GAVI Alliance

Annual Progress Report 2012

Submitted by

The Government of

Democratic People's Republic of Korea

Reporting on year: **2012**
Requesting for support year: **2014**
Date of submission: **5/30/2013 4:00:28 AM**

Deadline for submission: 9/24/2013

Please submit the APR 2012 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at* http://www.gavialliance.org/country/

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		2015
Routine New Vaccines Support	Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2012
INS			

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the WHO website, but availability would need to be confirmed specifically.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	Yes	N/A	N/A
COS	No	No	N/A
ISS	No	next tranche: N/A	Yes
HSS	Yes	next tranche of HSS Grant Yes	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 is available here.

2. Signatures

2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

By signing this page, the Government of Democratic People's Republic of Korea hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Democratic People's Republic of Korea

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	KANG Ha Guk	**Name**	SIN BongRyol
Date		**Date**	
Signature		**Signature**	

This report has been compiled by (these persons may be contacted in case the GAVI Secretatiat has queries on this document):

Full name	Position	Telephone	Email
Dr. PAK Myong Su	National EPI Manager, MOPH	850-2-3814077	Bogon.moph@Star.co.net.Kp
Dr. Kamrul ISLAM	Chief of Health, UNICEF	850-2-1912500495	kislam@unicef.org
Dr. Zobaidul Haque KHAN	Medical Officer, WHO	850-2-1912500734	khanzo@searo.who.int

2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Name/Title	Agency/Organization	Signature	Date
KIM Hyong Hun , Vice Minister Health	Ministry of Public Health		
PAK Myong Su, National EPI Manager	Ministry of Public Health		

PAK Jong Min, Director, External Affairs Dept.	Ministry of Public Health		
KIM Bok Sil, Director, Dept. of Finance	Ministry of Public Health		
PAK Tong Chol, Focal Point, UNICEF & GAVI Programme	Ministry of Public Health		
JANG Jun Sang, Director, Medical Services	Ministry of Public Health		
KIM Chol Su, Chief, Immunization Dept.	Ministry of Public Health		
RI Yong Nam, Senior Officer, Dept. of External Finance	Ministry of Finance		
Kim Su Kil, Deputy Director, Dept. of Cooperation	State Planning Committee		
Dr. TEGEGN Yonas, WHO Representative	WHO, DPR Korea		
Desiree JONGSMA, UNICEF Representative	UNICEF, DPR Korea		

ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), DPR Korea , endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organization	Signature	Date
KIM Hyong Hun , Vice Minister Health	Ministry of Public Health		
PAK Myong Su, National EPI Manager	Ministry of Public Health		
PAK Jong Min, Director, External Affairs Dept.	Ministry of Public Health		
KIM Bok Sil, Director, Dept. of Finance	Ministry of Public Health		
PAK Tong Chol, Focal Point, UNICEF & GAVI Programme	Ministry of Public Health		
JANG Jun Sang, Director, Medical Services	Ministry of Public Health		
KIM Chol Su, Chief, Immunization Dept.	Ministry of Public Health		
RI Yong Nam, Senior Officer, Dept. of External Finance	Ministry of Finance		
Kim Su Kil, Deputy Director, Dept. of Cooperation	State Planning Committee		
Dr. TEGEGN Yonas, WHO Representative	WHO, DPR Korea		
Desiree JONGSMA, UNICEF Representative	UNICEF, DPR Korea		

HSCC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

Democratic People's Republic of Korea is not reporting on CSO (Type A & B) fund utilisation in 2013

3. Table of Contents

This APR reports on Democratic People's Republic of Korea's activities between January – December 2012 and specifies the requests for the period of January – December 2014

Sections

4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	356,352	350,797	358,276	358,276	360,211	360,211	362,156	362,156
Total infants' deaths	6,878	4,397	6,915	6,915	6,952	6,952	6,990	6,990
Total surviving infants	349474	346,400	351,361	351,361	353,259	353,259	355,166	355,166
Total pregnant women	360,984	354,626	362,934	362,934	364,893	364,893	366,864	366,864
Number of infants vaccinated (to be vaccinated) with BCG	349,225	343,332	351,110	351,110	353,007	353,007	354,913	354,913
BCG coverage	98 %	98 %	98 %	98 %	98 %	98 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	345,979	343,282	347,847	347,847	349,726	349,726	351,614	351,614
OPV3 coverage	99 %	99 %	99 %	99 %	99 %	99 %	99 %	99 %
Number of infants vaccinated (to be vaccinated) with DTP1	335,495	336,355	339,063	339,063	342,661	342,661	344,511	344,511
Number of infants vaccinated (to be vaccinated) with DTP3	332,000	331,505	337,306	337,306	339,129	339,129	344,511	344,511
DTP3 coverage	95 %	96 %	96 %	96 %	96 %	96 %	97 %	97 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	5	15	3	3	1	1	1	1
Wastage[1] factor in base-year and planned thereafter for DTP	1.05	1.18	1.03	1.03	1.01	1.01	1.01	1.01
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	174,613		339,063		349,726		344,511	
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	174,613		339,063		339,129		344,511	
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib		112,117		339,063		349,726		344,511
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib		110,500		339,063		339,129		344,511
DTP-HepB-Hib coverage	95 %	32 %	96 %	96 %	96 %	96 %	97 %	97 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	5	1	1	1	1
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.03	1.05	1.01	1.01	1.01	1.01
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	342,484	342,590						
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles	344,581	336,245						
Measles coverage	99 %	97 %	0 %	0 %	0 %	0 %	0 %	0 %
Wastage[1] rate in base-year and planned thereafter (%) {0}	0	30						
Wastage[1] factor in base-year and planned thereafter (%)	1.43	1.43		1	1	1	1	1
Maximum wastage rate value for Measles second dose, 10 dose(s) per vial, LYOPHILISED	50.00 %	40.00 %	50.00 %	40.00 %	50.00 %	40.00 %	50.00 %	40.00 %
Pregnant women vaccinated with TT+	353,264	350,099	355,675	355,675	358,325	358,325	360,260	360,260
TT+ coverage	98 %	99 %	98 %	98 %	98 %	98 %	98 %	98 %
Vit A supplement to mothers within 6 weeks from delivery	353,264	0	355,675	355,675	358,325	358,325	360,260	360,260
Vit A supplement to infants after 6 months	174,039	171,373	175,505	175,505	176,276	176,276	177,405	177,405
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	1 %	1 %	1 %	1 %	1 %	1 %	0 %	0 %

** Number of infants vaccinated out of total 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

1 The formula to calculate a vaccine wastage rate (in percentage): [(A B) / A] x 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.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012.** The numbers for 2013 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

  The number of total birth reported in APR for 2012 is consistent with WHO/UNICEF Joint Reporting Form for 2012, while the numbers in table 4: Baseline and Annual Targets for 2013-2015 are consistent with comprehensive multi-year plan (cMYP).<?xml:namespace prefix = o />

- Justification for any changes in **surviving infants**

  No change, the number of total surviving infants reported in APR- 2012 remains consistent with WHO/UNICEF JRF for 2012<?xml:namespace prefix = o />

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

  - As already mentioned above the figure used in APR 2012 remain consistent with WHO/UNICEF JRF for 2012, while the numbers for 2013-2015 in table 4 baseline and Annual Targets are consistent with cMYP.<?xml:namespace prefix = o />

- Justification for any changes in **wastage by vaccine**

  No Change.<?xml:namespace prefix = o />

5.2. Immunisation achievements in 2012

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2012 and how these were addressed:

The nation-wide introduction of pentavalent vaccine in the routine immunization programme was a remarkable achievement during the reporting period. The Minister for Public Health launched the pentavalent vaccine at a ceremony in Pyongyang on 12 July 2012. This launching ceremony was organized by the Ministry of Public Health (MoPH) and attended by 250 high government officials, members from UN agencies (UNICEF, World Health Organization and United Nations Fund for Population-UNFPA). In addition diplomatic communities including few ambassadors, International Non-Governmental Organizations and local health officials from the capital were also present during the occasion. <?xml:namespace prefix = o />

The introduction of pentavalent vaccine was the result of a collaborative partnership between UNICEF, WHO and Global Alliance for Vaccines and Immunization (GAVI). The introduction of this vaccine will further enhance the capacity of immunization program in DPRK where more than 350,000 under one year of age children will be vaccinated against Hib a significant contribution in further reduction of vaccine related morbidity and mortality in the country.

