



Annual Progress Report 2007

Submitted by

The Government of

PAPUA NEW GUINEA

Date of submission: **14 May 2008**

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(to be accompanied with Excel sheet as prescribed)

Please return a signed copy of the document to:

GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

Enquiries to: Dr Raj Kumar, raj कुमार@gavialliance.org or representatives of a GAVI partner agency. All documents and attachments must be in English or French, preferably in electronic form. These can be shared with GAVI partners, collaborators and general public.

This report reports on activities in 2007 and specifies requests for January – December 2009

Signatures Page for ISS, INS and NVS

For the Government of PAPUA NEW GUINEA

Department of Health:

Dr. Clement Malau

Title: Secretary for Health

Signature:

Date:

Department of Finance (delegate):¹

Ms. Elva Lionel

Title: Acting Executive Manager, Corporate Services

Signature:

Date:

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report, including the attached excel sheet. 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
Dr. Clement Malau, Secretary for Health	National Department of Health		
Mr. Enoch Posanai, a/Executive Manager – Public Health	National Department of Health		
Dr. Eigil Sorenson, WHO Country Representative	WHO Country Office		
Mr. Hamish Young, UNICEF Country Representative	UNICEF Country Office		
Ms. Gaye Moore, 2 nd Secretary Health Development Cooperation	AusAID		
Mr. Shunichiro Ikeda, Assistant Resident Representative	JICA Country Office		
Dr. Paulus Ripa, Paediatrician & Senior Curriculum Development Advisor	School of Medicine, University of PNG		
Mr. Joseph Sika, Representative, Churches Medical Council	PNG Churches Medical Council		
Mr. Joseph Klapat, Secretary for Community Development	Department of Community Development		
Ms. Delilah Koja, Representative from Department of Provincial Affairs	Department of Provincial Affairs		
Ms. Elva Lionel, Acting Executive Manager, Corporate Services	Health Sector Improvement Program, NDoH		

¹ The signatory is Executive Manager - Corporate Services, overseer of the Health Sector Improvement Program Trust Fund, who is the financial delegate of ministry of finance.

Signatures Page for HSS - Not applicable

For the Government of

Ministry of Health:

Title:

Signature:

Date:

Ministry of Finance:

Title:

Signature:

Date:

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) 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.

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

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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.

1. Report on progress made during 2007

1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): Yes

If yes, please explain in detail how it is reflected as MoH budget in the box below.

If not, explain why not and whether there is an intention to get them on-budget in the near future?

With the Sector-wide approach, all the funding supports received from external development partners and donor agencies including GAVI Alliance are deposited into Health Sector Improvement Program (HSIP) Trust account. The GAVI funds are earmarked for EPI and are used or released according to the Annual Activity Plan for EPI as approved by Ministry of Health and ICC.

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.

As stated above the ISS Funds are deposited into the Health Sector Improvement Program (HSIP) Trust Account and are managed by the Executive Manager – Corporate Services and the Director of the HSIP (who are the Financial delegates of the Department of Finance). The funds are strictly controlled and released only for activities that are being planned for in the annual activity plan, for that particular year with an estimated budget attached to each planned activity. However, the flow of the funds is still slow and requires some improvement particularly in the area of administrative processing and the issues of governance.

The annual activity plans are based on the Multi-year plan (MYP2006-2010).

ICC plays an important role in endorsing immunization plans and activities and especially how the ISS funds are being utilized. EPI team reports on a quarterly basis to ICC on how the funds had been used. Most of the ISS funds for 2007 were used for EPI micro –plan workshops at the district level. Seventy-seven (77) out of the 89 districts had already organized EPI micro-planning workshop in 2007.

The HSIP account at all levels is independently audited, with funds only release after a satisfactory audit report has been received. While this has dramatically improved transparency, it also means that if funds from another programme (e.g. malaria) have not been acquitted correctly, this can have an impact on the release of EPI funds, and subsequent programme implementation.

