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MINISTRY OF PUBLIC HEALTH
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2 September 2005

Subject: Revised Progress Report–DPRK

I am pleased to send you the revised Progress Report-DPRK.

Enclosed please find the attached revised progress report-DPRK.

Thank you for your usual cooperation and best wishes to you.

Prof. Choe Chang Sik
Vice Minister
Ministry of Public Health
DPR Korea

GAVI

THE GLOBAL ALLIANCE FOR VACCINES & IMMUNIZATION

Partnering with The Vaccine Fund

January 2005

Progress Report

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

by the Government of

COUNTRY: Democratic People's Republic of Korea

Date of submission: 5 September 2005.....

Reporting period: 2004 *(Information provided in this report **MUST** refer to 2004 activities)*

(Tick only one) :

Inception report ρ
First annual progress report ρ
Second annual progress report ρ
Third annual progress report ρ
Fourth annual progress report ρ
Fifth annual progress report ρ

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.
Unless otherwise specified, documents may be shared with GAVI partners and collaborators

Progress Report Form: Table of Contents

1. Report on progress made during 2004

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC). Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

Funds received from GAVI/The Vaccine Fund is sent to the account No. 082/250 for the Ministry of Public Health in the Foreign Trade Bank in DPR Korea.
ICC organizes meeting to make sure that the supported fund is used properly.

After the agreement of ICC, the fund will be released to the national programme manager and the person in charge of financial management of MoPH.

There is no difficulty in the utilization of the funds supported. Budget lines of expenditure and allocated amounts are being presented in ICC meeting.

1.1.2 Use of Immunization Services Support

In 2004, the following major areas of activities have been funded with the GAVI/Vaccine Fund ***Immunization Services Support*** *contribution.*

Funds received during 2004	**US$ 243,581**
Remaining funds (carry over) from 2003	**US$ 303,594**

Table 1: Use of funds during 2004

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation	10,000	8,326	1,674		
Maintenance and overheads					
Training	20,000	8,000	12,000		
IEC / social mobilization	10,000	6,000	3,000	1,000	
Outreach					
Supervision					
Monitoring and evaluation	95,740	28,722	67,018		
Epidemiological surveillance	5,000	3,000	1,000	1,000	
Vehicles					
Cold chain equipment					
Other ..... *(specify)*	13,900	2,000	4,000	7,900	
Total:	154,640	56,048	88,692	9,900	
Remaining funds for next year:					

If no information is available because of block grants, please indicate under 'other'.

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.

- Health education was given to the community to increase their understanding about the importance of immunization and take an active part in the immunization.
- Health personel were trained and the side effects of vaccines explained, their attention were brought to mass immunization in DTP vaccination and present low coverage as well as measures for improvement.
- Supervision was made on the vaccination, storage and management of vaccines and cold chain equipment for the quality and safety of vaccines.
- Monitoring of central staff from provinces and counties and provincial staff from counties and Ris are carried out.

1.1.3 Immunization Data Quality Audit (DQA) *(If it has been implemented in your country)*

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?
If yes, please attach the plan.

YES [✓] NO [ ]

If yes, please report on the degree of its implementation.

- The main recommendation of DQA was training of staff, it was discussed in Spring ICC meeting, accordingly, training material is translated to local language, and printed. Training plan for six month Oct. 2005 – March 2006 is developed.
- The same denominator was used for all the vaccines.
- The supervisory activities were organized by EPI managers at central, provincial and county levels for the vaccination sites with low coverage rate.
- The drop-out children were immunized by the health personel through house-to-house immunization.

Please attach the minutes of the ICC meeting where the plan of action for the DOA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during 2004 (for example, coverage surveys).

EPI coverage survey conducted in 2004

- National EPI team conducted a survey for the coverage of DTP3 in 4 provinces, 8 counties and 24 ris during the period from 13th November to 14th December 2004. The survey was made on the basis of card and by counselling with mothers. The coverage rate of DTP3 was 71.9% which is 3.9% increase, compared with that in 2003.