Following are the key achievements:

1. High vaccination coverage (more than 98%) was achieved and sustained for all the antigens except DTP3 (95.7%) in 2012.

2. Pentavalent vaccine was introduced from July, 2012 with support of GAVI and government co-financing which was an important breakthrough for DPRK Expanded Programme on Immunization (EPI) programme.

3. A documentary film prepared by GAVI was presented to “Show Case” the EPI success in DPRK to GAVI Partners’ Forum meeting in Tanzania from 5-7 December 2012; this was an important advocacy event for DPRK’s immunization program.

4. As follow up on the first Effective Vaccine Management (EVM) Assessment undertaken in 2011 using WHO tool, the detailed ‘Improvement Plan’ was developed and follow up activities were implemented for improving vaccine management capacity throughout the country.

5. The implementation of the “improvement plan” for the effective vaccine management (EVM) was supported with provision of necessary cold chain equipment and spare parts as well as transport means for the immunization programme using GAVI HSS funds.

6. From August to October, 2012, field monitoring of pentavalent vaccination was carried out throughout the country to observe and document the implementation of introduction of vaccine

7. The vaccination card has been revised, printed and distributed so as to attain standardization of immunization service throughout the country.

8. The revised EPI guidelines were printed and distributed enabling quality implementation of immunization program.

9. Country-wide training on AEFI surveillance carried out using standard WHO modules enabling quality and timely actions in case of any AEFI.

Major challenges to immunization service in 2012:

1. Gaps in Reporting system: There were some problems in ensuring timeliness and accuracy in collecting and reporting of routine immunization data from 208 counties due to lack of e-reporting system. So development of software for e-reporting system, procurement & installation of necessary equipment, and hands-on training for data management are planned to address this major problem.

2. Limited Storage facilities: There is no storage facility for vaccines at the ri clinic/ hospitals therefore; solar refrigerators are being arranged to ensure establishment of proper cold chain facilities at the peripheral level.

3. Frequent Staff turn-over: the frequent turn-over of immunization service providers further complicated by non-availability of alternate trained staff led to difficulties in collecting and reporting. This issue was raised in several meetings and MOPH will take appropriate action. In addition, as a capacity building measure adoption, development, printing of MLM training modules and pilot trainings are planned to fill capacity gaps.

4. AEFI surveillance: The AEFI surveillance is important in addressing issues related to AEFI however there could be reasons for not reporting AEFI including high quality of immunization service in the country and low sensitivity in reporting. To strengthen AEFI reporting this year, revision and updating of AEFI surveillance guideline, printing and distribution of revised guideline and forms, and training workshop for NRA members are planned for strengthening surveillance system of immunization safety in the country.

5. Vaccine transportation and mobility Issues: The introduction of penta-vaccine has further stressed the already compromised vaccine transporting capacity. To address this issue more vehicles for vaccine transport are planned.

6. Updating knowledge: the introduction of new vaccines and rapidly updating

techniques/approaches needs constant and regular updating of knowledge and skills of all relevant staff to ensure immunization safety and quality program implementation. Therefore, it is of utmost important to ensure that exchange visit, appropriate trainings and dissemination of new technical information should be further improved.

5.2.2. If targets were not reached, please comment on reasons for not reaching the targets:

Not Applicable<?xml:namespace prefix = o />

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

As DPRK is a socialist country where everybody has the equal access to all health services. Thus both males and females have the equal access to immunization service for the entire country.

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Yes**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

Not applicable as stated above.

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)

No.

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No**

If Yes, please describe the assessment(s) and when they took place.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

Strengthening of information system is a priority area of focus and therefore information system of EPI in the country is planned to be computerized at all levels. In this regards computers were procured and administrative database was established at central and provincial levels. Administrative data system at provincial and some urban district levels were upgraded by computer in support of ISS reward fund in the country. Moreover, with introduction of new penta vaccine last year, routine reporting books, forms and child immunization card have been revised, printed, and distributed.<?xml:namespace prefix = o />

5.4.4. Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

There is a plan for printing and distribution of EPI reporting form for peripheral levels through UNICEF support in 2013. Nationwide computerization of information system of EPI will be continued in a phased manner in the country till 2015 and beyond to ensure timely availability of quality data.<?xml:namespace prefix = o />

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Exchange rate used	1 US$ = 99.25	Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	0	0	0
Traditional Vaccines*	1,095,225	0	0	1,095,225	0	0	0	0
New and underused Vaccines**	2,419,627	129,288	2,290,339	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	209,295	8,721	69,161	131,413	0	0	0	0
Cold Chain equipment	581,931	0	581,931	0	0	0	0	0
Personnel	1,735,190	1,735,190	0	0	0	0	0	0
Other routine recurrent costs	1,410,039	310,039	100,000	0	1,000,000	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
0		0	0	0	0	0	0	0
Total Expenditures for Immunisation	7,451,307							
Total Government Health		2,183,238	3,041,431	1,226,638	1,000,000	0	0	0

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

The DPRK remains under UN sanctions and require international support to life saving health interventions including vaccines. So, all routine vaccines and devices will be procured with financial support from UNICEF for 2013 and 2014. WHO will continue to support efforts of the government to upgrade or re-establish vaccine production.<?xml:namespace prefix = o />

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, not implemented at all**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

Not Applicable

If none has been implemented, briefly state below why those requirements and conditions were not met.

Not Applicable

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **3**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2013 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.5 Overall Expenditures and Financing for Immunisation

During the reporting year, three ICC/HSCC meetings were conducted and following key issues were discussed and recommendations made for future implementation:

- Review the implementation status of Penta vaccine introduction plan.
- Review of HSS funds and reprogramming of activities in 2012-2014.<?xml:namespace prefix = o />
- Discussion on vaccine forecast with special focus on replacing TT vaccine with Td for the pregnant women.
- Launching of nation-wide penta and major highlights from the GAVI mission (Documentation team).
- Discussion/decision on balance tetra vaccine- one time campaign with older age group children as per WHO guidance received from SEARO.
- Discussion on EVM “Improvement Plan” implementation status.
- Overall implementation status of EPI and future plan.

Are any Civil Society Organisations members of the ICC? **No**

If Yes, which ones?

List CSO member organisations:

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

Priority Actions for 2013 and 2014:<?xml:namespace prefix = o />

- Conduct nationwide EPI survey through UNICEF supported MICS in 2013.
- Conduct EPI programme review for 2014.
- Achieve and sustain high (>95%) immunization coverage.
- Introduction of new vaccines like rotavirus and pneumococcus.
- Prioritize/focus on counties with the highest numbers of unimmunized children and lowest coverage through bottleneck analysis workshop in 2013.
- Strengthen capacity of EPI mid-level managers through training.
- Improve supportive supervision and monitoring through provision of motor-cycles for county and bicycles for Ri level staff.
- Implement “Improvement plan of EVM” for primary and subnational levels.
- Phased introduction of electronic reporting system from province to national level with training on data management.
- Assess measles and maternal & neonatal tetanus elimination status.
- Assure immunization safety by strengthening AEFI surveillance system.
- Strengthen NRA, NCL and support plan for local vaccine production.
- Develop, print and distribute IEC materials for strengthening VPD surveillance capacity.

