



GAVI Alliance

Annual Progress Report **2014**

Submitted by

The Government of

Democratic People's Republic of Korea

Reporting on year: **2014**

Requesting for support year: **2016**

Date of submission: **14/05/2015**

Deadline for submission: 27/05/2015

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2014**

Requesting for support year: **2016**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	IPV, 5 dose(s) per vial, LIQUID	IPV, 5 dose(s) per vial, LIQUID	2018

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

IPV second preferred presentation: **IPV, 10 dose(s) per vial, LIQUID**

IPV third preferred presentation: **IPV, 1 dose(s) per vial, LIQUID**

1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2016	2020
Routine New Vaccines Support	IPV, 5 dose(s) per vial, LIQUID	2019	2021

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For 2014 ISS reward
VIG	Yes	Not applicable	No
HSS	Yes	next tranche of HSS Grant No	No
HSFP	Yes	Next tranche of HSFP Grant Yes	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2013** 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 **Democratic People's Republic of Korea** 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 **Democratic People's Republic of Korea**

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr. Kang Ha Guk	Name	Mr. KI Kwang Ho
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email
Dr Zobaidul Haque Khan	Technical Officer, WHO, DPRK	008501912500734	khanzo@who.int
Dr Mohammad Younus	Chief, Health, UNICEF, DPRK	008501912500553	myounus@unicef.org

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
H.E. Dr KIM Hyong Hun, Vice Minister	Ministry of Public Health		
Dr PAK Myong Su, National EPI Manager	Ministry of Public Health		

Dr PAK Jong Min, Director, External Affairs Dept.	Ministry of Public Health		
Ms KIM Bok Sil, Director, Dept. of Finance	Ministry of Public Health		
Dr KIM Chol Su, Senior Official & Focal point, UNICEF & GAVI	Ministry of Public Health		
Dr KIM Kyong Chol, Director, Department of Prevention & Treatment	Ministry of Public Health		
Mr RI Yong Nam, Director, Dept. of External Finance	Ministry of Finance		
Mr SONG Kil Chol, Deputy Director, Dept. of Cooperation	State Planning Committee		
Dr KIM Hyon Ung, Vice Director, Department of Prevention & Treatment	Ministry of Public Health		
Dr KIM Jong Hwan, Senior Official	Ministry of Public Health		
Dr Stephan Paul Jost, WHO Representative	WHO, DPR Korea		
Mr Tim Schaffter, UNICEF Representative	UNICEF, DPR Korea		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **DPR Korea**, endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organization	Signature	Date
Dr KIM Hyong Hun, Vice Minister	Ministry of Public Health		
Dr PAK Myong Su, National EPI Manager	Ministry of Public Health		
Dr PAK Jong Min, Director, External Affairs Dept.	Ministry of Public Health		
Ms KIM Bok Sil, Director, Dept. of Finance	Ministry of Public Health		
Dr KIM Chol Su, Senior Official & Focal point, UNICEF & GAVI	Ministry of Public Health		
Dr KIM Kyong Chol, Director, Department of Prevention & Treatment	Ministry of Public Health		
Mr RI Yong Nam, Director, Dept. of External Finance	Ministry of Finance		
Mr SONG Kil Chol, Deputy Director, Dept. of Cooperation	State Planning Committee		
Dr KIM Hyon Ung, Vice Director, Department of Prevention & Treatment	Ministry of Public Health		
Dr KIM Jong Hwan, Senior Official	Ministry of Public Health		
Dr Stephan Paul Jost, WHO Representative	WHO, DPR Korea		

Mr Tim Schaffter, UNICEF Representative	UNICEF, DPR Korea		
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HSCC may wish to send informal comments to: apr@gavi.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Democratic People's Republic of Korea is not reporting on CSO (Type A & B) fund utilisation in 2015

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4. Baseline & annual targets

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

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

Number	Achievements as per JRF		Targets (preferred presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	360,211	342,458	362,156	362,156		362,156		362,156		362,156
Total infants' deaths	6,952	4,508	6,990	6,990		6,990		6,990		6,990
Total surviving infants	353259	337,950	355,166	355,166		355,166		355,166		355,166
Total pregnant women	364,893	341,794	366,864	366,864		366,864		366,864		366,864
Number of infants vaccinated (to be vaccinated) with BCG	353,007	335,692	354,913	362,156		362,156		362,156		362,156
BCG coverage[1]	98 %	98 %	98 %	100 %	0 %	100 %	0 %	100 %	0 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3	349,726	338,817	351,614	355,166		355,166		355,166		355,166
OPV3 coverage[2]	99 %	100 %	99 %	100 %	0 %	100 %	0 %	100 %	0 %	100 %
Number of infants vaccinated (to be vaccinated) with DTP1 [3]	342,661	320,410	344,511	355,166		355,166		355,166		355,166
Number of infants vaccinated (to be vaccinated) with DTP3 [3][4]	339,129	317,962	344,511	355,166		355,166		355,166		355,166
DTP3 coverage[2]	96 %	94 %	97 %	100 %	0 %	100 %	0 %	100 %	0 %	100 %
Wastage[5] rate in base-year and planned thereafter (%) for DTP	1	5	1	5		5		5		5
Wastage[5] factor in base-year and planned thereafter for DTP	1.01	1.05	1.01	1.05	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	349,726	320,410	344,511	355,166		355,166		355,166		355,166
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	349,726	317,962	344,511	355,166		355,166		355,166		355,166
DTP-HepB-Hib coverage[2]	99 %	94 %	97 %	100 %	0 %	100 %	0 %	100 %	0 %	100 %
Wastage[5] rate in base-year and planned thereafter (%)	1	5	1	5		5		5		5
Wastage[5] factor in base-year and planned thereafter (%)	1.01	1.05	1.01	1.05	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with IPV		0	336,155	355,166	341,000	355,166	342,043	355,166		355,166
Wastage[5] rate in base-year and planned thereafter (%)		0	30	30	15	30	15	30		30

Number	Achievements as per JRF		Targets (preferred presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Wastage[5] factor in base-year and planned thereafter (%)	1	1	1.43	1.43	1.18	1.43	1.18	1.43	1	1.43
Maximum wastage rate value for IPV, 5 dose(s) per vial, LIQUID (see note above)	0 %	30 %	0 %	30 %	0 %	30 %	0 %	30 %	0 %	30 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles		339,197		355,156		355,166		355,166		355,166
Measles coverage[2]	0 %	100 %	0 %	100 %	0 %	100 %	0 %	100 %	0 %	100 %
Pregnant women vaccinated with TT+	358,325	332,335	360,260	366,855		366,855		366,855		366,855
TT+ coverage[7]	98 %	97 %	98 %	100 %	0 %	100 %	0 %	100 %	0 %	100 %
Vit A supplement to mothers within 6 weeks from delivery	358,325	332,335	360,260	366,855		366,855		366,855		366,855
Vit A supplement to infants after 6 months	176,276	0	177,405	0	N/A	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	1 %	1 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %

Number	Targets (preferred presentation)					
	2019		2020		2021	
	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births		362,156		362,156		362,156
Total infants' deaths		6,990		6,990		6,990
Total surviving infants		355,166		355,166		355,166
Total pregnant women		366,864		366,864		366,864
Number of infants vaccinated (to be vaccinated) with BCG		362,156		362,156		362,156
BCG coverage[1]	0 %	100 %	0 %	100 %	0 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3		355,166		355,166		355,166
OPV3 coverage[2]	0 %	100 %	0 %	100 %	0 %	100 %
Number of infants vaccinated (to be vaccinated) with DTP1[3]		355,166		355,166		355,166
Number of infants vaccinated (to be vaccinated) with DTP3[3][4]		355,166		355,166		355,166
DTP3 coverage[2]	0 %	100 %	0 %	100 %	0 %	100 %
Wastage[5] rate in base-year and planned thereafter (%) for DTP		5		5		5
Wastage[5] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.05	1.00	1.05

