



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
*Democratic People's Republic of
Korea*

Reporting on year: 2010
Requesting for support year: 2012
Date of submission: 01.06.2011 10:43:53

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform

<https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI 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/performance/country_results/index.php

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 IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report 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 Annual Progress Report, 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 TRANSPARENCY 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 language of the arbitration will be English.

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: 2010

Requesting for support year: 2012

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB, 10 doses/vial, Liquid	DTP-HepB, 10 doses/vial, Liquid	2015
NVS	Measles, 10 doses/vial, Lyophilised	Measles, 10 doses/vial, Lyophilised	2011

Programme extension

Note: To add new lines click on the *New item* icon in the *Action* column.

Type of Support	Vaccine	Start Year	End Year	Action
	Change Vaccine			
New Vaccines Support	Measles, 10 doses/vial, Lyophilised	2012	2012	

1.2. ISS, HSS, CSO support

Type of Support	Active until
HSS	2012
ISS	2011

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

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.

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
Name	CHOE Chang Sik	Name	PAK Su Gil
Date		Date	
Signature		Signature	

This report has been compiled by

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Dr. KIM Jong Hwan	National EPI Manager, MOPH	850-2-3814077	Bogon.moph@star.co.net.kp	
Dr. TUYA MUNGUN	Health Specialist, UNICEF DPRK	850-2-3817150 (Ext-122)	tmungun@unicef.org	
Dr. KAMRUL ISLAM	Chief of Health, UNICEF DPRK	850-2-3817150 (Ext-120)	kislam@unicef.org	
Dr. ARVIND MATHUR	Medical Officer, FCH, WHO DPRK	850-1912500734	matrura@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

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.

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
RI Pong Hun , Vice-Minister	Minstry of Public Health			
PAK Myong Su, Director, State Hygienic & Communicable Disease Control Board	Minstry of Public Health			
PAK Jong Min, Director, External Affairs Department,	Minstry of Public Health			
KIM Bok Sil, Director, Department of Finance,	Minstry of Public Health			
KIM Kwang Jin, Officer, Department of External Affairs,	Minstry of Public Health			
KIM Jong Hwan, National EPI Program manager	Minstry of Public Health			
RI Hyon Chol, Director, Department of Medical Service	Minstry of Public Health			
KI Kwang Ho, Director, Department of External Finance	Minstry of Finance			
KIM Su Gil, Vice Director, Department of Cooperation	State Planning Commission			
KO Kwang Jin, Vice Director, Academy of Medical Science	Academy of Medical Science			
Dr. TELEGN Yonas, WHO Representative	WHO DPR Korea			
Mr. Bijaya RAJBHANDARI, 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

If the country is reporting on HSS

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.

2.3.1. HSS report endorsement

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.

Note: To add new lines click on the **New item** icon in the **Action** column.

Action.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
RI Pong Hun , Vice-Minister	Ministry of Public Health			
PAK Myong Su, Director, State Hygienic & Communicable Disease Control Board	Ministry of Public Health			
PAK Jong Min, Director, Department of External Affairs	Ministry of Public Health			
KIM Bok Sil, Director, Department of Finance	Ministry of Public Health			
KIM Kwang Jin, Officer, Department of External Affairs	Ministry of Public Health			
KIM Jong Hwan, National EPI Program manager	Ministry of Public Health			
RI Hyon Chol, Director of Department of Medical Service	Ministry of Public Health			
KI Kwang Ho, Director, Department of External Finance	Ministry of Finance			
KIM Su Gil, Vice Director, Department of Cooperation	State Planning Commission			
KO Kwang Jin, Vice Director, Academy of Medical Science	Academy of Medical Science			
Dr. TEGEGN Yonas, WHO Representative	WHO-DPR Korea			
Mr. RAJBHANDARI, UNICEF	UNICEF-DPR Korea			

Name/Title	Agency/Organisation	Signature	Date	Action
Representative				

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)

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 to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

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

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - **DPR Korea**, endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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

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This APR reports on Democratic People's Republic of Korea's activities between January - December 2010 and specifies the requests for the period of January - December 2012

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4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	352,534	354,438	356,352	358,276	360,211	362,156
Total infants' deaths	6,804	6,841	6,878	6,915	6,952	6,990
Total surviving infants	345,730	347,597	349,474	351,361	353,259	355,166
Total pregnant women	357,117	359,045	360,984	362,934	364,893	366,864
# of infants vaccinated (to be vaccinated) with BCG	345,483	347,349	349,225	351,110	353,007	354,913
BCG coverage (%) *	98%	98%	98%	98%	98%	98%
# of infants vaccinated (to be vaccinated) with OPV3	341,927	343,773	345,979	347,847	349,726	351,970
OPV3 coverage (%) **	99%	99%	99%	99%	99%	99%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	325,677	328,479	333,748	339,063	342,661	344,511
# of infants vaccinated (to be vaccinated) with DTP3 ***	321,875	326,741	332,000	337,306	339,129	340,959
DTP3 coverage (%) **	93%	94%	95%	96%	96%	96%
Wastage ^[1] rate in base-year and planned thereafter (%)	30%	30%	30%	30%	30%	30%
Wastage ^[1] factor in base-year and planned thereafter	1.43	1.43	1.43	1.43	1.43	1.43
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	348,656	347,349	349,225	351,110	353,007	354,913
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	321,875	326,741	332,000	337,306	339,129	344,511
3 rd dose coverage (%) **	93%	94%	95%	96%	96%	97%
Wastage ^[1] rate in base-year and planned thereafter (%)	30%	30%	30%	30%	30%	30%
Wastage ^[1] factor in base-year and planned thereafter	1.43	1.43	1.43	1.43	1.43	1.43

