Joint Appraisal report 2019 - DPRK

Country	Korea DPR
Full JA or JA update[1]	☑ **full JA** ☐ JA update
Date and location of Joint Appraisal meeting	12-14 November 2019; Potonggang Hotel, Pyongyang
Participants / affiliation[2]	DPR Korea MoPH, UNICEF, WHO. See annex No.1 for full list
Reporting period	January 2019 to December 2019
Fiscal period[3]	January 2019 to December 2019
Comprehensive Multi Year Plan (cMYP) duration	2016 – 2020
Gavi transition / co-financing group	*Initial self-financing*

1. RENEWAL AND EXTENSION REQUESTS

Renewal requests were submitted on the country portal

Vaccine (NVS) renewal request (by 15 May)	**Yes X**	**No ☐**	
Does the vaccine renewal request include a switch request?	**Yes ☐**	**No X**	**N/A ☐**
HSS renewal request	**Yes ☐**	**No X**	**N/A ☐**
CCEOP renewal request	**Yes ☐**	**No☐**	**N/A X**

2. GAVI GRANT PORTFOLIO

Existing vaccine support *(to be pre-filled by Gavi Secretariat)*

Introduced / Campaign	Date	2018 Coverage (WUENIC) by dose*	2019 Target		Approx. Value $	Comment
			%	Children		
Pentavalent	July 2012	*97%*	*97%*	352,045	$14.5M	
IPV	April 2015	*65%*	-	-	$2.8 M	
Measles 2nd dose	June 2008	*99%*	-	-	$ 938,383	
MR 1st & 2nd dose	October 2019	-	-	-	$ 416,500	*Switch from MCV 2 to MR 2immediately after MR campaign with phase out of MCV 1 to MR 1 on-going to consume MCV stock*
Measles-Rubella catch-up Campaign	October 2019	-	-	-	$4.8M	*MR Campaign successfully implemented, achieving 99% coverage*

[1] Information on the differentiation between full JA and JA update can be found in the Guidelines on reporting and renewal of Gavi support, https://www.gavi.org/support/process/apply/report-renew/

[2] If taking too much space, the list of participants may also be provided as an annex.

[3] If the country reporting period deviates from the fiscal period, please provide a short explanation.

Existing financial support *(to be pre-filled by Gavi Secretariat)*

Grant	Channel	Period	First disb-ursement	Cumulative financing status @ July 2019				Compliance	
				Comm.	Appr.	Disb.	Util.	Fin.	Audit
MR Catch-up campaign Op. costs	UNICEF & WHO	2019	*10 July 2019*	4,348,548	4,348,548	2,179,078			*N/A*
MR VIG	UNICEF & WHO	2019	*10 July 2019*	289,448	289,448	145,586			*N/A*
HSS 2	UNICEF & WHO	*2014-2018*	*12 March 2015*	28,687,636	28,687,636	21,358,699			*N/A*
PBF 2	UNICEF & WHO	2017		2,622,400	2,622,400				
PBF 3	UNICEF & WHO	2018		2,622,400	2,622,400				
Comments									

Indicative interest to introduce new vaccines or request Health System Strengthening support from Gavi in the future[4]

	Programme	Expected application year	Expected introduction year
Indicative interest to introduce new vaccines or request HSS support from Gavi	Introduction of Rotavirus vaccine	2020	2021
	Introduction of JE vaccine	2022	2023
	Introduction of PCV	2023	2024
	Introduction of HPV	2023	2024

Grant Performance Framework – latest reporting, for period 2019 *(to be pre-filled by Gavi Secretariat)*

Indicator	Indicator No.	2018 Target	2018 Actual	2019 Target	2019 Actual
% of microplans fully implemented (at county level)	IR-T 3	80	99	80	0
% of monthly VPD reports received on time	IR-T 8	90	100	100	0
% of previously unequipped facilities equipped with new CCE	IR-T 4	50	45	75	0
Average coverage rate across the 5 targeted North Eastern Provinces	OI-T 1	96	98.7	96	0
Number of AEFI cases reported per 100,000 surviving infants	IR-T 6	340	34896	340	0
Number of discarded non-measles non-rubella cases per 100,000 population	IR-T 7	487	502	487	0

PEF Targeted Country Assistance: Core and Expanded Partners at Nov. 2019

	Year	Funding (US$m)			Staff in-post	Milestones met	Comments
		Appr.	Disb.	Util.			
Core Partners	2018	221K	221K	219K	1 of 1	7 of 7	
	2019	460K	460K	113K	2 of 2	0 of 2	

[4] Providing this information does not constitute any obligation for either the country or Gavi, it merely serves for information purposes.
Countries are encouraged to highlight in subsequent sections, and particular in the Action Plan in Section 7, key activities and potentially required technical assistance for the preparation of investment cases, applications and vaccine introductions, as applicable.

UNICEF	2018	150K	150K	150K	1 of 1	2 of 2	
	2019	230K	230K	113K	1 of 1	0 of 1	Minor Delays
WHO	2018	71K	71K	69K	0 of 0	5 of 5	
	2019	230K	230K	0	1 of 1	0 of 1	Minor Delays

3. RECENT CHANGES IN COUNTRY CONTEXT AND POTENTIAL RISKS FOR NEXT YEAR

*Comment on changes which occurred since the previous Joint Appraisal, if any, to **key contextual factors** that directly affect the performance of the immunisation programme and Gavi grants (such as natural disaster, political instability, conflict, displaced populations, inaccessible regions, etc., or macroeconomic trends, health worker industrial actions, disease outbreaks or severe and unexpected Adverse Events Following Immunisation, etc.).*

*For **countries facing fragility, affected by emergencies or hosting refugees**[5]: Please indicate if any flexibilities in grant management are being requested, and also mention in case the vaccine or HSS renewal requests were adjusted.*

*For countries transitioning from the **Global Polio Eradication Initiative**: Please briefly describe the impact on immunisation and primary health care services and specify whether the country has a polio transition plan in place. If such a transition plan exists, please briefly describe it with particular focus on health workforce and surveillance. If no transition plan exists, please describe actions being taken to prepare for polio transition. Please also comment on whether Gavi investments are being used/expected to be used in the polio transition.*

Max. 250 words

The DPRK remains prone to natural disasters. In 2019, the country was again affected by Cyclone Lingling with the same regions that were most affected in 2018 again taking much of the impact and resulting in 6,362 displaced persons.

Additionally, whereas political commitment remains high and robust service delivery systems using Household Doctors coupled with effective microplanning remain in place to assure high coverage, sanctions continue to impact the country's ability to maintain the cold chain system due to fiscal constraints faced by the government that impede access to spare parts and capacity for replacement of equipment where this is required.

These factors continue to render the national EPI programme fragile, threatening the sustenance of the high coverage achieved by the country, and risk eroding quality of the EPI programme due to related quality concerns that thereby arise. Further, procurement of required equipment through donor funding is still difficult as a result of the scrutiny of the sanctions committee.

The country has applied for the HSS flexibilities opportunity to mitigate the impact of these factors and to enhance the resilience of the national EPI programme.

Potential future issues (risks)

Also provide a forward-looking perspective on what else may happen over the next year (given current conditions, vulnerabilities, dependencies, trends and planned changes) and needs to be anticipated. E.g. potential security challenges due to upcoming elections, risks of vaccine hesitancy, stock-outs or vaccine expiry, or risks to a sustainable transition out of Gavi support.

Drawing on existing country risk assessments, please list a maximum of five most important risks (i.e. with a high likelihood to happen and / or a high potential impact if it did happen). Consider the need for proactive actions to prevent them from happening or to timely detect and effectively respond once they will happen. Also clarify whether these risk mitigation actions are being prioritized in the action plan (section 7 below).

