



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Papua New Guinea

Reporting on year: 2010
Requesting for support year: 2012
Date of submission: 24.05.2011 20:37:48

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-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 1 dose/vial, Liquid	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
ISS	2010

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 Papua New Guinea 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 Papua New Guinea

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	DR CLEMENT MALAU	Name	Ms. ELVA LIONEL
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
Mr. Steven Toikilik	National EPI Manager	(675) 323 0976	stoikilik@cbasc.org.pg	
Dr. William Lagani	Manager, Family Health Services	(675) 301 3841/ 301 3707	william_lagani@health.gov.pg	
Dr. Siddhartha Sankar Datta	Technical Officer-EPI, WHO	(675) 325 7827	dattas@wpro.who.int	
Dr. Grace Kariwiga	Maternal and Child Health Officer-UNICEF	(675) 308 7368	gkariwiga@unicef.org	

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
Dr. Paison Dakulala, Deputy Secretary for Health	National Department of Health			
Mr. Enoch Posanai, Executive Manager, Public Health	National Department of Health			
Dr. William Adu Krow, WHO Country Representative	WHO Country Office			
Dr. Bertrand Desmoulins, UNICEF Country Representative	UNICEF Country Office			
Dr. Geoff Clark, Programme Director Health, AusAID	AusAID			
Mr. Noriyuki Ito, 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			
Dr. James Amini, President	Paediatric Society of PNG			
Ms. Elva Lionel, Director, HSIP	Health Sector Improvement Program, NDoH			
Ms. Catherine Beacham - Senior Program Manager, Burnet Institute	Burnet Institute of Australia, PNG Office			

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) - , 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

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 - , 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.

3. Table of Contents

This APR reports on Papua New Guinea's activities between January - December 2010 and specifies the requests for the period of January - December 2012

Sections

Main

Cover Page
GAVI Alliance Grant Terms and Conditions

1. Application Specification

- 1.1. NVS & INS
- 1.2. Other types of support

2. Signatures

- 2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)
- 2.2. ICC Signatures Page
- 2.3. HSCC Signatures Page
- 2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

3. Table of Contents

4. Baseline and Annual Targets

Table 1: Baseline figures

5. General Programme Management Component

- 5.1. Updated baseline and annual targets
- 5.2. Immunisation achievements in 2010
- 5.3. Data assessments
- 5.4. Overall Expenditures and Financing for Immunisation
 - Table 2a:** Overall Expenditure and Financing for Immunisation
 - Table 2b:** Overall Budgeted Expenditures for Immunisation
- 5.5. Inter-Agency Coordinating Committee (ICC)
- 5.6. Priority actions in 2011 to 2012
- 5.7. Progress of transition plan for injection safety

6. Immunisation Services Support (ISS)

- 6.1. Report on the use of ISS funds in 2010
- 6.2. Management of ISS Funds
- 6.3. Detailed expenditure of ISS funds during the 2010 calendar year
- 6.4. Request for ISS reward
 - Table 3:** Calculation of expected ISS reward

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

- 7.1. Receipt of new & under-used vaccines for 2010 vaccination programme
 - Table 4:** Received vaccine doses
- 7.2. Introduction of a New Vaccine in 2010
- 7.3. Report on country co-financing in 2010 (if applicable)
 - Table 5:** Four questions on country co-financing in 2010
- 7.4. Vaccine Management (EVSM/VMA/EVM)

- 7.5. Change of vaccine presentation
- 7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011
- 7.7. Request for continued support for vaccines for 2012 vaccination programme
- 7.8. UNICEF Supply Division: weighted average prices of supply and related freight cost
 - Table 6.1:** UNICEF prices
 - Table 6.2:** Freight costs
- 7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 1 dose/vial, Liquid

Co-financing tables for DTP-HepB-Hib, 1 dose/vial, Liquid

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

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

Table 7.1.4: Calculation of requirements

8. Injection Safety Support (INS)

9. Health System Strengthening Programme (HSS)

10. Civil Society Programme (CSO)

11. Comments

12. Annexes

Financial statements for immunisation services support (ISS) and new vaccine introduction grants

Financial statements for health systems strengthening (HSS)

