



Annual Progress Report 2008

Submitted by

The Government of

Democratic People's Republic of Korea

Reporting on year: __2008__

Requesting for support year: __2010/2011__

Date of submission: __11 May 2009__

Deadline for submission: 15 May 2009

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: apr@gavialliance.org

and any hard copy could be sent to :

**GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland**

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

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

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of **DPR Korea...**

Minister of Health:

Title/Name: Choe Chang Sik

Signature:

Date: 2009-5-11

Minister of Finance:

Title/Name: Sin Pong Ryul

Signature:

Date: 2009-5-12

This report has been compiled by:

Full name: . Dr.Kim Jong Hawn

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ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

We, the undersigned members of the Inter-Agency Co-ordinating Committee 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.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Choe Chang Sik, Health Minister	Minstry of Public Health		
Pak Myong Su, Director, State Hygienic Control Board, MoPH	Minstry of Public Health		
Pak Jong Min, Director, External Affairs Department, MoPH	Minstry of Public Health		
Kim Bok Sil, Director, Department of Finance, MoPH	Minstry of Public Health		
Ri Il Yong, Focal point, GAVI Programme, MoPH	Minstry of Public Health		
Kim Jong Hwan, EPI manager, MoPH	Minstry of Public Health		
Ri Hyon Chol, Director of Medical Service, MoPH,	Minstry of Public Health		
O Myong Il, Director, Department of Finance	Minstry of Finance		
Kim Su Gil, Vice director, Department of Cooperation	National Planning Committee		
Ko Kwang Zin, Vice direcot, Academy of Medical Science	Academy of Medical Science		
Dr. Sarveshwar Pury Representative of WHO	WHO, DPRK		
Mr. Gopalan Balagopal, Representative UNICEF	UNICEF, DPRK		

Comments from partners:

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

All comments will be treated confidentially

As this report been reviewed by the GAVI core RWG: y/n

HSCC Signatures Page

If the country is reporting on HSS, CSO support

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

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Choe Chang Sik, Health Minister	Minstry of Public Health		
Pak Myong Su, Director, State Hygienic Control Board, MoPH	Minstry of Public Health		
Pak Jong Min, Director, External Affairs Department, MoPH	Minstry of Public Health		
Kim Bok Sil, Director, Department of Finance, MoPH	Minstry of Public Health		
Ri Il Yong, Focal point, GAVI Programme, MoPH	Minstry of Public Health		
Kim Jong Hwan, EPI manager, MoPH	Minstry of Public Health		
Ri Hyon Chol, Director of Medical Service, MoPH,	Minstry of Public Health		
O Myong Il, Director, Department of Finance	Minstry of Finance		
Kim Su Gil, Vice director, Department of Cooperation	National Planning Committee		
Ko Kwang Zin, Vice direcot, Academy of Medical Science	Academy of Medical Science		
Dr. Sarveshwar Pury Representative of WHO	WHO, DPRK		
Mr. Gopalan Balagopal, Representative UNICEF	UNICEF, DPRK		

Comments from partners:

You may wish to send informal comment to: apr@gavialliance.org

All comments will be treated confidentially

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

This report on the GAVI Alliance CSO Support has been completed by:

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B funding).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date
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.....			
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.....			

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Annual Progress Report 2008: Table of Contents

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Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided

Table A: Latest baseline and annual targets (From the most recent submissions to GAVI)

