

## Joint appraisal report

When submitting this report, the country confirms that the grant performance framework has been reviewed as part of this joint appraisal. Performance against agreed metrics has been analysed, and explained where relevant.

<b>Country</b>	Solomon Islands
<b>Reporting period</b>	January-December 2015
<b>Fiscal period</b>	January-December
<b>If the country reporting period deviates from the fiscal period, please provide a short explanation</b>	N.A.
<b>Comprehensive Multi Year Plan (cMYP) duration</b>	2016-2020
<b>National Health Strategic Plan (NHSP) duration</b>	2016-2020

### 1. SUMMARY OF RENEWAL REQUESTS

[These tables will be pre-populated by the Gavi Secretariat. If there are any changes to be made, this should be discussed as a group during the joint appraisal and flagged in the report – see the guidance document for more details]

Programme	Recommendation	Period	Target	Indicative amount paid by Country	Indicative amount paid by Gavi
NVS – Pentavalent in existing presentation	Renewal	2016	18,000 children		
NVS – PCV in existing presentation	Renewal	2016	18,000 children		
HSS – E.g. Core tranche	Renewal	2016	One tranche	N/A	US\$
HSS - PBF	Approval	2016			120,000

Indicate interest to introduce new vaccines or HSS with Gavi support*	Programme	Expected application year	Expected introduction year
	HSS	September 2016	2017
	Rotavirus vaccine	January 2017	2018
	HPV National	January 2017	2018
	Measles Rubella Second Dose	September 2016	2018
	Measles Rubella follow up campaign	January 2017	2018
	CCEOP	September 2016	2017

\*Not applicable for countries in final year of Gavi support

### 2. COUNTRY CONTEXT (maximum 1 page)



**This section does not need to be completed for joint appraisal update in interim years**

[If relevant, comment only on any changes since the previous joint appraisal to key contextual factors that directly affect the performance of Gavi grants – see guidance document for more details]

The Solomon Islands' National Immunization Program has continued to benefit from Gavi support both for new vaccine introduction and for health systems strengthening. This has resulted in some visible changes. The Government of Solomon Islands has identified immunization as top priority program for the country in its new National Health Strategic Plan 2016-2020 underscoring increased focus on immunization. This has been achieved through continuous engagement and advocacy by government and relevant stakeholders, and will be of significant value towards ownership and sustainability as the country moved into towards the accelerated transition phase.

However, challenges remain now being addressed by the country. Both immunization and HSS issues are discussed at the ICC which also acts as the technical advisory group.

1. Human resource constraint and low capacity at provincial levels are a significant bottleneck. The targeted country assistance (TCA) by Gavi has resulted in intensified focus on programmatic support for more of bottleneck analysis, capacity building of national/provincial staff and implementation of key activities. To address the low capacity, training on microplanning and surveillance is being carried out. The surveillance indicators for polio and measles have shown a visible and marked improvement in 2015 and continue in 2016, besides routine immunization coverage improvements.

2. Implementation capacity at provincial levels: Supportive supervision from the national level has is being strengthened with additional human resources provided at the national level utilizing all opportunities. Provinces continue to benefit from focused microplanning and RED strategy capacity building in very low communities to boost immunization progress and outcomes.

Other factors like multiple responsibilities of health workers and need to respond to emergencies resulting in less time for implementation of immunization services and provincial child health officers being on hospital shift services continue to impact the program especially at the provincial levels. Also logistical challenges due to geographical difficulties still pose a significant barrier in ensuring services reach the remotest communities

### 3. GRANT PERFORMANCE AND CHALLENGES *(maximum 3-4 pages)*



*Describe only what has changed since the previous year's joint appraisal. For those countries conducting the joint appraisal 'update', only include information relevant to upcoming needs and strategic actions described in section 5*

#### 3.1. New and underused vaccine (NVS) support

##### 3.1.1. Grant performance, lessons and challenges

*[Comment on the relevant bolded areas listed in the table in this section of the guidance document, e.g.: programmatic performance of each vaccine programme against approved targets and planned activities, including progress and bottlenecks in implementation; actual versus planned financial expenditure, associated challenges, proposals for using unspent funds, and complementarity between all cash grants]*

In 2008, Gavi support started with pentavalent (DPT-HepB-Hib) vaccine introduction into the country's routine immunization program. In 2013, Gavi approved health systems strengthening (HSS) support and this remain valid through 2017. It is expected that the current Gavi HSS grant for Solomon Islands will be completed in mid-2017.

