

Annex 1: OIG Investigations Unit

1. The Investigations Unit of the OIG is responsible for conducting investigations of alleged fraud, abuse, misappropriation, corruption and mismanagement (collectively, “fraud and abuse”) within Global Fund financed programs and by PRs and SRs, (collectively, “grant implementers”), CCMs and LFAs, as well as suppliers and service providers.¹
2. While the Global Fund does not typically have a direct relationship with the recipients’ suppliers, the scope of OIG’s work² encompasses the activities of those suppliers with regard to the provision of goods and services. The authority required to fulfill this mandate includes access to suppliers’ documents and officials.³ The OIG relies on the cooperation of these suppliers to properly discharge its mandate. ⁴
3. OIG investigations aim to: (i) identify the specific nature and extent of fraud and abuse affecting Global Fund grants, (ii) identify the entities responsible for such wrongdoings, (iii) determine the amount of grant funds that may be compromised by fraud and abuse, and (iv) place the Organization in the best position to obtain recoveries through identification of the location or uses to which the misused funds have been put.
4. OIG conducts administrative, not criminal, investigations. Its findings are based on facts and related analysis, which may include drawing reasonable inferences based upon established facts. Findings are established by a preponderance of credible and substantive evidence. All available evidence is considered by the OIG, including inculpatory and exculpatory information.⁵
5. The OIG finds, assesses and reports on facts. On that basis, it makes determinations on the compliance of expenditures with the grant agreements and makes risk-prioritized recommendations.
6. Such recommendations may notably include identification of expenses deemed non-compliant for considerations of recovery, recommended administrative action related to grant management and recommendations for action under the Code of Conduct for Suppliers⁶ or the Code of Conduct for Recipients of Global Fund Resources⁷ (the “Codes”), as appropriate. The OIG does not determine how the Secretariat will address these determinations and recommendations. Nor does it make judicial decisions or issue sanctions.⁸
7. Recommendations to the Secretariat primarily aim to help identify, mitigate and manage risks to the Global Fund and its recipients’ activities. The OIG defers to the Secretariat and, where appropriate, the recipients, their suppliers and/or the

¹ Charter of the Office of the Inspector General (19 March 2013), available at http://theglobalfund.org/documents/oig/OIG_OfficeOfInspectorGeneral_Charter_en/, accessed 01 November 2013.

² Ibid., § 2, 9.5 and 9.7.

³ Ibid., § 17.1 and 17.2.

⁴ Global Fund Code of Conduct for Suppliers (15 December 2009), ¶ 17-18, available at http://theglobalfund.org/documents/corporate/Corporate_CodeOfConductForSuppliers_Policy_en/, accessed 01 November 2013.

⁵ These principles comply with the Uniform Guidelines for Investigations, Conference of International Investigators, June 2009, available at <http://www.un.org/Depts/oios/pages/uniformguidelines.html>, accessed 01 November 2013.

⁶ See fn. 4, supra.

⁷ Code of Conduct for Recipients of Global Fund Resources (16 July 2012), available at http://theglobalfund.org/documents/corporate/Corporate_CodeOfConductForRecipients_Policy_en/, accessed 01 November 2013.

⁸ Charter of the Office of the Inspector General (19 March 2013), § 8.1

concerned national law enforcement agencies, for action upon the findings in its reports.

8. The OIG is an administrative body with no law enforcement powers. It cannot issue subpoenas or initiate criminal prosecutions. As a result, its ability to obtain information is limited to the rights conferred under the grant agreements, the terms of the Codes, and on the willingness of witnesses and other interested parties to voluntarily provide information.

9. The OIG may also provide the Global Fund Board with an analysis of lessons learned for the purpose of understanding and mitigating identified risks to the grant portfolio related to fraud and abuse.

10. Finally, the OIG may make referrals to national authorities for prosecution of any crimes or other violations of national laws, and supports such authorities as necessary throughout the process, as appropriate.⁹

⁹ See Code of Conduct for Recipients of Global Fund Resources (16 July 2012), § 8.3.

Annex 1A: Applicable Concepts of Fraud and Abuse

11. As outlined in the previous section, the OIG bases its investigations on the contractual commitments undertaken by recipients and suppliers. It does so under the mandate set forth in its Charter to undertake investigations of allegations of fraud and abuse in Global Fund supported programs. As such, it relies on the definitions of wrongdoing set out in the applicable grant agreements with the Global Fund and the contracts entered into by the recipients with other implementing entities in the course of program implementation.

12. Such agreements with SRs must notably include pass-through access rights and commitments to comply with the Codes. The Codes clarify the way in which recipients are expected to abide by the values of transparency, accountability and integrity which are critical to the success of funded programs. Specifically, the Code of Conduct for Recipients prohibits recipients from engaging in corruption, which includes the payment of bribes and kickbacks in relation to procurement activities.¹⁰

13. The Codes notably provide the following definitions of the relevant concepts of wrongdoings:

(i) “Anti-competitive practice” means any agreement, decision or practice which has as its objective or effect the restriction or distortion of competition in any market;

(ii) “Collusive practice” means an arrangement between two or more persons or entities designed to achieve an improper purpose, including influencing improperly the actions of another person or entity;

(iii) “Corrupt practice” means the offering, promising, giving, receiving, or soliciting, directly or indirectly, anything of value or any other advantage to influence improperly the actions of another person or entity;

(iv) “Fraudulent practice” means any act or omission, including a misrepresentation that knowingly or recklessly misleads, or attempts to mislead, a person or entity to obtain a financial or other benefit or to avoid an obligation; and

(v) “Misappropriation” is the intentional misuse or misdirection of money or property for purposes that are inconsistent with the authorized and intended purpose of the money or assets, including for the benefit of the individual, entity or person they favor, either directly or indirectly.

14. The International Financial Institution Anti-Corruption Task Force provides similar definitions.¹¹


¹⁰ Ibid., § 3.4.

¹¹ Uniform Framework for Preventing and Combating Fraud and Corruption, International Financial Institutions Anti-Corruption Task Force, September 2006, available at <http://siteresources.worldbank.org/INTDOII/Resources/FinalIFITaskForceFramework&Gdlines.pdf>, accessed 01 November 2013

Annex 2: CCM and PR Comments to This Report

No comments received as at 31 January 2014.

Annex 3: NDoH Purchase Order – ICT Malaria Test Kits



**DEPARTMENT OF HEALTH
MEDICAL SUPPLIES SERVICES**
P.O. Box 807, Waigani NCD
Papua New Guinea
Tel: (675) 3013600 E-mail: medsupplies@health.gov.pg Fax: (675) 3013621

Vendor 1

Consign to: Stores Technical Advisor-Area Medical Stores, Port Moresby
P.O. Box 2061 Port Moresby, Papua New Guinea.

Terms of Delivery: FIS-Sea freight to AMS Port Moresby within June with packages marked with our PHD order and cat Numbers.

PURCHASE ORDER

No.: PHD 7368
Date: 25/04/2009

SHIPPING MARK: As below:

Order is placed in accordance with: Quotation No: Q09/022. NOTE: 240-2201-6-101-134 (2009)

Item No.	Quantity	ARTICLE	Unit Price	Amount
1	500 KIT <i>PK</i>	<p>ICT Malaria Combo Cassette Test Kit, for the qualitative detection of "Plasmodium Falciparum" (PF), "Plasmodium Vivax" (PV), "Plasmodium Malariae" (PM) and "Plasmodium Ovale" (PO) antigens in whole blood. HRP2 detecting test.</p> <p>ICT test kit contains:</p> <ol style="list-style-type: none"> 1. Individual Pouch dipstick; Membrane Assembly pre-dispensed with anti-PF HRP-2 antisera-colloidal gold conjugated. Anti-PF HRP-2 antisera and anti-mouse antisera at the respective regions. 2. Clearing Buffer in a plastic dropper bottle. 3. Sample applicator Pippettes. <p>Kit contains 100 packs in a kit.</p> <p style="text-align: center;">25783 DISTRIBUTION</p> <p>Area Medical Store PHD7368 PORT MORESBY</p> <p style="text-align: center;">500</p> <p>Country of Origin: South Africa</p> <p>Name of Manufacturer: ICT Malaria</p>	(M08082) PKG 470.000	225,000.00
<p>Nett Packing and Freight Included</p> <p>Total Cost</p>			PKG	225,000.00

To obtain Payment after Delivery to Medical Store:

1. Post to: Medical Supplies Services, Department of Health
P.O. Box 807, Waigani NCD, Papua New Guinea.

APPROVED
Johnston


[Signature]

Annex 4: Vendor 1 Invoice for ICT Malaria Test Kits

Vendor 1			<h1>INVOICE</h1> <p>Invoice #: 25783 Date: 2/6/2009 Terms: Govt iLLpoc Invoiced by: Shirley .H</p>		
Sold To Department of Health P.O.Box 807 Waigani					
PHD #	CAT #	Description of Service	Qty	Unit Price	Amt in Kina
7368	M00002	ICT Malaria Test Kit	500	470.00	235,000.00

**Annex 5: NDoH Receiving Report – ICT Malaria Combo
Cassette Test Kits**

D N° 39990.