1. The limited access to electrical supply especially in the periphery PHC in a country with harsh weather also continues to be a risk for freeze damage of freeze sensitive vaccines and conduciveness of service delivery environment as options for heating are constrained.
2. Donor dependence is expected to persist and possibly increase as the social economic situation escalates in view of tightening economic sanctions. If there is no improvement in the geopolitical situation, the country capacity to sustain its high performance of the EPI programme may further decline with risk of loss of public health results achieved to-date.

[5] For further information refer to http://www.gavi.org/about/programme-policies/fragility-emergencies-and-refugees-policy/

3.	Compounding the consideration in item No.1 above, the DPR Korea remains vulnerable to natural disasters and these are likely to occur again based on the trends of the previous 5 years and the global warming that is evident. Disruption of populations following disasters worsens the challenges with regard transportation for service delivery by the Household Doctors at community level and threatens the integrity of PHC infrastructure and equipment. Max. 250 words

4. PERFORMANCE OF THE IMMUNISATION PROGRAMME

*This section is expected to capture primarily the **changes since the last Joint Appraisal** took place. It should provide a succinct analysis of the performance of the immunisation programme with a focus on the evolution / trends observed over the past two to three years and including an analysis of immunisation coverage and equity, as well as a review of key drivers of poor coverage*

Information in this section will substantially draw from the recommended analysis, of coverage and equity and other relevant programme/service delivery aspects, which can be found in the Joint Appraisal Analysis Guidance (http://www.gavi.org/support/process/apply/report-renew/). In addition, the annual data quality desk review exercise is considered an important source of analytics that can be used for populating the Joint Appraisal report.

Countries are encouraged to present the information in tables, graphs and maps, and to reference the source of data.

4.1. Coverage and equity of immunisation

*Please provide **national and sub-national analysis** of the situation related to coverage and equity of immunisation in the country, **focusing on newly available data & analysis, trends and changes, including outbreaks and details on outbreak responses observed since the last Joint Appraisal** was conducted.*

- *Provide a summary of the trends in **coverage and equity**, across geographical areas, socio-economic status including gender-related barriers, populations and communities, including **urban slums, remote rural settings and conflict settings** (consider population groups under-served by health systems, such as slum dwellers, nomads, ethnic or religious minorities, refugees, internally displaced populations or other mobile and migrant groups).*
- *Relevant information includes: overview of districts/communities which have the lowest coverage rates, the highest number of under-vaccinated children, highest dropout rate, disease burden: number and incidence of vaccine preventable diseases (VPD) cases as reported in surveillance systems in regions/ districts, etc.*
- ***Achievements against agreed targets**, within the country monitoring and evaluation (M&E) framework (and captured in the grant performance framework (GPF). If applicable, reasons why targets have not been achieved, identifying areas of underperformance, bottlenecks and risks.*

Building on the successful programme model, in 2019 the DPRK introduced the rubella antigen into its routine immunization programme (RI) through a Measles-Rubella Supplementary Immunization Activity (MR SIA).

As DPRK has 210 districts (counties), the table below shows EPI coverage data at national and provincial levels, whereas the district (county) level data is found in the attached annex No.2.

Coverage:
DTP3, MCV2, etc.

As per detailed district (county) level data presented in annex No.1, no districts reported coverage below 80% for any antigen as at quarter 2 2019.

Level	Coverage (%) - Quarter 2, 2019						
	BCG	HepB	Td2	Penta 3	OPV	IPV	Measles2
NATIONAL	***97.8***	***98.4***	***98.8***	***97.2***	***98.3***	***98.3***	98.3
Pyongayang	98.3	98.7	99.3	97.5	98.7	98.7	98.7
S. Pyongan	98.1	98.6	98.8	98	96.9	99.1	98.6
N. Pyongan	97.8	98.3	98.8	97.1	98	98	98.3
Chagang	97.9	98.2	98.5	97.2	98.1	98.1	98.1
S. Hwanghae	97.4	98	98.7	97.4	98.4	98.4	98.2

N. Hwanghae	97.9	98.5	98.8	97.6	98.3	98.3	98.5
Kangwon	97.7	98.2	98.7	97.1	97.9	97.9	97.9
S. Hamgyong	97.5	98	98.8	97	97.8	97.8	98.1
N. Hamgyong	97.6	98.3	98.8	97.1	98	98	97.8
Ryanggang	97.9	98.3	98.4	96.4	97.4	97.4	97.5
Nampo	98.5	99.2	99.5	97.5	98.6	98.6	98.5

Coverage:
Absolute numbers of un- or under-immunised children

Level	Absolute number of unimmunized children						
	BCG	**HepB**	**Td2**	**Penta 3**	**OPV**	**IPV**	**Measles2**
National	***1632***	***1220***	***916***	***2356***	***1450***	***1450***	***1554***
Pyongayang	162	118	72	257	133	133	148
S. Pyongan	186	141	127	334	103	103	166
N. Pyongan	199	150	114	287	196	196	177
Chagang	84	72	62	129	89	89	97
S. Hwanghae	203	155	105	229	140	140	167
N. Hwanghae	159	109	101	212	151	151	141
Kangwon	120	93	66	159	118	118	121
S. Hamgyong	244	187	119	322	234	234	214
N. Hamgyong	177	127	93	244	166	166	194
Ryanggang	50	42	39	95	70	70	72
Nampo	48	26	18	88	50	50	57

Equity:
- Wealth (e.g. high/low quintiles)
- Education (e.g. un/educated)
- Gender
- Urban-rural
- Cultural, other systematically marginalised groups or communities e.g. from ethnic religious minorities, children of female caretakers with low socioeconomic status, etc.

In the DPRK, the model of service delivery has brought about equity of coverage across wealth, gender and residence. Some disparities can be observed by stratifiers such as, wealth index, maternal education and provinces, though all fall well above 95% coverage. For example, by wealth index, the lowest 20% performed similar to the highest 40% whilst the middle 40% had a better result; whilst for maternal education, those having mothers with higher education performed lower than those with only upper secondary education.
Where regional marginal disparities may be noted, these would be associated with provinces most frequently impacted by natural disaster and include S. Hwanghae, Kangwon and N and S. Hamgyong, and can be attributed to displacement of families due to flood damage of infrastructure compounded by transportation challenges faced by household doctors to reach all children across difficult terrain in that context.
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*Briefly indicate whether programme targets, according to the country's multiyear plan (such as the cMYP) have been met in the year under review. To elaborate on the data provided, countries are strongly encouraged to include **heat maps** or similar to show immunisation coverage trends over time. Examples of such analysis are available in the Joint Appraisal Analysis Guidance (available via http://www.gavi.org/support/process/apply/report-renew/)*

Based on the latest administrative coverage data as at end of June 2019 all targets have been met with all results falling above 95%.

4.2. Key drivers of sustainable coverage and equity

*Briefly summarize the health system and programmatic drivers of the levels of coverage and equity based on the key areas listed below, **focusing on the evolution and changes since the last Joint Appraisal**. For those districts/communities identified as lower performing, explain the evolution of key barriers to improving*

coverage and improving programmatic sustainability.[6] If there are no updates, please indicate and provide rationale.

