Joint appraisal report

Country	Honduras
Reporting period	Last joint appraisal: March 2014 - Current joint appraisal: September 2015
Fiscal period	January to December 2014
Graduation date	31 December 2015

1. EXECUTIVE SUMMARY

1.1. Gavi grant portfolio overview

The Ministry of Health (SESAL) is strongly committed to free and universal immunisation access, and therefore fully funds traditional vaccines for the routine immunisation schedule and over 90% of immunisation programme operating expenses. In 2014, the cost of the Expanded Programme on Immunization (EPI) totalled L. 346,150,962.19 (US$ 16,730,351). The Government of Honduras funded 83% of this amount, which is L. 287,633,890.37 (US$ 13,902,073) with 17% or L 58,517,071.82 (US$ 2,828,278) provided by external funds. Gavi contributed 91% (US$ 2,582,095) of the foreign funding total; the remaining 9% came from other donors including PAHO/WHO, UNICEF and the Church of Jesus Christ of Latter Day Saints.

It is important to note that from 2010 to 2014, Gavi continued to be the main source of external funding for immunization through new vaccine co-financing. Gavi co-financing has fallen from 80% in 2012 to 20% in 2014 as per established policy, with Honduras progressively assuming new vaccine funding with national funds.

Gavi funding has been essential to implementing activities in accordance with new vaccine introduction plans. Nevertheless, this contribution is solely reflected in the annual EPI action plan and not in the Ministry of Health's national budget, as Gavi transfers the funds directly to PAHO/WHO.

With Gavi's support, Honduras has successfully introduced the rotavirus and pneumococcal vaccines, which have led to a decrease in infant diseases and mortality associated with rotavirus diarrhoea and pneumococcus.

In terms of Health System Strengthening (HSS) support, in 2014 Gavi contributed US$ 156,698 to removing major barriers to effective immunisation service delivery in the Islas de la Bahía region, emphasising maternal and child healthcare. These include weaknesses in health service network supervision and evaluation, limited funding to mobilise health teams to areas at risk due to low immunisation coverage and geographical inaccessibility, a shortage of human resources, healthcare equipment and overall limited financial resources.

The measures promoted through HSS improved health service access through the delivery of basic health service kits (PBSS) to risk areas, the hiring of auxiliary nurses, which prevented the temporary closure of health facilities, and the distribution of basic equipment for maternal and child healthcare. The health service network supervision and evaluation process was strengthened, facilitating periodic visits and the monitoring of health facility commitments. Moreover, activities benefited from the delivery of integrated health services in terms of health promotion and disease

prevention, improving to some extent the clinical and curative approach of the areas served.

HSS support has helped increase the percentage of municipalities with coverage rates of more than 80%, from 32% (2007 baseline) to 91% in 2014.

Also helping to overcome bottlenecks are the HSS national counterpart funds allocated to the health budget between 2010 and 2014 in the amount of US$ 523,683. The EPI has strengthened the cold chain and supplies component (Annex G: Report on Gavi-HSS national counterpart fund implementation).

1.2. Summary of grant performance, challenges and key recommendations

Grant performance (programmatic and financial management of NVS and HSS grants)

Achievements

- Introduction of rotavirus and pneumococcal conjugate vaccines, which contributed to decreasing disease and mortality associated with rotavirus, pneumonia and bacterial meningitis in children under five.
- Cold-chain strengthening in terms of equipment, maintenance and supervision, with emphasis on primary care.
- Improvement in health service access and coverage for the 13 priority areas of Islas de la Bahía health region through delivery of basic maternal and child healthcare service kits and equipment to 144 health facilities.
- Assistance with health promotion, vector-transmitted and contagious disease prevention and control, and healthcare for at-risk families in selected communities.

Challenges

- Availability of accurate population estimates for infants under one and children aged 1-4 years for coverage calculations.
- A shortage of human resources at high-demand health facilities to provide integrated healthcare.
- Funding to implement an ongoing communication strategy for the routine programme. Funding is only available on immunisation days or for campaigns.
- Ensuring the national budget for immunisation programme operating expenses.
- Ensuring the timely annual allocation and disbursement of national counterpart funds to complement the activities proposed in the Transition Plan and in the HSS line of support.

Key recommended actions to achieve sustained coverage and equity (list the 3-5most important actions)

- Guarantee of national budget funds to comply with the Vaccine Act (customs clearance, vaccine, syringe and sharps box distribution, and EPI operating expenses on a national scale).
- Dissemination of monitoring results on health region management commitments, including immunisation coverage indicators and evaluation of measures implemented.
- Expediting regulation of the Republic of Honduras Vaccine Act.
- Updating the municipalities at risk due to low immunisation coverage based on the new projections of the 2013 National Census on Population and Housing.

1.3. Requests to Gavi's High Level Review Panel

Grant Renewals

New and underused vaccine support

- Access to Gavi prices for rotavirus and pneumococcal conjugate starting in 2016 and the creation of a timeline for access.
- Extension to finalise implementation of the funds for the transition plan is requested up to December 2016.

Health systems strengthening support

- Cost-free extension for implementation of the HSS grant is requested up to December 2016
- Disbursement of the second year of the grant for US$ 2,011,624 is requested.
- Reallocation of the funds budgeted for the coverage survey.

1.4. Brief description of joint appraisal process

The Ministry of Health and Gavi jointly set the appraisal date for 14-18 September 2015.

A technical working group under the leadership of the Management Planning and Evaluation Unit (UPEG) was formed, composed of technicians from Gavi-HSS, the EPI, PAHO/WHO, units from the Ministry of Health and the Ministry of Finance, and members of the International Health Cooperation Committee (IHCC) and the National Health Council (CONSALUD).