5.9. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	0.05 ml AD syringe for BCG and 2ml reconstitution	UNICEF
Measles	0.5 ml AD syringes for measles a5ml reconstitution	UNICEF
TT	0.5 ml AD syringe	UNICEF
DTP-containing vaccine	0.5 ml AD syringe	GAVI and MOPH

Does the country have an injection safety policy/plan? **Yes**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

Not Applicable

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

At the national and provincial levels sharps waste are disposed through incineration but burial/open burning methods at county/district levels. No problem encountered in the reporting period.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

Democratic People's Republic of Korea is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.2. Detailed expenditure of ISS funds during the 2012 calendar year

Democratic People's Republic of Korea is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.3. Request for ISS reward

Calculations of ISS rewards will be carried out by the GAVI Secretariat, based on country eligibility, based on JRF data reported to WHO/UNICEF, taking into account current GAVI policy.

7. New and Under-used Vaccines Support (NVS)

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	**Total doses for 2012 in Decision Letter**	**Total doses received by 31 December 2012**	**Total doses of postponed deliveries in 2012**	**Did the country experience any stockouts at any level in 2012?**
DTP-HepB	687,539	1,117,500	0	No
DTP-HepB-Hib	687,539	687,539	0	No
Measles	496,500	0	0	No

**Please also include any deliveries from the previous year received against this Decision Letter*

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

  There were some excess tetra vaccines procured in anticipation of delayed arrival of penta in the country. However, penta arrived on time and these excess tetra was used through one time campaign covering 3-5 years children in consultation with WHO-SEARO.

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

  GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

  Country prefer 1 dose vial.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

NA

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB, 10 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	<P><FONT style="BACKGROUND-COLOR: #ffeeee">NA</FONT></P>

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	12/07/2012
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

Measles second dose, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	<P><FONT style="BACKGROUND-COLOR: #ffeeee">NA</FONT></P>

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **January 2014**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9))

PIE yet to be conducted.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **No**

Is the country sharing its vaccine safety data with other countries? **No**

Is the country sharing its vaccine safety data with other countries? **No**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **No**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **No**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

NA

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2012 (A)	100,000	0
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	100,000	0
Total Expenditures in 2012 (D)	100,000	0
Balance carried over to 2013 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

Following are the major activities undertaken utilizing introduction grant: <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- Established task force for the preparation and introduction of penta vaccine nation-wide.
- Developed training materials to conduct training.
- Organized nationwide technical training for the vaccinators.
- Support fuel coupons for the monitoring of training and actual introduction at the field level.
- Developed IEC materials for awareness creation.

Please describe any problem encountered and solutions in the implementation of the planned activities

None. All planned activities were carried out smoothly.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

Not applicable.

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**

Awarded Vaccine #1: DTP-HepB, 10 dose(s) per vial, LIQUID		
Awarded Vaccine #2: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	129,288	52,400
Awarded Vaccine #3: Measles second dose, 10 dose(s) per vial, LYOPHILISED		
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	Entire amount from government sources	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB, 10 dose(s) per vial, LIQUID		
Awarded Vaccine #2: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	8,712	55,900
Awarded Vaccine #3: Measles second dose, 10 dose(s) per vial, LYOPHILISED		
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB, 10 dose(s) per vial, LIQUID		
Awarded Vaccine #2: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	June	Government
Awarded Vaccine #3: Measles second dose, 10 dose(s) per vial, LYOPHILISED		
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Country is planning to mobilize funds from other sources/donors for supporting co-financing in introducing any new vaccines in future (PCV and Rota). Technical assistance has been sought from local WHO and UNICEF offices.	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/about/governance/programme-policies/co-financing/

NA

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **July 2011**

Please attach:

(a) EVM assessment **(Document No 12)**

(b) Improvement plan after EVM **(Document No 13)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **June 2014**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Democratic People's Republic of Korea does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Due to the high demand in the early years of introduction, and in order to ensure safe introductions of this new vaccine, countries' requests for switch of PCV presentation (PCV10 or PCV13) will not be considered until 2015.

Countries wishing to apply for switch from one PCV to another may apply in 2014 Annual Progress Report for consideration by the IRC

For vaccines other than PCV, if you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, …), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. The reasons for requesting a change in vaccine presentation should be provided (e.g. cost of administration, epidemiologic data, number of children per session). Requests for change in presentation will be noted and considered based on the supply availability and GAVI's overall objective to shape vaccine markets, including existing contractual commitments. Country will be notified in the If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, about the ability to meet the requirement including timelines for supply availability, if applicable. Countries should inform about the time required to undertake necessary activities for preparing such a taking into account country activities needed in order to switch as well as supply availability.

You have requested switch of presentation(s); Below is (are) the new presentation(s) :

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

Please attach the minutes of the ICC and NITAG (if available) meeting (Document N°) that has endorsed the requested change.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

Renewal of multi-year vaccines support for Democratic People's Republic of Korea is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	346,400	351,361	353,259	355,166	1,406,186
	Number of children to be vaccinated with the first dose	Table 4	#	112,117	339,063	349,726	344,511	1,145,417
	Number of children to be vaccinated with the third dose	Table 4	#	110,500	339,063	339,129	344,511	1,133,203
	Immunisation coverage with the third dose	Table 4	%	31.90 %	96.50 %	96.00 %	97.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.01	1.01	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	100				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	100				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.04	2.04	1.99	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

Co-financing tables for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

Co-financing group	Low

	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2013	2014	2015
Number of vaccine doses	#	1,131,800	961,900	945,200

Number of AD syringes	#	1,327,500	1,164,600	1,147,300
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	14,750	12,950	12,750
Total value to be co-financed by GAVI	$	2,522,000	2,145,500	2,058,000

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2013	2014	2015
Number of vaccine doses	#	115,200	97,900	98,900
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	249,500	212,000	209,000

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 1)

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	9.23 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	112,117	339,063	31,304	307,759
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	336,351	1,017,189	93,911	923,278
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*	353,169	1,068,049	98,606	969,443
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		178,720	16,500	162,220
H	**Stock on 1 January 2013**	*Table 7.11.1*	100			
I	**Total vaccine doses needed**	*F + G – H*		1,246,819	115,111	1,131,708
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		1,327,459	0	1,327,459
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		14,735	0	14,735
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		2,538,524	234,365	2,304,159
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		61,727	0	61,727
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		8,547	0	8,547
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		162,466	15,000	147,466
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		2,771,264	249,364	2,521,900
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		249,364		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		9.23 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 2)

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	9.23 %			9.46 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	349,726	32,288	317,438	344,511	32,608	311,903
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	1,049,178	96,864	952,314	1,033,533	97,822	935,711
E	Estimated vaccine wastage factor	*Table 4*	1.01			1.01		
F	Number of doses needed including wastage	*D X E*	1,059,670	97,833	961,837	1,043,869	98,800	945,069
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	0	0	0	0	0	0
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	1,059,720	97,837	961,883	1,043,919	98,805	945,114
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	1,164,588	0	1,164,588	1,147,222	0	1,147,222
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	12,927	0	12,927	12,735	0	12,735
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	2,157,590	199,196	1,958,394	2,073,224	196,226	1,876,998
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	2,157,590	0	54,154	2,073,224	0	53,346
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	7,498	0	7,498	7,387	0	7,387
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	138,086	12,749	125,337	132,687	12,559	120,128
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	2,357,328	211,944	2,145,384	2,266,644	208,784	2,057,860
U	Total country co-financing	*I x country co-financing per dose (cc)*	211,944			208,784		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.23 %			9.46 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*

Table 7.11.1: Specifications for Measles second dose, 10 dose(s) per vial, LYOPHILISED

ID		Source		2012	TOTAL
	Number of surviving infants	Table 4	#	346,400	346,400
	Number of children to be vaccinated with the first dose	Table 4	#	342,590	342,590
	Number of children to be vaccinated with the second dose	Table 4	#	336,245	336,245
	Immunisation coverage with the second dose	Table 4	%	97.07 %	
	Number of doses per child	Parameter	#	1	
	Estimated vaccine wastage factor	Table 4	#	1.43	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	801,500	
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	801,500	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