- The provincial EPI staffs conducted coverage survey for the counties and ris once every quarter and suggested their recommendations.

- The county EPI staffs surveyed the organization of vaccination, management of vaccines, wastage rate, injection safety, side effect of vaccines in ris once every month.

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during 2004

Start of vaccinations with the new and under-used vaccine: MONTH.....June YEAR.....2003

Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.

- 1,696,660 doses of Hepatitis B vaccine were provided by GAVI.
- Shortage of fuel and problem of transportation from province to county is a big obstacle.
- Some times breakdown in electricity happens, which EPI staff use generator.

1.2.2 Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

- In relation to the introduction of Hep.B vaccine nationwide in 2004, the implementation of Hep B vaccination were reviewed in 4 provinces. On the basis of the experience, the 3 dose vaccination were implemented throughout the country keeping with the vaccination intervals to obtain the coverage rate by more than 90 %.
- For the safety of vaccination, the incinerators were installed primarily at county levels for safe discard of used syringes and sharps waste.
- The EPI personel who are good at immunization service were encouraged and motivated to increase the coverage.
- The activities of IEC, survey on the side effect, decreasing reduction rate were made to increase the coverage of DTP3 by more than 80 %.

The major problem is the insufficiency of vehicles to provide access to the low levels for the supervisory visits.

1.2.3 Use of GAVI/The Vaccine Fund financial support (US$100,000) for the introduction of the new vaccine

Please report on the proportion of 100,000 US$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Proportion:
vaccine transportation 30%, training 40%, IEC 10%, supervision 10%, motivation and encouragement 10%

Activities undertaken:
- Vaccine distribution was regularized on quarterly basis from the centre to province, on monthly basis from province to county and from county to Ri.
- One training course was organized for the EPI staffs at central level, two training courses at provincial level and 4 training courses at county level.
- IEC was conducted through mass media (radio, TV) and mobile health education and house to house visit education by household doctors.
- Supervision was made once at central level, 2 times at provincial level and 12 times at county level.

No difficulties during the implementation except those mentioned in previous page.

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

Disposable syringes were supported as follows;
Disposable syringes for BCG : 420,000
Auto-destructive syringes: 4,338,770
Disposable syringe for reconstitution: 47,000

No problem was encountered.

1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharp waste

- For the injection safety, only auto-destructive syringes provided by GAVI were utilized in vaccination. The used syringes were put in the safety boxes and discarded in the incinerators and buried in 1 metre deep.
- For safe dealing of injection syringes and sharps waste, the incinerators were primarily installed in 200 county hospitals.

Problems encountered: The fund for installing incinerators should be provided to ri level hospitals.

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
Safe dealing of the used syringes	1 incinerator will be installed in county level hospital	One incinerator was installed in each of 200 county-level hospitals	Lack of fund for transporting the used syringes and sharp wastage from ri level to county level	Normal operation of the incinerators in the county hospitals. If more fund provided installation of incinerator at Ri level.

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI/The Vaccine Fund injection safety support in the past year:

- Electric equipment for the safe electricity for the cold chain equipment in provincial and county HAES; US$ 41,475
- Injection safety: US$ 351,060

2. Financial sustainability

Inception Report: Outline timetable and process for the development of a financial sustainability plan . Describe assistance that may be needed for developing a financial sustainability plan.

First Annual Progress Report: Submit completed financial sustainability plan by given deadline. Describe major strategies for improving financial sustainability.

The financial sustainability plan was made by the national group for making financial sustainability plan under the support of STC for FSP in the end of August 2005 and endorsed by ICC members in ICC meeting.

