

GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of **Albania**

Reporting on year: 2011

Requesting for support year: 2013

Date of submission: 6/11/2012

Deadline for submission: 5/22/2012

Please submit the APR 2011 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: 2011

Requesting for support year: 2013

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2013

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of		
ISS	No	ISS reward for 2011 achievement: N/A		
HSS	No	next tranche of HSS Grant N/A		
CSO Type A	No	Not applicable N/A		
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A		

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 is available here.

2. Signatures

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

By signing this page, the Government of Albania 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 Albania

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)		
Name	Petrit Vasili	Name	Ridvan Bode	
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):

Full name	Position	Telephone	Email
Silva Bino	Head of Department	355 672059563	silviabino@gmail.com
Erida Nelaj	EPI Manager	355 672052931	enelaj@yahoo.com

2.2. ICC signatures page

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

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
Enver Roshi	Institute of Public Health, Director		
Pellumb Pipero	Ministry of Health, Director of health Policies		

Gazmend Bejtja	Ministry of Health, Director of Public Health	
Nedime Ceka	Ministry of Health, Mother and Child Health	
Marjana Bukli	UNICEF Albania	
Vasil Miho	WHO Albania	
Zhaneta Shatri	USAID Albania	
Saemir Kadiu	Ministry of Health, Director of Planning, finance and budget	
Ana Tartaraj	Ministry of Health, Budget and planning office	
Arjana Kazazi	Ministry of Finance	
Silva Bino	Institute of Public Health, Head of Department	
Eduard Kakariqi	Institute of Public Health, Chair of Expert group	
Erida Nelaj	Institute of Public Health, EPI Manager	
Iria Preza	Institute of Public Health, EPI officer	
Besnik Jakaj	National Control Drug Center, Director	

Albana Kuzmi	National Control Drug Center, NRA	
Dhimiter Kraja	Department of Infectious Diseases, Faculty of Medicine, Tirana University	
Georgina Kuli Lito	Albanian pediatric association, group of experts on immunization	
Arjan Harxhi	Albanian infectious diseases association, group of experts on immunization	
Gazmend Koduzi	Health Insurance Institute, Director of Primary Care	
Albana Ahmeti	Institute of Public Health, Deputy Director for Budget and Planning	
Armand Pambuku	Albanian Red Cross, Health officer	
Arben Bastri	Roma Center for a contemporaneous vision	

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

Albania is not reporting on CSO (Type A & B) fund utilisation in 2012

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4. Baseline & annual targets

	Achieveme JF		Targets (preferred presentation)			
Number	20	11	20	12 2013		13
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation
Total births	35,250	35,476	36,130	36,500	37,034	37,500
Total infants' deaths	600	299	550	280	500	280
Total surviving infants	34650	35,177	35,580	36,220	36,534	37,220
Total pregnant women	37,925	38,700	38,873	38,900	39,845	39,900
Number of infants vaccinated (to be vaccinated) with BCG	34,897	34,570	35,768	36,135	36,663	37,140
BCG coverage	99 %	97 %	99 %	99 %	99 %	99 %
Number of infants vaccinated (to be vaccinated) with OPV3	34,303	34,650	35,224	35,860	36,168	36,860
OPV3 coverage	99 %	99 %	99 %	99 %	99 %	99 %
Number of infants vaccinated (to be vaccinated) with DTP1	34,338	34,879	35,259	36,000	36,205	37,100
Number of infants vaccinated (to be vaccinated) with DTP3	34,303	34,582	35,224	35,860	36,168	37,000
DTP3 coverage	102 %	98 %	99 %	99 %	99 %	99 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	0	0	0	0	0
Wastage[1] factor in base- year and planned thereafter for DTP	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	35,400	34,879	35,259	36,000	36,205	37,100
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	35,350	34,582	35,224	35,860	36,168	37,000
DTP-HepB-Hib coverage	102 %	98 %	99 %	99 %	99 %	99 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5
Wastage[1] factor in base- year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	34,268	34,995	35,188 35,800		36,132	36,800
Measles coverage	99 %	99 %	99 %	99 %	99 %	99 %
Pregnant women vaccinated with TT+	0	28,050	0	0	0	0
TT+ coverage	0 %	72 %	0 %	0 %	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	0	N/A	0	N/A	0

	Achievements as per JRF		Targets (preferred presentation)					
Number			2012		2013			
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter		Previous estimates in 2011	Current estimation		
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 % 1 %				0 %			

^{**} Number of infants vaccinated out of total surviving infants

^{***} Indicate total number of children vaccinated with either DTP alone or combined

^{****} Number of pregnant women vaccinated with TT+ out of total pregnant women

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - 2013 in <u>Table 4 Baseline and Annual Targets</u> 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

There are no changes with JRF report regarding the number of births.

