



Section 1 Pentavalent programme

Papua New Guinea VACCINE SUPPORT

This Decision Letter sets out the Programme Terms of a Programme.

1. Country: Papua New Guinea				
2. Grant Number: 0915-PNG-04a-X				
3. Date of Decision Letter: 21 October 2013				
4. Date of the Partnership Framework Agreement: 30 August 2013				
5. Programme Title: New Vaccine Support				
6. Vaccine type: Pentavalent				
7. Requested product presentation and formulation of vaccine: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID				
8. Programme Duration¹: 2009-2015				
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):				
	2009-2013	2014	2015	Total ²
Programme Budget (US\$)	US\$7,656,612 ³	US\$1,409,000	US\$1,126,000	US\$10,191,612
10. Vaccine Introduction Grant: Not applicable				

¹ This is the entire duration of the programme.

² This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.

³ This is the consolidated amount for all previous years.

11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):⁴

The Annual Amount for 2014 has been amended.

Type of supplies to be purchased with GAVI funds in each year	2009-2013	2014
Number of Pentavalent vaccines doses ⁵	-	667,700
Number of AD syringes	-	707,000
Number of re-constitution syringes	-	-
Number of safety boxes	-	7,850
Annual Amounts (US	US\$7,656,612 ⁵	US\$1,409,000

12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.

13. Self-procurement: Not applicable.

14. Co-financing obligations: Reference code: 0915-PNG-04a-X-C According to the Co-Financing Policy, the Country falls within the intermediate income group. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.

Type of supplies to be purchased with Country funds in each year	2014	2015
Number of vaccine doses	110,700	106,800
Number of AD syringes	117,200	-
Number of re-constitution syringes	-	-
Number of safety boxes	1,325	-
Value of vaccine doses (US\$)	US\$215,587	-
Total Co-Financing Payments (US\$) (including freight)	US\$233,500	US\$225,000

15. Operational support for campaigns: Not applicable

16. Additional documents to be delivered for future disbursements: Annual Progress Report 2013 must be provided by 15 May 2014.

17. Financial Clarifications: Not Applicable

18. Other conditions: Not applicable

Signed by,

On behalf of the GAVI Alliance



Hind Khatib-Othman

Managing Director, Country Programmes

21 October 2013

⁴ This is the amount that GAVI has approved.

⁵ This is the consolidated amount for all previously approved years.

Type of report: Annual Progress Report

Country: PNG

Reporting period: 2012

Date reviewed: July 2013

1. Background Information

Surviving Infants (2012): JRF: 205,886

DTP3 coverage (2012):

- JRF Official Country Estimate: 63
- WHO/UNICEF Estimate: 63

Table 1. NVS and INS Support

NVS and INS support	Approval Period
DTP-Hib	2007-2008
DTP-HepB-Hib	2009-2015
PCV	2013-2015

Table 2. Cash Support

Cash support	Approval Period
ISS 1	2006-2012
HSS	2013-2017

2. Composition and Functioning of Inter-agency Coordinating Committee (ICC) / Health Sector Coordinating Committee (HSCC)



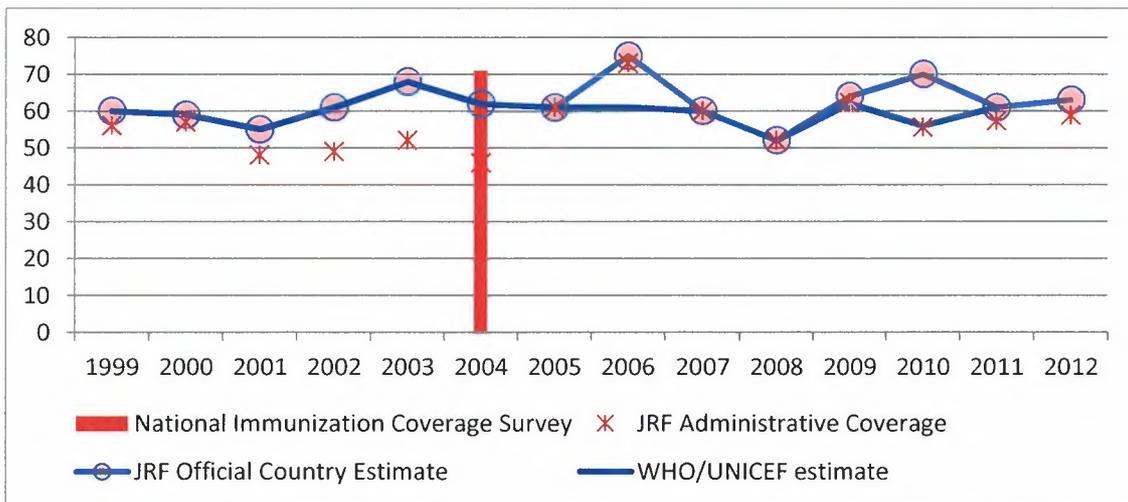
The ICC met 3 times in 2012. It includes several partners – EPI Manager, NDOH, UNICEF, Paediatric Society, WHO, Christian Health Services, UPNG, NHSS, AusAID, JICA, Burnet Institute. The committee discussed several issues such as the APR, the TT campaign, PCV introduction, the EPI Review, and GAVI eligibility. It has two CSOs – Christian Health Services and Burnet Institute.