- ***Health Work Force**: availability, skill set and distribution of health work force*
- ***Supply chain**: integration, procurement planning and forecasting, key insights from latest EVMs and implementation of the EVM improvement plan, and progress on the five supply chain strategy fundamentals.[7]This subsection might be informed by available dashboards and tools, for example the Immunisation Supply Chain Management Dashboard that links EVM, Maturity Scorecard and DISC (Dashboards for immunisation Supply Chain) indicators.*
- ***Service delivery and demand generation[8]**: key insights related to service quality improvement and community engagement strategies; access, availability and readiness of primary health care/immunisation services; integration and cost-effectiveness strategies; strategies on demand generation for immunisation services; immunisation schedules, etc.*
- ***Gender-related barriers faced by caregivers[9]**: Please comment on what barriers caregivers currently face in bringing children to get vaccinated and interventions planned or implemented (through Gavi or other funds) to facilitate access to immunisation services by women for their children. (For example: flexibility of immunisation services to accommodate women's working schedules, health education for women on the importance of vaccination and social mobilisation targeting fathers, increasing the number of female health workers etc.)*
- ***Data / Information system:** Strengths and challenges related to the immunisation data (routine data collection and reporting system, integration within the health information system, regular surveys, targeted surveys, quality of data, use of data. Links with the surveillance system). At national and at sub-national levels.*
- ***Leadership, management and coordination**: leveraging the outcomes of the Programme Capacity Assessment and/or other assessments, please describe the key bottlenecks associated with management of the immunisation programme. This includes the performance of the national/regional/district EPI teams/health teams managing immunisation (e.g. challenges related to structure, staffing and capabilities); use of data for analysis, management and supervision of immunisation services; coordination of planning, forecasting and budgeting, coordination related to regulatory aspects; and broader sectoral governance issues.*
- ***Other critical aspects**: any other aspect identified, for example based on the cMYP, EPI review, C&E assessment, PIE, EVM or other country plans, or key findings from available independent evaluations reports[10].*

Since the Coverage Evaluation Survey of 2017 validated the fact that the DPRK has sustained a DTP3 coverage above 95% since 2010 (DTP-Hib-HepB since 2012) the programme performance remains high as noted in the previous JA review, with high equitable coverage for all antigens. Notably, IPV which was the only one that had low performance in 2018 due to the global shortage of the vaccine has seen an improvement by 33.5 percentage points as at quarter-two 2019 compared to 2018 (64.8% to 98.3%). The EPI programme performance is largely driven by the robust micro-planning that is owned at the county level by the County Peoples Committees and service delivery implemented through an extensive network of Primary Health Care (PHC) facilities that are present in the remotest locations and operated by a strong contingent of Household Doctors (HHD)

As per most recent EVM assessment conducted in 2019, the DPRK programme mostly meets standards for vaccine management across the all criteria as shown below.

[6] Relevant discussion questions on a number of the strategic areas here can be found in the programming guidance available on the Gavi website: http://www.gavi.org/support/process/apply/additional-guidance/

[7] More information can be found here: http://www.gavi.org/support/hss/immunisation-supply-chain/

[8] Programmatic guidance on demand generation https://www.gavi.org/library/gavi-documents/guidelines-and-forms/programming-guidance---demand-generation/

[9] For additional programmatic guidance refer to http://www.gavi.org/support/process/apply/additional-guidance/#gender. Gender-related barriers are obstacles (for access and use of health services) that are related to social and cultural norms about men's and women's roles. Women often have limited access to health services and are unable to take their children to get vaccinated. Barriers include lack of education, lack of decision-making power, low socio-economic status, women unable to move freely outside their homes, inaccessibility of health facilities, negative interaction with health workers, lack of father's involvement in healthcare etc.

[10] If applicable, such as Full Country Evaluations (relevant for Bangladesh, Mozambique, Uganda and Zambia) and Technical Assistance evaluations (conducted for Gavi Partners' Engagement Framework tier 1 and tier 2 priority countries).

The additional HSS2 budget includes objectives directly intended to address equipment needs, temperature monitoring, infrastructure, and information/data management issues

	Criteria									
	E1	E2	E3	E4	E5	E6	E7	E8	E9	
Location	E1: Vaccine arrival	E2: Temperature	E3: Storage capacity	E4: Buildings, equipment, transport	E5: Maintenance	E6: Stock management	E7: Distribution	E8: Vaccine management	E9: MIS, supportive functions	Average of PMW
CMW	92%	76%	85%	86%	97%	87%	89%	91%	82%	87%
PMWs		76%	82%	76%	78%	88%	83%	87%	81%	81%
County/City MWs		81.1%	76.3%	76.5%	77.4%	86.3%	75.8%	83.9%	82.3%	80.0%
Ri Hospitals/Clinics /PolyClinics		79.6%	66.8%	84.6%	80.6%	78.5%	70.0%	86.4%	84.9%	78.9%
					Overall Aggregate Performance 2019 EVMA:					82%

The EVM improvement plan is based on the assessment and highlights 8 core recommended areas of improvement that are clustered into three (3) broad categories as follows;

- 3 specifying equipment needs on cold chain, temperature monitoring, infrastructure and other equipment including transport, information technology and maintenance,
- 2 specifying non-material needs on cold chain and infrastructure improvements and
- 3 defining measure of support on data management, supportive supervision and SOPs and define solutions through studies on certain specific issues.

The full draft EVM IP is attached as an accompanying document to this report (ANNEX 4)

4.3. Immunisation financing[11]

Please provide a brief overview of the main issues affecting the planning, budgeting, allocation, disbursement and execution of funds for health and immunisation. Please take the following aspects into account:

- ***Availability of timely and accurate information for planning/budgeting (e.g. quantification of vaccine needs** and pricing data), availability of **medium-term** and **annual immunisation operational plans and budgets**, whether they are integrated into the wider national health plan/budget, their relationship and consistency with microplanning processes and how they are reflected into national health financing frameworks.*
- ***Allocation of sufficient resources in national health budgets for the immunisation programme/services**, including for Gavi and non-Gavi vaccines, as well as operational and service delivery costs. Discuss the extent to which the national health plan/budget incorporates these costs, which partners might be providing funding for traditional vaccines, and any steps being taken to increase domestic resources for immunisation. If any co-financing defaults occurred in the last three years, describe any mitigation measures that have been implemented to avoid future defaults.*
- ***Timely disbursement and execution of resources:** the extent to which funds for immunisation-related activities (including vaccines and non-vaccine costs) are made available and executed in a timely fashion at all levels (e.g., national, province, district).*
- ***Adequate reporting** on health and immunisation financing and timely availability of reliable financing information to improve decision making.*

Overall, the MoPH continues to make remarkable effort at ensuring quality coverage data is available for planning and quantification.

However, since an integrated electronic the Health Management Information System (HMIS) is not fully functional in the country, the following challenges exists;

- Consumption data is not readily available due to lack of fully functional electronic HMIS and LMIS systems, and the supply chain functions on a push system.

[11] Additional information and guidance on immunisation financing is available on the Gavi website https://www.gavi.org/support/process/apply/additional-guidance/#financing

- Quality indicators such as proportion of children receiving their first BCG dose within 7 days of birth, cannot be easily monitored, with risk that though coverage is high, a proportion of infants receive BCG well past 7 days as per global standards.
- Feedback to the implementation level (county. Ri) and decisions on required remedial actions in response to weak performance cannot be taken in a timely manner as it takes long before the coverage repots can be reviewed.

Whereas political will mains high in favour of the EPI programme in the DPRK, the on-going geo-political situation has taken a toll on the financial capacity of the government to sustain required routine investments necessary to support programme quality and growth, including through new vaccine introduction. This renders the EPI programme to some extent to be dependant on donor funding.

However, to-date, there has not been any defaults on co-financing, and support has been provided through UNICEF and WHO.

Further, for activities funded through UNICEF and WHO, the MoPH has been highly committed to implement in a timely manner despite substantial delays in reimbursements due to in-country cash-flow bottlenecks in view of the prevailing sanctions that have blocked banking channels.

