

Solomon Islands VACCINE SUPPORT

This Decision Letter sets out the Programme Terms of a Programme.

1. Country: Solomon Isl								
2. Grant Number: 1115-SLB-04a-X								
3. Date of Decision Letter: 12 December 2014								
4. Date of the Partnership Framework Agreement: 29 April 2013								
5. Programme Title: NVS, Pentavalent Routine								
6. Vaccine type: Pentavalent								
7. Requested product presentation and formulation of vaccine: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID								
8. Programme Duration¹: 2008 - 2015								
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):								
<table border="1"> <thead> <tr> <th></th> <th>2008-2014</th> <th>2015</th> <th>Total²</th> </tr> </thead> <tbody> <tr> <td>Programme Budget (US\$)</td> <td>US\$956,262³</td> <td>US\$138,000</td> <td>US\$1,094,262</td> </tr> </tbody> </table>		2008-2014	2015	Total ²	Programme Budget (US\$)	US\$956,262 ³	US\$138,000	US\$1,094,262
	2008-2014	2015	Total ²					
Programme Budget (US\$)	US\$956,262 ³	US\$138,000	US\$1,094,262					
10. Vaccine Introduction Grant: Not applicable								

¹ This is the entire duration of the programme.

² This is the total amount endorsed by Gavi for the entire duration of the programme.

³ This is the consolidated amount for all previous years.

11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):⁴

Type of supplies to be purchased with Gavi funds in each year	2008-2014	2015
Number of Pentavalent vaccines doses		51,900
Number of AD syringes		54,700
Number of re-constitution syringes		
Number of safety boxes		625
Annual Amounts (US\$)	US\$956,262 ⁵	US\$138,000

12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.

13. Self-procurement: Not applicable

14. Co-financing obligations: Reference code: 1115-SLB-04a-X-C According to the Co-Financing Policy, the Country falls within the Graduating group as of 1 January 2015

The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.

Type of supplies to be purchased with Country funds in each year	2015
Number of vaccine doses	13,000
Number of AD syringes	13,700
Number of re-constitution syringes	
Number of safety boxes	175
Value of vaccine doses (US\$)	US\$32,788
Total Co-Financing Payments (US\$) (including freight)	US\$34,500

15. Operational support for campaigns: Not applicable

16. Additional documents to be delivered for future disbursements:

Reports, documents and other deliverables	Due dates
APR 2014	15 May 2015

17. Financial Clarifications: The Country shall provide the following clarifications to Gavi*: Not applicable.

⁴ This is the amount that Gavi has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently.

⁵ This is the consolidated amount for all previously approved years.

**Failure to provide the financial clarifications requested may result in Gavi withholding further disbursements*

18. Other conditions: Not applicable.

Signed by,

Hind A. Khatib

On behalf of Gavi
Hind Khatib-Othman
Managing Director, Country Programmes
12 December 2014

Internal Appraisal
Geneva, October 2014

Country name: Solomon Islands

Type of support requested: Pentavalent, Pneumococcal, HSS

Vaccines requested: (PCV13), 1 dose(s) per vial , LIQUID and DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

Solomon Islands
Internal Appraisal 2014

1. Brief Description of Process

This Internal Appraisal was conducted for GAVI by independent technical expert **Gordon Larsen**, in close cooperation with GAVI CRO for the country **Raj Kumar**, and is based on reports and documentation supplied to GAVI by the national authorities and institutions in the country for the year 2013.

2. Achievements and Constraints

The country met most of its immunization coverage targets for traditional and NVS in 2013 except for BCG or TT2plus, the latter being missed by a very wide margin. However, the coverage rates for all antigens showed a decrease from the levels reached in 2012. DPT3 /Penta3 coverage decreased by 7% compared to 2012 achievements. However, at 83%, the result was in line with the long-term average figure for this antigen, which has remained constant over 10-year period 2004-2013, within about 10% variations.

The fall in performance during 2013 is due to two main factors:

- Inadequate EPI outreach activities for the 'never reached' infants, and inability to reduce drop outs
- Inadequate capacity at provincial level to monitor drop outs and for data management

It is noted that one of the main programme objectives listed under 'priority actions for 2014 and 2015' is to 'achieve and maintain 80% and above fully immunized children country wide.' The APR does not mention any plans to expand coverage beyond current levels or the long-term average. This is a realistic recognition of what can actually be achieved in the country.