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	427,931	433,066	438,263	443,522	448,799	454,140		
Infants' deaths	2,404	2,433	2,462	2,491	6,732	6,358		
Surviving infants	425,527	430,633	435,801	441,031	442,067	447,782		
Pregnant women	427,931	433,066	438,263	443,522	448,799	454,140		
Target population vaccinated with BCG	425,527	430,633	435,801	441,031	442,067	447,782		
BCG coverage*	415,093	420,074	425,115	430,216	435,335	440,516		
Target population vaccinated with OPV3	425,527	430,633	435,801	441,031	442,067	447,782		
OPV3 coverage**	417,867	422,020	427,085	432,210	433,226	438,826		
Target population vaccinated with DTP (DTP3)***	425,527	430,633	435,801	441,031	442,067	447,782		
DTP3 coverage**	391,485	409,101	414,011	423,390	424,384	429,871		
Target population vaccinated with DTP (DTP1)***	425,527	430,633	435,801	441,031	442,067	447,782		
Wastage ¹ rate in base-year and planned thereafter	25%	25%	25%	25%	25%	25%		
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of DPT+HepB	425,527	430,633	435,801	441,031	442,067	447,782		
..... Coverage**	391,485	409,101	414,011	423,390	424,384	429,871		
Target population vaccinated with 1 st dose of Measles	425,527	430,633	435,801	441,031	442,067	447,782		
Wastage ¹ rate in base-year and planned thereafter	45%	45%	45%	45%	45%	45%		
Target population vaccinated with 1 st dose of Measles	425,527	430,633	435,801	441,031	442,067	447,782		
Target population vaccinated with 2 nd dose of Measles	425,527	430,633	435,801	441,031	442,067	447,782		
Measles coverage**	391,485	417,714	422,727	427,800	428,805	434,349		
Pregnant women vaccinated with TT+	427,931	433,066	438,263	443,522	448,799	454,140		
TT+ coverage****	412,097	420,074	425,115	430,216	435,335	440,516		
Vit A supplement Infants (>6 months)	2,239,807	2,266,685	2,293,885	2,321,412	2,349,268	2,377,460		
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	1.5%	2%	2%	2%	2%	2%		
Annual Measles Drop out rate (for countries applying for YF)								

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

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

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

¹ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

Table B: Updated baseline and annual targets

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	427,931	433,066	438,263	443,522	448,799	454,140		
Infants' deaths	2,404	2,433	2,462	2,491	6,732	6,358		
Surviving infants	425,527	430,633	435,801	441,031	442,067	447,782		
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1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): **No**

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.

If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

Country received ISS reward money for the year 2007 (0507-PRK-02-Y) in 2008 amounting to US\$ 416,500 which was transferred to UNICEF Copenhagen based on Ministry's request letter to GAVI Secretariat dated 3 October 2008 for the procurement of cold chain equipment. UNICEF Copenhagen received this money on 23 December 2008.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).

Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

The funds were transferred to UNICEF-Copenhagen. No problems have been encountered so far.

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008 __US\$ 416,500 (Reference Code:0507-PRK-02-Y) __

Remaining funds (carry over) from 2007 __US\$ 492,500 (Reference Code:0507-PRK-02-Y) __

Balance to be carried over to 2009 _____US\$ 909,000__

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify)					
Total:					
Remaining funds for next year:	US\$ 909,000				

Nothing was spent in 2008. Entire rewards amount (492,500+416,500=909,000) will be used for the procurement of cold chain equipment in 2009 based cold chain assessment report.

1.1.3 ICC meetings

How many times did the ICC meet in 2008? Three Times

Please attach the minutes (DOCUMENT N°) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: **[No]**
if yes, which ones?

List CSO member organisations

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

- Conducted two major assessment/surveys for strengthening immunization programme in the country which are as follows:-
 1. For the very first time, a nation-wide cold chain assessment was carried out to i) assist the Ministry of Public Health in preparing a full inventory of all the equipment at all health facilities in the country (ii) prepare national cold chain policy and (iii) develop a cold chain replacement plan for the country over the next 5-20 years.
 2. In 2008, a national coverage evaluation was executed for the very first time to validate reported coverage. The survey was implemented in concordance with WHO recommended survey method and was conducted independently under the technical guidance and supervision of an international consultant. The survey result showed that the immunization services reach virtually all the children in the provinces without gender discrimination throughout the country. However, there remain challenges in delivering doses to children in a timely manner.
- Submission of GAVI application for the renewal of Immunization Services Support (ISS) and was approved by GAVI.
- Signed MOU on procurement services for cold chain equipment between UNICEF and MOPH on 26 April, 08
- Introduction of the second dose of measles from 1 July, 2008

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010 (Not applicable as the reward funds will be used by UNICEF Copenhagen):

- a) Signed minutes (DOCUMENT N°.....) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
- b) Most recent external audit report (DOCUMENT N°.....) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
- c) Detailed Financial Statement of funds (DOCUMENT N°.....) spent during the reporting year (2008).
- d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:

List major recommendations: Not implemented in 2007 and 2008

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared?