5. PERFORMANCE OF GAVI SUPPORT

5.1. Performance of Gavi HSS support (if country is receiving Gavi HSS support)

Provide a succinct analysis of the performance of Gavi's HSS support for the reporting period.

- ***Progress of the HSS grant implementation*** *against objectives, budget and workplan, and significant deviations from plans (e.g. implementation delays, low expenditure rates, etc.),* ***using the below table****.*

Objective 1	
Objective of the HSS grant (as per the HSS proposal or PSR)	**Service delivery:** Increasing accessibility, availability and coverage of immunization services through installation and implementation of micro-planning and outreach systems for remote areas
Priority geographies / population groups or constraints to C&E addressed by the objective	Support is nation-wide, with focus on some hard to reach areas where accessibility by service providers is constrained.
% activities conducted / budget utilisation	
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	8 out of 9 (89%) planned of activities were initiated as scheduled except the Service Ability and Readiness Assessment (SARA). Implementation was delated due to cash flow bottlenecks.
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **changes in technical assistance**[12]	Other than SARA which was not initiated in 2019, key activities include upgrading EPI rooms in selected provinces and completing VPD training will continue.
Objective 2:	
Objective of the HSS grant (as per the HSS proposal or PSR)	**Cold chain and vaccines:** Assuring quality and reliability of immunization services by ensuring that 100% counties have cold chain functioning according to set standards by 2018
Priority geographies / population groups or constraints to C&E addressed by the objective	Support is nation-wide, with focus on some hard to reach areas where accessibility by service providers is constrained.
% activities conducted / budget utilisation	

Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	14/16 (88%) planned activities were initiated as scheduled. EVMA was completed with relatively good results and scale -up of CCE deployment to Ri level and county hospitals was achieved. As a result, capacity to implement the MR SIA was realized and overall quality of vaccine management was enhanced.
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **changes in technical assistance**[12]	Improvement actions focusing on enhancing temperature monitoring and data management will be prioritized in 2020 through continued scale-up of SDD placement to fill the CCE gaps in line with the Cold Chain Improvement Plan.
Objective 3:	
Objective of the HSS grant (as per the HSS proposal or PSR)	Demand for immunization
Priority geographies / population groups or constraints to C&E addressed by the objective	Support is nation-wide, with focus on some hard to reach areas where accessibility by service providers is constrained.
% activities conducted / budget utilisation	
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	9/10 (90%) planned activities were initiated as scheduled. These included establishment of IMNCI in 50 priority counties and institutional strengthening of the national/provincial health education institutes.
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **changes in technical assistance**[12]	Scale-up of IMNCI to remaining counties and continue institutional strengthening of health education institutes will remain priorities in 2020.
Objective 4:	
Objective of the HSS grant (as per the HSS proposal or PSR)	Improved management including surveillance, DQS and AEFI systems
Priority geographies / population groups or constraints to C&E addressed by the objective	Support is nation-wide, with focus on some hard to reach areas where accessibility by service providers is constrained.
% activities conducted / budget utilisation	
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	25/35 (71%) of planned activities were initiated as scheduled. Assessment of NRA and development of the institutional development plan for strengthening NRA and NCL were some of the land-mark achievements. AEFI surveillance guidelines SOP's and forms were revised, printed and distributed, as well as vaccination cards and related forms. MR/CRS surveillance

[12] When specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. The TCA planning will be informed by the needs indicated in the JA. TA needs should however describe - to the extend known to date - the type of TA required (staff, consultants, training, etc.), the provider of TA (core/expanded partner) the quantity/duration required, modality (embedded; sub-national; coaching; etc.), and any timeframes/deadlines. JA teams are reminded to both look back (TA which was not completed/successful in the past) and forward (planned vaccine introductions, campaigns, major upcoming HSS activities, etc.) when specifying TA priorities for the coming year. The TA menu of support is available as reference guide.

	guidelines were developed and printed, and VPD surveillance training conducted.
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **changes in technical assistance**[13]	Developing national capacity for DQS, institutional strengthening of NRA, MLM training, and strengthening laboratory surveillance will continue to be key priorities
Objective 5:	
Objective of the HSS grant (as per the HSS proposal or PSR)	Project management resource mobilization and governance
Priority geographies / population groups or constraints to C&E addressed by the objective	Support is nation-wide focusing on up-stream activities at national level.
% activities conducted / budget utilisation	
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	15/22 (68%) of planned activities were initiated as scheduled, including maintenance of national and international staff to drive implementation of programmes and supporting overseas training in EPI for national staff.
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **changes in technical assistance**[14]	Maintenance of staff, internal audit and research and evaluation studies constitute some of the key priorities. In view of the directive of the government of the DPRK for international organizations to reduce numbers of international staff, the technical assistance pool of staff in WHO will reduce, with the laboratory specialist position not filled.

In the text box below, briefly describe:

- ***Achievements against agreed targets*** *as specified in the grant performance framework (GPF), and key outcomes. E.g. how does the number of additional children vaccinated and under-immunised children in districts supported by the HSS grant compare to other non-supported districts/national targets. Which indicators in the GPF were achieved / impacted by the activities conducted?*
- *How Gavi support is* ***contributing to address the key drivers of low immunisation*** *outcomes?*
- *Whether the* ***selection of activities is still relevant****, realistic and well prioritised in light of the situation analysis conducted, as well as financial absorption and implementation rates.*
- *Planned* ***budget reallocations*** *(please attach the revised budget, using the Gavi budget template).*
- *If applicable, briefly describe the usage and results achieved with the* ***performance based funding*** *(PBF) the country received. What grant performance framework (GPF) metrics will be used to track progress?*
- ***Complementarity and synergies with other donor support*** *(e.g. the Global Fund, Global Financing Facility)*

[13] When specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. The TCA planning will be informed by the needs indicated in the JA. TA needs should however describe - to the extend known to date - the type of TA required (staff, consultants, training, etc.), the provider of TA (core/expanded partner) the quantity/duration required, modality (embedded; sub-national; coaching; etc.), and any timeframes/deadlines. JA teams are reminded to both look back (TA which was not completed/successful in the past) and forward (planned vaccine introductions, campaigns, major upcoming HSS activities, etc.) when specifying TA priorities for the coming year. The TA menu of support is available as reference guide.

[14] When specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. The TCA planning will be informed by the needs indicated in the JA. TA needs should however describe - to the extend known to date - the type of TA required (staff, consultants, training, etc.), the provider of TA (core/expanded partner) the quantity/duration required, modality (embedded; sub-national; coaching; etc.), and any timeframes/deadlines. JA teams are reminded to both look back (TA which was not completed/successful in the past) and forward (planned vaccine introductions, campaigns, major upcoming HSS activities, etc.) when specifying TA priorities for the coming year. The TA menu of support is available as reference guide.

- ***Private Sector and INFUSE[15] partnerships*** *and key outcomes (e.g. increasing capacity building and demand, improving service delivery and data management). Please outline the sources (e.g. Private sector contributions, Gavi matching Fund and Gavi core funding – HSS/PEF) and amount of funding.*
- ***Civil Society Organisation (CSO) participation*** *in service delivery and the funding modality (i.e. whether support provided through Gavi's HSS or other donor funding).*

In 2018, overall, targets were achieved for all HSS tailored indicators, and reporting completeness was 100%.

Under Objective No.1, the average coverage across 5 target provinces exceeded the target of 95%, with a result of 98.7%. Consistently, 99% of micro-plans were fully implemented at county level.

Under Objective No. 2, the proportion of health facilities with CCE having more than 6 alarms during a prior month was 0%, whereas 45% of previously unequipped facilities were equipped with new CCE against a target of 50%.

