



GAVI Alliance

# Annual Progress Report **2014**

Submitted by

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

Reporting on year: **2014**

Requesting for support year: **2016**

Date of submission: **15/05/2015**

**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](mailto: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	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2015
Preventive Campaign Support	MR, 10 dose(s) per vial, LYOPHILISED	Not selected	2015

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

## 1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016	2018
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2016	2018
Routine New Vaccines Support	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2016	2018

## 1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For <b>2014</b> ISS reward
COS	Yes	Not applicable	No
VIG	Yes	Not applicable	No
HSS	Yes	next tranche of HSS Grant No	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 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 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	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
Mr. Gerard SUI	National EPI Manager	(675) 301 3841/ 301 3707	gerard.sui2011@gmail.com
Dr. Mohammad Salim Reza	Technical Officer-EPI, WHO, PNG	(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 -NHSS	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-PNG		
Ms. Christine Sturrock (Counsellor, Development Cooperation)	DFAT-Australia- PNG Office		
Mr. Baba DANBAPPA, UNICEF Country Representative	UNICEF-PNG		
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		
Dr. Mobumo Kiromar (Country Director)	Clinton Health Access Initiative (CHAI)		

ICC may wish to send informal comments to: [apr@gavi.org](mailto: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), PNG, 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
NA	NA		

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

Papua New Guinea 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	255,500	107,506	263,545	263,545		271,843		280,402		289,231
Total infants' deaths	14,308	7,990	14,759	14,759		15,441		15,927		16,429
Total surviving infants	241,192	99,516	248,786	248,786		256,402		264,475		272,802
Total pregnant women	255,500	170,213	263,545	263,545		271,843		280,402		289,231
Number of infants vaccinated (to be vaccinated) with BCG	224,840	196,401	237,191	237,191		244,659		252,362		260,308
BCG coverage[1]	88 %	183 %	90 %	90 %	0 %	90 %	0 %	90 %	0 %	90 %
Number of infants vaccinated (to be vaccinated) with OPV3	157,534	118,815	170,057	223,718		230,762		238,028		245,522
OPV3 coverage[2]	65 %	119 %	68 %	90 %	0 %	90 %	0 %	90 %	0 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1[3]	204,535	201,158	214,726	223,718		230,762		238,028		245,522
Number of infants vaccinated (to be vaccinated) with DTP3[3][4]	153,172	140,146	180,058	223,718		230,762		238,028		245,522
DTP3 coverage[2]	64 %	141 %	72 %	90 %	0 %	90 %	0 %	90 %	0 %	90 %
Wastage[5] rate in base-year and planned thereafter (%) for DTP	5	5	0	5		5		5		5
Wastage[5] factor in base-year and planned thereafter for DTP	1.05	1.05	1.00	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	193,644	201,158	214,726	223,718		230,762		238,028		245,522
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	145,016	140,146	180,058	223,718		230,762		238,028		245,522
DTP-HepB-Hib coverage[2]	60 %	141 %	72 %	90 %	0 %	90 %	0 %	90 %	0 %	90 %
Wastage[5] rate in base-year and planned thereafter (%)	5	5	5	5		5		5		5
Wastage[5] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1	1.05	1	1.05	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 1st dose of Pneumococcal (PCV13)	204,535	0	214,726	223,718		230,762		238,028		245,522

Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	184,082	0	180,058	223,718		230,762		238,028		245,522
Pneumococcal (PCV13) coverage[2]	76 %	0 %	72 %	90 %	0 %	90 %	0 %	90 %	0 %	90 %
Wastage[5] rate in base-year and planned thereafter (%)	5	0	5	5		5		5		5
Wastage[5] factor in base-year and planned thereafter (%)	1.05	1	1.05	1.05	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles		146,891	0	223,718		230,762		238,028		245,522
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles		146,891	74,560	223,718		230,762		238,028		245,522
Measles coverage[2]	0 %	148 %	30 %	90 %	0 %	90 %	0 %	90 %	0 %	90 %
Wastage[5] rate in base-year and planned thereafter (%)		40	25	25		25		25		25
Wastage[5] factor in base-year and planned thereafter (%)	1	1.67	1.33	1.33	1	1.33	1	1.33	1	1.33
Maximum wastage rate value for Measles second dose, 10 dose(s) per vial, LYOPHILISED	0.00 %	40.00 %	0.00 %	40.00 %	0.00 %	40.00 %	0.00 %	40.00 %	0.00 %	40.00 %
Pregnant women vaccinated with TT+	168,823	127,156	217,805	237,191		244,659		252,362		260,308
TT+ coverage[7]	66 %	75 %	83 %	90 %	0 %	90 %	0 %	90 %	0 %	90 %
Vit A supplement to mothers within 6 weeks from delivery	0	196,401	0	237,191		244,659		252,362		260,308
Vit A supplement to infants after 6 months	154,446	135,790	186,718	131,773	N/A	135,921	N/A	140,201	N/A	144,615
Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100	25 %	30 %	16 %	0 %	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**