Department of Health
RECEIVING REPORT

AFC
ICT MALARIA
OF SOUTH AFRICA

Order No. PHD# 7368 Medical Store Rom
Date Received 04.06.2009 At Rom
Supplier Vendor 1

Ship _____ Voy. _____ B/L or Line No. _____
Airline _____ Fl. _____ C/N No. _____
Other LOWERY

Item	Description	Issue Unit	Quantity Received	Remarks
<u>M00002</u>	<u>ICT MALARIA COMBO</u>			
	<u>CASSETTE TEST KIT</u>			
	<u>25 PCS/BOX X 20 BOXS</u>			
	<u>= 500 PCS - SKITS FOR AN</u>	<u>KIT</u>	<u>500</u>	<u>✓ ORDER</u>
				<u>/ COMPLETE</u>
	<u>UN 32330</u>			

Expiry Date 4/2011 Condition of Goods OK
Discrepancy _____
Unpacked by _____ Checked by N/SIA
21/07/09

Annex 6: Application for Certificate of Inexpediency

Certificate of:
Date: 21/11/07
Action Officer: I. WAKA
Reference PHD: _____ File: Q07/365
C of I No.: 07/002

The Chairman
Pharmaceutical Supply & Tenders Board
P.O. Box 807
WAIGANI

APPLICATION FOR A CERTIFICATE OF INEXPEDIENCY

This issue of a Certificate of Inexpediency is requested as follows in accordance with Finance Regulations.

a) Quotations and scheduled from: Amount:
1) Vendor 432,764.14
2) Vendor 4 776,360.00
3) Vendor 1 967,551.62

b) Quotations from all available sources of supply have been scheduled and attached.

c) Recommended Supplier: Vendor 1

d) Description and Quantity of required: KIT MALARIA COMBO ORAL KIT
X 2,000 TEST KIT

e) The purpose for which materials or supplies required: TO CARRY OUT MALARIA
PROJECT IN (20) PROVINCES IN PNG.

f) Total Cost Involved: K 967,551.62 Funded FF 3 is attached.

g) Previous supplies were obtained from: WHO (WORLD HEALTH ORGANIZATION)

h) The lowest quoted is not recommended and the particular material, supply or service is sought in preference because: AS PER TECHNICAL REPORT
FROM MALARIA UNIT.

i) Reasons considered inexpedient to invite tenders are: MALARIA TEST KITS
ARE URGENTLY REQUIRED TO COMPLETE THE
CURRENT MALARIA PROGRAM IN EACH PROVINCE.

Signed: [Signature]

TENDER BOARD APPROVED
Date: 19/02/08

[Signature] CHAIRMAN
[Signature] MEMBER
[Signature] MEMBER

Annex 7: NDoH Rapid Diagnostic Test (RDT) Specifications

Over the last three years the malaria control program has been procuring and distributing these tests to the rural health facilities. While there are many brands on the market today, PNG has been using a specific brand recommended and supplied by the World Health Organization (WHO). Below are the specifications of this product:

NAME: ICT MALARIA Combo Cassette Test.
TEST: For the qualitative detection of *Plasmodium falciparum* (Pf), *plasmodium vivax* (Pv), *Plasmodium malariae* (Pm) and *Plasmodium ovale* (Po) antigens in whole blood. **HRP2** detecting test.

The malaria control program will continue to use the same test being introduced now specifically because,

1. training has been conducted widely using the current test
2. health workers have been introduced to this specific test and they have to be able to recognize the test quickly
3. there is no need to confuse health workers with different tests
4. all tests are slightly different
5. storage conditions are different
6. length of time is variable
7. packaging is different

Annex 8: NDoH Requisition for Expenditure – Supply of Olympus Brand Microscopes

(1839) 7835
Pay# 176811/4/07
Endorsed Name
DIRECTOR - ADMINISTRATIVE

NATIONAL DEPARTMENT OF HEALTH
SERVICES IMPROVEMENT PROGRAM MANAGEMENT BRANCH
REQUISITION FOR EXPENDITURE

Requisition No. **3407**
Activity Code (AAP) No. **DESO4HS**

SUPPLIER NAME AND ADDRESS	DESCRIPTION OF SUPPLY (GOODS/SERVICES)	QUANTITY	RATE	AMOUNT
Vendor 1	Being for Purchase & Supplying Olympus Brand Biological Microscopes for WCD & Morobe provinces	10	9,500.00	95,000.00
		85% 10%	8,636.36	
Expenditure & Cost Code	240-1153-5252-124-907-000	TOTAL		95,000.00

3. *[Signature]*
(For Approval/Delegate)
Unlimited 10/09/07
(Delegation Level) (Date)

COMMITMENT DETAILS

Goods or Services	Est. Cost	Comm't No.	ILPOC No.
Travel Fare			

Annex 9: Integrated Local Purchase Order and Claim Form (ILPOC) re Purchase of Malaria Drugs from Vendor

1

France Form 44
100 1.79

Papua New Guinea
INTEGRATED LOCAL PURCHASE ORDER AND CLAIM FORM

ORIGINAL

SUPPLIER
Vendor 1

NOTE:
FOR DISTRIBUTION
AND OTHER INSTRUCTIONS
SEE REVERSE SIDE
OF ORIGINAL

DATE
26 Sep 2005

NUMBER
3078

Serial Number 2858
Int. Code 2
Override No. 0

002858
Please supply the undermentioned services/goods to
and render your claim to

DEPARTMENT OF HEALTH
Health Sector Improvement Program
Patient Account
Heal RO Box 807, Waigani Section

(Name of Dept.)
(Paying Office)

DESCRIPTION	QUANTITY	UNIT RATE	AMOUNT
Inv 13361/13455:Malaria Drugs	1.00	480500.00	480500.00

D	F	ACT	ITEM	SUB ITEM	DIST	COMMITMENT NUMBER	AMOUNT
	240	2201	5250	124	907	0	480500.00

TOTAL K 480500.00

C.F.C. NUMBER
240-092

FINANCIAL DELEGATE
Signature: [Signature] Date: 26, 9, 05
(Date)

HSR Sec. Accounting
(Designation)

CLAIMANT'S
REFERENCE

I certify that the goods mentioned above have been received and taken on charge/the faithful
performance of the services ordered above.

RECEIVING OFFICER

(Signature) [Signature] (Date) [Date]
(Claimant's Signature)

(Designation) [Signature] (Date) 29, 9, 2005
(Date)

Annex 10: Vendor 1 Delivery Note re Artemether
Tablets (50 mg) August 2005

Vendor 1

DELIVERY NOTE **DVN #: 803**

Attn to: Technical Advisor
Area Medical Store
P. O. Box 2061
Port Moresby

Date: 1/8/05

Inv #:	PHD #:	Cat #:	Description	Qty
13455	P200	1048	Artemether tablet 50mg 12'	80,000

REMARK:

Prepared By: [Redacted]

Total No of ctns: 600 Total Weight: ____ kg

Authorized Signature: [Signature]

Received by: [Signature] 11-8-05

If goods received in good order
(please tick in the box provided)

☒

TECHNICAL ADVISOR
AMS - [Signature]

Please Sign and send/fax one copy back

Annex 11: Vendor 1 Delivery Note – Artemether
Injections (80mg & 40mg)

Vendor 1

DELIVERY NOTE

Attn to: Technical Advisor
Area Medical Store
P. O. Box 2061
POM

DVN #: 794

Date: 21/7/05

Inv #:	PHD #:	Cat #:	Description	Qty
13361	P198	1046	Artemether injection 80mg/ml	20,000
	P199	1047	Artemether injection 40mg/ml	20,000
13362	1646	1081	Calamine lotion 15% 2L	930
	1711	1190	Docosate sodium drop 10% 10ml	800
	1722	1614	Triamcinolone Acetonide Cream, 0.2%, 15g	350
	1734	1644	Zinc Cream Oily, A.P.F or Zinc cream 500g	1,300

Prepared By: Nancy. [Signature]

Authorized Signature: [Signature]

Total No of ctns: 125 Total Weight: ____ kg

Received by: [Signature] 22/7/05
If goods received in good order
(please tick in the box provided)