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	342,273	340,645	342,484	344,334	346,194	348,063
Measles coverage (%) **	99%	98%	98%	98%	98%	98%
Infants vaccinated (to be vaccinated) with 2 nd dose of Measles	341,927	340,645	342,484	344,334	346,194	348,063
Wastage ^[1] rate in base-year and planned thereafter (%)	30%	30%	30%	30%	30%	30%
Wastage ^[1] factor in base-year and planned thereafter	1.43	1.43	1.43	1.43	1.43	1.43
Pregnant women vaccinated with TT+	349,260	351,146	353,764	355,675	358,325	360,260
TT+ coverage (%) ****	98%	98%	98%	98%	98%	98%
Vit A supplement to mothers within 6 weeks from delivery	352,534	354,438	356,352	358,276	360,211	362,156
Vit A supplement to infants after 6 months	342,273	340,645	342,484	344,334	346,194	348,063
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	1%	1%	1%	1%	1%	1%
Annual Measles Drop-out rate	0%	0%	0%	0%	0%	0%

* Number of infants vaccinated out of total births

** 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): $[(A - B) / A] \times 100$. 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.

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 **2010** must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for **2011** to **2015** in the table on section 4 [Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

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

Provide justification for any changes in **births**

The figure used for APR in 2010 is consistent with WHO/UNICEF Joint Reporting Form for 2010 and the updated cMYP for 2011-2015 for DPRK.

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

The figure used for APR in 2010 is consistent with WHO/UNICEF Joint Reporting Form for 2010 and cMYP for 2011-2015 for DPRK.

Provide justification for any changes in **targets by vaccine**

The figure used for APR in 2010 is consistent with WHO/UNICEF Joint Reporting Form for 2010 and cMYP for 2011-2015 for DPRK. One of the important achievements in 2010 is the updated cMYP for 2011-2015. The updated cMYP taken into considerations of the projected population as per growth rate based on 2008 Census report. However, in 2009 APR original Census figure was quoted without yearly projection. Now, DPRK will strictly follow the cMYP target population for each year.

Provide justification for any changes in **wastage by vaccine**

There is a change in wastage for BCG vaccine from 50% to 70% due to immunization settings/session per month at the Ri/village level clinic. One vial of BCG vaccine has to be sent to each Ri clinic irrespective of the target population for BCG vaccination. So, the reason is not with the total target population but with the number of vaccination session organised per month. This wastage rate will be reflected in vaccine forecast starting from 2011.

5.2. Immunisation achievements in **2010**

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 **2010** and how these were addressed

A. Immunization is one of the most successful and sustainable public health programs in DPRK. In collaboration with Global Alliance for Vaccine and Immunization (GAVI) and WHO, routine immunization coverage remains high (>95%) for all the antigens except DTP-HepB3 which is 93% in 2010.
B. DPRK government has been continuing its co-financing contributions. Even 2011 obligation is already transferred to UNICEF Country Office. This is an important way forward to maintain strategic partnership with GAVI.
C. A nation-wide cold chain replacement plan completed in June 2010 which was started in 2009 based on cold chain assessment conducted in 2008. This is one of the major undertakings and a long term investment for the country that will provide opportunity to introduce any new and under used vaccines in the future.
D. The Comprehensive EPI multi-year plan has been updated for the next five years (2011-2015) which is an important achievement in 2010. This is not only an essential document for GAVI funds flow to continue but also a fundamental strategic & planning document for immunization programme in the country.

E. Maintenance of cold chain equipment at the county level is still a challenge for the programme. Cascade training for the county level cold chain technicians started in 2010 which will continue in 2011.

5.2.2.

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

Not Applicable

5.2.3.

Do males and females have equal access to the immunisation services? Yes

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.

If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? Yes

If Yes, please give a brief description on how you have achieved the equal access.

DPRK is a socialist country. Both males and females have the equal access to all health services including immunization. National policy on health stated universal access to free and quality health care for citizens irrespective of age and sex.

5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunisation services

Not applicable as stated above.

5.3. Data assessments

5.3.1.

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)*.

2008 CES shows that the administrative data is very close to coverage survey data.

* Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? No

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

5.3.3.

Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

In 2010, Child Immunization Card has revised and printed with information on all routine vaccines and Vitamin'A. This card has been distributed throughout the country.

5.3.4.

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 introduction of computerized administrative data system along with local network at all levels of health system including EPI in near future.

5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US\$.

Exchange rate used	1 \$US =	Enter the rate only; no local currency name
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Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Note: To add new lines click on the *New item* icon in the *Action* column.

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name	Donor name	Donor name	
Traditional Vaccines*	572,952	0		572,952	0				
New Vaccines	1,223,050	372,650	850,400	0	0				
Injection supplies with AD syringes	478,747	0	117,217	361,530	0				
Injection supply with syringes other than ADs	27,348	0	10,348	17,000	0				
Cold Chain equipment	70,700	0	70,700	0	0				
Personnel	1,142,794	1,142,794	0	0	0				
Other operational costs	1,638,328	1,638,328	0	0					
Supplemental Immunisation Activities	300,000	300,000	0	0	0				
Total Expenditures for Immunisation	5,453,919								
Total Government Health		3,453,772	1,048,665	951,482	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.

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Note: To add new lines click on the **New item** icon in the **Action** column

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Action s
Traditional Vaccines*	608,418	472,844	
New Vaccines	5,668,368	12,933,735	
Injection supplies with AD syringes	324,229	315,466	
Injection supply with syringes other than ADs	30,000	32,000	
Cold Chain equipment	142,217	160,479	
Personnel	1,735,190	1,769,893	
Other operational costs	3,293,029	3,468,250	
Supplemental Immunisation Activities			
Total Expenditures for Immunisation	11,801,451	19,152,667	

* 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.

Please describe trends in immunisation 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 immunisation program over the next three years; whether the funding gaps are manageable, challenging, 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.

EPI program is mostly run by external technical and financial support. Supplies included all routine and new vaccines, vaccination devices, cold chain equipment are supplied by the international development agencies in the country. The government contributions includes; co-financing for tetra valent vaccine and operational costs which cover staff cost, distribution of supply within the country, monitoring and evaluation as well as program management. UNICEF, WHO and GAVI will continue to support the implementation of cMYP for 2011-2015 in DPRK.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 2

Please attach the minutes (Document number) from all the ICC meetings held in 2010, including those of the meeting 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 [5.4 Overall Expenditures and Financing for Immunisation](#)

- Verified EPI target population based on Population Census report, 2008.
- Acceleration of contribution of 2010 co-funding amount for DTP_HepB vaccine for the government
- Review and comments on final draft cMYP for EPI

Are there any Civil Society Organisations (CSO) member of the ICC?: No

If Yes, which ones?

Note: To add new lines click on the **New item** icon in the **Action** column.

List CSO member organisations:	Actions
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5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

- Develop and implement National Plans for Measles Elimination for integration into the overall plan for the expanded programme on immunization.
- Effective vaccine and devices forecasting and procurement.
- Procure required cold chain equipment based on long term replacement plan.
- Develop national policies to keep HepatitisB vaccine outside cold chain(OCC) to increase the birth dose of hepatitisB within 24 hours of birth in the rural areas.
- Strengthen national vaccine management systems through conducting EVM assessment at all levels.
- Introduction of new vaccines through GAVI support (Pentavalent).
- Provide training for vaccinators and cold chain technicians on vaccine and cold chain management.
- Start microplanning at the sub-national level.

Key priority interventions mentioned above are linked with cMYP(2011-2015) for DPRK.

5.7. 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 2010

Note: To add new lines click on the **New item** icon in the **Action** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	0.05 ml AD syringe for BCG and 2ml reconstitution syringe	UNICEF	
Measles	0.5 ml AD syringes for measles 5ml reconstitution syringe	UNICEF & GAVI	
TT	0.5 ml AD syringe	UNICEF	
DTP-containing vaccine	0.5 ml AD syringe	GAVI	

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? (Please report in box below)

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

As per the policy, country use auto-disable syringes and safety boxes for the immunization programme and no problem encountered so far in 2010.

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

Sharps waste is being disposed at the vaccination posts through burning and burying and no major problem have been encountered in 2010.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 124,500
Remaining funds (carry over) from 2009	US\$ 91,660
Balance carried over to 2011	US\$ 101,870

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010

Country received 124,500 USD as a reward for 2008 DTP-HepB additional coverage in January, 2010. Essential supply items (18 m3 of freezer at the national level, 400 voltage regulators with 2kw, 1 stand by generator of 50kw capacity and 21 desk computers for city and provincial EPI managers and 3 laptops for national EPI team) were submitted to UNICEF for procurement. All supply items were procured through UNICEF procurement services.

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? No

If Yes, please complete Part A below.

If No, please complete Part B below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds

Part B: briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS 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 ICC in this process

Is GAVI's ISS support reported on the national health sector budget? Yes

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number TWO) (Terms of reference for this financial statement are attached in Annex 1). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached (Document Number).