Under Objective No.4

Collectively, these achievements contribute to enhanced and sustained quality coverage of the EPI programme

The DPRK birth cohort of 361,810[16] constitutes the main target population for routine immunization, and has shown minimal change over the past decade and is reflective of a stable and relatively low total fertility rate of 1.89 in 2014 compared to 2.01 in 2008[17].

Penta 3, coverage of the target population in the DPRK has remained high from previous years and there is good equity across the country. Leveraging the strong results in HSS performance reflected above, the meticulously followed standard model of Ri/Dong PHC facilities and network of Household Doctors that is implemented uniformly across the country regardless of socio-economic status of the populations served, resulted in only about 3 percentage points difference between the highest (99%) and lowest (96%), performing counties.

It has not been immediately clear why there was a substantial increase in reported AEFI's, and the situation is being closely monitored to determine the validity of the report and causes as applicable.

To a large extent, selected activities planned for 2016-2020 in cMYP remain relevant and have been maintained. However, delays in procurements of equipment due to the economic sanctions, and blocked banking channels that limit access to liquidity for in-country expenses have impacted financial utilization. Mostly due to changes in the programming context that have occurred over the years, needs for budget reallocation have arisen, and are hereby proposed for both HSS-2 and PBF-2 as per attached budget. In 2019, disbursement of the second tranche of performance-based funding (PBF-2) was delayed and therefore no implementation has taken place, with all activities deferred to 2020 when funds will be available.

5.2. Performance of vaccine support

Provide a succinct analysis of the performance of Gavi vaccine grants, focusing on ***recently (i.e. in the last two years) introduced vaccines,*** *or planned to be introduced vaccines,* ***and campaigns****, supplementary immunisation activities (SIAs), demonstration programmes, MACs etc., as well as switches in vaccine presentations. This section should capture the following:*

- ***Vaccine-related issues which may have been highlighted for the vaccine renewals****, such as challenges on stock management (overstock, stock-outs, significant consumption variations etc.), wastage rates, target assumptions, annual consumption trend, quantification data triangulation, etc., and* ***plans to address them****.*
- ***NVS introductions and switches:*** *If country has recently introduced or switched the product or presentation of an existing vaccine, then the country is requested to highlight the performance (coverage) and lessons learned from the introduction/switch, key implementation challenges and the next steps to address them.*
- ***Campaigns/SIA:*** *Provide information on recent campaigns (since last JA) and key results of the post-campaign survey, including the coverage achieved. If achieved coverage was low, provide reasons. Provide other key lessons learned and the next steps to address them. If post-campaign survey has not been conducted, highlight reasons for the delay and the expected timelines. Are there any key*

[15] INFUSE was launched by the Gavi Alliance to help bridge the gap between the supply and demand side for new technologies and innovations and to create a market place for these innovations.

16 Central Bureau of Statistics. Mid-term census 2013

17 Central Bureau of Statistics, UNFPA. Report on Socio-Economic, Demographic and Health Survey – 2014. Pyongyang, DPRK

observations concerning how the operational cost support was spent? Explain how the campaign contributed to strengthening routine immunisation e.g. by identifying zero-dose children and lessons learned.

- *Update of the **situation analysis for measles and rubella** (using the latest immunisation coverage and surveillance data for measles, rubella and congenital rubella syndrome from national and sub-national levels[18]) and update of the country's **measles and rubella 5 year plan** (e.g. future dates of MR intro, MCV2 intro, follow-up campaigns, etc.).*
- ***Describe key actions related to Gavi vaccine support in the coming year** (e.g. decision-making on vaccine introduction, future application, planning and implementation of introduction/ campaigns or decisions to switch vaccine product, presentation or schedule) **and associated changes in technical assistance[12].***

Vaccine related issues

1. Due to incomplete implementation of a comprehensive logistics management information system (LMIS) that functions from national level through to the service delivery front, tracking of consumption data and monitoring of stock levels at sub-national level is challenging, and the vaccine supply system functions on a "push system". To some extent, this has resulted in high flactuations on shipments, and in cases higher vaccine targets than achievements due to this stock management challenge and its impact on dose estimations for subsequent years.
   To address this challenge, the MoPH with support from partners has been working on operationalizing an electronic LMIS, though initial implementation has been slow, partly due to delays in getting procurement of computers cleared by the sanctions committee. However, investments have been made to procure technical assistance for strengthening the national LMIS and scaling up implementation. The country has also proposed to use part of the Change-2 additional funding (HSS flexibilities) in 2020 to support further investments to strengthen the national LMIS
2. Concerns were initially raised by the external evaluation team for the Post Introduction Evaluation (PIE) on Pentavalent/IPV of the potential for freezing of freeze sensitive vaccines in extreme temperatures at Ri and Dong immunization clinics. Similarly, the Cold Chain Assessment study conducted in Qtr-1 2019 also generated data on freeze risk of vaccines during winter. In order to assure quality of vaccine and their potential for immunogenicity, the country team has taken the following steps;

- A full temperature monitoring study has been instituted to provide more accurate data to guide interventions. The summer component of the study has since been completed in 2019 and the winter component is due in Qtr-1, 2020.
- Temperature monitoring capacity has been enhanced by introduction of electronic temperature logging devices with migration away from manual temperature monitoring throughout the country, though low availability of computers for downloading and displaying data is still a bottleneck.
- Plans have been developed to implement an integrated LMIS that incorporates temperature monitoring and cold chain equipment monitoring, in addition to stock management functions.
- Proposals have been developed through the PBF-1 and Change-2 additional funding opportunity for up-grading of vaccination rooms with heating systems to address the sub-zero operating environment that is prevalent in immunization clinics and some medical warehouses. However, challenges with getting approvals from the sanctions committee for importation of heating equipment have significantly delayed progress.

New vaccine introduction; switches; campaigns/SIA

In 2019, the DPRK switched from the MCV presentation to MR to introduce the rubella antigen into the routine immunization schedule. This was done through the implementation of a MR catch-up campaign, with immediate switch after the campaign.

Overall, the MR SIA achieved its targets with good equity across the whole country. These results are due to be validated by the CES which under-way with data collection is currently completed and data analysis due to be finalized by end of January 2020.

Summary administrative - Children age 9 months to 15 years

Province	Target Age	Target Pop (in lakhs)	# Vaccinated (in lakhs)	Admin Coverage	≥95% coverage	Vaccine Wastage Rate	Serious AEFI attributed to SIA
Pyongyang		680849	680780	99.99 %	Yes	7.90 %	5

[18] Please refer to the JA analysis guidance document for additional information on the expected analyses for measles and rubella.

South Pyongan	9 months to 15 years **(all children)**	686240	686034	99.97 %	Yes	7.89 %	4
North Pyongan		636517	636007	99.92 %	Yes	7.94 %	4
Jagang		301192	298782	99.20 %	Yes	10.48 %	2
South Hwanghae		546918	544730	99.60 %	Yes	8.19 %	2
North Hwanghae		534905	533567	99.75 %	Yes	8.06 %	3
Kangwon		337593	336242	99.60 %	Yes	8.19 %	2
South Hamgyong		694404	690931	99.50 %	Yes	8.25 %	6
North Hamgyong		530776	528652	99.60 %	Yes	8.19 %	4
Ryanggang		165926	165428	99.70 %	Yes	8.10 %	3
Nampo		221721	221277	99.80 %	Yes	8.04 %	5
Total		**5337041**	**5322430**	**99.73 %**	**Yes**	**8.2 %**	**40**

