



GAVI Alliance

Annual Progress Report **2011**

Submitted by
The Government of
Papua New Guinea

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **6/1/2012 2**

Deadline for submission: 5/22/2012

Please submit the APR **2011** 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: **2011**

Requesting for support year: **2013**

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

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 2011	Request for Approval of
ISS	No	ISS reward for 2011 achievement: No
HSS	No	next tranche of HSS Grant N/A
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2010** 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
Dr. William LAGANI	Manager, Family Health Services	(675) 301 3841/ 301 3707	william_lagani@health.gov.pg
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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. William ADU KROW, WHO Country Representative	WHO Country Office		
Mr. Enoch POSANAI, Executive Manager, Public Health	National Department of Health		

Dr. Paison DAKULALA, Deputy Secretary for Health	National Department of Health		
Dr. Geoff CLARK, Programme Director Health & HIV, AusAID	AusAID		
Mr. Baba DANBAPPA, UNICEF Country Representative	UNICEF Country Office		
Dr. Paulus RIPA, Paediatrician & Senior Curriculum Development Advisor	School of Medicine, University of PNG		
Mr. Joseph SIKA, Representative, Churches Medical Council	PNG Churches Medical Council		
Dr. James AMINI, Chief Paediatrician & President	Paediatric Society of PNG		
Ms. Elva LIONEL, Director	National Department of Health		
Mr. Noriyuki ITO, Assistant Resident Representative	JICA Country Office		
Ms. Pilly MAPIRA, Programme Officer	Burnet Institute		

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 2012

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4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	222,486	222,486	228,493	228,493	234,662	234,662	240,998	240,998	247,505	247,505
Total infants' deaths	12,682	12,682	13,024	13,024	13,375	13,375	13,737	13,737	14,108	14,108
Total surviving infants	209804	209,804	215,469	215,469	221,287	221,287	227,261	227,261	233,397	233,397
Total pregnant women	244,735	222,486	251,342	251,342	258,128	258,128	265,098	265,098	272,256	272,256
Number of infants vaccinated (to be vaccinated) with BCG	177,988	177,985	194,219	194,219	211,195	211,195	216,898	216,898	222,754	222,754
BCG coverage	80 %	80 %	85 %	85 %	90 %	90 %	90 %	90 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with OPV3	167,843	116,047	180,993	180,993	194,732	194,732	204,534	204,534	210,057	210,057
OPV3 coverage	80 %	55 %	84 %	84 %	88 %	88 %	90 %	90 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1	176,236	168,199	185,303	185,303	194,732	194,732	204,535	204,535	214,726	214,726
Number of infants vaccinated (to be vaccinated) with DTP3	146,863	120,247	161,602	161,602	177,029	177,029	193,172	193,172	210,058	210,058
DTP3 coverage	70 %	57 %	58 %	75 %	80 %	80 %	85 %	85 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	176,236	168,199	178,711	178,711	194,732	194,732	204,535	204,535	214,726	214,726
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	146,863	120,247	124,875	124,875	177,029	177,029	193,172	193,172	210,058	210,058
DTP-HepB-Hib coverage	70 %	57 %	58 %	58 %	80 %	80 %	85 %	85 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	136,373	117,601	161,602	161,602	177,029	177,029	193,172	193,172	210,058	210,058
Measles coverage	65 %	56 %	75 %	75 %	80 %	80 %	85 %	85 %	90 %	90 %
Pregnant women vaccinated with TT+	110,131	106,789	138,238	138,238	167,784	167,784	198,823	198,823	217,805	217,805
TT+ coverage	45 %	48 %	55 %	55 %	65 %	65 %	75 %	75 %	80 %	80 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	125,883	104,091	140,055	140,055	154,901	154,901	170,446	170,446	186,718	186,718

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	17 %	29 %	13 %	13 %	9 %	9 %	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 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011**. The numbers for 2012 - 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 preliminary results of the population figures were made available in 2012. As per the estimate done by the National EPI team on the population figures (as an estimate from the last conducted 2000 census), it is evident from the preliminary population count that the National EPI Target figures are over-estimated. The adjustment and revision of the target figures will be done after the final population figures are shared by the National Statistical Office. The finalization of the total births (province and district wise) will be done in consultation with the National Health Information System and the target figures will be shared with GAVI and reported in JRF 2012. The same will be reflected as an addendum to the currently available cMYP 2011-15.