6.4. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

- a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and
- b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/Immunisation_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm.

If you qualify for ISS reward based on DTP3 achievements in 2010 immunisation programme, estimate the US\$ amount by filling **Table 3** below

Note: The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available

Table 3: Calculation of expected ISS reward

				2009	2010
				A	B
1	Number of infants vaccinated with DTP3* (from JRF) specify			317,559	321,875
2	Number of additional infants that are reported to be vaccinated with DTP3				4,316
3	Calculating	\$20	per additional child vaccinated with DTP3		86,320
4	Rounded-up estimate of expected reward				86,500

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

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

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

Note: To add new lines click on the **New item** icon in the **Action** column.

	[A]	[B]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
DTP-HepB	1,036,300	1,036,300	0	
Measles	677,000	0	677,000	

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

If numbers [A] and [B] above are different

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

Country was supposed to receive 677,00 doses of measles second dose for 2010 which did not arrive in the reporting year. However, country received measles second dose vaccines in 2010 against 2008 and 2009 quantities. Thus 2010 doses (677,000) is expected to be provided in 2011.

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)

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? No

If Yes, how long did the stock-out last?

Please describe the reason and impact of stock-out

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced			
Phased introduction		Date of introduction	

Nationwide introduction		Date of introduction
The time and scale of introduction was as planned in the proposal?		If No, why?

7.2.2.

When is the Post introduction Evaluation (PIE) planned?

If your country conducted a PIE in the past two years, please attach relevant reports (Document No)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? No

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

\$US	
Receipt date	

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

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

Is there a balance of the introduction grant that will be carried forward?

If Yes, how much? US\$

Please describe the activities that will be undertaken with the balance of funds

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No). (Terms of reference for this financial statement are available in [Annex 1](#).) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB, 10 doses/vial, Liquid	372,650	482,000
2nd Awarded Vaccine Measles, 10 doses/vial, Lyophilised		
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor		
Other Government (MOPH, DPRK)		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1. Initially country faced some problem due to economic crisis but finally managed to transfer the co-financing obligation through UNICEF country office.		
2. ICC recommended to mobilise the co-financing funds from other donors. UNICEF tried through their ROK proposal which did not materialised.		
3.		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2012	
	(month number e.g. 8 for August)	
1 st Awarded Vaccine DTP-HepB, 10 doses/vial, Liquid		
2 nd Awarded Vaccine Measles, 10 doses/vial, Lyophilised		
3 rd Awarded Vaccine		

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/resources/9_Co_Financing_Default_Policy.pdf.

Is GAVI's new vaccine support reported on the national health sector budget? Yes

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted?

When was the last Vaccine Management Assessment (VMA) conducted?

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N°)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Please note that EVSM and 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/immunisation_delivery/systems_policy/logistics/en/index6.html.

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

N/A.

When is the next Effective Vaccine Management (EVM) Assessment planned? 12.06.2011

7.5. Change of vaccine presentation

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. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

Country is planning to introduce penta(DTP-HepB-Hib) instead of currently used tetra (DTP-HepB) from July 2012.

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for Measles 2nd dose vaccine for the years 2012 to 2012. At the same time it commits itself to co-finance the procurement of N/A vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.9 Calculation of requirements](#).

The multi-year extension of Measles vaccine support is in line with the new cMYP for the years 2012 to 2012 which is attached to this APR (Document No).

The country ICC has endorsed this request for extended support of Measles 2nd dose vaccine at the ICC meeting whose minutes are attached to this APR (Document No).

7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section [7.9](#)

[Calculation of requirements](#): Yes

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 \$		250'000 \$		2'000'000 \$	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB, 10 doses/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	347,597	349,474	351,361	353,259	355,166		1,756,857
Number of children to be vaccinated with the third dose	Table 1	#	326,741	332,000	337,306	339,129	344,511		1,679,687
Immunisation coverage with the third dose	Table 1	#	94%	95%	96%	96%	97%		
Number of children to be vaccinated with the first dose	Table 1	#	347,349	349,225	351,110	353,007	354,913		1,755,604
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.43	1.43	1.43	1.43	1.43		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		822,800					
Number of doses per vial		#	10	10	10	10	10		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	0.620	0.620	0.620	0.620	0.620		
Country co-financing per dose		\$	0.30	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	2.00%	2.00%	2.00%	2.00%	2.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB, 10 doses/vial, Liquid

Co-financing group	Low
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	2011	2012	2013	2014	2015
Minimum co-financing	0.30	0.20	0.20	0.20	0.20
Your co-financing	0.30	0.20	0.20	0.20	0.20

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		471,200	1,067,200	1,072,900	1,078,700	3,690,000
Number of AD syringes	#		175,200	828,800	833,300	837,800	2,675,100
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		1,950	9,200	9,250	9,300	29,700

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Total value to be co-financed by GAVI	\$		310,000	730,000	734,000	738,000	2,512,000

