



*Global Alliance for Vaccines and Immunisation (GAVI)*

**COUNTRY PROPOSAL of  
DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA**

*For Support to:*

***Renewal of Immunization Services Support (ISS)***

**14 April, 2008**

Please return a signed copy of the document to:  
GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

Enquiries to: Dr Ivone Rizzo, [irizzo@gavialliance.org](mailto:irizzo@gavialliance.org) or representatives of a GAVI partner agency. All documents and attachments must be in English or French.

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## **Executive Summary:**

The Democratic People's Republic of Korea (DPRK) has benefited from GAVI Immunization Services Support (ISS) since 2004. So far, the country has received \$1,188,800 and is currently awaiting its first award money amounting to \$492,500. Immunization coverage of DPT3 has been consistently high for the last three years (2005: 78.7%; 2006: 88.9% and 2007:91.5%). Prior to GAVI ISS support, DPT3 coverage was the lowest among other antigens and it has been clearly observed that DPRK made significant progress in the area of DPT3 coverage. The GAVI ISS funds has been utilised for various types of awareness raising activities; training of the vaccinators, epidemiological surveillance, transportation, monitoring and evaluation which enabled this achievement. The unique collaboration between MoPH/UNICEF/WHO/GAVI also a contributing factor for this remarkable progress.

In July 2006, the tetra valent (combined DTP+HepB) vaccine was introduced nationwide. As a result, after a decade of stagnation, the coverage of DPT3+HepB rose to 88.9 % in 2006 and then 91.5% in 2007. An additional 89,273 children under one received DPT3 after the implementation of GAVI ISS funds in 2004 (baseline in 2003 was 296,000 Vs 2007 coverage 385,273).

Service Delivery Infrastructure for immunization in DPRK is unique. Immunization services are provided through more than 12,000 immunization posts, 7008 PHC units, 433 county level hospitals, 130 central and provincial level hospitals and specialized hospitals, and Hygienic and Anti-Epidemic Institutes. In fact, each and every village has a health clinic which offers immunization services for the children and women of that village.

The national EPI team has developed a five year strategic plan of EPI (2007-2011), which was submitted to GAVI on 2<sup>nd</sup> October 2006. This plan provides the framework on which activities should be planned to achieve the objectives of DPRK's goal of immunization within the coming five years, as well as the providing guidance for the introduction of new vaccines. Additional GAVI ISS funds to support the execution of the strategy would further benefit the intensified strategies needed to reach the additional children targeted in the national immunization programme.

The ICC discussed on this GAVI proposal on 17<sup>th</sup> April 2008 and agreed that the renewal of the ISS support by GAVI will greatly contribute to further strengthening the routine immunization programme in the country particularly to achieve and sustain high DPT3 coverage. Considering all these factors, National EPI has decided to request GAVI for the renewal of Immunization Services Support (ISS) covering the current comprehensive multi-year plan (2007-2011).

## **2. Signatures of the Government and National Coordinating Bodies Government & the Inter-Agency Coordinating Committee for Immunisation**

The Government of **DPR Korea** would like to expand the existing partnership with the GAVI Alliance for the improvement of the routine immunisation programme in the country, and specifically hereby requests for GAVI support for the renewal of Immunization Services Support (ISS) covering the current comprehensive multi-year plan.

The Government of **DRP Korea** commits itself to developing national immunisation services on a sustainable basis in accordance with the comprehensive Multi-Year Plan presented with this document. The Government requests that the GAVI Alliance and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application. Table N 4.1 of page 11 of this application shows the amount of support in cash that is required from the GAVI Alliance.

**Minister of Public Health:**

Signature: .....

Name: Prof. Dr. Choe Chang Sik

Date: 18 April, 2008

**Vice-Minister of Finance:**

Signature: .....

Name: Mr. Sin Pong Ryol

Date: 18 April, 2008

**National Coordinating Body - Inter-Agency Coordinating Committee for Immunisation:**

We the members of the ICC met on 17<sup>th</sup> of April, 2008 to review this proposal and endorsed this proposal on the basis of the supporting documentation which is attached.

- The endorsed minutes of this meeting are attached as DOCUMENT NUMBER - Three

<b>Name/Title</b>	<b>Agency / Organisation</b>	<b>Signature</b>
Dr. Ri Pong Hun Chairman	Vice Minister, Ministry of Public Health (MoPH)	
Dr. Pak Myong Su Member	Director, State Hygiene & Communicable Disease Control Board, MoPH	
Dr. Pak Jong Min Member	Director, Department of External Affairs, Ministry of Public Health	
Ms. Kim Yong Suk Member	Deputy Director Central Bureau of Statistics	
Mr. Han Kyu Sam, Member	Director, Department of External Affairs, Ministry of Education	
Dr. Ko Kwang Jin, Member	Vice-Director, Academy of Medical Science	
Dr. Cha Chol U Member	Vice- Director, Central Hygiene & Anti-Epidemic Institute	
Mr. O Myong Il Member	Vice Director of Dept. Ministry of Finance	
Dr. Jong Pong Ju Member	Focal Point for UNICEF & Cive-Director, Department of External Affairs, MoPH	
Dr. Jang To Gyong Member	Director, Department of Treatment and Prevention, MoPH	
Dr. Han Yong Sik Secretary	National EPI Manager, MoPH	
Dr. Tej Walia	Representative, WHO DPR Korea	
Mr. Gopalan Balagopal	Representative, UNICEF DPR Korea	

In case the GAVI Secretariat has queries on this submission, please contact:

Name: Dr. Jong Pong Ju

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*The GAVI Secretariat is unable to return documents and attachments to individual countries. Unless otherwise specified, documents may be shared with the GAVI partners and collaborators.*

### **The Inter-Agency Coordinating Committee for Immunisation**

Agencies and partners (including development partners) supporting immunisation services are co-ordinated and organised through an inter-agency coordinating mechanism (ICC). The ICC is responsible for coordinating and guiding the use of the GAVI ISS support. Please see the information about the ICC in our country in the spaces below.