Justification for any changes in surviving infants

There are no changes with JRF regarding the surviving infants

Justification for any changes in targets by vaccine

We have been facing decrease on the number of live birth in the previous years and starting from last year the number has began to be increased again. One of the reason is the return back of many families with very young children from migration mainly from Greece and Italy. Albania used to have a very high migration but recently due to fiancial crisis many families are returning in the country from Greece and Italy and very recently UK. Also there is a decrease of funds in family planing programs.

Justification for any changes in wastage by vaccine

There are no changes in wastage by vaccine. We are trying to keep it at the minimum level.

5.2. Immunisation achievements in 2011

- 5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2011 and how these were addressed:
- 1. Maintenance of high coverage of DTP-HepB and Hib and pneumococus vaccine since the first years
- 2. Full use of web based electronic immunization information system and its monitoring and scale up plans
- 3. Introduction of Pneumococcus vaccine and maintenance of high coverage
- 4. Establishment of Rotavirus surveillance in 5 district hospitals and Tirana University Hospital Centre
- 5. Establishment of Expert Group on AEFI etc and their training on casuality etc.
- 6. Training of HCW on new vaccines
- 7. Agreement of new approaches on immunization in vulnerable population
- 8. Equipment of Health care centers with standardized cold chain
- 9. Educational TV programs
- 10. Maintain hte budget for new vaccines
- 11. Vaccination of risk groupos with Hepatitis B such health care workers and medical. nursing and dentistry students
- 12.No MEASLES CASES DETECTED during surveillance of maculopapular rash and fever

All this achievements were related with targets stated lat year

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

Full assessment of cold chain management in the whole country has not been achieved due to administrative problems related to constraints in the institutional capacities Low coverage of Influenza vaccine in health care workers

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no**, **not available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate

How have you been using the above data to address gender-related barrier to immunisation access?

We have just started to monitor sex disaggregated data on immunization through Electronic web based Information immunization in one district and planning to do that for the next 3 years

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

What action have you taken to achieve this goal?

Through newly established electronic web based immunization information system

5.4. Data assessments

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

NO DISCREPANCIES

- * Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.
- 5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **No** If Yes, please describe the assessment(s) and when they took place.
- 5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

Improve of the system in Shkodra district through newly well established of web based immunization information system based on identity cards of parents, care takers or national identification number

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

Scale up of web based immunization information system in the whole country and full use of national identification number through an agreement with Minsitry of Interior Improve collaboration with iNSTAT

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** and **Table 5.5b** 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\$ = 110.5	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	0	0	0
Traditional Vaccines*	700,000	700,000	0	0	0	0	0	0

New and underused Vaccines**	2,171,900	1,700,00 0	471,900	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	28,358	22,081	6,277	0	0	0	0	0
Cold Chain equipment	121,000	121,000	0	0	0	0	0	0
Personnel	1,000,000	1,000,00 0	0	0	0	0	0	0
Other routine recurrent costs	215,000	180,000	20,000	5,000	10,000	0	0	0
Other Capital Costs	15,000	15,000	0	0	0	0	0	0
Campaigns costs	10,000	10,000	0	0	0	0	0	0
NA		0	0	0	0	0	0	0
Total Expenditures for Immunisation	4,261,258							
Total Government Health		3,748,08 1	498,177	5,000	10,000	0	0	0

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

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

More or less the same funding as it was previewed

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

NA

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	700,000	600,000
New and underused Vaccines**	2,670,000	4,000,000
Injection supplies (both AD syringes and syringes other than ADs)	30,000	30,000
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	20,000	20,000
Personnel	1,200,000	1,400,000
Other routine recurrent costs	40,000	40,000
Supplemental Immunisation Activities	40,000	40,000
Total Expenditures for Immunisation	4,700,000	6,130,000

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

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

Yes we are expecting to have all funds as they were predicted in the budget and the middle term plan .Also Albania was supported by Gates Foundation through PATH and WHO to establish an electronic immunization information system until the end of 2012. A scale up plan will be prepared in 2012 and expected to be funded mainly by MoH, Institute of Health Insurance and other donors.