The technical working team set the stage for the following phases: 1) preliminary report for the joint appraisal, reviewing key documents such as annual progress reports for 2013 and 2014, the EPI evaluation for 2010-2014; 2) preparation of the appraisal; and 3) conducting the joint appraisal.

The preliminary report was prepared by a team composed of UPEG-EPI and PAHO/WHO. It was then sent to the members of the joint appraisal team for review. Adjustments were made following debate and discussion at a working meeting on 11 August. The report was sent to the Gavi Secretariat prior to its visit to Honduras.

During the joint appraisal, the technical working group reviewed the report submitted by Honduras. It was subsequently approved at the IHCC/CONSALUD meeting.

2. COUNTRY CONTEXT

2.1. Comment on the key contextual factors that directly affect the performance of Gavi grants.

The Government of Honduras, through SESAL, is committed to the strategy of universal access and health coverage, which prioritises primary healthcare, of which immunisation is a major component.

The National Health Plan and Institutional Strategic Plan for 2014-2018 specifically prioritise pregnant women and children under five for healthcare delivery, which includes immunisation services as cost-effective interventions that reduce illness and mortality caused by vaccine-preventable diseases.

In the context of Gavi support, the following is a description of the key aspects linked to grant performance and implementation:

The National Health Model: This covers healthcare, management and financing components. The healthcare component will focus on health promotion and disease prevention and control with dedicated resources. The Ministry of Health is currently defining a set of guaranteed health services for each stage of life. Service delivery will be organized through integrated health service networks for primary and secondary healthcare provided by public and private suppliers. These will provide goods and services within a defined territory and population. Challenges of this model are linked to the configuration of the network, governance under decentralised and non-decentralised management scenarios in certain regions, and the transfer of management responsibilities. In this context, the EPI cold chain and supply chain must be reviewed and reorganised (eg infrastructure, human resources, consumables and logistics, among other concerns).

Central level organisational development: Changes have been established with regard to governance functions and strengthening the role of governance due to human resource specialisation. In this context, the role of EPI in relation to location, levels of authority and operations has not been defined. Moreover, EPI has not been included in information about the changes at the central and regional levels, creating knowledge gaps about activities within the new framework of action (eg, regarding the supply chain in the integrated health service networks). This leads to ambiguity and some degree of confusion at all levels of the system with regard to activities and competencies.

Regional level organisational development: Human resources for the 'EPI regional coordinator' function were largely assigned new functions in the integrated health service networks starting in 2013. Nevertheless, some continue to work on EPI.

Capacity-building has still not been achieved in some regional offices which, as per their new role, are obliged to assume EPI-related functions in planning, scheduling, the cold chain, the supply chain, training, monitoring, supervision and evaluation, among other responsibilities.

The following are funding highlights:

- The Ministry of Health fully funds traditional vaccines for routine immunisation and over 90% of immunisation programme operating expenses.
- In 2014, the cost of the EPI was L. 346,150,962.19 (US$ 16,730,351). The programme was funded 83% - L. 287,633,890.37 (US$ 13,902,073) – by a combination of the national budget, the Honduran Social Security Institute (IHSS), municipalities, NGOs and the private sector. Some 17% of the budget – L 58,517,071.82 (US$ 2,828,278.08) – was sourced from external funds provided by Gavi, PAHO/WHO, UNICEF, Project HOPE, the Church of Jesus Christ of Latter Day Saints and other donors (ASHONPLAFA): It is important to note that from 2010 to 2014, Gavi continued to be the main donor for immunization (Health, 2015).

- In 2014, the Government allocated L 194,418,104.57 (US$ 8,873,325) for vaccine purchases, L 7,094,426.48 (US$ 323,793) for syringes and sharps boxes, and L 10,493,128.04 (US$ 478,911) for cold-chain equipment.
- On 26 March 2014, the 'Vaccine Act of the Republic of Honduras' took effect, but without any regulations. The Act will contribute to financial sustainability of vaccines, supplies and social communications, which involves the municipal authorities. Gavi funding is available in the transition plan of action.

Constraints affecting EPI performance:

- In 2013, the National Statistics Institute (INE) conducted a population and housing census, the data for which have still not been published. Hence, no valid projections are available. This has a significant effect on the calculation of immunisation coverage rates and the allocation of technical, financial and other resources.
- There are constraints regarding the customs release of MoH (SESAL) products, including EPI products, associated with certain changes in the legal framework of the Executive Directorate of Revenues (DEI) and the lack of an MoH budget item, which has given rise to delays in releasing some vaccines, syringes, sharps boxes and cold-chain equipment and hefty MoH payments for delay, unreleased product storage and additional distribution.
- There are difficult-to-access areas, areas with high levels of insecurity, violence, migration, etc, which hamper the achievement of equitable coverage in terms of immunisation and other health interventions.

3. GRANT PERFORMANCE, CHALLENGES AND RENEWAL REQUESTS

3.1. New and underused vaccine support

3.1.1. Grant performance and challenges

Programme performance and challenges:

In 2014, Honduras received Gavi support to co-finance new vaccines for the routine schedule: rotavirus and PCV-13. Honduras achieved 87% coverage among infants under one year of age for both vaccines, but failed to reach the 95% coverage target. Several reasons have been identified for this, including:

- Availability of population estimates for infants under one and children aged 1-4 for coverage estimates. Analysis of the administrative immunisation coverage of 87% for DPT-HepB-Hib and a comparison with the results of the National Demography and Health Survey (ENDESA) 2011-2012 found coverage rates of 95%.
- Decrease in the enrolment of the target population according to 2011-2014 data, which linked the decline in routine programme outreach activities to health worker insecurity, limited transport and logistics, and fuel shortages.