1.1.2 Use of Immunization Services Support

*In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.*

Funds received during 2007: US\$108,500 (May 2007) + US\$ 217,000 (August 2007)

Remaining funds (carry over) from 2006 : US\$ 108,500 (received in Aug 2006)

Balance to be carried over to 2008: USD 144,553

Table 1: Use of funds during 2007*[due to fluctuating exchange rate, there may be slight difference in total]

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	0				
Injection supplies	0				
Personnel					
Transportation					
Maintenance and overheads					
Training (micro-planning workshops)	\$216763	\$46,934		\$169,829	
IEC / social mobilization					
Outreach					
Supervision	\$3254		\$3,254		
Monitoring and evaluation					
Epidemiological surveillance (investigation of pertussis outbreak)	\$14,012			\$14,012	
Vehicles					
Cold chain equipment					
Other (provincial EPI meeting)	\$29,078		\$29,078		
Total:	\$263,107				
Remaining funds for next year:	\$144,553				

**If no information is available because of block grants, please indicate under 'other'.*

Please attach the minutes of the ICC meeting(s) when the allocation and utilization of funds were discussed.

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

The two major activities conducted to strengthen immunization in 2007 using the ISS funds were on:

1. Routine EPI micro-plan training workshop to all the district and health centre staff. Seventy-seven (77) out of 89 districts had been covered so far.

*Development, printing and distribution of IEC materials and monitoring charts on all antigens (measles, DTP-HepB-Hib, OPV, BCG). **See attachments..(5)***

The problems encountered were on the timely release of GAVI funds from the HSIP trust account, and the processes and requirements involve in getting the funds transferred to Provincial HSIP account.

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for: **September 2009**

**If no DQA has been passed, when will the DQA be conducted?*

**If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA*

**If no DQA has been conducted, when will the first DQA be conducted?*

What were the major recommendations of the DQA?

The 1st DQA was planned for 2nd Quarter of 2008, however because of the Measles SIA currently in progress we have pushed it back to 3rd Quarter of 2009.

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared? Not applicable as no DQA has been done yet.

YES

☐

NO

☒

If yes, please report on the degree of its implementation and attach the plan.

Not applicable as no DQA has been done.

Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).

- 1. A survey on Hepatitis B within 24 hour birth was done through WHO support and a copy of that report is attached. Recommendations from this survey to improve the HepB birth dose is reflected in this years (2008) annual activity plan (AAP). See **Attachment 6**.*
- 2. An assessment of Immunization Data Quality was done in National Capital District (NCD) as reported under the National Health Information System (NHIS). The assessment included a review of data accuracy at health clinics, district and national levels. A questionnaire was designed to review and monitor practices and identify quality issues. The assessment suggested inadequate data records (with poor data entry and several errors in data entry) and poor quality of the monitoring system. The accuracy of reporting numbers of immunization is inconsistent, with inaccuracies of sums and calculations between the different levels of the administrative reporting systems. The completeness /timeliness of reporting is very poor due to inadequate recording and reporting both in the provincial and district level. The recommendations aim to improve clinic monitoring and use of data in an accurate and timely manner. The completed version will support immunization program planning at all level of health services delivery. See **Attachment 7**.*

1.1.4. ICC meetings

*How many times did the ICC meet in 2007? **Please attach all minutes.***

Are any Civil Society Organizations members of the ICC and if yes, which ones?

ICC met three (3) times in 2007. Copies of the minutes are attached, including minutes of 2 meetings held this year (2008). See **Attachment 2**.

We regard Churches Medical Council as a Civil Society Organization in the current ICC membership.

ICC had agreed to add two more CSO to its membership and will send official invitation to the Paediatric Society of PNG and the Save the Children Organization of PNG.

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

1.2.1. Receipt of new and under-used vaccines during 2007

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) and dates shipment were received in 2006.

No vaccines were received in 2007.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)

Please report on any problems encountered.

No DTP-Hib was received in 2007 due to delay at the manufacturer level. The country had just received DTP-Hib in March 2008.

Because of the continuous delay and the frequent change of the arrival dates throughout 2007, the enthusiasm the country had in looking forward to the vaccine slowly waned affecting the preparatory plans for the introduction as well as the co-funding plans it had for 2008.

PNG do not want to go through the experience again, and would like to switch to pentavalent ASAP, as per the letter of request to GAVI Secretariat dated September 11, 2007.

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.

- All IEC materials (brochures, pamphlets & basic information for health workers and parents) developed and distributed.*
- Radio spots developed and aired.*
- Annual Health workers conferences/consultations (family health coordinators, paediatric society, other meetings).*
- National Launching of Pentavalent introduction in February 2009.*

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

These funds (US\$ 100,000) were received on: **February 2007**

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

In 2007, a total of USD 27,799 was used for airing of radio spots (\$ 6,203) and for printing of brochures and monitoring charts (\$ 21,596). A total of \$ 72,201 is carried over to 2008 and will be used during switching from the current tetravalent to Pentavalent Hib vaccine. The major activities budgeted in 2008 are printing of brochures for Pentavalent vaccine for parents and health workers, posters on use of Pentavalent vaccine for health facilities, training of provincial and district EPI managers during national EPI meeting in June 2008.