The reported coverage captures the data from NHIS. Because of the GAVI prescribed template which calculate the coverage automatically can give a wrong impression of the country coverage comparing the JRF report 2014. As an example, GAVI auto calculation for BCG shows 183% coverage where the actual coverage for BCG is 77% for 2014 as per JRF 2014.

The census in Papua New Guinea 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. For this report, the country has used the data for 2011 census what the NEP are currently using as denominator.

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 calendar years.

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

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

Not applicable

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

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

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

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

Not applicable

5.2.3. If no sex-disaggregated data are available at the moment, do you plan in the future to

collect sex-disaggregated coverage estimates? **No**

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

In PNG all girls and boys have a right to be healthy and benefit from life-saving vaccines and addressing gender-related barriers to accessing services

### 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\$.

<b>Exchange rate used</b>	1 US\$ = 2.558	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	NZAID	0	0
Traditional Vaccines*	2,569,898	2,569,898	0	0	0	0	0	0
New and underused Vaccines**	2,775,300	2,775,300	0	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	0	0	0	0	0	0	0	0
Personnel	30,567,044	30,567,044	0	0	0	0	0	0
Other routine recurrent costs	3,391,104	0	0	2,902,721	488,383	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	2,900,000	0	0	0	0	2,900,000	0	0
0		0	0	0	0	0	0	0
Total Expenditures for Immunisation	42,203,346							
Total Government Health		35,912,242	0	2,902,721	488,383	2,900,000	0	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? **3**

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](#)

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

1. Cold chain equipment replacement
2. Restructuring - improving manpower capacity , training and capacity building program
3. Special Integrated Routine EPI Strengthen program(SIREP) and Introduction of MR & IPV vaccine (SIREP Plus)
4. Improve EPI data management and integrated Vaccine preventable disease surveillance activity
5. Develop comprehensive multi-year plan (cMYP) 2016-2020
6. EVM assessment

### 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 syringes	Government of PNG
Measles	AD syringes	Government of PNG
TT	AD syringes	Government of PNG
DTP-containing vaccine	AD syringes	Government of PNG
IPV	AD syringes	Government of PNG
MR	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 a part of the national EPI policy. No specific obstacles have been encountered in the implementation of injection safety policy in PNG

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

The sharps are disposed of incinerator in facilities having an incinerator while in health center 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 2014**

Papua New Guinea is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

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

Papua New Guinea is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

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

Request for ISS reward achievement in Papua New Guinea 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?
Pneumococcal (PCV13)	768,600	550,400	0	No
DTP-HepB-Hib	778,400	736,240	0	No
Measles second dose		237,660	0	Yes

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? ...)

Because of the global shortage of measles vaccine the country could not procure the vaccine on time. Later on, the country used UNICEF procurement division to get MR vaccine instead.

PCV was not rolled out in the whole country because of the measles outbreak situation.

- 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.**

Forecasting of vaccine.

Adjusting vaccine shipment plan.

Mobilize vaccines from other province those have enough buffer stock.

Advocacy at the national level to procure vaccine through UNICEF procurement division.

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.

Measles vaccine stock out for a month September/October 2014 but replaced by MR vaccine. BCG stock out in October-December 2014. This results in low coverage of measles and BCG vaccine and delay in outbreak response during measles outbreak in PNG in 2014.