- Ensuring the national budget for immunisation programme operating expenses.
- Lack of funds to implement a sustained communication strategy for the routine programme. Funding is only available on immunisation days or for campaigns.
- Health facilities closed for long periods of time due to lack of human resources (hiring freezes), routine holidays or prophylactic breaks,[1] disabilities, etc.
- Scarcity of permanent health staff in high-demand health facilities to provide integrated healthcare.
- Lack of quality immunisation data at the municipal level.
- Inadequate health facility supervision at the municipal level due to funding, transport, fuel and human resource problems.
- Lack of monitoring decentralised management agreements, particularly as regards maintenance of the cold chain and information systems.
- Weaknesses in the operation of health analysis units in the majority of health regions, which affects monthly immunisation coverage analyses and proposals for timely interventions. This is expected to be resolved in 2015 with Gavi-HSS funding support.
- Immunisation service constraints due to family and caregiver work schedules, limiting access for the working population.
- Late transfers from the Ministry of Finance to PAHO/WHO for the purchase of cold-chain equipment as programmed in the annual agreement.
- Limited funding, transport, fuel and spare parts to conduct maintenance and supervision activities on the cold chain in some health regions.

The original targets approved by Gavi in the 2013 Decision Letter were changed for 2015: all vaccines, except for tetanus toxoid for pregnant women, were modified, from 95% to 92% for rotavirus and pneumococcus, maintaining wastage rates at 5% and the dropout rate lower than the 5% expected at the set target (1%) (Health Secretariat, Annual Progress Report 2014 submitted to Gavi by the Government of Honduras, 2015).

Results of the analysis on equity

The ENDESA 2011-2012 health and demography survey showed that immunisation coverage for the third pentavalent doses presented a slight difference (2.2%) between the upper and lower wealth quintiles (98% and 95.8%, respectively). No immunisation disparity was shown for gender: coverage for boys was 95.5% and for girls 95%, similar to other vaccines administered to children under the age of 2 (Statistics, 2014).

Differences do exist in immunisation coverage rates by municipality for children aged under 2. During 2012-2014, the number of municipalities at risk due to coverage rates below 95% increased for all the vaccines in comparison with 2010-2011. In 2014, for the pentavalent vaccine, 74% (222) of municipalities did not achieve coverage above to 95%; These were mainly rural municipalities distributed over 19/20 health regions, with less than 500 annual births.

[1] Prophylactic breaks: Unpaid time off given to health personnel exposed to risk by offering a health service.

Progress in the implementation of new vaccine introductions

In 2014, Honduras did not introduce any new or underused vaccines with Gavi support.

In the Joint Appraisal Report for 2014 drawn up in March, three actions were recommended, progress on which are as follows:

- Data quality:
  - Data Quality Self-assessment (DQS): this was scheduled for the fourth quarter of 2014 with funds from the Transition Plan, but due to delays in fund availability this has been rescheduled for November 2015.
  - Coverage survey: scheduled for the second half of 2016 with Gavi-HSS funds.
- Effective Vaccine Management (EVM): An assessment was conducted under PAHO/WHO from 22 August to 11 September 2015.

Key bottlenecks and corrective measures

- Vaccine and cold-chain management: Problems have been related to the process of customs clearance, vaccine and supplies distribution and MoH organisational restructuring. The main corrective measures that have been taken are the following:
  - Highlighting the problem at the political level made it possible to identify national funds to prioritise vaccine customs clearance, whereby SESAL will have to put in place an administrative mechanism ensuring sustainable funding.
  - Coordination between the National Drugs and Supplies Warehouse (ANMI) and the EPI to ensure the transport of syringes and sharps boxes in accordance with the six-month distribution schedule.
  - Identification of measures that can ensure the distribution of vaccines and supplies is underway.

- Management of human resources and service delivery: there is a shortage of human resources for immunisation at the local level to ensure in-house and outreach delivery. Actions to resolve this include:
  - In the context of the national health model aimed at ensuring continuous and integrated healthcare, 338 primary healthcare teams distributed across the health regions have been formed. Their main function is to attend to the health of an assigned population group through health promotion and disease prevention, covering immunisation and curative, rehabilitation and surveillance activities. (Health Secretariat. Operational Guidelines of Family Health Teams, 2015).
  - These teams will be trained in EPI standards in 2015 with funds from Gavi-HSS.

- Generating demand and communication: the development and implementation of a sustained national communication strategy to increase demand for immunisation services, strengthen institutional structures at all levels and improve financing is required. Corrective measures to resolve this include the following:
  - EPI 2013-2017 contains a National Plan for Health Promotion.
  - Gavi-HSS support funds will contribute to its implementation.

- Challenges in complying with co-financing requirements: Starting in 2016, Honduras will assume full financing as per the framework of the Vaccine Act of the Republic of Honduras.

- Programmatic capacity of the entity to manage NVS grants: SESAL has the technical capacity to manage the new line of vaccine support, which covers formulation of statements of interest and applications, implementation and the monitoring of approved support grants.

Financial performance and challenges:
In 2014, the Ministry of Health did not receive any grants for new vaccine introduction.

3.1.2. NVS renewal request / Future plans and priorities

Vaccines currently approved:
Honduras graduates from Gavi fund eligibility in 2015, requiring it to have access to Gavi prices for the new rotavirus and pneumococcal conjugate vaccines to be introduced in 2016, with a defined timeline.
There are no plans for changes in vaccine types or presentations.