NA

Co-financing tables for Measles second dose, 10 dose(s) per vial, LYOPHILISED

Co-financing group	Low

	2012
Minimum co-financing	0.00
Recommended co-financing as per APR 2011	
Your co-financing	0.00

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

Table 7.11.4: Calculation of requirements for Measles second dose, 10 dose(s) per vial, LYOPHILISED (part 1)

		Formula	2012
			Total
A	Country co-finance	*V*	0.00 %
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	336,245
C	Number of doses per child	*Vaccine parameter (schedule)*	1
D	Number of doses needed	*B X C*	336,245
E	Estimated vaccine wastage factor	*Table 4*	1.43
F	Number of doses needed including wastage	*D X E*	480,831
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	
H	Stock on 1 January 2013	*Table 7.11.1*	801,500
I	Total vaccine doses needed	*F + G – H*	
J	Number of doses per vial	*Vaccine Parameter*	
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	
T	Total fund needed	*(N+O+P+Q+R+S)*	
U	Total country co-financing	*I x country co-financing per dose (cc)*	
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	

Table 7.11.4: Calculation of requirements for (part 2)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2012**. All countries are expected to report on:

   a. Progress achieved in 2012

   b. HSS implementation during January – April 2013 (interim reporting)

   c. Plans for 2014

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2013, the HSS reports are expected by GAVI Alliance by September 2013.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2012

   b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2012 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2012 and request of a new tranche

Please provide data sources for all data used in this report.

9.1.1. Report on the use of HSS funds in **2012**

Please complete Table 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **548500** US$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	450450	1307650	1026900	1025850	549150	
Revised annual budgets (*if revised by previous Annual Progress Reviews*)		450450	1307650	1026900	1025850	549150
Total funds received from GAVI during the calendar year (*A*)		1758500	0	402600	0	813381
Remaining funds (carry over) from previous year (*B*)			1758500	1539631	1420883	647852
Total Funds available during the calendar year (*C=A+B*)			1758500	1942231	1420883	1461233
Total expenditure during the calendar year (*D*)		0	218369	521348	773031	1148587
Balance carried forward to next calendar year (*E=C-D*)		1758500	1539631	1420883	647582	312646
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)	837019			
Remaining funds (carry over) from previous year (*B*)	312646			
Total Funds available during the calendar year (*C=A+B*)	1149665			
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	548500	0	0	0

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)						
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)						
Remaining funds (carry over) from previous year (*B*)						
Total Funds available during the calendar year (*C=A+B*)						
Total expenditure during the calendar year (*D*)						
Balance carried forward to next calendar year (*E=C-D*)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0

Report of Exchange Rate Fluctuation

Please indicate in the table Table 9.3.c below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January						
Closing on 31 December						

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

Briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.

- HSS funds are managed by WHO and UNICEF and projectactivities are implemented by Ministry of Public Health using standard WHOimplementation modalities per the agreement signed between WHO andthe GAVI.
- UNICEF part of the HSS funds directly transferred from GAVI toUNICEF Copenhagen for the procurement of cold chain equipment andtransportation means for EPI programme. Ministry of public Health (MoPH) submitstheir request (list of CC equipment and transport) through UNICEF-DPRK and allprocurement done by UNICEF-Copenhagen based on government request.
- No HSS funds are included in national health sectorplan and budget currently. However in recently developed 'Medium TermPlan for Development of Health Sector in DPR Korea, 2010-2015', GAVI funds are consideredas finances available to the country.
- There have been delays in initial approval of the HSSfunds and then in mechanisms for transferring the funds. Following these, thefunds were made available to WHO Country Office at much later date which hasadversely affected the implementation pace and accordingly resulted indeferment of activities and timeline, which is true for 2012 as well.
- The funds are utilized per standard WHO norms andstandards where by MOPH submits the proposal for each of the approved activityin the work-plan. These proposals are reviewed technically and for complianceto agreed costs between WHO and MOPH and then approved at WHO country officeand processed through WHO online Global Management System according to type ofexpenditure such as Agreement of Performance of Work (APW), Direct FinancialCooperation (DFC) or Procurement for S&E.
- The funds are transferred to Ministry of Public HealthBank account for both national and sub-national activities. Internaltransfer to sub-national level is managed by ministry of finance departments.
- MoPH submits an approved financial statement ofexpenditure (SOE) along with Technical Report of all the activities per WHOstandard reporting template which is scrutinized, reviewed and verified by WHOstaff and processed online for balance payment since payments are usually madein installments and linked to deliverables.
- Following the grant agreement between WHO and GAVI andsubsequent establishment of award, the funds have been provided to MoPH foractivities without delays. Since WHO system initially allowed utilizationof funds only until December 2010, some activities were put on hold andorganized in first quarter of 2011 following amendment in award end date perclarifications from GAVI and WHO, internal clearances, following which theactivities were implemented smoothly.
- WHO received the third and 4th tranches withconsiderable delay for clarification of some issues and 5th tranche is expectedin 2013 only.
- As the WHO biennial work-plan ends on 31 December2013; there may be some delays in fund disbursement in early January 2014,which is the beginning of new bi-ennium.
- Budget items are approved as per original plan;however, to bring the whole HSS plan in line with GAVI requirement, someactivities are being reprogrammed to bring about alignment with immunizationstrengthening. Any such reprogramming is discussed and approved at the HSCCmeeting.
- Similarly, although no activities were planned underoriginal proposal, due to delayed disbursements of the funds from GAVI, asdescribed above, most of the funds from 5th tranche will be available for 2014.New activity proposals are therefore included in the present APR withendorsement from HSCC and forwarded for GAVI approval.

Has an external audit been conducted? No

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2012 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2012 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
1.Health Management System Review and Development	1.1 Recruit TIPs to assist MoPH to review selected component of the health management system including impact evaluation of implementation of micro-planning.	60	TIP recruitment is in final stage; expected to be completed in June 2013
1.Health Management System Review and Development	1.2 Impact evaluation and sharing of the findings	60	Sharing of evaluation finding in September 2013, tool developed, survey to be complete in May. Activity report attached
2.Capacity Building Health Management Systems	2.1. International training for strengthening the capacity of master trainers on Health Management	50	Process on, expected in July 2013
2.Capacity Building Health Management Systems	2.2 Health management training program central/provincial levels on Immunization services including surveillance with data management	30	To be implemented in 2013
2.Capacity Building Health Management Systems	2.3. Procurement of equipment for facilitating immunization trainings	0	To be completed in 2013
2.Capacity Building Health Management Systems	2.4. Health management training programs county level	100	Activity report
2.Capacity Building Health Management Systems	2.5 Health management training programs Ri level	100	Activity report
2.Capacity Building Health Management Systems	2.6 Development of documentary scientific film on IMCI training and Training on IMCI for health staff at county and Ri levels in remaining areas	0	Deferred to later half of 2013
3. Evaluation of capacity building activities	3.1 Development of assessment tool; Field survey for evaluation and data analysis	60	Assessment tool was developed in March 2013 and field survey will be conducted from May 2013
3. Evaluation of capacity building activities	3.2 Printing of the assessment tools	100	Activity report, assessment tool
3. Evaluation of capacity building activities	3.3 Communication		To be done in October 2013
4. Service Delivery support	4.1 Transport (through UNICEF)	90	Procurement complete, delivery to country underway
4. Service Delivery support	4.2 Cold chain (through UNICEF)	90	Procurement complete, delivery to country underway
5. Surveillance and supervision	5.1 Study tour on vaccine preventable disease surveillance planning and management for health managers of central level	100	Activity reports; study tour reports

