GAVI Alliance

Annual Progress Report 2014

Submitted by

The Government of

Zambia

Reporting on year: **2014**
Requesting for support year: **2016**
Date of submission: **15/05/2015**

Deadline for submission: 15/05/2015

Please submit the APR 2014 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavi.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: **2014**

Requesting for support year: **2016**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule	2015

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

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2016	2017
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2016	2017
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2016	2017
Routine New Vaccines Support	Rotavirus, 2-dose schedule	2016	2017

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For 2014 ISS reward
VIG	Yes	Not applicable	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

There is no APR Monitoring IRC Report available for Zambia from previous year.

2. Signatures

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

By signing this page, the Government of Zambia 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 Zambia

Please note that this APR will not be reviewed or approved by the High Level Review Panel (HLRP) 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	Hon. Emerine Kabashi MP	**Name**	Hon. Alexander Chikwanda MP
Date		**Date**	
Signature		**Signature**	

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

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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
Prof Elwyn Chomba, Permanent Secretary	Min of Community Developement Mother & Child Health		
Dr. Jacob Mufunda, Country Representative	World Health Organisation		
Mr Shadrack Omol, Deputy Country Representative	UNICEF		
Uzoamaka Gilpin/Health Advisor	Department For International Development		
Dr Kip Baggart/ ZFEP Resident Advisor	Centre for Disease Control		
Dr Fwasa Singogo, Country Director	Better Immunisation Data		
Jan Willem Van Den Broek/Country Director	Clinton Health Access Initiative		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

Zambia is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2014

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

Zambia is not reporting on CSO (Type A & B) fund utilisation in 2015

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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.

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2014		2015		2016		2017	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	730,007	645,228	750,519	656,094		669,905		683,178
Total infants' deaths	51,105	30,945	52,536	48,683		31,980		32,605
Total surviving infants	678902	614,283	697,983	607,411		637,925		650,573
Total pregnant women	786,892	781,212	808,925	866,538		920,765		950,602
Number of infants vaccinated (to be vaccinated) with BCG	706,657	641,166	726,443	649,533		656,507		676,346
BCG coverage*[1]*	97 %	99 %	97 %	99 %	0 %	98 %	0 %	99 %
Number of infants vaccinated (to be vaccinated) with OPV3	664,403	544,829	693,753	564,892		593,271		618,045
OPV3 coverage*[2]*	98 %	89 %	99 %	93 %	0 %	93 %	0 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1*[3]*	621,323	609,480	700,905	601,337		631,546		644,067
Number of infants vaccinated (to be vaccinated) with DTP3*[3][4]*	600,312	548,779	648,337	564,892		593,271		618,045
DTP3 coverage*[2]*	88 %	89 %	93 %	93 %	0 %	93 %	0 %	95 %
Wastage*[5]* rate in base-year and planned thereafter (%) for DTP	5	5	5	5		5		5
Wastage*[5]* factor in base-year and planned thereafter for DTP	1.05	1.05	1.05	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	595,194	609,480	700,905	601,337		611,546		624,067
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	575,067	548,779	648,337	564,892		593,271		618,045
DTP-HepB-Hib coverage*[2]*	85 %	89 %	93 %	93 %	0 %	93 %	0 %	95 %
Wastage*[5]* rate in base-year and planned thereafter (%)	5	5	5	5		5		5
Wastage*[5]* factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1	1.05	1	1.05

Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV10)	534,122	572,062	700,905	577,040		611,546		624,067
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV10)	479,316	499,106	619,072	516,299		574,133		618,045
Pneumococcal (PCV10) coverage*[2]*	71 %	81 %	89 %	85 %	0 %	90 %	0 %	95 %
Wastage*[5]* rate in base-year and planned thereafter (%)	10	10	5	5		5		5
Wastage*[5]* factor in base-year and planned thereafter (%)	1.11	1.11	1.05	1.05	1	1.05	1	1.05
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0 %	10 %	0 %	10 %	0 %	10 %	0 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus	588,273	520,208	700,905	577,040		611,546		624,067
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus	556,249	478,297	619,072	546,670		606,029		618,045
Rotavirus coverage*[2]*	82 %	78 %	89 %	90 %	0 %	95 %	0 %	95 %
Wastage*[5]* rate in base-year and planned thereafter (%)	5	5	5	5		5		5
Wastage*[5]* factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1	1.05	1	1.05
Maximum wastage rate value for Rotavirus, 2-dose schedule	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	0	524,016	693,753	546,670		574,133		605,033
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles	264,191	231,430	290,610	242,964		287,066		325,287
Measles coverage*[2]*	39 %	38 %	42 %	40 %	0 %	45 %	0 %	50 %
Wastage*[5]* rate in base-year and planned thereafter (%)	25	25	10	10		10		10
Wastage*[5]* factor in base-year and planned thereafter (%)	1.33	1.33	1.11	1.11	1	1.11	1	1.11
Maximum wastage rate value for Measles second dose, 10 dose(s) per vial, LYOPHILISED	0.00 %	40.00 %	0.00 %	40.00 %	0.00 %	40.00 %	0.00 %	40.00 %
Pregnant women vaccinated with TT+	641,090	599,200	700,231	693,231		870,162		903,100
TT+ coverage*[7]*	81 %	77 %	87 %	80 %	0 %	95 %	0 %	95 %

Vit A supplement to mothers within 6 weeks from delivery	617,323	384,869	700,905	400,000		456,987		489,753
Vit A supplement to infants after 6 months	328,714	375,433	339,724	412,976	N/A	456,809	N/A	487,321
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	3 %	10 %	8 %	6 %	0 %	6 %	0 %	4 %

[1] Number of infants vaccinated out of total births

[2] Number of infants vaccinated out of total surviving infants

[3] Indicate total number of children vaccinated with either DTP alone or combined

[4] Please make sure that the DTP3 cells are correctly populated

[5] 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.

[7] Number of pregnant women vaccinated with TT+ out of total pregnant women

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 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014.** The numbers for 2015 - 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**

  The births in the APR are consistent with those in the 2014 JRF, however there is a notable decline from the previous projections due to recent recalculation of vital events extrapolated from the Zambia 2010 Census of Population and Housing Population and Demographic Projections 2011- 2035.

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

  The surviving infants in the APR are consistent with those in the 2014 JRF, however there is a notable decline from the previous projections due to recent recalculation of vital events extrapolated from the Zambia 2010 Census of Population and Housing Population and Demographic Projections 2011-2035.