☒

TECHNICAL ADVISOR
AMS - BADIL

Please Sign and send/fax one copy back

14



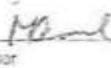

ANNEXES: Investigation of Global Fund Grants to Papua New Guinea National Department of Health
GF-OIG-14-002

DEPARTMENT OF HEALTH
 ACTION NO: 005/384

Description: ARTESUNATE/ARTEMETHER TABLET
 Item Number per catalogue: 1048
 Quantity offered per tender: 80,000
 Unit of issue: 50mg tablet
 P-I-D Number: _____

Tender	vendor 2	Other vendors			vendor 1	other
Tender registered	Y	Y	Y	Y	Y	Y
Proof from manufacturer that the bidder is authorised to supply the item	Y	Y	Y	Y	Y	Y
Manufacturer	Sino pham/China	Namda Pharm/Vietnam	Medopharm/India	Micro labs/India	KPC/China	Micro labs/India
Authorised Manufacturer site (*)	Y	Y	Y	Y	Y	Y
Site GMP certificate (*)	N	Y	Y	Y	Y	Y
Manufacturer site qualified	N	Y	Y	Y	Y	Y
Site master plan provided	N	Y	Y	Y	Y	Y
Marketing authorisation (*)	N	Y	N	N	Y	N
Certificate of Analysis	N	N	N	N	Y	N
Samples submitted	Y	Y	N	N	* Y	N
Product qualified	N	Y	N	N	Y	N

Comments:

Signature:  Signature:  Signature:  Signature: 
 Director A/Principal Advisor A/Principal Advisor A/Principal Advisor
 Medical Supplies Pharmaceuticals Quality Assurance Policy & Standards

Y = criteria met, N = Criteria not met, P = Pending assessment, Q = qualified
 (*) = if N, then it is NOT QUALIFIED

Annex 13: Quotations Received re 80mg Artemether Injections

PAPUA NEW GUINEA NATIONAL DEPARTMENT OF HEALTH
QUOTATION NO: QP0082

Discription: ARTEMETHER INJECTION 80MG ML 1
Item Number per catalogue: 1045
Quantity ordered per tender: 20,000
Unit of Measure: Ampoules
WHO Supplier: P198

vendor2 Other vendors vendor1

Supplier (Manufacturer)	L	L	L	L	L
Geographical (C) + Local (C) + Country	4	2	10	1	3
Life to	Y	Y	Y	Y	Y
Quality (Y/N)	Y	Y	Y	Y	Y
Structure (Y/N)	Y	Y	Y	Y	Y
Country (Y/N)	Y	Y	Y	Y	Y
Product (Y/N)	Y	Y	Y	Y	Y
Formulation (Y/N)	Y	Y	Y	Y	Y
Brand (Y/N)	Y	Y	Y	Y	Y

Supplier (Manufacturer)	Price	Price	Price	Price	Price
Geographical (C) + Local (C) + Country	2.00	5.10	4	5.40	20,000
Life to	2.00	5.10	4	5.40	20,000
Quality (Y/N)	2.00	5.10	4	5.40	20,000
Structure (Y/N)	2.00	5.10	4	5.40	20,000
Country (Y/N)	2.00	5.10	4	5.40	20,000
Product (Y/N)	2.00	5.10	4	5.40	20,000
Formulation (Y/N)	2.00	5.10	4	5.40	20,000
Brand (Y/N)	2.00	5.10	4	5.40	20,000

Comments:

Global Fund will buy these drugs


Signature: [Signature]

Date: 18/7/05

Comments:

17

Annex 15: NDoH Memo re Procurement of Drugs

 DEPARTMENT OF HEALTH National Health Service Standards Division	<small>Phone: + (675) 301 3775, 301 3776 Fax: + (675) 323 6421 Email: tech.services@health.gov.pg</small>
<small>P.O. Box 807 WAIGANI National Capital District, Papua New Guinea</small>	

INTER OFFICE MEMO

From : Mr. Leo Makita, Acting Director Disease Control

To : Ms Elva Lionel, Director HSIPMB

Date : 19th December 2008


SUBJECT : REPROGRAMMING OF REMAINING STI AND HIV AND AIDS TO PROCURE HIV DRUGS AND DRUGS FOR THE TREATMENT OF OPPROTUNISTIC INFECTIONS



Please find here a request for the reprogramming funds from the STI and HIV 2008 AAP unused and remaining funds to procure ARV and drugs for the treatment of opportunistic infections for patients living with HIV and AIDS. The funds from the GFATM will be delayed until January 2009 and the program will not be receiving these vital drugs until early next year.

Please re-programmed funds from activities cost codes: **1699 DC503121, 1703 DC503134 and 1715 DC 503152** for the purchase of these vital drugs.

Please see the quotes attached for the costs of these drugs.

Yours Sincerely,


.....
Mr. Leo Makita
Acting Director - Disease Control Branch

Annex 16: Quote from [REDACTED] Vendor 2 re Efavirenz Tablets

Vendor 2

To,
Dr. Daoni Esorom
Technical Advisor, NDOH

December 18' 2008

Dear Dr. Daoni,
As per your request, please see attached our best offer for the following medicines;

Item Description	Strength	Pack Size	Unit Price Per Pack (PGK)	Pack Quantity Required	Amount (PGK)
EFAVIRENZ TAB	600 MG	30 TABS	110.00	2720	299,200.00
TOTAL					299,200.00


Please note that, the delivery would take place after 21 days from the receipt of formal purchase order, duly approved by your office.
We look forward to hear from you.

Thanks and regards,

[REDACTED]

Annex 17: Memo re Procurement of Nevirapine from [REDACTED]

Vendor 2


DEPARTMENT OF HEALTH

P.O.Box 807,
WAIGANI,
National Capital District, Papua New Guinea

Phone: 301 3894, 301 3844
Fax: 301 3804
Email: rp@exe.gov.pg

INTER OFFICE MEMORANDUM

TO: Ms Elva Lionel: Director Health Sector Improvement
Program Management Branch

FROM: Mr. Joel Kolam: A/Director Disease Control Branch


DATE: 7th June 2007

SUBJECT: PROCUREMENT OF NEVIRAPINE.

The HIV/AIDS program request funding for the purchase of the HIV medicine, Nevirapine. Please find a quotation from **Vendor 2**.
The total cost will be 4,250.00 PGK.

Funds should be drawn from the following in the following manner:
AAP: DC 503141
GF: 3.2.2

Thank you for your continuing support.

Yours Sincerely,

Mr. Joel Kolam
A/Director, Disease Control Branch

Annex 18: Quotation from Vendor 2 re Supply of Nevirapine Tablets

Vendor 2

Attn,
Mr. Daoni Esorom
NDOH
Port Moresby


Please find mentioned below price of Nevir 200 mg , Ex Port Moresby , PNG , as requested

SL NO.	DESCRIPTION	BRAND NAME	PACK SIZE	MANUFACTURER	UNIT PRICE (PGK)	QUANTITY	AMOUNT (PGK)
1	NEVIRAPINE 200 MG	NEVIR	60	HETERO , INDIA	42.50	100	4,250.00
TOTAL							4,250.00

WE HAVE 100 BOTTLES AVAILABLE EX-STOCK

DATE: June 7,2007

Annex 19: Memo re Procurement of Nevirapine Tablets from Vendor 2 .


DEPARTMENT OF HEALTH

P.O.Box 807,
WAIGANI,
National Capital District, Papua New Guinea

RECEIVED
21/6/07
0723407

Phone: 301 3894, 301 3844
Fax: 301 3604
Email: rp@exe.gov.pg

INTER OFFICE MEMORANDUM

TO: Ms Elva Lionel: Director Health Sector Improvement
Program Management Branch

FROM: Dr. Paul Aia: A/Director Disease Control Branch

DATE: 20th June 2007


SUBJECT: PROCUREMENT OF NEVIRAPINE.

The HIV/AIDS program request funding for the purchase of the HIV medicine, Nevirapine. Please find a quotation from Vendor 2. The total cost will be 25,500.00 PGK.

Funds should be drawn from the following in the following manner;
AAP: DC 503141
GF: 3.2.2

Thank you for your continuing support.

Yours Sincerely,


.....
Dr. Paul Aia
A/Director, Disease Control Branch

Annex 20: Quote from [REDACTED] Vendor 2 re Supply of Nevirapine Tablets.

