

Joint Appraisal Update report 2018

Country	DPR Korea
Full JA or JA update	<input type="checkbox"/> full JA <input checked="" type="checkbox"/> JA update
Date and location of Joint Appraisal meeting	10-12 July 2018 - Pyongyang
Participants / affiliation¹	Samuel Muller (Gavi Senior Country Manager), Wijesinghe Pushpa (WHO), M. Tariq Iqbal (UNICEF), Ministry of Public Health. The JA update has been conducted in conjunction with national / international EPI / VPD surveillance review.
Reporting period	July 2017 – June 2018
Fiscal period²	January – December
Comprehensive Multi Year Plan (cMYP) duration	2016-2020
Gavi transition / co-financing group	Initial self-financing

1. RENEWAL AND EXTENSION REQUESTS

Renewal requests were submitted on the country portal

Vaccine (NVS) renewal request (by 15 May)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
HSS renewal request	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
CCEOP renewal request	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>

Observations on vaccine request

Population					
Birth cohort	362,670				
Vaccine	Pentavalent	IPV	MR
Population in the target age cohort	355,670	355,670	355,670		
Target population to be vaccinated (first dose)	355,670	355,670	355,670		
Target population to be vaccinated (last dose)	355,670		355,670		
Implied coverage rate	Administrative	Administrative	Administrative		
Last available WUENIC coverage rate	98%	0			
Last available admin coverage rate	98%	0			
Wastage rate	5%	15%	*25%		
Buffer	25%	25%	25%		
Stock reported (as of June 30, 2018)	224,200	0	0**		

The programme has adopted the birth cohort estimated for 2018 and surviving infants for the three antigens (Penta, IPV and MR). The coverage rates have been quoted from WUENIC estimates 2017. There has been no vaccine stock out during the reporting period except IPV due to global availability issues. The vaccine stocks have been available for vaccination services according to the plans with accordingly consumption.

The programme has reintroduced IPV into routine in May 2018 and has plans to cover the two missed cohorts for IPV in 2019 subject to the availability of required vaccine stocks using routine immunisation. UNICEF supply division is yet to indicate the time frame for the supply of IPV stocks.

¹ If taking too much space, the list of participants may also be provided as an annex.

² If the country reporting period deviates from the fiscal period, please provide a short explanation.

* The programme applies a wastage rate of 25% for MR, however, due to system limitations in the MR application process, the figure of 10% was selected.

** the country has applied for MR, however the measles stocks in the central medical warehouse are 940,200.

Indicative interest to introduce new vaccines or request Health System Strengthening support from Gavi in the future³

Indicative interest to introduce new vaccines or request HSS support from Gavi	Programme	Expected application year	Expected introduction year
	NUVI (MR)	2018	2019
	HSS3/PSR	2019	2020

2. RECENT CHANGES IN COUNTRY CONTEXT AND POTENTIAL RISKS FOR NEXT YEAR

The JA update does not include this section.

3. PERFORMANCE OF THE IMMUNISATION PROGRAMME

The JA update does not include this section.

The programme suggest to refer to the recently concluded joint national/International EPI/VPD surveillance review report for the details regarding the immunisation performance, challenges and way forward.

3.4. Immunisation financing

The DPRK immunisation programme has developed national health financing framework and medium-term and annual immunisation operational plans and budgets. The non-Gavi vaccines are currently supported by UNICEF. The country finances the operations and service delivery costs. The country has expressed intention for introduction of MR vaccine with financing the measles component with domestic financing. There have been no defaults in the last three years.

4. PERFORMANCE OF GAVI SUPPORT

4.1. Performance of vaccine support

The programme is on track in terms of progress in the implementation of the activity plans following the grant performance framework. All the planned targets have been achieved or in progress according to the plans. The risks to the implementation are related to the UN sanctions, availability of in-country cash and delayed customs clearances of the supplies at the borders.

The country has submitted the application for supporting the introduction of MR vaccine and has updated the country's measles and rubella 5-year plan (e.g. future dates of MR intro, MCV2 intro, follow-up campaigns, etc.). The situation analysis of MR till 2018, the surveillance, AEFI and other strategies have been extensively discussed and narrated in the 5-year NSP.