Number	Targets (preferred presentation)					
	2019		2020		2021	
	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib		355,166		355,166		
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib		355,166		355,166		
DTP-HepB-Hib coverage[2]	0 %	100 %	0 %	100 %	0 %	0 %
Wastage[5] rate in base-year and planned thereafter (%)		5		5		
Wastage[5] factor in base-year and planned thereafter (%)	1	1.05	1	1.05	1	1
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with IPV		355,166		355,166		355,166
Wastage[5] rate in base-year and planned thereafter (%)		30		30		30
Wastage[5] factor in base-year and planned thereafter (%)	1	1.43	1	1.43	1	1.43
Maximum wastage rate value for IPV, 5 dose(s) per vial, LIQUID (see note above)	0 %	30 %	0 %	30 %	0 %	30 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles		355,166		355,166		355,166
Measles coverage[2]	0 %	100 %	0 %	100 %	0 %	100 %
Pregnant women vaccinated with TT+		366,855		366,855		366,855
TT+ coverage[7]	0 %	100 %	0 %	100 %	0 %	100 %
Vit A supplement to mothers within 6 weeks from delivery		366,855		366,855		366,855
Vit A supplement to infants after 6 months	N/A	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	0 %	0 %	0 %	0 %	0 %

[1] Number of infants vaccinated out of total births

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

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

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014**. The numbers for 2015 - 2015 in [Table 4 Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

There is slight decline in number of total births reported for 2014, which is consistent with WHO/UNICEF Joint Reporting Form for 2014, while the numbers in table 4: Baseline and Annual Targets for 2015 are consistent with comprehensive multi-year plan (cMYP 2011-15). For 2016 and onwards, we used previous forecast for 2015, without taking in consideration the annual growth rate as used in cMYP (2011-15), because, according to government data, currently there is apparently no or negative population growth. This data will be verified during preparation of cMYP (2016-20), so it is subject to modification after that.

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

Infant mortality has fallen further, and also fall in actual number of births led to change in surviving infants

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified. For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.**

NA

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

NA

5.2. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

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

N/A

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

5.2.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on <http://www.gavialliance.org/about/mission/gender/>)

The tools for collection of gender desegregated data developed and printing is in process

5.3. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 109	Enter the rate only; Please do not enter local currency name
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Table 5.3a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	ROK	CERF	NA
Traditional Vaccines*	1,493,741	0	0	1,213,339	0	210,422	69,980	0
New and underused Vaccines**	2,962,205	337,500	2,624,705	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	262,250	0	62,250	200,000	0	0	0	0
Cold Chain equipment	62,250	0	62,250	0	0	0	0	0
Personnel	1,769,894	1,769,894	0	0	0	0	0	0
Other routine recurrent costs	900,500	400,500	0	0	500,000	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
NA		0	0	0	0	0	0	0
Total Expenditures for Immunisation	7,450,840							
Total Government Health		2,507,894	2,749,205	1,413,339	500,000	210,422	69,980	0

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

5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **4**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2015 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.3 Overall Expenditures and Financing for Immunisation](#)

During the reporting year, four ICC/HSCC meetings were conducted and following key issues were discussed and recommendations made for future implementation:

1. Discussion and approval for APR 2013
2. Advocacy meeting for IPV introduction, formation of taskforce for IPV introduction planning, application submission and implementation. Endorsement for vaccine support extension.
3. Approval of draft IPV introduction plan
4. Discussion on measles incidence in North Pyongyang province and way forward.

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

If Yes, which ones?

List CSO member organisations:

5.5. Priority actions in 2015 to 2016

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

Priority activities and actions for 2015-16 are as follows

1. IPV introduction and post-introduction evaluation
2. Coverage evaluation survey
3. Effective vaccine management (EVM) assessment
4. cMYP (2011-15) review and preparation of new CMYP (2016-20)
5. Cold chain expansion
6. Temperature monitoring system expansion
7. Quarterly reporting and progress review
8. Introduction of rubella containing vaccine
9. Seroprevalence survey of measles and rubella

5.6. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
BCG	AD	UNICEF, ROK
Measles	AD	UNICEF, ROK
TT	AD	UNICEF, ROK
DTP-containing vaccine	AD	GAVI
IPV	AD	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)

Safe disposal through use of safety boxes and incineration as per WHO protocols in place; quality improvement is in focus. No obstacles in implementation of injection safety policy.

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

At the national and provincial levels sharps waste are disposed through incineration but burial/open burning methods at county/district levels. No problem encountered in the reporting period.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Democratic People's Republic of Korea is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

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

Democratic People's Republic of Korea is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.3. Request for ISS reward

Request for ISS reward achievement in Democratic People's Republic of Korea is not applicable for 2014

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

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

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

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

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

	[A]	[B]	[C]	
Vaccine type	Total doses for 2014 in Decision Letter	Total doses received by 31 December 2014	Total doses postponed from previous years and received in 2014	Did the country experience any stockouts at any level in 2014?
DTP-HepB-Hib	1,687,000	1,687,000	0	No
IPV		0	0	Not selected

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

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

NA

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

7.2. Introduction of a New Vaccine in 2014

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

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	12/07/2012
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

When is the Post Introduction Evaluation (PIE) planned? **April 2016**

IPV, 5 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	08/04/2015
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	IPV introduction was delayed from October 2014 to April 2015 due to nonavailability of the vaccine.

When is the Post Introduction Evaluation (PIE) planned? **April 2016**

7.2.2. If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9)

DPR Korea has introduced DTP-HepB-Hib in July 2012; Post Introduction Evaluation planned for 2014 could not be conducted due to

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Not selected**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Not selected**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

N/A

7.3. New Vaccine Introduction Grant lump sums 2014

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2014 (A)	0	0
Remaining funds (carry over) from 2013 (B)	0	0
Total funds available in 2014 (C=A+B)	0	0
Total Expenditures in 2014 (D)	0	0
Balance carried over to 2015 (E=C-D)	0	0

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

No grant received in 2014, IPV introduction grant received in 2015

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

Delays in delivery of vaccines led to delay in of IPV introduction to April 2015, in stead of October 2014. Activity plans were also revised accordingly to Jan-April 2015

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

Post introduction evaluation planned for April 2016

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	234,500	64,100
Awarded Vaccine #2: IPV, 5 dose(s) per vial, LIQUID*		
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?	
Government	337,500 (including vaccine and devices)	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses

Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	103,000	64,100
Awarded Vaccine #2: IPV, 5 dose(s) per vial, LIQUID*		
Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	October	Government
Awarded Vaccine #2: IPV, 5 dose(s) per vial, LIQUID*		GAVI supported, no co-financing
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing		
Currently not required, but may be required for possible introduction of rubella containing vaccine in routine immunization		

*Note: co-financing is not mandatory for IPV

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at

http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.html

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **August 2011**

Please attach:

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

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

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

If yes, provide details

N/A

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Democratic People's Republic of Korea does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Democratic People's Republic of Korea does not require to change any of the vaccine presentation(s) for future years.

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

If 2015 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2020 for the following vaccines:

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

* **IPV, 5 dose(s) per vial, LIQUID**

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

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

* **IPV, 5 dose(s) per vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2020, which is attached to this APR (Document N°16). The new costing tool is also attached (Document N°17) for the following vaccines:

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

* **IPV, 5 dose(s) per vial, LIQUID**

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

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

* **IPV, 5 dose(s) per vial, LIQUID**

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

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

Confirm here below that your request for 2016 vaccines support is as per [7.11 Calculation of requirements](#)

Yes

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigen	Vaccine Type	2012	2013	2014	2015	2016	2017	2018
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID			3.40 %	3.50 %	3.60 %	4.40 %	4.40 %
IPV, 5 dose(s) per vial, LIQUID	IPV, 5 dose(s) per vial, LIQUID				7.70 %	7.50 %	8.60 %	8.60 %

Vaccine Antigen	Vaccine Type	2019	2020	2021
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	4.40 %	4.40 %	4.40 %
IPV, 5 dose(s) per vial, LIQUID	IPV, 5 dose(s) per vial, LIQUID	9.90 %	9.90 %	9.90 %

7.11. Calculation of requirements

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

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	353,259	355,166	355,166	355,166	355,166
	Number of children to be vaccinated with the first dose	Parameter	#	349,726	344,511	355,166	355,166	355,166
	Number of children to be vaccinated with the third dose	Parameter	#	349,726	344,511	355,166	355,166	355,166
	Immunisation coverage with the third dose	Parameter	%	99.00 %	97.00 %	100.00 %	100.00 %	100.00 %
	Number of doses per child	Parameter	#	3	3	3	3	3
	Estimated vaccine wastage factor	Parameter	#	1.01	1.01	1.05	1.05	1.05
	Stock in Central Store Dec 31, 2014		#	274,778				
	Stock across second level Dec 31, 2014 (if available)*		#	0				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	0				
	Number of doses per vial	Parameter	#		1	1	1	1
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No	No	No
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	Country co-financing per dose	Parameter	\$		0.20	0.20	0.20	0.20
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	0.0448	0.0448
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	0	0
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	0.0054	0.0054
fv	Freight cost as % of vaccines value	Parameter	%		3.50 %	3.60 %	4.40 %	4.40 %