Financial statements for civil society organisation (CSO) type B

13. Attachments

13.1. List of Supporting Documents Attached to this APR

13.2. Attachments

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	216,637	222,486	228,493	234,662	240,998	247,505
Total infants' deaths	12,349	12,682	13,024	13,375	13,737	14,108
Total surviving infants	204,288	209,804	215,469	221,287	227,261	233,397
Total pregnant women	238,301	244,735	251,342	258,128	265,098	272,256
# of infants vaccinated (to be vaccinated) with BCG	170,361	177,988	194,219	211,195	216,898	222,754
BCG coverage (%) *	79%	80%	85%	90%	90%	90%
# of infants vaccinated (to be vaccinated) with OPV3	124,329	167,843	180,993	194,732	204,534	210,057
OPV3 coverage (%) **	61%	80%	84%	88%	90%	90%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	162,465	176,236	185,303	194,732	204,535	214,726
# of infants vaccinated (to be vaccinated) with DTP3 ***	113,523	146,863	161,602	177,029	193,172	210,058
DTP3 coverage (%) **	56%	70%	75%	80%	85%	90%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	162,465	176,236	185,303	194,732	204,535	214,726
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	113,523	146,863	161,602	177,029	193,172	210,058
3 rd dose coverage (%) **	56%	70%	75%	80%	85%	90%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	111,355	136,373	161,602	177,029	193,172	210,058
Measles coverage (%) **	55%	65%	75%	80%	85%	90%
Pregnant women vaccinated with TT+	99,037	110,131	138,238	167,784	198,823	217,805
TT+ coverage (%) ****	42%	45%	55%	65%	75%	80%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months		125,883	140,055	154,901	170,446	186,718
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	30%	17%	13%	9%	6%	2%

* 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**

EPI will be using the official National Statistics office (NSO) 2000 Census Growth rate of 2.7% for estimation of births. Therefore, the projected estimated total birth figures both in the WHO/UNICEF JRF and in the new cMYP 2011-2015 are different from the 2005 GAVI Application Target estimation.

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

The surviving infants are now calculated using Infant mortality rate estimate (57/1000 Live Births) from the 2006 Demographic Health Survey as used in 2009 JRF and cMYP 2011-2015 calculations. Therefore, the estimated surviving infants' figures have also changed from the previous referenced estimates in 2005 GAVI application, that has been shown in 2006, 2007, & 2008 APRs. The APR of 2009, however, also reflected the changes referred here.

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

The coverage actually achieved during 2007-2010 was much lower than the coverage targets proposed in the last c-MYP due to many factors. Hence the coverage targets for year 2011 and 2012 have been reduced accordingly compared to the targets that was set previously in 2005.

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

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

Achievement:

Antigenic coverage of Hep B Birth dose has increased by 8% in 2010 while the coverage for the rest of the antigens did not show significant change from the figures of 2009. Based on the coverage figures from 79% of the health facility report as reported in JRF, apart from TT 2+ coverage for pregnant women, the country could not achieve the estimated targets projected for 2010 as stated in 2009 APR.

Please note that the coverage achievement figures as reported in JRF and here in GAVI APR is based on 79% of the health facility reports of the country, as 79% of the reports were available at the national level until the deadline for JRF reporting.

Activities in 2010:

In 2010, the major activities were Nation-wide Measles SIA with integrated routine EPI with special focus to OPV and Vitamin A. The country also deployed H1N1 vaccine nation-wide to identified target groups, with a utilization rate of

58% for the amount of vaccine received by the country. The country planned for 500,000 doses to be provided to the target groups at risk, but received 700,000 doses of H1N1 vaccine.

The two cold rooms were installed in National vaccine store for H1N1 vaccine storage, which is being now utilized for the routine vaccine storage. Additional support with cold chain equipments were provided to 20 (twenty) provincial vaccine store.

Challenges in 2010:

Cholera outbreak response in five provinces in Papua New Guinea in 2010 resorted to utilization of funds, time and manpower of National department of health to save lives of people affected by cholera. H1N1 vaccine deployment which was extended to non-EPI target groups in the provinces also affected the routine EPI services.

Slow processing of funds by national level due to its inherent issues of HSIP and issues related to accessing of funds by the provincial level delayed implementation of the EPI activities including Measles SIA. Non-committal of the provinces to budget for Measles SIA in their respective Annual Activity plan led to extensive fund mobilization from the national level to support the provinces.