- 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.** For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.

  Not Applicable

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

  Not Applicable. Zambia is guided by WHO thresholds for vaccine wastage.

5.2. Monitoring the Implementation of GAVI Gender Policy

5.2.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
Yes, ZDHS	2013/2014	86.4%	85.3%

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

In both the 2007 and 2013/14 ZDHS' results on immunisation coverage for DTP3 have consistently indicated no significant discrepancy in reaching boys as compared to girls. Routine HMIS data is not disaggregated by sex.

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

5.2.4. 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/)

There is no gender focused package in the immunisation programme exist in Zambia

5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Exchange rate used	1 US$ = 6.4	Enter the rate only; Please do not enter local currency name

Table 5.3a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	**Expenditure Year 2014**	**Source of funding**						
		Country	**GAVI**	**UNICEF**	**WHO**	**JICA**	**CIDRZ**	**CHAZ**
Traditional Vaccines*	711,453	711,453	0	0	0	0	0	0
New and underused Vaccines**	10,545,483	1,044,983	9,500,500	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	691,684	691,684	0	0	0	0	0	0
Cold Chain equipment	5,130,269	3,450,975	0	0	0	216,207	1,463,087	0
Personnel	0	0	0	0	0	0	0	0
Other routine recurrent costs	1,106,741	281,250	0	257,115	568,376	0	0	0
Other Capital Costs	280,875	0	0	97,975	0	0	182,900	0
Campaigns costs	0	0	0	0	0	0	0	0
CSO Platform		0	0	0	0	0	0	74,000
Total Expenditures for Immunisation	18,466,505							
Total Government Health		6,180,345	9,500,500	355,090	568,376	216,207	1,645,987	74,000

Traditional vaccines: BCG, DTP, OPV, 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

5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **2**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2015 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 5.3 Overall Expenditures and Financing for Immunisation

The minutes of the ICC that approved this APR are attached. Below are some of the comments form the heads agencies:

- The gathering felt that the projected 50% coverage of the second dose of measles was not ambitious enough, ultimately it was agreed that this could be revised once more health system strengthening mechanisms are put in place;
- The initial target projection for the rest of vaccines were too modest and hard to be a bit more ambitious; adjustments have since been made to this report.
- There were no comments on expenditure and and financing on immunisation.

NB: The amounts reflected in the overall expenditures financing for immunisation in this report are only a reflection of what the partners could avail to the government. Some partners who obviously contributed had not re-affirmed the amounts by the time of submission of this report for them to be included in this report. All partners were asked to confirm the amounts that government has.

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:
Churches Health Association in Zambia
Centre for Infectious Diseases Research in Zambia
PATH
World Vision International
Catholic Relief Services

5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI programme for 2015 to 2016

The national goals and priorities are as follows:

• Sustain polio-free status and align it to polio eradication endgame strategy

• Meet vaccination target: (90% national coverage and 80% coverage at all sub-national levels for Penta-dose 3)

• Meet elimination targets:
o Achieve measles elimination targets (surveillance and immunisation targets)
o CRS surveillance and introduce RCV by 2016
o Sustain MNTE achieved in 2007
• New vaccines introduction (IPV, HPV, RCV-MR)

• Monitor impact and disease burden post introduction of new vaccines:
o New generations are protected against pneumonia
o Diarrheal disease burden from Rotavirus reduced
• Plan for post-2015 agenda for the 17 sustainable goals

• Evidence used to make immunization decisions

• Strong synergies between immunization and related interventions

5.6. 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 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
BCG	AD syringe for BCG 0.05ml, Reconstitution syringe	Government
Measles	AD syringe 0.5ml, Reconstitution syringe 5.0 ml	Government and GAVI (MSD)
TT	AD syringe 0.5 ml	Government
DTP-containing vaccine	AD syringe 0.5 ml	Government and GAVI
IPV	NA	NA
PCV	AD syringe 0.5 ml	Government and GAVI

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)

There were no major obstacles encountered by the programme

Please explain in 2014 how sharps waste is being disposed of, problems encountered, etc.

As in the past, in 2014, sharps were disposed of through incineration where these facilities exist. Where they don't pits are dug as per prescribed standards were used for the burn and bury methods. Prior to disposal in the incinerators or pits, the sharps are collected in safety boxes

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Zambia is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.2. Detailed expenditure of ISS funds during the 2014 calendar year

Zambia is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.3. Request for ISS reward

Request for ISS reward achievement in Zambia is not applicable for 2014

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

7.1. Receipt of new & under-used vaccines for 2014 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2014 vaccinations against approvals for 2014

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

	[A]	[B]	[C]	
Vaccine type	**Total doses for 2014 in Decision Letter**	**Total doses received by 31 December 2014**	**Total doses postponed from previous years and received in 2014**	**Did the country experience any stockouts at any level in 2014?**
Measles second dose	589,200	589,200	0	No
Pneumococcal (PCV10)	1,638,900	1,638,900	0	No
DTP-HepB-Hib	761,000	76,100	0	No
Rotavirus	1,315,800	1,315,800	0	No

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

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

  There were no delay in shipments of vaccines,neither were there any stock outs or excessive stocks. There were no challenges at National level and the eight provinces where WICRs have been installed. The North-Western and Lusaka Provinces continue to experience challenges with inadequate cold space. The government has procured two 40m3 WICRs which are arriving in the country the second quarter of 2015.

  The National and Provincial levels have not reported any losses of doses through VVM colour change or expiry. Systems are being put in place to track VVM status of all stocks including expiry dates at National and provincial levels while plans are there to scale this to lower levels.

- 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.

  The EPI Unit has two EPI Logisticians to manage the National Vaccine Store and provide Technical Support to lower levels. Since their recruitment, they have established the use of WHO Stock Management Tool which was started in December, 2013 at National Level. The team has been producing monthly updated SMTs.

  The first major assignment that the EPI Logisticians conducted was a rapid assessment of current vaccine stock, vaccine management and cold chain status was conducted in March 2014 at national and provincial levels. Following these activities, the vaccine shipment plan has been adjusted to reflect a more realistic scheduling that is responsive to both vaccine needs as well as storage capacities. During the assessments,provincial staffs were provided with hands on technical support in standard vaccine management and cold chain practices.

Weaknesses identified have resulted in the actions to improve vaccine management highlighted below as well as the development of standard operating procedures that will be printed as job aids/ training manuals or guides for the staff for use in orderimprove management practices.