YES

☒

NO

☐

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

As per the last DQA recommendations, a proposal on health system strengthening (HSS) was developed and approved by GAVI. Health information system improvement is one of the major objectives of this programme of assistance. The first and 2nd year HSS funds were recently received by WHO (at the end of January 2009) and implementation has just started.

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. [mm/yyyy]

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List studies conducted:

- A. EPI Coverage Evaluation Survey
- B. Nation-wide Cold Chain Assessment

List challenges in collecting and reporting administrative data:

In general, collection and reporting of administrative data is smooth. The country has unique health infrastructure for the immunization programme. EPI service is provided through more than 12,000 immunization posts, 7008 PHC units, and 433 county level hospitals. Ministry of Public Health sends quarterly vaccination coverage reports to UNICEF and WHO on a regular basis.

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

[List new and under-used vaccine introduced in 2008]

The 2nd dose of measles introduced from 1st July 2008.

[List any change in doses per vial and change in presentation in 2008]

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
DPT-HepB	10 dose	417,100	July 2006	15 April'09
DPT-HepB	10 dose	417,100	July 2006	19 July'09
DPT-HepB	10 dose	417,100	July 2006	4 October'09
HepB	10 dose	250,700	July 2006	19 July'09
Measles	10 dose	831,700	1 st July 2008	4 October'09

Please report on any problems encountered.

In July shipment, four electronic temperature monitoring devices for DPT-HepB vaccine were not working when it arrived which were reported to UNICEF Copenhagen. No other problems were encountered in 2008.

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

- Introduction of measles 2nd dose in routine EPI programme
- Conduct nation-wide cold chain assessment for the first time in DPRK
- Conduct EPI coverage evaluation survey to validate reported coverage
- Detailed activity plan developed for HSS and funds received by UNICEF and WHO
- No major problems were encountered with regards to NVS support.

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: [23/12/2008]

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Year	Amount in US\$	Date received	Balance remaining in US\$	Activities
2008	127,500	23 Dec'2008	127,500	Procurement of cold chain equipment will be done in 2009 through UNICEF-Copenhagen.

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [mm/yyyy]

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

[List major recommendations]

The planned EVSM did not take place in 2008 as the country EPI team was fully engaged with two major survey/assessments (EPI coverage evaluation survey and nation-wide cold chain assessment).

Was an action plan prepared following the EVSM/VMA? Yes/No

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

[List main activities]

When will the next EVSM/VMA* be conducted? [07/2010]

**All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.*

Table 1.2

Vaccine 1: DPT-HepB	
Anticipated stock on 1 January 2010	434,711 Doses
Vaccine 2: Measles 2 nd Dose	
Anticipated stock on 1 January 2010	273,360 Doses
Vaccine 3:	
Anticipated stock on 1 January 2010	

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies? NO

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

[List problems]

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

[List sources of funding for injection safety supplies in 2008]

- UNICEF supporting the government after the INS support ended in 2004.
- GAVI under NVS support

Please report how sharps waste is being disposed of.

[Describe how sharps is being disposed of by health facilities]

- Sharps waste is being disposed at the vaccination posts through burning and burying.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

[List problems]

- No major problems were encountered during the implementation of transitional plan.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

[List items funded by GAVI Alliance cash support and funds remaining by the end of 2008]

- Not applicable

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.

Please the following table should be filled in using US \$.

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted	Budgeted
<i>Expenditures by Category</i>			
Traditional Vaccines	705,731	744,940	767,655
New Vaccines	1,108,145	1,177,089	1,305,445
Injection supplies	195,000	251,825	338,000
Cold Chain equipment	209,075	1,500,000	350,000
Operational costs(Service delivery & Program.Mng)	1,319,209	2,360,907	2,413,536
Other (Advocacy & IEC materials)		573,052	567,990
Total EPI	3,537,160	6,607,813	5,742,626
Total Government Health			

Exchange rate used	
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Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

- No major funding gap in 2008.
- There might be some delay in releasing the co-financing part for the DPT-HepB vaccines for 2009. Ministry wrote a letter to GAVI indicating that the co-financing amount for 2009 (US\$ 633,500) will be paid in two instalments.
- Strategies already taken to meet the co-financing amount through donor funds. Proposal prepared to mobilise donor funds and submitted to Republic of Korea on 28 February 2009 and are expecting positive response soon.