5.5.5. Are you expecting any financing gaps for 2013? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

No we are not expecting financial gaps. GAVI is not going to support beyond June 2013. this part has been already planned to be covered by government and laready approved by MoH and discussed with MoF and already submitted. Hexavalent vaccine is going to replace pentavalent one (DTaP/IPV/HepB/Hib) in 2014 and the funds are already approved by MoH and already proposed by MoH and discussed with MoF.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **No, not implemented at all**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?	

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

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? 3

Please attach the minutes (**Document N°**) from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections <u>5.1 Updated baseline and annual targets</u> to <u>5.5 Overall Expenditures and Financing for Immunisation</u>

Are any Civil Society Organisations members of the ICC? Yes

If Yes, which ones?

List CSO member organisations:	
Albanian Ped. Association	
Albanian Red Cross	
Roma Center	

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

- 1. SCALE UP PLAN OF ACTION OF THE USE OF WEB BASED INFORMATION IMMUNIZATION SYSTEM
- 2. USE OF IIS IN 6 OTHER DISTRICTS
- 3.INCLUDE AEFI AND COLD CHAIN MANAGEMENT IN IIS
- 4. USE MOBILE TECHNOLOGY FOR IIS
- 5. INTRODUCTION OF HEXAVALENT VACCINE (DTaP/IPV/Hib/Hep B) IN 2013
- 6. IMPROVE SURVEILLANCE OF ROTAVIRUS AND HPV (GENOTYPING)
- 7.PERFORM COST EFFECTIVENESS STUDY FOR ROTAVIRUS VACCINE INTRODUCTION
- 8. KAP study about vaccination with public, parents, teachers and medical professionals especially flu vaccines
- 9. PREPARE E COMMUNICATION STRATEGY FOR VACCINATION
- 10. INCREASE THE USE INFLUENZA VACCINE THROUGH PUBLIC AND PRIVATE PARTNERSHIPS
- 11. IMPROVE THE VACCINATION COVERAGE IN EVERY COMMUNITY
- 12. MEASURE THE IMPACT OF PNEUMOCOCCUS AND HIB VACCINES
- 12. CONTINOUS TRAINING OF HCW ON VACCINATION

Are they linked with cMYP? No

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	AD syringes	Government
Measles	AD syringes	Government
TT	AD syringes	Government
DTP-containing vaccine	AD syringes	Government & 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)

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

Immunization program use countrywide safety boxes for sharps disposal. The only problems encountered are burning of safety boxes into incinerators. Most of the districts have now contracts with private companies which deals with medical wastage burning, and we hope in the near future all the districts will have such contracts.

6. Immunisation Services Support (ISS)

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

6.1. Report on the use of ISS funds in 2011

	Amount US\$	Amount local currency
Funds received during 2011 (A)		
Remaining funds (carry over) from 2010 (B)		
Total funds available in 2011 (C=A+B)		
Total Expenditures in 2011 (D)		
Balance carried over to 2012 (E=C-D)		

- 6.1.1. Briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.
- 6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process
- 6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.3. Request for ISS reward

Request for ISS reward achievement in Albania is not applicable for 2011

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	Total doses for 2011 in Decision Letter	Total doses received by 31 December 2011	Total doses of postponed deliveries in 2012
DTP-HepB-Hib		109,300	52,500

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

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

was used so we did not face any stock out.

- 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? ...)
 As it is explained in the previous APR the doses postponed (only two months) for delivery in 2011 where only for some custom procedures and they were received on early January 2011. Meanwhile buffer stock
- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)
- 7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No** If **Yes**, how long did the stock-out last?