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

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

Not defined

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

Co-financing group	Low
--------------------	-----

	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

	2019	2020
Minimum co-financing	0.20	0.20
Recommended co-financing as per	0.20	0.20
Your co-financing	0.20	0.20

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	1,522,300	579,000	1,577,500	1,339,400	1,339,400
Number of AD syringes	#	1,844,200	696,000	1,885,500	1,633,600	1,633,600
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	20,475	7,675	19,450	16,925	16,925
Total value to be co-financed by GAVI	\$	3,226,500	1,202,500	3,012,500	2,135,000	2,135,000

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

		2019	2020
Number of vaccine doses	#	1,339,400	1,338,900
Number of AD syringes	#	1,633,600	1,633,600
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	16,925	16,925
Total value to be co-financed by GAVI	\$	2,135,000	2,128,500

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	164,700	64,100	189,900	199,000	199,000
Number of AD syringes	#	0	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	0	0	0	0	0
Total value to be co-financed by the Country [1]	\$	337,500	129,000	363,000	317,500	317,500

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

		2019	2020
Number of vaccine doses	#	199,000	199,600
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 [1]	\$	317,500	317,500

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

		Formula	2014	2015		
				Total	Government	GAVI
A	Country co-finance	V				
B	Number of children to be vaccinated with the first dose	Table 4	349,726	344,511		
B1	Number of children to be vaccinated with the third dose	Table 4	349,726	344,511		
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,049,178	1,033,533		
E	Estimated vaccine wastage factor	Table 4	1.01	1.01		
F	Number of doses needed including wastage	$D \times E$		1,043,869		
G	Vaccines buffer stock	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> <i>if(wastage factor of previous year current estimation < wastage factor of previous year original approved):</i> $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ <i>else:</i> $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0$ 				
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$				
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$				
H2	Reported stock on January 1st	Table 7.11.1	100	274,778		
H3	Shipment plan	Approved volume		643,100		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		643,100		
J	Number of doses per vial	Vaccine Parameter				
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$				
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$				
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$				
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$				
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$				
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$				
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$				
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$				
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$				
T	Total fund needed	$(N+O+P+Q+R+S)$				
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$				
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$				

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

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	10.74 %		
B	Number of children to be vaccinated with the first dose	Table 4	355,166	38,156	317,010
B1	Number of children to be vaccinated with the third dose	Table 4	355,166	38,156	317,010
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,065,498	114,466	951,032
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	1,118,773	120,189	998,584
G	Vaccines buffer stock	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> if $(\text{wastage factor of previous year current estimation} < \text{wastage factor of previous year original approved})$: $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ else: $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0$ 	28,090	3,018	25,072
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$	- 620,433	- 66,652	- 553,781
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$	- 200,894	- 21,581	- 179,313
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	Approved volume			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	1,767,300	189,860	1,577,440
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	1,885,424	0	1,885,424
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	19,441	0	19,441
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	3,175,839	341,178	2,834,661
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	84,467	0	84,467
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	106	0	106
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	114,331	12,283	102,048
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	3,374,743	362,546	3,012,197
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	353,460		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	10.74 %		

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

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

		Formula	2017		
			Total	Government	GAVI
A	Country co-finance	V	12.94 %		
B	Number of children to be vaccinated with the first dose	Table 4	355,166	45,942	309,224
B1	Number of children to be vaccinated with the third dose	Table 4	355,166	45,942	309,224
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,065,498	137,825	927,673
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	1,118,773	144,716	974,057
G	Vaccines buffer stock	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> if $(\text{wastage factor of previous year current estimation} < \text{wastage factor of previous year original approved})$: $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ else: $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0$ 	419,540	54,269	365,271
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$			
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$			
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	Approved volume			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	1,538,350	198,990	1,339,360
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	1,633,542	0	1,633,542
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	16,922	0	16,922
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	2,278,297	294,703	1,983,594
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	73,183	0	73,183
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	93	0	93
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	100,246	12,968	87,278
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	2,451,819	317,149	2,134,670
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	307,670		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	12.94 %		

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

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** (part 4)

		Formula	2018		
			Total	Government	GAVI
A	Country co-finance	V	12.94 %		
B	Number of children to be vaccinated with the first dose	Table 4	355,166	45,942	309,224
B1	Number of children to be vaccinated with the third dose	Table 4	355,166	45,942	309,224
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,065,498	137,825	927,673
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	1,118,773	144,716	974,057
G	Vaccines buffer stock	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> if $(\text{wastage factor of previous year current estimation} < \text{wastage factor of previous year original approved})$: $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ else: $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0$ 	419,540	54,269	365,271
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$			
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$			
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	Approved volume			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	1,538,350	198,990	1,339,360
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	1,633,542	0	1,633,542
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	16,922	0	16,922
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	2,278,297	294,703	1,983,594
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	73,183	0	73,183
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	93	0	93
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	100,246	12,968	87,278
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	2,451,819	317,149	2,134,670
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	307,670		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	12.94 %		

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

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** (part 5)

		Formula	2019		
			Total	Government	GAVI
A	Country co-finance	V	12.94 %		
B	Number of children to be vaccinated with the first dose	Table 4	355,166	45,942	309,224
B1	Number of children to be vaccinated with the third dose	Table 4	355,166	45,942	309,224
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,065,498	137,825	927,673
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	1,118,773	144,716	974,057
G	Vaccines buffer stock	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> if $(\text{wastage factor of previous year current estimation} < \text{wastage factor of previous year original approved})$: $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ else: $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0$ 	419,540	54,269	365,271
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$			
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$			
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	Approved volume			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	1,538,350	198,990	1,339,360
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	1,633,542	0	1,633,542
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	16,922	0	16,922
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	2,278,297	294,703	1,983,594
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	73,183	0	73,183
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	93	0	93
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	100,246	12,968	87,278
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	2,451,819	317,149	2,134,670
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	307,670		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	12.94 %		

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

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** (part 6)

		Formula	2020		
			Total	Government	GAVI
A	Country co-finance	V	12.97 %		
B	Number of children to be vaccinated with the first dose	Table 4	355,166	46,066	309,100
B1	Number of children to be vaccinated with the third dose	Table 4	355,166	46,066	309,100
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,065,498	138,198	927,300
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	1,118,773	145,108	973,665
G	Vaccines buffer stock	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> if $(\text{wastage factor of previous year current estimation} < \text{wastage factor of previous year original approved})$: $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ else: $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0$ 	419,540	54,416	365,124
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$			
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$			
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	Approved volume			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	1,538,350	199,529	1,338,821
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	1,633,542	0	1,633,542
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	16,922	0	16,922
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	2,272,143	294,703	1,977,440
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	73,183	0	73,183
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	93	0	93
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	99,975	12,968	87,007
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	2,445,394	317,175	2,128,219
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	307,670		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	12.97 %		

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

Table 7.11.1: Specifications for IPV, 5 dose(s) per vial, LIQUID

ID	Source		2014	2015	2016	2017	2018
Number of surviving infants	Parameter	#	353,259	355,166	355,166	355,166	355,166
Number of children to be vaccinated	Parameter	#	0	336,155	355,166	355,166	355,166
Number of doses per child	Parameter	#	1	1	1	1	1
Estimated vaccine wastage factor	Parameter	#	1.00	1.43	1.43	1.43	1.43
Stock in Central Store Dec 31, 2014		#	0				
Stock across second level Dec 31, 2014 (if available)*		#	0				
Stock across third level Dec 31, 2014 (if available)*	Parameter	#	0				
Number of doses per vial	Parameter	#		5	5	5	5

	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No	No	No
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	Country co-financing per dose	Parameter	\$		0.00	0.00	0.00	0.00
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	0.0448	0.0448
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	0	0
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	0.0054	0.0054
fv	Freight cost as % of vaccines value	Parameter	%		7.70 %	7.50 %	8.60 %	8.60 %

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

Vaccine arrived in the country on 8 March 2015.

