



*GAVI Alliance*

# Annual Progress Report **2013**

Submitted by

The Government of  
***Papua New Guinea***

Reporting on year: **2013**

Requesting for support year: **2015**

Date of submission: **06/11/2014**

**Deadline for submission: 02/06/2014**

Please submit the APR **2013** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

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

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

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

**GAVI ALLIANCE  
GRANT TERMS AND CONDITIONS**

**FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

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

**AMENDMENT TO THE APPLICATION**

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

**RETURN OF FUNDS**

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

**SUSPENSION/ TERMINATION**

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

**ANTICORRUPTION**

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

**AUDITS AND RECORDS**

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

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

**CONFIRMATION OF LEGAL VALIDITY**

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

**CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY**

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

**USE OF COMMERCIAL BANK ACCOUNTS**

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

**ARBITRATION**

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

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

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

***By filling this APR the country will inform GAVI about:***

*Accomplishments using GAVI resources in the past year*

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

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

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

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

# 1. Application Specification

Reporting on year: **2013**

Requesting for support year: **2015**

## 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	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015

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

## 1.2. Programme extension

No NVS support eligible to extension this year

## 1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For <b>2013</b> ISS reward
ISS	No	next tranche: N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

## 1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2012** 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 Papua New Guinea 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 Papua New Guinea

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Mr. Pascoe KASE	Name	Ms. Elva LIONEL
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. William LAGANI	Manager, Family Health Services	(675) 301 3841/ 301 3707	lagani.william@gmail.com
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Dr. REZA, Mohammad Salim	Technical Officer-EPI, WHO	(675) 325 7827	rezam@wpro.who.int
Mr. Pierre SIGNE	Chief, Young Child Survival & Development Program, UNICEF, PNG	(675) 308 7368	spierre@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
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Dr. Paison DAKULALA, Deputy Secretary for Health	National Department of Health		
Dr. Sibauk V BIEB, Executive Manager, Public Health	National Department of Health		
Dr. Pieter Van MAAREN, WHO Country Representative	World Health Organization		
Dr. Geoff CLARK, Counsellor (Development Cooperation)	DFAT, Australian Government-PNG		
Mr. Baba DANBAPPA, UNICEF Country Representative	UNICEF		
Dr. Louis Samiak, Paediatrician & Lecturer Public Health	School of Medicine and Public Health Sciences, University of PNG		
Mr. Joseph SIKA, Representative, Churches Health Services	PNG Churches Health Services		
Dr. James AMINI, Chief Paediatrician & President	Paediatric Society of PNG		
Ms. Elva LIONEL, Deputy Secretary, NHPCS	National Department of Health		

ICC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

### 2.3. HSCC signatures page

Papua New Guinea is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2013

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

Papua New Guinea is not reporting on CSO (Type A & B) fund utilisation in 2014

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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.

Number	Achievements as per JRF		Targets (preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total births	221,578	221,144	240,998	255,500	247,505	263,545
Total infants' deaths	9,927	11,942	13,737	14,308	14,108	14,759
Total surviving infants	211651	209,202	227,261	241,192	233,397	248,786
Total pregnant women	221,578	221,144	265,098	255,500	272,256	263,545
Number of infants vaccinated (to be vaccinated) with BCG	189,195	190,753	216,898	224,840	222,754	237,191
BCG coverage	85 %	86 %	90 %	88 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with OPV3	194,732	137,444	204,534	157,534	210,057	170,057
OPV3 coverage	92 %	66 %	90 %	65 %	90 %	68 %
Number of infants vaccinated (to be vaccinated) with DTP1	185,019	195,824	204,535	204,535	214,726	214,726
Number of infants vaccinated (to be vaccinated) with DTP3	137,029	133,855	193,172	153,172	210,058	180,058
DTP3 coverage	65 %	64 %	85 %	64 %	90 %	72 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	5	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.05	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	185,019	195,824	193,644	204,535	214,726	214,726
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	185,019	133,855	193,644	153,172	210,058	180,058
DTP-HepB-Hib coverage	87 %	64 %	85 %	64 %	90 %	72 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	194,732	0	204,535	204,535		214,726
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	194,732	0	204,535	153,172		180,058