#### **Profile of the ICC/HSCC**

Name of the ICC: Immunization Programme Coordinating Committee DPR Korea.

Date of constitution of the current ICC: 30<sup>th</sup> May 2006

Organisational structure (e.g., sub-committee, stand-alone): Subcommittee

Frequency of meetings: Quarterly meeting

Composition:

<b>Function</b>	<b>Title / Organization</b>	<b>Name</b>
Chair	Vice-Minister. Ministry of Public Health (MoPH)	Prof. Dr. Ri Pong Hun
Secretary	EPI Programme Manager, MoPH	Dr. Han Yong Sik
Members	<ul style="list-style-type: none"><li>• Director, Dept. State Hygiene &amp; Communicable Disease Control Board, MoPH</li><li>• Director, Department of External Affairs, MoPH</li><li>• Deputy Director, Central Bureau of Statistics</li><li>• Director, Ministry of Education</li><li>• Vice-Director, Academy of Medical Science</li><li>• Vice-Director, Central Hygiene and Anti-Epidemic Institute</li><li>• Vice-Director, Ministry of finance</li><li>• Focal Point for UNICEF, Department of External Affairs, MoPH</li><li>• Director, Department of Treatment and Prevention, MoPH</li><li>• Representative, WHO DPR Korea</li><li>• Representative, UNICEF DPR Korea</li></ul>	<ul style="list-style-type: none"><li>• Dr. Pak Myong Su</li><li>• Dr. Pak Jong Min</li><li>• Ms. Kim Yong Suk</li><li>• Mr. Han Kyu Sam</li><li>• Dr. Ko Kwang Jin</li><li>• Dr. Cha Chol U</li><li>• Mr. O Myong Il</li><li>• Dr. Jong Pong Ju</li><li>• Dr. Jang To Gyong</li><li>• Dr. Tej Walia</li><li>• Mr. Gopalan Balagopal</li></ul>

**Major functions and responsibilities of the ICC:**

- 1) Provide policy guidelines for immunization programme in the country and if found necessary review the guidelines periodically and make necessary modifications
- 2) Act as an advisory board to the Government on matters related to EPI including, self sufficiency in immunization programme, adequate national resource allocations, new developments and to acquire assistance for strengthening EPI.
- 3) Establish a forum for exchange of information and dialogue on global and national EPI status and coordination/elimination activities in the country
- 4) Ensure that partner agencies are provided necessary support for their activities to strengthening EPI and diseases eradication/elimination activities in the country.
- 5) Assist the Ministry of Public Health and partner agencies in identifying and developing support for new programme strategies when required
- 6) Mobilize resources for planned activities
- 7) Review the progress of EPI and advise Government on appropriate measures for achieving the targets
- 8) If necessary organize a sub committee/s for a specific EPI related activities, for in depth review and implementation
- 9) Assist in resource mobilization in supplementary immunization activities
- 10) Act as a liaison with regional and global institutions in issues related to immunization
- 11) Hold regular meetings

**Three major strategies to enhance the ICC's role and functions in the next 12 months:**

1. Ensure quarterly ICC meetings and circulating meeting minutes
2. Periodic review of the ICC's 2008 workplan
3. Strengthening provincial co-ordination through field visits

### 3. Immunisation Programme Data

Please complete the tables below, using data from available sources. Please identify the source of the data, and the date. Where possible use the most recent data, and attach the source document.

- Please refer to the Comprehensive Multi-Year Plan for Immunisation (or equivalent plan), and attach a complete copy (with an executive summary) as DOCUMENT NUMBER –Two.a
- Please refer to the two most recent annual WHO/UNICEF Joint Reporting Forms on Vaccine Preventable Diseases and attach them as DOCUMENT NUMBERS - One
- Please refer to Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.

**Table 3.1: Basic facts** for the year 2007 (the most recent; specify dates of data provided)

	Figure	Date	Source
Total population	23,756,000	2006	Central Bureau of Statistics (CBS)
Infant mortality rate (per 1000)	20	2007	CBS
Surviving Infants*	420,907	2007	CBS
GNI per capita (US\$)	480 US\$	2004	CBS
Percentage of GDP allocated to Health	34 USD per capita	2006	CBS
Percentage of Government expenditure on Health	6.44%	2006	CBS

\* Surviving infants = Infants surviving the first 12 months of life

Please provide some additional information on the planning and budgeting context in your country:

Please indicate the name and date of the relevant planning document for health

MID Term Immunization Strategic Plan DPR Korea - July 2006

Is the cMYP (or updated Multi-Year Plan) aligned with this document (timing, content etc)

Yes

Please indicate the national planning budgeting cycle for health

Annual planning budgeting cycle (January to December)

Please indicate the national planning cycle for immunisation

Annual planning cycle (January to December)