Subsequent Progress Reports: According to current GAVI rules, support for new and under-used vaccines is covering the total quantity required to meet country targets (assumed to be equal to DTP3 targets) over a five year period (100% x 5 years = 500%). If the requested amount of new vaccines does not target the full country in a given year (for example, a phasing in of 25%), the country is allowed to request the remaining (in that same example: 75%) in a later year. In an attempt to help countries find sources of funding in order to attain financial sustainability by slowly phasing out GAVI/VF support, they are encouraged to begin contributing a portion of the vaccine quantity required. Therefore, GAVI/VF support can be spread out over a maximum of ten years after the initial approval, but will not exceed the 500% limit (see figure 4 in the GAVI Handbook for further clarification). In table 2.1, specify the annual proportion of five year GAVI/VF support for new vaccines that is planned to be spread-out over a maximum of ten years and co-funded with other sources. **Please add the three rows (Proportion funded by GAVI/VF (%), Proportion funded by the Government and other sources (%), Total funding for ..... *(new vaccine))* for each new vaccine.**

Table 2.1: Sources (planned) of financing of new vaccine Hepatitis B... *(specify)*

Proportion of vaccines supported by *	Annual proportion of vaccines									
	2003	2004	2005	2006	2007	2008	20..	20..	20..	20..
A: Proportion funded by GAVI/VF (%)***	25%	100%	100%	100%	100%	75%				
B: Proportion funded by the Government and other sources (%)	0	0	0	0	0	0				
C: Total funding for Hep.B..... *(new vaccine)* *2,909,000*	145,450	581,800	581,800	581,800	581,800	436,350				

** Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine.*

*** The first year should be the year of GAVI/VF new vaccine introduction*
*** Row A *should total 500% at the end of GAVI/VF support*

In table 2.2 below, describe progress made against major financial sustainability strategies and corresponding indicators.

Table 2.2: Progress against major financial sustainability strategies and corresponding indicators

Financial Sustainability Strategy	Specific Actions Taken Towards Achieving Strategy	Progress Achieved	Problems Encountered	Baseline Value of Progress Indicator	Current Value of Progress Indicator	Proposed Changes To Financial Sustainability Strategy
1. Development of FSP-DPRK	Discussion with WHO, UNICEF and GAVI mission concerning the financial sustainability strategies	New indicators were made for FSP, FSP revised .	Training for FSP preparing team			
2.Reduce wastage rate	Staff trained, policy distributed.	will be measured at the end 2005	N/A	35%	Will be measured at the end 2005	
3.						
4.						
5.						

3. Request for new and under-used vaccines for year 2006

*Section 3 is related to the request for new and under used vaccines and injection safety for **2006**.*

3.1. Up-dated immunization targets

Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 12). Targets for future years **MUST** be provided.

Table 3 : Update of immunization achievements and annual targets

Number of	Achievements and targets								
	2004	2005	2006	2007	2008	2009	2010	2011	2012
DENOMINATORS	419,378	419,378	419,378						
Births	420000	420000	420000						
Infants' deaths									
Surviving infants	419,378	419,378	419,378						
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with 1st **dose** of DTP (DTP1)*	314,571	335,502	356,971						
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with 3rd **dose** of DTP (DTP3)*	301,652	317,533	335,502						
NEW VACCINES ** Hep B	417,840	417,840	417,840						
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with 1st **dose** of DTP (DTP1)* ..... *(new vaccine)*			420000						

Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with 3rd **dose** of..... *(new vaccine)*	411,147	411,147	411,147						
Wastage rate in 2004 and plan for 2005 beyond*** ..... *(new vaccine)*	1.33	1.25	1.25						
*** Target for 2007 onward will be communicated later, as we are in the process of developing MYP**									
INJECTION SAFETY****	405,000	415,000	427,000						
Pregnant women vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with TT2	405,000	415,000	427,000						
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with BCG *	399,479	402,000	410,000						
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with Measles *	381,997	392,000	398,000						

* Indicate actual number of children vaccinated in 2004 and updated targets (with either DTP alone or combined)
** Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced
*** Indicate actual wastage rate obtained in past years
**** Insert any row as necessary

Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

- The targets which are communicated in the first proposal to GAVI were estimate of 2001 in 2004 base on vital registeration, actual figures came out and targets are changed.
- The figures in the above table is the same as JRF except Hep B3 which was mistyped I JRF.
- Targets for 2007 onward will be communicated later, as we are at the stage for preparation for MYP.
- Some amount of bufar stock of Hep B is used for additional coverage.