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in No EVSM done in 2007, as vaccine was not introduced.

Please summarize the major recommendations from the EVSM/VMA

Not applicable,

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

If so, please summarize main activities under the EVSM plan and the activities to address the recommendations.

With the late introduction of DTP-Hib in 2008, and the planned switch to Pentavalent in 2009, we planned to do the EVSM in 2010.

The next EVSM/VMA* will be conducted in: 2010, after introduction of pentavalent vaccine in 2009

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

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Received in cash/kind; Nil

Please report on receipt of injection safety support provided by the GAVI Alliance during 2007 (add rows as applicable).

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

No injection safety support was received from GAVI, nor was a formal request made to GAVI to support.

1.3.2. Progress of transition plan for safe injections and management of sharps waste.

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

Not applicable

Please report how sharps waste is being disposed of.

There are three methods of waste disposals used in Papua New Guinea; (1) Incineration, (2) Open burning, (3) Burial

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

Not applicable

1.3.3. Statement on use of GAVI Alliance injection safety support in 2007 (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:

Not applicable.

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

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to help GAVI understand broad trends in immunization programme expenditures and financing flows. In place of Table 2.1 an updated cMYP, updated for the reporting year would be sufficient.

	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Expenditures by Category				
Vaccines	1,875,173	2,126,382	2,532,916	3,502,483
Injection supplies	144,845	150,000	200,000	250,000
Cold Chain equipment	113,125	646,970	400,500	800,000
Operational costs	1,000,000	700,000	1,200,000	2,100,000
Other (please specify) (a) ISS	241,318.85	300,000	?	?
(b) Freight	80,075	82,000	85,000	90,000
Financing by Source				
Government (incl. WB loans)	1,458,561	2,508,400	3,500,000	5,500,400
GAVI Fund	1,442,847.78	2,487,500	2,334,500	2,307,416
UNICEF	721,174	500,000	1,454,025	500,000
WHO	814,537	150,000	2,500,00	?
Other (please specify) JICA	117,126	113,155	646,970	80,487
Total Expenditure	3,454,546.85			
Total Financing	4,554,246	5,759,055		
Total Funding Gaps	0.00	1,104,509		

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 coming three years; whether the funding gaps are manageable, a challenge, or alarming. If either of the latter two, explain what strategies are being pursued to address the gaps and what are the sources of the gaps —growing expenditures in certain budget lines, loss of sources of funding, a combination...

There was not much difference from the planned budget as to the actual expenditure. PNG's estimated budget on immunization is within its actual expenditures. Because Hib vaccine was not introduced into the country as planned, there was a surplus of US\$1, 104, 509 to the actual amount expanded from the planned amount of US\$5, 759, 055.

Table 2.2: Country Co-Financing (in US\$)

Table 2.2 is designed to help understand country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed.

For 1st GAVI awarded vaccine. Please specify which vaccine (DTP-Hib, liquid 10 dose vials)	2007*	2008 (DTP-Hib)	2009 (DTP-HepB-Hib)	2010 (DTP-HepB-Hib)
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government	NA	0.0**	\$0.68	\$0.68
Other sources (please specify)		-		
Total Co-Financing (US\$ per dose)	0	0.0	\$0.68	\$0.68

*Though vaccine introduction was planned from July 1, 2007, the vaccine could not be introduced as no supplies were received in 2007

**though with the initial plan of vaccine introduction in 2007, co-financing at the rate of \$0.68 was planned, but due to shift in the year of introduction, and problems in procurement of DTP-Hib, 100% vaccine used in 2008 was procured from GAVI.

Please describe and explain the past and future trends in co-financing levels for the 1st GAVI awarded vaccine.

The country planned co-financing from 2nd year of introduction; though country is approved under GAVI phase I conditions and will hence still receive 500% of supplies from GAVI. But to keep the budget line for vaccines, the country preferred to co-finance right from the beginning. The vaccine introduction could not go as planned in 2007, and hence no co-financing in 2008 (which became the first year of introduction). Also the co-financing levels were calculated assuming Pentavalent vaccine introduction and not tetravalent (as country still had to procure hepatitis B vaccine). In 2009, when country switches to Pentavalent vaccine, it will co-finance @ USD 0.68 per dose. Similar level of co-financing will be maintained in 2010.