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval	For endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		206,300	441,200	443,600	446,000	1,537,100
Number of AD syringes	#		76,700	342,700	344,600	346,400	1,110,400
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		875	3,825	3,825	3,850	12,375
Total value to be co-financed by the country	\$		135,500	302,000	303,500	305,000	1,046,000

Table 7.1.4: Calculation of requirements for DTP-HepB, 10 doses/vial, Liquid

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
A	Country Co-finance			30.44%			29.25%			29.25%			29.25%		
B	Number of children to be vaccinated with the first dose	Table 1	347,349	349,225	106,312	242,913	351,110	102,702	248,408	353,007	103,257	249,750	354,913	103,814	251,099
C	Number of doses per child	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
D	Number of doses needed	B x C	1,042,047	1,047,675	318,936	728,739	1,053,330	308,104	745,226	1,059,021	309,770	749,251	1,064,739	311,442	753,297
E	Estimated vaccine wastage factor	Wastage factor table	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43
F	Number of doses needed including wastage	D x E	1,490,128	1,498,176	456,079	1,042,097	1,506,262	440,589	1,065,673	1,514,401	442,971	1,071,430	1,522,577	445,361	1,077,216
G	Vaccines buffer stock	(F – F of previous year) * 0.25		2,012	613	1,399	2,022	592	1,430	2,035	596	1,439	2,044	598	1,446
H	Stock on 1 January 2011			822,800	250,479	572,321									
I	Total vaccine doses needed	F + G - H		677,388	206,213	471,175	1,508,284	441,180	1,067,104	1,516,436	443,566	1,072,870	1,524,621	445,959	1,078,662
J	Number of doses per vial	Vaccine parameter		10	10	10	10	10	10	10	10	10	10	10	10
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		251,845	76,668	175,177	1,171,441	342,652	828,789	1,177,773	344,505	833,268	1,184,130	346,364	837,766
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		2,796	852	1,944	13,003	3,804	9,199	13,074	3,825	9,249	13,144	3,845	9,299
N	Cost of vaccines needed	I x g		419,981	127,852	292,129	935,137	273,532	661,605	940,191	275,011	665,180	945,266	276,495	668,771

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
O	Cost of AD syringes needed	K x ca		13,348	4,064	9,284	62,087	18,161	43,926	62,422	18,259	44,163	62,759	18,358	44,401
P	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x cs		1,790	545	1,245	8,322	2,435	5,887	8,368	2,448	5,920	8,413	2,461	5,952
R	Freight cost for vaccines needed	N x fv		8,400	2,558	5,842	18,703	5,471	13,232	18,804	5,501	13,303	18,906	5,531	13,375
S	Freight cost for devices needed	(O+P+Q) x fd		1,514	461	1,053	7,041	2,060	4,981	7,079	2,071	5,008	7,118	2,083	5,035
T	Total fund needed	(N+O+P+Q+R+S)		445,033	135,478	309,555	1,031,290	301,657	729,633	1,036,864	303,288	733,576	1,042,462	304,925	737,537
U	Total country co-financing	I 3 cc		135,478			301,657			303,288			304,925		
V	Country co-financing % of GAVI supported proportion	U / T		30.44%			29.25%			29.25%			29.25%		

Table 7.2.1: Specifications for Measles, 10 doses/vial, Lyophilised

	Instructions		2011	2012					TOTAL
Number of Surviving infants	Table 1	#	347,597	349,474					697,071
Number of children to be vaccinated with the third dose	Table 1	#	340,645	342,484					683,129
Immunisation coverage with the third	Table 1	#	98%	98%					

	Instructions		2011	2012					TOTAL
dose									
Number of children to be vaccinated with the first dose	Table 1	#	340,645	342,484					683,129
Number of doses per child		#	1	1					
Estimated vaccine wastage factor	Table 1	#	1.43	1.43					
Vaccine stock on 1 January 2011		#		665,100					
Number of doses per vial		#	10	10					
AD syringes required	Select YES or NO	#	Yes	Yes					
Reconstitution syringes required	Select YES or NO	#	Yes	Yes					
Safety boxes required	Select YES or NO	#	Yes	Yes					
Vaccine price per dose	Table 6.1	\$	0.240	0.240					
Country co-financing per dose		\$	0.00	0.00					
AD syringe price per unit	Table 6.1	\$	0.053	0.053					
Reconstitution syringe price per unit	Table 6.1	\$	0.038	0.038					
Safety box price per unit	Table 6.1	\$	0.640	0.640					
Freight cost as % of vaccines value	Table 6.2	%	10.00%	10.00%					
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%					

No Co-financing for Measles.