5. Surveillance and supervision	5.2 Field epidemiology training program	50	Process is underway; planned for July 2013
5. Surveillance and supervision	5.3 Training on epidemiologic methods and surveillance on VPDs and other diseases in IDSP for health workers	30	Proposal received, process is on going and to be completed by July 2013
5. Surveillance and supervision	5.4 Training on IDSP and routine immunization data management for health managers at all levels	30	Proposal received, process is on going and to be completed by October 2013
5. Surveillance and supervision	5.5 Training of county level laboratory doctors on disease surveillance	100	Implemented with WHO AC funding support; activity report
6. Health Sector coordination	6.1 Technical assistance and logistic support for GAVI technical team at MoPH	30	Activity proposal received, under process, to be completed by July 2013

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
1.Health Management System Review and Development	1.1 Recruit TIPs to assist MoPH to review selected component of the health management system including impact evaluation of implementation of micro-planning.: TIP recruitment is in final stage; expected to be completed in June 2013; the process was deferred due to prevailing geopolitical situation in early 2013; delayed availability of GAVI funds by WHO (3rd tranche received in October 2012 and 4th tranche only in January 2013) was also a factor
1.Health Management System Review and Development	1.2 Impact evaluation and sharing of the findings Sharing of evaluation finding in July 2013, tool developed, survey to be complete in May.
2.Capacity Building Health Management Systems	2.1. International training for strengthening the capacity of master trainers on Health Management:: Process on, expected in July 2013; delay related to hosting institutes' schedule
2.Capacity Building Health Management Systems	2.2 Health management training program central/provincial levels on Immunization services including surveillance with data management: Deferred to 2013 due to lack of funding support and also to allow more time for preparation by technical experts.
2.Capacity Building Health Management Systems	2.3. Procurement of equipment for facilitating immunization training: Deferred due to unavailability of funds in 2012, to be completed in 2013.
2.Capacity Building Health Management Systems	2.4. Health management training programs county level: 1. 336 health managers at county level was trained by 42 trained health managers at central and province level in selected 28 counties of Pyongyang city, Nampho city, N. Pyongan province and S, Pyongan province during Apr.- May. 2012 2. 336 health managers at county level was trained by 42 trained central and provincial health managers in selected 28 counties of Ryanggang province, N. Hamgyong province, S. Hamgyong province and Jagang province during Jun.- Aug. 2012 3. 288 health managers at county level was trained by 36 trained central and provincial health managers in selected 12 counties of N. Hwanghae province , S. Hwanghae province and Kangwon province during Mar-Apr. 2012 Activity Reports submitted

2.Capacity Building Health Management Systems	2.5 Health management training programs Ri level: 1440 health managers at Ri level was trained by 96 trained central and provincial health managers in 48 counties during April-August 2012 Activity Reports submitted
2.Capacity Building Health Management Systems	2.6 Development of documentary scientific film on IMCI training and Training on IMCI for health staff at county and Ri levels in remaining areas: Deferred to later half of 2013, due to non-availability of funds during the same time last year
3. Evaluation of capacity building activities	3.1 Development of assessment tool; Field survey for evaluation and data analysis: The activity was deferred to 2013 to give time to all counties/Ris complete the training that was to be evaluated; tool finalized in March 2013, survey is in May with report expected in June 2013
3. Evaluation of capacity building activities	3.2 Printing of the assessment tools: Related with activity 3.1; done in March 2013
3. Evaluation of capacity building activities	3.3 Communication: Communication material development and dissemination on impact of health management training will need to come from TIP recommendations after evaluation; deferred to July-August 2013
4. Service Delivery support	4.1 Transport (through UNICEF): Transport vehicles procured as planned, shipment to country is in the process, delays related to geo-political situation
4. Service Delivery support	4.2 Cold chain (through UNICEF): Cold chain equipment procured as planned, shipment to country is in the process, delays related to geo-political situation.
5. Surveillance and supervision	5.1 Study tour on vaccine preventable disease surveillance planning and management for health managers of central level: Completed; study tour reports submitted by each individual
5. Surveillance and supervision	5.2 Field epidemiology training program: Process on, expected to commence from July 2013; delay related to hosting institutes' schedule
5. Surveillance and supervision	5.3 Training on epidemiologic methods and surveillance on VPDs and other diseases in IDSP for health workers: Proposal received, process is on going and to be completed by July 2013; delay related to non-availability of funds last year
5. Surveillance and supervision	5.4 Training on IDSP and routine immunization data management for health managers at all levels: Proposal received, process is on going and to be completed by August 2013; delay related to non-availability of funds last year
5. Surveillance and supervision	5.5 Training of county level laboratory doctors on disease surveillance: Implemented with WHO AC funding support as was identified as a priority in relation to strengthening core capacity for IHR (2005)
6. Health Sector coordination	6.1 Technical assistance and logistic support for GAVI technical team at MoPH: Proposal received and is under review; to be completed by August 2013

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

Some of the activities planned for 2012, could not be done as per the original time schedule, due to long time taken in signing new memorandum of understanding between GAVI and WHO in relation to release of 3rd and 4th year tranches; the third tranche was received only in October 2012, and 4th tranche in January 2013. Otherwise,activities had gone on quite smoothly when funds were available. Some activities related to international procurement (transport and cold chainequipment for example, by UNICEF) or hiring of international expert fortechnical assistance for assisting MoPH with evaluation of GAVI HSS activities had been hampered/delayed by existing geopolitical situation earlier this year.

Some of the activities like provision of support to lab networks were provided from alternate sources.

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

GAVI HSS grant has not been used for national human resources.

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2011 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2012 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2008	2009	2010	2011	2012		
Numbers of staff trained in integrated health management	0	HMIS	3850	3850	0	0	0	2736	3536	MoPH Report	92% achieved
Guideline developed for micro-planning	0	HMIS	1	1	0	0	1	1	1	MoPH Report	Guideline finalized in 2010, but revised every year as per need
Guidelines developed for financial management	0	HMIS	1	1	0	0	1	1	1	MoPH Report	
% counties implement supportive supervision	0%	Planning department of MoPH	100%	NA	0%	25%	30%	60%	80%	Survey by health management training team	
% counties implementing IMCI	25%	Annual Provincial Report	100%	100%				100%	100%	Annual Provincial Report	
% Counties managed by trained health managers	0%	Planning department of MoPH	100%	100%				100%	100%	Annual Provincial Report	
% counties utilizing integrated VPD surveillance	0%	National EPI	100%	100%	30%	60%	90%	100%	100%	Annual EPI Report	
% counties routinely integrate Vit A with RI	99.7%	MoPH Report	100%	100%	100%	10%%	100%	100%	100%	MoPH Report	
% counties with 90% functioning cold chain	NA		100%	100%				100%	100%	EVM Report	
% of counties achieving >80% DPT3 coverage	100%	MoPH Report	100%	100%	100%	100%	100%	100%	100%	AERF 2012	

Co-ordination Mechanism established for HSS	0	MoPH Report	YES	YES				YES	YES	MoPH Report	
DPT- HepB 3 coverage	82.3%	JRF 2007	90%	90%	83%	85%	90%	93.6%	95.7%	JRF 2012	
MCV1 Coverage	80%	JRF 2007	90%	80%	85%	90%	99%	98%	99%	JRF 2012	
% of Provinces with VPD Focal points trained on data management	0%	National EPI	100%	100%	30%	60%	100%	100%	100%	annual Provincial Report	
DPT- HepB 3 coverage	82.3%	JRF 2007	90%	90%	83%	85%	90%	93.6%	95.7%	JRF 2012	
MCV1 Coverage	80%	JRF 2007	90%	80%	85%	90%	99%	98%	99%	JRF 2012	
% of Provinces with VPD Focal points trained on data management	0%	National EPI	100%	100%	30%	60%	100%	100%	100%	annual Provincial Report	

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

In 2012 the activities on health system strengthening supported by GAVI were further enhanced and taking forward from where it was left at the endof 2011. Most of the unfinished activities of 2011 including health managementand EPI training, household doctors training were all conducted. The technical content of both the training packages were reviewed to emphasize the linkage with strengthening of immunization in the context of 2012-Year of Intensification of Routine immunization as declared by WHO Regional Director for South-East Asia Region. Emphasis was given on quality of immunization, equity and reaching the un-reached. As the health managers are mostly from clinical background the basic knowledge about epidemiology, bio-statistics, operational research methodologies and their practical usage is relatively low. So this package of training as was identified in previous year was mostly continued.