For 2 nd GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB-Hib) single dose	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government				
Other sources (please specify)				
Total Co-Financing (US\$ per dose)				

Please describe and explain the past and future trends in co-financing levels for the 2nd GAVI awarded vaccine.

Table 2.3: Country Co-Financing (in US\$)

The purpose of Table 2.3 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding	YES	BCG, DTP, HepB, TT, measles, OPV	Government Recurrent Funds
Government Procurement- Other			
UNICEF	YES	Measles SIA GAVI DTP-Hib	UN Funds
PAHO Revolving Fund			
Donations			
Other (specify)			

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Schedule	Date of Actual Payments Made in 2007
	(month/year)	(day/month)
1st Awarded Vaccine (DTP-Hib)	January 2008	Nil
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?	
	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	Yes
National health sector plan	Yes
National health budget	Yes
Medium-term expenditure framework	Yes
SWAp	Yes
cMYP Cost & Financing Analysis	Yes
Annual immunization plan	Yes
Other	

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
1. Delayed introduction of the DTP-Hib vaccine. However, PNG plans to co-finance from January 2009 as we change the formulation to pentavalent (DTP-HepB-Hib).

3. Request for new and under-used vaccines for year 2009

Section 3 is related to the request for new and under-used vaccines and injection safety for 2009.

3.1. Up-dated immunization targets

*Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided. Targets for future years **MUST** be provided.*

Please provide justification on 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.

No changes have been made in the baseline or targets or wastage rate.

Table 5: Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2007 and projections from 2008 onwards.

Number of	Achievements and targets									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
DENOMINATORS										
Births	196639	202931	209425	216126	223042	230180	237546			
Infants' deaths	12585	12988	13403	13832	14275	14732	15203			
Surviving infants	184054	189943	196022	202294	208768	215448	222343			
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)*		144294	69424	0	0	0	0			
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP (DTP3)*		113480	65341	0	0	0	0			
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)*Hib..... (Pentavalent vaccine from 2009)		0	97194	192180	204592	211139	217896			
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DPT-Hib (new vaccine) (Pentavalent from 2009)		0	91477	182065	198329	204676	211226			
Wastage rate till 2007 and plan for 2008 beyond*** ...DPT-Hib in 2008; Pentavalent from 2009 (new vaccine)			40%	5%	5%	5%	5%			
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT										
Infants vaccinated / to be vaccinated with BCG										
Infants vaccinated / to be vaccinated with Measles (1 st dose)										

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

** Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for 2009

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

PNG got approved for DTP-Hib via GAVI letter dated August 2007. However, PNG requested GAVI via their letter dated 11, September 2007 to change the presentation to single dose fully liquid Pentavalent vaccine from January 2009 which was accepted by GAVI via their letter dated November 15, 2007 (attachment 3), provided country provides evidence of cold chain capacity and keeps the same level of financing. The cold chain analysis shows adequate capacity at all levels and is attached at (attachment 4).

Accordingly PNG estimated 756,705 doses of Pentavalent vaccine for 2009 assuming 85% coverage, 5% wastage, and 25% buffer stock [please see (attachment 1) excel sheet for complete calculations].

Based on committed co-financing of US\$ 0.68 by country, PNG request supply of 618,727 doses from GAVI and PNG will procure 137,978 doses.

We request GAVI to make the first shipment of Pentavalent vaccine for 454,023 doses (which is equal to 6 months needs plus 3 month buffer) to PNG latest by October 15, 2008. The second shipment of the remaining GAVI doses for 164,704 doses, latest by April 15, 2009.

PNG will procure its co-financed share through its own procurement system. It will start its tender document in July 2008 and expects to procure its portion of 137,978 doses by July 2009.

Please provide the Excel sheet for calculating vaccine request duly completed

Remarks
▪ Phasing: Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided ▪ Wastage of vaccines: Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1 dose vial liquid. ▪ Buffer stock: The buffer stock is recalculated every year as 25% the current vaccine requirement ▪ Anticipated vaccines in stock at start of year 2009: It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines. ▪ AD syringes: A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines. ▪ Reconstitution syringes: it applies only for lyophilized vaccines. Write zero for other vaccines. ▪ Safety boxes: A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 7: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

3.3 Confirmed/revised request for injection safety support for the year 2009

Table 8: Estimated supplies for safety of vaccination for the next two years with (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 8a, 8b, 8c, etc. Please use same targets as in Table 5)

		Formula	2009	2010
A	Target if children for Vaccination (for TT: target of pregnant women) (1)	#		
B	Number of doses per child (for TT: target of pregnant women)	#		
C	Number ofdoses	A x B		
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock (2)	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor (3)	Either 2 or 1.6		
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100		

- 1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)
- 2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.
- 3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF
- 4 Only for lyophilized vaccines. Write zero for other vaccines.

