

**Joint appraisal report**

<b>Country</b>	Papua New Guinea
<b>Reporting period</b>	<i>January 2014 – December 2014</i>
<b>cMYP period</b>	<i>2011 - 2015</i>
<b>Fiscal period</b>	<i>January- December 2014</i>
<b>Graduation date</b>	<i>2021</i>

**1. EXECUTIVE SUMMARY**

**1.1. Gavi grant portfolio overview**

The Expanded Program on Immunization (EPI) in PNG began in 1977 with vaccines against six diseases—Diphtheria, Pertussis, Tetanus, Measles, Polio and Tuberculosis. The program was expanded later with the introduction of Hepatitis B vaccine in 1989. Even though the country was certified polio-free in 2000, the immunization service delivery systems are struggling to maintain adequate coverage levels for different antigens included in the schedule due to several issues identified in previous EPI reviews: poor systematic outreach, poor community demand, poor transport and communication systems. According to JRF report 2014, the official coverage estimates for different antigens are as follows - BCG 81%, Hep B 31%, Measles 65%, OPV 53%, Penta 3<sup>rd</sup> dose 62%.

All coverage estimates indicate a decrease in coverage in 2014 compared to previous years. Using WHO UNICEF estimates, DTP3 coverage has dropped 6% (68% in 2013 to 62% in 2014) and MCV1 coverage has dropped 5% (70% in 2013 to 65% in 2014). The coverage trend is depicted in the graph below. In 2014, only 20% of districts in PNG reported over 80% coverage. This again represents a reduction from 2013 (31% of districts in the country reporting coverage over 80%).

PCV roll out has been slowed by the recent nationwide measles outbreak, and currently covers only 5 provinces.

Gavi supports PNG for :

- Immunisation Strengthening Support (ISS),
- USD 187,000 for Measles 2nd dose, USD 187,000 for Measles Rubella as VIG and USD 1953,000 as operational cost for MR totalling USD 2,327,000 for introduction of new vaccine. Funding had been used for the introduction of new vaccine and for flexible ISS funds for overall strengthening of routine immunization program. The ISS funds will be used to address some of these barriers as identified in the cMYP to optimize performance of the immunization delivery systems.

HSS support of \$3,072,923 over 5 years, to PNG was recommended for approval by the IRC in April 2013, and first tranche of \$565,747 was disbursed in June 2014. The second tranche of \$538,197 was disbursed in June 2015. PNG has not provided a detailed HSS programmatic reporting, as absorption in 2014 was less than 10%. The grant is supporting 134 health centres (out of total 800) in 15 districts.

- The HSS support of USD 565,724 for reaching Millennium Development Goals 4, 5 and 6 targets in Papua New Guinea by 2015 by supporting the implementation of the activities of National Health Plan 2011-2020 and the Comprehensive Multi-Year Plan of the National Immunization Program 2011-2015. The Gavi HSS grant supports outreach / patrol teams in delivering of integrated EPI MNCH services and majority of the funds are budgeted for transport/fuel and per diems of the outreach teams.
- It was decided by MoH and ICC that the HSS funds would be better utilised if reallocated to support implementation of Special Integrated Routine EPI Strengthen Program (SIREP), support and supervision to the sub national level, biannual EPI coordination meeting and capacity building of the EPI staff, technical training for the health workers on immunization & vaccine management, procurement and fixation of cold chain equipment, data quality and management at the sub national level.
- The Graduation assessment recommended increasing cash support to address crucial health system issues. Given that the priorities are also changing for the current HSS grant (with a balance of 6 million) the recommendation is for PNG to submit a new application for 5 years reflecting both the reprogramming of the balance of HSS2 (\$1,969,069) and the 6 million graduation grant.

**1.2. Summary of grant performance, challenges and key recommendations**

**Grant performance** (programmatic and financial management of NVS and HSS grants)

Achievements with GAVI funds:

- Printing and distribution of temperature log books and vaccine order forms
- EPI & Disease surveillance review & Consultation meeting
- Cold Chain improvement
  - Purchase of two container chillers
  - Service repair of three walk in chillers

Challenges:

- Massive Measles out breaks in the entire provinces disrupted the training of health workers which slowed down the roll out of PCV13
- Shortage of trained human resources in EPI section did not allow coverage of all country training in a short span of time
- Vaccine rumors and misconception in the community contributed to the lack of confidence among health workers
- Low public demand of immunization coupled with inadequate knowledge of health workers
- Irregular and inadequate outreach services due to problematic management, finance, transport and security situation
- Population denominator issues
- Communication gap (internet access )
- Old cold chain equipment- and service repair of non-functional fridges