The MR vaccine introduction plan including the SIA plan has already been developed and uploaded on the Gavi Country Portal. Similarly, the associated technical assistance requirements and plans have also been discussed in the 5 years MR plan and other documents.

The recently concluded joint national/international EPI/VPD surveillance review recommends strengthening the VPD surveillance with special focus on planned new vaccines in cMYP 2016-2020 (rotavirus, PCV and JE), disease burden studies and cost-benefit analysis meeting global standards for informed future decision making. The programme would need technical collaboration with global centres of excellence and WHO global networks in these areas.

³ Providing this information does not constitute any obligation for either the country or Gavi, it merely serves for information purposes.

4.2. Performance of Gavi HSS support (if country is receiving Gavi HSS support)

Objectives	
Objectives of the HSS grant (as per the HSS proposals or PSR)	Objective 1 - Service Delivery Objective 2 - Cold Chain and Vaccine Management Objective 3 - Demand for Immunisation Objective 4 - Improved Management including Surveillance, DQS and AEFI Systems Objective 5 - Project Management, Resource Mobilisation and Governance
Priority geographies / population groups or constraints to C&E addressed by the objective	The programme has nationwide coverage with equity in coverage and inputs. The CES 2017 and the detailed analysis of administrative data down to the lowest levels shows equitable coverage against all antigens with less than 1% variance in inter-provincial coverage as well as no significant gender or rural/urban variance. The data analysis for the immunisation variables in recently concluded MICS survey is in progress that can further validate the findings in relation to coverage and equity.
% activities conducted / budget utilisation	WHO – the cumulative utilization of fund for Year 1-3 is 90% UNICEF – the cumulative utilization of fund for Year 1-3 is 99%
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	The agreed planned activities have been implemented. There has been a revision of the work-plan for the years 4 and 5 based on the situation analysis including PIE (IPV and Pentavalent), CES 2017, Gavi HSS review and Regional Verification Commission for Measles Elimination (RVC) mission. The catch-up campaigns, considering more than 95% homogenous coverage (JRF, Administrative data analysis) and activities related to financial management information system and joint annual review have been deleted as the financial management follows the WHO and UNICEF financial and audit systems. There have been some delays in the activities related to off-shore procurement due to UN sanctions and some activities requiring availability of in-country cash due to closure of banking channels. Both WHO and UNICEF are expediting the alternate solutions for making the in-country cash available for local activities like capacity building and printing as well as obtaining the exemption certificate from sanctions committee for the import of the off-shore supplies (CCE etc.). Objective 1 - Service Delivery: <ul style="list-style-type: none"> • The micro-planning activity was completed as planned in 2017 • The outreach was conducted in 2017, however, the analysis of CES 2017 and other data sets guided the programme to review and remove further catch-up campaigns, refocusing on the further strengthening of fixed site service delivery. This allowed reprogramming the funds to other areas needing more focus. • WHO and UNICEF jointly conducted the ToT based on “Immunisation in Practice” modules for improving the quality of service delivery. Objective 2 - Cold Chain and Vaccine Management: <ul style="list-style-type: none"> • 100% of the county medical warehouses have been equipped with SDDs responding to the grid electricity issues. • SDDs for the Ri Hospitals for enhancing the reach of the programme with quality vaccines is in progress as planned. • National Waste Management plan and guidelines have been developed. Objective 3 - Demand for Immunisation: <ul style="list-style-type: none"> • There are no issues related to vaccine demand.