Summary administrative - Females age 16 to 18 years

Province	Target Age	Target Pop	# Vaccinated	Admin Coverage	≥95% coverage?	# AEFI reported
Pyongyang	16 to 18 years Females	62589	62370	9.65 %	Yes	0
South Pyongan		67359	66898	9.32 %	Yes	3
North Pyongan		63026	62611	9.34 %	Yes	0
Jagang		30395	30134	9.14 %	Yes	0
South Hwanghae		59745	59343	9.33 %	Yes	3
North Hwanghae		57307	56903	9.30 %	Yes	2
Kangwon		34139	33851	9.16 %	Yes	2
South Hamgyong		70004	69433	9.18 %	Yes	0
North Hamgyong		53318	52845	9.11 %	Yes	0
Ryanggang		17768	17605	9.08 %	Yes	0
Nampo		21223	21122	9.52 %	Yes	0
Total		**536873**	**33115**	**9.30 %**	**Yes**	**10**

Though operational support cost assistance was committed by Gavi, approximately 50% of funds (based on the national campaign budget) were not accessed due to challenges faced by WHO to bring in funding for in-country activities. Through a collaborative process of strategic budget realignment, and additional funding commitments by the DPRK government, the campaign was eventually implemented very well with funding through the UNICEF component of the Gavi support

The MR catch-up campaign contributed to strengthening the routine immunization programme in the following ways;

1. SIA advocacy and media involvement increased the awareness of general public and parents towards immunization services. Involvement of the education sector and people's committee created more awareness on the importance of childhood immunization.
2. Placement of new cold chain equipment supported through the MR campaign operational support cost funding will contribute to an increase in the vaccine storage capacity. The increased capacity will also be relevant when the country is anticipating introduction of new vaccines in coming years.
3. The MR campaign strategy included registering of all children of 9 months-15 years and 16-18 years girls as well as inter-personal communication (IPC) to all households and schools by Household Doctors. This provided excellent scope for tracking of eligible individuals & defaulters during RI especially in hard to reach areas.
4. Through campaign training and involvement of all health staff in the campaign has improved their knowledge on value of immunization in the health of the nation and may contribute to change in perception and attitude towards immunization and could contribute to sustaining high coverage and quality of the immunization programme. Updates on correct immunization practices and injection techniques, vaccine and cold chain management, and safe waste disposal will also contribute to improvement in skills of health workers on provision of quality immunization services. Training on AEFI surveillance, including management of anaphylaxis, common side effects of vaccination and how to manage them and practice on how to communicate effectively with caregivers and community when AEFI crisis happen, will help to manage similar events during routine immunization. Furthermore, health worker skills development specially on micro-plan preparation, good documentation and the experience of working under pressure brings dividends for RI. .
5. Supervisors and monitors assigned to health facilities monitored the whole process through pre-campaign assessment check lists, intra-campaign supervision check lists and RCM, and they are expected to invest their skills to ensure quality monitoring of routine immunization.

6. Routine reporting system may improve using the campaign as a platform by more efficient data management skill developed during the campaign.

5.3. Performance of Gavi CCEOP support (if country is receiving Gavi CCEOP support)

If your country is receiving CCEOP support from Gavi, provide a brief update on the following:

- ***Performance** on five mandatory CCEOP indicators and other related intermediate results – achievement against agreed targets as specified in the grant performance framework (GPF) with discussion on successes, challenges and solutions for reaching targets;*
- ***Implementation status** (number of equipment installed / waiting installation, user feedback on preventive maintenance training, refrigerator performance, etc.), including any challenges / lessons learned;*
- ***Contribution** of CCEOP to immunisation performance (i.e. how CCEOP is contributing to improving coverage and equity);*
- ***Changes in technical assistance** in implementing CCEOP support.[12]*

Note: an updated CCE inventory must be submitted together with the CCEOP renewal request.

Not Applicable

5.4. Financial management performance

Provide a succinct review of the performance in terms of financial management of Gavi's cash grants (for all cash grants, such as HSS, PBF funding, vaccine introduction grants, campaign operational cost grants, switch grants, transition grants, etc.). This should take the following aspects into account:

- *Financial **absorption** and utilisation rates on all Gavi cash support listed separately[19];*
- ***Compliance** with financial reporting and audit requirements noting each grant (listing the compliance with each cash support grant separately, as above);*
- *Status of high-priority "show stopper" actions from the Grant Management Requirements (GMRs) and other issues (such as misuse of funds and reimbursement status) arising from review engagements (e.g. Gavi cash programme audits, annual external audits, internal audits, etc.);*
- *Financial management **systems**[20].*

The DPRK is on-track with reporting requirements for all active grants as per Gavi grant conditions. As in previous years, this is done through UNICEF/WHO support to MoPH.

As in previous years, in-country financial management of all grants is based on UNICEF/WHO systems for funding partner activities. In the DPRK context, this is based on reimbursements to MoPH by WHO/UNICEF for activities that are certified as completed according to prior approved work-plans and budgets.

During the current reporting period, the country does not have any "high priority actions" pending.

Below is the report on the financial utilization rates as pertains to the HSS – 2, PBF and Measles-Rubella operational cost and vaccine introduction grants.

HSS - 2

During this reporting period, the country programme had planned to implement activities using the HSS-2-year 4 funding as well as unspent funds from previous years. Based on funds disbursed to-date, overall utilization against total HSS-2 ceiling stands at 62%. However, against funds disbursed to-date, the utilization stands at 83%.

The main factor driving lower than expected utilization is the UN sanctions that are still in place. In particular, due to blockage of banking channels, agencies have faced liquidity constraints for implementation of in-country activities, with WHO most impacted. Additionally, the high scrutiny of off-shore procurements and requirement of clearance by the sanctions committee has substantially delayed procurement of CCE, ICT equipment, room heating units, and vehicles.

Funds disbursed to date	**$21,358,699.00**

[19] If in your country Gavi funds are managed by partners (i.e. UNICEF and WHO), fund utilisation by these agencies should also be reviewed.

[20] In case any modifications have been made or are planned to the financial management arrangements please indicate them in this section.

Total Funds Utilized	$17,670,306.38				
Gavi Activity Category	**2016-2020 approved budget ($)**	**Legal commitments ($)**	**Actuals ($)**	**Total Utilized ($)**	**Utilization rate**
1. Service Delivery	3,174,547		1,948,036	1,948,036	61%
2. Cold Chain and Vaccine Management	8,782,106		5,948,870	5,948,870	68%
3. Demand for Immunization	3,341,676		2,312,365	2,312,365	69%
4. Surveillance, DQS and AEFI Systems	78,030	0	78,030	78,030	100%
4. Improved Management including Surveillance, DQS and AEFI Systems	5,461,112	0	2,211,812	2,211,812	41%
5. Project Management, Resource Mobilization and Governance	5,912,537		3,969,864	3,969,864	67%
6. Total Direct Eligible Costs	**26,750,008**	**0**	**16,468,977**	**16,468,977**	**62%**
7. PSC (UNICEF) 8%	943,013		584,668	584,668	62%
7. PSC (WHO) 7%	994,615		616,662	616,662	62%
8. Total Eligible Costs	**28,687,636**		**17,670,306**	**17,670,306**	**62%**

PBF

Similar to the main HSS grant, the country programme had planned to implement activities using the PBF-2 grant. However, funds have not been disbursed and so activities have been deferred to 2020. Further, as priorities have evolved in view of recommendations from the EVM assessment and IP, the country team proposes revisions to the utilization plan for the PBF-2 funding. The revised budget attached shows the proposed adjustments.

