



Annual Progress Report 2007

Submitted by

The Government of

Democratic People's Republic of Korea

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(to be accompanied with Excel sheet as prescribed)

Please return a signed copy of the document to:
GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

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

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

Signatures Page for ISS, INS and NVS

For the Government of

Ministry of Health:

Title:

Signature:

Date: 5 May 2008

Ministry of Finance:

Title:

Signature:

Date: 5 May 2008

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report, including the attached excel sheet. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

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

Name/Title	Agency/Organisation	Signature	Date
Dr. Ri Pong Hun	Vice Minister, Ministry of Public Helath		
Dr. Pak Myong Su Member	Director, State Hygiene & Communicable Disease Control Board, MoPH		
Dr. Pak Jong Min Member	Director, Department of External Affairs, Ministry of Public Helath		
Ms. Kim Yong Suk Member	Deputy Director Central Bureau of Statistics		
Mr. Han Kyu Sam, Member	Director, Department of External Affairs, Ministry of Education		
Dr. Ko Kwang Jin, Member	Vice-Director, Academy of Medical Science		
Dr. Cha Chol U, Member	Vice-Director, Central Hygiene & Anti-Epidemic Institute		
Mr. O Myong Il, Member	Vice-Director, Ministry of Finance		
Dr. Jong Pong Ju, Member	Focal Point for UNICEF & Vice- Director, Department of External Affairs, Ministry of Public Helath		
Dr. Jang To Gyong, Member	Director, Department of Treatment and Prevention, MoPH		
Dr. Han Yong Sik, Secretary	National EPI Manager, MoPH		

Dr. Tej Walia	Representative, WHO DPR Korea		
Mr. Gopalan Balagopal	Representative, UNICEF DPR Korea		

Signatures Page for HSS

For the Government of

Ministry of Health:

Title:

Signature:

Date:

Ministry of Finance:

Title:

Signature:

Date:

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

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

Name/Title	Agency/Organisation	Signature	Date
Dr. Ri Pong Hun	Vice Minister, Ministry of Public Health		
Dr. Pak Myong Su Member	Director, State Hygiene & Quarantine		
Dr. Pak Jong Min Member	Director, Department of External Affairs, Ministry of Public Health		
Ms. Kim Yong Suk Member	Deputy Director Central Bureau of Statistics		
Mr. Han Kyu Sam, Member	Director, Department of External Affairs, Ministry of Education		
Dr. Ko Kwang Jin, Member	Vice-Director, Academy of Medical Sciences		
Dr. Cha Chol U, Member	Vice-Director, Central Hygiene & Anti-Epidemic Institute		
Mr. O Myong Il, Member	Vice-Director, Ministry of Finance		
Dr. Jong Pong Ju, Member	Focal Point for UNICEF & Vice-Director, Department of Treatment and Prevention, MoPH		
Dr. Jang To Gyong, Member	Director, Department of Treatment and Prevention, MoPH		
Dr. Han Yong Sik, Secretary	National EPI Manager, MoPH		
Dr. Tej Walia	Representative, WHO DPR Korea		
Michel Pechoux	OIC - UNICEF DPR Korea		

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

1. Report on progress made during 2007

1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): Yes/No

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

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

ISS Investment grants received from 2004-2006 amounting to US\$ 1,188,800. Funds received in the past were allocated under transportation, maintenance and indirect cost, training, IEC and social mobilization, supervision, monitoring & evaluation, epidemiological surveillance, vehicles and cold chain equipment.

1.1.1 Management of ISS Funds

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

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

Funds managed through MoPH account 421/11320 in Foreign Trade Bank of DPRK. ICC reviewed the use of funds to ensure their correct use and when approved the funds were disbursed by the National Programme Manager for GAVI and the Financial Manager of MoPH.

So far no problems had been encountered to use the ISS funds.

1.1.2 Use of Immunization Services Support

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

Funds received during 2007 None
 Remaining funds (carry over) from 2006 None
 Balance to be carried over to 2008

Table 1: Use of funds during 2007*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify)					
Total:					
Remaining funds for next year:	None				

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

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

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

To strengthen the immunization programme following activities were carried out:

- Training and demonstration sessions have been conducted for the immunization doctors to increase their job performance and to identify and immunize drop-out cases.
- Improvement of data management to ensure the monitoring of adverse events following immunization, rapid and accurate surveillance and information management activities
- Until 2006 there were two different channels of supply for EPI logistics. Vaccines was stored and distributed from the Anti Epidemic Station and devices through the Central Medical Warehouse (CMW). Coordination was always a problem. To improve the EPI supply management system vaccines storage facility shifted from anti epidemic station to medical warehouses at all levels in 2007. This was also a major recommendation made by the GAVI/WHO/UNICEF mission visited DPRK in 2006.