**Table 3.2: Current Vaccination Schedule: Traditional, New Vaccines and Vitamin A Supplement ( cMYP page number 29)**

Vaccine (do not use trade name)	Ages of administration (by routine immunisation services)	Indicate by an "x" if given in:		Comments
		Entire country	Only part of the country	
BCG	One dose within 7 days after birth	X		For all institutional deliveries BCG given right after birth
OPV	Three dose in 1.5, 2.5 and 3.5 month after birth	X		
Hep B (Birth dose)	One dose within 7 days after birth	X		For all institutional deliveries HepB given right after birth
DPT+Hep B	Three dose in 1.5, 2.5 and 3.5 month after birth	X		
Measles	Single dose at the age of 9 month	X		Plan to introduce 2 <sup>nd</sup> dose at the age of 15 month from July'2008. Application submitted to GAVI & awaiting for response.
TT	Two dose in 3 <sup>rd</sup> , 4 <sup>th</sup> month of pregnancy	X		
Vitamin A	6-59 <sup>th</sup> month	X		

**Table 3.3: Trends of immunisation coverage and disease burden**  
(As per last two annual WHO/UNICEF Joint Reporting Form on Vaccine Preventable Diseases)

Trends of immunisation coverage (in percentage)					Vaccine preventable disease burden		
Vaccine	Reported		Survey		Disease	Number of reported cases	
	2006	2007	2006	2007		2006	2007
BCG	95.5	96.5			Tuberculosis*		
DTP	1 <sup>st</sup> Dose	91.1	92.8		Diphtheria	Nil	Nil
	3 <sup>rd</sup> Dose	88.9	91.5		Pertussis	409	1,250
Polio 3	98.1	99.2			Polio	Nil	Nil
Measles (first dose)	96.3	99.0			Measles	Nil	3,550
TT2+ (Pregnant women)	95.4	96.5			NN Tetanus	Nil	Nil
Hib3					Hib **	Nil	Nil
Yellow Fever					Yellow fever	Nil	Nil
HepB3	88.9	91.5			hepB sero-prevalence*		
Vit A supplement							
		98.0	99.9				

\* If available

\*\* Note: JRF asks for Hib meningitis

If survey data is included in the table above, please indicate the years the surveys were conducted, the full title and if available, the age groups the data refers to:



**Table 3.4: Baseline and annual targets (refer to cMYP pages)**

Number	Baseline and targets					
	Base year (2007)	Year 1 2008	Year 2 2009	Year 3 2010	Year 4 2011	Year 5 2012
Births	422,857	427,931	433,066	438,263	443,522	448,844
Infants' deaths	8,457	8,131	7,795	7,450	7,096	6,733
Surviving infants	420,907	425,527	430,633	435,801	441,031	446,323
Pregnant women	439,486	444,760	450,097	455,498	460,964	466,496
Target population vaccinated with BCG	406,440	425,527	430,633	435,801	441,031	446,323
BCG coverage*	96.5	95	95	95	95	95
Target population vaccinated with OPV3	385,273	425,527	430,633	435,801	441,031	446,323
OPV3 coverage**	91.5	95	95	95	95	95
Target population vaccinated with DTP3***	385,273	425,527	430,633	435,801	441,031	446,323
DTP3 coverage**	91.5	92	95	95	96	96
Target population vaccinated with DTP1***	391,017	425,527	430,633	435,801	441,031	446,323
Wastage <sup>1</sup> rate in base-year and planned thereafter	30	30	25	25	25	25
Target population vaccinated with 1 <sup>st</sup> dose of Measles	416,704	425,527	430,633	435,801	441,031	446,323
Target population vaccinated with 2 <sup>nd</sup> dose of Measles		425,527	430,633	435,801	441,031	446,323
Measles coverage**	99.0	95	95	95	95	95
Pregnant women vaccinated with TT+	408,226	444,760	450,097	455,498	460,964	466,496
TT+ coverage****	92.88	95	95	95	95	95
Vit A supplement	Mothers (<6 weeks from delivery)					
	Infants (6-59 months)	2,010,000	2,100,000	2,130,000	2,160,000	2,190,000
Annual DTP Drop out rate [(DTP1 - DTP3)/DTP1] x 100	4.3	9	7	5	5	5
Annual Measles Drop out rate (for countries applying for YF)						

\* Number of infants vaccinated out of total births

\*\* Number of infants vaccinated out of surviving infants

\*\*\* Indicate total number of children vaccinated with either DTP alone or combined

\*\*\*\* Number of pregnant women vaccinated with TT+ out of total pregnant women

<sup>1</sup> 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. For new vaccines check **table α** after Table 7.1.

**Table 3.5: Summary of current and future immunisation budget** (Multi-Year Plan Costing for Democratic People's Republic of Korea (in US\$) - Summary Table - under 3.Costing Sheet)

