



GAVI Alliance

Annual Progress Report **2012**

Submitted by

The Government of
Papua New Guinea

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/16/2013 12:38:25 AM**

Deadline for submission: 9/24/2013

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

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

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2011** is available [here](#).

2. Signatures

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

By signing this page, the Government of **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.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Mr. Pascoe KASE	Name	Ms. Elva LIONEL
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email
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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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr. Paison DAKULALA, Deputy Secretary for Health	National Department of Health		

Dr. Sibauk V BIEB, Executive Manager, Public Health	National Department of Health		
Dr. William ADU KROW, WHO Country Representative	World Health Organization		
Dr. Geoff CLARK, Programme Director Health & HIV, AusAID	AusAID		
Mr. Baba DANBAPPA, UNICEF Country Representative	UNICEF		
Dr. Paulus RIPA, Paediatrician & Senior Curriculum Development Advisor	School of Medicine, University of PNG		
Mr. Joseph SIKA, Representative, Churches Health Services	PNG Churches Health Services		
Dr. James AMINI, Chief Paediatrician & President	Paediatric Society of PNG		
Ms. Elva LIONEL, Deputy Secretary, NHPCS	National Department of Health		
Mr. Noriyuki ITO, Assistant Resident Representative	JICA country Office		
Ms. Pilly MAPIRA, Programme Officer	Burnet Institute & School of Public Health, UPNG		

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

Papua New Guinea is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

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

Papua New Guinea is not reporting on CSO (Type A & B) fund utilisation in 2013

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4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	228,493	215,543	234,662	221,578	240,998	240,998	247,505	247,505
Total infants' deaths	13,024	9,657	13,375	9,927	13,737	13,737	14,108	14,108
Total surviving infants	215,469	205,886	221,287	211,651	227,261	227,261	233,397	233,397
Total pregnant women	251,342	215,543	258,128	221,578	265,098	265,098	272,256	272,256
Number of infants vaccinated (to be vaccinated) with BCG	194,219	172,724	211,195	189,195	216,898	216,898	222,754	222,754
BCG coverage	85 %	80 %	90 %	85 %	90 %	90 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with OPV3	180,993	142,526	194,732	194,732	204,534	204,534	210,057	210,057
OPV3 coverage	84 %	69 %	88 %	92 %	90 %	90 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1	185,303	168,527	194,732	185,019	204,535	204,535	214,726	214,726
Number of infants vaccinated (to be vaccinated) with DTP3	161,602	121,051	177,029	137,029	193,172	193,172	210,058	210,058
DTP3 coverage	75 %	59 %	80 %	65 %	85 %	85 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	178,711	168,527	185,019	185,019	204,535	204,535	214,726	214,726
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	178,711	121,051	185,019	137,029	193,172	193,172	210,058	210,058
DTP-HepB-Hib coverage	58 %	59 %	80 %	65 %	85 %	85 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	0	0	0	0	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1	1.05	1	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	161,602	130,969	177,029	157,029	193,172	193,172	210,058	210,058
Measles coverage	75 %	64 %	80 %	74 %	85 %	85 %	90 %	90 %
Pregnant women vaccinated with TT+	138,238	118,699	167,784	147,784	198,823	198,823	217,805	217,805

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
TT+ coverage	55 %	55 %	65 %	67 %	75 %	75 %	80 %	80 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	140,055	122,921	154,901	154,901	170,446	170,446	186,718	186,718
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	13 %	28 %	9 %	26 %	6 %	6 %	2 %	2 %

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

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

- Justification for any changes in **births**

The census in Papua New Guinea was conducted in 2011 and the projection of the population figures of total births has been done using the preliminary census figures from National Statistical Office. The National EPI unit is in discussion with the National health Information system to match the programme unit figures with that's of the national data base.

As for the annual targets, changes have been made for the expected coverage figures for 2013 based on the achievement of the country in last two calendar years.