	<ul style="list-style-type: none"> • However, to respond to vaccine hesitancy, the IMNCI protocol and guidelines have been developed and printed in collaboration with MoPH, WHO, UNICEF and UNFPA. • A cohort of Master Trainers on these IMNCI guidelines and protocols has been developed for cascade training and future sustainability. • The revised IMNCI guidelines and protocol have been used by WHO and UNFPA to further expand the IMNCI beyond the 50 Gavi supported counties using alternate funds. <p>Objective 4 - Improved Management including Surveillance, DQS and AEFI Systems:</p> <ul style="list-style-type: none"> • The country applied for Gavi support for introduction of MR vaccine and developed NSP 2018-2022, situation analysis, national plan for routine introduction and SIA plans and guidelines. • The country shifted from accelerated control phase to elimination level surveillance standards. • The country, for the first time, reported AEFI cases conforming to the global standards. • Internal DQA was completed and the report has been uploaded to Gavi Country Portal. <p>Objective 5 - Project Management, Resource Mobilization and Governance:</p> <ul style="list-style-type: none"> • The HSS grant is implemented by WHO and UNICEF using their financial systems acceptable to Gavi. Therefore, the activities related to FMIS development and procurement of related supplies were reviewed and removed from the plan. • This will allow reprogramming the funds to other areas needing more focus. • Gavi HSS1 and HSS2 (Mid-term) review for the period 2007-2017 have been conducted and report uploaded in the Gavi Country Portal. The findings and recommendations informed decision making by the Gavi secretariat and partners (WHO, UNICEF and MoPH).
<p>Major activities planned for upcoming period (mention significant changes / budget reallocations and associated needs for technical assistance)¹¹</p>	<p>The changes mentioned above, based on the situation analysis and current needs, have been incorporated into the revised HSS2 budget.</p> <p>Based on the findings and discussions during the International EPI review and JA update, the need for technical assistance, especially in relation to MR introduction has been agreed and will be funded through the next tranche of PBF.</p> <p>The technical support will focus on the areas of implementation of the operation plan, logistic management, development of tools, rapid convenience monitoring of the SIAs activities through international monitors, post campaign coverage survey and PIE.</p>

4.3. Performance of Gavi CCEOP support (if country is receiving Gavi CCEOP support)

Not Applicable

4.4. Financial management performance

Financial utilisation is on track despite sanctions and banking issues. The financial reporting and other requirements are in conformation to grant requirements. The half yearly and annual certified reports are shared by both WHO and UNICEF headquarters regularly. The HSS review report provided additional information on all other areas.

In brief:

WHO – The cumulative utilization of fund for Years 1-3 is 90%
 UNICEF – The cumulative utilization of fund for Years 1-3 is 99%

4.5. Transition planning (if applicable, e.g. country is in accelerated transition phase)

Not Applicable

4.6. Technical Assistance (TA)

WHO and UNICEF technical staff are providing the day to day technical assistance to the programme in all the programme related areas including vaccine and cold chain management, VPD and AEFI surveillance, data management, supportive supervision, monitoring and evaluation. With the partner support, the programme has successfully achieved and maintained vaccination coverage and equity in immunisation. Additionally, the partners have provided technical support for the introduction of new vaccines (pentavalent, IPV and MR), for polio end game strategy (tOPV-bOPV switch, lab containment and IPV introduction) and Measles elimination and Rubella control (MR introduction and surveillance). The TA plan has been successfully implemented, as planned. There are no challenges associated with the TA plans for the remaining year.

As noted above, required technical assistance for planned MR campaign and routine introduction will be proposed for funding through the PBF.

The recent EPI/VPD surveillance review identified a need for further technical assistance to address the key recommendations to be funded through a combination of PEF TCA and PBF as follows:

- Strengthening the VPD surveillance with special focus on planned new vaccines in cMYP 2016-2020 (rotavirus, PCV and JE)
- Disease burden studies and cost-benefit analysis meeting global standards for informed future decision making on new vaccines
- Cold chain deployment plan and cold chain repair and maintenance plans conforming to the global standards and best practices
- Hepatitis-B sero-prevalence survey to confirm that the programme reached the globally agreed control targets and goals
- Independent / third party data quality assessment

The programme would need technical collaboration with global centres of excellence and WHO global networks in these areas for products meeting global standards. Further technical support may be identified based on global and regional recommendations (ITAG, SAGE).

5. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised actions from previous Joint Appraisal	Current status
1. Need for conducting an external data quality assessment, preparation of a data quality improvement plan and implementation	The external hybrid data quality assessment has been planned with National Institute of Public Health Administration (NIPHA) for Q4 of 2018.
1. DPRK is yet to introduce MR vaccine to the national schedule	Application for Gavi support for introduction of MR vaccine has been developed and submitted in the May 2018 window.
2. Problems related to funds transfers to DPRK	The issue remains unresolved currently but is being addressed by the UN country team.
3. Non-availability of home-based vaccine/health records	The programme is in discussion to finalise the home based integrated child health card / booklet.
4. Dry storage capacity building	The activity has been planned through PBF tranche 2.
5. NRA/NCL Strengthening	External mission for NRA/NCL assessment, bench marking and institutional development plan has been planned for Q4 of 2018.
6. EVM assessment	The activity has been planned for Q1 of 2019.
7. Cold room temperature mapping	The activity has been planned for Q1 of 2019 along with the EVM assessment.

8. Impact of Hepatitis B vaccination (birth dose and Penta 1,2, 3)	The sero-prevalence survey has been agreed with the government and the methodology and protocol in development to be implemented in Q4 of 2018.
Additional significant IRC / HLRP recommendations (if applicable)	Current status
Nil	

All the findings are still valid, undertaken or planned for future, as mentioned in the table above.

6. ACTION PLAN: SUMMARY OF FINDINGS, ACTIONS AND RESOURCE/SUPPORT NEEDS IDENTIFIED AND AGREED DURING THE JOINT APPRAISAL

Overview of key activities planned for the next year:

The programme, with the support of the partners has already achieved very high equitable coverage.

There is strong need to shift the focus to quality aspects of the programme and look for the opportunities to integrate immunisation with other maternal and child health interventions ensuring that the every child is born in the safest possible environment.

The programme has identified the activities related to quality improvement that are documented in the revised HSS budget, PBF, MR introduction plan of action and PEF TCA submission for 2019 support.

Key finding / Action 1	Based on the observations of the recently concluded EPI/VPD surveillance review, in addition to the internal data quality assessments already in place, there is a dire need for preparing data quality improvement plan.
Current response	MoPH is conducting an internal data quality assessment and is preparing for an external data quality assessment through the National Institute for Public Health Administration (NIPHA).
Agreed country actions	To develop a data quality improvement plan in light of observations / recommendations of external data assessment.
Expected outputs / results	Data quality improvement plan consistent with Gavi and global standards and requirements.
Associated timeline	Q2 of 2019
Required resources / support	Distant technical support from the partners (WHO and UNICEF ROs and HQs) and financial resources.
Key finding / Action 2	There are continuing developments globally in different areas of the immunisation programme. The different surveys/evaluations conducted in the recent past highlight the importance of capacity building initiatives in the country bringing the EPI related workforce on par with the global standards. DPRK would significantly benefit from an international (residential) MLM training.
Current response	The programme is already implementing the capacity building activities for different tiers of the EPI programme, however, the MLM would further improve the quality and outcome of the existing capacity building activities.
Agreed country actions	To implement an international (resident) MLM training utilising international facilitators/experts.
Expected outputs / results	International (resident) MLM training utilising international facilitators/experts resulting in development of a pool of master training who could undertake the cascade training for the lower levels.
Associated timeline	Q3-4 of 2019
Required resources / support	International facilitators, resource material, financial resources.
Key finding / Action 3	The recently concluded EPI/VPD surveillance review identified some gaps at different levels of supply chain and recommended for the development of a formal CCE Deployment Plan ensuring efficiency, economy and sustainability.