Additional boost to routine immunization programme was a result of successful introduction of vaccine against haemophylus influenza (Hib vaccine) in the form of pentavalent vaccine in July 2012 in routine immunization. In preparation to the new vaccineintroduction, refresher training were organized all over the country, immunization guidelines and forms were updated and distributed. In addition, to strengthen AEFI surveillance and to prepare the programme to any adverse events followingimmunization related to new vaccine introduction, AEFI surveillance training was organized all over the country using WHO standard AEFI training module with support from WHO.

The pool of trainers identified earlier were successfully used to conduct health management training in the remaining areas and also the training related to pentavalent vaccine introduction and for AEFI surveillance.

The study tours on immunization related subjects in 2012 was important in adding capacity to national and provincial level EPI managers in routine immunization management and planning, AEFIsurveillance and in Hepatitis control. The staff trained through these programmes played important roles in training the health workers and implementing the immunization activities in 2012.

Progress towards establishing country wide vaccine preventable disease surveillance (VPDS) and integrated disease surveillance programme (IDSP), into which all major vaccine preventable disease surveillance also making forward steps. IDSP is currently functional in two provinces in the pilot phase; an interim assessment was done by WHO and way forward has been outlined. Considering labnetwork is an integral part of surveillance WHO SEARO has organized preparation of a master plan for provision of specific support for labs at different levels based on thorough needs-assessment in December 2012, following which specific plan has been taken to strengthen lab network to support IDSP implementation. Laboratory doctors were provided training on detection and reporting of diseases under IDSP with GAVI and WHO support in 2012.

Other activities taken up by MoPH with GAVI support like training of Household doctors, who are the major providers/managers of immunization services and surveillance focal points for all diseases including VPDs, on health management and IMCI training, which wereactually spill over from previous years activities.

Results were very visible: pentavalent vaccine launched successfully without any incidence of serious AEFI, DPT3 coverage nationally for the first time rose above 95% and MCV1 coverage rose to the level of 99% in 2012 (Data source WHO-UNICEF JRF 2012).

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

There were no major problems, except that 3rd year and 4th year tranches under the present donor agreement was delivered late to WHO, and so the implementation of activities was delayed. WHO and MoPH used sometimes other sources of funding to support the activities.

There are still some challenges in capacity of the managers to plan activities in consideration of various aspects of healthfinancing including cost-effectiveness and cost benefit analysis. EPI managersand other health managers need to be trained on financial management which is one of the pillars of health system strengthening.

The following factors may also be noted as risks and challenges:

- In absence of verifiable external resources and support, theinternal resources alone are not enough to sustain the gains in HSS and in immunization; the dip in immunization coverage in mid-nineties with resultant outbreaks of vaccine preventable diseases, especially of countrywide severe outbreak of measles in 2006-07, are the examples in past.
- The available donors for this country are very few in numbers, and for some of the available donors, often the aid flow is affected by geo-political situation or other issues beyond the control of the program

For mitigation of these risks, MoPH DPRK and partners would like to appeal to GAVI Alliance and other donors to continue their valuable support while MoPH will ensure the most rational use of the available resources.

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

At the highest level GAVI HSS implementation is monitored by Health Sector Management Committee which oversees, monitors, guides and approves the implementation plan.

On a routine basis the concerned national program managers with sub national counterparts are responsible for implementation, monitoring and reporting the activities; there is also a cell of technical experts known as GAVI-Cell identified within MoPH to plan, implement, monitor and supervise specific GAVI supported activities.

Organizationally WHO works closely with Department of External Affairs, MOPH and WHO DeskOfficer and National program managers (EPI, Health System and Child Health) to facilitate development of quality proposals per activities in the work plan.

The proposals are processed within WHO Country office using the standard check list and routing chart and per identified expenditure type for each activity(Agreement for Performance of Work, Direct Financial Cooperation, and PurchaseOrder) the transactions take place in GSM with built in quality checks

The implementation of activities at different levels is monitored by WHO/UNICEF and MOPH both jointly and exclusively for example:

- Participating in training at different levels with national program manager
- Supportive supervision of routine activities (eg immunization services, surveillance, etc) or of special activities like Child Health Day
- Verification of arrival of supplies at Central Medical and Non-MedicalWarehouse
- End user and facility visit for utilization of equipment and supplies

Each activity implementation technical and financial report is submitted to WHO which is reviewed and processed per WHO procedures and feedback provided to NPM, MOPH for revisions and refinement if needed. Generally the payment to MOPH is done in installments and last installment is affected with final deliverable.

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

GAVI HSS activities are integrated in MoPH own plan and are accordingly implemented, monitored and reported in their annual report. There is a special cell within MoPH, which plans, implements and monitors activities supported through GAVI HSS.

The funds used are channeled through WHO and UNICEF,and are subject to additional monitoring and reporting. Both WHO and UNICEF have their own M&E, Internal audit and oversight system of monitoring the GAVI-HSS activities for monitoring both technical and financial aspects.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

WHO and UNICEF support Ministry of Public Health (MOPH) in the implementation of GAVIHSS activities.

Representatives of WHO, UNICEF, MOPH and Ministry of Finance (MOF) are the members of HSCC

Provincial and county level health bureau and People's Health Committee are involved in the implementation of sub-national activities.

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

In DPR Korea, this point is not relevant

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

The mechanism of channeling funds through WHO and UNICEF has been working effectively though there have been some procedural delays which were resolved

Channeling of funds through WHO necessitate following the procedures including proposal development for each activity, monitoring and technical and financial reporting which is an additional requirement but ensure quality implementation and reporting.

There were delays in disbursement of funds for the 3rd and 4th year tranches under the present grant agreement, which caused delays inimplementation of certain activities. GAVI is requested to expedite the possibility of early disbursement of the funds in future.

However, no changes are proposed for management process in the coming year.

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2013 actual expenditure** (as at April 2013)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)

1. Health management system review and development	1.1 Recruit TIP to assist MoPH to review selected component of the health management system including impact evaluation of implementation of micro-planning	50000		3.1 TA for assisting MoPH to conduct evaluation of GAVI HSS supported activities and preparation of new round proposal	Activity marked in 2012 and 2013, combined to assist MoPH to evaluate impact of GAVI sup [ported HSS activities till date and for preparing new proposal. In proposal for TA for evaluation (2012) budget was 20,000 and in the plan for TA for planning in 2013, US$ 30,000 had been allocated. Programme requested to combine the two activities which will result in savings; HSCC has endorsed this reprogramming. Based on confirmed information, budget for the activity is adjusted to 25,000	25000
1. Health management system review and development	1.2. Development of assessment tool; field survey and data for evaluation analysis	22000	6500		Forwarded activity from 2012; survey being conducted in May 2013	22000
1. Health management system review and development	1.3. Sharing of the findings of the evaluation/ refresher training	15000			This activity was planned for 2012, but postponed to July 2013 will follow the survey being conducted in May 2013	10000
2. Capacity building for health management system	2.1. Strengthening capacity of health managers in EPI management at all levels through usage of MLM training module	0		2.1. Strengthening capacity of health managers in EPI management at all levels through usage of MLM training module	In line with GAVI requirements of aligning GAVI supported HSS activities with immunization, it has been felt that for increasing performance on EPI management, the training to the EPI Managers using the MLM training module will further strengthen their capacity to sustain the achievements in immunization. This is a new activity proposed by programme and endorsed by HSCC, will not have any impact on total budget. The reprogramming is therefore, proposed.	48000
2. Capacity building for health management system	2.2. International training for health managers in immunization programme	85000		2.2. International training for health managers in immunization programme	this was a part of 2012 activity plan, brought forward and include study tours on health financing and vaccine quality control and a fellowship on AEFI surveillance. Has been endorsed by HSCC.	85000
2. Capacity building for health management system	2.3. International public health short courses/ linkages	40000			International training for strengthening the capacity of master trainers on health managementActivity brought forward from 2012 for obtaining schedule by host institute	40000

