Sierra Leone
Internal Appraisal 2014

The Internal Appraisal was drafted by independent technical expert **Deborah McSmith**, based on reports and documentation supplied to GAVI by the national authorities and institutions in the country for the year 2013. It was reviewed and completed by GAVI CP staff.

Sierra Leone is reporting on NVS support, HPV demo support with a related Vaccine Introduction Grant, and on ISS and HSS support.

Continued NVS support requests for 2015 include Pentavalent, PCV13, Yellow Fever, and Rotavirus, which was launched in 2014. No changes in vaccine presentation(s) are requested.

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2015
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015
NVS Demo	HPV bivalent, 2 dose(s) per vial, LIQUID		2014

Cash support	Approval Period
ISS	2001-2011
HSS	HSS1 2008-2012, HSS2 2012-2014

1. Achievements and Constraints

The introduction of the Free Health Care Initiative (FHCI) in Sierra Leone has essentially removed the cost barrier for accessing immunisations and contributed to the Country's high coverage achievements since 2008.

According to administrative data, all vaccine targets were reached or exceeded (for PCV, achievements in 2013 were higher than targets, 248,189 vs 225,040 for 1st dose and 238,999 vs 225,040 for 3rd dose). Reported coverage greater than 100% brings data validity into question. Changes in total births are explained as progressive increase in birth based on annual growth rate. Changes in total surviving infants are explained as normal increase due to annual growth rate. Some changes in targets were reported and explained as mainly due to annual growth rate and for targets to be consistent with what is in the revised cMYP 2012-2016, however APR doesn't specify which targets were changed. Yellow fever routine immunisation used a maximum wastage rate of up to 40% for 10 ds vials. The country did not provide a rational for using the maximum wastage rate.

No sex-disaggregated data on DTP3 coverage is available in Sierra Leone. As regards equity, the country has included in its HSS2 grant work plan activities to increase the utilization of health services by mothers and children, the poor and other vulnerable populations.

2. Governance

The ICC and HSCC committees were merged into an HSSG with subgroups in September 2013. The HSSG met to endorse the 2013 APR and an IPV application in May 2014. Prior to the merge, the ICC met 3 times in 2013. Membership included Ministry of Health and Sanitation (MoHS), WHO and UNICEF, and 4 CSOs - Health For All Coalition, Health Alert, Inter religious Council and Focus 1000.

3. Programme Management

The cMYP for 2012-2016 was updated January 2014. The Country's overall EPI goal is to achieve at least 95% coverage for fully immunized children and 90% coverage for TT2+ in pregnant women by 2015.

Sierra Leone has an injection safety plan but has encountered obstacles to its implementation due to insufficient funds for the procurement and installation of additional incinerators and training of health workers on injection safety. The Country is limited to one incinerator at district level and no waste collection vehicle in the districts.

Sierra Leone has a national dedicated vaccine pharmacovigilance capacity, a national AEFI expert review committee, and a risk communication strategy with preparedness plans to address vaccine crises. The Country also has an institutional development plan for vaccine safety and is sharing vaccine safety data with other countries. Country conducts sentinel surveillance for RV diarrhea and pediatric bacterial meningitis or pneumococcal or meningococcal disease.

The Country experienced no postponed vaccine deliveries or stock outs in 2013. There were differences in amounts of vaccines approved in decision letters and actually delivered.

Vaccine type	Total doses for 2013 in Decision Letter	Total doses received by 31 December 2013
DTP-HepB-Hib	657,000	667,500
Pneumococcal (PCV13)	863,600	606,600
Yellow Fever	87,500	5,450

For pentavalent, reason was increased utilization of vaccine due to increased coverage.
For PCV, the country originally under-estimated the targets and thought the uptake for the new vaccine would be slow (see below originally estimated PCV third dose coverage at ~55% vs an over 90% coverage, similar to the penta last dose coverage). This issue was brought to Secretariat attention in mid-2013 and country requested for additional doses to replenish the stock. The Monitoring IRC agreed with the new targets and the request for buffer stock doses, and this issue was resolved. The PCV targets have been adjusted since to reflect an equivalent coverage performance for PCV as for penta, as requested in the 2013 APR.
For Yellow Fever, the country has high in-country stock and therefore shipments were adjusted accordingly.