Mobilization of additional funds is essential to meet the un-funded part of the multi-year plan.

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for **2009**

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

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

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

What were the major recommendations of the DQA?

The main recommendations of DQA were training of staff, strengthening reporting system, estimating denominators, calculation of wastage rate and printing & disseminating updated guidelines.

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

YES

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

- Proposals on health systems strengthening (HSS) have been prepared jointly by MoPH, WHO and UNICEF and submitted to GAVI in September 2006. To improve the health information system is one of the specific objectives of this program of assistance.
- Implementation of the HSS yet to be started.

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

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

- Coverage survey did not take place but immunization rate have been evaluated through the use of vaccination cards and question & answer method involving central level staff in 10 provinces, 30 counties and 120 Ris in 2007. The findings of the evaluation showed that the overall immunization coverage improved. The vaccination rate for DPT-Hep B was 88.9% in 2006 which has reached to 91.5% in 2007.
- Antibody formation following measles vaccination has been studied in connection with the measles campaign carried out after the measles outbreak in 2007.

1.1.4. ICC meetings

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

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

There were 3 ICC meetings in February, September and December 2007. Minutes are attached.
There is no Civil Society member of ICC.

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

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

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates shipment were received in 2007.

Vaccine	Vials size	Total Doses	Date of Introduction	Date shipment received (2007)
DPT-HepB	10 doses	1,766,000	July, 2006	3 Feb, 11 April, 4 July, 29 Nov 2007.

Please report on any problems encountered.

No problem encountered in 2007.

1.2.2. Major activities

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

EPI Mid year review was undertaken in July, 2007 focused on immunization coverage, cold chain maintenance and steps towards strengthening EPI service delivery system. Key recommendation was to improve the cold chain system at provincial and county levels.

In order to improve EPI logistic management, cold chain equipment shifted from Anti-Epidemic Station to Medical Warehouses at all levels.

Two walk-In cold rooms with a capacity of 80 m³ (each 40 m³) was installed at the central medical warehouse which has further improved the cold chain capacity of the country.

Received GAVI supported HepB mono in 10 dose vials for 2007 and will receive 67% of 2008 requirement for HepB mono.

In-service training on cold chain maintenance particularly on new electronic temperature monitoring for vaccine was conducted at the national level.

Overall 30% of the cold chain equipment in the country is out of order and another 20% non-functioning due to aging problem. Cold chain maintenance and management at all levels is poor. Needs extensive training and investment in the area of cold chain.

In 2008, nation-wide cold chain assessment is planned which will be started from 27th of May. International consultant recruited to carry out and supervise the entire assessment process.

In July 2008, International EPI Coverage Evaluation Survey will be conducted and consultant identified and contracted out with support from UNICEF & WHO.

GAVI application submitted for the introduction of measles 2^d dose and expected to start from July 2008.

Effective Vaccine Store Management (EVSM) System will be carried out and applied in Central and City (Pyongyang) cold chain rooms as a pilot.

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

These funds were received on: **30 June 2003**

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

Vaccine transportation : 30% of the funds
Training of service providers : 40% of the funds
Awareness creation activities : 10% of the funds
Technical guidance and supervision : 10% of the funds
Evaluation and rewarding for good work : 10% of the funds

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was **supposed to be conducted in September 2007**.

Please summarize the major recommendations from the EVSM/VMA

The proposed EVSM did not take place in September 2007 due to the devastating flood hit the country in August 2007. As mentioned under section 1.2.2 that the Effective Vaccine Store Management (EVSM) will be carried out only in Central and City (Pyongyang) cold chain rooms as a pilot in 2008 and MoPH is planning to invite the external assessor to visit the country during the 3rd quarter of 2009 to carry out the EVSM.

Was an action plan prepared following the EVSM/VMA: **Not Relevant?**

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

EVSM not carried out as per plan.

The next EVSM/VMA* will be conducted in: October 2008 as a pilot only.

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

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Received in cash/kind: **None in 2007**

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

Not in Action. DPRK received GAVI support under INS from 2001-2004. However DPRK received the following devices through NVS support in 2007.

Injection Safety Material	Quantity in doses/pcs	Date received
Ad Syringes	806,400	05 April, 2007
Ad Syringes	804,600	22 September 2007
Safety box	8,950	05 April 2007
Safety box	8,950	01 August 2007

Please report on any problems encountered.