Co-financing tables for **IPV, 5 dose(s) per vial, LIQUID**

Co-financing group	Low
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	2014	2015	2016	2017	2018
Minimum co-financing			0.00	0.00	0.00
Recommended co-financing as per			0.00	0.00	0.00
Your co-financing		0.00	0.00	0.00	0.00

	2019	2020	2021
Minimum co-financing	0.00	0.00	0.00
Recommended co-financing as per	0.00	0.00	0.00
Your co-financing	0.00	0.00	0.00

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 1)

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	336,155	336,155	
C	Number of doses per child	Vaccine parameter (schedule)	1	1	
D	Number of doses needed	$B \times C$	0	336,155	
E	Estimated vaccine wastage factor	Table 4	1.00	1.43	
F	Number of doses needed including wastage	$D \times E$		480,702	
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$			
H	Stock to be deducted	$H1 - 0.25 \times F \text{ of previous year original approved}$			
H ₁	Calculated opening stock	$H2 \text{ of previous year} + I \text{ of previous year} - F \text{ of previous year current estimation}$			
H ₂	Reported stock on January 1st	Table 7.11.1	0	0	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		0	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$			
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$			
T	Total fund needed	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$			

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

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 2)

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	355,166	0	355,166
C	Number of doses per child	Vaccine parameter (schedule)	1		
D	Number of doses needed	$B \times C$	355,166	0	355,166
E	Estimated vaccine wastage factor	Table 4	1.43		
F	Number of doses needed including wastage	$D \times E$	507,888	0	507,888
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	4,753	0	4,753
H	Stock to be deducted	$H1 - 0.25 \times F \text{ of previous year original approved}$	- 634,859	0	- 634,859
H 1	Calculated opening stock	$H2 \text{ of previous year} + I \text{ of previous year} - F \text{ of previous year current estimation}$	- 507,887	0	- 507,887
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	0	0	0
J	Number of doses per vial	Vaccine Parameter	5		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	1,094,256	0	1,094,256
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	0	0	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	49,023	0	49,023
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	0	0	0
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	49,023	0	49,023
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %		

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

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	355,166	0	355,166
C	Number of doses per child	Vaccine parameter (schedule)	1		
D	Number of doses needed	$B \times C$	355,166	0	355,166
E	Estimated vaccine wastage factor	Table 4	1.43		
F	Number of doses needed including wastage	$D \times E$	507,888	0	507,888
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	3,542	0	3,542
H	Stock to be deducted	$H1 - 0.25 \times F \text{ of previous year original approved}$			
H 1	Calculated opening stock	$H2 \text{ of previous year} + I \text{ of previous year} - F \text{ of previous year current estimation}$			
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	0	0	0
J	Number of doses per vial	Vaccine Parameter	5		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	394,579	0	394,579
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	0	0	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	17,678	0	17,678
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	0	0	0
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	17,678	0	17,678
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %		

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

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 4)

	Formula	2018		
		Total	Government	GAVI
A	Country co-finance	V	0.00 %	
B	Number of children to be vaccinated with the first dose	Table 4	355,166	0
C	Number of doses per child	Vaccine parameter (schedule)	1	
D	Number of doses needed	$B \times C$	355,166	0
E	Estimated vaccine wastage factor	Table 4	1.43	
F	Number of doses needed including wastage	$D \times E$	507,888	0
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	3,281	0
H	Stock to be deducted	$H1 - 0.25 \times F \text{ of previous year original approved}$		
H 1	Calculated opening stock	$H2 \text{ of previous year} + I \text{ of previous year} - F \text{ of previous year current estimation}$		
H 2	Reported stock on January 1st	Table 7.11.1		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	0	0
J	Number of doses per vial	Vaccine Parameter	5	
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	394,292	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	0	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	17,665	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	0	0
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	17,665	0
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %	

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

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 5)

		Formula	2019		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	355,166	0	355,166
C	Number of doses per child	Vaccine parameter (schedule)	1		
D	Number of doses needed	$B \times C$	355,166	0	355,166
E	Estimated vaccine wastage factor	Table 4	1.43		
F	Number of doses needed including wastage	$D \times E$	507,888	0	507,888
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	88,792	0	88,792
H	Stock to be deducted	$H1 - 0.25 \times F \text{ of previous year original approved}$			
H 1	Calculated opening stock	$H2 \text{ of previous year} + I \text{ of previous year} - F \text{ of previous year current estimation}$			
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	0	0	0
J	Number of doses per vial	Vaccine Parameter	5		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	488,354	0	488,354
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	0	0	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	21,879	0	21,879
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	0	0	0
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	21,879	0	21,879
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %		

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

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 6)

		Formula	2020		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	355,166	0	355,166
C	Number of doses per child	Vaccine parameter (schedule)	1		
D	Number of doses needed	$B \times C$	355,166	0	355,166
E	Estimated vaccine wastage factor	Table 4	1.43		
F	Number of doses needed including wastage	$D \times E$	507,888	0	507,888
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	88,792	0	88,792
H	Stock to be deducted	$H1 - 0.25 \times F \text{ of previous year original approved}$			
H 1	Calculated opening stock	$H2 \text{ of previous year} + I \text{ of previous year} - F \text{ of previous year current estimation}$			
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	0	0	0
J	Number of doses per vial	Vaccine Parameter	5		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	488,354	0	488,354
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	0	0	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	21,879	0	21,879
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	0	0	0
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	21,879	0	21,879
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %		

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

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 7)

		Formula	2021		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	355,166	0	355,166
C	Number of doses per child	Vaccine parameter (schedule)	1		
D	Number of doses needed	$B \times C$	355,166	0	355,166
E	Estimated vaccine wastage factor	Table 4	1.43		
F	Number of doses needed including wastage	$D \times E$	507,888	0	507,888
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	88,792	0	88,792
H	Stock to be deducted	$H1 - 0.25 \times F \text{ of previous year original approved}$			
H 1	Calculated opening stock	$H2 \text{ of previous year} + I \text{ of previous year} - F \text{ of previous year current estimation}$			
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	0	0	0
J	Number of doses per vial	Vaccine Parameter	5		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	488,354	0	488,354
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	0	0	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	21,879	0	21,879
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	0	0	0
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	21,879	0	21,879
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of

8. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2014**. All countries are expected to report on:
 - a. Progress achieved in 2014
 - b. HSS implementation during January – April 2015 (interim reporting)
 - c. Plans for 2016
 - d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2014, or experienced other delays that limited implementation in 2014, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **15th May 2015**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2015, the HSS reports are expected by GAVI Alliance by September 2015.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavi.org.

5. If you are requesting a new tranche of funding, please make this clear in [Section 8.1.2](#).

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) [as provided for on the signature page](#) in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required [supporting documents](#). These include:

- a. Minutes of all the HSCC meetings held in 2014
- b. Minutes of the HSCC meeting in 2015 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2014 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

8. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

8.1. Report on the use of HSS funds in 2014 and request of a new tranche

For countries that have previously received the final disbursement of all GAVI approved funds for the HSS grant and have no further funds to request: Is the implementation of the HSS grant completed ? **No**

If NO, please indicate the anticipated date for completion of the HSS grant.

Anticipated date for completion of initial HSS Grant from 2009-13 is December 2015. Meanwhile, HSS Grant agreement for a new cycle from 2015-19 has been signed and funds for 2015-16 have been received in 2015. On 7 May 2015, available balance from HSS1 grant is about USD 175,000

Please attach any studies or assessments related to or funded by the GAVI HSS grant.

Please attach data disaggregated by sex, rural/urban, district/state where available, particularly for immunisation coverage indicators. This is especially important if GAVI HSS grants are used to target specific populations and/or geographic areas in the country.

If CSOs were involved in the implementation of the HSS grant, please attach a list of the CSOs engaged in grant implementation, the funding received by CSOs from the GAVI HSS grant, and the activities that they have been involved in. If CSO involvement was included in the original proposal approved by GAVI but no funds were provided to CSOs, please explain why not.

Advocacy for active involvement in process

Please see <http://www.gavialliance.org/support/cso/> for GAVI's CSO Implementation Framework

Please provide data sources for all data used in this report.

Please attach the latest reported National Results/M&E Framework for the health sector (with actual reported figures for the most recent year available in country).

8.1.1. Report on the use of HSS funds in **2014**

Please complete Table 8.1.3.a and 8.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US\$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 8.1.3.a and 8.1.3.b.

8.1.2. Please indicate if you are requesting a new tranche of funding **No**

If yes, please indicate the amount of funding requested: US\$

These funds should be sufficient to carry out HSS grant implementation through December 2016.