Cost category	Estimated costs per annum in US\$					
	Base year (2007)	Year 1 2008	Year 2 2009	Year 3 2010	Year 4 2011	Year 5 2012
<b><i>Routine Recurrent Cost</i></b>						
Vaccines (routine vaccines only)	2,763,245	2,911,902	2,905,224	3,101,213	3,138,427	
Traditional vaccines	517,979	546,423	539,195	572,952	579,828	
New and underused vaccines	2,245,266	2,365,479	2,366,029	2,528,261	2,558,600	
Injection supplies	513,860	532,244	535,938	558,426	566,702	
Personnel	1,036,648	1,057,381	1,078,529	1,100,100	1,122,102	
Salaries of full-time NIP health workers (immunization specific)	712,403	726,651	741,184	756,008	771,128	
Per-diems for outreach vaccinators/mobile teams	324,245	330,730	337,345	344,092	350,973	
Transportation	389,074	514,734	596,741	391,477	452,868	
Maintenance and overheads	635,787	668,104	701,576	648,783	682,681	
Training	242,173	247,925	255,045	277,153	283,338	
Social mobilisation and IEC	1,664,640	1,747,872	1,825,278	1,867,195	1,910,060	
Disease surveillance	416,160	465,059	514,686	522,815	546,520	
Program management	104,040	114,444	116,733	119,068	123,657	
Other						
<b>Subtotal Recurrent Costs</b>	<b>10,022,411</b>	<b>8,808,996</b>	<b>9,102,801</b>	<b>9,176,154</b>	<b>9,444,640</b>	
<b><i>Routine Capital Costs</i></b>						
Vehicles		1,566,166	430,161	382,477	279,719	
Cold chain equipment		171,874	175,895	179,413	183,001	
<b>Subtotal Capital Costs</b>		<b>1,738,040</b>	<b>606,056</b>	<b>561,890</b>	<b>462,720</b>	
<b><i>Campaigns</i></b>						
<b>Subtotal Campaign Costs</b>						
<b>GRAND TOTAL</b>	<b>10,022,411</b>	<b>10,547,036</b>	<b>9,708,857</b>	<b>9,738,044</b>	<b>9,907,360</b>	

Please list in the tables below the funding sources for each type of cost category (if known). Please try and indicate which immunisation program costs are covered from the Government budget, and which costs are covered by development partners (or the GAVI Alliance), and name the partners.

**Table 3.6: Summary of current and future financing and sources of funds (or refer to cMYP)**

		Estimated financing per annum in US\$					
Cost category	Funding source	Base year 2007	Year 1 2008	Year 2 2009	Year 3 2010	Year 4 2011	Year 5 2012
<b>Routine Recurrent Cost</b>							
1. Traditional vaccines	UNICEF	517,979	546,423	539,195	572,952	579,828	
2. New and underused vaccines with injection supplies	GAVI & Govt	2,245,266	2,365,479	2,366,029	2,528,261	2,558,600	
3. Injection supplies for traditional vaccines	UNICEF	513,860	532,244	535,938	558,426	566,702	
4. Personnel	MoPH (the government)	1,036,648	1,057,381	1,078,529	1,100,100	1,122,102	
5. Transportation	MoPH	389,074	514,734	596,741	391,477	452,868	
6. Maintenance and overheads	MoPH, UNICEF	635,787	668,104	701,576	648,783	682,681	
7. Training	MoPH, UNICEF, WHO	242,173	247,925	255,045	277,153	283,338	
8. Social mobilisation and IEC	MoPH, UNICEF, WHO	1,664,640	1,747,872	1,825,278	1,867,195	1,910,060	
9. Disease surveillance	MoPH, WHO	416,160	465,059	514,686	522,815	546,520	
10. Program management	MoPH, UNICEF, WHO	104,040	114,444	116,733	119,068	123,657	
11.	11.						
<b>Routine Capital Costs</b>							
1. Vehicles	MoPH, UNICEF		1,566,166	430,161	382,477	279,719	
2. Cold chain equipment	UNICEF, GAVI		171,874	175,895	179,413	183,001	
3. Other capital equipment	MoPH,						
<b>Campaigns</b>							
<b>GRAND TOTAL</b>		<b>10,022,411</b>	<b>10,547,036</b>	<b>9,708,857</b>	<b>9,738,044</b>	<b>9,907,360</b>	

## 4. Immunisation Services Support (ISS)

Please indicate below the total amount of funds you expect to receive through ISS (Total amount would be **US\$ 863,940** for five years):

**Table 4.1: Estimate of fund expected from ISS (Only award money):**

	<b>Base Year 2007</b>	<b>Year 1 2008</b>	<b>Year 2 2009</b>	<b>Year 3 2010</b>	<b>Year 4 2011</b>	<b>Year 5 2012</b>
DTP3 Coverage rate	91.5	92	95	95	96	96
Number of infants reported / planned to be vaccinated with DTP3 (as in Table 3.4)	385,273	391,485	409,101	414,011	423,390	428,470
Number of <i>additional</i> infants that annually are reported / planned to be vaccinated with DTP3	20,814	6,212	17,616	4,910	9,379	5,080
Funds expected (\$20 per additional infant)	416,280	124,240	352,320	98,200	187,580	101,600

\* Projected figures

\*\* As per duration of the cMYP

If you have received ISS support from GAVI in the past, please describe below any major lessons learned, and how these will affect the use of ISS funds in future.

Please state what the funds were used for, at what level, and if this was the best use of the flexible funds; mention the management and monitoring arrangements; who had responsibility for authorising payments and approving plans for expenditure; and if you will continue this in future.