In 2015, the country with Gavi support has introduced Pneumococcal conjugate vaccine 13-valent (PCV13) nationally which was launched on the 20<sup>th</sup> February 2015. As part of the vaccine introduction, social mobilization activities and health worker trainings was conducted at national and provincial levels. PCV vaccines were received in country in January and distributed after the national training of trainers. The new vaccine introduction trainings used standard WHO training materials adapted to the Solomon island context and cascade trainings facilitated at the provincial level. As expected, provincial uptake of the new vaccine gradual with no significant hitches. Introduction in one of the provinces (central Island province) was delayed due to delay in transfer of funds. IEC materials were developed by the EPI Technical Committee and printed, and distributed to all the provinces. Coverage for the first year of PCV third dose was 42%<sup>1</sup>. Health workers have reported noticing less cases of pneumonia and meningitis following the PCV introduction although and impact assessment might help to verify claims of health workers, but this is a significant positive for the vaccine uptake.

In the same year 2015, Human Papilloma Virus (HPV) vaccine demonstration project was launched in two provinces of Isabel and Honiara city council targeting girls aged 9-12 years with two doses of the vaccine. There is no national population-based cancer registry to track cases in the Solomon Islands, although the National Referral Hospital in Honiara has a cancer registry for patients seen in the hospital. While the prevalence of HPV infection is unknown, current cancer estimates suggest that in absence of an organized screening program, the Solomon Islands could benefit from HPV vaccination as primary prevention. After a national launch on 28 April 2015, two rounds of vaccinations were implemented in the first year of demonstration project. The first round in Honiara City Council (HCC) was in April-May 2015 and in Isabel province in June-July. The second round in both the provinces was in February-March 2016. The vaccine delivery strategies were provision of HPV vaccine in schools for girls attending classes and through community outreach for out-of-school girls. Since population estimates were different from different sources, a headcount using school registers of eligible girls was conducted in HCC and Isabel province. These estimates of the population of girls aged 9-12 years in-and out-of-school were used as the denominator for the HPV vaccination demonstration program both in HCC and Isabel. The total target population for HCC and Isabel was estimated to be 4,976. The target for HCC was 3322 and Isabel 1654 Administrative data collected through vaccine registries maintained by the province health office suggest that more than 90% of eligible girls received both doses of HPV vaccine. Reported vaccine coverage for first dose was 91% for HCC and 95% for Isabel. The second dose coverage in the year 1 demonstration program was 77% for Honiara City Council (HCC) and 85% for Isabel Province and coverage survey results showed even higher coverage of 91% in Isabel province<sup>2</sup>.

HPV vaccine has been well accepted by students, teachers, health workers, parents and community in general. Solomon Islands has now vaccinated a four year cohort of 9-12 year-old girls In the second year of the demonstration project, the first dose of HPV for the nine year olds was administered in May and the second dose is planned for November 2016. Delay in release of funds from national level was one of the key challenge during the planning and vaccine introduction phase. Participation of NGOs was also limited. Though training was complete for all health workers, not all community leaders and teachers received training. The country carried out post-introduction evaluation (PIE), HPV vaccine coverage survey and adolescent health interventions assessment as per the Gavi HPV vaccination demonstration program evaluation

<sup>1</sup> WHO/UNICEF Joint Reporting Form 2015 for the Solomon Islands.

<sup>2</sup> Solomon Islands Year 1 HPV demonstration program coverage survey results 2016

framework. The final reports are waiting endorsement of the executive. A micro-costing exercise was also conducted.