Provincial medical officers are being engaged more actively to be better oversight on the management f the equipment and commodities. Plans are underway to conduct re-orientation/ training for provincial Pharmacists and Medical Equipment Officer who are currently performing the role of cold chain as well as Pharmacists were they exist or the Environmental Health Technicians in vaccine and cold chain management. This activity however is pending due to financial limitations and was postponed to the second quarter of 2015 and will be supported by a partner.

With the coming of the EPI Logisticians, at the National Vaccine Store, all vaccines have been arranged according to batch numbers, with each vaccine allocated a specific cold room while at Provincial Level all vaccines are arranged according to vaccine type and batch number.Physical stock counts are conducted on quarterly basis at national level and on monthly basis at provincial level.

A system of taking into account existing stocks(Through the use of Vaccine return forms) at Provincial level (stocks at the provincial as well as those within the districts) prior to distribution of vaccines has been introduced in order to improve management of vaccines at this level. In addition, the team provided and continues to provide TA on quarterly basis to all Provincial vaccine stores. The distribution plan as well as an emergency plans for vaccines have been developed and disseminated.

This is in addition to efforts by the county to expand its cold chain capacity at central and provincial levels.

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 2014

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	DTP-HepB-Hib was introduced in 2005

When is the Post Introduction Evaluation (PIE) planned? **January 2008**

Measles second dose, 10 dose(s) per vial, LYOPHILISED		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Measles second dose was introduced in July 2013

When is the Post Introduction Evaluation (PIE) planned? **July 2014**

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Pneumococcal (PCV10), second dose was July 2013

When is the Post Introduction Evaluation (PIE) planned? **July 2014**

Rotavirus, 1 dose(s) per vial, ORAL		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Rotavirus vaccine dose was introduced in November 2013

When is the Post Introduction Evaluation (PIE) planned? **July 2014**

7.2.2. 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))

The PIE was conducted in July 2014 as combined PIE for all the three vaccines introduced in 2013.

The recommendations from the PIE are highlighted as follows:

SOCIAL MOBILIZATION - RECOMMENDATIONS

RECOMMENDATIONS

STATUS

Develop and disseminate immunization IEC materials in local languages to health facilities.

Not done

Increase frequency of linkage between Health Facility staff and community through the REC strategy

•□□□□□□□□ Initiated in selected districts in 2015 (3 in Lusaka

•□□□□□□□□ Platform for CSO exist and formed end of last year

1.Ensure capacity building is reflected in the cMYP for financial support ,

•Including a comprehensive needs assessment for training, implementation and monitoring and evaluation of training plans

Surveillance to be included with participation that has started

2. Appoint a national team positioned in MCDMCH to coordinate training and Capacity Building in EPI /Child Health.

The appointment is not required as existing team can coordinate however financing is an issue ; tracking of trained officers to be done

3. Ensure training inventory is maintained including regular curricular reviews for pre-service and in-service training

Inventory to be initiated as it is not done

4. Commit local resources to surveillance in order to strengthen government ownership & Sustainability (ensure core functions of surveillance to meet global)

National level there is a structure from HR that has provision for 3 Surveillance officers for 2015

5. Ensure regular and consistent training and capacity building for surveillance, routine EPI and new vaccines

(initiated at national level)

Financial resources started to be released

District level HR for surveillance need to be followed up

Both for RI and Surveillance focal persons have high turnover of staff that needs regular refresher training on VPD surveillance as well as RI focused REC , cold chain, SMT trainings, IPV

SURVEILLANCE - RECOMMENDATIONS

1. Timely release of funds for vaccine purchasing to prevent nation-wide vaccine stock outs

Forecasting is done on time; but country never defaulted from purchasing although not timely

2. Central level should build capacity and institute effective vaccine management systems at all levels to ensure availability of adequate, safe and traceable vaccines and supplies

a)Avail a standard stock register (SMT, DVDMT, Cards and books), monitor vaccine wastage and train health workers on effective vaccine management

b)Avail vaccine management guidelines

Initiated at national level for both A and B

Next planned are for provincial (assured funding) will continue for district level resource mobilization

Draft guidelines for finalization

Process for EVMA started

3. Expedite procurement and distribution of the cold chain equipment to ensure all facilities have reliable and compliant refrigerators

Significant progress in procurement, distribution and installation

4. Government and partners should mobilize/ advocate for required resources to ensure full implemented of recommendations from assessments and surveys.

Initiated for EVMA

5. MOH to update and disseminate Health Care Waste Management Policy /Plan (promote environment friendly health care waste disposal methods at service delivery

MOH has done both policy & plan; dissemination to be followed

NEW VACCINE INTRODUCTION – RECOMMENDATIONS

1. Monitor MCV1 and MCV2 coverage and dropout rates and assess reasons for low coverage. Root cause analysis should compare MCV2 coverage with coverage of other interventions given at 18 months (WHO and EPI program) Though Vit A is given 12-59 mths difficult to compare

Initiated to continue through quarterly review of data

2. **Design, evaluate, and implement strategies to improve MCV coverage** , such as

- expanding age range for MCV2;guidleine to specify the age range allowed
- delivering MCV during child health weeks, documentation not translated to the immunization register
- making MCV vaccination available every day,
- stocking 5-dose vials of MCV, and improving outreach and defaulter tracing for MCV.(Supported by WHO) – small volume vaccine and guideline to be reviewed and limit the cutoff to guide HCW

Reviewed For low volume facilities they don't do it daily to conserve on wastage (not opening vials for few children less than 4) in some low density once a week

Done with support from WHO. A plan for improving interventions in the second year of life will be developed and implementation in the context of the Global Action Plan for the Prevention of Pneumonia and Diarrhoea (GAPPD).

3. Ensure that all provinces have updated tally sheets

Done

4. Ensure that all vaccine refrigerators have PCV stickers

To be ordered for the new ones

5. Plan and implement impact and cost effectiveness studies on the new vaccines and disseminate results to

show value and sustain support (partners support available)

Being done (Rota , EPIC reports)

SERVICE DELIVERY - RECOMMENDATIONS

1.Dedicate funding and resources to fully implement and revitalize RED/REC strategies to reach every child (micro- planning, outreach, supportive supervision, using data for action, community linkages)

Initiated

2. Increase resources for outreach

a) Transport

b) Funding for fuel

c) Human resources

Ongoing resource mobilisation

3. Define and implement community volunteer trainings

To be done next year

4. Develop and implement innovative defaulter tracking mechanisms especially enhancing the use of community registers where appropriate

Ongoing but needs strengthening on the routine basis ; AVW and CHD to be reinforcing defaulter tracing

Community registers are available but not adequate in numbers

MANAGEMENT, PLANNING & FINANCUNG - RECOMMENDATIONS

1. Strengthen Joint planning of Districts with Province & Facility with Districts using the annual planning forum; derived from the cMYP.