Table 7.2.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012				TOTAL
Number of vaccine doses	#		-174,600				-174,600
Number of AD syringes	#		-357,300				-357,300
Number of re-constitution syringes	#		-19,300				-19,300
Number of safety boxes	#		-4,175				-4,175
Total value to be co-financed by GAVI	\$		-70,500				-70,500

Table 7.2.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval	For endorsement			
Required supply item		2011	2012				TOTAL
Number of vaccine doses	#		0				0
Number of AD syringes	#		0				0
Number of re-constitution syringes	#		0				0
Number of safety boxes	#		0				0
Total value to be co-financed by the country	\$		0				0

Table 7.2.4: Calculation of requirements for Measles, 10 doses/vial, Lyophilised

		Formula	2011	2012											
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
A	Country Co-finance			0.00%											
B	Number of children to be vaccinated with the first dose	Table 1	340,645	342,484	0	342,484									
C	Number of doses per child	Vaccine parameter (schedule)	1	1	1	1									
D	Number of doses needed	B x C	340,645	342,484	0	342,484									
E	Estimated vaccine wastage factor	Wastage factor table	1.43	1.43	1.43	1.43									
F	Number of doses needed including wastage	D x E	487,123	489,753	0	489,753									
G	Vaccines buffer	(F – F of		658	0	658									

		Formula	2011	2012											
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	stock	previous year) * 0.25													
H	Stock on 1 January 2011			665,100	0	665,100									
I	Total vaccine doses needed	F + G - H		- 174,689	0	- 174,689									
J	Number of doses per vial	Vaccine parameter		10	10	10									
K	Number of AD syringes (+ 10% wastage) needed	(D + G - H) x 1.11		- 357,373	0	- 357,373									
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		-19,390	0	- 19,390									
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		-4,182	0	- 4,182									
N	Cost of vaccines needed	I x g		-41,925	0	- 41,925									
O	Cost of AD syringes needed	K x ca		-18,940	0	- 18,940									
P	Cost of reconstitution syringes needed	L x cr		-736	0	-736									
Q	Cost of safety boxes needed	M x cs		-2,676	0	- 2,676									

		Formula	2011	2012											
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
R	Freight cost for vaccines needed	$N \times fv$		-4,192	0	- 4,192									
S	Freight cost for devices needed	$(O+P+Q) \times fd$		-2,235	0	- 2,235									
T	Total fund needed	$(N+O+P+Q+R+S)$		-70,704	0	- 70,704									
U	Total country co-financing	13 cc		0											
V	Country co-financing % of GAVI supported proportion	U / T		0.00%											

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: [HSS section of the APR 2010 @ 18 Feb 2011.docx](#)

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

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

2010 was a successful year for EPI program in DPRK. Through ICC technical support and coordination, the following key issues were discussed and results achieved:-

1. The Comprehensive multi-year plan has been updated for the next five years (2011-2015). The Multi Year Plan document is intended to guide those who implement the Programme to provide vaccination to every child in the country. It also spells out the strategies for providing efficient and sustainable immunization services to the community. This is a fundamental strategic and planning document for immunization programme in the country. The ICC members provided technical guidance during the updating process and finally endorsed during the 5 May 2011 meeting.

2. Nation-wide cold chain replacement plan was completed in June 2010 which was started in 2009 based on cold chain assessment conducted in 2008. DPRK's cold chain system is well-established and much investment and capacity building efforts have been undertaken during the reporting year. Efforts were made not only in the area of equipment replacement but also in conducting series of cold chain maintenance training at different levels. Awareness generated around proper vaccine handling and temperature monitoring through procuring more thermometers and designing, developing and distributing posters on cold chain issues to all health facilities in the country.

3. Though nation-wide cold chain replacement plan was successfully completed, re-allocation and shipment of old cold chain equipment from the provincial cold room (while replacing with walk-in-cold room) was one of the major challenges which was managed through ICC's guidance.

4. Implementation of HepB birth dose (within 24 hours after birth) at Ri level is challenging because of monthly vaccination session at the Ri clinic level. MoPH is planning to adopt OCC (outside cold chain) policy to ensure that the birth dose of HepB is available within 24 hours of birth at the rural level clinics as per ICC's advise.

5. DPRK government has made its co-financing contribution amounting to US\$ 374,500 that was used to procure DPT-HepB vaccine through UNICEF Supply Division in Copenhagen. ICC took lot of initiatives in ensuring that the funds are transferred to UNICEF on time.

12. Annexes

Annex 1

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 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

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 2009	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.

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, 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 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

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 2009	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.

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

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 2009	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

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Yes
Signature of Minister of Finance (or delegated authority)		2	Yes
Signatures of members of ICC		3	Yes
Signatures of members of HSCC		4	Yes
Minutes of ICC meetings in 2010		5	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		6	Yes
Minutes of HSCC meetings in 2010		24	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		25	Yes
Financial Statement for ISS grant in 2010		26	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		9, 10, 11	Yes
EVSM/VMA/EVM report			
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		27, 28	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the **Upload file** arrow icon to upload the document. Use the **Delete item** icon to delete a line. To add new lines click on the **New item** icon in the **Action** column.