Future Country Co-Financing (in US\$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3;)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>1st vaccine: DPT-HepB</i>		2010	2011	2012	2013	2014
Co-financing level per dose		\$0.30	\$0.40	\$0.40	\$0.40	
Number of vaccine doses	#	702,700	950,900	950,900	957,200	
Number of AD syringes	#	586,500	794,400	793,800	799,800	
Number of re-constitution syringes	#					
Number of safety boxes	#	6,525	8,825	8,825	8,900	
Total value to be co-financed by country	\$	522,000	706,000	706,000	717,000	

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>2nd vaccine: Measles 2nd Dose</i>		2010	2011	2012	2013	2014
Co-financing level per dose		NA	NA	NA	NA	
Number of vaccine doses	#	NA	NA	NA	NA	
Number of AD syringes	#	NA	NA	NA	NA	
Number of re-constitution syringes	#	NA	NA	NA	NA	
Number of safety boxes	#	NA	NA	NA	NA	
Total value to be co-financed by country	\$	NA	NA	NA	NA	

Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>3rd vaccine:.....</i>		2010	2011	2012	2013	2014
Co-financing level per dose						
Number of vaccine doses	#					
Number of AD syringes	#					
Number of re-constitution syringes	#					
Number of safety boxes	#					
Total value to be co-financed by country	\$					

Table 2.3: Country Co-Financing in the Reporting Year (2008)

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine (DPT-HepB)			June'2009
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1.
2.
3.
4.

If the country is in default please describe and explain the steps the country is planning to come out of default.

Nothing to report in 2008 as co-financing will be started from June 2009 for the DPT-HepB vaccine.

3. Request for new and under-used vaccines for year 2010

Section 3 is to the request new and under-used vaccines and related injection safety supplies for 2010.

3.1. Up-dated immunization targets

Please provide justification and reasons for changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form** in the space provided below.

Are there changes between table A and B? **No**

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes **in births**:

Provide justification for any changes **in surviving infants**:

Provide justification for any changes **in Targets by vaccine**:

Provide justification for any changes **in Wastage by vaccine**:

Vaccine 1: DPT-HepB

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the “Country Specifications” Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab “Support Requested” Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4;)

Table 3.1: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	435,801	441,031	442,067	447,782		
Target immunisation coverage with the third dose	<i>Table B</i>	#	414,011	423,390	424,384	429,871		
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	435,801	441,031	442,067	447,782		
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	1.33	1.33	1.33	1.33		
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$	\$0.30	\$0.40	\$0.40	\$0.40		

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

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	1,036,300	814,200	814,100	835,200		
Number of AD syringes	#	864,900	680,200	679,600	697,800		
Number of re-constitution syringes	#						
Number of safety boxes	#	9,600	7,550	7,550	7,750		
Total value to be co-financed by GAVI	\$	769,500	604,500	604,500	626,000		

Vaccine 2: Measles 2nd Dose

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

	Use data in:		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the 2nd dose	Table B	#	435,801	441,031	442,067	447,782		
Target immunisation coverage with the 2nd dose	Table B	#	422,727	427,800	428,805	434,349		
Number of children to be vaccinated with the first dose	Table B	#	435,801	441,031	442,067	447,782		
Estimated vaccine wastage factor	Excel sheet Table E - tab 5	#	1.82	1.82	1.82	1.82		
Country co-financing per dose *	Excel sheet Table D - tab 4	\$	NA	NA	NA	NA		

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

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	718,100	805,100	805,100	817,600		
Number of AD syringes	#	400,000	492,200	491,300	500,000		
Number of re-constitution syringes	#	79,800	89,400	89,400	90,800		
Number of safety boxes	#	5,350	6,475	6,450	6,575		
Total value to be co-financed by GAVI	\$	212,000	241,000	241,000	245,000		

Vaccine 3:*Same procedure as above (table 3.1 and 3.2)***Table 3.5: Specifications of vaccinations with new vaccine**

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#						
Target immunisation coverage with the third dose	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$						

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

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR– process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15th May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template, as necessary.