<b>Pneumococcal (PCV13) coverage</b>	92 %	0 %	90 %	64 %		72 %
<b>Wastage<sup>[1]</sup> rate in base-year and planned thereafter (%)</b>	5	0	5	5		5
<b>Wastage<sup>[1]</sup> factor in base-year and planned thereafter (%)</b>	1.05	1	1.05	1.05		1.05
<b>Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID</b>	5 %	5 %	5 %	5 %	0 %	5 %
<b>Number of infants vaccinated (to be vaccinated) with 1st dose of Measles</b>	157,029	136,406	193,172	156,172	210,058	210,058
<b>Measles coverage</b>	74 %	65 %	85 %	65 %	90 %	84 %
<b>Pregnant women vaccinated with TT+</b>	147,784	142,034	198,823	168,823	217,805	217,805
<b>TT+ coverage</b>	67 %	64 %	75 %	66 %	80 %	83 %
<b>Vit A supplement to mothers within 6 weeks from delivery</b>	0	0	0	0	0	0
<b>Vit A supplement to infants after 6 months</b>	154,901	121,531	170,446	154,446	186,718	186,718
<b>Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100</b>	26 %	32 %	6 %	25 %	2 %	16 %

\*\* Number of infants vaccinated out of total surviving infants

\*\*\* Indicate total number of children vaccinated with either DTP alone or combined

\*\*\*\* Number of pregnant women vaccinated with TT+ out of total pregnant women

1 The formula to calculate a vaccine wastage rate (in percentage):  $[(A - B) / A] \times 100$ . 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.

## 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 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013**. The numbers for 2014 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

The census in Papua NewGuinea was conducted in 2011 and the projection of the population figures of total births has been done using the final census figures from National Statistical Office. However, the National Health information System due to issues in its database does not use the population denominator of the new 2011 census. Thus, there is a difference in the denominator used by the the National EPI unit and the National health Information system.

As for the annual targets, changes have been made for the expected coverage figures for 2014 based on the achievement of the country in last two calender years.

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

The census in Papua NewGuinea was conducted in 2011 and the projection of the population figures of children under one year of age has been done using the final census figures from National Statistical Office. The National EPI unit is in discussion with the National Health Information System to match the programme unit figures with that of the national data base.

- 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.**

Not applicable

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

No specific data is collected by the National EPI unit to assess the programme level (province or district) specific vaccine wastage

### 5.2. Immunisation achievements in 2013

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2013 and how these were addressed:

#### 1.. Achievements of EPI in Papua New Guinea:

Immunisation Coverage: The administrative coverage of the all antigens in Papua New Guinea has improved by 5-8% in 2013 than the level of 2012. The increasing trend in immunisation coverage is evident from 2010.

#### 2. Key activities conducted in 2013:

- Two-days hands-on training for the health centre staffs on routine EPI along with training for PCV-13 introduction started in provinces with support from UNICEF and WHO
- National introduction of PCV-13 in the national immunisation Schedule
- National EPI review by International participants conducted
- Data Quality Self-assessment of EPI data conducted jointly by the National EPI unit and the National Health Information System
- Integrated EPI/MCH outreach patrol planned; guidelines developed and planned initiation in routine programme in 2013

#### 3. Challenges in 2013:

- a. Measles Outbreak in October 2013 in West Sepik
- b. Slow processing of funds by national level due to its inherent issues of HSIP and issues related to accessing of funds by the provincial level delayed implementation of the EPI activities.
- c. Inadequate number of human resources in the National EPI unit have affected effective implementation of the programme

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

The Data Quality Assessment conducted in 2013 demonstrated the under-reporting of the coverage figures from the health centres to the provinces and thereby from the provinces to the national level for all antigens. More over, the conduct of outreach sessions have decreased over years leading to the decrease in expected coverage.