Even in the section 4, the same target for 2012 is being maintained as in cMYP, the revised figures will be reflected in next year's report.

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

The census in Papua New Guinea was conducted in 2011 and the preliminary results of the population figures were made available in 2012. As per the estimate done by the National EPI team on the population figures (as an estimate from the last conducted 2000 census), it is evident from the preliminary population count that the National EPI Target figures are over-estimated. The adjustment and revision of the target figures will be done after the final population figures are shared by the National Statistical Office. The finalization of the total surviving (province and district wise) will be done in consultation with the National Health Information System and the target figures will be shared with GAVI and reported in JRF 2012. The same will be reflected as an addendum to the currently available cMYP 2011-15.

Even in the section 4, the same target for 2012 is being maintained as in cMYP, the revised figures will be reflected in next year's report.

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

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

Even in the section 4, the same target for 2012 is being maintained as in cMYP, the revised figures will be reflected in next year's report.

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

No change in the wastage of the vaccines

5.2. Immunisation achievements in 2011

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 2011 and how these were addressed:

1. Achievements of EPI in Papua New Guinea:

Immunization Coverage: The administrative coverage of the all antigen in Papua New Guinea has improved by 3-6% in 2011 than the level of 2010. Please note that the coverage achievement figures as reported in JRF and GAVI APR is based on 77% 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.

Even with the improvement of the immunization coverage of antigens in 2011, the expected targets of BCG and TT2+ were met while the country could not reach the expected target for all other antigens.

2. Key activities conducted in 2011:

- a. Implementation of "Reaching Every District to Reach Every Child" in identified low-performing 5 (Five) provinces in Papua New Guinea.
- b. Effective Vaccine Management assessment along with application for Pneumococcal Vaccine in Papua New Guinea.
- c. Formation of Maternal and Neonatal Tetanus Elimination Task Force in Papua New Guinea and planning for TT SIAs in 2012
- d. Initiation of Rotavirus and Binax NOW testing for pneumococcal disease in Port Moresby General Hospital

3. Challenges in 2011:

- a. Restructure (Human Resources) at the national and provincial level affected the implementation of the programme.
- b. Changes in the socio-political environment in Papua New Guinea.
- 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. Supervisory visits by National and Provincial Staff decreased due to financial constraints and hindrance in fund flow which still persist for activities due to inherent mechanism of HSIP.

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 2011.

In 2011, the expected targets were reached for BCG and TT 2+ coverage.

The targets for OPV were not reached in 2011 due to shortage of 10 dose OPV vials from the manufacturers. While the country did not have any stock outs at the national level, the level of minimum stock at the provincial and district level decreased significantly to affect the coverage level of OPV.

As for other vaccines, the significant gap were noticed between expected coverage and reported coverage was noticed in Hepatitis B Birth Dose and DTP-3. The reduction in DTP-3 could be ascertained to reduction in outreach sessions as identified in National health information system for 2011. 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

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate
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How have you been using the above data to address gender-related barrier to immunisation access?

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

What action have you taken to achieve this goal?

The National EPI unit has started the discussion with the National Health Information system to collect the sex-disaggregated data for immunization related services in Papua New Guinea. The available format of data collection for immunization services will be reviewed and changes will be initiated to address the inclusion of sex-disaggregated data in the routine immunization and incorporate other changes in the immunization schedule to cater for the proposed plan for pneumococcal vaccine introduction in Papua New Guinea.

The new and revised format will be shared with GAVI as and when it gets developed in Papua New Guinea.

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. The next demographic health survey will be conducted in 2015.

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%.

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 as they are being conducted for operational monitoring of the EPI performance. As these Rapid Convenience surveys are conducted in different parts of the country, the National EPI team will be consolidate the findings from these different studies and share the same in upcoming JRF and GAVI APR.

The country will look forward for the WHO/UNICEF estimate for 2011 based on the JRF 2011, and excepts the values of estimates as shared for 2010.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 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 2009 to the present.

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.