## 7.2. Introduction of a New Vaccine in 2014

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

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

When is the Post Introduction Evaluation (PIE) planned? **October 2015**

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

When is the Post Introduction Evaluation (PIE) planned? **February 1982**

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	NA

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

NA

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**

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 Rota virus 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 rota virus positive cases. Paediatricians and Paediatric Society of PNG who are part of the Child Health Advisory Committee, reviews the information and decides for the steps ahead for the country. Two Sentinel sites are part of the Bacterial Meningitis (IB-VPD) and training of Lab managers of the sentinel sites was done to improve the management of IBVPD surveillance

### 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)	1,953,000	5,676,608
Remaining funds (carry over) from 2013 (B)	7,729	19,773
Total funds available in 2014 (C=A+B)	1,960,729	5,696,381
Total Expenditures in 2014 (D)	1,953,000	723,026
Balance carried over to 2015 (E=C-D)	7,729	4,973,355

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

- Measles out break support, Advocacy awareness on routine EPI
- Hands on routine EPI training for health workers at district health facilities
- Cold chain hardware training for health workers
- Printing and distribution of IEC materials
- Cold Chain improvement
  - Purchase two chiller
  - Service repair three walk in chillers
- EPI surveillance consultation review meeting

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

- Massive Measles out breaks in the entire provinces
- Shortage of trained human capital in EPI section
- TT vaccine rumor in the community
- Population denominator issues
- Communication gap (internet access )
- Old cold chain equipments and service repair for non functional frigs

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

- Micro planning and routine EPI trainings for health workers from 22 provinces
- Reinforce the special routine immunization program activities to introduce MR , IPV and PCV13 to routine EPI program in all provinces
- Conduct cold chain hard ware training
- IEC activities

## 7.4. Report on country co-financing in 2014

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

<b>Q.1: What were the actual co-financed amounts and doses in 2014?</b>		
<b>Co-Financed Payments</b>	<b>Total Amount in US\$</b>	<b>Total Amount in Doses</b>
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	298,890	110,700
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	178,200	54,000
<b>Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?</b>		
Government	577137	
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: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
<b>Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding</b>		
<b>Schedule of Co-Financing Payments</b>	<b>Proposed Payment Date for 2016</b>	<b>Source of funding</b>
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	March	NDOH
Awarded Vaccine #2: Measles	March	NDOH

second dose, 10 dose(s) per vial, LYOPHILISED		
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	March	NDOH
	<b>Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing</b>	

\***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](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? **May 2011**

Please attach:

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

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

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

If yes, provide details

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

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

### 7.6.1. Vaccine Delivery

Did you receive the approved amount of vaccine doses for MR Preventive Campaigns that GAVI communicated to you in its Decision Letter (DL)?

[ A ]	[ B ]	[ C ]
Total doses approved in DL	Campaign start date	Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)
50000	05/08/2015	50000

If numbers [A] and [C] above are different, what were the main problems encountered, if any?

NA

If the date(s) indicated in [C] are after [B] the campaign dates, what were the main problems encountered? What actions did you take to ensure the campaign was conducted as planned?

NA

### 7.6.2. Programmatic Results of MR preventive campaigns

Geographical Area covered	Time period of the campaign	Total number of Target population	Achievement, i.e., vaccinated population	Administrative Coverage (%)	Survey Coverage (%)	Wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine

\*If no survey is conducted, please provide estimated coverage by independent monitors

Has the campaign been conducted according to the plans in the approved proposal?" **No**

If the implementation deviates from the plans described in the approved proposal, please describe the reason.

Has the campaign outcome met the target described in the approved proposal? (did not meet the target/exceed the target/met the target) If you did not meet/exceed the target, what have been the underlying reasons on this (under/over) achievement?

What lessons have you learned from the campaign?