Supervisory visits by National and Provincial Staff decreased due to financial constraints and hindrance in fund flow which still persist for activities due to amalgamation of two parallel financial streams in the country (Recurrent Fund of Government and SWap funding mechanism of HSIP).

5.2.2.

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

As per 2009 APR estimates for 2010, the country has not achieved the target as anticipated for 2010. This must be viewed in the context that the coverage figures for the year 2010, represent only 79% of health facility report. Also the coverage figure from private health service provider is not included in the 2010 report and National Health Information system doesnot capture this data.

5.2.3.

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

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

No data available. However, gender disaggregated is recorded at the health service delivery level but the same is not reported to National Health information system as part of monthly report.

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.

As males and females have already an equal access to routine EPI services in the country, the feasibility and relevance of collecting gender disaggregated data is well recognized by the National department of health and all efforts will be made to further discuss the same with Child Health Advisory committee and National Health information system with involvement of Provinces and health workers, and the Papua New Guinea will keep GAVI informed.

5.2.4.

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

Gender disaggregated is recorded at the health service delivery level but the same is not reported to National Health information system.

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)*.

Immunisation Coverage from General Practitioners and the private health institutions are not included in the National Health information system and 2006 Demographic and Health Survey (DHS) showed higher coverage for all antigens. The Target Population is actually an estimate over Census 2000 Population. DHS as done in past always have shown higher coverage than what the reported coverage is.

The denominator is projected from the 2000 census by the National Statistical Office based on the 2000 data, thus the changing dynamics of the population with its correct estimates are not reflected in the projected figures.

* 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.

Yearly EPI feedback started in Papua New Guinea from 2009 and quarterly data collection from the provinces by the National EPI team has been initiated from 2010. National EPI provides provincial and district level data feedback to all 89 districts which identifies the issues related to target population and relevant coverage figures of the districts. The country has undertaken Annual Sector Review (Yearly Review of National Health Information System Data) which underpins the discrepancy of the denominator being used by different programmes and also analyzes the difficulties in data collection system in 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.

National department of health plans to conduct health – facility wise coverage data review as part of the Reaching Every Child initiative of GoPNG targeting the low-performing districts to start with. This activity has been already initiated in two provinces of PNG. Supervisors from all levels conduct coverage data review at the time of visit, which is also taken as an indicator for progressive improvement.

National department of health plans to conduct EPI data quality audit to identify specific issues related to EPI in data management and will plan accordingly as per the findings of the same. Periodic data quality audit and other short – term assessment will be build up in the system for regular monitoring of data quality in PNG.

The country plans to continue having a robust Annual Sector Review (Yearly Review of National Health Information System Data) which will provide a better approximation of denominator and thus the coverage figures.

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 = 0.392	Enter the rate only; no local currency name
---------------------------	----------------	---

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 JICA	Donor name AusAID	Donor name NZAID	
Traditional Vaccines*	1,230,886	1,230,886	0	0	0	0	0	0	
New Vaccines	1,017,300	496,800	520,500	0	0	0	0	0	
Injection supplies with AD syringes	699,300	143,175	556,125	0	0	0	0	0	
Injection supply with syringes other than ADs	1,500,400	1,500,400	0	0	0	0	0	0	
Cold Chain equipment	588,157	0	0	0	0	588,157	0	0	
Personnel	25,670,400	25,200,000	0	0	0	0	470,400	0	
Other operational costs	1,400,000	1,400,000	0	0	0	0	0	0	
Supplemental Immunisation Activities	3,392,340	1,058,400	0	225,204	392,000	0	643,776	1,072,961	
Total Expenditures for Immunisation	35,498,783								
Total Government Health		31,029,661	1,076,625	225,204	392,000	588,157	1,114,176	1,072,961	

* 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*	1,343,189	1,425,436	
New Vaccines	3,207,460	3,848,952	
Injection supplies with AD syringes	1,341,780	1,475,958	
Injection supply with syringes other than ADs	1,640,550	1,815,484	
Cold Chain equipment	550,000	605,000	
Personnel	26,462,000	26,578,960	
Other operational costs	1,470,000	1,587,600	
Supplemental Immunisation Activities	7,700,000	8,470,000	
Total Expenditures for Immunisation	43,714,979	45,807,390	

* 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.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 3

Please attach the minutes (Document number 4,5,6 and 7) 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](#)