Solomon Islands received Gavi support for introduction of one dose of inactivated polio vaccine (IPV) at 14 weeks of age in the routine immunization programme as part of global polio end game strategy. National TOT was conducted in October 2015. Provincial IPV training and vaccine distribution to provinces was delayed due to delay in funds transfer. The country introduced one dose of IPV in October 2015. The country has also successfully switched from trivalent oral polio vaccine to bivalent oral polio vaccine in April 2016 as part of the polio end game strategy. Due to delay in vaccine uptake, IPV coverage for 2015 was 7%<sup>1</sup>.

New vaccine introduction in Solomon Islands has provided an opportunity for training of health workers not alone on new vaccines but has served as a refresher training on EPI including vaccine management trainings and microplanning sessions; and also opportunity was taken to strengthen vaccine preventable diseases (VPS) surveillance.

The latest data on vaccine coverage can be found in the WHO-UNICEF joint reporting Form 2015. The renewal request for the Gavi new vaccine support was submitted in May 2016 with revised target populations based on the projected census figures. Pentavalent vaccine coverage for the first and third dose were reported as 93% and 87% as compared to 83% and 77% in 2014, while that of Measles Rubella (MCV1) was reported as 75% for 2015. The country is planning to introduce the measles second dose (MSD) by January 2018 and considering a possible nationwide Measles Rubella Supplementary Immunization activity (SIA) in mid-2018. Ten percentage points increase accompanied with a steep decline in Measles cases illustrates the programmatic progress from 2014 to 2015 in Solomon Islands.

Findings and report from the 2015 conducted Demographic Health Survey (DHS) are being awaited. There were no nationwide vaccine stock outs reported, however low stocks have been reported especially with IPV vaccines. The quantity of vaccines delivered will need to be adjusted upwards to cater for the uncalculated wastages arising from challenges or peculiarities of an Island nation which includes sparse population scattered over a vast geographical terrain with often logistical difficulties. This often results in more closed vial wastage than anticipated with resultant low vaccine stocks.

Financial utilization of vaccine introduction grants (VIG) for PCV, HPV demo and IPV has remained high above 80%.

### 3.1.2. NVS future plans and priorities

*[Comment on the relevant bolded areas listed in the table in this section of the guidance document, e.g.: for existing vaccines - reasonableness of targets for next implementation year, plans for any changes in presentation or type, risks to future implementation and mitigating actions; for new applications – any expected future applications (include in table 1 above), emerging new priorities for the national immunisation programme]*

1. Measles second dose (MSD): Solomon Islands and Vanuatu are the only two Pacific Island Countries and areas who have not introduced MSD in the routine immunization program. The introduction of MSD was first discussed in the EPI Technical Committee composed of Ministry of Health and Medical Services (MHMS), National Medical Store (NMS), WHO, and UNICEF. The Inter-Agency Coordination Committee (ICC) endorsed the plan and the Government made expression of interest to Gavi in 2015 following the decision of the MHMS Executive. Earlier, Solomon Islands was not eligible to receive Gavi support for MSD. The country is now planning to introduce MSD in January 2018 and application for MSD is being submitted. MSD introduction is one of the priorities in the new cMYP for 2016-2020. The official WHO-UNICEF estimates for MCV 1 coverage for Solomon Islands from 2010 to 2015 has been 85, 90,99,93,93 and 92% respectively. MSD will be administered to children at 18 months. For effective use of available storage space

the choice of vaccine formulation for Solomon Islands would be the measles-rubella lyophilized 10-dose vials. The coverage for the first year is targeted at 80% and for the second year an ambitious target of 95% is planned. Submission to Gavi in September 2016. The country will discuss the appropriateness of ten dose vials given the nature of sparsity of the population and anticipated high wastage.

2. National roll out of HPV vaccination: Following the successful HPV demonstration project, Solomon Island is planning for national roll out of the HPV vaccination. This has also received MHMS executive approval and applications are likely to be submitted in 2017. Gavi will be requested to consider one year bridge funding for the demonstration project.
3. Solomon Islands has been experiencing large scale Rota outbreaks over the past years. A large rotavirus outbreak precipitated by flash floods in Honiara and Guadalcanal in April 2014 resulted in >60000 diarrhea cases and 27 deaths nationwide. In December 2015 Solomon Islands experienced another outbreak with more than 3000 cases with more than 20 deaths. The country has plans for introduction of Rota vaccine in 2018 following MHMS executive approval to submit an application to Gavi.
4. Shift from Tetanus toxoid (TT) to Tetanus diphtheria (Td) has been planned for in 2017.