Process ongoing but to be aligned with CMYP

2. Avail data including HMIS source for program operations and strategic planning (access of data from HMIS to relevant officers)

Done

3. Build capacity of newly appointed staff in Immunization program management to address high staff turnover

Initiated but still with challenges of finances ; resource mobilisation efforts ongoing for newly appointed staff

4. Define clear responsibilities for the assigned EPI focal persons –

To update and re-disseminate the TORs or job descriptions (district/provinces)

5. Review/update/disseminate the immunization policy and implementation guidelines at all levels

EPI manual to be updated and disseminated to District and Health facility (start 2015 use the2ndYL approach) TA to update from WHO

6. Create a funding window for supervision, surveillance and disease outbreaks

Funding allocated though not enough for provinces/districts

External Environment EPI - Recommendations

1.To address the issue of discrepancy of official census figures and other sources, consider supplementary sources to better estimate population targets and validate population estimates (e.g. birth registries, EPI registries, head counts, or combinations of data sources).

Initiated in one province (Southern province in Livingstone)

2.Increase synergies between MCDMCH EPI activities, MOH HMIS & surveillance systems to facilitate cross-cutting work such as coordinating data use for action

Initiated but can be strengthened (both teams Sur and EPI to collaborate further)

3. Establish and fill the number of HRH positions that are required to conduct basic operations for immunization and surveillance.

National level HRH surveillance is initiated

Advocacy for national EPI required +M&E for EPI

Please note that while section 7.7 on Change of Vaccine presentation for Zambia is predetermined by GAVI as not requiring any change, the country wishes to request for change in the presentation of PCV vaccines. This discussion comes out of study findings (PERCH) that indicates that the serotypes that PCV 10 covers is inadequate for the serotypes circulating and causing morbidity among young children. Evidence shows that of the 18 serotypes identified in the PBM surveillance sentinel siteat the University teaching Hospital, 11 of these (including serotype 3, 6A and 19A not found in PCV 10 vaccine) are covered by PCV13 while 8 are covered by PCV10 vaccine. Attached is the Abstract for publication of genotyping results.

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **No**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

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:

The NITAG in Zambia is not yet operational.

Listed below are Surveillance results in 2014

Surveillance, Research and Laboratory Operations:The surveillance for vaccine preventable diseases in the context of Integrated Disease Surveillance and Response (IDSR). Active surveillance activities for polio, measles and for epidemic prone diseases, such as cholera and dysentery, are supported on monthly basis.

The Bacteriology and Virology Units at the University Teaching Hospital (UTH) and were operational and sentinel surveillance for rota vaccine surveillance expanded to two hospitals in the Copperbelt Province.

Polio eradication initiative: Zambia continued implementing Acute Flaccid Paralysis (AFP) surveillance activities designed to provide evidence that there is no circulating wild poliovirus in the country and this is illustrated in the sustained certification level standard AFP surveillance.

The following AFP surveillance activities were implemented:

- active surveillance in the districts
- sample transportation to the University Teaching Hospital (UTH)
- Clinician sensitization for AFP surveillance activities particularly for case investigation processes
- quarterly risk assessment for polio and,
- polio vaccination during child health weeks in the context of increasing population immunity in polio high districts.

This country achieved non-polio AFP rate of 3.2 and stool adequacy of 94%. This is top priority for the WCO in Zambia as surveillance staff were provided with monthly logistics for both active surveillance and case investigation.

In the year 2014,Zambia sustained certification surveillance standard towards the polio eradication initiative (PEI) with non-polio AFP rate of 3.2 per 100,000children aged less than 15 years and stool adequacy 94%. All the ten (10)provinces achieved optimal surveillance indicators sensitive to detect circulating wild poliovirus in the population.The country notes significant decline in measles sero-positivity between 2011 and 2014. In 2012, 23 (6%) out of 358 samples tested *IgM* positive against 74 (33%)out of 227 samples were *IgM* positive in the preceding year.

Measles surveillance: Zambia has been implementing measles case based surveillance since 2003 following under 15 years supplemental immunisation campaign. Serum samples are collected from suspected measles cases (febrile rash cases) and ImmunoglobulinM (*IgM)* negative samples are testedfor rubella infection.

The serum samples that tested negative for measles *IgM* were further subjected to rubella testing and the results are illustrated in above. Overall a four period, the rubella sero-positivity from measles negative samples averaged 41%. This will constitute part of the evidence to justify measles-rubella vaccine introduction planned for the year 2016. Zambia is conducting Congenital Rubella Syndrome (CRS)retrospective study, and prospective CRS/Rubella Infection surveillance activities at four selected provincial and specialised hospitals.

Paediatric Pneumonia & Meningitis: The country conducted surveillance for pediatric bacterial meningitis (PBM) sentinel surveillance site at the University Teaching Hospital sentinel site since the year 2006.This site was to provide baseline information for introduction of new vaccines which are *Haemophilus Influenzae Type B*which has already been introduced in 2004; and pneumococcal conjugate vaccine (PCV10)introduced in 2013.

During the year 2014, 465 suspected meningitis cases were detected and 52.7% had Lumber Punctures done (target $\geq$90%). Of these cases, 52 (21%) met the definition for probable bacterial meningitis (target $\geq$20%). While the detection of *Haemophilus Infuenzae Type B* (Hib) at 3.8% (target $\geq$5%) and Pneumococcus at17.3% (target $\geq$20%) were low, detection of *N. Meningitidis* of 13.5% (target $\geq$5%) was high and requirescloser monitoring and follow up. The Cerebral Spinal Fluid (CSF) samples logged at the Lab within 1hour of collection was 1.6% (target $\geq$75%) which was very low and requires strengthening.