In 2012, small-scale studies will be conducted by the National EPI team with collaboration from the National Health Information System to document the under-reporting of the coverage figures by the Health Centres and Districts in the National Health Information System. This reported - recounted coverage figures will be compared with vaccine utilization and vaccine wastage figures for the districts and provinces. This will support the further strengthening of the reporting system from the periphery to the national level.

Also, in 2012, Data Quality Assessment is planned in later half of the year. Improvement plan will be drafted after the findings of the 2012 DQA

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** and **Table 5.5b** 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\$ = 1.99	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 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	None	None	None
Traditional Vaccines*	2,647,326	2,647,326	0	0	0	0	0	0
New and underused Vaccines**	1,725,500	377,500	1,348,000	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	278,938	278,938	0	0	0	0	0	0
Cold Chain equipment	0	0	0	0	0	0	0	0
Personnel	26,135,836	26,135,836	0	0	0	0	0	0
Other routine recurrent costs	2,089,347	2,089,347	0	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
Programme Support cost		0	0	88,743	201,010	0	0	0
Total Expenditures for Immunisation	32,876,947							
Total Government Health		31,528,947	1,348,000	88,743	201,010	0	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.

Please state if an Annual Action Plan for the year **2011**, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

None

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

None

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for **2012** and **2013**

None

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	793,922	847,908
New and underused Vaccines**	2,374,773	2,403,537
Injection supplies (both AD syringes and syringes other than ADs)	143,432	196,408
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	44,000	48,000
Personnel	27,442,628	28,814,760
Other routine recurrent costs	2,427,010	3,272,311
Supplemental Immunisation Activities	4,200,000	0
Total Expenditures for Immunisation	37,425,765	35,582,924

* 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.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

Yes, the expected fund will be received for 2012. Donor support will be sought as and when required.

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

No financing gap expected for 2013. If such arises, donot support will be sought.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 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.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **4**

Please attach the minutes (**Document N°**) from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

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

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

If Yes, which ones?

List CSO member organisations:

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

1. Improving routine immunization coverage using the Reaching Every District to Reach Every Child Initiative in all identified low-performing districts
2. Conduct multi-antigen SIA (Measles, OPV, TT) with Vitamin A and Albendazole Tablets to be completed within a period of two months
3. TT SIA second and third rounds to be conducted in September 2011 (Pending general national elections) and April 2012
4. Hepatitis B Sero-survey to be conducted in October 2011
5. Data quality assessment survey to be conducted in November 2011

Are they linked with cMYP? **Yes**

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 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
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 2011 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.

The issue encountered in injection safety disposal is the availability of proper disposal mechanism.

6. Immunisation Services Support (ISS)

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

6.1. Report on the use of ISS funds in 2011

	Amount US\$	Amount local currency
Funds received during 2011 (A)		
Remaining funds (carry over) from 2010 (B)		
Total funds available in 2011 (C=A+B)		
Total Expenditures in 2011 (D)		
Balance carried over to 2012 (E=C-D)		

6.1.1. Briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.3. Request for ISS reward

Request for ISS reward achievement in Papua New Guinea is not applicable for 2011

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	Total doses for 2011 in Decision Letter	Total doses received by 31 December 2011	Total doses of postponed deliveries in 2012
DTP-HepB-Hib		433,700	0

**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? ...)

The vaccine received in 2011 by Papua New Guinea is in line with what has been pledged in 2009 GAVI APR report. The rest of the amount was procured by the Government as part of the co-financing. This makes a total vaccine procurement doses of 555,200 for the year 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)

The pentavalent vaccine is now being procured through the recurrent fund of government making it more sustainable. This replaces the earlier used method of procuring the vaccines through the use of funding pool from HSIP. This has improved the delays in past in procurement of the co-financing amount of pentavalent vaccine in PNG. In long term, this will ensure sustainability of the programme and the vaccine procurement by the country.

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

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

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	None	
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Doesnot 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° 20))

Does not arise, but had to put some figures as we could not submit the format.

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? **No**

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

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	0	0
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . 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 2012 onwards

None

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	377,500	121,500
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	Entire amount was supported by Government	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	128,400	

	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	January	Government
	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 and SIA used vaccines. It would be appreciated if the vaccine cost be negotiated with the manufacturers to reduce the prices of the vaccines to make it more affordable to the community. Government of Papua New Guinea is committed to protect its community from vaccine preventable diseases and would appreciate if any reduction of presently used vaccines or future vaccines are negotiated with the manufacturers to ensure a sustainability of the same.	