**Key recommended actions to achieve sustained coverage and equity**

- EPI program has employed a strategy, ‘Special Integrated Routine EPI Strengthening Program’ (SIREP). This is an opportunity to reach every health facility that will provide health workers with information and assist them to do village population based micro plan. This plan will be implemented on a quarterly basis to catch the target population instead of the previous monthly one which was based on client load and geography. This will give the health workers an opportunity to maximize the use of limited resources and adequately cover the entire catchment area as well as improve child registration by using child health registers to track drop outs and provide health education to people. This provides a mixed mode of implementation which is comprehensive, predictable and well-managed and integrated with the outreach services for remote populations. It is realistically costed and adequately sourced within the context of RED-REC strategy. The drive aims to improve chronic low-levels of coverage of routine vaccines while introducing Measles-Rubella (MR) and IPV vaccines. Likewise, it provides an opportunity to introduce PCV13 to the remaining provinces that have not commenced PCV13 vaccination. Preparatory work, including staff training, planning and dry-run has been conducted.
- Strengthening monitoring, supervision and evaluation- Promoting the use of data from National Health Information Systems to inform program management and implementation. Review of population data at all levels (national, provincial, district, health facility, clinic sites and or communities) and standardization of reporting forms including the compulsory use of mother and child’s health registries.
- Capacity building of health staff through an established health facility based training on basic EPI, cold chain hardware maintenance/repair and leadership training including regular “on-site” supportive supervision, mentoring and coaching
- Strengthening of the cold chain system and effective vaccine management to ensure quality vaccines are available at all times in all health facilities.
- Political commitment to the EPI should be demonstrated and funding readily accessible at all levels with focal points of responsibility for the outcomes and quality of the programme (including injection safety, vaccine stock management, cold chain, etc).

**1.3. Requests to Gavi’s High Level Review Panel**

**Grant Renewals**

**New and underused vaccine support**

- DTP-HepB-Hib, 1 dose(s) per vial, LIQUID, Penta - 784,977 doses\* USD 2.25/dose = USD 1,766,198
- Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID - 784,977 doses\* USD 3.3/dose= USD 2,606,924
- MR, 10 dose vial, LYOPHYLISED- 1061700 doses\* 0.06/dose= USD 63,702
- IPV, 5 dose vials, LIQUID -276,723 doses\* USD 1.9/dose= USD 525,773

**Health systems strengthening support**

The changes in decentralization policy and awarding budget to districts through the political route has implications for the provinces and districts, which are struggling to provide matching budget for operational costs, staff salaries, incentives and recurrent costs. This policy change also impacts future capital investments like cold chain system etc.

The country is recommended to submit a new HSS proposal of \$7,969,069 (\$6 million + \$1,969,069) for a 5 year period, with phase one reflecting reprogrammed funds and phase 2 reflecting the graduation grant.

The country, therefore, plans to apply for a new HSS proposal as part of the graduation grant of 6 million USD to support SIREP activities in the following areas in addition to reprogramming of current HSS grant-

- Support, advocacy and demand generation for routine EPI
- Support hands-on routine EPI training for health workers at district health facilities
- Cold chain hardware training for health workers
- Support MCH accountability framework, a GIS based monitoring tool for EPI interventions and surveillance activities.
- Design, printing and distribution of IEC materials
- EPI surveillance consultation & review meeting at the provincial level
- Capacity building for EPI Program officers through short term or long term national & International training
- Recruitment of EPI officers in provinces, as relevant
- Support to maintain and improve Cold Chain system
- Strengthen National Health Information system by updating and standardization of MCH/EPI reporting forms, review of population data at all levels and improve mechanisms for reporting and feedback
- Procurement of Cold Chain equipment, computer, printer, internet dongle for the priority provinces

#### **1.4. Brief description of joint appraisal process**

Due to the preparation and implementation of SIREP Plus program and introduction of 2 new vaccines (MR & IPV) in Papua New Guinea, the RWG has decided to conduct desk based review and compilation of joint appraisal for 2014. Face to face discussions with GAVI, National Department of Health, WHO, & UNICEF was done at the initial phase. Based on that discussion, a draft report was prepared by the National Department of Health of PNG with inputs from WHO & UNICEF country & regional office. The draft was then circulated among the ICC members to accommodate their comments. Finally, the Joint Appraisal Report for 2014 was endorsed by ICC members during the regular meeting. ICC meeting minutes and signature of the ICC members are attached as an annex.

## 2. COUNTRY CONTEXT

### 2.1. Comment on the key contextual factors that directly affect the performance of Gavi grants.

#### Irregular Economic Growth

In the last 15 years, the country's economic growth has been very irregular, showing a decreasing negative growth until 2002 and a sudden very high increase the next year. Since then, the country's annual GNI growth has ranged from 4% in 2005 (change from 2005 to 2006) to 27% (in 2006 and 2011), with a decrease to 9% in 2012 to 2013. WB has not provided 2014 GNI (see figure below). In 2013, the WB released the 2012 GNI figures, which showed a GNI of USD 1,860 crossing Gavi's eligibility threshold of USD 1,550.