### 7.6.3. Fund utilisation of operational cost of MR preventive campaigns

Category	Expenditure in Local currency	Expenditure in USD
<b>Total</b>	<b>0</b>	<b>0</b>

## 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 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**
- \* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
- \* **Pneumococcal (PCV13), 1 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**

- \* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
- \* **Pneumococcal (PCV13), 1 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**
- \* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
- \* **Pneumococcal (PCV13), 1 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**
- \* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
- \* **Pneumococcal (PCV13), 1 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	2009	2010	2011	2012	2013	2014	2015
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID						2.60 %	2.70 %
Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED						13.80 %	
MR, 10 dose(s) per vial, LYOPHILISED	MR, 10 dose(s) per vial, LYOPHILISED						12.70 %	
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID						5.90 %	6.00 %

Vaccine Antigen	Vaccine Type	2016	2017	2018
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2.80 %	3.30 %	3.30 %
Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED			
MR, 10 dose(s) per vial, LYOPHILISED	MR, 10 dose(s) per vial, LYOPHILISED			
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5.90 %	6.00 %	6.10 %

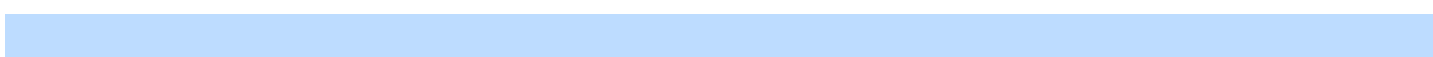
## 7.11. Calculation of requirements

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

ID	Source		2014	2015	2016	2017	2018	TOTAL
<b>Number of surviving infants</b>	Parameter	#	241,192	248,786	256,402	264,475	272,802	1,283,657
<b>Number of children to be vaccinated with the first dose</b>	Parameter	#	193,644	214,726	230,762	238,028	245,522	1,122,682
<b>Number of children to be vaccinated with the third dose</b>	Parameter	#	145,016	180,058	230,762	238,028	245,522	1,039,386
<b>Immunisation coverage with the third dose</b>	Parameter	%	60.12 %	72.37 %	90.00 %	90.00 %	90.00 %	
<b>Number of doses per child</b>	Parameter	#	3	3	3	3	3	
<b>Estimated vaccine wastage factor</b>	Parameter	#	1.05	1.05	1.05	1.05	1.05	
<b>Stock in Central Store Dec 31, 2014</b>		#	288,749					
<b>Stock across second level Dec 31, 2014 (if available)*</b>		#	288,749					

	<b>Stock across third level Dec 31, 2014 (if available)*</b>	Parameter	#					
	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	\$		0.71	1.02	1.34	1.66
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	%		2.70 %	2.80 %	3.30 %	3.30 %

\* 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	Graduating
--------------------	------------

	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.71	1.02	1.34	1.66
Recommended co-financing as per			1.02	1.34	1.66
Your co-financing	0.30	0.71	1.02	1.34	1.66

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	667,700	390,600	536,300	371,000	220,000
Number of AD syringes	#	707,000	405,700	567,500	393,900	233,700
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	7,850	4,475	5,900	4,100	2,425
Total value to be co-financed by GAVI	\$	1,409,000	1,035,000	1,328,500	776,500	460,500

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	110,700	143,000	375,600	660,100	843,500
Number of AD syringes	#	117,200	148,500	397,400	701,000	895,700
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	1,325	1,650	4,150	7,275	9,300

Total value to be co-financed by the Country [1]	\$	233,500	379,000	930,000	1,382,000	1,765,500
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**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	193,644	214,726	
B1	Number of children to be vaccinated with the third dose	Table 4	145,016	214,726	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	512,367	595,297	
E	Estimated vaccine wastage factor	Table 4	1.05	1.05	
F	Number of doses needed including wastage	$D \times E$		625,061	
G	Vaccines buffer stock	<p><b>Buffer on doses needed + buffer on doses wasted</b>  <b>Buffer on doses needed</b> = <math>(D - D \text{ of previous year original approved}) \times 0.375</math>  <b>Buffer on doses wasted</b> =</p> <ul style="list-style-type: none"> <li><i>if(wastage factor of previous year current estimation &lt; wastage factor of previous year original approved):</i> <math>((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375</math></li> <li><i>else:</i> <math>(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375</math>  <math>\geq 0</math></li> </ul>			
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	103,906	288,749	
H3	Shipment plan	Approved volume		533,600	
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		533,600	
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	$U / T$			