4.1 Information relating to this report:

- a) Fiscal year runs from January to December.
- b) This HSS report covers the period from October to December 2008
- c) Duration of current National Health Plan is from.(month/year) to(month/year).
- d) Duration of the immunisation cMYP: 2007-2011
- e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: *'This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.'*

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any clarifications			
Other partners and contacts who took part in putting this report together			
Dr. Kamrul Islam	UNICEF	Collate information	kislam@unicef.org

- f) Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO's own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*

For DPRK, HSS funds are channel through WHO and UNICEF. The main source of information are the WHO and UNICEF local offices.

- g) In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

4.2 Overall support breakdown financially

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

	2007	2008	2009	2010	2011	2012
Amount of funds approved		450,500	1,308,000	1,027,000	1,026,000	549,500
Date the funds arrived	UNICEF	15.11.08				
	WHO	Jan'09				
Amount spent	UNICEF	83,217.24				
	WHO					
Balance	UNICEF	17,081.76				
	WHO					
Amount requested	UNICEF	400,000				
	WHO					

Amount spent in 2008: **US\$ 83,217.24**

Remaining balance from total: **US\$ 367,282.76**

Table 4.3 note: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

Table 4.3 HSS Activities in reporting year (ie. 2008)						
Major Activities	Planned Activity for reporting year	Report on progress ³ (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:						
Activity 1.1:						
Activity 1.2:						
Objective 2:						
Activity 2.1:						
Objective 3:						
Activity 3.3	Procure Cold Chain Equ.	166%	Nil	83,217.24	Nil	Under activity#3 UNICEF is responsible for the procurement of cold chain equipment (\$50,000) and transport (\$50,000). Some of the transport funds were used to procure cold chain equipment as per Ministry's request.

³ For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed
Annual Progress Report 2008

Activity 3.2:						
Support Functions						
Management						
M&E						
Technical Support						

Table 4.4 note: This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year's report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.

Any significant differences (15% or higher) between previous and present “planned expenditure” should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009					
Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:	System Review				
Activity 1.1:	Technical Assistance	30,000		WHO already received funds	
Activity 1.2:	Operational research cost				
Activity 1.3:	National Workshop				
Activity 1.4:	Public Health Manual Produc.				
Activity 1.5:	Evaluation	5,000		WHO already received funds	
Objective 2:	Capacity Building				
Activity 2.1:	International PH Short Course	30,000		WHO already received funds	
Activity 2.2:	Health Management Training (Central & Provincial)	15,000		WHO already received funds	
Activity 2.3:	Health Management Training (County Level)	100,000		WHO already received funds	

Activity 2.4:	Health Management Training (Ri Level)	200,000		WHO already received funds	
Activity 2.5:	Evaluation	5,000		WHO already received funds	
Activity 2.6:	Printing Costs	5,000		WHO already received funds	
Objective 3:	Service Delivery				
Activity 3.1:	Transport	100,000		100,000	2 nd year agreement yet to be signed between UNICEF & GAVI
Activity 3.2:	Surveillance and Supervision	150,000		WHO already received funds	
Activity 3.3:	Cold Chain	300,000		300,000	2 nd year agreement yet to be signed between UNICEF & GAVI
Activity 3.4:	IMCI capacity Building	50,000		WHO already received funds	
Activity 3.5:	Communication	150,000		WHO already received funds	
Objective 4:	Health Sector Coordination				
Activity 4.1:	Technical assistance	47,381		WHO already received funds	
Activity 4.2:	Study Tour health sector plan.	30,000		WHO already received funds	
Activity 4.3:	Health sector review	10,000		WHO already received funds	
Activity 4.4:	National health sector planning	10,000		WHO already received funds	
Activity 4.5:	Printing cost	8,000		WHO already received funds	
TOTAL COSTS				(This figure should correspond to the figure shown for 2009 in table 4.2)	