Vendor 2

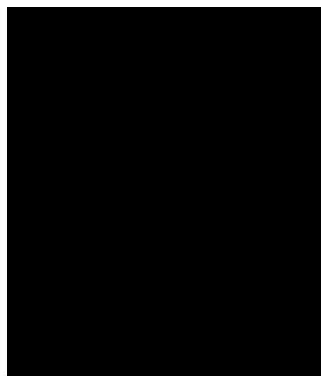
Attn,
Mr. Daoni Esorom
NDOH
Port Moresby

Q10


Please find mentioned below price of Nevir 200 mg , Ex Port Moresby , PNG , as requested

SL NO.	DESCRIPTION	BRAND NAME	PACK SIZE	MANUFACTURER	UNIT PRICE (PGK)	QUANTITY	AMOUNT (PGK)
1	NEVIRAPINE 200 MG	NEVIR	60	HETERO , INDIA	42.50	600	25,500.00
TOTAL							25,500.00

DELIVERY WOULD TAKE PLACE AT LEAST 21 DAYS AFTER RECEIVING THE CONFIRMED ORDER.



Annex 21: NDoH Memo re Procurement of Nevirapine
from Vendor 2


DEPARTMENT OF HEALTH

P.O.Box 807,
WAIGANI,
National Capital District, Papua New Guinea

Phone: 301 3894, 301 3844
Fax: 301 3604
Email: rp@exe.gov.pg

RECEIVED
16 APR 2007
0112707

INTER OFFICE MEMORANDUM

TO: Ms Elva Lionel: Director Health Sector Improvement
Program Management Branch

FROM: Dr. Paul Aia: A/Director Disease Control Branch

DATE: 13th April 200

SUBJECT: FUNDING FOR URGENT PROCUREMENT OF
ANTIRETROVIRALS.


The following funding is urgently requested to purchase ARV- Nevirapine
200mg for HIV patients in Papua New Guinea.


Please refer to the quotation from Vendor 2 as the only supplier for this
drug.

Funds for this activity can be drawn down from HIV Annual Activity Plan:
activity code: DC503141.

Thank you for your continuing support.

Yours Sincerely,


Dr. Paul Aia
A/Director, Disease Control Branch

sharon
1. This is urgent.
2. Act on this.

16/04/07

PAID

Annex 22: Quote From [REDACTED] Vendor 2 re Supply of Nevirapine Tablets.

Vendor 2

Attn,
Mr. Chaals Ossom
WHO
Port Moresby

Please find mentioned below price of Nevir 200 mg , Ex Port Moresby , PNG , as requested

SL NO.	DESCRIPTION	BRAND NAME	PACK SIZE	MANUFACTURER	UNIT PRICE (PGK)	QUANTITY	AMOUNT (PGK)
3	NEVIRAPINE 200 MG	NEVIVIR	60	HETERO , INDIA	42.50	500	21,250.00
TOTAL							21,250.00

DATE: April 11'2007

PAL

Annex 23: Delivery Dates of Nevirapine Tablets to NDoH.

Vendor 2

Sold To: DEPARTMENT OF HEALTH
PHARMACEUTICAL SERVICES
"P.O.BOX 3991, BORGES,"
N.C.D.

Deliver To: ATTN: DR DAONI
CUSTOMER TO PICK UP - CATHY

Date : 22 MAY 07
Page : 1
Pick Slip No. 570242

Terms: NETT 30 DAYS FROM INVOICE

Delivery Instructions: REF: DR DAONI
DOCH42740
TONY.K / TUANA / GN
4 CTN'S

Stock Code	Description	Units	Qty Ordered	Supplied	Back Ordered	Price	Discount	Net Price	VAT
ARF09	NEVIR-200 MG (NEVIRAPINE)	BOT	392	392	0	42.50	0.00	16660.00	04

Recd By
Cathy Kemben
02/05/07 10:15Am

PAID

Message :

Sub Total : 16660.00 K
VAT: 0.00 K
Total: 16660.00 K

Vendor 2

<u>Sold To:</u> DEPARTMENT OF HEALTH PHARMACEUTICAL SERVICES "P.O. BOX 1991, BORDO," N.C.D.		<u>Deliver To:</u> ATIN: DR DAONI		<u>Date:</u> 18 MAY 07					
				<u>Page:</u> 1					
				<u>Pick Slip No.</u> 585498					
<u>Terms:</u> NET 30 DAYS FROM INVOICE		<u>Delivery Instructions:</u> DR: DR DAONI MO: 35821 NGN / KIN / JO 12/240							
<u>Stock</u>	<u>Description</u>	<u>Units</u>	<u>Qty</u> <u>Ordered</u>	<u>Qty</u> <u>Supplied</u>	<u>Qty</u> <u>Ordered</u>	<u>Price</u>	<u>Discount</u>	<u>Net Price</u>	<u>Tax</u>
ARV15	ARTIVA TABS 600 MG (ARTIVIR)	BOT	5	5	0	177.50	0.00	1193.10	
ARV09	ARTIVIR-200 MG (NEVIRAPINE)	BOT	3	3	0	42.50	0.00	127.50	
						<div>Recd 10/05/07 (12:30am) Cathy Kemben</div> <div>PAID</div>			
<u>Message:</u>						<u>Sub Total:</u>		1193.10 E	
						<u>VAT:</u>		0.00 E	
						<u>Total:</u>		1193.10 E	

Vendor 2

Sold To: DEPARTMENT OF HEALTH
PHARMACEUTICAL SERVICES
"P.O.BOX 3991, BORDO,"
H.C.D.

Deliver To: ATTN: DR DAGNI
CUSTOMER TO COLLECT

Date : 17 MAY 07
Page : 1
Pick Slip No. 568952

Terms:

NETT 30 DAYS FROM INVOICE

Delivery Instructions: REF:DR DAGNI
DOCH42739
KIMALI /KIMALI /KIMBERLY
1 CTN

<u>Stock</u> <u>Code</u>	<u>Description</u>	<u>Units</u>	<u>Qty</u>		<u>Back</u> <u>Ordered</u>	<u>Price</u>	<u>Discount</u>	<u>Net Price</u>	<u>VAT</u>
			<u>Ordered</u>	<u>Supplied</u>					
ARV09	NEVIR-200MG (NEVIRAPINE) 60	BOT	2 ✓	2	0	42.50	0.00	85.00	0%
ARV06	EIDOLAN- X TABS 60 (LAMIVUDINE 150 MG+ NEVIRAPINE	BOT	20 ✓	20	0	123.48	0.00	2469.60	0%


Received by Cathy IC
17/05/07
2:55pm

PAID

Message :

Sub Total : 2554.60 K
VAT: 0.00 K
Total: 2554.60 K

Annex 24: NDoH Memo re Procurement of Efavirenz Tablets from Vendor 2


DEPARTMENT OF HEALTH
Office of the Secretary for Health

P.O.Box 807,
WAIGANI,
National Capital District, Papua New Guinea

Phone: 301 3601, 301 3634
Fax: 301 3604
Email: healthsec@health.gov.pg

INTER OFFICE MEMO

TO : Ms. Elva Lionel
Director - Health Sector Improvement Program Branch

FILE NO. : SHA.1-6

DATE : 04th June, 2007

SUBJECT: URGENT PROCUREMENT OF ANTIRETROVIRAL DRUGS
FOR TUBERCULOSIS PATIENTS

06 JUN 2007
HS/PAUS-10321
OTPA07

Please find here is a request for the URGENT purchase of Efavirenz an anti-retroviral drug that is used exclusively for the treatment of HIV patients who are also co-infected with tuberculosis (TB). TB is now the number one killer of the HIV patients in Papua New Guinea. We are now close to running out of stock of these vital and life saving drugs in Port Moresby, Heduru HIV clinic, Goroka and Mount Hagen hospitals and will be using the Global Funds for the HIV grant to purchase these drugs.

Attached is the quotation from Vendor 2 the only supplier in the country of this drug that can supply the Department and the activity code DC 503141 for a total of K99,840.00 that these funds will be accessed.

Please treat this request as a matter of urgency.

DR. NICHOLAS MANN, CMS
Acting Secretary

Helen
Assign # to a Proc.
Officer to do it urgently
Issue - KPOC then with
signed then pay on
invoice
SL b/s

Annex 25: Quote From [REDACTED] Vendor 2 re Supply of Efavirenz Tablets.