The annual drop-out rate for DPT1-DPT3 is calculated at 5%, which meets and exceeds the target of 7% set for 2013. Drop-out targets set for 2014 and 2015 remain at 7% but are aimed to be reduced to 5% for 2016 -2020. These are also considered

to be realistic and achievable targets. There is no significant change in wastage rates for Penta vaccine, although the objective of reducing it to zero for 2016 -2020 is not a realistic expectation. There is no mention of the wastage rates for other vaccines or of any programme interventions to measure or control them. Maximum empirical values permitted by GAVI are used.

The programme has been making efforts to increase immunisation rates in under-served areas and improve the equity of immunization services using Reaching Every District/Zone (RED/Z) approach to reduce the numbers of 'never reached' children and the numbers of drop-outs'. The programme is targeting low performing zones with training on RED strategy including microplanning and supportive supervision.

There is no collection of sex-disaggregated data on immunization in the country at present and no survey or administrative data is available on coverage data by gender. Gender-related barriers to accessing and delivering immunization services are not considered an issue in the country. The reasons for non-vaccination are mainly due to family members not bringing their children for immunization or not being aware of the benefits of immunization. The EPI programme is planning to develop a communication plan for EPI to enhance uptake of immunization services by the community. There are plans to collect coverage data in a sex-disaggregated format in the future,

No other equity issues have been identified. According to WHO, Solomon Islands have not done a population based survey (MICS or DHS) for more than a decade. It is considered as a priority country for conduct of a coverage survey.

There is reference to 'capacity building' which addresses the other main reason for low performance, specifically on cold chain maintenance and vaccine management.

3. Governance

The ICC functions as a high-level body with membership comprising of government, bilateral and international organizations but no Civil Society Organisations. Meetings are usually chaired by the Under-secretary of the Ministry of Health with 2 meetings held in 2012 and 3 in 2013. However, the main business of the meeting was to review the application to GAVI for PCV13 and an MR preventive campaign.

There is also a functioning HSCC in the country, and it appears that membership of this body is exactly the same as for the ICC.

There is no mention of any NITAG in the APR, although according to the WHO/UNICEF Joint Reporting Form (JRF), such a group has been established since 2012.

The minutes provided show conclusions and actions to be taken. The governance structures have limited influence given that it is small population country and officials in the Government as well as partner agencies are responsible for multiple programs.

4. Programme Management

There is no evidence of any Annual Plans of Action for EPI being developed or used. There is also no reference to involvement of the ICC in reviewing or discussing any programme plans that may be developed.

All baseline data, performance indicators and future targets are adequately included in APR. It is noted that Solomon Islands has crossed the GAVI eligibility threshold according to World Bank data released in July 2014. It will, therefore, be a graduating country from January 2015.

The coverage rates achieved for all antigens showed a decrease from the levels reached in 2012. DPT3/Penta3 coverage has remained essentially constant with only relatively small fluctuations over the past 10 years.

5. Programme Delivery

The latest EVM assessment in the country was conducted in 22 August 2012 and an EVM Improvement Plan was developed. An EVM Improvement Plan Status Report is provided, but it is identical in all respects to the original EVM Improvement Plan. It is thus unclear which parts of the Improvement Plan have actually been implemented to date and what is the exact status of implementation by the end of the reporting year 2013.

It is noted that from the previous EVM assessment carried out in 2009, only 20% of the recommended improvements had been fully implemented by 2012, another 30% being partially implemented. It is essential to obtain a clear understanding of the exact status of implementation of the EVM Improvement Plan preferably through a country mission. The next EVM assessment is planned for August 2017.

The APR reports there were no vaccine stock-outs of Penta or other EPI vaccines during 2013, and that 'no Issues were encountered'. By comparison, the 2012 report mentioned 'one-month stock-outs of BCG and OPV vaccines in many provinces' impacting coverage during that year. The 2012 EVM report shows that Vaccine Stock Management was found to be one of the weakest among the 9 standard assessment indicators in the EVM, with an overall score of only 33%. Therefore, this shows an improvement from 2012. The trend in vaccine management and stock control over a longer time period and any stakeholder views on these issues cannot be assessed.