2. Capacity building for health management system	2.4 Refresher training on immunization for household doctors	60000		2.4 Refresher training on immunization for household doctorsnt and dissemination of IEC materials related to immunization	The activity redesigned to modify the previously planned activity as IMCI training as in 2012 plan, to better focus on immunization, as recommended by GAVI. The modification endorsed by HSCC	60000
2. Capacity building for health management system	2.5. Capacity building of EPI Data Management through establishment of e-Reporting system	0		2.5. Capacity building of EPI Data Management through establishment of e-Reporting system	New activity proposed to build capacity for access to live desegregated data needed for data based action and to address the equity issues and gaps. Total budget 110,000 USD; of which 35,000 has been secured from another donor mobilized through WHO support, rest will be used from GAVI-HSS. Proposal endorsed by HSCC. GAVI approval is requested	75000
2. Capacity building for health management system	2.6. Procurement of equipments for facilitating immunization trainings	52000			Brought forward from 2012 activity plan	15000
3. Service delivery support	3.1. Field epidemiology training programme	40000			This activity was planned for 2012, but was postponed to July 2013	40000
3. Service delivery support	3.2. Support to AEFI surveillance	0		3.2. Support to AEFI surveillance	AEFI training was conducted in 2012 with US CDC support mobilized through WHO, to further strengthen AEFI surveillance, guidelines and forms needs to be printed and distributed. The new activity is inline with HSS in the context of immunization program and is endorsed by HSCC	47000
3. Service delivery support	3.3. Training on epidemiologic methods and surveillance on VPDs and other diseases in IDSP for health workers	25000			Brought forward from 2012 activity plan	15000
3. Service delivery support	3.4. Support VPD surveillance including that of ARI & Diarrhea in childhood	0			Support for strengthening lab capacities at National, provincial and county levels, targeting all vaccine preventable disease detection, with special emphasis on viral hepatitis and also on ARI and Diarrhea in childhood. The later will help to gather evidence for introduction of pneuomoccal or Rota virus vaccines. This new activity is considered very important and is endorsed by HSCC and put forward to GAVI for approval.	243000

3. Service delivery support	3.5. Training on IDSP and routine immunization data management for health managers at all levels	18000			Activity brought forward from 2012	18000
3. Service delivery support	3.6 IEC Material development and dissemination	30000		3.6 IEC Material development and dissemination	Activity brought forward from 2012 with some proposed changes to include 3 items: Development, printing, distribution of health promotion materials on vaccine preventable diseases; revision and printing of vaccination cards and development of documentary film on immunization and IMCI.	55000
4. Monitoring and evaluation, health sector coordination	4.1 Support planning, implementation and supervision activities by GAVI cell at MoPH	128850		4.1 Support planning, implementation and supervision activities by GAVI cell at MoPH	Two years activities (2012 &13) clubbed together and 3 sub-activities proposed for support of the GAVI-Cell at MoPH for planning, implementing and supervising the activities. These are office supplies & running cost, transport vehicle for supervisory visit and costs related to supervisory travel. Total budget is 120,000 USD. Endorsed by HSCC with request to GAVI for approval for smooth running of the GAVI supported activities in future.	120000
4. Monitoring and evaluation, health sector coordination	4.2. Support for EPI review	200000		4.2. Support for EPI review	EPI Programme Review is proposed for 2014, with preliminary works starting in 2013. Budget will be taken from 200,000 USD allocated in 2013 budget for non-specific Monitoring and Evaluation as in the original proposal of 2007.Activity will provide future guidance and recommendation for the immunization program. Plan endorsed by HSCC and GAVI approval is requested	20000
4. Monitoring and evaluation, health sector coordination	4.3. Organizing quarterly review meetings	0		4.3. Organizing quarterly review meetings	To systematize monitoring of progress of GAVI-supported activities this meeting between MoPH and partners have been proposed. HSCC endorsed the proposal and GAVI approval is requested	5000
4. Monitoring and evaluation, health sector coordination	4.4 Supervisory visits by WHO Country team	0		4.4 Supervisory visits by WHO Country team	To ensure more often supervisory visits by WHO country team for monitoring GAVI supported activities this new activity is proposed. HSCC has endorsed the proposal and GAVI approval is requested.	5000
		765850	6500			948000

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
1. Health management system review and development	1.1 Refresher training/workshop for health managers on microplanning and development of immunization training plan			Activity plan for 2014 was not included in original proposal for GAVI HSS funding request. However, considering that with usual procedure, the 5th year tranche under the existing grant agreement will arrive only towards the end of 2013 and so most of the support will be available for spending only in 2014. The activities are priority activities in line with GAVI requirement of immunization related health system strengthening. No additional fund is requested.The new Activity Plan for 2014 has been endorsed by HSCC and approval from GAVI is requested,Training on Micro-planning was conducted earlier, but there is need for repeat with more emphasis on practical aspects of immunization micro-planning	20000
2. Capacity building for health management system	2.1. Strengthening capacity of health managers in EPI management at all levels through introduction of MLM training module			This is continuation of proposed activity in 2013 in the geographical areas that will not be covered in 2013.The proposal is endorsed by HSCC is put forward for GAVI approval	30000
2. Capacity building for health management system	2.2. Refresher training on immunization for household doctors			Refresher trainings on immunization for household doctors needed considering the time elapsed from the initial training and will be rolled out in phase manner.The proposal is endorsed by HSCC is put forward for GAVI approval	25000
2. Capacity building for health management system	2.3 International training on EPI Management			EPI management including planning , implementation , monitoring and supervision is becoming increasingly complex and demanding. Top level EPI managers need to learn from experience of other countries to be able to deliver the better management. This activity is endorsed by HSCC and put forward for GAVI approval.	30000
3. Service delivery suppor	3.1. Support for integrated integrated disease surveillance			Follow-up support for integrated disease surveillance is requested especially for geographical extension of the program. The proposal is endorsed by HSCC is put forward for GAVI approval	148000