Number	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
APR 2012								
DTP-HepB-Hib coverage	90%	99%	92%	92%	93%	93%	94%	94%
Pneumococcal (PCV13) coverage	52%	98%	55%	91%	62%	93%	60%	94%
APR 2013								
DTP-HepB-Hib coverage			96%	106%	100%	94%	94%	95%
Pneumococcal (PCV13) coverage			100%	106%	100%	94%	94%	95%

4. Programme Delivery

Within its economic constraints, Sierra Leone has been forward looking for immunization, taking a decision over a decade ago to transform the cold chain to solar in poorly or non-electrified locations, one of the first countries in the region to do so. It was also the first country in West Africa to adopt 30 day continuous temperature monitoring nationwide and equip all central store cold rooms with continuous and permanent temperature monitoring systems and was one of the first countries to procure and install solar direct drive (SDD) refrigerator systems. The APR indicates an awareness of next priorities for continuing to strengthen the EPI programme

An Effective Vaccine Management (EVM)) assessment was carried out in March/April 2013. The assessment commends distribution practices and recommendations focus largely on improving the Cold Chain system (cold room, freezer room, central temperature monitoring system and having a written contingency plan for vaccine arrivals. The APR reports some progress on the improvement plan, with procurement and installation of new CC equipment. The next EVM is planned for March 2016.

Major program achievements in 2013 included:

- advocacy meetings with politicians and opinion leaders on the implementation of HPV demonstration project in Sierra Leone
- 2 rounds of HPV demonstration in Bo district
- training with on the job mentoring of PHU staff for fridge tag 2 interpretation and recording at districts and PHU levels
- nationwide data quality self-assessment survey (DQS-2013)
- EPI coverage survey
- conditional approval of Measles Second Dose (MSD) introduction in Sierra Leone
- 2 rounds of Maternal & Child Health Week (MCHW)
- 4 rounds of NIDs including defaulter tracing for under one children
- MNTE – Validation and declared Neonatal tetanus free

Main challenges faced in 2013 were inadequate transport for EPI services; EPI annual work plan partially completed due to competing activities; malfunctioning CC equipment due to age; and need for sustainable funding for immunization program.

For the HPV demo project, Sierra Leone administered 2 of the 3 HPV doses in 2013. VIG funds were not sufficient to complete the 3rd dose, which was therefore completed in April 2014, along with a PIE. Some of the reasons for non-completion of the demo project in 2013 were underestimates of number of schools in the selected district (600 rather than 569), higher than expected costs for vaccine administration and training; increased personnel allowance costs outside of usual RI programme costs; underestimates of level of refresher training needs for health workers and teachers; and inability of districts to provide transportation as anticipated.

The Rotavirus vaccine launch took place in March 2014.

Additional priority actions for the EPI programme in 2014 and 2015 include introduction of MSD vaccine (approved in March 2014) and IPV, a comprehensive EPI review, and further improvements to CC equipment. The Country places priority on strengthening the AEFI monitoring system through quarterly IDSR and AEFI review meetings.

5. Data Quality

A Demographic Health Survey (DHS), EPI cluster coverage survey, and Data Quality Self-Assessment were conducted in 2013. Findings indicate discrepancies; for example, the

preliminary DHS report shows measles coverage of 79% while the draft report for the coverage survey indicates 75% and administrative data indicates 99%. Discrepancies could be attributed to differences in methodologies, sample sizes, respondents, and/or timing of surveys, and low immunization card retention in some districts.