PNG's economic growth is likely to decrease by the end of this year and in near future due to the following factors and resulting in budget cuts for health:

- Fall in commodity prices affecting exports, current drought/El nino affecting agriculture output,
- closure of Ok Tedi and Tolukuma Mines and other industries,
- the foreign exchange cap of \$50,000 on purchase of commodities (likely to affect payment of co-financing and procurement of vaccines),
- and the changes in decentralization policy and awarding budget to districts through the political route

Please refer to [Annex 1](#) for more background on PNG's health sector.

## 3. GRANT PERFORMANCE, CHALLENGES AND RENEWAL REQUESTS

### 3.1. New and underused vaccine support

#### 3.1.1. Grant performance and challenges

The immunization coverage in Papua New Guinea has shown little improvement over past years. The DTP3 coverage has fallen due to fewer outreach sessions conducted by the Health Centres as a result of frequent policy changes in political and administrative decentralisation, holding back of financial and resource distribution and low manpower capacity to support routine activities. Reaching children through outreach and mobile services is an essential element to achieve good immunization coverage. The SIREP & SIREP Plus strategy will address the bottlenecks leading to low coverage.

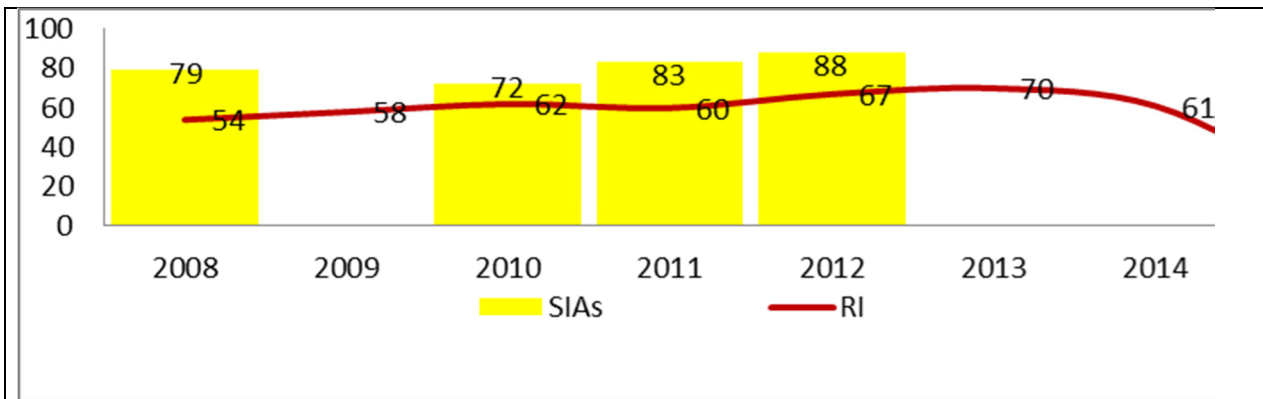


Fig: Routine EPI and SIAs coverage of Measles in PNG, 2008 – 2014 (administrative data)

The Routine Immunization programme has prioritized the districts and provinces for enhanced support based upon the penta-3 coverage, surveillance and SIA performance indicators. Supportive supervision by the National and Provincial Health Officers holds the key to improved immunization services in the provinces and districts/health centres. The identified districts/provinces will be visited by National/Provincial staffs to support outreach activities. As these supervisory visits to districts have decreased over the years. The major challenge during the fiscal year was the global shortage of measles and OPV vaccines, during the outbreak period, which also contributed to the low coverage.

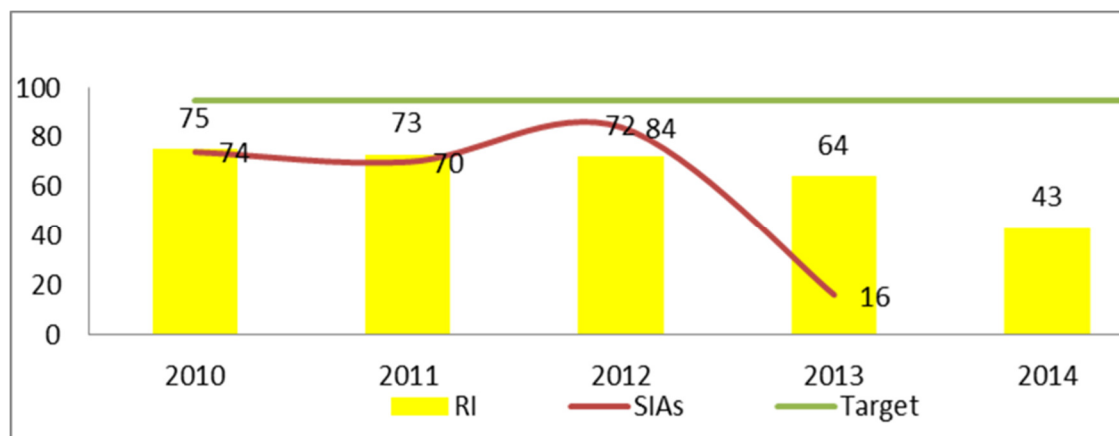


Fig: OPV3 Coverage (%) from 2010 – 2014 in PNG

Challenges that caused delay in roll out of PCV in the whole country are:

- Massive Measles out breaks in entire provinces disturbed the training of health workers
- Shortage of trained human capital in EPI and low manpower capacity to roll out training in a short span of time in the entire country
- Lack of training of health workers in the districts and health facilities
- Rumors and misconceptions regarding new vaccines in the community
- Population denominator issues
- Old cold chain equipment and service/repair of nonfunctional fridges

As highlighted in the APR, there were stock-outs of both measles vaccine (months September / October 2014) and BCG (October-December 2014) which contributed to lower coverage of

these vaccines and the delay in the outbreak response during the measles outbreak.

The APR also highlighted issues with data quality and particularly population denominators. This has been identified as a key priority area going forward (see recommended actions above) with work planned to review population data at all levels (national, provincial, district, health facility, clinic sites and or communities) and to standardise reporting forms including the compulsory use of mother and child's health registries.

Drop-out rates continue to be very high in PNG. There was a 25% drop-out rate reported for Penta3 to Penta1 in 2014 (30% drop-out reported in 2013). This is again likely due to weak systems and infrequent outreach sessions.

### 3.1.2. NVS renewal request / Future plans and priorities

The country requests an extension of GAVI support for the years 2016 to 2020 for the following vaccines DTP-HepB-Hib (1 dose per vial), MR 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> dose (10 doses per vial), Pneumococcal 13 (1 dose per vial), and IPV (5 doses per vial).

The proposed target for the newly requested vaccines for the next implementation period (2016)-

- DTP-HepB-Hib, 1 dose(s) per vial, LIQUID, Penta - 784,977 doses\* USD 2.25/dose = USD 1,766,198
- Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID - 784,977 doses\* USD 3.3/dose= USD 2,606,924
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- IPV, 5 dose vials, LIQUID -276,723 doses\* USD 1.9/dose= USD 525,773

The country has decided that Measles doses at 6 months and 9 months will be replaced by MR vaccine with an additional dose of MR vaccine at the age of 18 months. The country is planning to change the age of fully immunized children from 12 months to 24 months.

The country is also planning to improve routine EPI coverage under Special Integrated Routine EPI Strengthening Program (SIREP) and SIREP Plus (Introduction of 2 new vaccines in the routine EPI, MR & IPV, under SIREP). In a resource limited setting like PNG, the SIREP & SIREP plus strategy would be a possible way to improve the EPI coverage hence need to address the following priority areas in 2015 & 2016.

- Advocacy, Planning and technical workshop at the provincial level to ensure bottom up planning based on the injection and work load at the static, mobile and outreach clinics under each health facility.
- Finalize the denominators based on the 2011 census population, house to house survey and updating of Child health registers.
- Sensitize the Provincial and District Administration about the importance of EPI program and mobilize resources.
- Develop cMYP 2016-2020
- Update of National EPI Policy and Health Worker's manual

- EVM assessment and completion of cold chain inventory of the country.
- Advocacy with the Development partners and Government policy makers to mobilize resources to revive the cold chain system of the country.
- Develop capacity of the National and Provincial key people on Data quality Assessment and management.
- Capacity development at the national and provincial level on Vaccine stock management
- Develop a training pool at the national and provincial level to train the vaccinators and health workers at the health facility level.
- Develop and print IEC materials to create public awareness.
- Social mobilization at the community level to increase vaccine demand
- Ensure regular supervision and monitoring from the National I to provincial level, from province to Districts, and districts to health facilities and aid posts.

### **3.2. Health systems strengthening (HSS) support**

#### **3.2.1. Grant performance and challenges**

The HSS proposal was reviewed and recommended for approval by with IRC in April 2013, and the first tranche was disbursed in June 2014. There was a delay in HSS grant utilization due to delayed receipt of funds from GAVI and delay in creating budget lines at the National Department of Health, and developing implementation guidelines. However, some activities were carried out at the end of 2014 to support. These are outlined in Section 1.3 above.

While preparing this report, the country has been using the 1<sup>st</sup> & 2<sup>nd</sup> tranche of GAVI HSS grant to strengthen the supervision and monitoring at the sub national level, organize advocacy and planning meeting at the national & provincial level to implement the SIREP strategy, print IEC materials for vaccinators, training of national monitors to support the province about the preparation and implementation of SIREP strategy.