MR OPC

Overall utilization under this grant stands at 33% based on the initial approved funding which equals the current disbursed amount. When the budget adjustment following the realignment is considered, utilization is at 27%, with US$499,182 yet to be disbursed to UNICEF, and a further US$1,670,287 to WHO. Whereas the MR campaign has been completed and only the coverage evaluation survey is yet to be completed, the modality of funding to the MoPH based on reimbursements, leads to an apparent lower than actual utilization as processing of final reports is required before payments can be made. An additional factor is the need to spread out the reimbursements once reports have been submitted due to the limited cash-flow because of the blocked banking channels in the country. An important actual driver of lower utilization is the procurement and supply chain management budget line for cold chain equipment as these have been delayed to facilitate stream-lining of all CCE with the overall national EVM-IP. Following the completion of the EVM assessment and development of the improvement plan, all procurements will be completed promptly during Qtr-1, 2020.

To ensure all reimbursements are fully paid out for completed activities and in view of the cash-flow bottlenecks peculiar to the DPRK context due to economic sanctions, Gavi is requested to consider approving a no-cost-extension for the MR OPC grant till December 2020.

Funds disbursed to date	$2, 179,078				
Total Funds Utilized	$717,075				
Gavi Activity Category	**2019-2020 approved budget ($)**	**Legal commitments ($)**	**Actuals ($)**	**Total Utilized ($)**	**Utilization rate**
1. Service Delivery	955,681		359,461	359,461	38%

2. Capacity building	201,150	-	186,078	186,078	93%
3. Procurement & supply chain management	1,155,840		5,556	5,556	0.5%
4. Health information systems	167,200	-	67,865	67,865	41%
5. Advocacy, communication and social mobilisation (ACSM)	0	0	44,999		
6. Total Direct Eligible Costs	**2,479,871**	**0**	**663,958**	663,958	27%
7. Programme Support Costs 8%	198,390		53,117	53,117	27%
8. Total Eligible Costs	**2,678,261**			**717,075**	**27%**

MR VIG

The grant was intended to support updating of national vaccine stock registers by replacing MCV with the newly introduced MR, printing vaccination cards that reflect the MR vaccine, and production of IEC material in support of the MR vaccine as part of the routine immunization programme. As part of the preparations for the MR catch-up campaign, all required IEC material was produced and was used during the run-up to the campaign as well as for the RI programme.

In order to stream-line costs and to leverage economies of scale, printing of vaccine stock registers and vaccination cards was delayed to allow the procurement of a single contract which would draw additional resources from the PBF 2 which also includes funding for vaccination cards. These will be procured during quarter one 2020 as PBF 2 disbursement is expected to have been done by then.

Funds disbursed to date	**$145,586.00**				
Total Funds Utilized	**$14,892.58**				
Gavi Activity Category	**2019-2020 approved budget ($)**	**Legal commitments ($)**	**Actuals ($)**	**Total Utilized ($)**	**Utilization rate**
3. Health information systems	114,292.00			0	0%
4. Advocacy, communication and social mobilisation (ACSM)	20,510.00		13,789.43	13,789.43	67%
6. Total Direct Eligible Costs	**134,802.00**		**13,789.43**	13,789.43	10%
7. Programme Support Costs 8%	10,784.00		1,103.15	1,103.15	10%
8. Total Eligible Costs	**145,586.00**		**14,892.58**	14,892.58	10%

5.5. Transition plan monitoring (applicable if country is in accelerated transition phase)

If your country is transitioning out of Gavi support, specify whether the country has a transition plan in place. If no transition plan exists, please describe plans to develop one and other actions to prepare for transition.

- *If a transition plan is in place, please provide a brief overview on the following:*
  - *Implementation progress of planned activities;*
  - *Implementation bottlenecks and corrective actions;*
  - *Adherence to deadlines: are activities on time or delayed and, if delayed, the revised expected timeline for completion;*

- *Transition grant: specify and explain any significant changes proposed to activities funded by Gavi through the transition grant (e.g., dropping an activity, adding a new activity or changing the content/budget of an activity);*
- *If any changes are requested, please submit a consolidated revised version of the transition plan.*

Not applicable

5.6. Technical Assistance (TA) (progress on ongoing TCA plan)

- *Describe the strategic approach to Technical Assistance (TA) delivery to improving coverage and equity in reaching the under-immunised and unimmunised children. (i.e. embedded support, subnational support, support from expanded partners etc.)*
- *On the basis of the reporting against milestones, summarise the progress of partners in delivering technical assistance.*
- *Highlight progress and challenges in implementing the TCA plan.*
- *Specify any amendments/ changes to the TA currently planned for the remainder of the year.*

The technical assistance strategy has been based on funding for positions in WHO/UNICEF that are designed to lead specific priorities in support of the MoPH. In 2019, both WHO and UNICEF contracted one TA position each to support MoPH under-take the Measles-Rubella Catch-up campaign and vaccine introduction over a 12-month period. Though challenges were encountered during the reporting period which led to a delayed arrival of the TA staff under WHO, progress is on course as per milestones for the TCA plan as the MR campaign has been successfully implemented, post campaign coverage evaluation survey (CES) is under-way with data collection completed, and the post-introduction evaluation (PIE) not yet due. Support to ensure effective vaccine introduction as well as surveillance strengthening are on-going. The in view of the need for on-going support to MoPH with regard monitoring vaccine introduction, the longer implementation duration of the MR OPC and VIG as a result of delays in grant utilization, and overall high number of priorities in 2020 supported through the MR OPC, the delayed PBF-2, the Change-2, as well as HSS-2 year 5 against reduced number of fixed term staff in WHO, extension of the current TA positions is proposed.

6. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Provide the status of the prioritised strategic actions identified in the previous Joint Appraisal[21] and any additional significant Independent Review Committee (IRC) or High-Level Review Panel (HLRP) recommendations (if applicable).

Prioritised actions from previous Joint Appraisal	Current status
1. To develop a data quality improvement plan in light of observations / recommendations of external data assessment.by Q2 of 2019	Not yet done due to cash flow bottlenecks. Planned to initiate in 2020
2. To implement an international (resident) MLM training utilising international facilitators/experts by Q3-4 of 2019	Delayed due to cash flow challenges. Planned for implementation during 2020.
3. To develop CCE deployment plan and repair and maintenance plan conforming to the global standards and best practices prioritising the deployment levels and equipment selection by By Q2 of 2019	This was completed and implementation commenced, and on-going
4. To implement a **Field Epidemiology Training Program (**FETP) on par with the global standards by Q3-Q4 of 2019	Delayed due to cash flow challenges. Planned for 2020

[21] Refer to the section “Prioritised Country Needs” in last year’s Joint Appraisal report

5. MoPH to undertake an EVMA with support from WHO and UNICEF by Q1 of 2019	Completed and report has been shared. Improvement plan is being finalized
6. Nationwide scale-up of EmONC/IMPAC services using Gavi HSS funding, by Q1-2 of 2019	Scale-up was done to 23 counties due to funding limitations
Additional significant IRC / HLRP recommendations (if applicable)	**Current status**

If findings have not been addressed and/or related actions have not taken place, provide a brief explanation and clarify whether this is being prioritised in the new action plan (section 7 below).

7. ACTION PLAN: SUMMARY OF FINDINGS, ACTIONS AND RESOURCE/SUPPORT NEEDS IDENTIFIED AND AGREED DURING THE JOINT APPRAISAL

*Briefly summarise the **key activities to be implemented next year** with Gavi grant support, including if relevant any **introductions** for vaccine applications already approved; preparation of **new applications**, preparation of **investment cases** for additional vaccines, and/ or plans related to HSS / CCEOP grants, etc.*

*In the context of these planned activities and based on the analyses provided in the above sections, describe the five **highest priority findings and actions to be undertaken to enhance the impact of Gavi support or to mitigate potential future risks to programme and grant performance**.*

*Please indicate if any **modifications** to Gavi support are being requested (indicating the rationale and main changes), such as:*

- *Changes to country targets as established earlier, either from the agreed Grant Performance Framework (GPF) or as part of the NVS renewal request submitted by 15 May;*
- *Plans to change any vaccine presentation or type;*
- *Plans to use available flexibilities to reallocate budgeted funds to focus on identified priority areas.*

Overview of key activities planned for the next year and requested modifications to Gavi support:

This table draws from the previous JA sections, summarizing key findings and agreed actions, as well as indicating required resources and support, such as associated needs for technical assistance[22]. .