<b>Major Lessons Learned from Phase 1</b>	<b>Implications for Phase 2</b>
Organize IEC activities to increase the public awareness on immunization is essential	Higher coverage rate will be maintained through IEC activities on immunization
Promotive activities for the excellent health workers is important	Roles and responsibilities of health workers have been improved
Drop out children were immunized by house to house visits	More children could be immunized through special efforts
Strengthen national health system facilitate high coverage	HSS support would be contributable to higher immunization coverage
Injection safety contributable for reduced AEFI rate	Use of AD syringes and national policy on "Injection safety" will reduce AEFI

If you have not received ISS support before, please indicate: **(DPRK received ISS support since 2004 amounting to US\$ 1,188,800 and waiting for 1<sup>st</sup> award money amounting to US\$ 492,500. Total amount will be US\$ 1,681,300).**

a) when you would like the support to begin:

Current ISS support will be ended in 2008 and renewal should start immediately after the phase-1 finished.

b) when you would like the first DQA to occur:

Last DQA was organised in December 2004. Next DQA is due in December 2008. MoPH has planned to carry out an International EPI Coverage Evaluation Survey during the 3<sup>rd</sup> quarter of 2008 with support from UNICEF and WHO. International consultant already recruited/contracted who will be arriving in the country on 27<sup>th</sup> of July 2008.

c) how you propose to channel the funds from GAVI into the country:

Country would like to channel the funds from GAVI as per the present system but mostly through utilising UNICEF procurement services.

d) how you propose to manage the funds in-country:

As DPRK will be receiving only award money (no more investment grant as per GAVI policy) country would like to use the entire funds to procure cold chain equipment & vaccination devices through UNICEF procurement services.

e) who will be responsible for authorising and approving expenditures:

MoPH in consultation with ICC partners

➤ Please complete the banking form (annex 1) if required

## 5. Injection Safety Support (INS)

➤ Please attach the National Policy on Injection Safety including safe medical waste disposal (or reference the appropriate section of the Comprehensive Multi-Year Plan for Immunisation), and confirm the status of the document: DOCUMENT NUMBER – Two , page-60, Objective#5.

➤ Please attach a copy of any action plans for improving injection safety and safe management of sharps waste in the immunisation system (and reference the Comprehensive Multi-Year Plan for Immunisation). DOCUMENT NUMBER

**Table 5.1: Current cost of injection safety supplies for routine immunisation**

Please indicate the current cost of the injection safety supplies for routine immunisation.

Year	Annual requirements		Cost per item (US\$)		Total Cost (US\$)
	Syringes	Safety Boxes	Syringes	Safety Boxes	
2008	4,073,876	44,813	260,600	34,058	284,658

**Table 5.2: Estimated supply for safety of vaccination with DPT-HepB vaccine:**  
(Please use one table for each vaccine BCG(1 dose), DTP(3 doses), TT(2 doses) <sup>1</sup>, Measles(1 dose) and Yellow Fever(1 dose), and number them from 6.1 to 6.5)

	DPT-HepB (3 doses)	Formula	Year 1 2008	Year 2 2009	Year 3 2010	Year 4 2011	Year 5 2012
<b>A</b>	Number of children to be vaccinated <sup>2</sup>	#	425,527	430,633	435,801	441,031	446,323
<b>B</b>	Percentage of vaccines requested from GAVI <sup>3</sup>	%	100	100	100	100	100
<b>C</b>	Number of doses per child	#	3 doses	3 doses	3 doses	3 doses	3 doses
<b>D</b>	Number of doses	$A \times B / 100 \times C$	1,276,581	1,291,899	1,307,403	1,323,093	1,338,969
<b>E</b>	Standard vaccine wastage factor <sup>4</sup>	<i>Either 2.0 or 1.6</i>	1.6	1.6	1.6	1.6	1.6
<b>F</b>	Number of doses (including wastage)	$A \times B / 100 \times C \times E$	2,042,530	2,067,038	2,091,845	2,116,949	2,142,350
<b>G</b>	Vaccines buffer stock <sup>5</sup>	$F \times 0.25$	510,632	516,760	522,961	529,237	535,588
<b>H</b>	Number of doses per vial	#	10	10	10	10	10
<b>I</b>	Total vaccine doses	$F + G$	2,553,162	2,583,798	2,614,806	2,646,186	2,677,938
<b>J</b>	Number of AD syringes (+ 10% wastage) requested	$(A \times C \times 1.11)$	1,417,005	1,434,008	1,451,217	1,468,633	1,486,256
<b>K</b>	Reconstitution syringes (+ 10% wastage) requested <sup>6</sup>	$I / H \times 1.11$					
<b>L</b>	Total of safety boxes (+ 10% of extra need) requested	$(J + K) / 100 \times 1.11$	15,729	15,917	16,109	16,302	16,497

<sup>1</sup> GAVI supports the procurement of AD syringes to deliver two doses of TT to pregnant women. If the immunization policy of the country includes all Women in Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of two doses for Pregnant Women (estimated as total births)

<sup>2</sup> To insert the number of infants that will complete vaccinations with all scheduled doses of a specific vaccine.

<sup>3</sup> Estimates of 100% of target number of children is adjusted if a phased-out of GAVI/VF support is intended.

<sup>4</sup> A standard wastage factor of 2.0 for BCG and of 1.6 for DTP, Measles, TT, and YF vaccines is used for calculation of INS support

<sup>5</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [ F – number of doses (incl. wastage) received in previous year ] \* 0.25.

<sup>6</sup> It applies only for lyophilized vaccines; write zero for other vaccines.

- If you do not intend to procure your supplies through UNICEF, please provide evidence that the alternative supplier complies with WHO requirements by attaching supporting documents as available.