Current response	Though the country has a bi-annually updated CCE inventory, there is no formal CCE deployment plan or repair and maintenance plan.
Agreed country actions	To develop CCE deployment plan and repair and maintenance plan conforming to the global standards and best practices prioritising the deployment levels and equipment selection.
Expected outputs / results	CCE deployment plan and repair and maintenance plan.
Associated timeline	By Q2 of 2019
Required resources / support	Technical support and financial resources.
Key finding / Action 4	In the context of DPRK progressing towards control, elimination and eradication of VPDs especially in the areas of Poliomyelitis, neonatal tetanus, Hepatitis-B and Measles & Rubella, the need for strengthening the field epidemiological capacity of the staff at national, provincial and county level HAES through a field epidemiology training programme (FETP) has been highlighted in the recently concluded EPI/VPD review.
Current response	Though the MOPH conducts in service training for the staff, there is no dedicated regular FETP.
Agreed country actions	To implement a FETP on par with the global standards.
Expected outputs / results	An FETP resulting in enhancement of the epidemiological capacity of the staff to timely analyse local epidemiological data and mount an effective local response.
Associated timeline	Q3-Q4 of 2019
Required resources / support	Technical support from Global and Regional FETP resource centres for module development (for tailoring in the DPRK context and adoption), partner support (WHO and UNICEF HQ and RO), financial support.
Key finding / Action 5	The last EVMA was conducted in 2015 with Gavi support which necessitates a follow-up assessment after three years to identify gaps in the light of emerging needs and changing context.
Current response	The immunisation programme has been following up the recommendations of the last EVMA. The vast majority of the implementations has already been implemented.
Agreed country actions	MoPH to undertake an EVMA with support from WHO and UNICEF.
Expected outputs / results	A new EVMA and implementation plan, identifying priority areas for improvement.
Associated timeline	Q1 of 2019
Required resources / support	International technical consultant, partner support (WHO and UNICEF), financial support.
Key finding / Action 5	The field visits during the recent EPI/VPD surveillance review further confirmed the need to improve the emergency obstetric and neonatal care (EmONC) / integrated management of pregnancy and childbirth (IMPAC) already identified in “Needs and Priorities - 2018” document jointly developed by the UN agencies in DPRK. This provides an opportunity to demonstrate the integration of immunisation into broader maternal and child health interventions. There is an opportunity here with minimal Gavi investment to scale the currently limited geographical implementation by WHO and UNICEF to a national level.
Current response	The partners (WHO, UNICEF, UNFPA and MoPH) have very recently reviewed / revised the EmONC guidelines in the context of DPRK and supporting implementation in few health facilities presently.
Agreed country actions	MoPH is committed to provide the EmONC/IMPAC services in the country and proposes the use of Gavi HSS funding for nationwide to ensure the healthiest possible start to life for every Korean child – an immunised mother, a safe delivery and a fully immunised neonate.
Expected outputs / results	National scale of EmONC/IMPAC.
Associated timeline	Q1-2 of 2019
Required resources / support	Funding from Gavi HSS additional allocation.

7. JOINT APPRAISAL PROCESS, ENDORSEMENT BY THE NATIONAL COORDINATION FORUM (ICC, HSCC OR EQUIVALENT) AND ADDITIONAL COMMENTS

The MoPH, WHO and UNICEF jointly prepared the Joint Appraisal with the remote assistance of Gavi Senior Country Manager. The report was shared with the ICC members for review and feedback. The ICC meeting was held on 11 July 2018 and the members shared their feedback. The comments shared by the ICC members were incorporated into the report. The quorum was full and the report was unanimously agreed for submission to Gavi.

8. ANNEX: Compliance with Gavi reporting requirements

	Yes	No	Not applicable
Grant Performance Framework (GPF) * reporting against all due indicators	✓		
Financial Reports *			
Periodic financial reports			✓
Annual financial statement	✓		
Annual financial audit report			✓
End of year stock level report (which is normally provided by 15 May as part of the vaccine renewal request) *	✓		
Campaign reports *			
Supplementary Immunisation Activity technical report			✓
Campaign coverage survey report			✓
Immunisation financing and expenditure information			
Data quality and survey reporting			
Annual data quality desk review	✓		
Data improvement plan (DIP)	✓		
Progress report on data improvement plan implementation			MOPH lacks comprehensive, standard DQIP; will be major activity in 2018.
In-depth data assessment (conducted in the last five years)		✓	
Nationally representative coverage survey (conducted in the last five years)	✓		
Annual progress update on the Effective Vaccine Management (EVM) improvement plan	✓		
CCEOP: updated CCE inventory	✓		
Post Introduction Evaluation (PIE)	✓		
Measles & rubella situation analysis and 5 year plan	✓		
Operational plan for the immunisation programme	✓		
HSS end of grant evaluation report	✓		
HPV specific reports			✓
Reporting by partners on TCA and PEF functions	✓		