Vendor 2

Attn,
Mr. Dr Esorom Daonii
Department of Health
Port Moresby

Please find mentioned below price of ESTVA 600 mg , Ex Port Moresby , PNG , as requested

SL NO.	DESCRIPTION	BRAND NAME	PACK SIZE	MANUFACTURER	UNIT PRICE (PGK)	QUANTITY	AMOUNT (PGK)
1	EFAVIRENZ 600MG	ESTIVA-600	30 TABS	HETERO , INDIA	166.40	600	99,840.00
						TOTAL	99,840.00

Delivery : Within 30 days from the receipt of confirmed order

DATE : May 22,2007

Annex 26: Memo HSIP to HIV principal advisor re emergency order of ARV's through [REDACTED]

Vendor 2



**DEPARTMENT OF HEALTH
DISEASE CONTROL BRANCH
National Health Service Standards Division**

P.O Box 807
Waigani
National Capital District
Papua New Guinea

Tel: (675) 301 3737
(675) 301 3759
Facsimile: (675) 301 3753

INTER OFFICE MEMO

TO: Ms. Elva Lionel
HSIP Management Branch

From: Dr. Daoni. Esorom
Principal Advisor – STI/HIV/AIDS

File: SHA 1-6

RE: ART JUSTIFICATIONS

Purpose

The purpose of this update is to justify as to why NDOH through HSIP should procure selected HIV treatment drugs here referred to as anti-retroviral drugs (ARVs) as an emergency order to cover for the immediate short fall in first line ARV drugs before the order for this year arrives through UNICEF.

Intended Outcome

It is envisaged that through this brief NDOH will procure these ARV immediately.

Technical Justifications

1. NDOH as been since 2005 been ordering on an emergency basis selected ARV drugs from the current list of 14 ARVs that was approved by the Pharmaceutical Advisory Board (PAC) in February 2004 through **Vendor 2**
2. **Vendor 2** is the only drug wholesale company that is able to source for NDOH the World health Organization (WHO) pre-qualified ARV drugs through

its sources. This has been cross checked with the current updated WHO pre-qualified listings of ARV.

3. The previous drugs that we supplied by Vendor 2 have been randomly sampled by WHO to test their contents and compositions to rule out fake contents and all have passed the tests.

Recommendations


That NDOH through HSIP procure urgently the following ARVs through vendor 2

DRUGS ORDERED	QUANTITY REQUIRED
1. Lamivudine 150 mg + Stavudine 30mg	900 pack
2. Lamivudine 150mg + Stavudine 30mg + Nevirapine 200mg	2400 packs
3. Efavirenz 600mg	1200 packs

The total quote form vendor 2 is K288, 435.00

If you have queries on this order please let me know.



Thank You for your continued support


Dr. Daoni. Esorom
Principal Advisor - STI/HIV/AIDS

Cc: Dr. Paul Aia A/Director - Disease Control Branch



**Annex 27: Memo from HSIP Director to Acting Director
Disease Control Branch re Purchase of
Nevirapine from Vendor 2**

<u>INTER OFFICE MEMORANDUM</u>	
TO:	Ms Elva Lionel: Director Health Sector Improvement Program Management Branch
FROM:	Dr. Paul Aia: A/Director Disease Control Branch
DATE:	13 th April 200
SUBJECT:	<u>FUNDING FOR URGENT PROCUREMENT OF ANTIRETROVIRALS.</u>
The following funding is urgently requested to purchase ARV- Nevirapine 200mg for HIV patients in Papua New Guinea.	
Please refer to the quotation from Vendor 2 as the only supplier for this drug.	
Funds for this activity can be drawn down from HIV Annual Activity Plan: activity code: DC503141.	
Thank you for your continuing support.	
Yours Sincerely,	<i>Sharon</i>
 Dr. Paul Aia A/Director, Disease Control Branch	<i>1. This is urgent.</i> <i>2. Act on this.</i>  <i>16/04/07</i>

Annex 28: CSTB Contract re Purchase of ARV's from [REDACTED]

Vendor 2

Central Supply & Tender Board (CSTB) Short Form Contract

Term

Immediately after placement of Order/issuing of ILPOC- 21 days as per Suppliers Quote

Description of Services:

Urgent Purchase and Supply of ARV DRUGS. Description, Brand Name, size, Quantity and manufacturer information is per Vendor 2 Quote attached

Type of Contract (tick appropriate box)

Services ☒
Goods ☐
Vehicle ☐
Works ☐

Contracted Parties: Independent State of Papua new Guinea represented by the National Department of Health, AOP1 Building Tower 1, PO BOX 807 WAIGANI NCD. Contact Person; Dr. E Daoni Phone: 301 3737 AND

The Supplier: Vendor 2

Price: K288, 435.00

GST Registration Number

Business Registered Number

Insurances (Detail insurance coverage, copy of certificates to be sighted and attach to this order). **Copy Attached**

Professional Indemnity (PI)

* Public Liability (PL)

Product Liability

* Mandatory for all works

Warranties (including agreed defects liability if applicable) - NOT APPLICABLE

- Contractors must hold and maintain appropriate licenses for any work being undertaken.
- Fixed pricing. (The contract rates will remain fixed for the term of the Agreement)
- Variations in writing. (all changes to scope must be agreed in writing)
- All works/services to be carried in professional manner
- Contractors may be required to cooperate with other parties
- Payment terms are detailed in the Finance Management Manual

Agreed Milestones / Hold Points

NOT APPLICABLE

For and on behalf of the Independent State of Papua New Guinea

Name (Print): Dr. J. P. [Signature]

Signature: [Signature]

(Section 32 Delegation) Position: A/Senior [Signature]

For and on behalf of Contractor

Name (Print): [REDACTED]

Signature: [REDACTED]

(Director) Position: [REDACTED]

Annex 29: Quotation from Vendor 2 re Purchase of Lamistar, Nevilast and Estiva Tablets

Vendor 2

Sold To: DEPARTMENT OF HEALTH
PHARMACEUTICAL SERVICES
"P.O.BOX 3991, BOROKO."
N.C.D.

Deliver To: Area Medical Store Bacili
World Health Organisation
WHO
Mr. Charles Ossom

Date: 16-May-08
Page: 1
Pick slip No. 682180

Terms: NETT 30 DAYS FROM INVOICE

Product Code	Description of Goods	Units	Quantity Ordered	Supplied	Back Order	Unit Price	Amount
Arv12	Lamistar 30	Pack of 60's	900 ^{1/2}	900 ^{1/2}	0	37.80	34,020.00
Arv08	Nevilast - 30	Pack of 60's	2,400 ^{1/2}	2,400 ^{1/2}	0	51.00	122,400.00
Arv15	Estiva tabs 600mg	Pack of 30's	1,200 ^{1/2}	1,200 ^{1/2}	0	110.00	132,000.00



[Handwritten signature]

*Checked @
AMS Bacili.
Quantity supplied
in full.
[Signature]
08/05/08*

RECEIVED BY: _____	SUB TOTAL	288,420.00
POST NAME	MISC CHARGES	0.00
	FREIGHT	0.00
SIGNATURE: _____	VAT	0.00
	TOTAL K	288,420.00

Annex 30: Receipt from [redacted] Vendor 2 re sale of Lamistar, Nevilast and Estiva Tablets to NDoH.

Vendor 2

ACCOUNT 100502	DATE 27/05/08	20
RECEIVED FROM Department of Health	K	+
WHO-HSIP	288,420.00	
FOR MEDICAL SUPPLIES		
Inv # 555119		

Signed [redacted]

If payment is made by Cheque this Receipt is not valid until Cheque is met



Annex 31: Integrated Local Purchase Order (ILPOC) re purchase of ARV drugs from Vendor 2

Papua New Guinea
Form 44
Rev 1.79

INTEGRATED LOCAL PURCHASE ORDER AND CLAIM FORM

ORIGINAL

SUPPLIER
Vendor 2

NOTE:
FOR DISTRIBUTION
AND OTHER INSTRUCTIONS
SEE REVERSE SIDE
OF ORIGINAL

DATE
10 Apr 2008

NUMBER
9621

Serial Number 5250
Int. Code 1
Override No. 0

005250
Please supply the undermentioned services/goods to
and render your claim to:

DEPARTMENT OF HEALTH
Health Sector Improvement Program
Parent Account
P.O. Box 907, Waigani

(Name of Dept.)
(Paying Office)

DESCRIPTION	QUANTITY	UNIT RATE	AMOUNT
Drugs/Pharm:Urgent Re:ARV Drugs	1.00	288435.00	288435.00

DIV.	F	ACT	ITEM	SUB ITEM	DIST	COMMITMENT NUMBER	AMOUNT
240	1835	5251	124	907	0	1	288435.00

TOTAL K 288435.00

C.F.C. NUMBER
240-092

FINANCIAL DELEGATE
Signature: *[Signature]* Date: 10, 04, 08
Designation: *[Signature]*

CLAIMANTS REFERENCE

I certify that the goods mentioned above have been received and taken on charge/the billed performance of the services ordered above.