As for the expected figures of 2014 and 2015, the same will be shared with GAVI after the discussion with the National Health Information System is completed on the denominator finalization and reporting status from the provinces for 2012. (Please be informed that the numbers for 2014 and 2015 has been retained the same as the earlier figures because the system doesnot allow us to submit the form without a value in the cells). However, the changes in the respective figures will be informed to GAVI in due course.

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

The census in Papua New Guinea was conducted in 2011 and the projection of the population figures of children under one year of age has been done using the preliminary census figures from National Statistical Office. The National EPI unit is in discussion with the National Health Information System to match the programme unit figures with that of the national data base.

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

With reference to the change in the targets for the surviving infants and total births due to use of 2011 census provincial figures, the corresponding targets of vaccines (Absolute number of children vaccinated by each antigens) will be adjusted accordingly.

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

No change in the wastage of the vaccines

5.2. Immunisation achievements in 2012

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

1.. Achievements of EPI in Papua New Guinea:

Immunization Coverage: The administrative coverage of the all antigens in Papua New Guinea has improved by 3-10% in 2012 than the level of 2011. The increasing trend in immunization coverage is evident from 2010. The coverage achievement figures of 2012 as reported in JRF and GAVI APR is based on 80% of the health facility reports of the country as the complete reports from all the health facilities is not available at the national level by the time of the reporting to JRF and GAVI APR. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

2. Key activities conducted in 2012:

- a. Extending the initiative of "Reaching Every District to Reach Every Child" in three additional 3 (Three) provinces
- b. Multi-intervention SIA (Measles, TT, OPV, Vitamin A, Albendazole) in April 2012; Routine vaccines were also provided during the SIA
- c. Second round of TT as an integrated MCH outreach programme (Sub-national Measles, OPV with national albendazole); Routine vaccines were also provided during the activity
- d. Two-days hands-on training for the health centre staffs on routine EPI conducted in two provinces
- e. Initiation of congenital rubella syndrome surveillance in Port Moresby General Hospital
- f. Integrated EPI/MCH outreach patrol planned; guidelines developed and planned initiation in routine programme in 2013

3. Challenges in 2012:

- a. Ongoing restructure (Human Resources) at the national and provincial level affected the implementation of the programme.
- b. Changes in the political environment in Papua New Guinea; new government
- c. 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.
- d. Human resources in the National EPI unit; effective human resource strength reduced from 4 to 2; affected effective implementation of the programme

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

The comments made herein are based on the administrative coverage and not based on the official estimates of JRF 2012. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

The plausible cause of the significant gap between the expected and reported coverage has been influenced by reduction in outreach sessions as movement of field staffs in the districts were influenced by political environment in 2012. While for Hepatitis B birth dose, under-reporting from the hospital reporting system contributes to less administrative coverage for this antigen.

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

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

Not relevant

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

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

The available data in the country does not signify any gender-related barriers in accessing and delivering of the immunization services. However, geo-topographical factors in accessing of services by the population exist. The plan of the GoPNG to conduct regular outreach to all villages and areas in the country addresses the geographical reach of the population to the immunization services.

5.4. Data assessments

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

The last demographic health survey in Papua New Guinea was conducted in 2006. Considering the data from the last demographic health survey 2006, the evaluated coverage was higher than the reported coverage of the corresponding year. As for example, the Measles 9 month coverage in 2006 for administrative data was ~62% while the evaluated coverage of the DHS was ~ 81%. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Small geographical area based "Rapid Convenience Survey" is being conducted in the country since 2011 but those could not be generalized to the country estimate. The coverage figures from these surveys indicated that the reported coverage figures from the districts and provinces is an under-reporting. The survey reports are provided here as an attachment with this GAVI APR.

The WHO/UNICEF estimate for 2011 is same as the figures reported in JRF 2011.

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

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No** If Yes, please describe the assessment(s) and when they took place.

