Internal Appraisal 2014

Democratic People's Republic of Korea

1. Brief Description of the Process

A desk review was made by the technical reviewer of the 2013 APR and other documents shared by the CRO, and a telephone conversation together with a continuous dialogue to resolve information gaps was held. The draft Internal Appraisal was then circulated for comments both internally and to partners at HQ, regional and country level.

This Internal Appraisal assesses DPRK's request for approval of Pentavalent vaccine funding for 2015 in the amount of US$ 1,202,500. Pentavalent was introduced in 2012. It also contains an update on the final activities programmed with the 2008-2012 US$ 4.6 million HSS Grant, whose last tranche has already been disbursed.

Please note that DPRK applied in its 2013 APR for Measles Second Dose funding for 2015. However, the maximum length of support for MSD is 5 years, which DPRK has already received in 2008-12. The country has therefore been notified that it is not eligible for further MSD funding.

2. Achievements and Constraints

DPR Korea has made substantial gains in immunization coverage in the last decade, with a steady improvement in coverage. DTP3 rate increased from 68% to >95% between 2003 and 2012. The country now has a high-performing national immunization programme, with no districts reporting DTP3 coverage less than 80%.

For 2013, there continues to be greater than 98% coverage reported for all antigens, except for DTP-HepB-Hib, which is 93.6%. (please refer to Section 6 below on a possible denominator data quality issue). WHO/UNICEF estimates polio coverage to be 99%.

The absence of neo natal tetanus cases in the country in recent years, 97% of deliveries by trained health staff and 98% TT2 coverage indicates that the country has likely maintained maternal and neonatal elimination status.

MCVI coverage had an 80% baseline coverage (JRF 2007), which increased to 99% in 2013 (JRF 2013). More than 98% coverage of 2 doses of measles and 99% coverage in the measles catch-up campaign in 2007 indicate that the country has met the goal of measles elimination.

For 2013, DTP-HepB-Hib dropout rate was 0% against a target of 1%, and wastage rate was 5% against a target of 3%. Wastage target is being reduced from 1.03 in 2013 to 1.01 in 2014. There are no gender coverage discrepancies.

Other achievements in 2013 are the successful submission of the GAVI HSS II 2014-18 proposal for US$ 26 million, the development of the Mid-Level Manager training module, AEFI surveillance training and a large cold chain procurement.

A 'Bottleneck analysis workshop' for the 5 geographically inaccessible north-eastern provinces where DTP-HepB-Hib coverage is less than the national average of 88% found challenges such as a lack of specific micro plans, the lack of cold chain facilities at the RI (commune) levels, reporting gaps in information systems, and frequent turnover of immunisation staff. The recently approved HSS Grant addresses all these issues and was commended for its thoroughness by the February 2014 IRC.

3. Governance

ICC minutes for meetings on 13 March and 12 September 2013 are submitted, as well as for the meeting on 21 May 2014, when the ICC and HSCC met to endorse the APR submission. The meeting was chaired by the Vice Director of the Department of External Affairs MoPH and was attended by the national EPI Manager, the Chief of the Department of Planning MoPH, Central Hygiene and Anti-epidemic Institute, the NIPHA, WHO and UNICEF. The meeting also discussed data quality, specifically that the 2013 denominators may require amending, depending

on the final report submitted by the Central Bureau of Statistics. There was no CSO participation. There is no record of beneficiary feedback.

Other issues discussed by the ICC during the year were:

- GAVI Partnership Framework Agreement discussed, signed and endorsed by ICC members
- HSS funds review and reprogramming of activities for the period 2013-2014.
- Vaccine forecast, specifically the replacement of the TT to Td vaccine for pregnant women
- Discussion of the EVM Improvement Plan implementation status and overall EPI implementation and future plans.

4. Programme Management

There is an annual EPI action plan which is costed, budgeted and reviewed by the ICC. Activities are reprogrammed where necessary, depending on past performance and weaknesses identified.

Management of the Grant is efficient. The EPI Manager and sub-national counterparts are responsible for implementation, monitoring and reporting in cooperation with a Ministry technical expert team known as the GAVI team. WHO works closely with the Department of External Affairs, MoPH and national programme managers on deliverables. Monitoring is by the Health Sector Management Committee, with WHO and UNICEF. The technical and financial reports are submitted to WHO for review and feedback to the Ministry.

5. Programme Delivery

Most of the activities from the October 2011 EVM improvement plan are on-going and being implemented to schedule. Major advances since 2011 are the rehabilitation and replacement of cold chain equipment, repair and maintenance of buildings and the acquisition of delivery vehicles at central and provincial levels. Only 130 solar refrigerators were able to be procured in 2013 for RI hospitals. Equipping all RI hospitals with solar refrigerators is on-going.

There is sufficient cold chain capacity for IPV introduction, planned for early 2015. Further cold chain procurement is included in the 2014 plan and in the new HSS grant application. Under- or overstocking has not occurred.

There were no introduction campaigns in 2013. Pentavalent vaccine was introduced in July 2012, following intensive preparatory activities. The introduction went to plan and within the first six months of introduction, coverage reached as high as 97.5%, with no reported AEFIs.