List of Key concerns and recommendations from ICC meetings of 2010:

1. ICC noted the changes in the birth cohort, surviving infants, vaccination targets and data assessment and the plans to improve administrative data management system
2. ICC accepted the overall expenditures and financing for immunization in 2009 in principle subject to validation by the external auditors.
3. ICC noted the priority actions in 2010-2011 and commends the EPI team for their efforts despite the challenging outcomes
4. ICC also noted that PNG opted to co-finance DTP-HepB-Hib vaccine at US\$0.68 per dose which is way above the range for countries like PNG that falls in the Intermediate –country category, thus, ICC commends PNG for taking that bold move.
5. ICC noted the Financial Statement of the use of the US\$100, 000 for the introduction of the new vaccine.
6. ICC also noted the plan for the introduction of pneumococcal conjugate vaccine by 2012/13
7. ICC noted that PNG is not receiving injection safety support, HSS, and CSO funding support

8. ICC endorses the draft cMYP 2011-2015 in principle and looks forward to receiving copies of the final version by July 2010 and a copy of the final cMYP 2011-2015 is sent to GAVI Secretariat.

Recommendations from ICC meetings of 2011 endorsing this report:

1. The draft copy of APR was shared among the ICC members for their comments and endorsement before it will be submitted to GAVI Secretariat on the 15th of May 2011

2. The ICC Noted and agreed on the points raised in 1.2.3 on page 12, that Gender Disaggregated Data is important and need to be captured in future analysis.

3. Under table 2a on page 13, ICC discussed that other donor partners, (AusAID, NZAID & JICA, etc) should also be reflected in the table.

4. ICC members were informed that the total Government spending for immunisation is around K32, 000,000 as presented in the APR.

5. Under 1.6 Priority Actions for 2011 – 2012, the ICC reiterates that the EVSM and Data Quality Audit must be done as planned.

6. On page 19, New and underused vaccine support, PNG has indicated for DTP-HepB-Hib, that the total doses for 2010 were 509,900 and we received 658,500 by the 31st of December 2010.

7. ICC Members noted the Country Co-Financing in 2010, table 5, page 20, and encourages the country to continue with the co-financing arrangement with GAVI for Pentavalent Vaccine

ICC members approved and endorsed the draft report in principle with the minor corrections.

Are there any Civil Society Organisations (CSO) member of the ICC?: Yes

If Yes, which ones?

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

List CSO member organisations:	Actions
Churches Medical Council	
Paediatric Society of PNG	
Burnet Institute of Australia, PNG Office	

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?

1. Addressing improved coverage in identified low-performing districts through Reaching every Child Initiative of National Department of Health

2. Finalization of Measles SIA -2010 report and Planning for Measles Supplementary Immunization in 2012

3. Application for the introduction of pneumococcal vaccine (PCV13) with potential introduction by 2012/2013

4. Effective Vaccine Management, Injective Safety Assessment and Data Quality audit

5. Revise and disseminate Immunization Manual and EPI policy and guidelines

The above interventions are all in line with cMYP 2011-15 under the following sections; 3-1. Achieve high quality immunization services that reach every child and mother including 3.3 (Improvement of Hepatitis B vaccination and 3.4 Maintaining Polio-free status), 3.5 (Achieving elimination of MNTE), 3-2. Make progress towards elimination of measles.

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	AD Syringes	Government	
Measles	AD Syringes	Government	
TT	AD Syringes	Government	
DTP-containing vaccine	AD Syringes	Government & 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)

Use of AD syringes and proper disposal of the sharps is identified as a training issue amongst the nursing staff in health centres and clinics. While the availability of sharp disposal boxes also leads to problems in disposal of the sharps.

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

Sharps are disposed of using the following:

1. Incineration
2. Open Burning
3. Burial

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 0
Remaining funds (carry over) from 2009	US\$ 0
Balance carried over to 2011	US\$ 0

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

No ISS funds were received by PNG in the year 2010 from GAVI

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year?

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?

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 11) (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/tscoveredtp3.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		123,807	113,523
2	Number of additional infants that are reported to be vaccinated with DTP3			-10,284
3	Calculating	\$20 per additional child vaccinated with DTP3		-205,680
4	Rounded-up estimate of expected reward			-205,500

* 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- Hib	509,900	658,500		

* 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? ...)