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

Not applicable

4. Health Systems Strengthening (HSS)

This section only needs to be completed by those countries that have received approval for their HSS proposal. This will serve as an inception report in order to enable release of funds for 2009. Countries are therefore asked to report on activities in 2007.

Health Systems Support started in: _____

Current Health Systems Support will end in:

Funds received in 2007:	Yes/No	
	If yes, date received: (dd/mm/yyyy)	
	If Yes, total amount:	US\$ _____
Funds disbursed to date:		US\$ _____
Balance of installment left:		US\$ _____
Requested amount to be disbursed for 2009		US\$ _____

*Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No
If not, why not? How will it be ensured that funds will be on-budget? Please provide details.*

Not applicable

Please provide a brief narrative on the HSS program that covers the main activities performed, whether funds were disbursed according to the implementation plan, 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. More detailed information on activities such as whether activities were implemented according to the implementation plan can be provided in Table 10.

Not applicable

Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation?

In case any change in the implementation plan and disbursement schedule as per the proposal is requested, please explain in the section below and justify the change in disbursement request. More detailed breakdown of expenditure can be provided in Table 9.

Please attach minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for next tranche were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 2009.

Table 9. HSS Expenditure in 2007 in expenditure on HSS activities and request for 2009 <i>(In case there is a change in the 2009 request, please justify in the narrative above)</i>			
Area for support	2007 (Expenditure)	2007 (Balance)	2009 (Request)
Activity costs			
Objective 1			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
Objective 2			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
Objective 3			
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
Support costs			
Management costs			
M&E support costs			
Technical support			
TOTAL COSTS			

Table 10. HSS Activities in 2007	
Major Activities	2007
Objective 1:	
Activity 1.1:	
Activity 1.2:	
Activity 1.3:	
Activity 1.4:	
Objective 2:	
Activity 2.1:	
Activity 2.2:	
Activity 2.3:	
Activity 2.4:	
Objective 3:	
Activity 3.1:	
Activity 3.2:	
Activity 3.3:	
Activity 3.4:	

Table 11. Baseline indicators <i>(Add other indicators according to the HSS proposal)</i>						
Indicator	Data Source	Baseline Value²	Source³	Date of Baseline	Target	Date for Target
1. National DTP3 coverage (%)						
2. Number / % of districts achieving ≥80% DTP3 coverage						
3. Under five mortality rate (per 1000)						
4.						
5.						
6.						

Please describe whether targets have been met, what kind of problems has occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.

² If baseline data is not available indicate whether baseline data collection is planned and when

³ Important for easy accessing and cross referencing

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	May 15, 2008	
Reporting Period (consistent with previous calendar year)	Jan1-Dec 31 2007	
Government signatures	Yes	
ICC endorsed	Yes	
ISS reported on	Yes	
DQA reported on	Not applicable	
Reported on use of Vaccine introduction grant	Yes	
Injection Safety Reported on	Not applicable	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	Yes	
New Vaccine Request including co-financing completed and Excel sheet attached	Yes	
Revised request for injection safety completed (where applicable)	Not applicable	
HSS reported on	NA	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report	NA	
GAVI application excel spreadsheet	Yes	Attachment 1
ICC minutes attached to the report	Yes	Attachment 2
Copy of GAVI response to PNG's request in September 2007 for change in vaccine formulation dated Nov 15, 2007	yes	Attachment 3
Cold Chain Capacity analysis for Pentavalent vaccine	Yes	Attachment 4
IEC materials on Hib developed	Yes	Attachment 5
A survey on Hepatitis B within 24 hour birth dose	Yes	Attachment 6
An assessment of Immunization Data Quality in National Capital District	Yes	Attachment 7
WHO/UNICEF JRF for 2007	Yes	Attachment 8
Dr. Lagani's PowerPoint presentation to ICC members on Hib vaccine and the plans to switch from tetravalent to pentavalent vaccine	Yes	Attachment 9

6. Comments

ICC/HSCC comments:

~ End ~