Table 4.5 Planned HSS Activities for next year (ie. 2010 FY) This information will help GAVI's financial planning commitments

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					
M&E support costs					
Technical support					
TOTAL COSTS					

4.6 Programme implementation for reporting year:

- a) Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

- Planning workshop with stakeholders organized in June 2008 to develop detailed activity plan.
- MOU between GAVI and WHO signed to transfer funds
- MOU between GAVI and UNICEF signed to transfer funds (1st year)
- 1st year funds received by UNICEF and cold chain equipment already procured
- WHO received 1st year and 2nd year funds together in late January 2009
- In fact, 2008 was the preparatory year for HSS activities.

b) *Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.*

Not Applicable

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate “project” funds. These are the kind of issues to be discussed in this section

a) *Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes*
If not, why not and how will it be ensured that funds will be on-budget ? Please provide details.

Reflected in the HSS proposal.

b) *Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.*

This will not be an issue as the entire HSS funds will be channeled through WHO and UNICEF

4.8 General overview of targets achieved

Table 4.8 Progress on Indicators included in application												
Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation of any reasons for non achievement of targets

4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines.

- a. Signed minutes of the HSCC meeting endorsing this reporting form
- b. Latest Health Sector Review report
- c. Audit report of account to which the GAVI HSS funds are transferred to
- d. Financial statement of funds spent during the reporting year (2008)
- e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

Financial Comptroller Ministry of Health:

Name:

Title / Post:

Signature:

Date:

Not sure how to report this as WHO and UNICEF managing the entire HSS funds.

5. Strengthened Involvement of Civil Society Organisations (CSOs)

1.1 TYPE A: Support to strengthen coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support⁴

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).

⁴ Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

5.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

5.1.3 Receipt of funds

Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds approved	2008 Funds US\$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
Nomination process					
Management costs					
TOTAL COSTS					

5.1.4 Management of funds

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

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

This section is to be completed by countries that have received GAVI TYPE B CSO support⁵

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.2.1 Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

⁵ Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Please outline whether the support has led to a greater involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2009 / 2010	Expected outcomes

5.2.2 Receipt of funds

Please indicate in the table below the total funds approved by GAVI, the amounts received and used in 2008, and the total funds due to be received in 2009 and 2010. Please put every CSO in a different line, and include all CSOs expected to be funded during the period of support. Please include all management costs and financial auditing costs, even if not yet incurred.

NAME OF CSO	Total funds approved	2008 Funds US\$ (,000)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Remaining balance		
Management costs (of all CSOs)						
Management costs (of HSCC / TWG)						
Financial auditing costs (of all CSOs)						
TOTAL COSTS						

5.2.3 Management of funds

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility and indicate where this differs from the proposal. Describe the mechanism for budgeting and approving use of funds and disbursement to CSOs.

--

Please give details of the management and auditing costs listed above, and report any problems that have been experienced with management of funds, including delay in availability of funds.

--

5.2.4 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	11 May	
Reporting Period (consistent with previous calendar year)	Jan-December	
Government signatures	Yes	
ICC endorsed	Yes	
ISS reported on	Yes	
DQA reported on		
Reported on use of Vaccine introduction grant	Yes	
Injection Safety Reported on		
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and Excel sheet attached		
Revised request for injection safety completed (where applicable)		
HSS reported on	Yes	
ICC minutes attached to the report	Yes	
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report		

7. Comments

ICC/HSCC comments:

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.

2008 was one of the most successful years for DPRK with regards to GAVI support. ICC was very active during the year in advising and guiding many important activities like:-

- Reviewed GAVI application for the introduction of measles 2nd dose and the application was approved by GAVI without a single query.
- Reviewed GAVI application for the renewal of Immunization Services Support (ISS) and was approved by GAVI without a single query.
- Provided technical guidance in organising/conducting the two important assessment/surveys for the country (Cold Chain Assessment and Coverage Evaluation survey. Both for the first time in the country).
- Advocated for the introduction of new vaccine (Hib) in the routine EPI programme and was in principle agreed by the Ministry of Public Health (starting from January 2010).

No major challenges were encountered during the reporting period.

~ End ~