1. Delay in receiving vaccine shipment from abroad causing stock position going below the minimum stock level in few provinces
2. Delay in releasing the co-financing component from the Government- HSIP (SWAP) mechanism.

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)

Arrangement is now done to source GoPNG co-financing through its recurrent funding mechanism rather the HSIP (SWAP) system.

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?

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-Hib, 1 dose/vial, Liquid	445,000	144,400
2nd Awarded Vaccine		
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor	None	
Other	None	
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1.	Country is cofinancing at the rate of \$0.68 per dose, which is much higher than the PNG is required to pay as per GAVI cofinancing policy (\$0.30), as PNG choose to pay the total cost of DPT and HepB component as it was procuring it with its own resources earlier as co-financing component with the introduction of pentavalent vaccine. This helped to keep its government vaccine budget protected.	
2.	Inherent issues with the National health financial system delays the procurement of the vaccine by required time period.	
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-Hib, 1 dose/vial, Liquid	1	
2 nd Awarded Vaccine		
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.

Due to inherent issues with the existing HSIP system in the country, arrangement is now done to source GoPNG co-financing through its recurrent funding mechanism rather the HSIP (SWAP) system as being done for the procurement of other traditional vaccines.

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? **01.09.2008**

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° **8**)

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.

Activities from Recommendations done in past or planned:

1. Pre-shipment and arrival procedures.
• Update the local VAR to capture VVM status: VAR form updated and in use in National Vaccine Store and vaccine request and indent form being used in provinces and district
• Create a filing system to document the Lot release certificate : Separate folder for each province and district vaccine store in place in National Vaccine Store

2. Maintain correct storage temperatures.
• Encourage temperature monitoring of the equipments that holds vaccines and document the copies for references : Temperature Monitoring chart in place for each equipment in National Vaccine Store and in the provincial vaccine store

3. Building, equipment and transport
• Install more fire extinguishers in the building: Fire-extinguishers in place in national vaccine store, but inadequate coverage in province vaccine store
• Organize and out-source the servicing of the standby generator set and vaccine chillers to a contractor: Generator outsourcing done for National Vaccine
• Organize to raise the roofing of the housing of the chiller compressors: Two new cold rooms installed in National Vaccine store
• Organize basic computer training for the vaccine management staff: Planned in 2011/12

4. Effective maintenance
• Organize and do up a maintenance plan : Maintenance and repair of cold chain equipments will be organized as an annual maintenance contract; this is being planned
• Reflect the maintenance cost in the AAP: This is being proposed to provinces to reflect in Provincial AAPs

5. Effective stock management: Supervisory visit to health facilities as part of Reaching Every Child initiative in PNG is addressing the stocking of vaccines (Quantitative and Qualitative)

6. Reliable delivery to intermediate stores

• Set up a system for managing short shipments to the intermediate stores: Monthly vaccine indent and as-when-required vaccine indent in place from National Vaccine store

- Procure and ensure freeze indicators are used in all deliveries to the intermediate stores: Planned to institutionalize after training in 2012

7. Effective operating procedures

- Organize and have in place the SOP for vaccine and vaccine store management: The cold chain manual for the country is being planned in line with revision of National EPI policy and guidelines
- Organize for the training of the SOP: Training will be planned as the SOP is drafted

8. Financial and human resources

- Organize and employ one Pharmacist or Pharmacy Technician to be the OIC of the Vaccine Store: National re-structure on the process and this will be considered
- EPI Unit to reflect in its AAP the funding for vaccine distribution to the intermediate stores : National EPI AAP already has reflected funding for vaccine distribution
- EPI Unit to do regular visit and support to the Primary vaccine store: Supervisory visit to provinces and district also includes cold chain system monitoring

When is the next Effective Vaccine Management (EVM) Assessment planned? 24.05.2011

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

A mail communication from National EPI manager was made regarding the change of vaccine presentation from the present single dose liquid vaccine to 10 – dose liquid vaccine, based upon a mail request on the same subject from GAVI. Response is awaited from GAVI. The same will be communicated to ICC following GAVI response and following discussion at ICC and if endorsed, the same will be communicated to GAVI and UNICEF.

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 DTP-Hib-Hep B Liquid vaccine for the years 2012 to 2015. At the same time it commits itself to co-finance the procurement of DTP-Hib-Hep B Liquid vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.9 Calculation of requirements](#).