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



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

		Formula	2014		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	230,762	95,040	135,722
B1	Number of children to be vaccinated with the third dose	Table 4	230,762	95,040	135,722
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	692,286	285,118	407,168
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	726,901	299,374	427,527
G	Vaccines buffer stock	<p><b>Buffer on doses needed + buffer on doses wasted</b>  <b>Buffer on doses needed</b> = <math>(D - D \text{ of previous year original approved}) \times 0.375</math>  <b>Buffer on doses wasted</b> =</p> <ul style="list-style-type: none"> <li><i>if (wastage factor of previous year current estimation &lt; wastage factor of previous year original approved):</i> <math>((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375</math></li> <li><i>else:</i> <math>(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0</math></li> </ul>	38,190	15,729	22,461
H	Stock to be deducted	$H1 - (F \text{ (2015) current estimation} \times 0.375)$	- 146,628	- 60,388	- 86,240
H1	Calculated opening stock	$H2 \text{ (2015)} + H3 \text{ (2015)} - F \text{ (2015)}$	117,638	48,450	69,188
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	Approved volume			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	911,750	375,504	536,246
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	964,815	397,359	567,456
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	10,030	4,131	5,899
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	2,154,466	887,316	1,267,150
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	43,224	17,802	25,422
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	55	23	32
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	60,326	24,846	35,480
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	$(N+O+P+Q+R+S)$	2,258,071	929,985	1,328,086
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	929,985		
V	Country co-financing % of GAVI supported proportion	$U / T$	41.18 %		

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	64.02 %		
B	Number of children to be vaccinated with the first dose	Table 4	238,028	152,395	85,633
B1	Number of children to be vaccinated with the third dose	Table 4	238,028	152,395	85,633
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	714,084	457,184	256,900
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	749,789	480,044	269,745
G	Vaccines buffer stock	<p><b>Buffer on doses needed + buffer on doses wasted</b></p> <p><b>Buffer on doses needed</b> = <math>(D - D \text{ of previous year original approved}) \times 0.375</math></p> <p><b>Buffer on doses wasted</b> =</p> <ul style="list-style-type: none"> <li><i>if (wastage factor of previous year current estimation &lt; wastage factor of previous year original approved):</i> <math>((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375</math></li> <li><i>else:</i> <math>(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0</math></li> </ul>	281,171	180,017	101,154
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	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	1,031,000	660,086	370,914
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	1,094,781	700,921	393,860
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	11,342	7,262	4,080
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	2,041,380	1,306,969	734,411
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	49,047	31,402	17,645
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	62	40	22
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	67,366	43,131	24,235
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	$(N+O+P+Q+R+S)$	2,157,855	1,381,540	776,315
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	1,381,540		
V	Country co-financing % of GAVI supported proportion	$U / T$	64.02 %		

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	79.31 %		
B	Number of children to be vaccinated with the first dose	Table 4	245,522	194,731	50,791
B1	Number of children to be vaccinated with the third dose	Table 4	245,522	194,731	50,791
C	Number of doses per child	Vaccine parameter (schedule)	3		

D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	736,566	584,193	152,373
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	773,395	613,403	159,992
G	Vaccines buffer stock	<p><b>Buffer on doses needed + buffer on doses wasted</b>  <b>Buffer on doses needed</b> = <math>(D - D \text{ of previous year original approved}) \times 0.375</math>  <b>Buffer on doses wasted</b> =</p> <ul style="list-style-type: none"> <li><i>if (wastage factor of previous year current estimation &lt; wastage factor of previous year original approved):</i> <math>((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375</math></li> <li><i>else:</i> <math>(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0</math></li> </ul>	290,023	230,027	59,996
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	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	1,063,450	843,455	219,995
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	1,129,248	895,641	233,607
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	11,698	9,279	2,419
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	2,105,631	1,670,040	435,591
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	50,591	40,126	10,465
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	64	51	13
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	69,486	55,112	14,374
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	$(N+O+P+Q+R+S)$	2,225,772	1,765,327	460,445
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	1,765,327		
V	Country co-financing % of GAVI supported proportion	$U / T$	79.31 %		