3.2 Availability of revised request for new vaccine *(to be shared with UNICEF Supply Division)* **for 2006**

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

There is a minor change in the number between the target of 3 doses of Hep. B and the coverage of DTP3 because we have no or less incidence of DTP cases recently and parents don't know the risk of Diphteria, pertusis and Tetanus. Also due to mild fever and pain, some mothers fail to participate to the vaccination in fear of a minor side effect of vaccines.

From the later half of the year 2006, we will introduce tetravalent(DTP+HB)vaccine.

Table 4: Estimated number of doses of Hepatitis B vaccine ***(specify for one presentation only):*** *Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund*

A	Infants vaccinated/to be vaccinated with 1st dose o		417,840
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		4 doses includ
D	Number of doses	*A x Bx C*	1,671,360
E	Estimated wastage factor	*(see list in table 3)*	1.25
F	Number of doses (incl. Wastage)	*A x C x E x B/100*	2,089,200
G	Vaccines buffer stock	*F x 0.25*	522,300
H	Anticipated vaccines in stock at start of year 2006 (including balance of buffer stock)		250,000
I	Total vaccine doses requested	*F + G - H*	2,361,500
J	Number of doses per vial		10 doses
K	Number of AD syringes (+10% wastage)	*(D + G ? H) x 1.11*	1,838,460
L	Reconstitution syringes(+10% wastage)	*I / J x 1.11*	259,765
M	Total safety boxes (+10% of extra need)	*(K + L) / 100 x 1.11*	23,290

**Please report the same figure as in table 3.*

Table 5: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** Countries are expected to plan for a maximum of: 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **Buffer stock:** The buffer stock is recalculated every year as 25% the current vaccine requirement
- **Anticipated vaccines in stock at start of year 2006:** It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

3.3 Confirmed/revised request for injection safety support for the years 2006 -2007

Table 6: Estimated supplies for safety of vaccination for the next two years with ..... *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	For 2006	For 2007
A	Target if children for ….. Vaccination (for TT: target of pregnant women) *1*	#		
B	Number of doses per child (for TT: target of pregnant women)	#		
C	Number of ….doses	A x B		
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock *2*	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor *4*	Either 2 or 1.6		
I	Number of reconstitution syringes (+10% wastage) *3*	C x H X 1.11/G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100		

1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)

2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

3 Only for lyophilized vaccines. Write zero for other vaccines.

4 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

Indicators	Targets	Achievements	Constraints	Updated targets
• Increasing the DTP3 coverage • Provision of injection safety • Strengthening the management and supervision	• To increase the DTP3 coverage by 70% all over the country • To install one incinerator in each county hospital • To immunize the drop-out children, monitor the side effect, improve IEC, supervision and control	• The coverage of DTP was increased by more than 70% in all vaccination sites and by 71.9% by 2004 • 1 incinerator was installed in each 200 county hospitals • The DTP3 coverage was increased by 3.9%, compared with the last year • The number of give-up targets due to the side effect was reduced • The storage and management of vaccines were improved and the material base was strengthened.	• Lack of fund for transportation of the used syringes and supplies from ri hospitals to county level.	• To increase the coverage of DTP3 by 80% by 2005. • To improve the supervisory activity, IEC, taking measures for the drop-out children at provincial and county level

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	5th September 2005	Revised and resubmit
Reporting Period (consistent with previous calendar year)	From Jan. to Dec. 2004	
Table 1 filled-in	Jan. 2005	
DQA reported on	Dec. 2004	
Reported on use of 100,000 US$	May 2004	
Injection Safety Reported on	July 2004	
FSP Reported on (progress against country FSP indicators)	Aug. 2004	
Table 2 filled-in	Sept. 2005	
New Vaccine Request completed		
Revised request for injection safety completed (where applicable)	NIA	
ICC minutes attached to the report	Yes	
Government signatures	Yes	
ICC endorsed	Yes	

6. Comments

ICC/RWG comments:

7. Signatures

For the Government of the Democratic People's Republic of Korea

Signature:

Title: Vice-minister, Ministry of Public Health

Date: 5 September 2005

We, the undersigned members of the Inter-Agency Co-ordinating Committee 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.