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/>

Is GAVI's new vaccine support reported on 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 15)**

(b) Improvement plan after EVM **(Document No 16)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for delay, if any
National Level deficiency	Review arrival forms for vaccines, consumables	UNICEF VAR use initiated in national vaccine Store
National Level deficiency	Allocation of appropriate space	Specific area planned in medical store
National Level deficiency	Procurement of continuous temperature monitors	Discussion initiated with partners
National Level deficiency	Purchase stand-by generator	Generator purchased; pending installation
National Level deficiency	System for recording the damaged vaccines	Already in place, even at provincial level
National Level deficiency	Review of distribution system	SIA used to review the distribution system

National Level deficiency	Regular supportive supervision	Regular supervision done by National Officers
Provincial Level deficiency	Up-to-date inventory of cold chain equipment	National Inventory updated
Provincial Level deficiency	Review the existing issue/ receive form vaccines	Review of forms done and shared with provinces

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

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 2012

Renewal of multi-year vaccines support for Papua New Guinea is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for **2013** vaccination do the following

Confirm here below that your request for **2013** vaccines support is as per [7.11 Calculation of requirements](#)
Yes

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningococcal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

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

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

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

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	500,000\$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

7.11. Calculation of requirements

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	209,804	215,469	221,287	227,261	233,397	1,107,218
	Number of children to be vaccinated with the first dose	Table 4	#	168,199	178,711	194,732	204,535	214,726	960,903
	Number of children to be vaccinated with the third dose	Table 4	#	120,247	124,875	177,029	193,172	210,058	825,381
	Immunisation coverage with the third dose	Table 4	%	57.31 %	57.95 %	80.00 %	85.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	201,803					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.18	2.02	1.99	1.93	
cc	Country co-financing per dose	Co-financing table	\$		0.78	0.26	0.30	0.35	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

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

	2011	2012	2013	2014	2015
Minimum co-financing	0.00	0.00	0.00	0.00	0.00
Recommended co-financing as per APR 2010			0.90	1.03	1.19
Your co-financing	0.68	0.78	0.26	0.30	0.35

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

		2012	2013	2014	2015
Number of vaccine doses	#	249,200	551,800	561,500	570,600
Number of AD syringes	#	407,700	583,900	593,900	603,500
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	4,525	6,500	6,600	6,700
Total value to be co-financed by GAVI	\$	597,500	1,210,000	1,212,500	1,200,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	120,300	74,300	90,600	113,900
Number of AD syringes	#	196,700	78,600	95,900	120,500
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	2,200	875	1,075	1,350
Total value to be co-financed by the Country	\$	288,500	163,000	196,000	240,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	32.54 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	168,199	178,711	58,161	120,550
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	504,597	536,133	174,483	361,650
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	D X E	529,827	562,940	183,207	379,733
G	Vaccines buffer stock	(F – F of previous year) * 0.25		8,279	2,695	5,584
H	Stock on 1 January 2012	Table 7.11.1	201,803			
I	Total vaccine doses needed	F + G – H		369,416	120,226	249,190
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		604,298	196,667	407,631
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		6,708	2,184	4,524
N	Cost of vaccines needed	I x vaccine price per dose (g)		806,066	262,332	543,734
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		28,100	9,146	18,954
P	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q	Cost of safety boxes needed	M x safety box price per unit (cs)		39	13	26
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		48,364	15,740	32,624
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		2,814	916	1,898
T	Total fund needed	(N+O+P+Q+R+S)		885,383	288,145	597,238
U	Total country co-financing	I x country co-financing per dose (cc)		288,145		
V	Country co-financing % of GAVI supported proportion	U / T		32.54 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	11.86 %			13.89 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	194,732	23,096	171,636	204,535	28,417	176,118
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	584,196	69,287	514,909	613,605	85,249	528,356
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	613,406	72,751	540,655	644,286	89,512	554,774
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	12,617	1,497	11,120	7,720	1,073	6,647
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	626,023	74,247	551,776	652,006	90,585	561,421
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	662,463	78,569	583,894	689,671	95,817	593,854
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	$(K + L) / 100 \times 1.11$	7,354	873	6,481	7,656	1,064	6,592
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,262,689	149,757	1,112,932	1,294,884	179,900	1,114,984
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	1,262,689	3,654	27,151	1,294,884	4,456	27,614
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	$M \times \text{safety box price per unit (cs)}$	43	6	37	45	7	38
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	75,762	8,986	66,776	77,694	10,795	66,899
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	3,085	366	2,719	3,212	447	2,765
T	Total fund needed	$(N+O+P+Q+R+S)$	1,372,384	162,767	1,209,617	1,407,905	195,603	1,212,302
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	162,766			195,602		
V	Country co-financing % of GAVI supported proportion	U / T	11.86 %			13.89 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	V	16.64 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	214,726	35,734	178,992
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	644,178	107,202	536,976
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	676,387	112,562	563,825
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	8,026	1,336	6,690
H	Stock on 1 January 2012	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	684,413	113,898	570,515
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	723,947	120,477	603,470
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	8,036	1,338	6,698
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,322,971	220,164	1,102,807
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	33,664	5,603	28,061
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	47	8	39
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	79,379	13,210	66,169
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	3,372	562	2,810
T	Total fund needed	$(N+O+P+Q+R+S)$	1,439,433	239,546	1,199,887
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	239,545		
V	Country co-financing % of GAVI supported proportion	U / T	16.64 %		