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



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

ID	Source		2014	2015	2016	2017	2018	TOTAL	
	Number of surviving infants	Parameter	#	241,192	248,786	256,402	264,475	272,802	1,283,657
	Number of children to be vaccinated with the first dose	Parameter	#	0	0	230,762	238,028	245,522	714,312
	Number of children to be vaccinated with the second dose	Parameter	#		74,560	230,762	238,028	245,522	788,872
	Immunisation coverage with the second dose	Parameter	%	0.00 %	29.97 %	90.00 %	90.00 %	90.00 %	
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Parameter	#	1.00	1.33	1.33	1.33	1.33	
	Stock in Central Store Dec 31, 2014		#	11,600					
	Stock across second level Dec 31, 2014 (if available)*		#	11,600					
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#						
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	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	%						
fd	Freight cost as % of devices value	Parameter	%						

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

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

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

**Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 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	204,535	214,726	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B \times C$	613,605	644,178	
E	Estimated vaccine wastage factor	Table 4	1.05	1.05	
F	Number of doses needed including wastage	$D \times E$		676,387	
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$			
H	Stock to be deducted	H2 of previous year - $0.25 \times F$ of previous year			
H2	Reported stock on January 1st	Table 7.11.1	0	386,320	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		676,800	
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	$U / T$			

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	40.29 %		
B	Number of children to be vaccinated with the first dose	Table 4	230,762	92,984	137,778
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	692,286	278,950	413,336
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	726,901	292,898	434,003
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	12,292	4,953	7,339
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	217,224	87,529	129,695
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	522,000	210,335	311,665
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	536,090	216,012	320,078
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	5,743	2,315	3,428
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,763,316	710,510	1,052,806
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	24,017	9,678	14,339
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	32	13	19
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	104,036	41,921	62,115
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	$(N+O+P+Q+R+S)$	1,891,401	762,120	1,129,281
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	762,120		
V	Country co-financing % of GAVI supported proportion	$U / T$	40.29 %		

**Table 7.11.4:** Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID** (part 3)

		Formula	2017		
			Total	Government	GAVI
A	Country co-finance	V	57.41 %		
B	Number of children to be vaccinated with the first dose	Table 4	238,028	136,650	101,378
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	714,084	409,948	304,136
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	749,789	430,446	319,343
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	178,794	102,644	76,150
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			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	928,800	533,214	395,586
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	982,166	563,851	418,315
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	10,217	5,866	4,351
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	3,087,332	1,772,403	1,314,929
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	44,002	25,262	18,740
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	56	33	23
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	185,240	106,345	78,895
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	$(N+O+P+Q+R+S)$	3,316,630	1,904,040	1,412,590
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	1,904,040		
V	Country co-financing % of GAVI supported proportion	$U / T$	57.41 %		



**Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 4)**

		Formula	2018		
			Total	Government	GAVI
A	Country co-finance	V	75.35 %		
B	Number of children to be vaccinated with the first dose	Table 4	245,522	185,006	60,516
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	736,566	555,016	181,550
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	773,395	582,767	190,628
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	184,423	138,966	45,457
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			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	959,400	722,925	236,475
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	1,013,088	763,380	249,708
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	10,554	7,953	2,601
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	3,137,238	2,363,965	773,273
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	45,387	34,200	11,187
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	58	44	14
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	191,372	144,203	47,169
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	$(N+O+P+Q+R+S)$	3,374,055	2,542,410	831,645
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	2,542,410		
V	Country co-financing % of GAVI supported proportion	$U / T$	75.35 %		

**Table 7.11.1: Specifications for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

ID	Source		2014	2015	2016	2017	2018	TOTAL	
	Number of surviving infants	Parameter	#	241,192	248,786	256,402	264,475	272,802	1,283,657
	Number of children to be vaccinated with the first dose	Parameter	#	204,535	214,726	230,762	238,028	245,522	1,133,573
	Number of children to be vaccinated with the third dose	Parameter	#	184,082	180,058	230,762	238,028	245,522	1,078,452
	Immunisation coverage with the third dose	Parameter	%	76.32 %	72.37 %	90.00 %	90.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	1.05	1.05	
	Stock in Central Store Dec 31, 2014		#	386,320					
	Stock across second level Dec 31, 2014 (if available)*		#	386,320					
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#						
	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	\$		0.87	1.46	2.05	2.65	
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	%		6.00 %	5.90 %	6.00 %	6.10 %	

\* 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.