The last vaccine introduction was in 2008. The shipment plans for the vaccines has been satisfactory with UNICEF supply division. Solomon made successful application for three vaccines – MR campaign, HPV demo and Pneumococcal vaccine. The PCV is scheduled to be launched in January 2015 and HPV demo in March 2015. MR campaign, earlier scheduled from May 2015, has been preponed to first quarter of 2015 due to an outbreak in the country. Solomons has now applied for IPV for November 2014 IRC review round.

As noted earlier, the coverage in year dropped by 7 percentage points as compared to previous year, hence the country plans to utilize both MR campaign and PCV introduction opportunities to strengthen the routine immunization system.

6. Data Quality

The current EPI targets are calculated based on the census data of 2009, projected with a growth rate of 2.3%. There are only small differences between country population data and UN Population Division figures for 2013. It is recommended that country completes projections for births, deaths, surviving infants and pregnant women for years 2014-2020 and update the table 4 next year.

No independent immunization coverage has been conducted in the past few years and administrative data is the only source currently available. It is noted that in general, there are few discrepancies between national administrative data reports and WHO/UNICEF estimates, although some differences were seen with reports of HB birth dose coverage in 2009 and 2011. One notable exception was measles coverage, where administrative data showed coverage of 97% compared to survey data of 90%, but in general, there are only minor discrepancies between the two sources and national data quality is considered to be acceptable. A national EPI review was conducted in 2012 which assessed all key aspects of the EPI programme including the Data Management System. The activities undertaken to improve administrative systems are described as 'continual training of health staff at provincial level on service delivery, EPI data management processes and reporting'.

The next Coverage Evaluation Survey is planned to be carried out in 2015.

7. Global Polio Eradication Initiative, if relevant

The last reported case of wild polio virus in the country was more than 30 years ago, so polio immunization is fully integrated into routine immunization in the country and no specific polio eradication activities are carried out. There are no polio-supported field staff engaged in the country and there is no need or justification for having any. The country is applying for GAVI support for IPV introduction in September 2014. IPV is expected to be introduced in last quarter of 2015.

District-specific coverage data for DTP3/Penta3 and identification of polio high-risk districts is not provided as part of the APR process for this country and is not reported through the JRF. No polio high-risk districts are identified.

8. Health System Strengthening

Solomon Island was approved for a total grant of \$2,049,340. The first disbursement for HSS was made in August 2013 for an amount of \$499,310. No implementation of activities during 2013, therefore, no progress has been reported. There was a long process for accessing the funds from Central bank to HSS local Account with ANZ. This has since been resolved and the country is ready to start implementation now. WHO recently informed that the implementation has started in third quarter of 2014 and as such the country will need new tranche of funds for activities during the year 2015.

The country response in the HSS PBF section is unclear. It states 'The EPI is a programme working with the overall country Health Sector reform under the umbrella of strengthening the health system through the Role Delineation approach. This is being adapted to the provision of EPI services as part of role delineation, and during introduction of the role delineation strategy, EPI becomes a key component.'

EPI is also institutionalised as part of the nursing programme and will address the skills and knowledge of nursing staff offering EPI and related services, thus boosting the human resource base in the country.

The Ministry of Health and Medical Services (MHMS) has started work on forecasting the cost of EPI vaccines into the current budget gradually and with the introduction of new vaccines, the Government is committed to financing the EPI Vaccines'.

This is not related to actual performance of the EPI. The achievement for year 2013 are lower than ones in 2012, and as such Solomons is not entitled to receive a PBF reward.

No arrangements were made for monitoring and evaluating HSS activities since the funds were not utilized.

A Health facility Costing study funded by the World Bank is to be conducted in 2013 - 2014; Upcoming surveys will include a Demographic and Health survey, a Malaria Indicator Survey, STEPS for all NCDs. These surveys are geared towards strengthening the health system but will not be paid for using GAVI HSS Funds.

The HSS PBF reporting document describes activities that have been adapted towards improving immunization outcomes as:

1. Provincial EPI reviews were conducted at provincial level thus expand the number of participants
2. Development of routine micro-planning with the zones in each of the provinces
3. Provision of support to conduct outreach services within the provincial health budget allocation
4. Supervision of staff at all levels
5. No stock out of vaccines and related supplies during the year.