Table 8.1.3a (US)\$

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	1026900	1025850	549150			
Revised annual budgets (if revised by previous Annual Progress Reviews)	1307650	1026900	1025850	549150		
Total funds received from GAVI during the calendar year (A)	0	402600	0	813381	837019	548500
Remaining funds (carry over) from previous year (B)	1758500	1645630	1506699	664621	368205	593676
Total Funds available during the calendar year (C=A+B)	1758500	2048230	1506699	1478002	1205224	1142176
Total expenditure during the calendar year (D)	112870	541531	842078	1109797	611548	532080
Balance carried forward to next calendar year (E=C-D)	1645630	1506699	664621	368205	593676	610096
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)	6097880	5032836	4949497	4960264
Revised annual budgets (if revised by previous Annual Progress Reviews)	6097880	5032836	4949497	4960264
Total funds received from GAVI during the calendar year (A)	11130716			
Remaining funds (carry over) from previous year (B)	610096			
Total Funds available during the calendar year (C=A+B)	11740812			
Total expenditure during the calendar year (D)	435028			
Balance carried forward to next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)						
Revised annual budgets (if revised by previous Annual Progress Reviews)						
Total funds received from GAVI during the calendar year (A)						
Remaining funds (carry over) from previous year (B)						
Total Funds available during the calendar year (C=A+B)						
Total expenditure during the calendar year (D)						
Balance carried forward to next calendar year (E=C-D)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (B)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Report of Exchange Rate Fluctuation

Please indicate in the table [Table 8.3.c](#) below the exchange rate used for each calendar year at opening and closing.

[Table 8.1.3.c](#)

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January						
Closing on 31 December						

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2015 period are reported in Tables 8.1.3a and 8.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Has an external audit been conducted? No

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

8.2. Progress on HSS activities in the 2014 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 8.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 8.2: HSS activities in the 2014 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
1. Health management system review and development	1.1 Refresher training/workshop for health managers on microplanning and development of immunization training plan	100	MoPH report
2.Capacity building for health management system	2.1. Strengthening capacity of health managers in EPI management at all levels through introduction of MLM training module	50	MoPH report
2. Capacity building for health management system	2.2. Refresher training on immunization for household doctors	100	MoPH report
2. Capacity building for health management system	2.3 International training on EPI Management	100	Fellowship and study tour reports
2. Capacity building for health management system	2.4 International public health short courses/ linkages	100	Fellowship reports
2. Capacity building for health management system	2.5 Capacity building of EPI Data Management through establishment of e-Reporting system	100	MoPH report
2. Capacity building for health management system	2.6. Procurement of equipment for facilitating immunization trainings	100	MoPH report
3. Service delivery support	3.1. Support for integrated disease surveillance	100	MoPH report
3. Service delivery support	3.2. Development sentinel surveillance system for AES , ARI and diarrhea at 4-5 sentinel sites	50	
3. Service delivery support	3.3.Support introduction of data quality self assessment system (DQS)	30	
3. Service delivery support	3.4. Production and distribution of immunization cards and IEC materials on immunization	100	MoPH Report
3. Service delivery support	3.5 International FETP & support to establish national FETP	70	
3. Service delivery support	3.6. Study tour on EPI management	100	
3. Service delivery support	3.7 Cold chain equipment	100	UNICEF Annual progress report
4. Monitoring & evaluation, health sector coordination	4.1. Quarterly EPI review meeting	0	
4. Monitoring & evaluation, health sector coordination	4.2. Logistical and technical support for GAVI PMU at MoPH	100	
4. Monitoring & evaluation, health sector coordination	4.3 Field visit by WHO country team	100	
4. Monitoring & evaluation, health sector coordination	4.4 Technical Support	100	

4. Monitoring & evaluation, health sector coordination	4.5 End of Grant Assessment of GAVI HSS	20
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8.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
1.1 Refresher training/workshop for health manager	Training was conducted for health managers; some delay was caused by banking channel disruption
2.1. Strengthening capacity_health managers_EPI	MLM adopted according to country context and translated into Korean ; printing and training on MLM were delayed due to banking channel disruption
2.2. Refresher training on immunization for HHD	Training of household doctors have been conducted in 3 provinces where EPI coverage is lower than national average level
2.3 International training on EPI Management	1 Fellowship on measles and rubella was organized, study tour on hospital management in the context of immunization was completed in 2014
2.4 International public health short courses	Fellowship for training of lab doctor was completed
2.5 Capacity_EPI Data Management_e-Reporting	IT equipment for setting up e-reporting system were procured and installed at provincial level
2.6. Equipment for immunization training	Procurement of equipment for setting up national immunization training room at national EPI was done
3.1. Support integrated disease surveillance	Procurement of lab reagents for 5 provincial labs were completed, 3 labs is ongoing(\$44766), lab reagents for provincial Hepatitis institutes were provided (\$99914); training to hospital surveillance focal points and county and provincial level surveillance officers are planned in 2015 with easing of banking situation
3.2. Develop sentinel surveillance for AES, ARI	Procurement of specimen collection kits is ongoing; training and other support for initiating sentinel surveillance could not be initiated in 2014, mainly due to banking problems; the activity is planned to be advanced in 2015-16
3.3.Support introduction of DQS	DQS guideline developed and national level training completed as per the plan. Provincial level training and periodic DQS is planned in coming years under HSS2
3.4.Printing & distribution of vaccination cards	Completed in early 2015; was delayed in 2014 due to problem with local printing. Is an annual event that needs continued support; further revision of vaccination card will be needed in 2015-16
3.5 International FETP & establish national FETP	FETP training abroad is under process, fellows are expected to attend the course starting July 2015. Development of national FETP is in the final phase; FETP curriculum finalized after review of the draft by global and regional experts; training room is being equipped. Due to travel restriction imposed by UNDSS during the period when quarantine measures were in place in DPRK in relation to Ebola outbreak in West Africa, was a hindrance in bringing in experts from outside as was planned initially. It is now expected that the national FETP short course (6 months) will be launched later this year.
3.6. Study tour on EPI management	Training on advanced cold chain management completed in Thailand
3.7 Cold chain equipment	New temperature monitoring system has been introduced
4.1. Quarterly EPI review meeting	Could not be initiated due to travel restrictions and also competing priorities like Ebola preparedness
4.2. Logistical and technical support to GAVI PMU	Two vehicles were procured for effective supervision by programme management unit (PMU) responsible for GAVI HSS activities in MoPH; however, the process was long due to various reasons; and finally the vehicles arrived in DPRK in April 2015. Other logistical support provided
4.3 Field visit by WHO country team	Due to funding problems in WHO office and travel restrictions related to quarantine for Ebola outbreak in West Africa, the field visit numbers were less than planned. Planned to be more in future as both the factors have now eased out.
4.4 Technical Support	The funds used for supporting TIP managing GAVI activities in WHO country office

4.5 End of Grant Assessment of GAVI HSS

Due to travel restrictions related to quarantine measures in DPRK imposed in relation to Ebola virus disease outbreak in West Africa, the mission for joint End of Grant Assessment of GAVI HSS1 was postponed; now it is planned for July-August 2015

8.2.2 Explain why any activities have not been implemented, or have been modified, with references.

As explained above, most of the activities went ahead despite multi-faceted problems in the past year, and none were modified. However, there was banking channel disruption in the beginning of the year due to the sanctions imposed on local banks to carry out international transactions, which led to unavailability of the funds at country offices of all UN agencies including UNICEF and WHO. This meant that the activities needing in-country payment (local procurement, training, local travels, printing, etc.) had to be delayed. The procurement that happened outside DPR Korea needed more time for reaching the end user.

Towards the end of 2014, this problem has eased out but there is apprehension, current banking channels may also get disrupted anytime. Therefore, WHO and UNICEF are keeping procurement services that could be obtained through off-shore banking as the priority mode of functioning.

In October travel restrictions were imposed on any travelers coming from outside DPR Korea. These quarantine measures imposed by the national authorities in relation to Ebola virus disease outbreak in West Africa and in an effort to limit probability of importation of Ebola into DPR Korea, meant that even the staff of WHO or UNICEF upon their return from leave or duty travel outside DPR Korea would be subject to restricted movement and be able only to work from home for 21 days. All international missions were not permitted to happen by UNDSO directives. So any activity that needed participation of experts from outside like HSS1 review or National FETP launching had to be postponed. The staff of WHO and UNICEF working in the country offices had also restricted movement, that hampered participation in training workshops or supportive supervision. However, from March 2015, the quarantine measures have been eased; and almost normal services have resumed.

8.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

GAVI HSS grant has not been utilised to provide national health human resources incentives.

8.3. General overview of targets achieved

Please complete **Table 8.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2013 from your original HSS proposal.