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

Co-financing group	Graduating
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	2014	2015	2016	2017	2018
Minimum co-financing	0.23	0.87	1.46	2.05	2.65
Recommended co-financing as per			1.46	2.05	2.65
Your co-financing	0.26	0.87	1.46	2.05	2.65

**Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 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	204,535	214,726	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B \times C$	613,605	644,178	
E	Estimated vaccine wastage factor	Table 4	1.05	1.05	
F	Number of doses needed including wastage	$D \times E$		676,387	
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$			
H	Stock to be deducted	H2 of previous year - $0.25 \times F$ of previous year			
H2	Reported stock on January 1st	Table 7.11.1	0	386,320	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		676,800	
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	$U / T$			

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	40.29 %		
B	Number of children to be vaccinated with the first dose	Table 4	230,762	92,984	137,778
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	692,286	278,950	413,336
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	726,901	292,898	434,003
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	12,292	4,953	7,339
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	217,224	87,529	129,695
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	522,000	210,335	311,665
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	536,090	216,012	320,078
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	5,743	2,315	3,428
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,763,316	710,510	1,052,806
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	24,017	9,678	14,339
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	32	13	19
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	104,036	41,921	62,115
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	$(N+O+P+Q+R+S)$	1,891,401	762,120	1,129,281
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	762,120		
V	Country co-financing % of GAVI supported proportion	$U / T$	40.29 %		

**Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 3)**

		Formula	2017		
			Total	Government	GAVI
A	Country co-finance	V	57.41 %		
B	Number of children to be vaccinated with the first dose	Table 4	238,028	136,650	101,378
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	714,084	409,948	304,136
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	749,789	430,446	319,343
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	178,794	102,644	76,150
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			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	928,800	533,214	395,586
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	982,166	563,851	418,315
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	10,217	5,866	4,351
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	3,087,332	1,772,403	1,314,929
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	44,002	25,262	18,740
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	56	33	23
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	185,240	106,345	78,895
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	$(N+O+P+Q+R+S)$	3,316,630	1,904,040	1,412,590
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	1,904,040		
V	Country co-financing % of GAVI supported proportion	$U / T$	57.41 %		

**Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 4)**

		Formula	2018		
			Total	Government	GAVI
A	Country co-finance	V	75.35 %		
B	Number of children to be vaccinated with the first dose	Table 4	245,522	185,006	60,516
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	736,566	555,016	181,550
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	773,395	582,767	190,628
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	184,423	138,966	45,457
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			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	959,400	722,925	236,475
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	1,013,088	763,380	249,708
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	10,554	7,953	2,601
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	3,137,238	2,363,965	773,273
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	45,387	34,200	11,187
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	58	44	14
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	191,372	144,203	47,169
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	$(N+O+P+Q+R+S)$	3,374,055	2,542,410	831,645
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	2,542,410		
V	Country co-financing % of GAVI supported proportion	$U / T$	75.35 %		



## 8. Health Systems Strengthening Support (HSS)

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.



## 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

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

Papua New Guinea 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

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

Papua New Guinea 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

NA

# 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
<b>Summary of income received during 2014</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 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2014</b> (balance carried forward to 2015)	<b>60,139,325</b>	<b>125,523</b>

\* 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
<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 2014</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.

### 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
<b>Summary of income received during 2014</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 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2014</b> (balance carried forward to 2015)	<b>60,139,325</b>	<b>125,523</b>

\* 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
<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 2014</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.

## 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
<b>Summary of income received during 2014</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 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2014 (balance carried forward to 2015)</b>	<b>60,139,325</b>	<b>125,523</b>