### 5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. 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

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

Not relevant

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

5.3.4. 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 available data in the country does not signify any gender-related barriers in accessing and delivering of the immunisation services. However, geo-topographical factors in accessing of services by the population exist. The plan of the GoPNG to conduct regular outreach to all villages and areas in the country to improve the geographical reach of the population (which will provide better access to both gender) to the immunisation services.

### 5.4. Data assessments

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

The last demographic health survey in Papua New Guinea was conducted in 2006. Considering the data from the last demographic health survey 2006, the evaluated coverage was higher than the reported coverage of the corresponding year. As for example, the Measles 9month coverage in 2006 for administrative data was ~62% while the evaluated coverage of the DHS was ~ 81%.

The Hepatitis B Sero-survey conducted in 2012 also assessed the vaccination coverage of all antigens and the analysed data showed a higher evaluated coverage for the corresponding years as well.

\* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **Yes**

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

Data Quality Self-assessment was conducted in 2013 jointly by the National EPI unit, National Health Information System and WHO. Assessment was conducted at the National Level, identified four provincial level, respective district and health centre level.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

DQA conducted in 2013 highlighted the under-reporting of the administrative figures.

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

The DQA conducted in 2013 will be incorporated in the annual activity plan of the National Information system and training of the Information Officers at the National and Provincial level with improved monitoring and supervision of the districts and Health Centre will be conducted.

## 5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

<b>Exchange rate used</b>	1 US\$ = 2.73	Enter the rate only; Please do not enter local currency name
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**Table 5.5a:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	DFAT Australia	NA	NA
Traditional Vaccines*	2,336,271	2,336,271	0	0	0	0	0	0
New and underused Vaccines**	2,523,000	344,500	2,178,500	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	0	0	0	0	0	0	0	0
Cold Chain equipment	200,000	0	0	200,000	0	0	0	0
Personnel	27,788,222	27,442,668	0	250,000	0	95,554	0	0
Other routine recurrent costs	690,031	130,000	0	202,903	357,128	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	1,500,000	1,500,000	0	0	0	0	0	0
NA		0	0	0	0	0	0	0
Total Expenditures for Immunisation	35,037,524							
Total Government Health		31,753,439	2,178,500	652,903	357,128	95,554	0	0

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

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2014 and 2015

PNG procures all its traditional vaccines

## 5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, not implemented at all**

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

Action plan from Aide Mémoire	Implemented?

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

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

The FMA document was agreed only by the end of 2013 between GoPNG and GAVI; thus no time was available for its implementation. The FMA document prepared was reviewed by the GoPNG and then sent to GAVI for their concurrence.

### 5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **2**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2014 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 [5.5 Overall Expenditures and Financing for Immunisation](#)

Please refer to the attached minutes

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

If **Yes**, which ones?

List CSO member organisations:

### 5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for **2014 to 2015**

1. Scale-up of Reaching Every District to Reach Every Child Initiative using the Integrated EPI/MCH guidelines
2. Measles Outbreak Containment activities in the affected provinces
3. Data quality assessment survey to be conducted in July 2014
4. Two days district level EPI training along with introduction of New Vaccines
5. Revision of EPI manual and Policy document
6. Updating of cMYP of EPI

### 5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2013

Vaccine	Types of syringe used in <b>2013</b> routine EPI	Funding sources of <b>2013</b>
BCG	AD syringes	Government of PNG
Measles	AD Syringes	Government of PNG
TT	AD Syringes	Government of PNG

DTP-containing vaccine	AD Syringes	Government of PNG
Hepatitis B	AD Syringes	Government of PNG

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)

The injection safety policy is part of the National EPI policy. No specific obstacles have been encountered in implementation of the injection safety policy in Papua New Guinea.