Table 8.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2014 Target	2010	2011	2012	2013	2014	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
Numbers of staff trained in integrated health management	0	HMIS	3850	3850	0	2736	3536	3925	3925	MoPH Report	
Guideline developed for micro-planning	0	HMIS	1	1	1	1	1	1	1	MoPH Report	
Guidelines developed for financial management	0	HMIS	1	1	1	1	1	1	1	MoPH Report	
% counties implement supportive supervision	0%	Planning department of MoPH	100%	100%	30%	60%	80%	85%	85%	Survey by health management training team	
% counties implementing IMCI	25%	Annual Provincial Report	100%	100%		100%	100%	100%	100%	Annual Provincial Report	

% Counties managed by trained health managers	0%	Planning department of MoPH	100%	100%		100%	100%	100%	100%	Annual Provincial Report	
% counties utilizing integrated VPD surveillance	0%	National EPI	100%	100%	90%	100%	100%	100%	100%	Annual EPI Report	
% counties routinely integrate Vit A with RI	99.7%	MoPH Report	100%	100%	100%	100%	100%	100%	100%	MoPH Report	
% counties with 90% functioning cold chain	N/A		100%	100%		100%	100%	100%	100%	MoPH Report	
% of counties achieving >80% DPT3 coverage	100%	MoPH Report	100%	100%	100%	100%	100%	100%	100%	JRF 2014	
Co-ordination Mechanism established for HSS	0	MoPH Report	YES	YES	YES	YES	YES	YES	YES	MoPH Report	
DPT- HepB3 coverage	82.3%	JRF 2007	90%	90%	90%	94%	96%	94%	95%	JRF 2014	
MCV1 Coverage	80%	JRF 2007	90%	90%	98%	99%	99%	99%	99%	JRF 2014	
% of Provinces with VPD Focal points trained on data management	0%	National EPI	100%	100%	100%	100%	100%	100%	100%	Annual Provincial Report	

8.4. Programme implementation in 2014

8.4.1. Please provide a narrative on major accomplishments in 2014, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

In 2014 the activities to support health system strengthening in the context of immunization programme in DPR Korea, which has been supported through GAVI HSS grant, progressed well, although there were some factors, mentioned in the next section that created considerable hindrance to the pace of implementation of the planned activities.

Capacity building was one major area in which multiple actions were undertaken.

- Refresher training workshops for health managers on micro-planning and for development of immunization training plan were held.
- Mid-level managers (MLM) training modules on EPI were developed based on WHO standard modules.
- Training of household doctors was conducted in 3 provinces where EPI coverage is lower than national average level, to further improve immunization coverage in those areas.
- To learn from experience in other countries fellowships on measles and rubella immunization, and study tours on hospital management in the context of immunization were conducted.
- Laboratory staff from national polio and measles laboratory was trained through a fellowship programme in Thailand.
- To build national capacity for developing trained field epidemiologists regularly in the country, actions have been taken to open field epidemiology training programme (FETP) under Pyongyang Medical College; the draft curriculum for 8 weeks short course on FETP is currently at the final stage of preparation after review by global and Regional experts.
- Meanwhile, fellowships were provided for completing FETP course in India with an objective that returning fellows would be available as faculty members for the local FETP course.

Cold Chain strengthening

- With the objective to further strengthen cold chain system in the country under GAVI HSS2 from 2015, with UNICEF support, 130 solar refrigerators were procured and installed in some selected Ri hospitals on pilot basis. The end users and national immunization programme provided positive and highly satisfactory feedback on the functioning of the installed solar refrigerators.
- Thirty day temperature monitoring device (FT2) has been installed in 2014 for all refrigerators containing vaccine and monthly reports are auto-generated and reviewed regularly by MoPH and

Surveillance strengthening

- Support for integrated disease surveillance which includes vaccine preventable diseases continued in 2014, which was important for further scaling up of the surveillance system after successful piloting in two provinces. Support included training of laboratory staff and surveillance focal points and provision of logistics and supplies for the provincial level laboratories.
- To strengthen EPI and VPD surveillance data management, support was provided for establishing e-reporting system and now live data are transmitted from Provinces to the National level.
- Data quality self-assessment (DQS) has been introduced for the first time; DQS guidelines developed and national level training held in 2014
- Vaccination cards have been updated, printed and distributed

Programme support

- To support programme management unit responsible for implementation of GAVI supported projects, in its effort for strengthening supportive supervision two vehicles were procured, and other logistical and operational support to the unit also had been provided.

IPV Introduction

- In 2014, IPV introduction plan was prepared through consultative process involving MoPH, UNICEF and WHO and was ratified by ICC/HSCC.
- The plan was submitted to GAVI Alliance and necessary support for the vaccine and also vaccine introduction grant (VIG) was provided by GAVI Alliance.
- An IPV introduction task-force was formed which was responsible for planning, preparation, introduction and supervision and monitoring of IPV introduction.
- Preparatory activities started in 2014 and training workshops completed in early 2015.
- IPV was introduced through a formal launching ceremony organized by MoPH in Pyongyang on 8 April 2015.
- So far no serious adverse event following immunization in relation to IPV introduction has been reported.

Measles outbreak control:

- This was another success story in immunization in 2014
- In June 2014, an outbreak of measles in Sinuiju of North Phyongan province had been reported.
- The outbreak was thought to be probably related to an importation from China, as the index case traveled from China just prior to rash onset.
- Surveillance in the whole province was strengthened and contact tracing conducted.
- A total of only 3 more cases were detected and lab confirmed, which were epidemiologically linked to the index case.
- 192,000 children 9 months to 15 year old children were vaccinated with and additional dose of measles vaccine irrespective of their past vaccination status.
- No more case was detected after the outbreak response immunization.

8.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

Due to recent international situation during the past two years, there has been major disruption of banking channels for operations of all UN Agencies in DPR Korea including UNICEF and WHO. There has been shortage of funds available in offices of WHO and UNICEF and so activities for which local payments were needed (training, local procurement, local travel) had faced considerable delays and difficulties in implementation of the activities. In late 2014, the problem has been resolved, but there is apprehension that it might return anytime.

Ebola virus disease outbreak in West Africa that led to quarantine measures-priority was placed on Ebola preparedness that hindered normal activities.

Challenges are also faced in programme implementation due to varied level of competencies by respective managers; need is felt for refresher training for the managers and the surveillance focalpoints on general management and also on disease specific surveillance and response.

8.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

At the highest level GAVI HSS implementation is monitored by Health Sector Management Committee which oversees, monitors, guides and approves the implementation plan.

On a routine basis the concerned national program managers with sub national counterparts are responsible for implementation, monitoring and reporting the activities; there is also a team of technical experts known as GAVI HSS Programme Management Unit (PPMU) identified within MoPH, to plan, implement, monitor and supervise specific GAVI supported activities.

Organizationally WHO works closely with Department of External Affairs, MOPH and WHO Desk Officer and National program managers (EPI, Health System and Child Health) to facilitate development of quality proposals per activities in the work plan.

The proposals are processed within WHO Country office using the standard check list and routing chart and per identified expenditure type for each activity (Agreement for Performance of Work, Direct Financial Cooperation, and Purchase Order) the transactions take place in GSM with built in quality checks

The implementation of activities at different levels is monitored by WHO/UNICEF and MOPH both jointly and exclusively for example:

- Participating in training at different levels with national program manager
- Supportive supervision of routine activities (for example, immunization services, surveillance, etc) or of special activities like Child Health Day
- Verification of arrival of supplies at Central Medical and Non-Medical Warehouse
- End user and facility visit for utilization of equipment and supplies

Each activity implementation technical and financial report is submitted to WHO which is reviewed and processed per WHO procedures and feedback provided to NPM, MOPH for revisions and refinement if needed. Generally the payment to MOPH or relevant supplier/ contractor is done in installments and last installment is affected with final deliverable.

Similar arrangement is in existence for UNICEF too.

8.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

GAVI HSS activities are integrated in MoPH plan and are accordingly implemented, monitored and reported in their annual report. There is a special team within MoPH, which plans, implements and monitors activities supported through GAVI HSS, which is known as GAVI HSS programme management unit (PMU).

The funds used are channeled through WHO and UNICEF are subject to additional monitoring and reporting. Both WHO and UNICEF have their own M&E, Internal audit and oversight system of monitoring the GAVI-HSS activities for monitoring both technical and financial aspects.

8.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

WHO and UNICEF support Ministry of Public Health (MOPH) in the implementation of GAVI HSS activities.

Representatives of WHO, UNICEF, MOPH and Ministry of Finance (MOF) are the members of HSCC/ ICC

Provincial and county level health bureau and People's Health Committee are involved in the implementation of sub-national activities.