The multi-year extension of DTP-Hib-Hep B Liquid vaccine support is in line with the new cMYP for the years 2012 to 2015 which is attached to this APR (Document No 10).

The country ICC has endorsed this request for extended support of DTP-Hib-Hep B Liquid vaccine at the ICC meeting whose minutes are attached to this APR (Document No 7).

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-Hib, 1 dose/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	209,804	215,469	221,287	227,261	233,397		1,107,218
Number of children to be vaccinated with the third dose	Table 1	#	146,863	161,602	177,029	193,172	210,058		888,724
Immunisation coverage with the third dose	Table 1	#	70%	75%	80%	85%	90%		
Number of children to be vaccinated with the first dose	Table 1	#	176,236	185,303	194,732	204,535	214,726		975,532
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		136,376					
Number of doses per vial		#	1	1	1	1	1		
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	\$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		\$	0.68	0.78	0.90	1.03	1.19		
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	%	3.50%	3.50%	3.50%	3.50%	3.50%		
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-Hib, 1 dose/vial, Liquid

Co-financing group	Intermediate
--------------------	--------------

	2011	2012	2013	2014	2015
Minimum co-financing	0.68	0.68	0.78	0.90	1.03
Your co-financing	0.68	0.78	0.90	1.03	1.19

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	#		319,500	394,800	342,700	274,100	1,331,100
Number of AD syringes	#		332,900	417,600	362,500	289,900	1,402,900
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		3,700	4,650	4,025	3,225	15,600

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	\$		839,000	975,500	744,000	544,000	3,102,500

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	#		135,100	226,200	309,400	410,400	1,081,100
Number of AD syringes	#		140,800	239,200	327,300	434,100	1,141,400
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		1,575	2,675	3,650	4,825	12,725
Total value to be co-financed by the country	\$		354,500	559,000	672,000	814,500	2,400,000

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 1 dose/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			29.71%			36.42%			47.44%			59.96%		
B	Number of children to be vaccinated with the first dose	Table 1	176,236	185,303	55,055	130,248	194,732	70,923	123,809	204,535	97,040	107,495	214,726	128,748	85,978
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	528,708	555,909	165,163	390,746	584,196	212,767	371,429	613,605	291,118	322,487	644,178	386,244	257,934
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	Number of doses needed including wastage	D x E	555,144	583,705	173,421	410,284	613,406	223,406	390,000	644,286	305,675	338,611	676,387	405,556	270,831
G	Vaccines buffer stock	(F – F of previous year) * 0.25		7,141	2,122	5,019	7,426	2,705	4,721	7,720	3,663	4,057	8,026	4,813	3,213
H	Stock on 1 January 2011			136,376	40,518	95,858									
I	Total vaccine doses needed	F + G - H		454,470	135,025	319,445	620,832	226,110	394,722	652,006	309,337	342,669	684,413	410,368	274,045
J	Number of doses per vial	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		473,609	140,711	332,898	656,701	239,174	417,527	689,671	327,207	362,464	723,947	434,072	289,875
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		5,258	1,563	3,695	7,290	2,656	4,634	7,656	3,633	4,023	8,036	4,819	3,217
N	Cost of vaccines needed	I x g		1,122,541	333,511	789,030	1,440,331	524,575	915,756	1,323,573	627,955	695,618	1,266,165	759,181	506,984
O	Cost of AD	K x ca		25,102	7,458	17,6	34,806	12,677	22,1	36,553	17,343	19,2	38,370	23,007	15,363

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	syringes needed					44			29			10			
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		3,366	1,001	2,365	4,666	1,700	2,966	4,900	2,325	2,575	5,144	3,085	2,059
R	Freight cost for vaccines needed	N x fv		39,289	11,673	27,616	50,412	18,361	32,051	46,326	21,979	24,347	44,316	26,572	17,744
S	Freight cost for devices needed	(O+P+Q) x fd		2,847	846	2,001	3,948	1,438	2,510	4,146	1,968	2,178	4,352	2,610	1,742
T	Total fund needed	(N+O+P+Q+R+S)		1,193,145	354,487	838,658	1,534,163	558,749	975,414	1,415,498	671,567	743,931	1,358,347	814,452	543,895
U	Total country co-financing	I 3 cc		354,487			558,749			671,567			814,452		
V	Country co-financing % of GAVI supported proportion	U / T		29.71%			36.42%			47.44%			59.96%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

There is no HSS support this year.