#### **3.2.2. Strategic focus of HSS grant**

The Special Integrated Routine EPI strengthening Program (SIREP) & SIREP plus is a strategy to strengthen and improve immunization coverage. The mix mode strategy of traditional PNG EPI Routine MCH outreach activity, the RED-RED strategy and the SIA has been employed to maximize the use of limited manpower, funding and other logistic resources. The strategy will also address the village level microplanning based on the injection load in the health facility catchment area, supportive supervision, social mobilization and community engagement to enhance routine activities. The plan replaces monthly coverage of the catchment area with a three-monthly one. Supportive supervision and monitoring will play an important role in advocacy to the leader and manager who are now in a position to make resource allocation decisions for routine activities. HSS funds are able to be integrated to support SIREP activities, especially in the hard to reach provinces and districts. The priority activities have been



identified and mentioned under 3.1.2. The HSS grant is being reallocated to cover the thematic areas below-

- Development of human resources for health in challenging provinces;
- Strengthening service delivery capacity to provide good basic health care services; and
- Strengthening management capacity in response to the needs for health sector reform and development.

### **3.2.3. Request for a new tranche, no-cost extension, re-allocation or reprogramming of HSS funding / Future HSS application plans**

PNG's economic growth is likely to decrease by the end of this year and onwards due to;

- Fall in commodity prices affecting exports, current drought/El nino weather affecting agriculture, closure of Ok Tedi and Tolukuma Mines and other industries which will reduce the export commodities and revenue.
- As a result the government had made a cut to health budget as well.
- The crisis facing foreign exchange cap of \$50,000 on purchase of commodities from outside is likely to impact on payment of co-financing and procurement of vaccines.
- The changes in decentralization policy and awarding budget to districts through the political route has implications in the provinces and districts struggling providing matching budget for operational costs, staff salaries, incentives and recurrent costs.
- This policy changes has implications on capital investments like cold chain system in future as well.

Therefore, the new tranche of HSS funds is requested to support SIREP activities and reprogramming may be required.

### **3.3. Graduation plan implementation**

As a follow-up to the graduation assessment which was carried out in 2014, Gavi has agreed in principle to provide additional support of \$US 6 million to PNG to ensure a smooth transition out of Gavi support by 2018. PNG was recommended to submit a new HSS proposal as per the principles outlined below:

- Proposal to be harmonized and aligned with other donor support for immunisation at the sub national level
- Integrated approach to health systems strengthening including elements of graduation support as outlined in the assessment, with technical assistance strongly linked to immunization outcomes
- Focus on coverage and equity to increase immunization coverage and reach the unreached population
- Expanded Partnership approach to help support implementation at sub national level in remote rural areas
- Design to include baseline and end line surveys in order to measure results

- Given that this is a graduation grant, it is paramount to have commitment from the Ministry to sustain the costs of proposed interventions on conclusion of Gavi support.
- Consider merging the balance funds from HSS 1 (undisbursed tranches) with the new proposal. This will increase the overall envelope to \$US6 million + the balance from previously approved HSS grant.
- The graduation plan and application will be prepared and submitted with the technical support from GAVI, WHO & UNICEF.

### 3.4. Financial management of all cash grants

The Health Ministry and National Department of Health finances are governed by Public finance management act and its compliance necessitates maintaining and sending a chart of accounts for every program including EPI to the Health Sector Improvement Program account that monitors all external support funds. Financial procedures apply for funding appropriation, acquittals and audit processes and all programs provide financial statements to ICC and management. There is an internal and external audit practice and currently, a qualified external audit report is available.

### 3.5. Recommended actions

Actions	Responsibility	Timeline	Potential financial resources needed and source(s) of funding
• Supervision & Monitoring	NDOH, WHO, UNICEF	Q3 2015- Q4 2017	USD 500,000
• Update National EPI Policy	NDOH, WHO, UNICEF	Q1-Q4, 2016	USD 40,000
• Update Manual for Health Workers on EPI	NDOH, WHO, UNICEF	Q1-Q2, 2015	USD 40,000
• Review of EPI Training Manual and development of training/teaching materials	NDOH, WHO, UNICEF	2016 & 2017	USD 350,000
• Advocacy, Planning and technical workshop at the provincial level	NDOH, PHA, WHO, UNICEF, DFAT	2016 & 2017	USD 880,000
• Data Management and Data Quality Analysis	NDOH, WHO, UNICEF	2016 & 2017	USD 160,000

<ul style="list-style-type: none"> <li>EVM assessment and completion of cold chain inventory of the country.</li> </ul>	NDOH, WHO, UNICEF	Q1-Q2, 2016	USD 60,000
<ul style="list-style-type: none"> <li>Capacity development of the Health workers and vaccinators at the national, provincial and district level on vaccines, cold chain &amp; logistics management</li> </ul>	NDOH, WHO, UNICEF, DFAT	2016 & 2017	USD 440,000
<ul style="list-style-type: none"> <li>Procure Cold chain equipment</li> </ul>	NDOH, GAVI, DFAT, WHO, UNICEF	2016 & 2017	USD 2,000,000
<ul style="list-style-type: none"> <li>Develop and implementation of Social Mobilization Policy and Plan for PNG</li> </ul>	NDOH, UNICEF, WHO	2016 & 2017	USD 500,000
<ul style="list-style-type: none"> <li>Switch from tOPV to bOPV</li> </ul>	NDOH, WHO, UNICEF, GAVI	2016	USD 1,000,000.
<ul style="list-style-type: none"> <li>Piloting of MCH accountability framework in 3 priority provinces in Papua New Guinea</li> </ul>	NDOH, WHO, UNICEF	2016-2017	USD 500,000