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

Provincial level data management along with health centre wise data management conducted as part of the health centre 2-days training conducted to address issues of denominator and coverage data complication and local level analysis.

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

Data quality assessment planned in 2013 to evaluate the quality, timeliness and completeness of the record and validation of the doses administered in the field.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 2.07	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding
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		Country	GAVI	UNICEF	WHO	AusAID	None	None
Traditional Vaccines*	2,646,271	2,336,271	0	310,000	0	0	0	0
New and underused Vaccines**	1,457,466	414,466	1,043,000	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	327,902	198,596	0	129,306	0	0	0	0
Cold Chain equipment	1,500,000	0	0	0	0	1,500,000	0	0
Personnel	27,442,628	27,442,628	0	0	0	0	0	0
Other routine recurrent costs	144,927	144,927	0	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	6,288,719	2,463,768	0	216,296	77,000	3,531,655	0	0
Programme Support cost		0	0	30,541	100,000	300,000	0	0
Total Expenditures for Immunisation	39,807,913							
Total Government Health		33,000,656	1,043,000	686,143	177,000	5,331,655	0	0

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

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

Does not arise

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Not selected**

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

Action plan from Aide Mémoire	Implemented?

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

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

Does not arise; as FMA was conducted by GAVI in March 2013; final report not available with GoPNG

5.7. Interagency Coordinating Committee (ICC)

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

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2013 endorsing this report.

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

Minutes attached

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:

5.8. Priority actions in 2013 to 2014

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

1. Scale-up of Reaching Every District to Reach Every Child Initiative in three additional identified low-performing provinces
2. Conduct Tetanus Toxoid third round with Vitamin A and Albendazole Tablets in June-July 2013
3. EPI review of National EPI review in August 2013
4. Data quality assessment survey to be conducted in July 2013
5. Two days district level EPI training in eight identified low-performing provinces
6. Introduction of pneumococcal vaccine in the National Immunization Schedule

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	Auto-Disable Syringe	Government
Measles	Auto-Disable Syringe	Government
TT	Auto-Disable Syringe	Government
DTP-containing vaccine	Auto-Disable Syringe	Government
Hepatitis B	Auto-Disable Syringe	Government

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

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

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

The injection safety policy is part of the National EPI policy. No specific obstacles have been encountered in implementation of the injection safety policy in Papua New Guinea.

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

The sharps are disposed of incinerator in facilities having an incinerator while in health centres they are buried/burnt. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

The issue encountered in injection safety disposal is the availability of incinerators in all districts health facilities.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

Papua New Guinea is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

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

Papua New Guinea is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.3. Request for ISS reward

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

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

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

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

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

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-HepB-Hib	564,889	397,700	0	No

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

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

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

There was no stock out in the national or sub-national level but due to non-availability of stocks from the manufacturer and thus the delay in shipment (decision to identify alternate manufacturer), the minimum quantity level in the country could not be maintained. The deficit was taken care by the stock level received late in the year of 2011 and that the country did not attain a coverage of 100% in 2012.

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

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

The pentavalent vaccine in PNG has been now sourced through the recurrent fund of the national government for last two years and thus it replaces the earlier used method of procuring the vaccines through the use of funding pool from HSIP.

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

7.2. Introduction of a New Vaccine in 2012

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

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Does not arise

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

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

Does not arise

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

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

Does the country have an institutional development plan for vaccine safety? **Yes**

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

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

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

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Not selected**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

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

Rotavirus surveillance is being conducted in two hospitals in PNG (Port Moresby General Hospital and Goroka Hospital). Rotavirus surveillance data from these sites shows that G1P[8] genotype constitutes in good number of cases while other genotypes of G3P[8], G2P[4] and other combination of genotypes with atypical genotypes also constitutes a significant proportion of cases. The decision to expand the sentinel sites of rotavirus surveillance to Port Moresby was taken in joint consultation of Child health advisory committee (NITAG) in PNG. Also the decision of the use of Binax NOW testing for better detection of pneumococcus in VPD-IBD surveillance was initiated in Port Moresby general hospital with expansion to the Angau General Hospital was done in joint consultation with CHAC. The use of Binax NOW resulted in detection of 10% cases which tested negative with Latex Antigen test. The test was extended to another provincial hospital (Angau) after the successful demonstration of the result in Port Moresby General Hospital.