Rotavirus control:The Rotavirus sentinel surveillance at the University Teaching Hospital (UTH) for rotavirus diarrhoea detected 1,319 acute diarrhoeal cases and 100% of the cases were enrolled. Zambia has met all performance targets for Rotavirus surveillance.The most affected age group is 6 to 11 months old with 37% rotavirus positive for the samples tested. Out of the 1286 samples tested for the children under 5 years with acute diarrhoeal disease, 429 (33%) were due to rotavirus.

Yellow Fever surveillance: Following the Yellow Fever Risk Assessment in Western and North-western provinces to ascertain the sero-prevalence of the disease, Zambia commenced case-based surveillance

activities in 2013. The yellow fever surveillance was preceded by training of clinicians and biomedical scientists in five (5) provinces (Western, North-Western, Northern, Copperbelt and Muchinga).

The aim of the cross sectional survey/ assessment was to determine the risk of YF in humans in North-western and Western provinces of Zambia in order to inform policy direction, with specific objectives being: to determine the sero-prevalence of Yellow fever in North-western and Western provinces of Zambia; to ascertain the presence,density and infectivity of YF vectors in different parts of North-western and Western provinces of Zambia.; and to provide evidence for the development of a comprehensive national policy on Yellow fever control and prevention in Northwestern and Western provinces of Zambia. As of December 2014, 55 samples were processed from six provinces. Suspected YF cases were observed in the age group above 15 years of age. Four (4) of the 55 samples from suspected YF cases tested negative for YF at the Regional Reference Laboratory.

7.3. New Vaccine Introduction Grant lump sums 2014

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2014 (A)	24,848	159,027
Remaining funds (carry over) from 2013 (B)	134,618	861,555
Total funds available in 2014 (C=A+B)	159,466	1,020,582
Total Expenditures in 2014 (D)	131,661	842,630
Balance carried over to 2015 (E=C-D)	27,805	177,952

Detailed expenditure of New Vaccines Introduction Grant funds during the 2014 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 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

The funds \were used to procure under five cards and to print training handbooks for the new vaccines introductions for Rota, PCV and MSD

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

None

Please describe the activities that will be undertaken with any remaining balance of funds for 2015 onwards

None

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**

Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	261,414	94,000
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
Awarded Vaccine #3: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	540,000	120,000
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	320,124	120,000
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?	
Government	1015400	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	3,133	91,300
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
Awarded Vaccine #3: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	38,933	117,800
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	June	GRZ
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	June	GRZ
Awarded Vaccine #3: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	June	GRZ
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	June	GRZ
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Technical assistance needs: 1. consultant to orient the country's EPI team in developing country specific sustainability strategies 2. financial support to host such a training	

*__Note:__ co-financing is not mandatory for IPV

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **No**

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/programmes_systems/supply_chain/evm/en/index3.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? **August 2011**

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

N/A

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Zambia does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2015

If 2015 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 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2017 for the following vaccines:

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
* **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**
* **Rotavirus, 2-dose schedule**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section 7.11 Calculation of requirements.

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
* **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**
* **Rotavirus, 2-dose schedule**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2017, which is attached to this APR (Document N°**16**). The new costing tool is also attached (Document N°**17**) for the following vaccines:

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
* **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**
* **Rotavirus, 2-dose schedule**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document N°**18**)

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
* **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**
* **Rotavirus, 2-dose schedule**

7.9. Request for continued support for vaccines for 2016 vaccination programme

In order to request NVS support for 2016 vaccination do the following

Confirm here below that your request for 2016 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don’t confirm, please explain

The country's portal does not allow for inputs into the APR for requests beyond 2015 in the baseline and targets table. Noting that the cMYP ends in 2015, the country wishes to request for an extension for two years while it works on the renewing and alignment this document to the next cycle of five years.

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigen	Vaccine Type	2007	2008	2009	2010	2011	2012	2013
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID							
Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED							
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID							
Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule							

Vaccine Antigen	Vaccine Type	2014	2015	2016	2017
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	3.40 %	3.50 %	3.60 %	4.40 %
Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED	13.80 %	13.00 %	12.60 %	12.30 %
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	4.40 %	4.50 %	4.40 %	4.50 %
Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule	3.90 %	4.20 %	4.40 %	4.40 %

7.11. Calculation of requirements

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

ID		Source		2014	2015	2016	2017	TOTAL
	Number of surviving infants	Parameter	#	678,902	697,983	637,925	650,573	2,665,383
	Number of children to be vaccinated with the first dose	Parameter	#	595,194	700,905	611,546	624,067	2,531,712
	Number of children to be vaccinated with the third dose	Parameter	#	575,067	648,337	593,271	618,045	2,434,720
	Immunisation coverage with the third dose	Parameter	%	84.71 %	92.89 %	93.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	1.05	
	Stock in Central Store Dec 31, 2014		#	459,949				
	Stock across second level		#	459,949				

	Dec 31, 2014 (if available)*							
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	0				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
cc	**Country co-financing per dose**	Parameter	$		0.30	0.35	0.40	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%		3.50 %	3.60 %	4.40 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

N/A

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

4.5

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

Co-financing group	Intermediate

	2014	2015	2016	2017
Minimum co-financing	0.26	0.30	0.35	0.40
Recommended co-financing as per			0.35	0.40
Your co-financing	0.26	0.30	0.35	0.40

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

		2014	2015	2016	2017
Number of vaccine doses	#	667,000	1,936,200	1,320,200	2,015,500
Number of AD syringes	#	647,600	2,034,700	1,370,900	2,140,200
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	7,225	22,400	14,525	22,175
Total value to be co-financed by GAVI	$	1,404,500	3,943,500	2,519,500	3,212,500

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

		2014	2015	2016	2017
Number of vaccine doses	#	94,000	334,500	296,600	675,400
Number of AD syringes	#	91,300	351,500	308,000	717,200
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	1,025	3,875	3,275	7,450
Total value to be co-financed by the Country *[1]*	$	198,000	681,500	566,000	1,076,500

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the second dose**	*Table 4*	595,194	700,905		
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	575,067	700,905		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B - 0.41 x (B - B1))*	1,757,203	2,028,595		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D x E*		2,130,024		
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.375* ***Buffer on doses wasted*** = • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0.375* • *else: (F - D - ((F - D) of previous year original approved)) x 0.375 >= 0*				
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.375)*				
H1	**Calculated opening stock**	*H2 (2015) + H3 (2015) - F (2015)*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	750,920	459,949		
H3	**Shipment plan**	*Approved volume*		2,270,700		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		2,270,700		
J	**Number of doses per vial**	*Vaccine Parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				

Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / T*				

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

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

		Formula	2016		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	18.34 %		
B	**Number of children to be vaccinated with the second dose**	*Table 4*	611,546	112,165	499,381
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	593,271	108,813	484,458
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	1,808,871	331,769	1,477,102
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	1,899,314	348,357	1,550,957
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.375* ***Buffer on doses wasted*** = • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0.375* • *else: (F - D - ((F - D) of previous year original approved)) x 0.375 >= 0*	- 82,396	- 15,112	- 67,284
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.375)*	200,300	36,738	163,562
H1	**Calculated opening stock**	*H2 (2015) + H3 (2015) - F (2015)*	890,395	163,310	727,085
H2	**Reported stock on January 1st**	*Table 7.11.1*			
H3	**Shipment plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,616,650	296,513	1,320,137
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,678,793	307,911	1,370,882
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	17,784	3,262	14,522
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	2,905,121	532,834	2,372,287
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	75,210	13,795	61,415
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	97	18	79
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	104,585	19,183	85,402

S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	3,085,013	565,828	2,519,185
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	565,828		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	18.34 %		

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

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	25.10 %		
B	**Number of children to be vaccinated with the second dose**	*Table 4*	624,067	156,624	467,443
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	618,045	155,113	462,932
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	1,863,710	467,741	1,395,969
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	1,956,896	491,128	1,465,768
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0.375* • *else: (F - D - ((F - D) of previous year original approved)) x 0.375 >= 0*	733,836	184,173	549,663
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.375)*			
H1	**Calculated opening stock**	*H2 (2015) + H3 (2015) - F (2015)*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
H3	**Shipment plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	2,690,750	675,306	2,015,444
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	2,857,301	717,105	2,140,196
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	29,599	7,429	22,170
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	3,985,001	1,000,127	2,984,874
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	128,008	32,127	95,881
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	162	41	121
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	175,341	44,006	131,335
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	4,288,512	1,076,300	3,212,212

U	**Total country co-financing**	*I x country co-financing per dose (cc)*	1,076,300		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	25.10 %		

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

Table 7.11.1: Specifications for Measles second dose, 10 dose(s) per vial, LYOPHILISED

ID		Source		2014	2015	2016	2017	TOTAL
	Number of surviving infants	Parameter	#	678,902	697,983	637,925	650,573	2,665,383
	Number of children to be vaccinated with the first dose	Parameter	#	0	693,753	574,133	605,033	1,872,919
	Number of children to be vaccinated with the second dose	Parameter	#	264,191	290,610	287,066	325,287	1,167,154
	Immunisation coverage with the second dose	Parameter	%	38.91 %	41.64 %	45.00 %	50.00 %	
	Number of doses per child	Parameter	#	1	1	1	1	
	Estimated vaccine wastage factor	Parameter	#	1.33	1.11	1.11	1.11	
	Stock in Central Store Dec 31, 2014		#	6,850				
	Stock across second level Dec 31, 2014 (if available)*		#	6,850				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	0				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
cc	**Country co-financing per dose**	Parameter	$		0.00	0.00	0.00	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%		13.00 %	12.60 %	12.30 %	
fd	**Freight cost as % of devices value**	Parameter	%					

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

N/A

Co-financing tables for Measles second dose, 10 dose(s) per vial, LYOPHILISED

Co-financing group	Intermediate

	2014	2015	2016	2017
Minimum co-financing				
Recommended co-financing as per				
Your co-financing				

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

2014	2015	2016	2017

Number of vaccine doses	#	589,200	0	608,200	823,700
Number of AD syringes	#	419,500	0	599,500	832,900
Number of re-constitution syringes	#	64,900	0	67,000	90,700
Number of safety boxes	#	5,375	0	6,700	9,075
Total value to be co-financed by GAVI	$	216,000	0	213,500	296,000

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

		2014	2015	2016	2017
Number of vaccine doses	#	0	0	0	0
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country *[1]*	$	0	0	0	0

Table 7.11.4: Calculation of requirements for Measles second dose, 10 dose(s) per vial, LYOPHILISED (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the second dose**	*Table 4*	264,191	290,610		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B x C*	0	693,753		
E	**Estimated vaccine wastage factor**	*Table 4*	1.33	1.11		
F	**Number of doses needed including wastage**	*D x E*		770,066		
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*				
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	457,900	6,850		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		0		
J	**Number of doses per vial**	*Vaccine Parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / T*				

Table 7.11.4: Calculation of requirements for Measles second dose, 10 dose(s) per vial, LYOPHILISED (part 2)

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	*V*	0.00 %		
B	Number of children to be vaccinated with the second dose	*Table 4*	287,066	0	287,066
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	574,133	0	574,133
E	Estimated vaccine wastage factor	*Table 4*	1.11		
F	Number of doses needed including wastage	*D x E*	637,288	0	637,288
G	Vaccines buffer stock	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	- 29,149	0	- 29,149
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	0	0	0
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	608,200	0	608,200
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	599,483	0	599,483
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	66,902	0	66,902
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	6,691	0	6,691
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	163,606	0	163,606
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	26,857	0	26,857
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	2,342	0	2,342
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	37	0	37
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	20,615	0	20,615
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	213,457	0	213,457
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / T*	0.00 %		

Table 7.11.4: Calculation of requirements for Measles second dose, 10 dose(s) per vial, LYOPHILISED (part 3)

		Formula	2017		
			Total	Government	GAVI
A	Country co-finance	*V*	0.00 %		
B	Number of children to be vaccinated with the second dose	*Table 4*	325,287	0	325,287
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	605,033	0	605,033
E	Estimated vaccine wastage factor	*Table 4*	1.11		
F	Number of doses needed including wastage	*D x E*	671,587	0	671,587
G	Vaccines buffer stock	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	152,108	0	152,108
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*			
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	823,700	0	823,700
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	832,856	0	832,856
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	90,608	0	90,608
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	9,061	0	9,061
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	227,342	0	227,342
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	37,312	0	37,312
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	3,172	0	3,172
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	50	0	50
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	27,964	0	27,964
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	295,840	0	295,840
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / T*	0.00 %		

Table 7.11.1: Specifications for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