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

The coverage figures of the antigens provided in the section BASELINE FIGURES relates to 79% of the reports as received by the National Department of Health by 15 March 2011, when the WHO/UNICEF Joint reporting Form was submitted for the year 2010. As because the requirement as per GAVI is that the country reports figures as reported in JRF, hence the same has been retained here in APR. The trend of the complete receipt of reports from all the health facilities has always been delayed in past few years. This is accountable to the geographical uniqueness of the country whereby the transmission of the coverage reports from each health facility to the provinces and then to the national level is delayed as they are remotely located with poor means of communication. Thus it has been seen that during the calculation of eligibility of ISS fund, the country fails to achieve the same in last two years, due to lesser number of children immunized as the coverage figures are not from 100% reports of the health facilities. Consideration may be made of the fact that the figures represent 79% of the reports and WHO/UNICEF estimates of immunization coverage shows DTP-3 coverage as in WHO estimates and administrative coverage has been coinciding since 2007.

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.

Annex 3

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			
Minutes of ICC meetings in 2010		4, 5, 6	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		7	Yes
Minutes of HSCC meetings in 2010			
Minutes of HSCC meeting in 2011 endorsing APR 2010			
Financial Statement for ISS grant in 2010		11	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010			
EVSM/VMA/EVM report		8	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		10	
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		9	

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: Signature of Secretary for Health representing Minister of Health	File name: SIGNATURE OF EXECUTIVES GAVI APR.pdf Date/Time: 12.05.2011 02:23:01 Size: 87 KB		
2	File Type: Signature of Minister of Finance (or delegated authority) * File Desc: Signature of Director HSIP representing Minister of Finance	File name: SIGNATURE OF EXECUTIVES GAVI APR.pdf Date/Time: 12.05.2011 02:24:35 Size:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
		87 KB		
3	File Type: <u>Signatures of members of ICC *</u> File Desc: <u>Signatures of Members of ICC</u>	File name: SIGNATURE OF ICC APR.pdf Date/Time: 12.05.2011 02:26:56 Size: 129 KB		
4	File Type: <u>Minutes of ICC meetings in 2010 *</u> File Desc: <u>ICC minutes No. 1_2010</u>	File name: ICC Minute No 01-2010.pdf Date/Time: 12.05.2011 02:37:11 Size: 861 KB		
5	File Type: <u>Minutes of ICC meetings in 2010 *</u> File Desc: <u>ICC minutes No. 2_2010</u>	File name: ICC Minute No 02-2010.pdf Date/Time: 12.05.2011 02:40:35 Size: 1 MB		
6	File Type: <u>Minutes of ICC meetings in 2010 *</u> File Desc: <u>ICC minutes No. 3_2010</u>	File name: ICC Minute No 03-2010.pdf Date/Time: 12.05.2011 02:42:34 Size: 349 KB		
7	File Type: <u>Minutes of ICC meeting in 2011 endorsing APR 2010 *</u> File Desc: <u>ICC minutes No. 2_2011</u>	File name: ICC 2nd MEETING-MINUTES.pdf Date/Time: 12.05.2011 02:45:28 Size: 627 KB		
8	File Type: <u>EVSM/VMA/EVM report</u> File Desc: <u>EVSM report of 2008</u>	File name: Internal EVSM Assessment 2008 tw (2).doc Date/Time: 12.05.2011 02:49:02 Size: 82 KB		
9	File Type: <u>Latest Health Sector Review Report</u> File Desc: <u>Annual Health Sector Review Report</u>	File name: Annual Sector Review report 2010 final.pdf Date/Time: 12.05.2011 02:55:01 Size: 1004 KB		
10	File Type: <u>new cMYP starting 2012</u> File Desc: <u>cMYP PNG 2011-15</u>	File name: PNG cMYP 2011-2015_FINAL FOR PRINTING.pdf Date/Time: 12.05.2011 02:58:21 Size: 1 MB		
11	File Type: <u>Financial Statement for ISS grant in 2010 *</u> File Desc: <u>ISS Grant report-2010</u>	File name: ISS FUND 2010 REPORT.pdf Date/Time: 12.05.2011 20:25:03 Size: 160 KB		

~ End ~