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

The sharps are disposed of incinerator in facilities having an incinerator while in health centres they are buried /burnt. The issue encountered in injection safety disposal is the availability of incinerators in all districts health facilities.

## **6. Immunisation Services Support (ISS)**

### **6.1. Report on the use of ISS funds in 2013**

Papua New Guinea is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

### **6.2. Detailed expenditure of ISS funds during the 2013 calendar year**

Papua New Guinea is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

### **6.3. Request for ISS reward**

Request for ISS reward achievement in Papua New Guinea is not applicable for 2013



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

### 7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

**Table 7.1:** Vaccines received for 2013 vaccinations against approvals for 2013

	[ A ]	[ B ]		
Vaccine type	Total doses for 2013 in Decision Letter	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Did the country experience any stockouts at any level in 2013?
DTP-HepB-Hib	526,750	564,250	0	No
Pneumococcal (PCV13)	192,600	179,600	0	No

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

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? ...)

The PCV-13 introduction and the national launch was delayed thus the shipment amount was adjusted.

- 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.**

Not relevant

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.

Not relevant

## 7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

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

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	Yes	28/10/2013
Nationwide introduction	Yes	01/08/2014
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	The planned introduction following training of all health care workers was delayed due to measles outbreak which started in October 2013

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **July 2016**

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) )

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

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

Does the country have an institutional development plan for vaccine safety? **No**

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

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **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? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

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

Sentinel Rotavirus Surveillance is ongoing in two sites; PNG IMR research institute and Port Moresby General Hospital. The Port Moresby General Hospital also reviewed the mortality pattern of the rotavirus positive cases. Paediatricians and Paediatric Society of PNG who are part of the Child Health Advisory Committee (NITAG of PNG), reviews the information and decides for the steps ahead for the country. Eight Sentinel sites are part of the Bacterial Meningitis (IB-VPD) and training of Lab managers of the eight sentinel sites was done to improve the management of IBVDP surveillance.

### 7.3. New Vaccine Introduction Grant lump sums 2013

#### 7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2013 (A)	0	487,532
Remaining funds (carry over) from 2012 (B)	0	19,773
Total funds available in 2013 (C=A+B)	0	507,305
Total Expenditures in 2013 (D)	0	467,790
Balance carried over to 2014 (E=C-D)	0	39,515

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 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

- # Printing of IEC Materials
- # Orientation of Health Workers of 4 provinces
- # Cold Chain support
- # Supervision and Monitoring

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

The roll out of the program in most of the the provinces could not be organized because of the measles outbreak.

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

Orientation of Family Health Focal person at the province, district and health facility level

### 7.4. Report on country co-financing in 2013

**Table 7.4** : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
	Q.2: Which were the amounts of funding for country co-financing in	

	reporting year <b>2013</b> from the following sources?	
Government		
Donor		
Other		
	<b>Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?</b>	
<b>Co-Financed Payments</b>	<b>Total Amount in US\$</b>	<b>Total Amount in Doses</b>
Awarded Vaccine #1: <b>DTP-HepB-Hib, 1 dose(s) per vial, LIQUID</b>		
Awarded Vaccine #2: <b>Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID</b>		
	<b>Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding</b>	
<b>Schedule of Co-Financing Payments</b>	Proposed Payment Date for <b>2015</b>	Source of funding
Awarded Vaccine #1: <b>DTP-HepB-Hib, 1 dose(s) per vial, LIQUID</b>	May	GoPNG
Awarded Vaccine #2: <b>Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID</b>	May	GoPNG
	<b>Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing</b>	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy:

<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Not selected**

## 7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

When is the next Effective Vaccine Management (EVM) assessment planned? **July 2016**

### **7.6. Monitoring GAVI Support for Preventive Campaigns in 2013**

Papua New Guinea does not report on NVS Preventive campaign

### **7.7. Change of vaccine presentation**

Papua New Guinea 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 2014**

Renewal of multi-year vaccines support for Papua New Guinea is not available in 2014