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements, as verbally confirmed by the Government.

Agency/Organisation	Name/Title	Date Signature
Ministry of Public Health, DPRK	Prof. Dr. Choe Chang Sik Vice-minister	
Ministry of Public Health, DPRK	Dr. Choe Ung Jun Director, SHCDCB	
Ministry of Public Health, DPRK	Dr. Pak Jong Min, Director, Dpt. Of External Affairs	
State Planning Commission, DPRK	Mr. Ri In Jun, Director, Dpt. Of External Affairs	
Ministry of Finance, DPRK	Mr. O Myong Il, Director, Dpt. Of External Affairs	
Ministry of Education, DPRK	Mr. Chae Ryang Il, Director, Dpt. Of External Affairs	
Korean Democratic Woman's Union	Mrs. Pak Song Ok, Director, Dpt. Of External Affairs	

Agency/Organisation	Name/Title	Date Signature
Academy of Medical Science, DPRK	Dr. Ko Kwang Zin Deputy director	
Central Hygiene & Anti-Epidemic Institute	Dr. Han Kyong Ho Director	
Ministry of Public Health, DPRK	Dr. Jong Bong Ju, Deputy director, UNICEF focal point, Dpt. Of External Affairs	
Ministry of Public Health, DPRK	Dr. Han Yong Sik, EPI Manager	
Ministry of Public Health, DPRK	Ms. Kim Bok Sil, Director, Financial Department	
UNICEF, Pyongyang	Ms. Pierrette Vu Thi, Representative	
WHO, Pyongyang	Dr. Eigil Sorensen Representative	

~ End ~

Draft

Minutes of EPI, Interagency Coordination Committee (ICC) Meeting

Date: Tuesday 19/ April /2005
Time: 3:30 - 5:00 PM

Agenda:

1- Follow up of recommendation of GAVI, Data Quality Audit (DQA) Report
2- MoPH expectation from future round of GAVI fund
3- EPI Joint Reporting Form (JRF)
4- Any Other Business (AOB)

Follow up of recommendation of GAVI, Data Quality Audit (DQA) Report

Key Recommendations:

- A further study, involving a wider selection of districts in the country is suggested, to clarify issues around data accuracy at county, provincial and national levels. Expertise in epidemiology could be sourced from UNICEF/WHO to assist with this study.
- To strengthen national capacity, additional training may be required in the areas of public health, epidemiology, and biostatistics. EPI could consider approaching UNICEF/WHO for advice and assistance.
- EPI to train on monitoring and evaluation of immunization activities (wastage, drop-out, targets, denominators, coverage, and immunization schedule) including analysis of data at all levels.
- EPI should clearly define and disseminate the national policy in relation to denominators, targets, wastage and drop-out rate to all levels.

R1: Will be discussed next year

R2/ R3: Latest version of Immunization in Practice "2004" is translated into Korean Language, back translation is under process. Fund is available with WHO for printing, if there is need for co- funding UNICEF will provide support.

Training will be conducted in third quarter at three levels;

- ToT at central level for 20-30 participants,
- ToT at provincial levels 40 – 60 participants
- Training of service providers at county level 80 – 100 participants

It is agreed that in all EPI trainings indicators of monitoring and evaluation of immunization activities such as wastage and dropout rate will be addressed. If there is need for additional training material WHO/ UNICEF are ready to provide.