\* 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
<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 2014</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. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	<a href="#">Signature from Secretary &amp; Financial Delegation.pdf</a> <b>File desc:</b> <b>Date/time :</b> 08/05/2015 04:30:11 <b>Size:</b> 435 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	<a href="#">Signature from Secretary &amp; Financial Delegation.pdf</a> <b>File desc:</b> <b>Date/time :</b> 08/05/2015 04:30:33 <b>Size:</b> 435 KB
3	Signatures of members of ICC	2.2	✓	<a href="#">ICC Signature APR 2014.pdf</a> <b>File desc:</b> <b>Date/time :</b> 13/05/2015 12:20:04 <b>Size:</b> 492 KB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✓	<a href="#">150506 - ICC Meeting Minute 2-2015.pdf</a> <b>File desc:</b> <b>Date/time :</b> 08/05/2015 04:25:49 <b>Size:</b> 603 KB
5	Signatures of members of HSCC	2.3	✓	<a href="#">ICC Signature APR 2014.pdf</a> <b>File desc:</b> <b>Date/time :</b> 13/05/2015 12:22:45 <b>Size:</b> 492 KB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	<a href="#">150506 - ICC Meeting Minute 2-2015.pdf</a> <b>File desc:</b> <b>Date/time :</b> 13/05/2015 12:24:55 <b>Size:</b> 603 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	✗	<a href="#">HSIP Trust Account.pdf</a> <b>File desc:</b> <b>Date/time :</b> 08/05/2015 04:26:38 <b>Size:</b> 244 KB
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3	✗	<a href="#">HSIP Trust Account.pdf</a> <b>File desc:</b> <b>Date/time :</b> 08/05/2015 04:26:38 <b>Size:</b> 244 KB
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		<a href="#">Letter on GAVI Cofinancing for 2014.pdf</a> <b>File desc:</b> <b>Date/time :</b> 13/05/2015 12:27:42 <b>Size:</b> 232 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		<a href="#">HSIP Trust Account.pdf</a> <b>File desc:</b> <b>Date/time :</b> 13/05/2015 12:26:03 <b>Size:</b> 244 KB
12	Latest EVSM/VMA/EVM report	7.5		<a href="#">EVM PNG Report 21.10.2011-Sec Signed.pdf</a> <b>File desc:</b> Country will conduct another EVM in May 2015. <b>Date/time :</b> 05/05/2015 03:56:42 <b>Size:</b> 862 KB
13	Latest EVSM/VMA/EVM improvement plan	7.5		<a href="#">EVM PNG AMS IP D1 08062011.doc</a> <b>File desc:</b> <b>Date/time :</b> 05/05/2015 03:58:50 <b>Size:</b> 165 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5		<a href="#">EVM Final Report and presentation-VER 1.0 HAILU.zip</a> <b>File desc:</b> <b>Date/time :</b> 05/05/2015 04:03:12 <b>Size:</b> 1 MB
16	Valid cMYP if requesting extension of support	7.8		<a href="#">PNG cMYP 2011-2015_Rev_01 08 2010.pdf</a> <b>File desc:</b> cMYP 2016-2020 will be developed in Nov 2015 with technical support from WHO. <b>Date/time :</b> 05/05/2015 04:03:12 <b>Size:</b> 754 KB
17	Valid cMYP costing tool if requesting extension of support	7.8		<a href="#">PNG cMYP 2011-2015_Rev_01 08 2010.pdf</a> <b>File desc:</b> Refer Page 35-48 <b>Date/time :</b> 05/05/2015 04:04:50 <b>Size:</b> 754 KB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8		<a href="#">150506 - ICC Meeting Minute 2-2015.pdf</a> <b>File desc:</b> <b>Date/time :</b> 13/05/2015 12:48:43 <b>Size:</b> 603 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	✓	<a href="#">HSIP Trust Account.pdf</a> <b>File desc:</b> <b>Date/time :</b> 08/05/2015 04:27:31 <b>Size:</b> 244 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	✓	<a href="#">HSIP Trust Account.pdf</a> <b>File desc:</b> <b>Date/time :</b> 13/05/2015 12:49:32 <b>Size:</b> 244 KB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3	✓	<a href="#">HSIP Trust Account.pdf</a> <b>File desc:</b> <b>Date/time :</b> 08/05/2015 04:28:04 <b>Size:</b> 244 KB
22	HSS Health Sector review report	8.9.3	✓	<a href="#">GAVI_HSS_WorkPlan_PNG.xlsx</a> <b>File desc:</b> <b>Date/time :</b> 13/05/2015 12:50:57 <b>Size:</b> 289 KB
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	✗	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4	✗	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	✓	<a href="#">HSIP Trust Account.pdf</a> <b>File desc:</b> <b>Date/time :</b> 13/05/2015 12:28:21 <b>Size:</b> 244 KB
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	✗	No file loaded

28	Justification for changes in target population	5.1	X	No file loaded
	Other		X	No file loaded