New application or new immunisation programme priorities:

- Honduras submitted a proposal for a new and underused vaccine grant application for the inactivated polio vaccine (IPV) and cash support to introduce a single dose of IPV into the routine immunisation schedule at two months of age. The Independent Review Committee (IRC) recommended approval of an IPV donation and a vaccine introduction grant in the amount of US$ 169,000. The country has scheduled introduction for November 2015.
- SESAL submitted a statement of interest to Gavi to introduce in January 2016 the HPV vaccine in a two-dose formulation for girls aged 11, and for a vaccine introduction support grant, along with technical assistance in preparing the application for support in 2015.

Emerging new priorities for the national immunisation programme:
The EPI multi-year plan for 2016-2020 will be completed by 2015. Based on an analysis of the programme, the main identified priority action lines are as follows:

- Implementation of improvement plan from the EVM assessment.
- Implementation of improvement plan from the data quality assessment.
- Nationwide expansion of the individually identifiable immunisation record.
- Implementation of the sixth measles monitoring campaign in September 2016.

3.2. Health systems strengthening (HSS) support

3.2.1. Grant performance and challenges

The activities scheduled as per the 2014 plan were implemented as agreed. The targets of the HSS initiative (2008-2013) were assessed together with the regional coordinating teams and one municipal representative from the nine priority health regions, with the assistance of related technical units. The document was attached to the Annual Progress Report 2014 as Annex 30. Successful experiences were identified, including: extension of health service coverage and improved access in the 281 priority communities, and capacity-building of local team management

through local planning (preparation of operating plans) and direct administration of the funds by the health regions.

Basic equipment was supplied to 138 health facilities in nine health regions. Cold-chain refrigerators for five health regions and office furniture for vaccine storage facilities were purchased.

The action plan for the Islas de la Bahía health region was completedand the reimbursement of funds that were seized during 2013 – leading to the completion of the outstanding activities:

1. Hiring of two auxiliary nurses;
2. Completing all scheduled visits to deliver basic health kits (36 visits to 13 communities) for maternal and child healthcare;
3. Organisation of five health seminars in the two priority municipalities;
4. Training of 18 health volunteers in integrated community child care (AIN-C) and continued monitoring in nine selected communities;
5. Quarterly visits to four health facilities;
6. Six-month evaluation.

In 2014, support was given for EPI supervision visits for epidemiological surveillance, cold- chain operations, vaccine supplies stock management (VSSM), vaccine delivery to the regions and the monitoring of immunisation coverage in municipalities at risk.

Results were obtained thanks to the contribution and participation of local governments, health volunteers and NGOs, particularly for outreach activities, such as the delivery of basic health kits for maternal and child healthcare, health days and integrated community child care.

Implementation bottlenecks, corrective measures and lessons learned

The implementation period of the Gavi-HSS plan was initially 2008-2011. This timeline was extended to 2014, however, because of the following events:

1. Arrival of funds in the third quarter of 2008 and the lengthy administrative procedures required for disbursement;
2. Political crisis in 2009, which led to the temporary suspension of funding and activities;
3. Slow administrative procedures for disbursements and acquisitions;
4. Limited human resources assigned multiple roles in implementing units (health regions);
5. High mobility of administrative personnel in the health regions;
6. Weak logistics capacities in the municipalities and health regions;
7. Weakness of some intermediate-level teams in conducting procedures and building capacity of local teams;
8. Difficult access to some geographical areas and inadequate transport in the municipalities. This situation was exacerbated by rainy weather;
9. Frequent insecurity and violence in certain areas;
10. Work stoppages and meetings by trade unions.

It was not possible to resolve most of these bottlenecks since they lay beyond the competencies of implementing units. For example, resolving staff shortages is dependent on national budgetary funding, while difficult geographical access to some towns, insecurity and work stoppages require multipronged interventions.

The following corrective actions are noted:

- Monitoring visits to the regional level created venues for municipal team participation to analyse problems and formulate interventions.
- Meetings were held with PAHO/WHO and the administrative teams on strategies to expedite fund disbursement: the use of matrices with specific data, the division of annual amounts into half-yearly sums for direct national approval and the request for an exception in the disbursement of the full amount of the decision letter in accordance with implementing units.
- Purchase of vehicles for transport included as an item in both donor funding and national plans.

To date, there has been no external health data quality assessment except in regard to immunisation, where an international evaluation took place in 2007, with another scheduled for 2015. National immunisation evaluations were conducted during 2008-2012.

As per the recommendations of the 2014 Joint Appraisal Report, an evaluation of HSS for the 2009-2013 period was carried out during the first quarter of 2014, applying the lessons learned:

1. Funding for HSS support focused on 281 communities in 46 selected municipalities, considered the geographical priority area according to an established set of criteria. However, the distribution of funding by areas instead of municipalities made it difficult to assess the impact of activities.
2. A permanent intermediate-level coordinating team in the field was available throughout the project implementation period.
3. Monitoring indicators covered by the official health information system were identified so as to systematically generate results (on a monthly basis).
4. Funds necessary for in-situ monitoring and evaluation and six-month evaluation meetings were included in the project budget.

Honduras prepared a new HSS request for 2014, which was approved that same year, demonstrating a technical and programmatic capacity to manage grants.

Financial performance and challenges

The budget approved for HSS was fully implemented as of December 2014. Funding was originally scheduled for the 2008-2012 period; however, due to the reasons described above, rescheduling was requested through the annual progress reports, given that annual average financial implementation was 57%.

The implementation capacity of health regions was restricted by the following factors:

1. Allocation of funds during the second half of the year, when geographical access to the communities is hampered by rainy weather.
2. The mobility of administrative personnel, which called for the training of new staff in administrative guidelines.
3. The frequency of interventions, necessitating more transport and logistics to serve communities.