Key finding / Action 1	**Resolution of implementation bottlenecks related to blocked cash transfer channels for implementation of in-country HSS and PBF activities due to UN sanctions**
Current response	Finalise MoUs with WHO & UNICEF for HSS2 Y4 and Y5 and PBF2 taking into account absorptive capacity of each agency including budget realignment and reallocations of funds between WHO and UNICEF (e.g. IMNCI-EMOC)
Agreed country actions	Budget submission and approval for reallocation of funds between WHO and UNICEF
Expected outputs / results	HSS2 and PBF2 implemented on revised schedule in 2020 with cash transfer bottlenecks mitigated
Associated timeline	Budget submission from Country Offices by 25th November Agreements in place for implementation in 2020 by end 2019

[22] The needs indicated in the JA will inform the TCA planning. However, when specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. TA needs should however describe - to the extend known to date - the type of TA required (staff, consultants, training, etc.), the provider of TA (core/expanded partner) the quantity/duration required, modality (embedded; sub-national; coaching; etc.), and any timeframes/deadlines. The TA menu of support is available as reference guide.

Required resources / support and TA	N/A
Key finding / Action 2	**Response to IRC clarifications of HSS Change 2 taking into account absorptive and cash transfer capacity of agencies and budget realignment by November 25th**
Current response	Gavi to proceed with internal approval and draft MoUs for WHO and UNICEF by year end. Gavi to share the Decision Letter timely to ensure implementation of one full year (2020)
Agreed country actions	Confirm final budget allocation by agencies
Expected outputs / results	HSS 2 additional funds implemented timely in 2020
Associated timeline	Budget submission from Country Offices by 25th November Agreements in place for implementation in 2020 (additional funding timebound until end 2020)
Required resources / support and TA	N/A
Key finding / Action 3	**Development of FPP-PSR including HSS3 and new vaccine support (NVS)**
Current response	Complete cMYP, EVM IP and implement TA for application development
Agreed country actions	MoPH to facilitate process through policy dialogue
Expected outputs / results	Draft PSR completed by Q1 and in-country workshop to be conducted in Q2 to finetune the PSR and endorsement of Government Envisaged PSR in-country review in Q2-Q3 2020
Associated timeline	Q1-Q2 2020
Required resources / support and TA	TA for CMYP and PSR development
Key finding / Action 4	**Generate appropriate evidence for informed decision to justify new vaccines introduction applications**
Current response	Development of cMYP must reflect current available evidence and identify further analyse required for policy decision and application for Gavi support
Agreed country actions	Facilitate cMYP and consider TA
Expected outputs / results	Action plan available for future implementation
Associated timeline	Linked to CMYP and FPP-PSR timeline
Required resources / support and TA	cMYP support, FPP-PSR support, TA for evidence generation as necessary
Key finding / Action 5	**Commit to support improvement of current Health Information System including eLMIS-HMIS**
Current response	Engagement of the current LMIS consultant to explore scope of system functionality and way forward
Agreed country actions	Expend the scope to include HMIS
Expected outputs / results	Action plan developed and endorsed
Associated timeline	Q3-Q4 2020
Required resources / support and TA	TA support for situation Analysis Assessment
Key finding / Action 6	**Expansion of IMNCI-EMOC support beyond 50 priority counties**
Current response	Draw lessons from current programming and define scope of scale up
Agreed country actions	Reflect as appropriate in HSS2 and PBF2 budget reallocation for submission to Gavi and in PSR
Expected outputs / results	Action plan for new scope of expanded IMNCI-EMOC support
Associated timeline	Budget submission from Country Offices by 25th November Agreements in place for implementation in 2020 by end 2019
Required resources / support and TA	TA as necessary to be included in HSS3

Based on the above action plan, please outline any specific technology or innovation demand that can be fulfilled by private sector entities or new innovative entrepreneurs.

The objective on improvement of Health Information System functionality including eLMIS is a potential area that can be fulfilled by such players.

8. JOINT APPRAISAL PROCESS, ENDORSEMENT BY THE NATIONAL COORDINATION FORUM (ICC, HSCC OR EQUIVALENT) AND ADDITIONAL COMMENTS

- *Does the national Coordination Forum (ICC, HSCC or equivalent) meet the Gavi requirements (please refer to http://www.gavi.org/support/coordination/ for the requirements)?*
- *Briefly describe how the Joint Appraisal was reviewed, discussed and endorsed by the relevant national Coordination Forum (ICC, HSCC or equivalent), including key discussion points, attendees, key recommendations and decisions, and whether the quorum was met. Alternatively, share the meeting minutes outlining these points.*
- *If applicable, provide any additional comments from the Ministry of Health, Gavi Alliance partners, or other stakeholders.*

Within the unique context of the DPRK, an ICC is in place that fully meets Gavi Alliance guidance on coordination forums.
This joint appraisal process was fully managed by MoPH through the ICC and with support from WHO and UNICEF country offices.
Below are the key issues discussed during the joint appraisal and recommendations agreed between the Gavi mission (November 10 to November 13, 2019) and the ICC.

Key deliberations (see attached minutes of the JA mission) – ANNEX 3

9. ANNEX No.1: Compliance with Gavi reporting requirements

Please confirm the status of reporting to Gavi, indicating whether the following reports have been uploaded onto the Country Portal. ***It is important to note that in the case that key reporting requirements (marked with *) are not complied with, Gavi support will not be reviewed for renewal.***

	Yes	No	Not applicable
End of year stock level report (due 31 March) *****	√		
Grant Performance Framework (GPF) * reporting against all due indicators	√		
Financial Reports *			
Periodic financial reports	√		
Annual financial statement	√		
Annual financial audit report		√	
Campaign reports *			
Supplementary Immunisation Activity technical report	√		
Campaign coverage survey report		√	
Immunisation financing and expenditure information			
Data quality and survey reporting			
Annual data quality desk review		√	
Data improvement plan (DIP)		√	
Progress report on data improvement plan implementation		√	
In-depth data assessment (conducted in the last five years)		√	
Nationally representative coverage survey (conducted in the last five years)	√		
Annual progress update on the Effective Vaccine Management (EVM) improvement plan			√
CCEOP: updated CCE inventory			√
Post Introduction Evaluation (PIE) (specify vaccines):		√	
Measles & rubella situation analysis and 5 year plan	√		
Operational plan for the immunisation programme	√		
HSS end of grant evaluation report			√
HPV demonstration programme evaluations			
Coverage Survey			√
Costing analysis			√
Adolescent Health Assessment report			√
Reporting by partners on TCA	√		

In case any of the required reporting documents is not available at the time of the Joint Appraisal, provide information when the missing document/information will be provided.

1. **Campaign coverage evaluation survey report:** MR CES conducted in November-December 2019. Report will be ready in February 2020
2. **Annual progress update on the Effective Vaccine Management (EVM) improvement plan:** EVM-IP was finalized end of 2019. Progress update will be applicable in 2020
3. **Post Introduction Evaluation (PIE):** The study for the MR introduction will be conducted in 2020

Annex No.1: Compliance with Gavi reporting requirements

Annex No.2: District (County) level coverage data – Qtr 2 2019

Annex No.3: Minutes of the JA Mission deliberations

Annex No.4: Draft EVM Improvement plan

Annex No.5: HSS Y5 and PBF2 budgets