ID		Source		2014	2015	2016	2017	TOTAL
	Number of surviving infants	Parameter	#	678,902	697,983	637,925	650,573	2,665,383
	Number of children to be vaccinated with the first dose	Parameter	#	534,122	700,905	611,546	624,067	2,470,640
	Number of children to be vaccinated with the third dose	Parameter	#	479,316	619,072	574,133	618,045	2,290,566
	Immunisation coverage with the third dose	Parameter	%	70.60 %	88.69 %	90.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.11	1.05	1.05	1.05	
	Stock in Central Store Dec 31, 2014		#	418,762				
	Stock across second level Dec 31, 2014 (if available)*		#	418,762				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	0				
	Number of doses per vial	Parameter	#		2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
cc	**Country co-financing per dose**	Parameter	$		0.30	0.35	0.40	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%		4.50 %	4.40 %	4.50 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

N/A

Co-financing tables for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

Co-financing group	Intermediate

	2014	2015	2016	2017
Minimum co-financing	0.26	0.30	0.35	0.40
Recommended co-financing as per			0.35	0.40
Your co-financing	0.26	0.30	0.35	0.40

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

		2014	2015	2016	2017
Number of vaccine doses	#	1,518,900	2,136,800	1,678,600	2,157,900
Number of AD syringes	#	1,491,100	2,244,800	1,755,300	2,282,300
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	16,575	24,725	18,475	23,750
Total value to be co-financed by GAVI	$	5,394,000	7,549,500	5,998,500	7,598,000

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

		2014	**2015**	**2016**	**2017**
Number of vaccine doses	#	120,000	198,400	182,300	276,600
Number of AD syringes	#	117,800	208,400	190,600	292,600
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	1,325	2,300	2,025	3,050
Total value to be co-financed by the Country ***[1]***	$	426,500	701,000	651,500	974,000

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the second dose**	*Table 4*	534,122	700,905		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B x C*	1,602,366	2,102,715		
E	**Estimated vaccine wastage factor**	*Table 4*	1.11	1.05		
F	**Number of doses needed including wastage**	*D x E*		2,207,851		
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*				
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	584,400	418,762		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		2,335,200		
J	**Number of doses per vial**	*Vaccine Parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / T*				

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 2)

		Formula	2016		
			Total	Government	GAVI
A	**Country co-finance**	*V*	9.79 %		
B	**Number of children to be vaccinated with the second dose**	*Table 4*	611,546	59,897	551,649
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	1,834,638	179,689	1,654,949
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	1,926,370	188,673	1,737,697
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	- 65,725	- 6,437	- 59,288
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	0	0	0
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,860,800	182,251	1,678,549
J	**Number of doses per vial**	*Vaccine Parameter*	2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,945,805	190,577	1,755,228
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	20,469	2,005	18,464
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	6,285,783	615,643	5,670,140
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	87,173	8,538	78,635
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	112	11	101
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	276,575	27,089	249,486
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	6,649,643	651,280	5,998,363
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	651,280		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	9.79 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-finance**	*V*	11.36 %		
B	**Number of children to be vaccinated with the second dose**	*Table 4*	624,067	70,897	553,170
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	1,872,201	212,689	1,659,512
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	1,965,812	223,323	1,742,489
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	468,520	53,226	415,294
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	2,434,400	276,556	2,157,844
J	**Number of doses per vial**	*Vaccine Parameter*	2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	2,574,794	292,506	2,282,288
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	26,779	3,043	23,736
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	8,091,946	919,272	7,172,674
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	115,351	13,105	102,246
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	146	17	129
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	364,138	41,368	322,770
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	8,571,581	973,760	7,597,821
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	973,760		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	11.36 %		

Table 7.11.1: Specifications for Rotavirus, 2-dose schedule

ID		Source		2014	2015	2016	2017	TOTAL
	Number of surviving infants	Parameter	#	678,902	697,983	637,925	650,573	2,665,383
	Number of children to be vaccinated with the first dose	Parameter	#	588,273	700,905	611,546	624,067	2,524,791
	Number of children to be vaccinated with the second dose	Parameter	#	556,249	619,072	606,029	618,045	2,399,395
	Immunisation coverage with the second dose	Parameter	%	81.93 %	88.69 %	95.00 %	95.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	1.05	
	Stock in Central Store Dec 31, 2014		#	289,497				
	Stock across second level Dec 31, 2014 (if available)*		#	289,497				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		No	No	No	
cc	**Country co-financing per dose**	Parameter	$		0.26	0.30	0.35	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%		4.20 %	4.40 %	4.40 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

N/A

Co-financing tables for Rotavirus, 2-dose schedule

Co-financing group	Intermediate

	2014	2015	2016	2017
Minimum co-financing	0.23	0.26	0.30	0.35
Recommended co-financing as per			0.30	0.35
Your co-financing	0.23	0.26	0.30	0.35

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

		2014	2015	2016	2017
Number of vaccine doses	#	1,195,400	1,381,500	1,082,500	1,381,900
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	0	0	0
Total value to be co-financed by GAVI	$	3,010,500	3,678,000	2,550,000	3,255,000

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

		2014	2015	2016	2017
Number of vaccine doses	#	120,400	150,000	158,100	241,200
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country ***[1]***	$	303,000	398,500	372,500	568,500

Table 7.11.4: Calculation of requirements for Rotavirus, 2-dose schedule (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	Country co-finance	*V*				
B	Number of children to be vaccinated with the second dose	*Table 4*	588,273	700,905		
C	Number of doses per child	*Vaccine parameter (schedule)*	2	2		
D	Number of doses needed	*B x C*	1,176,546	1,401,810		
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.05		
F	Number of doses needed including wastage	*D x E*		1,471,901		
G	Vaccines buffer stock	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*				
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Reported stock on January 1st	*Table 7.11.1*	0	289,497		
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		1,531,500		
J	Number of doses per vial	*Vaccine Parameter*				
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*				
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*				
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*				
N	Cost of vaccines needed	*I x vaccine price per dose (g)*				
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*				
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*				
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*				
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*				
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	Total fund needed	*(N+O+P+Q+R+S)*				
U	Total country co-financing	*I x country co-financing per dose (cc)*				
V	Country co-financing % of GAVI supported proportion	*U / T*				

Table 7.11.4: Calculation of requirements for Rotavirus, 2-dose schedule (part 2)