#### 4. TECHNICAL ASSISTANCE

##### 4.1 Current areas of activities and agency responsibilities

Based on the EPI review 2013 and National EPI Surveillance Consultative Workshop 2014, The National EPI Program of Papua New Guinea has set some priorities in 2015 and beyond:

- To roll out Special Integrated Routine EPI Strengthening Program (SIREP) to achieve high and equitable vaccination coverage
- Develop an implementation mechanism of Immunization programme performance standards for all levels (National, Provincial and District)
- The roles of NDoH and Provincial staff, including monitoring and supportive supervision, should be clearly defined for all levels based on the existing National Health Standards.
- Supportive linkages (programme and management) between national, provincial and district level to address the management disconnect.
- Introduction of 2 new vaccines (MR & IPV) in routine EPI under SIREP Plus.
- Revive cold chain system of the country
- Engagement and coordination with different stake holders at the national, provincial and District level
- Switch from tOPV to bOPV
- To improve performance of VPD surveillance, with priority given to AFP and measles/ rubella surveillance.
- Social mobilization to increase demand of vaccine and service provider's confidence on the immunization programme.

- Establish health facility level training (competency based training including basics of EPI, cold chain, vaccine stock management and microplanning).

NDOH also requests technical assistance in the following areas-

- Graduation Grant Application
- Monitoring of SIREP and SIREP Plus
- Review and update of National EPI Policy
- Review of EPI Training Manual and development of training/teaching materials
- Review and update of Health Workers User Manual
- Development of cMYP 2016-2020
- Developing a national Effective Vaccine Management (EVM) plan
- Post Introduction Vaccine Assessment for Penta, PCV13, MR & IPV

WHO and UNICEF will work together to assist the NDOH to address the priorities highlighted above with special focus on supervision and monitoring.

### WHO

In line with the GIVS and GVAP, WHO has been supporting the National EPI Program of Papua New Guinea in

- Strengthening routine immunization activity with special focus on low performing districts and hard to reach population.
- Supporting NDOH to implement RED-REC strategy.
- Strengthening VPDs' surveillance including case-based national surveillance for AFP and AFR, and sentinel surveillance for Japanese encephalitis, congenital rubella syndrome (CRS), Rota virus diarrhea, invasive bacterial meningitis and typhoid fever.
- Supporting the Central Public Health Laboratory for the testing & diagnosis of samples from the patients under the surveillance program.
- Supporting in outbreak investigation and response to measles (large outbreak in 2013-14) including measles SIA in 2010 & 2011, TT campaign in 2012 and SIREP Plus in 2015-16. Measles, TT SIA has been closely monitored by WHO and UNICEF joint team.
- Supporting NEPI to conduct EPI review with WHO/UNICEF/CDC team in 2012.

In the WHO biennium 2014-15, WHO supported the EPI program in the following areas-

- EPI & Surveillance Consultative meeting at the National level engaging the Provincial Health Advisers, EPI Focal persons, Disease control officers from all 22 provinces.
- Developing the National Strategy and Operation Guideline for Special Integrated Routine EPI Strengthen Program (SIREP)
- Advocacy & Planning meeting in 22 provinces on SIREP and SIREP Plus
- Supporting the Country the introduction of 2 new vaccines (MR& IPV) in the routine EPI program.
- Development and printing of IEC materials (4 posters, 5 Brochures for HWs and Community, Booklet for HWs on MR and Routine Immunization, T-shirts and Caps for vaccinators, Flags of EPI, Banners), tally sheets and reporting forms for SIREP Plus.

UNICEF has also engaged a consultant in this process.

- Engagement of the Prime Minister and senior officials from different govt. agencies and development partners for the official launch of MR & IPV vaccine.
- Deployment of National and International External Monitors to support the provinces for the preparation and implementation of SIREP Plus
- Development of the National Operational Guideline for the management of AEFI.
- Birth Dose assessment Survey of Hep-B in PNG.
- Sero prevalence survey of HepB in PNG
- Report of national certification committee (NCC) for polio eradication
- National surveillance report on AFP, AFR, and sentinel surveillance report of JE, rota, bacterial meningitis and CRS
- Data quality and management training in 10 provinces
- Regional Surveillance workshop to strengthen the VPD surveillance network engaging 22 provincial referral hospitals.