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

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

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

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

7.3.2. Programmatic Reporting

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

None

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

None

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

None

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	414,466	167,800
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	Entire amount was spent from the government fund	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	12,650	177,400
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	March	Government recurrent fund source

	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing
	The government of Papua New Guinea supports the entire vaccine cost for the routine vaccines. It would be appreciated if the vaccine cost be negotiated with the manufacturers when the country starts supporting the entire cost after co-financing mechanism finishes. Government of Papua New Guinea is committed to protect its community from vaccine preventable diseases and would appreciate if any reduction of price for the presently used vaccines or future vaccines are negotiated with the manufacturers to ensure low-cost sustainability.

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy:

<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

The country has been performing satisfactorily towards the required co-financing requirement for pentavalent vaccine. The use of recurrent fund from the government pool of funds has helped to regularise the fund disbursement at periodic interval for the co-financing.

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

Please attach:

- (a) EVM assessment (**Document No 12**)
- (b) Improvement plan after EVM (**Document No 13**)
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

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

Are there any changes in the Improvement plan, with reasons? **Yes**

If yes, provide details

The national inventory system updated recently; this has been made a regular feature and new back-up generator installed in the National Vaccine store. New vaccine indent forms initiated at the provincial level and cold chain training included along with the two-day EPI orientation at the district level.

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Papua New Guinea does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Papua New Guinea does not require to change any of the vaccine presentation(s) for future years.

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

Renewal of multi-year vaccines support for Papua New Guinea is not available in 2013

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

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

Confirm here below that your request for 2014 vaccines support is as per [7.11 Calculation of requirements](#)
Yes

If you don't confirm, please explain

7.11. Calculation of requirements

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	205,886	211,651	227,261	233,397	878,195
	Number of children to be vaccinated with the first dose	Table 4	#	168,527	185,019	204,535	214,726	772,807
	Number of children to be vaccinated with the third dose	Table 4	#	121,051	137,029	193,172	210,058	661,310
	Immunisation coverage with the third dose	Table 4	%	58.80 %	64.74 %	85.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	103,906				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	103,906				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.04	2.04	1.99	
cc	Country co-financing per dose	Co-financing table	\$		0.26	0.30	0.35	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

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

Co-financing group	Intermediate
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	2012	2013	2014	2015
Minimum co-financing	0.00	0.00	0.20	0.23

Your co-financing	0.78	0.26	0.30	0.35
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Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2013	2014	2015
Number of vaccine doses	#	501,200	576,700	574,100
Number of AD syringes	#	556,300	610,600	607,200
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	6,175	6,800	6,750
Total value to be co-financed by GAVI	\$	1,115,500	1,282,000	1,245,500

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

		2013	2014	2015
Number of vaccine doses	#	66,400	90,000	110,500
Number of AD syringes	#	73,600	95,300	116,900
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	825	1,075	1,300
Total value to be co-financed by the Country ^[1]	\$	148,000	200,000	240,000