6. Data Quality

The Country has no discrepancy between admin data and WUENIC, has medium (2 star) grade of confidence (GoC) on DTP3 WUENIC estimates in 2012. The number of births reported in the APR is consistent with the WHO/UNICEF Joint Reporting Form for 2013, while the ‘Baseline and Annual Targets’ numbers are also consistent with the cMYP. The JRF figures may require updating by the Central Bureau of Statistics and any data changes will be shared with GAVI. This issue was brought up at the May 2014 ICC meeting.

The last available survey cohort was for 2007. A coverage evaluation survey for EPI is planned for mid-2014, during which immunization data will also be disaggregated in order to monitor trends in sex disaggregated coverage. During 2014, the EPI reporting form will be revised due to the IPV introduction and the new vaccines envisaged to be introduced in the future. The computerised nationwide EPI information system will continue in a phased manner with an expected completion date of 2015.

7. Global Polio Eradication Initiative, if relevant

The last case of wild polio virus was detected in 1996 and surveillance system remains highly sensitive. DPR Korea has been certified along with other 10 South East Asia members states as polio free. The IPV application was recommended for approval by the June 14, for introduction in late 2014/early 2015.

8. Health System Strengthening

HSS Funds are channelled through WHO (programme implementation) and UNICEF (procurement). The country partners work in close collaboration with the government. The 2008-12 HSS grant's final disbursement occurred in early 2014. An End of Grant Assessment is scheduled for October 2014.

Implementation shows impressive achievements against targets in 2013. Performance indicators are reported against, and most show a 100% improvement from a zero baseline, including: '% counties managed by trained health managers', '% counties utilizing integrated VPD surveillance', '% counties with 90% functioning cold chain', and '% of counties achieving >80% DPT3 coverage'. Remaining activities will be completed by late 2014, for which there remains US$ 1.1 million dollars unspent. DPRK will notify GAVI Secretariat when these funds have been expended, so that the Grant can be classified as closed.

Quarterly HSS program reviews were initiated in 2013. This has proven useful for fine tuning of programme implementation.

No major grant implementation problems were reported, apart from delays due to tightening of UN Security Council sanctions during the past two years. This has caused major disruptions in banking functions affecting all UN Agencies including UNICEF and WHO, resulting in a funding shortage for activities which require local payments (training, local procurement, local travel).

The issues identified in the 2013 EPI 'Bottleneck analysis workshop' in provinces with DTP-HepB-Hib coverage of less than 88% are well addressed in the new HSS proposal for US$ 26 million, which was approved by GAVI in May 2014. The proposal includes the strengthening of the following: cold chain at RI hospital level, health management information system, logistics management information systems, communication for development and community IMC and financial management systems.

No CSOs were involved in the implementation of the HSS grant. Provincial and county level health bureau and People's Health Committee are involved in the implementation of sub-national activities.

9. Use of non-HSS Cash Grants from GAVI

The country did not have GAVI ISS funds or NVIG funds for the reporting period.

10. Financial Management

HSS funds are managed by WHO and UNICEF and project activities are implemented by Ministry of Public Health using standard WHO implementation modalities as per the agreements between WHO and GAVI and between UNICEF and GAVI. The PFA was signed in June 2013. No FMA has been conducted as the funds are going through UNICEF and WHO. No financial management issues are reported in the APR.

The country has been requested to explain a difference of US$ 39,152 between the closing balance in the 2013 APR (US$ 593,676) and the sum of the closing balances of the 2013 financial statements from WHO (US$ 631,854) and UNICEF (US$ 974).

11. NVS Targets

As mentioned above, the country has a high-performing immunization programme, so its continuing ambitious targets for vaccine coverage, drop out and wastage rates are probably attainable. For DTP-HepB-Hib single dose vial, target was 96.5% for 2013, and is 99% in 2014 and 97% in 2015. There was a slight dip in 2013 Penta coverage to 93%, and the MoPH is currently analysing the reasons for this. Given that coverage of all other antigens including OPV3, MCV1 are around 99%, the target of 99% for Penta in 2014 remains realistic.

Immunization Decision support will draft the dose calculations for 2015 for all NVS programs using the approved targets (numbers of infants & wastage). The number of doses to be allocated (and planned for shipment) for 2015 for the programmes pentavalent are based on the approved targets (2015) as well reported opening stocks (Jan 2014), shipment plan (2014) and target closing stocks (2015). For others programmes, a stock analysis is carried out to determine the right level of stock to be deducted from 2015 allocation. Syringes and safety box calculations are derived from dose calculation. All this is done in consultation with the Vaccine Programme Manager and (if there are any significant changes) the country, and are signed off by the CRO or Head.

12. EPI Financing and Sustainability

DPRK remains under UN sanctions and requires international support for life saving health interventions including vaccines. All routine vaccines and devices will be procured with financial support from UNICEF for 2014 and 2015. The country has indicated that it is planning to mobilize funds from other sources/donors for supporting co-financing for any new vaccines in future (PCV and Rota).

13. Renewal Recommendations

Topic	Recommendation
NVS	Approve funding for Pentavalent vaccine for 2015, with no change of presentation. US$ 1,202,500

14. Other Recommended Actions

Topic	Action Point	Responsible	Timeline