RECEIVING OFFICER
Signature: *[Signature]* Date: 10, 04, 08
Designation: *[Signature]*

(Claimant's Signature) _____ (Date) _____

[illegible]

Annex 33: Invoice from Vendor 2 Showing Prices

Paid by NDoH for Lamistar, Nevilast and Estiva tablets.

Vendor 2



**Annex 34: Memo from Director of Disease Control to
HSIP re purchase of ARV's from [REDACTED]**

Vendor 2

INTER OFFICE MEMORANDUM

TO: Ms Elva Lionel: Director Health Sector Improvement Program
Management Branch

FROM: Dr. Paul Aia: Director Disease Control Branch

DATE: 06th August 2008

SUBJECT: PROCUREMENT OF ARV'S AND OI DRUGS.

Please find here a quotation for second line antiretroviral drugs and drugs to treat opportunistic infections.

Funds for this have been budgeted for in the 2008 AAP code numbers: DC503425:
Procurement of OI drugs and other commodities and code number: DC 503431
Procurement of Antiretroviral drugs

Thank you for your continuing support.

Yours Sincerely,


.....
Dr. Paul Aia
A/Director, Disease Control Branch



Vendor 2


442,880.1

**Annex 36: Quote from Vendor 2 re Supply of ARV's
and Opportunistic Infection Drugs to NDOH.**

Vendor 2																																																											
To, Dr.Daoni Esorom Technical Advisor , NDOH			August 4-2008																																																								
Dear Dr.Daoni, As per your request , please see attached our best offer fo the following medicines;																																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Item Description</th> <th style="text-align: center;">Strength</th> <th style="text-align: center;">Pack Size</th> <th style="text-align: center;">Unit Price Per Pack (PGK)</th> <th style="text-align: center;">Pack Quantity Required</th> <th style="text-align: center;">Amount (PGK)</th> </tr> </thead> <tbody> <tr> <td>ABACAVIR TABLET</td> <td>300mg</td> <td>60 TABS</td> <td>270.00</td> <td>80</td> <td>21,600.00</td> </tr> <tr> <td>LOPINAVIR/RITONAVIR(HARD TABLETS)</td> <td>200 / 50mg</td> <td>120 TABS</td> <td>475.00</td> <td>100</td> <td>47,500.00</td> </tr> <tr> <td>TENOFOVIR TABLET</td> <td>300mg</td> <td>30 TABS</td> <td>165.00</td> <td>150</td> <td>24,750.00</td> </tr> <tr> <td>SAQUINAVIR TABLET</td> <td>500mg</td> <td>120 ABS</td> <td>590.00</td> <td>30</td> <td>17,700.00</td> </tr> <tr> <td>ACICLOVIR TABLET</td> <td>200mg</td> <td>10x10 TABS</td> <td>60.00</td> <td>20</td> <td>1,200.00</td> </tr> <tr> <td>FLUCONAZOLE</td> <td>200MG</td> <td>10x10 TABS</td> <td>60.00</td> <td>500</td> <td>30,000.00</td> </tr> <tr> <td>AZITHROMYCIN</td> <td>500mg</td> <td>10X10 TABS</td> <td>100.00</td> <td>400</td> <td>40,000.00</td> </tr> <tr> <td colspan="5"></td> <td style="text-align: right;">182,750.00</td> </tr> </tbody> </table>						Item Description	Strength	Pack Size	Unit Price Per Pack (PGK)	Pack Quantity Required	Amount (PGK)	ABACAVIR TABLET	300mg	60 TABS	270.00	80	21,600.00	LOPINAVIR/RITONAVIR(HARD TABLETS)	200 / 50mg	120 TABS	475.00	100	47,500.00	TENOFOVIR TABLET	300mg	30 TABS	165.00	150	24,750.00	SAQUINAVIR TABLET	500mg	120 ABS	590.00	30	17,700.00	ACICLOVIR TABLET	200mg	10x10 TABS	60.00	20	1,200.00	FLUCONAZOLE	200MG	10x10 TABS	60.00	500	30,000.00	AZITHROMYCIN	500mg	10X10 TABS	100.00	400	40,000.00						182,750.00
Item Description	Strength	Pack Size	Unit Price Per Pack (PGK)	Pack Quantity Required	Amount (PGK)																																																						
ABACAVIR TABLET	300mg	60 TABS	270.00	80	21,600.00																																																						
LOPINAVIR/RITONAVIR(HARD TABLETS)	200 / 50mg	120 TABS	475.00	100	47,500.00																																																						
TENOFOVIR TABLET	300mg	30 TABS	165.00	150	24,750.00																																																						
SAQUINAVIR TABLET	500mg	120 ABS	590.00	30	17,700.00																																																						
ACICLOVIR TABLET	200mg	10x10 TABS	60.00	20	1,200.00																																																						
FLUCONAZOLE	200MG	10x10 TABS	60.00	500	30,000.00																																																						
AZITHROMYCIN	500mg	10X10 TABS	100.00	400	40,000.00																																																						
					182,750.00																																																						
Please note that , the delivery would take place after 21 days from the receipt of formal purchase order , duly approved by your office.																																																											
We look forward to hear from you.																																																											
Thanks and regards,																																																											
<div style="float: right; text-align: right;"> </div>																																																											

Annex 37: NDoH Receiving Report (Lopinavir/Ritonavir, Tenofovir & Aciclovir tablets) re Order from Vendor 2

D N^o 39294


Department of Health
RECEIVING REPORT


Order No. ADV-DRUGS: Medical Store Penn.
Date Received 01/11/2009 Supplier Vendor 2
Ship _____ Voy. _____ B/L or Line No. _____
Airline _____ Fl. _____ C/N No. _____
Other LOPINAVIR 200MG + RTN

Item	Description	Issue Unit	Quantity Received	Remarks
1.	LOPINAVIR 200mg + RTN 100 bottles x 120 ^s exp: 8/2010 P/N # R1897	120 ^s	12,000	✓
5.	TENOFOVIR 300MG 100 bottles x 30 ^s exp: 12/2009 P/N # T80107	30 ^s	15,000	✓
6.	ACICLOVIR TABS 200MG 80 PACKS OF 25 ^s P/N # A407502	25 ^s	2,000	✓

Expiry Date 7/2010 Condition of Goods OK
Discrepancy _____
Unpacked by [Signature] Checked by [Signature]
KODAK PRINTING 101077 4/95

Annex 38: NDoH Receiving Report (Saqinavir, Fluconazole & Abacivir tablets) re Order from Vendor 2

PAID



D N° 39293

Department of Health
RECEIVING REPORT

Order No. ACV-DRUGS Medical Store H. 31
 Date Received 01/11/2008 No. Pkgs. 1- 26 conts
 Supplier Vendor 2

Ship _____ Voy. _____ B/L or Line No. _____
 Airline _____ Fl. _____ C/N No. _____
 Other Locally Acquired (CPL LTD)

Item	Description	Issue Unit	Quantity Received	Remarks
1	SAGUINAVIR 500mg TABS. TABS. 30x115x120 ^h Exp: 09/2010 B/L# 5081003	TABS	3600	✓
2	FLUCONAZOLE 200mg TABS. TABS: 500 tablets x 100 ^h Exp: 09/2010 B/L# 5081003	TABS	50000	✓
3	ABACIVIR 300mg TABS 800 tablets x 60 ^h B/L# 5081003	TABS	4.800	✓

Expiry Date 09/2010 Condition of Goods ok
 Discrepancy _____
 Unpacked by [Signature] Checked by [Signature]

MOYARD PRINTING 101077 4100

Annex 39: Inter-Office Memorandum

RECEIVED
02/10/07
073748



DEPARTMENT OF HEALTH
DISEASE CONTROL BRANCH
Division of Technical Health Services

P.O Box 807
Waigani NCD
Papua New Guinea

Tel: (675) 301 3737
(675) 301 3759
Facsimile: (675) 325 7494

INTER OFFICE MEMORANDUM

TO: Ms Elva Lionel:
Director Health Sector Improvement Program Management
Branch

FROM: Dr. Paul Aia:
A/Director Disease Control Branch

DATE: 27th September 2007

SUBJECT: FUNDING FOR URGENT PROCUREMENT OF
ANTIRETROVIRALS.


The following funding is urgently requested to purchase ARV Nevirapine 200mg for HIV patients in Papua New Guinea.

Please refer to the quotation from Vendor 2 as the only supplier for this drug.

Funds for this activity can be drawn down from HIV Annual Activity Plan: activity code: DC503141.

Thank you for your continuing support.

Yours Sincerely,


Dr. Paul Aia
A/Director - Disease Control Branch

Maybel

1. Act as requested.
2. Confirm there is enough funds from code: DC503141


02/10/07

Annex 40: Quote from Vendor 2 re Supply of Nevirapine Tablets to NDoH.