### **7.9. Request for continued support for vaccines for 2015 vaccination programme**

In order to request NVS support for 2015 vaccination do the following

Confirm here below that your request for 2015 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 Antigens	VaccineTypes	No Threshold	200,000\$		250,000\$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000\$		2,000,000\$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

## 7.11. Calculation of requirements

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

ID	Source		2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	211,651	227,261	248,786	687,698
	Number of children to be vaccinated with the first dose	Table 4	#	185,019	193,644	214,726	593,389
	Number of children to be vaccinated with the third dose	Table 4	#	185,019	193,644	180,058	558,721
	Immunisation coverage with	Table 4	%	87.42 %	85.21 %	72.37 %	

	the third dose					
	Number of doses per child	Parameter	#	3	3	3
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	53,279		
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	53,279		
	Number of doses per vial	Parameter	#		1	1
	AD syringes required	Parameter	#		Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No
	Safety boxes required	Parameter	#		Yes	Yes
cc	Country co-financing per dose	Co-financing table	\$		0.30	0.35
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %

\* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

\*\* Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

Does not arise

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	Graduating		
	2013	2014	2015
Minimum co-financing	0.00	0.20	0.23
Your co-financing	0.26	0.30	0.35

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

		2014	2015
Number of vaccine doses	#	552,300	505,400
Number of AD syringes	#	579,100	527,400

<b>Number of re-constitution syringes</b>	#	0	0
<b>Number of safety boxes</b>	#	6,375	5,825
<b>Total value to be co-financed by GAVI</b>	\$	1,513,500	1,368,500

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

		<b>2014</b>	<b>2015</b>
<b>Number of vaccine doses</b>	#	67,900	75,100
<b>Number of AD syringes</b>	#	71,200	78,400
<b>Number of re-constitution syringes</b>	#	0	0
<b>Number of safety boxes</b>	#	800	875
<b>Total value to be co-financed by the Country</b>	\$	186,500	203,500



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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-finance	V	0.00 %	10.95 %		
B	Number of children to be vaccinated with the first dose	Table 4	185,019	193,644	21,201	172,443
B1	Number of children to be vaccinated with the third dose	Table 4	185,019	193,644	21,201	172,443
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	555,057	580,932	63,601	517,331
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	$D \times E$		609,979	66,781	543,198
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$		10,189	1,116	9,073
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$				
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$				
H2	Reported stock on January 1st	Table 7.11.1	0	53,279		
H3	Shipment plan	UNICEF shipment report		778,400		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		620,200	67,900	552,300
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		650,234	71,188	579,046
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		7,153	784	6,369
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		1,569,727	171,854	1,397,873
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		29,261	3,204	26,057
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		36	4	32
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		100,463	10,999	89,464
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	$(N+O+P+Q+R+S)$		1,699,487	186,060	1,513,427
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		186,060		
V	Country co-financing % of GAVI supported proportion	$U / T$		10.95 %		

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	2015			
		Total	Government	GAVI	
A	Country co-finance	V	12.93 %		
B	Number of children to be vaccinated with the first dose	Table 4	214,726	27,763	186,963
B1	Number of children to be vaccinated with the third dose	Table 4	180,058	23,281	156,777
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	595,297	76,969	518,328
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	625,062	80,817	544,245
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$	5,657	732	4,925
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$	50,345	6,510	43,835
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$	263,436	34,061	229,375
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	UNICEF shipment report			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	580,400	75,042	505,358
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	605,670	78,310	527,360
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	6,663	862	5,801
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,451,000	187,605	1,263,395
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	27,256	3,525	23,731
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	34	5	29
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	92,864	12,007	80,857
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	$(N+O+P+Q+R+S)$	1,571,154	203,140	1,368,014
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	203,140		
V	Country co-financing % of GAVI supported proportion	$U / T$	12.93 %		