R4: The issues of having same denominator for all EPI antigens were discussed, experience of other countries were shared with government partner.
MoPH team will discuss the issue internally and by end April 2005, will make decision on it. Coverage of first quarter of 2005 will be reported based on new agreed denominator.

MoPH expectation from future round of GAVI fund:

Dr Hun EPI officer of MoPH briefed the participants as follow:

- Our target in 2005 is to reach 80% coverage of DPT3, maintain coverage of other antigens more than 90%.
- GAVI support for EPI program of DPRK started in 2002/3; providing whole requirement of vaccine devices and HB vaccine. From 2005 – 2007 GAVI support will be limited to provision of HB vaccine and devices for this antigen.
- Our aim is to produce vaccines locally; it is discussed in many occasions with GAVI representatives as well as UNICEF and WHO.
- To reach this goal we need modern equipment and supplies with estimated cost of USD2,000,000.
- In addition to above we expect GAVI to help us in renewing of cold chain equipment, providing overseas training, maintaining quality of services, developing plan for mobilization and public awareness.

During the discussion WHO Representative explained that local production of vaccine is good intention but it needs some pre requisitions such as establishing NRA (National Regulatory Authority), Quality control, ... etc then there is need for certification of quality, with out certification the vaccine could not be used for the program.
In summery it is long process. From other hand as per mandate of GAVI we don't think they will fund this. He added that WHO consultant will come in August to help government in establishing NRA and other steps required.

EPI Joint Reporting Form (JRF)
Draft JRF, dully completed by MoPH was submitted for comment and review, final report will follow.

Any Other Business (AOB)

- **Shortage in BCG syringes:**

EPI Officer reported that stock of BCG syringes is Zero there is need for urgent action. UNICEF requested that we need to be informed well in advance, monthly stock report should be submitted, and minimum time for offshore procurement is three months. Next batch of BCG syringes which are ordered in Feb will arrive in June. Also we should follow up and monitor distribution, DPRK total requirement for BCG syringes in 2005 is 370,500, in January 2005 out of total requirement 60% of supplies arrived and now we are in the fourth month and balance of stock is Zero, with good distribution plan the amount was enough for 7- 8 months.

- **Spare part for EPI vehicles:**

Dr Han reported that all EPI vehicles at central and provincial levels need spare parts, it is not available locally, we need support of UNICEF in this regard. If we don't get support of partners in this there is risk of break down of logistic chain.

- **Advance fund for training:**

The EPI officer requested WHO and UNICEF to provide training cost in advance, it will help MoPH in better preparation and organizing the program.

Participants:

- Dr Jong Bong Ju Deputy of external Relation Dept MoPH
- Mr. Han Gyong Ho, Director of Central AES MoPH
- Dr. Han Yong Sik, EPI officer MoPH
- Ms. Kim Kum Ran, MOPH EPI, Information
- Ms.Ri Gyong Ran, AES officer, EPI,
- Dr Tej Walia WHO Representative
- Dr. Vason Pinyowiwat Medical Officer WHO
- Dr. Ri Chol In, National Officer WHO
- Dr. S. E. Majeed Health Officer UNICEF
- Mr.Choe Chol, National Officer UNICEF

Minutes of ICC Meeting

Date: 26 August 2004
Venue: People's Palace of Culture

Agenda:

- Defriefing of the TCG meeting held during 13-19 August
- Progress of GAVI support for DPRK
- Medical supplies from UNICEF provided by GAVI
- Support for installation of incinerators
- Utilization of Solar Refrigerators provided by GAVI
- Other issues

Minutes of ICC Meeting

Date: 28 April 2004
Venue: People's Palace of Culture

Agenda:

- Discussion on the difference of the number of targets for DTP3 vaccination in 2001-2002
- Experinces from the training on introducing a new vaccine
- Review of the coverage of Hep.B vaccine in 4 provinces and problems arising in nation wide vaccination of Hep. B
    - . Supervision of the low level health personel
    - . Monitoring and estimation
    - . Increasing the awareness of mothers and health personel