8. Injection Safety Support (INS)

Papua New Guinea is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

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

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 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 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 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	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 2011	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 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	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 2011	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 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	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 2011	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 OF HEALTH AND FINANCE.pdf File desc: Signature of Secretary for Health Date/time: 5/16/2012 2:58:03 AM Size: 314202
2	Signature of Minister of Finance (or delegated authority)	2.1		SIGNATURE OF HEALTH AND FINANCE.pdf File desc: Signature of Delegate of Finance Date/time: 5/16/2012 3:00:47 AM Size: 314202
3	Signatures of members of ICC	2.2		SIGNATURES OF ICC MEMBERS.pdf File desc: Signatures of ICC members Date/time: 5/17/2012 1:46:47 AM Size: 362173
5	Minutes of ICC meetings in 2011	2.2		ICC Minute No 01-2011.pdf File desc: ICC meeting Minute Meeting 1 Date/time: 5/13/2012 10:38:19 PM Size: 594783
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2		ICC MINUTES-2012 No.1.pdf File desc: ICC Minutes Endorsing APR Date/time: 5/16/2012 3:05:32 AM Size: 269623
10	new cMYP APR 2011	7.7		PNG cMYP 2011-2015_Rev_01 08 2010.pdf File desc: cMYP 2011-15 Date/time: 5/13/2012 10:40:53 PM Size: 754388
11	new cMYP costing tool APR 2011	7.8		PNG cMYP Tables for Costing and Financing_Final Version.xls File desc: cMYP Costing Tool Date/time: 5/14/2012 2:48:40 AM Size: 215040
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1		NVS REPORT.pdf File desc: NVS Report; not applicable Date/time: 6/1/2012 2:32:04 AM Size: 193575
15	EVSM/VMA/EVM report APR 2011	7.5		EVM_PNG Report_21.10.2011-Sec Signed.pdf File desc: EVM report Date/time: 5/13/2012 10:47:33 PM Size: 862492
16	EVSM/VMA/EVM improvement plan APR 2011	7.5		EVM_PNG Report_2011.pdf File desc: Improvement Plan as part of EVM report

				Date/time: 5/13/2012 10:52:06 PM Size: 844330
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5		STATUS OF IMPROVEMENT PLAN ON EVM RECOMMENDATIONS.pdf File desc: Improvement Status of October 2011 Date/time: 5/13/2012 10:49:36 PM Size: 21682
20	Post Introduction Evaluation Report	7.2.2		PIE REPORT.pdf File desc: PIE Report; Not Applicable Date/time: 6/1/2012 2:33:09 AM Size: 190130
21	Minutes ICC meeting endorsing extension of vaccine support	7.8		ICC MINUTES-2012 No.1.pdf File desc: ICC Minutes Minutes 2012 Date/time: 5/16/2012 3:02:14 AM Size: 269623