No problem encountered as UNICEF supporting the government of DPRK in supplying the required quantities of vaccination devices after the INS support ended.

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

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

UNICEF supporting the government of DPRK in supplying the required quantities of vaccination devices after the INS support ended.

Please report how sharps waste is being disposed of.

The waste is disposed at the vaccination posts through burning and burying.

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

No problems were encountered.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2007 (if received in the form of a cash contribution)

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

Not Applicable

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

Table 2.1: Overall Expenditures and Financing for Immunization

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

	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Expenditures by Category (Routine Only)				
Vaccines	2,161,461	2,763,245	2,911,902	2,905,224
Injection supplies	444,388	513,860	532,244	535,938
Cold Chain equipment	214,632	808,758	171,874	175,895
Operational costs (personnel, training, transportation, IEC, surveillance, maintenance etc)	25,473 (UNICEF figure only)	5,416,348	4,643,645	4,912,692
Other (please specify)		520,200	549,331	573,052
		10,022,411	8,808,996	9,102,801
Financing by Source				
Government (incl. WB loans)		3,318,437	3,616,145	3,830,000
GAVI Fund	2,113,000	2,328,773	2,217,183	2,117,611
UNICEF	1,285,685	1,389,258	1,343,159	1,362,433
WHO		779,620	766,294	803,514
Other (please specify)				
		7,816,088	7,942,781	8,113,558
		10,022,411	8,808,996	9,102,801
Total Expenditure				
		7,816,088	7,942,781	8,113,558
Total Financing				
		2,206,323	866,215	989,243
Total Funding Gaps				

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the coming three years; whether the funding gaps are manageable, a

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

Much of the information is extracted from the comprehensive multi-year plan. The future funding gaps are much less than the reporting year which is manageable but country should look for alternative funding sources (like-GFATM).

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

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

For 1st GAVI awarded vaccine (DTP-HepB)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government				
Other sources (please specify)				
Total Co-Financing (US\$ per dose)				

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

DPRK will start co-financing for the 1st GAVI awarded vaccine (DPT-HepB) from 2009.

For 2 nd GAVI awarded vaccine(Not applicable)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government				
Other sources (please specify)				
Total Co-Financing (US\$ per dose)				

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

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

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

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

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

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

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
1.
2.
3.
4.
5.

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

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

3.1. Up-dated immunization targets

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

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

None

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

Number of	Achievements and targets									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
DENOMINATORS										
Births		422,857	427,931	433,066	438,263	443,522				
Infants' deaths		8,457	8,131	7,795	7,450	7,096				
Surviving infants		420,907	425,527	430,633	435,801	441,031				
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)*		391,017	425,527	430,633	435,801	441,031				
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP (DTP3)*		385,273	391,485	409,101	414,011	423,390				
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of Hep B* (new vaccine)		406,440	425,527	430,633	435,801	441,031				
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of...Hep B (new vaccine)		385,273	375,475	395,000	396,000	434,199				
Wastage rate till 2007 and plan for 2008 beyond*** Hep B..... (new vaccine)		1.33	1.33	1.33	1.33	1.33				
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT		408,226	425,811	420,000	425,000	455,909				
Infants vaccinated / to be vaccinated with BCG		406,440	425,527	430,633	435,801	441,031				
Infants vaccinated / to be vaccinated with Measles (1 st dose)		416,704	425,527	430,633	435,801	441,031				

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

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

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

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

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

Measles 2nd dose:		
Vaccine/devices	2008	2009
Measles vaccine	415,811 doses	832,664 doses
Ad Syringe	228,696 pieces	457,965 pieces
Re-constitution syringe	45,739 pieces	91,593 pieces
Safety boxes	3,019 pieces	6,045 pieces

Please provide the Excel sheet for calculating vaccine request duly completed (attached)

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

Table 7: Wastage rates and factors

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

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

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

	DPT-HepB (3 doses)	Formula	2009	2010
A	Number of children to be vaccinated	#	430,633	435,801
B	Percentage of vaccines requested from GAVI	%	100	100
C	Number of doses per child	#	3 doses	3 doses
D	Number of doses	$A \times B/100 \times C$	1,291,899	1,307,403
E	Standard vaccine wastage factor	<i>Either 2.0 or 1.6</i>	1.6	1.6
F	Number of doses (including wastage)	$A \times B/100 \times C \times E$	2,067,038	2,091,845
G	Vaccines buffer stock	$F \times 0.25$	516,760	522,961
H	Number of doses per vial	#	10	10
I	Total vaccine doses	$F + G$	2,583,798	2,614,806
J	Number of AD syringes (+ 10% wastage) requested	$(A \times C \times 1.11)$	1,434,008	1,451,217
K	Reconstitution syringes (+ 10% wastage) requested ⁶	$I / H \times 1.11$		
L	Total of safety boxes (+ 10% of extra need) requested	$(J + K) / 100 \times 1.11$	15,917	16,109

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

Little difference due to adjustment of surviving infants indicated in 2007 WHO/UNICEF Joint reporting form.