All procurement will be done through UNICEF

## 6. New and Under-Used Vaccines (NVS)

Please give a summary of the cMYP sections that refer to the introduction of new and under-used vaccines. Outline the key points that informed the decision-making process (data considered etc):

Please summarise the cold chain capacity and readiness to accommodate new vaccines, stating how the cold chain expansion (if required) will be financed, and when it will be in place. Please use attached excel annex 2a (Tab 6) on the Cold Chain. Please indicate the additional cost, if capacity is not available and the source of funding to close the gap

**Table 6.1: Capacity and cost (for positive storage): )**

		Formula	Year 1 2008	Year 2 2009	Year 3 2010	Year 4 2011	Year 5 2012
<b>A</b>	Annual <b>positive</b> volume requirement, including new vaccine (specify: _____) (litres or m3) <sup>2</sup>	<i>Sum-product of total vaccine doses multiplied by unit packed volume of the vaccine</i>					
<b>B</b>	Annual <b>positive</b> capacity, including new vaccine (specify: _____) (litres or m3)	#					
<b>C</b>	Estimated minimum number of shipments per year required for the actual cold chain capacity	$A / B$					
<b>D</b>	Number of consignments / shipments per year	<i>Based on national vaccine shipment plan</i>					
<b>E</b>	Gap (if any)	$((A / D) - B)$					
<b>F</b>	Estimated cost for expansion	US \$					

Please briefly describe how your country plans to move towards attaining financial sustainability for the new vaccines you intend to introduce how the country will meet the co-financing payments, and any other issues regarding financial sustainability you have considered.

<sup>2</sup> Use results from table 5.2. Make the sum-product of the total vaccine doses row (I) by the unit packed volume for each vaccine in the national immunization schedule. All vaccines are stored at positive temperatures (+5°C) except OPV which is stored at negative temperatures (-20°C).

**Table 6.2: Assessment of burden of relevant diseases (if available):**

Disease	Title of the assessment	Date	Results

If new or under-used vaccines have already been introduced in your country, please give details of the lessons learnt from storage capacity, protection from accidental freezing, staff training, cold chain, logistics, drop out rate, wastage rate etc., and suggest solutions to address them:

Lessons Learned	Solutions / Action Points

Please list the vaccines to be introduced with support from the GAVI Alliance (and presentation):

**First Preference Vaccine**

As reported in the cMYP, the country plans to introduce Measles second dose (*antigen*) vaccination, Measles vaccine, in 10 dose (*n° of doses per vial*) *lyophilised from. (lyophilized or liquid) form.*

Please refer to the excel spreadsheet Annex 2a or Annex 2b (for Rotavirus and Pneumo vaccines) and proceed as follows:

- Please complete the “Country Specifications” Table in Tab 1 of Annex 2a or Annex 2b, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose<sup>3</sup>.
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 6.3 below, using the population data (from Table 3.4 of this application) and the price list and co-financing levels (in Tables B, C, and D of Annex 2a or Annex 2b).
- Then please copy the data from Annex 2a or 2b (Tab “Support Requested”) into Tables 6.4 and 6.5 (below) to summarize the support requested, and co-financed by GAVI and by the country.
- Please submit the electronic version of the excel spreadsheets Annex 2a or 2b together with the application

<sup>3</sup> Table D1 should be used for the first vaccine, with tables D2 and D3 for the second and third vaccine co-financed by the country



**Table 6.3: Specifications of vaccinations with new vaccine:**

<b>Vaccine:</b>	<i>Use data in:</i>		<b>Year 1 2008</b>	<b>Year 2 2009</b>	<b>Year 3 2010</b>	<b>Year 4 2011</b>	<b>Year 5 2012</b>
Number of children to be vaccinated with the second dose	<i>Table 3.4</i>	#					
Target immunization coverage with the second dose	<i>Table 3.4</i>	#					
Number of children to be vaccinated with the first dose	<i>Table 3.4</i>	#					
Estimated vaccine wastage factor	<i>Annex 2a or 2b Table E - tab 5</i>	#					
Country co-financing per dose *	<i>Annex 2a or 2b Table D - tab 4</i>	\$					

\* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

**Table 6.4: Portion of supply to be co-financed by the country (and cost estimate, US\$)**

<i>vaccine</i>		<b>Year 1 2008</b>	<b>Year 2 2009</b>	<b>Year 3 2010</b>	<b>Year 4 2011</b>	<b>Year 5 2012</b>
Number of vaccine doses	#					
Number of AD syringes	#					
Number of re-constitution syringes	#					
Number of safety boxes	#					
<b>Total value to be co-financed by country</b>	<b>\$</b>					

**Table 6.5: Portion of supply to be procured by the GAVI Alliance (Cost estimate based on 2007 UNICEF price including freight value in, US\$)**

<i>vaccine</i>		<b>Year 1 2008</b>	<b>Year 2 2009</b>	<b>Year 3 2010</b>	<b>Year 4 2011</b>	<b>Year 5 2012</b>
Number of vaccine doses	#					
Number of AD syringes	#					
Number of re-constitution syringes	#					
Number of safety boxes	#					
<b>Total value to be co-financed by GAVI</b> (Full amount will be supported by GAVI for 5 years amounting to US\$ 1.3 million)	<b>\$</b>					

\*\*

- Please refer to [http://www.unicef.org/supply/index\\_gavi.html](http://www.unicef.org/supply/index_gavi.html) for the most recent GAVI Alliance Vaccine Product Selection Menu, and review the GAVI Alliance NVS Support Country Guidelines to identify the appropriate country category, and the minimum country co-financing level for each category.