8.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

Until recently, Civil Society Organizations had not been involved during the implementation of the present cycle of GAVI HSS Grant. Efforts are ongoing to ensure participation.

8.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

The mechanism of channeling funds through WHO and UNICEF has been working effectively though there have been some procedural delays.

Channeling of funds through WHO necessitate following the procedures including proposal development for each activity, monitoring and technical and financial reporting which is an additional requirement but ensure quality implementation and reporting.

Due to recent tightening of sanctions during the past few years, there has been major disruption of banking channels for operations of all UN Agencies in DPR Korea including UNICEF and WHO. There had been shortage of funds available in offices of WHO and UNICEF and so activities, for which local payments were needed(training, local procurement, local travel), had faced considerable delays and difficulties in implementation of the activities. Highest authorities of both organizations were aware of the problem and all possible options to ease the problem were being explored. Recently the situation has improved but the prevailing situation may worsen any time.

However, no changes are proposed for management process.

8.5. Planned HSS activities for 2015

Please use **Table 8.5** to provide information on progress on activities in 2015. If you are proposing changes to your activities and budget in 2015 please explain these changes in the table below and provide explanations for these changes.

Table 8.5: Planned activities for 2015

Major Activities (insert as many rows as necessary)	Planned Activity for 2015	Original budget for 2015 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2015 actual expenditure (as at April 2015)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2015 (if relevant)
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Service Delivery	Updating Guidelines on micro-planning for counties/Ri level	27700	0			27700
Service Delivery	Development of Micro-plans	13700	0			13700
Service Delivery	Developing guidelines for conducting outreach sessions	27700	0			27700
Service Delivery	Conducting outreach immunisation sessions for the remote ris at least in 5 North-Eastern provinces	109800	0			109800
Service Delivery	Carrying on catch-up campaigns to reach the unreached/partially immunised children	240448	0		To be carried over	0
Cold Chain and vaccine Management	Conducting EVM Studies	40000	0			40000
Cold Chain and vaccine Management	Updating/revising SOPs for EPI logistic management	27700	0			27700
Cold Chain and vaccine Management	Setting up cold chain at Ri hospital level	1259400	0			1259400
Cold Chain and vaccine Management	Cold Chain Equipment for maintenance	389500	0			389500
Cold Chain and vaccine Management	Scheduled replacement of Cold Chain Accessories	87120	0			87120
Cold Chain and vaccine Management	Transport procurements for vaccine delivery as per improvement plan	281800	0			281800
Cold Chain and vaccine Management	Transportation of New Cold Chain Equipment to Ri	75000	0			75000
Cold Chain and vaccine Management	Developing, printing and distributing handbook/guideline for vaccine management staff	27700	0			27700
Demand Creation	Institutional Strengthening National Institute of Health Education (for immunization communication)	270000	0		To be carried over	0

Demand Creation	Production and distribution of IEC materials on immunization including AEFI with involvement of CSO	88900				88900
Demand Creation	Set up National Training Centre for Immunization	407550			To be carried over	0
Demand Creation	Establish Community IMCI Initiative	160000				160000
Information and Surveillance	Develop national immunization training plan (costed international TA)	25000				25000
Information and Surveillance	Completion of Clinical IMCI training	100000				100000
Information and Surveillance	Printing and distributing immunization surveillance guidelines (including case definitions) and SOPs for household doctors.	27700				27700
Information and Surveillance	Conduct international training for SLM (and some MLM) on health management, research, vaccine management, cold chain, supervision, surveillance and planning	40000				40000
Information and Surveillance	Refresher trainings on micro-planning and immunization in practice for counties/Ri level	11500				11500
Information and Surveillance	Providing surveillance training (DQS, sentinel surveillance, new vaccine introduction, AEFI, DQS etc.)	3450				3450
Information and Surveillance	Conduct MLM training for provincial and county health managers responsible for EPI	3450				3450

Information and Surveillance	Overseas training on HMIS and M&E with focus on e-data management system	40000				40000
Information and Surveillance	Ensuring regular monitoring (by county and provincial level officers) of outreach sessions at PHC level	4280				4280
Information and Surveillance	Establish 3 Sentinel Sites for VPD Surveillance (AES and Rubella syndrome)	94500				94500
Information and Surveillance	Institutional Strengthening NRA / NCL	170000			To be carried over	0
Information and Surveillance	Procurement Data Management hardware/software for routine immunization and surveillance of priority communicable diseases including VPDs	15000				15000
Information and Surveillance	Developing, printing and distributing handbook/guidelines for surveillance and data analysis and evaluation	27700				27700
Information and Surveillance	Providing support for periodic program reviews	40000			To be carried over	0
Information and Surveillance	Developing and printing DQA Guidelines, training manuals, and tools	27700				27700
Information and Surveillance	Providing DQA capacity building (trainings, workshops, study tours)	10580				10580
Information and Surveillance	Conducting periodic Data Quality Assessment	40000			To be carried over	0
Programme management	Setting up Process of Joint Annual Review	25000			To be carried over	0
Programme management	Set up Costs GAVI HSS PM Units	100000			To be carried over	0

Programme management	Operational Costs GAVI HSS PM Unit	116000			Partially in this year	70000
Programme management	Conducting CES	40000				40000
Programme management	Research and Evaluation studies	40000			To be carried over	0
Programme management	HSS1 Review	40000				40000
Programme management	Internal audit	18000			To be carried over	0
Programme management	Project management support - 2 FT international (P4 level) staff for overall grant management for WHO	500000			Carried over to next year	0
Programme management	Project management support 2 full-time international medical EPI officer P3 for UNICEF	400000				400000
Programme management	4 national officers for grant/project monitoring & evaluation (UNICEF)	48000				48000
Programme management	Short Term Consultant Fund to support program implementation	60000			To be carried over	0
Programme management	4 national officers for grant/project monitoring & evaluation (WHO)	48000			To be carried over	0
		5649878	0			3644880

8.6. Planned HSS activities for 2016

Please use **Table 8.6** to outline planned activities for 2016. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 8.6: Planned HSS Activities for 2016

Major Activities (insert as many rows as necessary)	Planned Activity for 2016	Original budget for 2016 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2016 (if relevant)
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Service Delivery	Conducting immunisation-focused Service Availability and Readiness Assessment (SARA)	9375			9,375
Service Delivery	Development of micro-plans	15070			15,070
Service Delivery	Conducting outreach immunisation sessions for the remote ris at least in 5 North-Eastern provinces	87840			87,840
Service Delivery	Carrying on catch-up campaigns to reach the unreached/partially immunised children	136000			136,000
Cold chain and vaccine management	Transportation of New Cold Chain Equipment to Ri	75000			75,000
Demand creation	Institutional Strengthening National Institute of Health Education (for immunization communication)	0		Brought forward from 2015	270,000
Demand creation	Production and distribution of IEC materials on immunization including AEFI with involvement of CSO	88900			88,900
Demand creation	Set up National Training Centre for Immunization	0		Brought forward from 2015	407,550
Cold chain and vaccine management	Transport procurements for vaccine delivery as per improvement plan	253620			253,620
Cold chain and vaccine management	Scheduled replacement of Cold Chain Accessories	43560			43,560
Cold chain and vaccine management	Cold Chain Equipment for maintenance	467400			467,400
Cold chain and vaccine management	Setting up cold chain at Ri hospital level	1259400			1,259,400
Demand creation	Establish Community IMCI Initiative in 25% of provinces	200000			200,000

Information and Surveillance	Completion of clinical IMCI training	100000			100,000
Information and Surveillance	Reviewing/updating curriculum modules for pre/in-service training focused on immunization	27700			27,700
Information and Surveillance	Conduct international training for SLM (and some MLM) on health management, research, vaccine management, cold chain, supervision, surveillance and planning	40000			40,000
Information and Surveillance	Refresher trainings on micro-planning and immunization in practice for counties/Ri level	92000			92,000
Information and Surveillance	Providing surveillance training (DQS, sentinel surveillance, new vaccine introduction, AEFI, DQS etc.)	10580			10,580
Information and Surveillance	MLM training for provincial and county health managers responsible for EPI	10580			10,580
Information and Surveillance	Ensuring regular monitoring (by county and provincial level officers) of outreach sessions at PHC level	42800			42,800
Information and Surveillance	Establish 3 Sentinel Sites for VPD Surveillance (AES and Rubella syndrome)	94500			94500
Information and Surveillance	Institutional Strengthening NRA / NCL	150000			150000
Information and Surveillance	Printing and distributing vaccination cards, record forms, reporting forms, case reports and surveillance guidelines	27700			27,700