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	File Type: Signature of Minister of Health (or delegated authority) * File Desc: APR_2010_MoH & MoF_Signature Pages	File name: C:\DPRK Folder - 2011\GAVI\APR-2010\Uploaded Docs\APR_2010_MoH & MoF_Signature Pages.pdf Date/Time: 13.05.2011 02:32:03 Size: 1 MB		
2	File Type: Signature of Minister of Finance (or delegated authority) * File Desc: APR_2010_MoH &	File name: C:\DPRK Folder - 2011\GAVI\APR-2010\Uploaded Docs\APR_2010_MoH & MoF_Signature Pages.pdf Date/Time: 13.05.2011 02:41:59 Size:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	MoF_Signature Pages	1 MB		
3	File Type: Signatures of members of ICC * File Desc: APR_2010_ICC & HSCC Members_Signature Pages	File name: C:\DPRK Folder - 2011\GAVI\APR-2010\Uploaded Docs\APR_2010_ICC & HSCC Members_Signature Pages.pdf Date/Time: 13.05.2011 03:22:23 Size: 1 MB		
4	File Type: Signatures of members of HSCC * File Desc: APR_2010_ICC & HSCC Members_Signature Pages	File name: C:\DPRK Folder - 2011\GAVI\APR-2010\Uploaded Docs\APR_2010_ICC & HSCC Members_Signature Pages.pdf Date/Time: 13.05.2011 03:25:16 Size: 1 MB		
5	File Type: Minutes of ICC meetings in 2010 * File Desc: ICC-HSCC Meeting minutes_22 June 2010	File name: C:\DPRK Folder - 2011\EPI\ICC & HSCC minutes\ICC-HSCC - Meeting Minutes_22 June 2010.doc Date/Time: 13.05.2011 03:28:31 Size: 69 KB		
6	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc: ICC-HSCC Meeting minutes Endorsed APR_5 May 2011	File name: C:\DPRK Folder - 2011\EPI\ICC & HSCC minutes\ICC-HSCC - Meeting Minutes_Endorsed APR_5 May 2011.doc Date/Time: 13.05.2011 03:30:43 Size: 86 KB		
7	File Type: other File Desc: APR GAVI Health System Strengthening 2010-DPR Korea	File name: C:\Documents and Settings\mathura\Desktop\GAVI-HSS APR\HSS section of the APR 2010 @ 18 Feb 2011\WHO\UNICEF12May.doc Date/Time: 12.05.2011 09:37:51 Size: 535 KB		
8	File Type: other File Desc: MOPH letter endorsing submission of APR 2010	File name: C:\Documents and Settings\mathura\Desktop\GAVI-HSS APR\Annexes APR2010\MoPH endorsement-submission letter12May2011.pdf Date/Time: 12.05.2011 05:02:12 Size: 65 KB		
9	File Type: Financial Statement for HSS grant in 2010 * File Desc: Annex-1 WHO Interim statement by Chief Accountant	File name: C:\Documents and Settings\mathura\Desktop\GAVI-HSS APR\Annexes APR2010\Annex-1 WHO Chief Accountant Certificate of Expenditure 2009-1010.tif Date/Time: 12.05.2011 05:05:50 Size: 68 KB		
10	File Type: Financial Statement for HSS grant in 2010 * File Desc: Annex-2 DPRK APR_HSS_2010 Expenditure_UNICEFI_11	File name: C:\Documents and Settings\mathura\Desktop\GAVI-HSS APR\Annexes APR2010\Annex-2 DPRK APR_HSS_2010Expenditure_UNICEF_11May.doc Date/Time: 12.05.2011 21:59:05 Size:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	May	38 KB		
11	File Type: Financial Statement for HSS grant in 2010 * File Desc: Annex-3 DPRK APR_HSS_2011 Expenditure_UNICEF_11 May	File name: C:\Documents and Settings\mathura\Desktop\GAVI-HSS APR\Annexes APR2010\Annex-3 DPRK APR_HSS_2011 Expenditure_UNICEF_11May.doc Date/Time: 12.05.2011 21:59:37 Size: 38 KB		
12	File Type: other File Desc: Annex-4Reportof Dr Garg WHO STC on microplanning and health management training modules	File name: C:\Documents and Settings\mathura\Desktop\GAVI-HSS APR\Annexes APR2010\Annex-4Reportof Dr Garg WHO STC on microplanning and health management training modules.rar Date/Time: 12.05.2011 05:21:17 Size: 410 KB		
13	File Type: other File Desc: Annex-5 Felid assessment of guideline and development of health management training module	File name: C:\Documents and Settings\mathura\Desktop\GAVI-HSS APR\Annexes APR2010\Annex-5 Felid assessment of guideline and development of health management training module.pdf Date/Time: 12.05.2011 05:23:01 Size: 513 KB		