### **Second Preference Vaccine**

If the first preference of vaccine is in limited supply or currently not available, please indicate below the alternative vaccine presentation

**Table 6.5 b: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)**

		Year 1 2008	Year 2 2009	Year 3 2010	Year 4 2011	Year 5 2012
Number of vaccine doses	#					
Number of AD syringes	#					
Number of re-constitution syringes	#					
Number of safety boxes	#					
<b>Total value to be co-financed by GAVI</b>	<b>\$</b>					

- Please complete tables 6.3 – 6.4 for the new vaccine presentation
- Please complete the excel spreadsheets Annex 2a or Annex 2b for the new vaccine presentation and submit them alongside the application.

### **Procurement and Management of New and Under-Used Vaccines**

a) Please show how the support will operate and be managed including procurement of vaccines (GAVI expects that most countries will procure vaccine and injection supplies through UNICEF):

b) If an alternative mechanism for procurement and delivery of supply (financed by the country or the GAVI Alliance) is requested, please document:

c) Please describe the introduction of the vaccines (refer to cMYP)

d) Please indicate how *funds* should be transferred by the GAVI Alliance (if applicable)

e) Please indicate how the co-financing amounts will be paid (and who is responsible for thi

f) Please outline how coverage of the new vaccine will be monitored and reported (refer to cMYP)

## New and Under-Used Vaccine Introduction Grant

Table 6.5: calculation of lump-sum

Year of New Vaccine introduction	N° of births (from table 3.4)	Share per birth in US\$	Five years Total in US\$

Please indicate in the tables below how the one-time Introduction Grant<sup>4</sup> will be used to support the costs of vaccine introduction and critical pre-introduction activities (refer to the cMYP).

**Table 6.6: Cost (and finance) to introduce the first preference vaccine (US\$)**

Cost Category	Full needs for new vaccine introduction	Funded with new vaccine introduction grant
	US\$	US\$
Training		
Social Mobilization, IEC and Advocacy		
Cold Chain Equipment & Maintenance		
Vehicles and Transportation		
Surveillance and Monitoring		
Human Resources		
Waste Management		
Technical assistance		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
<b>Total</b>		

➤ Please complete the banking form (annex 1) if required

Please complete a table similar to the one above for the second choice vaccine (if relevant) and title it

<sup>4</sup> The Grant will be based on a maximum award of \$0.30 per infant in the birth cohort with a minimum starting grant award of \$100,000

**Table 6.7: Cost (and finance) to introduce the second preference vaccine (US\$)**

Table 6.7: calculation of lump-sum

Year of New Vaccine introduction	N° of births (from table 3.4)	Share per birth in US\$	Total in US\$

Please indicate in the tables below how the one-time Introduction Grant<sup>5</sup> will be used to support the costs of vaccine introduction and critical pre-introduction activities (refer to the cMYP).

**Table 6.8: Cost (and finance) to introduce the first preference vaccine (US\$)**

Cost Category	Full needs for new vaccine introduction	Funded with new vaccine introduction grant
	US\$	US\$
Training		
Social Mobilization, IEC and Advocacy		
Cold Chain Equipment & Maintenance		
Vehicles and Transportation		
Surveillance and Monitoring		
Human Resources		
Waste Management		
Technical assistance		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
<b>Total</b>		

<sup>5</sup> The Grant will be based on a maximum award of \$0.30 per infant in the birth cohort with a minimum starting grant award of \$100,000

## **7. Additional comments and recommendations from the National Coordinating Body (ICC/HSCC):**

### ***Key Points for the decision making process:***

***Immunization Coverage:*** The Democratic People's Republic of Korea (DPRK) has benefited from GAVI Immunization Services Support (ISS) since 2004. So far, the country has received \$1,188,800 and is currently awaiting its first award money amounting to \$492,500. Immunization coverage of DPT3 has been consistently high for the last three years (2005: 78.7%; 2006: 88.9% and 2007:91.5%). Prior to GAVI ISS support, DPT3 coverage was the lowest among other antigens and it has been clearly observed that DPRK made significant progress in the area of DPT3 coverage. The GAVI ISS funds has been utilised for various types of awareness raising activities; training of the vaccinators, epidemiological surveillance, transportation, monitoring and evaluation which enabled this achievement. The unique collaboration between MoPH/UNICEF/WHO/GAVI also a contributing factor for this remarkable progress

In July 2006, the tetra valent (combined DTP+HepB) vaccine was introduced nationwide. As a result, after a decade of stagnation, the coverage of DPT3+HepB rose to 88.9 % in 2006 and then 91.5% in 2007. An additional 89,273 children under one received DPT3 after the implementation of GAVI ISS funds in 2004 (baseline in 2003 was 296,000 Vs 2007 coverage 385,273).

***Service Delivery:*** Infrastructure for immunization in DPRK is unique. Immunization services are provided through more than 12,000 immunization posts, 7008 PHC units, 433 county level hospitals, 130 central and provincial level hospitals and specialized hospitals, and Hygienic and Anti-Epidemic Institutes. In fact, each and every village has a health clinic which offers immunization services for the children and women of that village.

The ICC discussed on this GAVI proposal on 17<sup>th</sup> April 2008 and agreed that the renewal of the ISS support by GAVI will greatly contribute to further strengthening the routine immunization programme in the country particularly to achieve and sustain high DPT3 coverage.