3. Service delivery support	3.2. Development sentinel surveillance system for AES , ARI and diarrhea at 4-5 sentinel sites			Proposed activities include Feasibility assessment and workshop, Development of SOP and training of health workers and lab doctors at designated sentinel sites and Support laboratory capacity at sentinel sitesDevelopment of sentinel surveillance sites in strategically well placed areas will be good for understanding disease trends for AES and IBDS. Current data on Japanese encephalitis, bacterial meningitis and pneumonia are very limited for taking appropriate decisions regarding control measures including new vaccine introduction.The proposal is endorsed by HSCC is put forward for GAVI approval	58000
3. Service delivery support	3.3. Introduction of data quality self assessment system (DQS)			DQS training will help in improving immunization data quality and in local level use of data; support, therefore, is requested	25000
3. Service delivery support	3.4. Production and distribution of IECmanterials on immunization			IIEC materials for immunization and disease surveillance need updating; support, therefore, is requested	20000
3. Service delivery support	3.5 International FETP			GAVI had supported international FETP in 2012 (to be implemented in 2013) for three epidemiologists to be trained abroad. The capacity developed by the fellows will be used for setting up of national FETP course under Pyongyang Medical University, for which a plan has already been developed. The field epidemiology experts will be valuable asset for carrying out field investigation and surveillance and response activities for all vaccine preventable diseases and emerging and re-emerging infectious diseases in future. Another proposal for training another three epidemiologists through FETP abroad is proposed. The proposal endorsed by HSCC; GAVI approval is requested.	60000
3. Service delivery support	3.6. International training for EPI managers on cold chain management			Cold chain has been renovated throughout the country in 2011; however, in order to improve functional cold chain quality through appropriate supervision and monitoring by EPI managers are needed to learn about practical aspects of cold chain management, which can be achieved through a short training in a country with highest level of functional cold chain. A study tour/ fellowship is thus proposed. The proposal endorsed by HSCC; GAVI approval is requested.	25000
3. Service delivery support	3.7 Cold chain equipment (through UNICEF)			Continuation of the routine support as per need	39000
4. Monitoring and evaluation, health sector coordination	4.1. Quarterly EPI review meeting			Routine activity requested for continuation	5000
4. Monitoring and evaluation, health	4.2. Logistical and technical support for GAVI technical team at MoPH			Routine activity requested for continuation	15000
4. Monitoring and evaluation, health sector coordination	4.3 Field visit by WHO country team			Routine activity requested for continuation	5000
		0			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
Global Fund	14282013	2011-15	Capacity building, training, planning and implementation, infrastructure, technical assistance, monitoring and evaluation, supervision related to TB and Malaria control in the country.
ROK	3589092	2008-12	Capacity building, HMIS, Infra structure, IMCI, MCH, Blood Safety, Quality of pharmaceutical products, etc
WHO AC Fund	1511500	2010-13	Capacity building, IHR, Disaster preparedness and response, Telemedicine, Medical education, Fellowships, Policy development, Planning, Management, Research, etc

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Activity reports submitted to WHO	1. Participation by WHO staff in training in selected places for supervision and for quality check. 2. Ensuring names of participants of training 3. Maintaining offline and online checklists for all proposals and activity reports 4. Verification of arrival of goods at central medical and non-medical warehouse	The process is little tedious, but ensures quality of documentation of activities appropriately.
MDGs Progress and Annual Report on Health Status DPRK, 2011 Ministry of Public Health, DPRK		
MOPH annual report	Discussions with NPM and other focal points including the technical group in MoPH working in GAVI cell on specific issues needing clarification	
United Nations Strategic Framework (UNSF) Review 2012	Data were verified by different UN agencies	
WHO Annual EPI Reporting form (AERF-2012)	Cross-checked at different stages	

WHO-UNICEF JRF on EPI Coverage (2012)	Cross-checked at different stages	

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

- More user friendly, than the previous version, still some problems with saving; during this action some data are lost, and re-doing is necessary.
- Copying text from word file and inserting makes the boxes sometimes very large, unnecessary blank space makes it difficult to look for the next table.
- In some tables the number of characters in particularcells were limited, so there could be problem in understanding

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?3

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Democratic People's Republic of Korea **has NOT received GAVI TYPE A CSO support**

Democratic People's Republic of Korea is not reporting on GAVI TYPE A CSO support for 2012

10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Democratic People's Republic of Korea **has NOT received GAVI TYPE B CSO support**

Democratic People's Republic of Korea is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments

DPRK is recognised as one of the few countries in the world to achieve the highest standards in its immunization program. The introduction of pentavalent vaccine was a breakthrough for DPR Korea which generated a lot of attention and interest from the global community and was widely covered by the international media. Introduction of pentavalent vaccine in DPR Korea is a notable example of strategic partnership with Global Alliance for Vaccines and Immunization (GAVI) and other agencies. The government through fulfilling its co-financing obligations also demonstrated its continued commitment to child survival.

The case of immunization demonstrates that significant health gains have been made in the DPR Korea, despite major geographic, health system and health financing constraints. Coverage has improved, and new vaccines and technologies have been introduced. Despite some shortcomings in surveillance and logistics management systems, there is also evidence that the immunization system is well on the way to contribute to reductions in childhood mortality. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

This experience opens up the possibility of introducing more new vaccines in the future like rotavirus and pneumococcus and the government has clearly announced its commitment in a global forum (GAVI Partners' Forum meeting in Tanzania) for the introduction of new vaccines in the future.

Though EPI is one of the most successful public health programmes in DPRK, there are always challenges to reach the unreached population who are most vulnerable due to geographical in-accessibility in some provinces.

A bottleneck analysis workshop is planned in May 2013 to identify barriers, causes and to find out the practical solutions (corrective actions) to reach the unreached/partially reached children in five provinces (Ryanggang, South Hamgyong, South Hwanghae, Kangwon and North Hamgyong) who are below the national average (88% fully immunized) with the participation of key officials from province and counties. Government of DPR Korea is committed to ensure that every single child irrespective of their geographical location and residence (urban/rural) is not deprived of immunization services.

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS)** AND **NEW VACCINE INTRODUCTION GRANTS**

I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS [1]

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signature Pages_Health Minister_DPRK_APR 2012.pdf File desc: Date/time: 5/14/2013 1:41:23 AM Size: 804358
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature Page_Finance Minister_DPRK_APR 2012.pdf File desc: Date/time: 5/14/2013 1:58:05 AM Size: 265731
3	Signatures of members of ICC	2.2	✓	Signature Page_ICC Members_DPRK_APR 2012.pdf File desc: Date/time: 5/14/2013 1:58:47 AM Size: 235563
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✓	ICC_&_HSCC_Meeting Minutes_Endorsed_APR_14_May_2013.docx File desc: Date/time: 5/14/2013 10:33:02 PM Size: 27380
5	Signatures of members of HSCC	2.3	✗	Signature Page_HSCC Members_DPRK_APR 2012.pdf File desc: Date/time: 5/14/2013 1:59:10 AM Size: 313016
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✓	ICC_&_HSCC_Meeting Minutes_Endorsed_APR_14_May_2013.docx File desc: Date/time: 5/14/2013 10:33:25 PM Size: 27380
9	Post Introduction Evaluation Report	7.2.2	✓	Post_Introduction_Evaluation.docx File desc: Date/time: 5/14/2013 10:40:54 PM Size: 13090
10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	7.3.2_NVS Introduction Grant.xlsx File desc: Date/time: 5/14/2013 10:53:05 PM Size: 13119
				External Audit Report_NVS grant.docx

11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.3.1	✓	File desc: Date/time: 5/14/2013 10:56:44 PM Size: 13018
12	Latest EVSM/VMA/EVM report	7.5	✓	EVM Assessment Report-Final_DPRK_10 October'11.doc File desc: Date/time: 5/14/2013 7:54:46 AM Size: 1863168
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	EVM-Improvement Plan_final_DPRK_10 Oct'11.xls File desc: Date/time: 5/14/2013 7:55:14 AM Size: 189440
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	EVM-Improvement Plan_Implementation status_DPRK_10 May'13.xls File desc: Date/time: 5/14/2013 7:55:36 AM Size: 186880
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.6.3	✗	External Audit Report_Preventive Campaign.docx File desc: Date/time: 5/14/2013 10:59:19 PM Size: 13047
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	12.4 Annex 4_WHO HSS Component.docx File desc: Date/time: 5/14/2013 11:19:02 PM Size: 17522
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	12.4_Annex-4_UNICEF HSS Component.xlsx File desc: Date/time: 5/14/2013 11:19:30 PM Size: 14472
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	✗	External Audit Report_HSS grant.docx File desc: Date/time: 5/14/2013 11:32:10 PM Size: 13014
22	HSS Health Sector review report	9.9.3	✗	MTSP_DPRK 2010-2015_FINAL.pdf File desc: Date/time: 5/14/2013 11:28:23 PM

				Size: 753177
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0		Bank Statement_All cash programmes.docx File desc: Date/time: 5/14/2013 11:34:48 PM Size: 13173