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 Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	211,651	227,261	248,786	687,698
	Number of children to be vaccinated with the first dose	Table 4	#	194,732	204,535	214,726	613,993
	Number of children to be vaccinated with the third dose	Table 4	#	194,732	204,535	180,058	579,325
	Immunisation coverage with the third dose	Table 4	%	92.01 %	90.00 %	72.37 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	169,570			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	169,570			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		0.26	1.36	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	

\* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

\*\* Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

Does not arise

### Co-financing tables for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

Co-financing group	Graduating	2013	2014	2015
Minimum co-financing		0.20	0.23	1.26
Your co-financing		0.23	0.26	1.36

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

		2014	2015
Number of vaccine doses	#	449,700	422,500
Number of AD syringes	#	461,500	442,100
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	5,100	4,875
Total value to be co-financed by GAVI	\$	1,637,000	1,529,500

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

		2014	2015
<b>Number of vaccine doses</b>	#	34,600	254,400
<b>Number of AD syringes</b>	#	35,500	266,100
<b>Number of re-constitution syringes</b>	#	0	0
<b>Number of safety boxes</b>	#	400	2,950
<b>Total value to be co-financed by the Country</b>	\$	126,000	920,500

**Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 1)**

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-finance	V	0.00 %	7.14 %		
B	Number of children to be vaccinated with the first dose	Table 4	194,732	204,535	14,607	189,928
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B \times C$	584,196	613,605	43,821	569,784
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	$D \times E$		644,286	46,012	598,274
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		7,720	552	7,168
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H2	Reported stock on January 1st	Table 7.11.1	0			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		484,200	34,580	449,620
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(I + G - H) \times 1.10$		496,931	35,489	461,442
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		5,467	391	5,076
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		1,641,923	117,258	1,524,665
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		22,362	1,597	20,765
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		28	2	26
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		98,516	7,036	91,480
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	$(N+O+P+Q+R+S)$		1,762,829	125,892	1,636,937
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		125,892		
V	Country co-financing % of GAVI supported proportion	$U / T$		7.14 %		

**Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 2)**

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	V	37.58 %		
B	Number of children to be vaccinated with the first dose	Table 4	214,726	80,686	134,040
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	644,178	242,057	402,121
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	676,387	254,159	422,228
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	8,026	3,016	5,010
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	8,499	3,194	5,305
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	676,800	254,315	422,485
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	708,076	266,067	442,009
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	7,789	2,927	4,862
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	2,280,816	857,039	1,423,777
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	31,864	11,974	19,890
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	39	15	24
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	136,849	51,423	85,426
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	$(N+O+P+Q+R+S)$	2,449,568	920,449	1,529,119
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	920,449		
V	Country co-financing % of GAVI supported proportion	$U / T$	37.58 %		

## 8. Injection Safety Support (INS)

This window of support is no longer available

## 9. Health Systems Strengthening Support (HSS)

Papua New Guinea is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2014

Please complete and attach the [HSS Reporting Form](#) to report on the implementation of the new HSS grant which was approved in 2012 or 2013.



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

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

Papua New Guinea **has NOT received GAVI TYPE A CSO support**

Papua New Guinea is not reporting on GAVI TYPE A CSO support for 2013

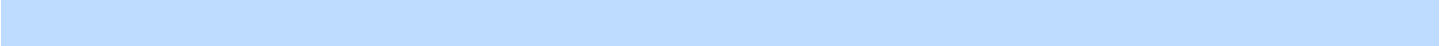
## 10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Papua New Guinea **has NOT received GAVI TYPE B CSO support**

Papua New Guinea is not reporting on GAVI TYPE B CSO support for 2013

## 11. Comments from ICC/HSCC Chairs

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



## 12. Annexes

### 12.1. Annex 1 – Terms of reference ISS

#### TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
  - b. Income received from GAVI during 2013
  - c. Other income received during 2013 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2013
  - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 12.2. Annex 2 – Example income & expenditure ISS

### MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
<b>Summary of income received during 2013</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2013</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2013 (balance carried forward to 2014)</b>	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2013</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

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

## 12.3. Annex 3 – Terms of reference HSS

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

- I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
  - b. Income received from GAVI during 2013
  - c. Other income received during 2013 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2013
  - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 12.4. Annex 4 – Example income & expenditure HSS

### MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

*An example statement of income & expenditure*

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
<b>Summary of income received during 2013</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2013</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2013 (balance carried forward to 2014)</b>	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2013</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

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

## 12.5. Annex 5 – Terms of reference CSO

### TERMS OF REFERENCE:

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

- I. All countries that have received CSO 'Type B' grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
  - b. Income received from GAVI during 2013
  - c. Other income received during 2013 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2013
  - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.



## 12.6. Annex 6 – Example income & expenditure CSO

### MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

*An example statement of income & expenditure*









Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
<b>Summary of income received during 2013</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2013</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2013 (balance carried forward to 2014)</b>	<b>60,139,325</b>	<b>125,523</b>










\* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2013</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

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

## 13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		<a href="#">Annual Performance Report PNG 2013.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/10/2014 02:46:02 <b>Size:</b> 248 KB
2	Signature of Minister of Finance (or delegated authority)	2.1		<a href="#">Financial Statement of New Vaccine Introduction Grant for PNG in 2013.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/10/2014 02:46:44 <b>Size:</b> 226 KB
3	Signatures of members of ICC	2.2		<a href="#">ICC Meeting Minutes with Attendance list.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/10/2014 07:33:11 <b>Size:</b> 484 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7		<a href="#">ICC Meeting Minutes with Attendance list.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/10/2014 07:33:45 <b>Size:</b> 484 KB
5	Signatures of members of HSCC	2.3		No file loaded
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3		<a href="#">ICC Meeting Minutes with Attendance list.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/10/2014 07:35:40 <b>Size:</b> 484 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1		<a href="#">GAVI- Receipts and Payments Summary Sheet 2013.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/10/2014 03:09:25 <b>Size:</b> 246 KB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3		No file loaded

9	Post Introduction Evaluation Report	7.2.2		<a href="#">Post Evaluation of Vaccine for PNG.pdf</a> <b>File desc:</b> <b>Date/time :</b> 14/10/2014 08:16:21 <b>Size:</b> 192 KB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		<a href="#">Financial Statement of New Vaccine Introduction Grant for PNG in 2013.pdf</a> <b>File desc:</b> <b>Date/time :</b> 14/10/2014 08:13:08 <b>Size:</b> 226 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US\$ 250,000	7.3.1		<a href="#">HSIP External Audit Report for New Vaccine Introduction PNG for 2013.pdf</a> <b>File desc:</b> <b>Date/time :</b> 14/10/2014 08:14:19 <b>Size:</b> 213 KB
12	Latest EVSM/VMA/EVM report	7.5		<a href="#">Annual Performance Report PNG 2013.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/10/2014 03:10:22 <b>Size:</b> 248 KB
13	Latest EVSM/VMA/EVM improvement plan	7.5		<a href="#">Annual Performance Report PNG 2013.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/10/2014 03:11:08 <b>Size:</b> 248 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5		<a href="#">Annual Performance Report PNG 2013.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/10/2014 03:12:03 <b>Size:</b> 248 KB
16	Valid cMYP if requesting extension of support	7.8		No file loaded
17	Valid cMYP costing tool if requesting extension of support	7.8		No file loaded
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8		No file loaded

19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	No file loaded
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	No file loaded
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	X	No file loaded
22	HSS Health Sector review report	9.9.3	X	No file loaded
23	Report for Mapping Exercise CSO Type A	10.1.1	X	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	X	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	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 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	<a href="#">GAVI- Reciepts and Payments Summary Sheet 2013.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/10/2014 03:13:56 <b>Size:</b> 246 KB
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	X	No file loaded

	Other		X	No file loaded
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