4. Health Systems Strengthening (HSS)

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

Health Systems Support started in: 2008

Current Health Systems Support will end in: 2012

Funds received in 2007: Yes/No
If yes, date received: (dd/mm/yyyy)
If Yes, total amount: US\$ _____

Funds disbursed to date: US\$ _____

Balance of installment left: US\$ _____

Requested amount to be disbursed for 2009 US\$ 1,308,000

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

None

Please provide a brief narrative on the HSS program that covers the main activities performed, whether funds were disbursed according to the implementation plan, major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. More detailed information on activities such as whether activities were implemented according to the implementation plan can be provided in Table 10.

- Planning cum inception workshop with stakeholders to develop detailed activity plan is proposed to be organized 17-18 June 2008 in Pyongyang.
- Review of available health management guidelines especially modules on 'district health management' developed by WHO-SEARO.
- Discussions for accessing technical assistance for undertaking proposed review of health management systems at county level and below with purpose to recommend and develop integrated operational guidelines for health planning, incorporating health information, surveillance, logistics management, financing and micro-planning. WHO-DPRK is in discussions with SEARO and WHOCCs for the purpose.
- A MOU between UNICEF and MOPH regarding procurement services has already been signed and sent to GAVI Secretariat.

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

- Involvement of Health Education Institute and Grand People's Study House in development of culturally sensitive, locally acceptable IEC material.
- Staff of Women's league, youth league and education ministry actively participated in IEC campaigns.

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

None

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

Table 9. HSS Expenditure in 2007 in expenditure on HSS activities and request for 2009 <i>(In case there is a change in the 2009 request, please justify in the narrative above)</i>			
Area for support	2007 (Expenditure)	2007 (Balance)	2009 (Request)
Activity costs			
Objective 1: System Reviews and guidelines			35,000
Activity 1.1 Technical assistance			30,000
Activity 1.2 Operational research			
Activity 1.3. National Workshop			
Activity 1.4PH Manual Prod/Evaluation			5,000
Objective 2: Capacity Building			355,000
Activity 2.1Int. Short course			30,000
Activity 2.2.HM training(C& P)			15,000
Activity 2.3HM Training County			100,000
Activity 2.4HM training Ri			200,000
Activity 2.5 Evaluation			5,000
Activity 2.6 Printing cost			5,000
Objective 3: Service Delivery Cost			750,000
Activity 3.1 Transport			100,000
Activity 3.2Surveillance & supervision			150,000
Activity 3.3Cold chain equip			300,000
Activity 3.4IMCI capacity building			50,000
Activity 3.5 Communication			150,000
Objective 4: Health Sector Coordination			105,381
Activity 4.1 Technical Assistance			47,381
Activity 4.2 Study Tour			30,000
Activity 4.3 Health Sector Review			10,000

Activity 4.4 NHS Planning Conference			10,000
Activity 4.5 Printing Cost			8,000
Support Cost			62,269
Admin Costs 5%			62,269
TOTAL COSTS			1,308,000

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

Table 11. Baseline indicators <i>(Add other indicators according to the HSS proposal)</i>						
Indicator	Data Source	Baseline Value¹	Source²	Date of Baseline	Target	Date for Target
1. National DTP3 coverage (%)						
2. Number / % of districts achieving ≥80% DTP3 coverage						
3. Under five mortality rate (per 1000)						
4.						
5.						
6.						

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

None

¹ If baseline data is not available indicate whether baseline data collection is planned and when

² Important for easy accessing and cross referencing

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	15 May	
Reporting Period (consistent with previous calendar year)	Jan-Dec 2007	
Government signatures	Yes	
ICC endorsed	Yes	
ISS reported on	N/A	
DQA reported on	2004	
Reported on use of Vaccine introduction grant	N/A	
Injection Safety Reported on	N/A	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and Excel sheet attached		
Revised request for injection safety completed (where applicable)	Yes	
HSS reported on	Yes	
ICC minutes attached to the report	Yes	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report	N/A	

6. Comments

ICC/HSCC comments:

~ End ~