Vendor 2

Attn,
Mr. Daoni Esorom
NDOH
Port Moresby

Please find mentioned below price of Nevir 200 mg, Ex Port Moresby, PNG, as requested

SL NO.	DESCRIPTION	BRAND NAME	PACK SIZE	MANUFACTURER	UNIT PRICE (PGK)	QUANTITY	AMOUNT (PGK)
1	NEVIRAPINE 200 MG	NEVIR	60	HETERO, INDIA	42.50	800	34,000.00
TOTAL							34,000.00


DELIVERY WOULD TAKE PLACE AT LEAST 21 DAYS AFTER RECEIVING THE CONFIRMED ORDER.

DATE: Sep27/2007

DATE, TIME
PAY NO./NAME
CUBATION
DATE (S)
DATE (S)
DATE

Annex 41: Memo re Procurement of ARV and Opportunistic Infection Drugs.

INTER OFFICE MEMO



From : Mr. Leo Makita, Acting Director Disease Control

To : Ms Elva Lionel, Director HSIPMB

Date : 19th December 2008


SUBJECT : **REPROGRAMMING OF REMAINING STI AND HIV AND AIDS TO PROCURE HIV DRUGS AND DRUGS FOR THE TREATMENT OF OPPROTUNISTIC INFECTIONS**

Please find here a request for the reprogramming funds from the STI and HIV 2008 AAP unused and remaining funds to procure ARV and drugs for the treatment of opportunistic infections for patients living with HIV and AIDS. The funds from the GFATM will be delayed until January 2009 and the program will not be receiving these vital drugs until early next year.


Please re-programmed funds from activities cost codes: **1699 DC503121, 1703 DC503134 and 1715 DC 503152** for the purchase of these vital drugs.

Please see the quotes attached for the costs of these drugs.

Yours Sincerely,


.....
Mr. Leo Makita

Acting Director - Disease Control Branch



Annex 42: Quote from [REDACTED] Vendor 2 re Supply of

Antibiotics (Opportunistic Infection Drugs) to NDoH

Vendor 2

To,
Dr.Daoni Esrom
Technical Advisor , NDOH

December 18' 2008

Dear Dr.Daoni,
As per your request , please see attached our best offer to the following medicines;

Item Description	Strength	Pack Size	Unit Price Per Pack (PGK)	Pack Quantity Required	Amount (PGK)
COTRIMOXAZOLE TAB	400+ 80 MG	100 TABS	5.00	3270	16,350.00
CIPROFLOXACIN TAB	500 MG	100 TABS	30.00	1000	30,000.00
				TOTAL	46,350.00

Please note that , the delivery would take place after 21 days from the receipt of formal purchase order , duly approved by your office.
We look forward to hear from you.

Thanks and regards,

[REDACTED]

REGALIA

Annex 43: Memo re Procurement of STI/HIV/AIDS Office Supplies

INTER OFFICE MEMORANDUM

Action Officer: Maybel Mosina
FileNo: SHA 15-1

TO: Ms Elva Lionel: Director Health Sector Improvement Program
Management Branch

FROM: Mr. Enoch Posanai: Executive Manager Public Health

DATE: 7th July 2009

SUBJECT: FUNDING FOR STI/HIV/AIDS OFFICE SUPPLIES.

Please find herewith request for funding of office supplies for the STI/HIV/AIDS unit.
Attached are supporting documents for this request.

Funds for this activity can be drawn down from the activity code: DC503108- Office
expenses and equipment-NDOH

Thank you for your continuing support.

Yours Sincerely,



Mr. Enoch Posanai
Executive Manager Public Health

Handwritten notes and stamps:

- Stamp: RECEIVED 24 NOV 2009
- Handwritten: Nellie,
- Handwritten: DC 503195
- Handwritten: 16/11/09
- Handwritten: Please process payment & in A/C DC 503195 quoted by

Annex 44: Quotations Received by NDoH re Procurement of Office Supplies.

HEALTH SERVICES IMPROVEMENT PROGRAM
TRANS ACCOUNT

QUOTATION ASSESSMENT FORM

Quotation	Name of Supplier	Total Cost	Comments
1 ₁	Vendor 3	K31,569.12	Reasonable and the lowest quote.
2 ₂	Other Vendor	K37,903.58	Second lowest.
3 ₃	Other Vendor	K39,140.53	Most expensive

RECOMMENDATION:
I recommend Vendor 3

JUSTIFICATION:
The quote is cheap among the 3 competitors. Supplier is willing to deliver on ~~1st~~ Ilpoc as all items are in stock.

Annex 45: HSIP Requisition for Expenditure re Purchase of Stationery Items for NDoH.

K100,000

3438

Form 3
Revised 2002

NATIONAL DEPARTMENT OF HEALTH
HEALTH SERVICES IMPROVEMENT PROGRAM MANAGEMENT BRANCH
REQUISITION FOR EXPENDITURE

Requisition No. 0744509
Supply Catalogue No. 00503/95

BRANCH DIRECTOR/PROGRAM MANAGER/PROJECT MANAGER TO COMPLETE	SUPPLIER NAME AND ADDRESS	DESCRIPTION OF SUPPLY (GOODS/SERVICES)	QUANTITY	RATE	AMOUNT
To: Financial Delegate, HSPMB HEALTH CONTROL BRANCH Department of HEALTH Subject to availability of funds, purchase of the undermentioned goods/services is approved for delivery TO: STATION UNIT - DR. DIAGNOSIS OFFICE REMARKS: AIP CODE: 000000 COST CODE: 400 - OFFICE EXPENSES AND EQUIPMENT 1671 - Procurement of Materials.	Vendor 3	BEING FOR PURCHASE OF OFFICE ITEMS & STATIONERY FOR 2010 OFFICE USE.			31,569.12
		(REFER TO THE ATTACHED)			
	Expenditure & Cost Code: 1000584171	240 - 020 - 000 - 000 - 000 - 000 1671 - 520 - 135 - 907 - 000		TOTAL	31,569.12
1. <i>[Signature]</i> (Requisitioning Officer) Procurement Officer (Designation) 13/11/09 (Date)	2. <i>[Signature]</i> 3:55pm (Approved/Colleague) Unlimited 16/11/09 (Designation/Level) (Date)	CONDUITMENT DETAILS			
		Goods or Services	Est. Cost	Contract No.	ILMPC No.
		Travel/Transport			16488
		Excess Baggage			16580
		Accommodation			2777
		Goods and services			(A)
3. Approval of Section 32 Officer (Required for all requisitions over K 300) <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved <i>[Signature]</i> Exec Manager (Designation) 13.11.09 (Date)					
4. Funds have been committed <i>[Signature]</i> (Commitment Clerk) 24.11.09 (Date)					
5. <i>[Signature]</i> 25.11.09 (Designation/Level) (Date)					
NOTE: 1. Travel and Accommodation Approval necessary is required (See Over) 2. Goods and Services Written quotations are required (Cost exceeds K 750)					

Annex 46: Memo re Single Source Procurement of Reagents from Vendor 4

SUBJECT : FUNDING FOR THE PURCHASE OF SYPHILIS TEST REAGENTS FOR SENTINEL SERO-SURVEILLANCE 2009

I am requesting that you would release funds for purchase of Syphilis Rapid Testing Kits. These testing reagents will be utilized in the Sentinel Sero-Surveillance that will commence on July 20th 2009. This survey will be conducted by the Surveillance Unit of the STI/HIV/AIDS Program of the Department in 40 selected sites around the country.

Please also note that Vendor 4 is the only distributor of the preferred reagents and that is the reason for the submission of only one quotation.

Funds for this activity can be drawn from AAP 2009 Activity Code: DC5.03.29.3 for Procurement of **HIV/AIDS TEST KITS**

Thank you for your continued support.



Mr Enoch Posanai
Executive Manager – Public Health

Annex 47: Memo from HSIP to Secretary NDOH re Purchase of Rapid Syphilis Testing Kits


NATIONAL DEPARTMENT OF HEALTH
HSIP MANAGEMENT BRANCH
P. O. Box 807
WAIGANI
Nation Capital District
Papua New Guinea
Phone: +675 301 3833
Fax: +675 325 7494
Email: yam_sakato@health.gov.pg

INTER OFFICE MEMO

TO : Dr. Clement Malau, Secretary, NDOH
FROM : Elva Lionel, Director HSIPMB
DATE : 14th July, 2009
SUBJECT : SUPPLY CONTRACT NO. HSIP/09/SU200/04
SUPPLY & DELIVER OF RAPID SYPHILIS TEST KITS TO NDOH



*Dr. Lao
what these
test kits
will be
used for.
I have heard
that these
test may
not have
been
technically
cleared
yet.*

29/07/09

We attach 2 x sets of the Supply Contract documented for the supply and delivery of Rapid Syphilis Testing Kits for the programmed Sentinel Sero-Surveillance to commence on the 20th July, 2009 and to be conducted at 40 selected sites around the country.