The HSCC exists but there was no HSS in 2012.

3. Programme and Data Management

The program faced several challenges in 2012 and coverage has remained at 63% (59% in the APR). There was a reduction in outreach sessions as movement of field staffs in the districts were influenced by political environment in 2012.

The APR says that the last demographic health survey in Papua New Guinea was conducted in 2006 (but its result is not shown in the WHO-UNICEF estimates, rather a 2004 National Immunization Coverage Survey). Small geographical area based "Rapid Convenience Survey" is being conducted in the country since 2011 but those could not be generalized to the country estimate. The coverage figures from these surveys indicated that the reported coverage figures from the districts and provinces is an under-reporting. A data quality assessment is planned in 2013 to evaluate the quality, timeliness and completeness of the record and validation of the doses administered in the field.





Gender and Equity Analysis

The APR says that no sex disaggregated data are available, but that gender of children is not an issue and that in future data will be collected on this. It goes on to say that geo-topographical factors are an issue in accessing vaccinations and that outreach to isolated areas is planned to address this.

4. Immunisation Services Support (ISS)

PNG was eligible for an ISS reward, but did not immunize more children than the previous high so no reward was earned.

5. New and under-utilised Vaccines Support (NVS)

Pentavalent Vaccine

There was a delay in a shipment (decision to identify alternate manufacturer), but the deficit was taken care of by stocks received late in the year of 2011 and the lower coverage in the country.

The 2012 performance with DTP3 (penta) shows a 59% coverage rate (v. target of 75%), a 39% DTP1 to 3 drop-out rate, and 0% wastage. The proposed 2014 target for DTP3 (penta) is very ambitious (85% coverage) (a 59% increase in the number of children vaccinated compared to 2012), 6% drop-out rate, and 5% wastage. These need to be adjusted. No information on new vaccine introduction grant.

PCV13

The requirements for 2013 and 2014 PCV introduction have been communicated to the country and the country is preparing for it. GAVI has just sent the introduction grant to the country.

Comment on Cold Chain Capacity or Issues:

The last EVM was in May 2011 and the next one is scheduled in December 2014. It showed adequate cold chain, but weaknesses in practices and management of handling of vaccines. Some changes in the plan to address the weaknesses cited in the EVM concerning the inventory system, training, and indent forms are mentioned in the APR but a comprehensive progress report is not in the APR package. Another EVM is planned for 2014.



The EVM improvement plan indicated that only some of the recommendations had been implemented: at the national level, 47% has been fully implemented, 24% partially and 29% not at all. At the provincial and state levels, 55% has been fully implemented, 25% partially, and 20% was not started.

6. Vaccine Co-financing, Financial Sustainability and Financial Management

Papua New Guinea is in the intermediate co-financing group. It started voluntarily co-financing pentavalent vaccine in 2009 and is **voluntarily co-financing higher amounts than the minimum required**. It is also paying for its traditional vaccines, personnel and operational costs.

No outstanding TAP issues. The FMA is in process.

7. Injection Safety Support (INS) and Adverse Events Following Immunisation Systems

PNG has an injection safety policy. Waste disposal takes place in incinerators in tertiary and secondary facilities at the national level but in health centres, they are buried/burnt. The issue encountered in injection safety disposal is the availability of incinerators in all districts health facilities.

Surveillance for rotavirus and pneumococcus is being conducted at two hospitals in PNG. They have a national AEFI expert review committee.

8. Health Systems Strengthening (HSS)

PNG did not have HSS in 2012. They have applied for HSS and were given approval with clarifications. The clarifications are in process.

No plan for HSS for 2014 was in the APR.

9. Civil Society Organization Type A/Type B (CSO)

NA

10. Risks and mitigating factors

Insufficient outreach and staffing to implement program

11. Summary of 2012 APR Review



The program has relatively low coverage and states that it is having problems with slow disbursement of funding, insufficient staffing, and not enough outreach sessions. More detail on the problems of access and equity to services is needed to better understand the low coverage rates. It is good to consider adding more CSO representation to the ICC. The surveillance being done at Port Moresby General Hospital seems to be producing useful results. It would be good to do another coverage survey soon, since the last one was in 2004 according to WHO.

PNG did not mention the PCV vaccine in the APR but has been approved for it and has been sent the introduction grant for it.

12. IRC Review Recommendations

- **ISS**

No rewards earned

- **NVS**

Approve 2014 NVS support for pentavalent vaccines, with the target adjusted in accordance of GAVI rules, subject to satisfactory clarifications

- **HSS**

NA

13. Clarification Required with Approved Funding

The target for penta for 2014 should be revisited since it is much higher than achievement in 2012 and also need to adjust drop-out and wastage rates as per GAVI rules.