Considering all these factors, National EPI has decided to request GAVI for the renewal of Immunization Services Support (ISS) covering the current comprehensive multi-year plan (2007-2011).

## 8. Documents required for each type of support

Type of Support	Document	DOCUMENT NUMBER	Duration *
ALL	WHO / UNICEF Joint Reporting Form (last two)	1	2006-2007
ALL	Comprehensive Multi-Year Plan (cMYP)	2a. & 2.b	2007-2011
ALL	Endorsed minutes of the ICC/HSCC meeting where the GAVI proposal was discussed	3	April, 2008
ALL	Minutes of the three most recent ICC/HSCC meetings	4	One - 2007 Two - 2008
ALL	ICC/HSCC workplan for the forthcoming 12 months	5	January- December 2008
Injection Safety	National Policy on Injection Safety including safe medical waste disposal (if separate from cMYP)	-	
Injection Safety	Action plans for improving injection safety and safe management of sharps waste (if separate from cMYP)	-	
Injection Safety	Evidence that alternative supplier complies with WHO requirements (if not procuring supplies from UNICEF)	-	
New and Under-used Vaccines	Plan for introduction of the new vaccine (if not already included in the cMYP)	-	

*\* Please indicate the duration of the plan / assessment / document where appropriate*



## Banking Form

### SECTION 1 (To be completed by payee)

*In accordance with the decision on financial support made by the Global Alliance for Vaccines and Immunization dated . . . . ., the Government of . . . . . hereby requests that a payment be made, via electronic bank transfer, as detailed below:*

<b>Name of Institution:</b> (Account Holder)	Ministry of Public Health		
<b>Address:</b>	Sochang-dong, Central District, Pyongyang, DPR Korea		
<b>City – Country:</b>			
<b>e-mail:</b>	Bogon.moph@co.chesin.com	<b>Fax No.:</b>	850-2-381-4077,(4410,4416)
<b>Amount in USD:</b>	(To be filled in by GAVI Secretariat)	<b>Currency of the bank account:</b>	
<b>For credit to: Bank account's title</b>			
<b>Bank account No.:</b>	421-11300		
<b>At: Bank's name</b>	Foreign Trade Bank, DPRK		

Is the bank account exclusively to be used by this program? YES ( X ) NO ( )

By whom is the account audited? .....

#### Signature of Government's authorizing official:

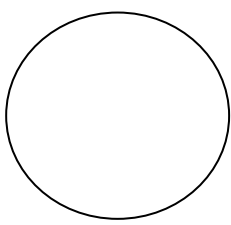
By signing below, the authorizing official confirms that the bank account mentioned above is known to the Ministry of Finance and is under the oversight of the Auditor General.

<b>Name:</b>	Ms Kim Pok Sil	<b>Seal:</b> 
<b>Title:</b>	Director, Department of finance, MoPH	
<b>Signature:</b>		
<b>Date:</b>	24 April, 2008	
<b>Address and Phone Number:</b>		

**SECTION 2 (To be completed by the Bank)**

FINANCIAL INSTITUTION	CORRESPONDENT BANK <i>(In the United States)</i>
<b>Bank Name:</b> Foreign Trade Bank of the DPRK	
<b>Branch Name:</b>	
<b>Address:</b> Central district, Pyongyang, DPRK	
<b>City – Country:</b> Pyongyang, DPRK	
<b>Swift code:</b> FTBDKTPY	
<b>Sort code:</b>	
<b>ABA No.:</b>	
<b>Telephone No.:</b> 850-2-18666-2 ext. 8678	
<b>Fax No.:</b> 850-2-381 4467	
<b>Bank Contact Name and Phone Number:</b>	

I certify that the account No. .421-11300 is held by *(Institution name)* Ministry of Public Health at this banking institution.

<p><b>The account is to be signed jointly by at least ..... (number of signatories) of the following authorized signatories:</b></p> <p><b>1 Name:</b> Ms. Kim Pok Sil  <b>Title:</b> Director, Dept. finance, MoPH</p> <p><b>2 Name:</b> Mr. Kim Yong Son  <b>Title:</b> Senior officer, Dept. finance, MoPH</p> <p><b>3 Name:</b> Mr. Kim Kyong Dok  <b>Title:</b> Senior officer, Dept. finance, MoPH</p> <p><b>4 Name:</b> .....  <b>Title:</b> .....</p>	<p><b>Name of bank's authorizing official:</b></p>
	<p><b>Signature:</b> Mr. Ko Chol Man</p>
	<p><b>Date:</b> 24 April, 2008</p>
	<p><b>Seal:</b></p> 



**COVERING LETTER**

*(To be completed by UNICEF representative on letter-headed paper)*

**TO: GAVI Alliance – Secretariat  
Att. Dr Julian Lob-Levyt  
Executive Secretary  
C/o UNICEF  
Palais des Nations  
CH 1211 Geneva 10  
Switzerland**

***On the 30<sup>th</sup> April 2008, I received the original of the BANKING DETAILS form, which is attached.***

***I certify that the form does bear the signatures of the following officials:***

	<b>Name</b>	<b>Title</b>
<b>Government's authorizing official</b>	----- <b><i>Ms. Kim Pok Sil</i></b> -----	----- <b><i>Director, Department of Finance, MoPH</i></b> -----
<b>Bank's authorizing official</b>		

**Signature of UNICEF Representative:**

**Name** ***Gopalan Balagopal***  
.....

**Signature** .....

**Date** ***30<sup>th</sup> April 2008***  
.....