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	11.69 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	168,527	185,019	21,620	163,399
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B \times C$	505,581	555,057	64,859	490,198
E	Estimated vaccine wastage factor	Table 4	1.00	1.00		
F	Number of doses needed including wastage	$D \times E$	505,581	555,057	64,859	490,198
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		12,369	1,446	10,923
H	Stock on 1 January 2013	Table 7.11.1	103,906			
I	Total vaccine doses needed	$F + G - H$		567,476	66,310	501,166
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		629,843	73,598	556,245
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		6,992	818	6,174
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		1,155,382	135,008	1,020,374
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		29,288	3,423	25,865
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		4,056	474	3,582
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		73,945	8,641	65,304
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		1,262,671	147,544	1,115,127
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		147,544		
V	Country co-financing % of GAVI supported proportion	U / T		11.69 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	13.50 %			16.14 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	204,535	27,611	176,924	214,726	34,648	180,078
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	613,605	82,832	530,773	644,178	103,944	540,234
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	644,286	86,974	557,312	676,387	109,141	567,246
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	22,308	3,012	19,296	8,026	1,296	6,730
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	666,644	89,992	576,652	684,463	110,444	574,019
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	705,864	95,287	610,577	723,947	116,815	607,132
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	7,836	1,058	6,778	8,036	1,297	6,739
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,357,288	183,224	1,174,064	1,359,344	219,341	1,140,003
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	1,357,288	4,431	28,392	1,359,344	5,432	28,232
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	4,545	614	3,931	4,661	753	3,908
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	86,867	11,727	75,140	86,999	14,038	72,961
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	1,481,523	199,994	1,281,529	1,484,668	239,563	1,245,105
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	199,994			239,563		
V	Country co-financing % of GAVI supported proportion	U / T	13.50 %			16.14 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Papua New Guinea is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2013

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

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

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

Papua New Guinea **has NOT received GAVI TYPE A CSO support**

Papua New Guinea is not reporting on GAVI TYPE A CSO support for 2012

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

Papua New Guinea **has NOT received GAVI TYPE B CSO support**

Papua New Guinea is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2012

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

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

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

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

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2012

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

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

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

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

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2012

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

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

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

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

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		Signature Page Secretary Health & Finance.pdf File desc: Signature Secretary Health Date/time: 5/15/2013 6:55:53 PM Size: 36110
2	Signature of Minister of Finance (or delegated authority)	2.1		Signature Page Secretary Health & Finance.pdf File desc: Signature Delegated authority Finance Date/time: 5/15/2013 6:56:35 PM Size: 36110
3	Signatures of members of ICC	2.2		ICC Signature page GAVI APR.pdf File desc: Date/time: 5/16/2013 12:25:07 AM Size: 555462
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7		ICC Minute No 01-2013.pdf File desc: ICC minutes attached Date/time: 5/15/2013 7:06:35 PM Size: 110147
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3		ICC Minute No 01-2013.pdf File desc: ICC minutes attached Date/time: 5/15/2013 7:07:05 PM Size: 110147
9	Post Introduction Evaluation Report	7.2.2		Post Intro Evaluation Report.pdf File desc: Date/time: 5/15/2013 8:54:56 PM Size: 32154
10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		Financial Statement Letter.pdf File desc: Date/time: 5/15/2013 8:54:32 PM Size: 32180
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1		External Audit Letter.pdf File desc: Date/time: 5/15/2013 8:56:35 PM Size: 32263
12	Latest EVSM/VMA/EVM report	7.5		EVM_PNG Report_21.10.2011-Sec Signed.pdf File desc: Date/time: 5/15/2013 6:57:51 PM

				Size: 862492
13	Latest EVSM/VMA/EVM improvement plan	7.5		EVM_PNG Report_21.10.2011-Sec Signed.pdf File desc: Date/time: 5/15/2013 6:58:56 PM Size: 862492
14	EVSM/VMA/EVM improvement plan implementation status	7.5		STATUS OF IMPROVEMENT PLAN ON EVM RECOMMENDATIONS April 2013.doc File desc: Date/time: 5/15/2013 7:00:24 PM Size: 83968
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3		External Audit Letter for operational costs.pdf File desc: Date/time: 5/15/2013 8:56:58 PM Size: 32456
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0		Bank statement of cash letter.pdf File desc: Date/time: 5/16/2013 12:04:25 AM Size: 32166