### **UNICEF**

UNICEF has been strategically focusing on essential elements of routine immunization. In the past 2 years, its support has included capacity building in immunization supply chain management and microplanning; gaining deeper understanding of immunization inequities; and accelerating progress towards MNTE by reaching the hardest-to-reach population, including

- Conducting training workshops on cold chain and vaccine management, province by province, in seven provinces in the first phase;
- Providing direct guidance and facilitating quality microplanning during the preparation for SIREP Plus in seven provinces;
- Leading and funding TT mop-ups in 18 provinces where low coverage has been registered for TT round 2 and 3, aiming to overcome the last mile of MNTE, with immunization of 470,000 women of child bearing age.
- Conducting in-depth equity analysis and in the process of developing and testing intensified strategies to reach hard-to-reach communities and populations. UNICEF aims to demonstrate best practices for intensifying RI and achieving high coverage. The on-going equity work will guide the next steps in all 6 UNICEF's supported provinces (low performing provinces) and also guide the expansion to the rest of the provinces in the country. The equity analysis will provide better insights to the recent SIREP initiative launched through the MR SIA and boost RI in PNG during the coming two years and beyond.
- Advocating for the replacement of old cold chain equipment resulting in the Prime Minister's commitment to provide necessary resources. Also successfully advocated with the NDOH for the procurement of non-GAVI vaccines and cold chain equipment through UNICEF Copenhagen for quality assurance. WHO & UNICEF have been working closely in this area.

## 4.2 Future needs

### **WHO:**

Based on the analysis and priority areas identified in the JA report, WHO will focus its support in the areas as detailed below in 2016 and beyond:

1. To secure the essential human resources to be built on the existing HR structure/staffing, to implement the activities and achieve the expected outcomes as highlighted in section 4.1.

Indicative budget: USD 700,000/Biennium

Modality: International staff P4 Position

Justification: Considering the small EPI team at the NDOH with lack of capacity in providing technical support to the provinces, the WHO EPI Officer has been playing a crucial role to fill the gaps and ensure technical assistance in coordination with WHO & UNICEF regional office and HQ staff. The successful implementation of the SIREP strategy, develop and implementation of the workplan under GAVI HSS grant, and switch from tOPV to bOPV will not be possible without WHO support. WHO Technical Officer for EPI provides day to day support to NDOH and the team works from the same office. At present, fund for P4 post is essential but is yet to be secured.

2. To assist in developing a national Effective Vaccine Management (EVM) plan; timely implement the EVM Improvement Plan and regularly monitor progress.

Indicative budget: USD 70,000

Justification: a cold chain replenishment plan is essential while the country is introducing 2 new vaccines. There are capacity gaps at subnational levels in understanding new/updated standards/systems (e.g. continuous temperature monitoring systems, new SOPs).

3. To support NDOH in developing Graduation Grant Application and HSS Renewal Application

Indicative Budget: USD 50,000

Justification: The graduation grant and HSS renewal application will be accommodating the SIREP strategy, procurement of vaccines and logistics during the GAVI graduation process, reviving the cold chain capacity of the country, Supervision and monitoring, recording and reporting system, capacity development of the health staff of low performing provinces and districts.

4. To provide technical support to the NDOH for updating National EPI Policy and Health Worker's user manuals

Indicative Budget: USD 80,000

Justification: The country EPI policy should be updated following the introduction of MR, IPV

and bOPV in the routine EPI program. The health workers manual needs to be updated to increase the confidence level of the HWs and vaccine demand in the community.

5. To support implementation of the Special Integrated Routine EPI Strengthening Program (SIREP) in the low performing provinces and districts in Papua New Guinea

Indicative budget: USD 2,500,000/year

Justification: analysis reveals that HR capacity gap is one of bottlenecks contributing to low coverage in hard-to-reach areas, thus capacity building is essential to empower the responsible staff at district and commune levels to properly develop and apply micro-plans, monitor progress and take timely corrective actions.

6. To support the EPI program at the national and sub national level to ensure data quality analysis and management.

Indicative budget: 80,000 USD per year

Justification: WHO CO support the NDOH Health Information System to update the database on key EPI indicators and new vaccines, to review population data at all levels (national, provincial, district, health facility, clinic sites and or communities), organize and facilitate DQA training for the EPI team at the sub national level

7. Develop and Implementation of National Switch plan from tOPV to bOPV

Indicative budget: 1,000,000 USD

**UNICEF:**

In 2016-2017, UNICEF will continue focusing on fixing basics, including implementing strategies to make immunization services accessible by the disadvantaged communities and improving cold chain and vaccine management.

Given great challenges in the country including limited local capacity, extensive support from international partners is highly demanded. However, due to serious funding shortage, UNICEF PNG could not afford an immunization staff in the past, which badly constrained UNICEF's capacity to support DOH.

1. Securing essential human resource in place to assist the NIP team on daily basis in improving routine immunization systems

Funding: USD 700,000/Biennium , for an international immunization post at P4 level

2. Improving coverage, by implementing a 'National Coverage and Equity Improvement Plan' (to be developed following in-depth equity analysis) and regularly monitoring progress.