The above progress is in line with the stated objectives like:

1. Improved availability, access and quality of immunization services, cold chain capacity, IMCI and MNCH.
2. Increase demand of immunization and MNCH services at community level

Solomons faced disruption due to large floods driving attention of WHO on relief and rehabilitation.

It should be noted that like other Pacific countries Solomon Islands has large presence of church based philanthropic activities under the aegis of Solomon Islands Church Association. The extent of their participation in delivery of immunization services is unclear.

Under part 3.1 of the guideline 'Funding Request for Next Programme Year' the country states that: 'A new tranche of funds is requested for 2014, because of the funds received in September 2013, three quarter of the funds are procurement related activities. The new tranche will be required to continue the procurement of OBM boats and Cold Chain equipment'.

9. Use of non-HSS Cash Grants from GAVI

Country is not reporting on ISS fund utilisation in 2013.

Country is not reporting on CSO support fund utilisation (neither Type A or B) for 2013.

Country is not reporting on VIG fund utilisation in 2013.

10. Financial Management

An FMA was conducted and the APR reports its recommendations as being 'Fully Implemented'. It notes that an action plan drawn up for fulfilling the terms of the Aide Memoire covered 2 main points:

1. Having Commercial Bank Account Details;
2. Replenishment of GAVI procedures for cash grants operational account by MHMS and MoFT.

Both of these actions have been implemented, and specific actions included contact and collaboration with the Ministry of Finance for establishment of commercial bank account and a mechanism for funds transfer from central bank. The Ministry of Finance and Treasury have already established the account and Ministry of Health and Medical Services has kept close communication with MOFT on the progress. The Aide Memoire was finalised and signed off for before HSS implementation.

11. NVS Targets

Proposed future NVS targets are considered to be realistic and achievable. It is noted that most targets have been reduced downwards from the ones originally set for 2016 and onwards. Country is not reporting on any NVS Preventive campaigns in 2013 and does not require any change to the current NVS vaccine presentations for the future.

12. EPI Financing and Sustainability

Government continues to fund all traditional vaccines, and its share of the EPI budget was 85% of the total for 2013, up from just over 70% in 2012, so has increased substantially over this year. At the same time, the total EPI budget decreased by almost 30% over the period, from US\$1.8 million in 2012 to around US\$1.3 million in 2013, so the dollar value of Government's share was actually down by some 13%, from more than US\$1.25 million in 2012 to just over US\$1 million in 2013. Longer term trends cannot be assessed without additional data however, and it is not known what direction Government's contributions to EPI have taken historically or will take in future. GAVI support increased slightly over this same period, up from 7.2% in 2012 to 8.8% 2013, while that from UNICEF decreased from almost 20% in 2012 to 6% in 2013.

Solomon Islands was in default of its co-financing requirements for 2013 but has paid off the arrears early in the year. The reasons for the default, as indicated by the country, were of administrative nature and are not expected to constitute a challenge in the next years.

As Solomon Islands will become a graduating country from January 2015, the co-financing obligations will step up from 2016 onwards. This will be substantial keeping in view that it will introduce PCV from 2015.

- EPI performance is likely to continue following eventual graduation from GAVI support.

It is considered that EPI is likely to maintain its current levels of performance and follow the long-term trend as discussed in section 2 above after country's eventual graduation from GAVI support. There is a clear commitment from Government to continue and probably expand its contributions to EPI even if the trend from 2012 to 2013 does not actually demonstrate any expansion in dollar value of its support.

13. Renewal Recommendations

Topic	Recommendation
NVS Penta	Renewal without any change to the current NVS vaccine presentations.
HSS funds	Approval of second tranche

14. Other Recommended Actions

Topic	Action Point	Responsible	Timeline
EVM	An updated report on the implementation of EVM recommendations should be provided showing the exact status as of date, keeping view introduction of PCV, MR campaign and HPV demo in 2015	Country	Next APR
Financial Management	Country is requested to provide bank statements for 2013 showing balance at 31/12/2013.	Country	Next APR
Financial sustainability		Secretariat, WHO	2015
Immunization survey	A graduating country assessment will be conducted and a graduation plan will be developed next year.	Secretariat, WHO, UNICEF	2015
	Advocate for conduct of a DHS or MICS or a coverage survey		