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced		
Phased introduction	Not selected	
Nationwide introduction	Not selected	
The time and scale of introduction was as planned in the proposal? If No, Why?	Not selected	

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

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 20))

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? Not selected

Is there a national AEFI expert review committee? Not selected

Does the country have an institutional development plan for vaccine safety? **Not selected** Is the country sharing its vaccine safety data with other countries? **Not selected**

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2011 (A)		
Remaining funds (carry over) from 2010 (B)		
Total funds available in 2011 (C=A+B)		
Total Expenditures in 2011 (D)		
Balance carried over to 2012 (E=C-D)		

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14). 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

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

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

7.4. Report on country co-financing in 2011

Table 7.4: Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses	
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0	0	
	Q.2: Which were the sources of fundin 2011?	g for co-financing in reporting year	
Government			
Donor			
Other			
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID			
	Q.4: When do you intend to transfer fu is the expected source of this funding	nds for co-financing in 2013 and what	

Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
	Q.5: Please state any Technical Assist sustainability strategies, mobilising fu co-financing	

If the country is in default, please describe and explain the steps the country is planning to take to meet its cofinancing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/about/governance/programme-policies/co-financing/

Is GAVI's new vaccine support reported on the national health sector budget? Not selected

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? May 2007

Please attach:

- (a) EVM assessment (Document No 15)
- (b) Improvement plan after EVM (Document No 16)
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (Document No 17)

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any

Are there any changes in the Improvement plan, with reasons? **Not selected** If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? November 2012

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Albania does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Albania 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 2012

Renewal of multi-year vaccines support for Albania is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per <u>7.11 Calculation of requirements</u> **No** If you don't confirm, please explain

We understand that we will be supported for the half of the year 2013. And government has already planned to cover the costs (explained in chapter 5)

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

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

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

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

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	500,	000\$
			\=	۸
DTP-HepB	НЕРВНІВ	2.00 %		
DTP-HepB-Hib	НЕРВНІВ		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJ UGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

7.11. Calculation of requirements

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

ID		Source		2011	2012	2013	TOTAL
	Number of surviving infants	Table 4	#	35,177	36,220	37,220	108,617
	Number of children to be vaccinated with the first dose	Table 4	#	34,879	36,000	37,100	107,979
	Number of children to be vaccinated with the third dose	Table 4	#	34,582	35,860	37,000	107,442
	Immunisation coverage with the third dose	Table 4	%	98.31 %	99.01 %	99.41 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	21,000			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.18	2.02	
СС	Country co-financing per dose	Co-financing table	\$		0.00	0.00	
са	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		23.80 %	23.80 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	

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

Co-financing group	Graduating

	2011	2012	2013
Minimum co-financing			
Recommended co-financing as per APR 2010			
Your co-financing			0.00

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

		2012	2013
Number of vaccine doses	#	93,300	117,800
Number of AD syringes	#	120,900	124,600
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	1,350	1,400
Total value to be co-financed by GAVI	\$	258,500	300,500

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

		2012	2013
Number of vaccine doses	#	0	0
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0

Number of safety boxes	#	0	0
Total value to be co-financed by the Country	\$	0	0

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

<u>\(\(\) \</u>		Formula	2011	2012		
			Total	Total	Government	GAVI
Α	Country co-finance	V	0.00 %	0.00 %		
В	Number of children to be vaccinated with the first dose	Table 5.2.1	34,879	36,000	0	36,000
С	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	BXC	104,637	108,000	0	108,000
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	DXE	109,869	113,400	0	113,400
G	Vaccines buffer stock	(F – F of previous year) * 0.25		883	0	883
Н	Stock on 1 January 2012	Table 7.11.1	21,000			
ı	Total vaccine doses needed	F + G – H		93,283	0	93,283
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		120,861	0	120,861
L	Reconstitution syringes (+ 10% wastage) needed	I/J*1.11		0	0	0
М	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		1,342	0	1,342
N	Cost of vaccines needed	I x vaccine price per dose (g)		203,544	0	203,544
0	Cost of AD syringes needed	K x AD syringe price per unit (ca)		5,621	0	5,621
Р	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)		8	0	8
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		48,444	0	48,444
s	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		563	0	563
Т	Total fund needed	(N+O+P+Q+R+S)		258,180	0	258,180
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 DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 2)