We also inform that the Supplier, **Vendor 4** is the only Distributor of this preferred Reagents, being the reason for the submission of only one Quotation. This same Supplier has proved capable of delivering our requirements within scheduled plans and we have confidence in them delivering the Reagents in time for this project.

Funds for this activity will be drawn from AAP 2009 Activity Code : DC503293 for Procurement of HIV/AIDS Test Kits.

Please note that the Supplier has already signed the Supply Contract.

Thank you.

Annex 48: Quotation from

Vendor 4

re

Quotation for Syphilis Rapid Test Kits

05.07.09

Mrs. Loina Yafai
Pharmacist-HIV/AIDS, Disease control Branch
National Dept of Health, PO Box 807, WAIGANI, NCD

Dear Mrs. Yafai,

SUBJECT: QUOTATION FOR SYPHILIS RAPID TEST KIT (120,000 TESTS)

IT'S A PLEASURE IN SUBMITTING OUR QUOTATION.

FIND ATTACHED HERE IS OUR PROFORMA INVOICE # 115a, A TOTAL COST OF **PGK298,800** (INCLUSIVE OF FREIGHT AND HANDLING COST) FOR THE SUPPLY OF 120,000 SYPHILIS RAPID TEST KITS (DILUENT, LANCETS AND ALCOHOL SWABS INCLUSIVE).

DELIVERY SCHEDULE SHOULD WE WIN THE TENDER & CONFIRMATION ON MONDAY 06/07/2009:

- FRIDAY 10.07.09 - DISPATCH OUT OF SD KOREAN PRODUCTION PLANT
- SUNDAY 12.07.09 - SHPT ARRIVE AT JACKSON INTERNATIONAL AIRPORT
- MONDAY 13.07.09 - CUSTOM CLEARANCE
- TUESDAY 14.07.09 - ASSEMBLE INSERTS IN THE WAREHOUSE
- WEDNESDAY 15.07.09 - DELIVERY TO BADI AREA MEDICAL STORE

LOGISTIC INFORMATION:

- 30 TESTS PER KIT, 40 KITS PER CTNS (53X48X40 CM)
- CTN G/WEIGHT 14KGS
- CTN CBM 17 KGS
- A TOTAL OF 100 CTNS, WEIGHING 1,700 KGS (1.7 METRIC TONS)

THE COST OF FREIGHT & HANDLING IS INCLUDED IN THE ABOVE COST.

IMPORT AND GST EXEMPTED - AS PER ATTACHED COMPLIANCE EXEMPTION NOTICE TO NORTH WEST SCIENTIFIC.

*PAYMENT TERMS IS 15 DAYS FOLLOWING DELIVERY.

THANK YOU FOR THE OPPORTUNITY TO QUOTE.

Hand delivered by Loina Yafai for process.

Quota/Proforma inv. No. 0115a attached.

Annex 49: NDoH Payment Voucher Showing Rapid Syphilis Test Kits were 'Sole Sourced' From

Vendor 4

NATIONAL DEPARTMENT OF HEALTH HEALTH SERVICES IMPROVEMENT PROGRAM MANAGEMENT BRANCH HSIP TRUST ACCOUNT			
FINANCE FORM 4 (Revised 10/05)		PAYMENT VOUCHER	
Vendor 4		Date:	04 Aug, 2009
		Activity Code	DC503292
		Requisition No.	OT43209
		ILPOC No.	
		Cheque No.	
Supplier invoice details or full details (where there is no supplier invoice eg allowances, advances etc)	Amount excluding GST (K)	GST (K)	Total (K)
PAYMENT FOR RAPID SYPHILIS TEST KIDS Sole sourced Supplier, Refer Inv. # 1151a attached. <i>Frgt inclusive & GST exempted. Ref Delivery Docket #0089 & Receiving Report #D No.39975 dated 24/07/09.</i>	298,800.00	<i>Exempted</i>	298,800.00
TOTAL K	298,800.00		298,800.00

Annex 50: Letter from University of PNG School of Medicine to NDoH re SD Test Kits.

Apw: Jacob Wai
(hand) in your information - will be confirming order soon

THE UNIVERSITY OF PAPUA NEW GUINEA
SCHOOL OF MEDICINE & HEALTH SCIENCES
DIVISION OF CLINICAL SCIENCES



PO BOX 5623
 BOROKO, NCD
 PAPUA NEW GUINEA
 TELEX: NE 22366
 FAX: (675+) 3254935/3250809
 TELEPHONE: (675+) 3112626
 (675+) 3253340
 (675+) 3255580

Reference: Professor Glen D.L. Mola, MBBS, FRACOG, MRACGP, FRANZCOG, FRCOG
 Email: glenmola@upng.edu.pg fax 675 3258212
 Head of Obstetrics & Gynecology, UPNG
 17.3.2008

Ruth Tangalia
 Project officer,
 Family Health Services
 NDOH

Dear Ruth,

Re: Rapid syphilis test kits from SD Diagnostics of Korea.

Further to our phone conversation this afternoon, I confirm that Dr Amoia and I received the above test kits for testing last month, and we compared them with the rapid test kits from Abbott Company (Determine brand)

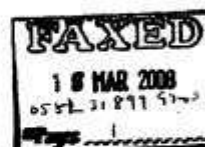
We found that the SD rapid test kits gave the same positives and negatives as the Determine test kits that we have been previously using.

Our conclusion is that the SD Korean rapid test kits have approximately the same specificity and sensitivity as the Abbott brand Determine test kits.

It would seem reasonable therefore to order the SD Korean syphilis rapid test kits if they are available locally and are not more expensive for our use in screening antenatal women in PNG.

Yours sincerely,

Professor Glen Mola
 Head of O&G, SMHS and Treasurer of the O&G Society of PNG



2011 MAR 21 11:11
85

**Annex 51: Fresh advances to vendors before acquittals
of previous advances for the year 2009**

Particulars	Total Amount Outstanding (PGK)
A. Three or more non-Acquittals	
Hotel Kimininga	33,493
Lamana Hotel	153,520
Shady Rest Hotel	102,186
Simply Blue Collar Trading	94,990
Subtotal A	384,189
B. Two non-Acquittals	
Granville Motel	82,416
Kokopo Village Resort	25,608
Melansian Hotel	55,016
Mt Wilhelm Tourist Hotel	10,674
Opaoti Trading Ltd	28,145
Subtotal B	201,860
C. One non-Acquittal	
AB Lodge	60,327
Subtotal C	60,327
D. Others	D 367,728
Grand Total (A+B+C+D)	1,014,014

Annex 52: Fresh advances to vendors before acquittals of previous advances for 2010

Particulars	Total Outstanding (PGK)
A. Three or more non Acquittals	
Avis Nationwide Rent A Car	32,395
Budget Rent A Car	7,424
Diocesan Pastoral Centre	4,830
Fair Rent A Car Ltd	55,655
Hertz Rent A Car	46,704
Highlander Hotel Hagen	9,801
Hotel Kimininga	77,687
Hotel Poroman	95,670
In Wewak Boutique Hotel	11,594
Kanda Rest House	59,890
Kokopo Village Resort	38,048
Koy's Hire Car Limited	23,700
Kuki Guest House Limited	1,649
Lamana Hotel	32,946
Madang Resort Hotel	123,083
Masurina Lodge	5,496
Melansian Hotel	17,050
MH Supermarket	9,811
Mt Wilhelm Tourist Hotel	3,340
New Century Hotel	2,684
Ningerum Transport Ltd	3,420
No. 1 Hire Car	69,859
Sandaun Surf Hotel,	15,095
Uval No.93 Limited	51,480
Subtotal A	799,312
B. Two non Acquittals	
Bird of Paradise Goroka	5,770
Dae Won Wabag Hotel	2,244
Madang Lodge Motel	7,079
Please Pay Cash	95,712
Sea View Hotel	11,491
Subtotal B	122,295
C. One non Acquittal	
Bank of South Pacific	10805.5
Birdwing Butterfly Lodge	1034
Comfort Inn	4744
Emmanuel Lodge	36652
Harbourside Hotel	2540
Kimbe Bay Hotel	7980
Vanimo Beach Hotel	3705
Subtotal C	67,461
D. Others	564,458
Grand Total	1,553,525