Funding: USD 450,000 in 2016, USD 400,000 in 2017

Proposed activities: Capacity building at districts and Health centers, development of job aids materials, intensified supportive supervision, rapid coverage assessment, TA for tailoring or refining strategies; advocacy for financial investments on EPI at all levels.

Deliverables: achieve the milestones and timelines specified in the national Coverage and Equity Improvement Plan.

*3. Improving immunization supply chain management, through implementing a renewed Effective Vaccine Management Improvement Plan, following an EVM assessment scheduled in late 2015 or early 2016.*

Funding: USD 250,000 in 2016, USD 250,000 in 2017

Proposed activities: capacity building at districts and HCs, introduce new technology (e.g. continuous temperature monitoring devices), supportive supervision, regular programmatic reviews.

Deliverables: achieve the milestones and timelines specified in the renewed EVM Improvement Plan.

*4. Increase demand from the underserved communities, through developing, implementing and monitoring a targeted and intensified communication strategy.*

Funding: USD 150,000 in 2016; USD 200,000 in 2017

Activities: a. in 2016, TA conducting survey, developing and testing the strategy  
b. in 2017, capacity building, scaling up, supervision and assessment

Deliverables: a. in 2016: special communication strategy (2016) and assessment on small-scale implementation; b. improved communication skills of health workers and improved demand on immunization services in targeted districts.

## 5. ENDORSEMENT BY ICC, HSCC OR EQUIVALENT & ADDITIONAL COMMENTS

The joint appraisal is a multi- partnership review of the progress of the implementation of GAVI Supported Vaccines and funds. GoPNG, WHO, UNICEF does the review together and submits to ICC which is comprised of many other key stakeholders supporting EPI program. The ICC has endorsed and approved the report before submitting to GAVI. The ICC meeting minutes and attendance list are attached in the annex.



**6. ANNEXES**

*[Please include the following Annexes when submitting the report, and any others as necessary]*

- **Annex A. Key data** (this will be provided by the Gavi Secretariat)
- **Annex B. Status of implementation of the key actions from the last joint appraisal and any additional High Level Review Panel (HLRP) recommendations**

Key actions from the last appraisal or additional HLRP recommendations	Current status of implementation

- **Annex C. Description of joint appraisal process** (e.g. team composition, how information was gathered, how discussions were held)
- **Annex D. Further Background on PNG’s Health System**

In the health sector, the Rural Primary Health Services Delivery Project funded by the government of Australia and the Fund for International Development from OPEC has started work in constructing 32 new rural health posts aimed to strengthen the quality of primary health care in rural areas.

Other areas being addressed by development partners are health financing, procurement, capacity development and scholarships, skilled birth attendance, family planning and child health. Health is the largest programme funded by the Australian aid programme to PNG. It funds projects through three multilateral partners in PNG to leverage their experience and comparative advantage in improving health outcomes.

The World Health Organization provides technical support to the National Department of Health and supports routine and supplementary immunization campaigns to ensure that children in the most remote districts are vaccinated.

The World Bank does health financing analysis to ensure more funding is spent on rural health services, and contributes to the development of public-private partnerships in PNG.

The Asian Development Bank is contributing to a revamp of the National Health Information System and strengthening governance arrangements for delivery of health services in provinces, including through up-skilling the health workforce, and construction of new Community Health Posts.

- **Annex D. HSS grant overview**

<b>General information on the HSS grant</b>							
1.1 HSS grant approval date		April 2013					
1.2 Date of reprogramming approved by IRC, if any							
1.3 Total grant amount (US\$)		\$3,072,923					
1.4 Grant duration		5 years (as per proposal 2013-2017, but first disbursed in 2014, so likely to be 2014-2018)					
1.5 Implementation year		June 2014-June 2015					
<b>(US\$ in million)</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	
1.6 Grant approved as per Decision Letter	565,747	538,107	659,888	627,648	681,533		
1.7 Disbursement of tranches		565,747	538,107				
1.8 Annual expenditure		198,497					
1.9 Delays in implementation (yes/no), with reasons		Yes. There was a delay in HSS grant utilization due to delayed receipt of funds from GAVI and delay in creating budget lines at the National Department of Health, and developing implementation guidelines.					
<b>1.10 Previous HSS grants (duration and amount approved)</b>		<b>N/A</b>					
<b>1.11 List HSS grant objectives</b>							
<ul style="list-style-type: none"> <li>• To provide Immunization to women and children</li> <li>• To provide antenatal to pregnant mothers and postnatal care</li> <li>• To provide family planning services and referral for Tubal Ligation or Vasectomy</li> <li>• To monitor the Weight and Growth of children and treatment of illness, if any</li> <li>• To provide health education to the community including water supply, sanitation &amp; hygiene</li> </ul>							

**1.12 Amount and scope of reprogramming/ reallocation (if relevant)**

- **Annex E. ICC Meeting Minutes**

As PDF attachment