		Formula	2016		
			Total	Government	GAVI
A	**Country co-finance**	*V*	12.74 %		
B	**Number of children to be vaccinated with the second dose**	*Table 4*	611,546	77,896	533,650
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2		
D	**Number of doses needed**	*B x C*	1,223,092	155,791	1,067,301
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	1,284,247	163,581	1,120,666
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	- 43,816	- 5,581	- 38,235
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	0	0	0
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,240,500	158,008	1,082,492
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	2,798,568	356,466	2,442,102
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	123,137	15,685	107,452
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,921,705	372,150	2,549,555
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	372,150		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	12.74 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 2-dose schedule (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-finance**	*V*	14.86 %		
B	**Number of children to be vaccinated with the second dose**	*Table 4*	624,067	92,739	531,328
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2		
D	**Number of doses needed**	*B x C*	1,248,134	185,477	1,062,657
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	1,310,541	194,751	1,115,790
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	312,347	46,416	265,931
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,623,000	241,184	1,381,816
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	3,661,488	544,110	3,117,378
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	161,106	23,941	137,165
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	3,822,594	568,050	3,254,544
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	568,050		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	14.86 %		

8. Health Systems Strengthening Support (HSS)

Zambia is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2015

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

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

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

Zambia is not reporting on GAVI TYPE A CSO support for 2014

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

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

Zambia is not reporting on GAVI TYPE B CSO support for 2014

10. 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

11. Annexes

11.1. 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 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.2. 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 2013 (balance as of *31Decembre 2013*)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2014	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.

11.3. 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 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.4. 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 2013 (balance as of *31Decembre 2013*)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2014	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.

11.5. 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 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.6. 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 2013 (balance as of *31Decembre 2013*)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	MCDMCH Signature on 2014 APR.pdf **File desc:** **Date/time :** 14/05/2015 06:24:43 **Size:** 353 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Minister of Finance Signature.docx **File desc:** **Date/time :** 14/05/2015 06:08:08 **Size:** 23 KB
3	Signatures of members of ICC	2.2	✓	ICC SIGNATURES 2015.pdf **File desc:** **Date/time :** 14/05/2015 06:06:13 **Size:** 1 MB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✓	ICC MEETING HELD AT MINISTRY OF COMMUNITY DEVELOPMENT-11th May, 2014.docx **File desc:** **Date/time :** 14/05/2015 06:06:13 **Size:** 37 KB
5	Signatures of members of HSCC	2.3	✗	HSCC SIGNATURES.docx **File desc:** **Date/time :** 12/05/2015 04:48:42 **Size:** 23 KB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	HSCC MINUTES.docx **File desc:** **Date/time :** 12/05/2015 04:45:53 **Size:** 23 KB
7	Financial statement for ISS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	Financial statement for ISS grant (Fiscal year 2014) .docx **File desc:** **Date/time :** 14/05/2015 06:06:13 **Size:** 22 KB
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3	✗	External audit report for ISS grant (Fiscal Year 2014).docx **File desc:** **Date/time :** 14/05/2015 06:06:13 **Size:** 22 KB

9	Post Introduction Evaluation Report	7.2.1	✗	Zambia - EPI, (PIE) and Surveillance Review Report_Zambia, 2014.doc **File desc:** **Date/time :** 12/05/2015 05:05:30 **Size:** 16 MB
10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	GAVI 2014 APR VIG FINANCIAL STATEMENT ZAMBIA.PDF **File desc:** **Date/time :** 14/05/2015 09:31:17 **Size:** 470 KB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US$ 250,000	7.3.1	✓	FINANCIAL REPORTING EXEMPTIONS - UNICEF ZAMBIA.PDF **File desc:** **Date/time :** 14/05/2015 11:27:35 **Size:** 363 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	Zambia EVM report.pdf **File desc:** **Date/time :** 12/05/2015 05:15:39 **Size:** 1 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Summary documents of EVM.doc **File desc:** **Date/time :** 14/05/2015 06:06:13 **Size:** 87 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Summary documents of EVM.doc **File desc:** **Date/time :** 14/05/2015 06:06:13 **Size:** 87 KB
16	Valid cMYP if requesting extension of support	7.8	✓	Zambia - Main cMYP.doc **File desc:** **Date/time :** 12/05/2015 05:50:30 **Size:** 1 MB
17	Valid cMYP costing tool if requesting extension of support	7.8	✓	Zambia - cMYP.xlsm **File desc:** **Date/time :** 12/05/2015 05:50:30 **Size:** 2 MB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✓	ICC MEETING HELD AT MINISTRY OF COMMUNITY DEVELOPMENT-11th May, 2014.docx **File desc:** **Date/time :** 14/05/2015 06:06:13 **Size:** 37 KB

19	Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✗	Financial statement for HSS grant (Fiscal year 2014).docx **File desc:** **Date/time :** 12/05/2015 05:57:57 **Size:** 25 KB
20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✗	Financial statement for HSS grant (Fiscal year 2014-April 2015).docx **File desc:** **Date/time :** 12/05/2015 05:57:57 **Size:** 25 KB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3	✗	External Audit Report for HSS grant (Fiscal year 2014).docx **File desc:** **Date/time :** 12/05/2015 05:59:37 **Size:** 25 KB
22	HSS Health Sector review report	8.9.3	✗	HSS Health Sector review report.docx **File desc:** **Date/time :** 12/05/2015 06:02:52 **Size:** 24 KB
23	Report for Mapping Exercise CSO Type A	9.1.1	✗	Report for Mapping Exercise CSO Type A.docx **File desc:** **Date/time :** 12/05/2015 06:09:07 **Size:** 21 KB
24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4	✗	Financial statement for CSO Type B grant (Fiscal year 2014).docx **File desc:** **Date/time :** 12/05/2015 06:09:07 **Size:** 21 KB
25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4	✗	External audit report for CSO Type B (Fiscal Year 2014).docx **File desc:** **Date/time :** 12/05/2015 06:09:07 **Size:** 21 KB
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 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0	✓	FINANCIAL REPORTING EXEMPTIONS - UNICEF ZAMBIA.PDF **File desc:** **Date/time :** 14/05/2015 11:27:36 **Size:** 363 KB

27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✕	ICC MEETING HELD ON 2014 20 May 2014.doc **File desc:** **Date/time :** 12/05/2015 06:19:48 **Size:** 107 KB
28	Justification for changes in target population	5.1	✕	Zambia Census Projection 2011-2035.pdf **File desc:** **Date/time :** 12/05/2015 06:23:00 **Size:** 3 MB
	Other		✕	OTHER DOCUMENTS.docx **File desc:** **Date/time :** 12/05/2015 06:24:39 **Size:** 21 KB