The EPI programme in collaboration with WHO, UNICEF and other partners conducted supportive supervision to districts to monitor routine administrative data and to conduct training and mentoring of District Health Management Teams (DHMT) and PHU staff. Data harmonization meetings were held. District Officers were trained to monitor coverage and wastage. The recommendations of the 2013 DQS are being implemented and the EPI Programme in collaboration with UNICEF and WHO plan to conduct integrated supportive supervision in all districts addressing data quality issues.

Other priority actions to improve data management in 2014 and 2015 are to analyze EPI data for action on a monthly basis; print and distribute EPI data collection, reporting and monitoring tools; and conduct integrated supportive supervision at all levels.

6. Global Polio Eradication Initiative, if relevant

The cMYP EPI objectives include “to stop the transmission of wild poliovirus by the end of 2012”. Sierra Leone has applied for IPV and will be reviewed by the November 2014 IRC, with a plan to introduce in 2015. The APR makes no mention of polio or integration between RI and polio.

7. Health System Strengthening

No HSS activity was implemented in 2013. One tranche in the amount of US$ 530,750 remains from the HSS1 grant (2008-2009, with a revised end date of 2012) and will be released pending repayment of misused funds and the implementation of a functioning FM mechanism (refer to Section 9. Financial Management). The country has revised the budget and work plan for this last tranche.

Sierra Leone was approved in May 2012 with level two clarifications, for a new HSS grant of US$ 4,718,608 for 2012 to 2014. This grant is pending resolution of the FM/CPA issues (i.e. reimbursement). The first tranche of US $1,995,550 has been approved but not disbursed yet. The country requested 1,053,000 in their 2013 APR, however there are two tranches of funds approved for the HSS1 and HSS2 grants that have not yet been disbursed.

The HSS2 grant has 3 objectives, selected from the National Health Sector Strategic Plan:

1. Restore health care services and enhance the quality of and sustainability of health interventions by strengthening the medical equipment management and maintenance system as an integral part of health service delivery.

2. Increase the utilization of health services especially for mothers and children, the poor and other vulnerable groups from 0.5 contacts per person per year to at least 3 contacts per person per year by 2015.

3. Improve access to good quality, efficacious, safe and affordable medicines, medical supplies and equipment, vaccines and health technologies.

The M&E framework for the new grant was reviewed by a 2012 IRC and suggestions were made for improvement in the M&E framework, especially since this grant will be performance-based. These recommendations have not yet been incorporated into the framework. The 2013 APR outlines planned activities for 2014 under this grant.

Reprogramming of cash support will be discussed with the country in view of the Ebola crisis and its expected impact on health system and immunization coverage.

8. Use of non-HSS Cash Grants from GAVI

Sierra Leone has not received CSO cash support.

The country received a VIG grant in the amount of US$ 170,000 for the HPV demonstration project, of which $US 162,754 was used and US$ 7,246 carried over to 2014. The VIG for HPV demo was not sufficient to support full demo rollout. The funding gap was covered by available ISS funds (Country had US$ 693,559 carried over from 2012), with GAVI approval. For the second year HPV immunization, the Country will look for domestic funding; costs will be less in Year 2 with a 2 rather than 3 dose schedule.

An external audit report for ISS funds has not yet been submitted to GAVI. Request for ISS reward is not applicable for 2013.

9. Financial Management

An FMA was initiated in 2012, jointly with the WB and GFATM. The assessment identified major weaknesses in the financial management systems. A subsequent cash program audit was undertaken in October 2012 that revealed that a number of documents were missing to substantiate expenditures under the HSS grant. A follow up mission was conducted in January 2013, which found that Sierra Leone had misappropriated US$ 523,303 of the first HSS grant. The country agreed to repay this amount to GAVI in October 2013 and then in May 2014, but funds have not yet been repaid. The last tranche of the grant has therefore not yet been disbursed and no HSS activities were implemented in 2013.