Lengthy PAHO/WHO acquisition processes accounted for part of the delay in financial implementation, since the purchasing budget represented 37% of total funding.

The funds were managed by PAHO/WHO, which channelled funding directly to each of the Gavi-HSS implementing units. Fund allocation by PAHO/WHO averages two to three months from the time SESAL submits a request up to actual disbursement to the implementing units through Letters of Agreement.

Given these challenges, it was proposed to reduce the administrative transaction time for the approval of disbursements and purchases, to increase the ceiling for amounts that the PAHO/WHO Honduras office can locally approve, and to reduce the PAHO/WHO/WDC response timeline (two months).

3.2.2. Strategic focus of HSS grant

HSS objectives and activities contributed to alleviating some health system bottlenecks, such as:

1. Weakness in the oversight of the regulatory framework: support was given to the supervision and evaluation process, improving implementation and monitoring of the technical standards for improving the quality of health services. Likewise, the priority health regions managed to conduct six-monthly health service and communication improvement evaluations in management between the different levels.
2. Funding. The HSS budget funded the mobilisation of teams for outreach activities to priority and/or neglected communities.
3. Contributions were made towards improving the capacity of health facilities by hiring auxiliary nurses and distributing basic healthcare equipment.
4. Healthcare model prioritising clinical and curative approaches: activities favouring health promotion and disease prevention were given a boost through the holding of health fairs, the distribution of basic health service kits for maternal and child healthcare and the integrated community child healthcare strategy.
5. Improvement in immunisation coverage in municipalities at risk: the municipalities benefiting from HSS were selected based on criteria prioritising those municipalities with 3rd pentavalent dose coverage rates of less than 80%. Hence, in visits to deliver basic health service kits for maternal and child healthcare, immunisation services were stressed, improving the percentage of municipalities with immunisation coverage higher than 80%, from 32% (baseline value) to 91%.

Also contributing to improvements were the national HSS counterpart funds allocated in the health budget between 2010 and 2014, totalling US$ 523,683. This funding specifically supported strengthening of the cold chain and supply components in the EPI (Annex G).

3.2.3. Request for a new tranche, no-cost extension, re-allocation or reprogramming of HSS funding/Future HSS application plans

In 2014, a new grant of US$ 5,540,935 for Health System Strengthening for effective immunisation delivery was approved for 2015-2016.

A no-cost extension up to December 2016 is requested for implementation of the HSS grant due to the following:

- Honduras received a disbursement of HSS grant funds on 26 April 2015. From May to July, operating plans were prepared and adjusted with a view to requesting the funds from PAHO/WHO.
- Training activities were initiated in June 2015.
- Allocation of funds from PAHO/WHO to the implementing units (health regions and UAFCE) is currently underway.
- UAFCE participation as HSS fund administrator has increased the administrative procedures for fund allocation to the implementing units, which may lengthen the process.

Reallocation of the expense items for the following activities is requested:

1. Activity No 8: 'Health profile update 2009 in relation to the new health model prioritising immunisation services' in objective 1:

   US$ 50,000 had been earmarked to hire a consultancy to update the health profile. The proposal is to pay: 1) a consultancy to build a software tool that links databases and generates reports by way of output using the indicators established in the health profile; 2) acquisition of computer and office equipment to set up a centre for integrating strategic data. This reallocation will make it possible to systematically update the profile without necessitating budgetary changes.
2. Activity No 9: 'Conduct a national survey on immunisation coverage through the National Statistics Institute', in objective 2.

   US$ 250,000 was earmarked for the survey during the second year. Given the results of the census, this activity is no longer pertinent. Other activities will be strengthened under the same objectives. A revised budget will be submitted at the end of 2015.

3.3. Graduation plan implementation *(if relevant)*

Background

The joint appraisal visit by the Gavi Secretariat and partners to Honduras in March 2014 set the stage for the Gavi-supported transition plan for 2014 and 2015, formulated in December 2014, and approved for an amount of US$ 378,912.00.

The local representatives of PAHO/WHO notified the EPI regarding the availability of the funds at the end of April.

Progress in implementation

Due to the fact that funds arrived at the end of April amid preparations for the National Immunisation and Deworming Days 2015 (11-22 May), priority was given to this activity. Progress has been made as follows:

:

- In May, the Minister of Health delegated management of transition plan funds to UAFCE and gave notice to PAHO/WHO.
- Establishment of UAFCE-EPI coordination through working meetings during June-July, which has made it possible to define administrative guidelines, request flows, and hold joint meetings with the PAHO/WHO administrative area.
- A map of subsidies has been prepared setting forth details by category and type of aid, component, activity, budget in US dollars and lempiras and year of implementation, in accordance with EPI requirements.

- The terms of reference for the consultation to regulate the Vaccine Act are now available.

Constraints in implementation

- Possible delays in implementation due to administrative procedures proposed by UAFCE in the framework of SESAL reorganisation.
- Limited administrative human resources in UAFCE to manage Gavi funds and the delay in the hiring of a Gavi fund accounting official.
- Due to the fact that the EVM assessment (three weeks) coincided with the joint appraisal (one week) in August and September, and given the introduction of the IPV, the start of implementation was rescheduled for October 2015.

Corrective measures

- The State Department for Health has authorised the transfer of an administrative resource person to UAFCE starting in July 2015.
- Periodic coordination and monitoring meetings between UAFCE-EPI and UAFCE-DGRISS.
- Request to UAFCE from DGRISS for the review of internal administrative procedures to expedite transactions.