14	File Type: other File Desc: Annex-6Consensus workshop on finalization of health managment training module	File name: C:\Documents and Settings\mathura\Desktop\GAVI-HSS APR\Annexes APR2010\Annex-6Consensus wqorkshop on finalization of health managment training module.pdf Date/Time: 12.05.2011 05:25:12 Size: 483 KB		
15	File Type: other File Desc: Annex-8 Old Version of MOPH Health Management modules	File name: C:\Documents and Settings\mathura\Desktop\GAVI-HSS APR\Annexes APR2010\Annex-8 Old Version of MOPH Health Management modules.rar Date/Time: 12.05.2011 06:09:25 Size: 104 KB		
16	File Type: other File Desc: Annex-9 Training Equipment at NIPHA	File name: C:\Documents and Settings\mathura\Desktop\GAVI-HSS APR\Annexes APR2010\Annex-9 Training Equipment at NIPHA.rar Date/Time: 12.05.2011 08:05:38 Size: 394 KB		
17	File Type: other File Desc: Annex-10 report on IMCI Training	File name: C:\Documents and Settings\mathura\Desktop\GAVI-HSS APR\Annexes APR2010\Annex-10 report on IMCI Training.pdf Date/Time: 12.05.2011 09:42:45 Size: 902 KB		
18	File Type: other File Desc: Annex-11IEC Material	File name: C:\Documents and Settings\mathura\Desktop\GAVI-HSS APR\Annexes APR2010\Annex-11IEC Material.rar Date/Time:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
		12.05.2011 09:49:09 Size: 311 KB		
19	File Type: other File Desc: Annex-12MTSPDPR Korea APR2010	File name: C:\Documents and Settings\mathura\Desktop\GAVI-HSS APR\Annexes APR2010\Annex-12MTSPDPR Korea APR2010.rar Date/Time: 12.05.2011 09:53:07 Size: 869 KB		
20	File Type: other File Desc: Annex-13 Report of Study Tour on Health Planning	File name: C:\Documents and Settings\mathura\Desktop\GAVI-HSS APR\Annexes APR2010\Annex-13 Study Tour on Health Planning.rar Date/Time: 12.05.2011 09:59:59 Size: 1 MB		
21	File Type: other File Desc: Annex-14 Health Sector Situation Analysis	File name: C:\Documents and Settings\mathura\Desktop\GAVI-HSS APR\Annexes APR2010\Annex-14 Health Sector Situation Analysis.doc Date/Time: 12.05.2011 10:03:27 Size: 817 KB		
22	File Type: other File Desc: Annex-16 Health Management Modules DPRK	File name: C:\Documents and Settings\mathura\Desktop\GAVI-HSS APR\Annexes APR2010\Annex-16 Health Management Modules DPRK.docx Date/Time: 12.05.2011 21:08:05 Size: 710 KB		
23	File Type: other File Desc: Annex-17 Case Study on telemedicine_7 April 2011	File name: C:\Documents and Settings\mathura\Desktop\GAVI-HSS APR\Annexes APR2010\Annex-17 Case Study on telemedicine_7 April 2011.pdf Date/Time: 12.05.2011 21:12:09 Size: 152 KB		
24	File Type: Minutes of HSCC meetings in 2010 * File Desc: Annex-18 ICC HSCC Meeting minutes 2010	File name: C:\Documents and Settings\mathura\Desktop\GAVI-HSS APR\Annexes APR2010\Annex-18 ICC HSCC Meeting minutes 2010.rar Date/Time: 12.05.2011 21:19:54 Size: 30 KB		
25	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 * File Desc: Annex-19 ICC-HSCC Meeting minutes 2011	File name: C:\Documents and Settings\mathura\Desktop\GAVI-HSS APR\Annexes APR2010\Annex-19 ICC-HSCC Meeting minutes 2011.rar Date/Time: 12.05.2011 21:21:15 Size: 28 KB		
26	File Type: Financial Statement for ISS grant in 2010 * File Desc:	File name: C:\DPRK Folder - 2011\GAVI\APR-2010\Annex-1 DPRK APR ISS & NVS 2010 Expenditure UNICEF 11 May.docx		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	Annex-1 DPRK APR ISS & NVS 2010 Expenditure_UNICEF_11 May	Date/Time: 13.05.2011 03:41:55 Size: 19 KB		
27	File Type: new cMYP starting 2012 File Desc: cMYP_DPRK_Final version (2011-2015)	File name: C:\DPRK Folder - 2011\EPI\cMYP DPRK Final Version 11 May 2011.docx Date/Time: 13.05.2011 03:56:52 Size: 335 KB		
28	File Type: new cMYP starting 2012 File Desc: cMYP_Costing Tool_DPRK_Final version (2011-2015)	File name: C:\DPRK Folder - 2011\EPI\cMYP Costing Tool DPRK Final Version 11 May 2011.xlsx Date/Time: 13.05.2011 03:59:55 Size: 1 MB		
29	File Type: other File Desc: clarifications from country	File name: RE APR - DPRK feedback.msg Date/Time: 16.06.2011 07:56:17 Size: 219 KB		