Information and Surveillance	Procurement Data Management hardware/software for routine immunization and surveillance of priority communicable diseases including VPDs	30000			30,000
Information and Surveillance	Developing and printing DQA Guidelines, training manuals, and tools	27700			27,700
Information and Surveillance	Providing DQA capacity building (trainings, workshops, study tours)	10580			10,580
Information and Surveillance	Conducting periodic Data Quality Assessment	40000			40,000
Information and Surveillance	Capacity building of National and provincial-level AEFI Committees through workshops, trainings and study tours	10580			10,580
Information and Surveillance	Revising/updating, printing and distributing AEFI surveillance guidelines, SOPs, forms	27700			27,700
Programme Management	Setting up Process of Joint Annual Review	25000			25,000
Programme Management	Set up Costs GAVI HSS PM Units	0		Brought forward from 2015	100,000
Programme Management	Operational Costs GAVI HSS PM Unit	116000			116,000
Programme Management	Development of Multi Year Sector Plan (MTSP) 2016 - 2020	25000			25,000
Programme Management	Development cMYP 2016 - 2020	25000			25,000
Programme Management	Research & Evaluation Studies	80000			80,000
Programme Management	Internal Audits	18000			18,000

Programme Management	Project management support - 2 FT international (P4 level) staff for overall grant management - (WHO)	500000			500,000
Programme Management	Project management support 2 full-time international medical EPI officer P3 (UNICEF)	400000			400,000
Programme Management	4 national officers for grant/project monitoring & evaluation (UNICEF)	48000			48,000
Programme Management	Short Term Consultant to support program implementation	40000			40,000
Programme Management	4 national officers for grant/project monitoring & evaluation (WHO)	48000			48000
		4703585			

8.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavi.org

8.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 8.8: Sources of HSS funds in your country

Donor	Amount in US\$	Duration of support	Type of activities funded
Global Fund	14282013	2011-15	Capacity building, training, planning and implementation, infrastructure, technical assistance, monitoring and evaluation, supervision related to TB and Malaria control in the country
ROK	36000000	2008-15	Capacity building, HMIS, Infra structure, IMCI, MCH, Blood Safety, Quality of pharmaceutical products, etc
UNICEF Rolling workplan	2000000	2014-15	Vaccine, safety devices, cold chain and monitoring
WHO AC Fund	1100000	2014-15	Capacity building, IHR, Disaster preparedness and response, Telemedicine, Medical education, Fellowships, Policy development, Planning, Management, Research

8.8.1. Is GAVI's HSS support reported on the national health sector budget? **No**

8.9. Reporting on the HSS grant

8.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 8.9.1: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Activity reports submitted to WHO & to UNICEF	1. Participation by WHO/UNICEF staff in training in selected places for supervision and for quality check. 2. Ensuring names of participants of training 3. Maintaining offline and online checklists for all proposals and activity reports 4. Verification of arrival of goods at central medical and non-medical warehouse	The process is little tedious, but ensures quality of documentation of activities appropriately.
MOPH annual report	Discussions with NPM and other focal points including the programme management unit (PMU) in MoPH working to implement GAVI supported activities on specific issues needing clarification	
WHO Annual EPI Reporting form (AERF-2014)	Cross-checked at different stages	
WHO-UNICEF JRF on EPI (2014)	Cross-checked at different stages	

8.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

In some sections of APR, the texts were prefixed and could not be edited by us. While, most of them were okay, in section 7 under table 7.11. 4 was the following statement "Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available." which was clearly outdated, and we could not edit that.

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014?4

Please attach:

1. The minutes from the HSCC meetings in 2015 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

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

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

Democratic People's Republic of Korea **has NOT received GAVI TYPE A CSO support**

Democratic People's Republic of Korea is not reporting on GAVI TYPE A CSO support for 2014

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

Democratic People's Republic of Korea **has NOT received GAVI TYPE B CSO support**

Democratic People's Republic of Korea is not reporting on GAVI TYPE B CSO support for 2014

10. Comments from ICC/HSCC Chairs

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

During the IPV introduction ceremony on April 8, 2015, Dr. Kim Hyong Hun Vice Minister and chairperson of the ICC/HSCC, extended his thanks to the GAVI, UNICEF and WHO for their efforts for the introduction of IPV which was of great importance in disease prevention and health promotion among children. He applauded GAVI, UNICEF and WHO for their hard work to achieve complete eradication of polio around the world. He said that in DPRK, MoPH has undertaken various activities to prepare for the introduction of IPV in close collaboration with GAVI, UNICEF and WHO. He emphasized that none should be complacent with the gain made so far in the implementation of national immunization programme while continuing efforts towards achieving better improvement in disease prevention and health promotion among children.

11. Annexes

11.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2014 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

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

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

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

11.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

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

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

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

11.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

- I. All countries that have received CSO 'Type B' grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
- a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523












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


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

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

12. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signature of Ministers of Public Health and Finance.pdf File desc: Date/time : 13/05/2015 05:12:58 Size: 242 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature of Ministers of Public Health and Finance.pdf File desc: Date/time : 13/05/2015 05:13:21 Size: 242 KB
3	Signatures of members of ICC	2.2	✓	Signature page ICC.pdf File desc: Date/time : 13/05/2015 09:27:24 Size: 917 KB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✓	Minutes of Meeting ICC HSCC 12 May 15.doc File desc: Date/time : 13/05/2015 09:36:59 Size: 639 KB
5	Signatures of members of HSCC	2.3	✓	Signature page HSCC.pdf File desc: Date/time : 13/05/2015 09:33:56 Size: 1 MB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	Minutes of Meeting ICC HSCC 12 May 15.doc File desc: Date/time : 13/05/2015 09:37:34 Size: 639 KB
7	Financial statement for ISS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	No file loaded
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3	✗	No file loaded
9	Post Introduction Evaluation Report	7.2.1	✗	No file loaded
10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Financial statement for NVS 2014.docx File desc: Date/time : 13/05/2015 05:26:42 Size: 13 KB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US\$ 250,000	7.3.1	✓	External Audit Report for NVS 2014.docx File desc: Date/time : 13/05/2015 05:27:21 Size: 13 KB

12	Latest EVSM/VMA/EVM report	7.5		EVM report -2011.doc File desc: Date/time : 13/05/2015 05:30:29 Size: 1 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5		EVM-imp-plan-DPRK_Oct'11.xls File desc: Date/time : 13/05/2015 05:31:38 Size: 200 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5		EVM IP implementation - Q1-2015.xlsx File desc: Date/time : 13/05/2015 09:32:00 Size: 16 KB
16	Valid cMYP if requesting extension of support	7.8		cMYP DPRK Final Version 11 May 2011 (2).docx File desc: Date/time : 13/05/2015 05:43:13 Size: 471 KB
17	Valid cMYP costing tool if requesting extension of support	7.8		cMYP Costing Tool DPRK Final Version 11 May 2011.xlsx File desc: Date/time : 13/05/2015 10:41:20 Size: 1 MB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8		ICC HSCC Meeting Minutes Final 11 March'14.doc File desc: Date/time : 13/05/2015 10:50:06 Size: 56 KB
19	Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3		Financial Statement for HSS Grant 2014.docx File desc: Date/time : 13/05/2015 10:52:11 Size: 13 KB
20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3		Financial Statement for HSS Grant Jan-Apr 2015.docx File desc: Date/time : 13/05/2015 10:53:10 Size: 13 KB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3		External audit report for HSS Grant 2014.docx File desc: Date/time : 13/05/2015 10:53:59 Size: 13 KB
22	HSS Health Sector review report	8.9.3		MTSP in DPRK 2010-2015 Final version with signature page .pdf File desc: Date/time : 13/05/2015 09:05:03 Size: 1 MB
23	Report for Mapping Exercise CSO Type A	9.1.1		No file loaded

24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4	X	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4	X	No file loaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0		Bank Statement All cash programmes.docx File desc: Date/time : 13/05/2015 09:07:33 Size: 13 KB
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	X	No file loaded
28	Justification for changes in target population	5.1	X	No file loaded
	Other		X	12.4 Annex-4 HSS FINANCIAL STATEMENT WHO.docx File desc: Date/time : 13/05/2015 10:23:40 Size: 20 KB
		12.4 Annex-4 UNICEFHSS Component.xlsx File desc: Date/time : 13/05/2015 10:19:20 Size: 12 KB		