Requests to the High Level Review Panel: The country requests an extension from Gavi to finalise implementation of the transition plan funds to December 2016.

3.4. Financial management of all cash grants

In 2014, SESAL utilised cash grants, but only for HSS support since implementation of NVS support was finalised in 2012.

With Gavi support during 2008-2014, the following objectives were achieved:

1. Capacity-building of local team management through local planning (preparation of operational plans) and direct administration of the funds.
2. Improvement in health service coverage and access through the periodic delivery of basic health service kits to 281 priority communities.
3. Implementation of the integrated community child-care strategy in 208 communities and the IMCI strategy in 28 health facilities.
4. Distribution of basic equipment for maternal and child healthcare to 144 health facilities. Allocation of 16 motorcycles and 13 vehicles to the health regions.
5. Strengthening of the supervision, monitoring and evaluation processes, allowing for systematic visits to health facilities and half-yearly evaluations.

HSS fund financial management

Funds from donations were channelled through Honduras PAHO/WHO to the different implementing units, namely: health regions, the EPI and the Central Coordinating Unit/UPEG (UCC/UPEG). The Annual Progress Report 2013-2014 describes the mechanisms for fund allocation and accountability, representing the financial management of funds throughout the implementation period.

Mechanisms of accountability:

Each implementing unit submitted their liquidation of expenses for the funds allocated in accordance with established administrative guidelines. The accounting was reviewed and approved by UCC/UPEG and the Special Accounts Unit of SESAL Administrative Management for dispatch to PAHO/WHO.

No new funds were allocated if the payment submitted did not comply with the requirements established in the plan, the objectives of the HSS initiative, the transparent handling of funds and the administrative standards of PAHO/WHO.

The steps described above represent a sequential auditing procedure for liquidation that is technical as well as financial. Moreover, every two years the funds were audited by external firms at PAHO/WHO.

In regard to the HSS funds that were attached, these were reimbursed to the Islas de la Bahía health region through the national counterpart funds to complete pending plan activities.

3.5. Recommended actions

Actions	**Responsibility** (Government, WHO, UNICEF, civil society organisations, other partners, Gavi Secretariat)	**Timeline**	**Potential financial resources needed and source(s) of funding**
To guarantee national budget funds to comply with the Vaccine Act (customs clearance, vaccine, syringe and sharps box distribution, and EPI operating expenses on a national scale).	Secretary of State at the Department of Health	January each year	No funding required
Dissemination of the monitoring results on health region management commitments, including immunisation coverage indicators and surveillance of measures implemented.	Integrated health service network (RISS) subsecretariat	Quarterly	No funding required
Preparation of an activities programme for the reallocation of the budget previously earmarked for the immunisation coverage survey.	DGRISS and EPI IHCC-CONSALUD	Fourth quarter of 2015	No funding required

Actions	**Responsibility** (Government, WHO, UNICEF, civil society organisations, other partners, Gavi Secretariat)	Timeline	**Potential financial resources needed and source(s) of funding**
Defining the place of the EPI in the SESAL organisational structure in the framework of the new organisation developments.	CONCOSE	Fourth quarter of 2015	No funding required
Identifying and defining mechanisms to sustain health service achievements and activities, emphasising immunisation at the regional level.	RISS subsecretariat, UPEG, Administrative Management, EPI	First half of 2016	No funding required
Management of the funds must be flexible due to limited time and donor requirements.	UAFCE and PAHO/WHO Administration	Throughout the entire project management	No funding required
Expedite regulation of the Vaccine Act of the Republic of Honduras	General Secretariat SESAL	Fourth quarter of 2015	Transition Plan with Gavi support
To transact disbursement of the complementing (national) funds for the Transition Plan and Gavi_HSS in the first quarter of each year	DGRISS and Management SESAL	First quarter	No funding required

4. TECHNICAL ASSISTANCE

4.1 Current areas of activities and agency responsibilities

Technical support needs to achieve the targets projected for 2016 are as follows:

- **Implementation of the Graduation/Transition Plan:**

1. Support in extending the use of the vaccine and supplies inventory management tool (VSSM and wVSSM).
2. EPI supervision at all levels of the health service network, combining the active institutional search for cases and rapid coverage monitoring (RCM).
3. Support for vaccine-preventable disease surveillance, including national and international dispatch of samples in suspected cases.
4. Evaluations from the immunisation services of the 20 health regions integrated into health service evaluations (for the first and second half of the year).
5. Phase one of the national DQS and preparation of the improvement plan.
6. Implementation of the information system for the nominal recording of rotavirus, pneumonia and bacterial meningitis cases in eight sentinel sites.

- **Implementation of Gavi HSS support in graduating countries:**

1. Support in extending the implementation of the wVSSM tool for SESAL drugs and supplies inventory management.
2. Refresher and training courses for cold-chain technicians.
3. Training and scale up in the use of the nominal system of immunisation (SINOVA) at the regional level, followed by the municipal level.
4. Training in immunisation coverage analysis and epidemiological surveillance of vaccine-preventable diseases for the teams responsible from the regional and municipal analysis units.
5. Support in the acquisition of equipment, materials and reagents for the laboratory diagnosis of vaccine-preventable diseases.