A new funding structure (Integrated Health Project Administration Unit or IHPAU) has been set up by the MOHS to manage future projects funds (including GAVI's). It has been assessed by GAVI PFO. Improvements have been recommended, and after implementation GAVI Rotavirus VIG has been disbursed through IHPAU.

10. NVS Targets

PCV: Targets for 2014 and 2015 are in line with the targets previously approved (230,442 for 2014 and 189,610 for 2015). However, for 2015, 1st dose target is lower than 3rd dose target (189,610 vs 221,814), and the country has been requested to clarify. Target for Penta 1st and 3rd dose are 235,972 and 221,814, so there seems to be a mistake with PCV 1st dose target.

Rota: Targets for 2014 have been very slightly reduced from previously approved (230,871 vs 230,442), now in line with PCV and Penta. Targets for 2015 are 235,972 for 1st and 2nd dose (no drop-out, clarification has been requested), in line with PCV and Penta.

The current Ebola outbreak in Liberia may have profound implications for the country's ability to carry out its routine immunization program and continue to meet targets through 2014.

11. EPI Financing and Sustainability

GAVI support for new and under-used vaccines and injection supplies and ISS support is reported in the national health sector budget. GAVI funding support accounts for 97% of new and underused vaccine expenditures and 65% of the total budget, whereas government contributes approximately 7% of total budget. The EPI Programme together with partners have held advocacy meetings with politicians for increased ownership of EPI services by the government.

Sierra Leone is in the Low Income Co-financing group. The country has not paid all the requirements for 2013 within the 2013 calendar year, but had transferred around 149K during 2013. It was reportedly caused by a shift to new budgeting processes, previously managed by Ministry of Finance but now by MOHS. This reduces the percentage the government contributed in 2013 to the immunisation programme. The remainder was then paid later in 2014 (noting that

for PCV the original DL amount was honoured only, i.e. 27000 doses, and the difference was allowed to be paid during 2014, otherwise Sierra Leone would have been considered in default).

Currently, UNICEF procures all traditional vaccines and will continue to do so through 2015. There is advocacy with the MOHS to create a budget line for procurement of traditional vaccines in addition to co-funding of GAVI vaccines. GAVI will support the EPI Programme to advocate through the HSSG / HSCC for a budget line that will be factored into the Sierra Leone Joint programme Reporting Work Force (JPRWF) to enhance continual support on immunization activities. The country is also requesting support with conducting an analysis of funding for immunisation and with advocacy for resource mobilisation.

12. Renewal Recommendations

PCV: Renewal of support. 2015 targets been clarified, negative drop-out rate
Rota and Pentavalent: Renewal of support based on targets requested by country.

Taking into account the implications of EVD on 2014 achievements, doses may have to be adjusted in 2015.

Topic	Recommendation
NVS	Renewal without a change in presentation for Pentavalent, PCV13, YF and RV

13. Other Recommended Actions

Topic	Action Point	Responsible	Timeline
NVS	Correct coverages reported as above 100%, and correct BCG coverage inaccurately reported as 100%	HSSG	2015
NVS	Continue to address data quality issues based on recommendations from the ongoing IDQA.	CH/EPI/UNICEF and WHO	2015
NVS	Assess the implications of the Ebola outbreak on immunisation financing.	HSSG	Q1 2015
ISS/HSS	n/a		
Financial clarifications recommended by PFO	**ISS** • Country to explain the difference of $ 4,637 between the expenditure in the 2013 APR ($ 0) and the expenditure in the 2013 bank statement ($ 4,637). • Country to provide a 2013 ISS financial statements clearly showing opening balance, funds received, expenditure incurred and closing balance. • Country to verify ISS 2013 opening and closing balances, as the statement of the bank account regrouping ISS and HSS funds shows a closing balance of $ 693,559, while in the APR the country reports an ISS closing balance of $ 693,559 and a HSS closing balance of $ 2,408		Q4 2014