File Desc:**	**File name:** Signature of member of ICC.pdf **Date/Time:** 23.05.2011 04:26:04 **Size:** 151 KB		
7	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:**	**File name:** Minute of ICC meeting 2010.doc **Date/Time:** 23.05.2011 04:26:38 **Size:** 37 KB		
8	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:**	**File name:** Minute of ICC meeting 2011.doc **Date/Time:** 23.05.2011 04:27:18 **Size:** 64 KB		
9	**File Type:** Financial Statement for ISS grant in 2010 * **File Desc:**	**File name:** Finalcil statement for ISS grant in 2010.pdf **Date/Time:** 23.05.2011 04:28:44 **Size:** 206 KB		
10	**File Type:** External Audit Report (Fiscal Year 2010) for ISS grant **File Desc:**	**File name:** External audit report (2010) for ISS grant.pdf **Date/Time:** 23.05.2011 04:32:38 **Size:** 1 MB		
11	**File Type:** Financial Statement for NVS introduction grant in 2010 **File Desc:**	**File name:** Finalcial statement for NVS 2010.pdf **Date/Time:** 23.05.2011 04:33:34 **Size:** 434 KB		
12	**File Type:** EVSM/VMA/EVM report **File Desc:** Report of Vietnam EVM 2009	**File name:** Report of Vietnam EVM 2009.doc **Date/Time:** 23.05.2011 04:54:51 **Size:** 2 MB		
13	**File Type:**	**File name:**		

ID	File type Description	File name Date and Time Size	New file	Actions
	Minutes of HSCC meetings in 2010 * **File Desc:**	Minutes-HSCC meeting-HSS2010.doc **Date/Time:** 30.05.2011 04:46:31 **Size:** 67 KB		
14	**File Type:** Signature of Minister of Health (or delegated authority) * **File Desc:**	**File name:** Signature of Minister of Health.pdf **Date/Time:** 30.05.2011 05:58:51 **Size:** 129 KB		
15	**File Type:** Signature of Minister of Finance (or delegated authority) * **File Desc:**	**File name:** Signature of MoF.pdf **Date/Time:** 31.05.2011 03:29:43 **Size:** 141 KB		
16	**File Type:** other **File Desc:** Explanation on the targets	**File name:** APR from Vietnam.msg **Date/Time:** 27.06.2011 05:15:12 **Size:** 57 KB		