4.2 Future needs

1. Design and implementation of the health accounts system that will include a subordinate EPI account.
2. Reorganisation of the EPI cold chain and vaccines and supplies chain.
3. Training for the family health teams through the use of ICTs (information and communication technologies).
4. Support in the planning, implementation and international certification of the measles-rubella campaign through rapid coverage monitoring (RCM).
5. Support in extending the implementation of the wVSSM tool for SESAL drugs and supplies inventory management.
6. Training in immunisation coverage analysis and epidemiological surveillance of vaccine-preventable diseases for the teams responsible from the regional and municipal analysis units.
7. International exchange on best practices in nominal immunisation record-keeping (SINOVA).
8. Phase two of the national DQS and preparation of the improvement plan.
9. Strengthening the Social Communications Unit of SESAL to implement the EPI health promotion plan.
10. Technical assistance in the organisation and operation of the integrated health service network in the framework of the RISS Regional Management Plan.
11. Integration of immunisation-related services into the global costing plan for guaranteed health services.

5. ENDORSEMENT BY ICC, HSCC OR EQUIVALENT & ADDITIONAL COMMENTS

The joint appraisal report was presented and approved at the fourth meeting of the IHCC-CONSALUD held on 18 September 2015, with the participation of the evaluation mission from Gavi and partners (Annex H, Minutes of IHCC-CONSALUD to approve the Joint Appraisal Report 2015).

Issues raised during the debrief of joint appraisal findings to national coordination mechanism:

Any additional comments from

- Ministry of Health:

Dr Carlos Sagastume/Technician, Department of Secondary Healthcare Services*: asked how the population estimates of the National Statistics Institute (INE) have affected immunisation coverage rates and what will happen to the new projections and coverage rates.*

Dr Ida Molina/EPI Head: *gave a historical background to population census estimates, saying that the 2001 census projections overestimated the under-five population and that the recent projections of the 2013 census are closer to reality. Recalculation of immunisation coverage rates raises them from 85% to 98% in 2014.*

Ms Maribel Flores/Customs Department-SESAL, *with regard to the refrigerated vehicles to be acquired with Gavi-HSS funds, asked whether the acquisition of a refrigerated vehicle with greater capacity for the national vaccine warehouse has been considered.*

Dr Ida Molina/EPI Head *informed her that the vehicles to be acquired through this support are for the regional warehouses, but that such a purchase will be requested with funds reallocated from another activity.*

- Partners:

Dr Dilberth Cordero, FGL and PAHO/WHO Life Course Consultant: *asked Gavi what the term 'graduation' means.* ***Mr Homero Hernández/Gavi****: explained the Gavi policy. Gavi has a defined threshold of income per capita: as the Honduran economy has improved, like other countries in Latin America it is offered a transition period for it to assume a percentage of the funding for all the vaccines, with an average period of five years up to graduation, when Gavi support ends. Over the past few years Gavi policy has adapted, granting timelines for the countries to identify fiscal spaces and offering vaccine access at accessible prices over a long term that extends beyond graduation. In the specific case of Honduras, support will stop in 2016, but it will have access to the new vaccines for five years at Gavi prices, and an extension to 10 years is currently being negotiated. On graduating, the Gavi-Honduras relationship will diminish, although some lines of support will continue and the country is expected to maintain its good performance.*

Dr Renato Valenzuela, National Immunisations Advisory Committee (CCNI) Chairman, thanked Gavi for its support *and asked how many countries have graduated to date and what impact this has had on immunisation coverage.*

Mr Homero Hernández/Gavi: *explained that three countries have technically graduated with underused vaccines, Hepatitis B: China, Bosnia Herzegovina and the Ukraine. Currently, the policy on graduation and transition varies. Honduras is one of the first countries to graduate out of a group of 16 countries like Moldova, and as Honduras is the first graduating country in the Americas, time will tell. Dialogue is underway with the donors.*

However, these do not always listen to the Gavi Secretariat on mitigating the impact of stopping support, above all, in African countries. This risk is lower in the Americas, since there are laws protecting immunisation that do not exist in other countries. Nevertheless, the gaps in operating expenses are a challenge. Policy review is a matter being discussed with the donors.

Ms Aída Codina, Chairman of the College of Nurses, *commends the SESAL for the evaluation, because throughout the process it has shown transparency, which is good for the country. She asked Gavi if, when Honduras graduates, support for HPV will be possible. She insisted on the screening strategy in this area and asked whether HPV immunisation will include girls in private educational centres. This vaccine has a long-term impact, unlike other vaccines. Support in this area has a high human benefit for the population. She thanked the cooperating partners and the EPI for their excellent performance.*
Dr Hernández, Gavi: *As regards HPV, Gavi is allowing graduating countries access to this vaccine. He congratulated Honduras for its great effort of presenting an application in such a limited time. Support consists of access for five years at Gavi prices plus an introduction grant; extension to 10 years is still in the process of confirmation.*

6. ANNEXES

Annex A. Key data (this will be provided by the Gavi Secretariat)

Annex B. Status of implementation of the key actions from the last joint appraisal and any additional High Level Review Panel (HLRP) recommendations

Key actions from the last appraisal or additional HLRP recommendations	Current status of implementation
Ensure fast implementation of graduation transitional funds to conduct DQS activities in the short-term, as proposed in plan of action submitted for funding approval.	The funds for the Transition Plan were received during the last week of April. Fund implementation began in August 2015.
Prioritise coverage survey activities, as projected in the HSS proposal.	Currently, the activity is no longer pertinent since the results of the 2013 Population and Housing Census published recently have modified population projections for the calculation of immunisation coverage rates, validating the findings of the National Demography and Health Survey (ENDESA 2011-2012).
Conduct an end-of-grant evaluation to ensure lessons learned are recorded and used to implement a possible second HSS grant if approved by IRC June 2014	HSS grant evaluation was conducted during the first quarter of 2014 with the technical assistance of the Directorate General of Integrated Networks, the Department of Integrated Family Health and the Expanded Programme on Immunisation.
Conduct an EVM assessment that was postponed from 2013, taking into consideration planned investments in the new HSS proposal	EVM assessment was conducted from 22 August to 11 September 2015 under the guidance of PAHO/WHO.