	(part 2)	Formula		2013	
			Total	Government	GAVI
Α	Country co-finance	V	0.00 %		
В	Number of children to be vaccinated with the first dose	Table 5.2.1	37,100	0	37,100
С	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	BXC	111,300	0	111,300
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	DXE	116,865	0	116,865
G	Vaccines buffer stock	(F – F of previous year) * 0.25	867	0	867
Н	Stock on 1 January 2012	Table 7.11.1			
ı	Total vaccine doses needed	F + G – H	117,732	0	117,732
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11	124,506	0	124,506
L	Reconstitution syringes (+ 10% wastage) needed	I/J * 1.11	0	0	0
М	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11	1,383	0	1,383
N	Cost of vaccines needed	I x vaccine price per dose (g)	237,466	0	237,466
0	Cost of AD syringes needed	K x AD syringe price per unit (ca)	237,466	0	5,790
Р	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)	9	0	9
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)	56,517	0	56,517
s	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)	580	0	580
Т	Total fund needed	(N+O+P+Q+R+S)	300,362	0	300,362
U	Total country co-financing	I x country co- financing per dose (cc)	0		
٧	Country co-financing % of GAVI supported proportion	U/T	0.00 %		

Table 7.11.4: Calculation of requirements for (part 3)

<u> </u>		
		Formula
Α	Country co-finance	V
В	Number of children to be vaccinated with the first dose	Table 5.2.1
С	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	BXC
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	DXE
G	Vaccines buffer stock	(F – F of previous year) * 0.25
Н	Stock on 1 January 2012	Table 7.11.1
I	Total vaccine doses needed	F + G – H
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11
L	Reconstitution syringes (+ 10% wastage) needed	I/J * 1.11
М	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11
N	Cost of vaccines needed	I x vaccine price per dose (g)
0	Cost of AD syringes needed	K x AD syringe price per unit (ca)
Р	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)
Т	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

8. Injection Safety Support (INS)

Albania is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

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

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

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

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

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

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

11. Comments from ICC/HSCC Chairs

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

NO COMMENTS

12. Annexes

12.1. Annex 1 - Terms of reference ISS

TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)
 - b. Income received from GAVI during 2011
 - c. Other income received during 2011 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2011
 - f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS					
	Local currency (CFA)	Value in USD *			
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000			
Summary of income received during 2011					
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 2011	30,592,132	63,852			
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523			

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS							
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD	
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	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 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811	

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)
 - b. Income received from GAVI during 2011
 - c. Other income received during 2011 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2011
 - f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS					
	Local currency (CFA)	Value in USD *			
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000			
Summary of income received during 2011					
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 2011	30,592,132	63,852			
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523			

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

Detailed analysis of expenditure by economic classification ** - GAVI HSS							
Budget in CFA Budget in USD Actual in CFA Act		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	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 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811	

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

12.5. Annex 5 - Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)
 - b. Income received from GAVI during 2011
 - c. Other income received during 2011 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2011
 - f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO					
	Local currency (CFA)	Value in USD *			
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000			
Summary of income received during 2011					
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 2011	30,592,132	63,852			
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523			

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

Detailed analysis of expenditure by economic classification ** - GAVI CSO							
Budget in CFA Budget in USD Actual in CFA Actu		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	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 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811	

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

13. Attachments

Document Number	Document	Section	Mandatory	File
	Cinnature of Minister of Health (or		>	Signatures pages.docx
1	Signature of Minister of Health (or delegated authority)	2.1	.	File desc: File description
				Date/time: 6/6/2012 5:55:28 AM
				Size: 18397
				Signatures pages.docx
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	File desc: File description
				Date/time: 6/6/2012 5:55:50 AM
				Size: 18397
				Signatures pages.docx
3	Signatures of members of ICC	2.2	✓	File desc: File description
				Date/time: 6/6/2012 5:56:04 AM
				Size: 18397
			_	ICC 2011.doc
5	Minutes of ICC meetings in 2011	2.2	✓	File desc: File description
				Date/time: 6/6/2012 3:49:20 AM
				Size: 46592