Annex C. Description of joint appraisal process

The Ministry of Health and Gavi jointly set the date for the appraisal from 14 to 18 September 2015.

A technical working group under the leadership of the Management Planning and Evaluation Unit (UPEG) was formed, composed of technicians from Gavi-HSS, the EPI, PAHO/WHO, units from the Ministry of Health and the Ministry of Finance, and members of the International Health Cooperation Committee (IHCC) and the National Health Council (CONSALUD).

The technical working team set the stage for the following phases: 1) preliminary report for the joint appraisal, reviewing key documents such as the annual progress reports for 2013 and 2014 and the EPI evaluation for 2010-2014; 2) preparation of the appraisal; and 3) conducting the joint appraisal.

The preliminary report was prepared by a team composed of UPEG-EPI and PAHO/WHO. This report was sent to the members of the joint appraisal team for review.

Following discussion at a meeting on 11 August, the report was sent to the Gavi Secretariat prior to its visit to Honduras.

During the joint appraisal, the working team composed of the different authorities of the Ministry of Health, PAHO/WHO, UNICEF and Gavi reviewed the report Honduras submitted. It was subsequently approved at the IHCCCONSALUD meeting.

Annex I. Key stakeholders and critical path of Joint Appraisal 2015.

Annex D. HSS grant overview

General information on the HSS grant							
1.1 HSS grant approval date			2008.				
1.2 Date of reprogramming approved by IRC (if any)			Not applicable				
1.3 Total grant amount (US$)			2,534,500.				
1.4 Grant duration			2008 to 2014				
1.5 Implementation year			August 2008 – December 2014				
(US$ in million)	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**
1.6 Grant approved as per Decision Letter	607,000	1,004,639	574,000	349,000			
1.7 Disbursement of tranches	607,000		1,004,500	574,000	349,000		
1.8 Annual	154,193	370,515	228,450	769,971	473,141	381,532	156,698
1.9 1.9 Delays in implementation with reasons			There were delays in implementation due to the following reasons: 1. Arrival of donated funds during the third quarter of 2008 and lengthy administrative procedures for their allocation. 2. Political crisis in 2009 that led to the temporary suspension of funding and activities. 3. Slow administrative processes for disbursements and acquisitions. 4. Limited human resources with multiple functions in the implementing units (health regions). 5. High movement of administrative personnel in the health regions. 6. Weak logistical capabilities in the municipalities and health regions.				

1.10 Previous HSS grants (duration and amount approved)	No previous HSS grant
1.11 List HSS grant objectives 1. To develop health management capacity at the local level in order to strengthen maternal and infant care in priority municipalities. 2. To guarantee the delivery of basic health service kits for maternal and infant care to priority municipalities four times yearly. 3. To extend and complete the integrated community child care strategy in the priority municipalities. 4. To provide the basic equipment necessary for delivering maternal and infant care services and strengthen the capacity to mobilise staff and vaccine transport. 5. To contribute to strengthening the monitoring, supervision and evaluation of mother-infant health services at all levels.	
5.1 Amount and scope of reprogramming (if relevant) Not applicable. All the funds programmed for 2014 were implemented.	

Annex E. Best practices (OPTIONAL)

The following best practices were applied to HSS grant implementation:

1. Increase in the percentage of national counterpart funding from 10% to 21% to lend sustainability to the critical processes of implementing units and beneficiaries prioritised by the Gavi-HSS initiative. To ensure complementarity with the initiative's activities, a SESAL-PAHO/WHO Technical Cooperation Agreement was established for the administration of these funds and transfers to PAHO/WHO. Preparation of the manual for the implementation of Gavi-HSS funds and presentation of accounts: this document facilitated the orientation and training of administrative personnel, contributing to expediting procedures.

Other documents

Annex F. Joint Reporting Form 2014
Annex G. Report on National Counterpart Fund Implementation 2010-2014
Annex H. Minutes of IHCC-CONSALUD to approve the Joint Appraisal Report 2015
Annex I. Key stakeholders and critical path of the Joint Appraisal 2015

List of acronyms and abbreviations

IMCI	Integrated Management of Childhood Diseases
AIN-C	Integrated Community Child Care
ANMI	National Drugs and Supplies Warehouse
IRC	Independent Review Committee

CONCOSE	Consultative Council of the Secretary of State
DSIF	Department of Integrated Family Health
DQS	Data Quality Self-assessment
ENDESA	Demographic and Health Survey
HSS	Health System Strengthening
EVM	Effective Vaccine Management
INE	National Statistics Institute
STI	Sexually transmitted Infections
LINVI	List of children for integrated surveillance
LISEM	List of pregnant women
LISMEF	List of women of child-bearing age
MNS	National health model
NGO	Non-governmental Organisation
PAHO/WHO	Pan-American Health Organisation/World Health Organisation
EPI	Expanded Programme on Immunisation
PBSS	Basic Health Service Kit
RISS	Integrated Health Service Networks
SESAL	Ministry of Health
SINOVA	Nominal Immunisation System
UAFCE	External Cooperation Fund Administrative Unit
UCC/UPEG	Central Coordinating Unit/Management Planning and Evaluation Unit
ULMIIE	Logistics, Drugs, Supplies and Equipment Unit
UNPF	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPEG	Management Planning and Evaluation Unit
HIV-AIDS	Acquired Immune Deficiency Syndrome
HPV	Human Papillomavirus

IPV	Inactivated Polio Vaccine
wVSSM	Web-based Vaccination and Supplies Management tool