The above are in line with the new cMYP for immunization and the National Health Strategic Plan 2016-2020 priorities.

The lessons learnt from introduction of vaccines in 2015 will be fully taken advantage in all phases of introduction of the above new vaccines.

### 3.2. Health systems strengthening (HSS) support

#### 3.2.1. Strategic focus of HSS grant

*[Comment on the extent to which the HSS grant contributes to improve coverage and equity in access to immunisation, and how it helps to address the technical, health systems and financial bottlenecks that might jeopardize the sustainability of these gains. See guidance document for more details]*

The Solomon Islands health sector is undergoing major reforms and restructuring, with a Role Delineation Policy (RDP) being developed as part of the New NHSP that will clarify roles and responsibilities of the National Line ministries compared to decentralized functions and authorities delegated to the Provincial, Zonal and Health facility levels. The NHSP and RDP are to provide a vision and operational framework for Health Systems Strengthening (HSS) for SIG.

While it was the plan of the MHMS to develop a specific HSS framework, based upon the RDP that could serve to quickly map and assist the government to rationalize existing HSS efforts, not much have been achieved with regards to that. However, the Partnership Coordinating Unit (PCU) of the MHMS once functional will be able to move the unified HSS approach to fruition

The New National Health Strategic Plan (NHSP) 2016-2020 identifies immunization as one of its key priority interventions and targets reaching an immunization coverage of >90% in all communities of the Solomon Islands

The new comprehensive Multi-Year plan (cMYP) for Immunization 2016-2020 has been developed and aligns its strategic focus on key interventions that will help achieve targets set by the NHSP which include reaching every district/community approaches, intensified outreach services, improving cold chain equipment coverage and functionality, sustaining availability of vaccines, introducing new cost effective vaccines such as MSD and Rota.

The growing decentralization shifts focus to Provincial Government for Program implementation, with monitoring performance increasingly the role of Provincial and Zonal authorities. b) This requires that completion of the Role Delineation process be supported by all partners, so that revised job descriptions and standard operating procedures for an integrated and decentralized service delivery system can be fully implemented and ensure that HSS investments are results focused. c) New HSS activities include Provincial quarterly performance review meetings, increase supervision, and regular facility based reviews of micro plan and outreach implementation by zonal supervisors.

Implementation of previous recommendations is being pursued including EVM resulting in better stocks management through rationalized procurement and effective distribution of Cold Chain and Temperature Monitoring equipment, and mapping of local catchment areas and target populations as a basis for results-focused micro-planning and effective outreach.

The HSS grant continues to benefit the health system as a whole through investments that benefit broader health systems such as transportation equipment used for integrated outreach services, cold chain equipment.

Given that the Provincial HR capacities are weak, the Government will explore use of Gavi HSS funds to strengthen these capacities through HSS funding including the new grant, to be applied in September 2016.

### 3.2.2. Grant performance and challenges

*[Comment on the relevant bolded areas listed in the table in this section of the guidance document, e.g.: achievements of targets and intermediate results; actual versus planned activity implementation and financial expenditure; use of PBF reward and budgets/plans; degree of participation of key stakeholders in implementation of HSS proposal; implementation bottlenecks and key challenges regarding financial management of HSS grant; compliance with data quality and survey requirements]*

#### Achievements:

There continues to be improvement in the implementation of the HSS grant despite the low human resource capacity at national and provincial levels. As at May 2016, the utilization of the HSS1 is put at 34% and that of HSS2 is put at 17% percent concurrently. This has even increased significantly to above 50% and the country commits to utilizing all HSS funds before the new proposal commences in June 2017 subject to Gavi approval. The balance as per the financial statement is shown as \$115,000. Several new vaccines' introduction have taken up the limited available human resource time and capacity - conduct pre and post introduction activities as well as utilize the budgets including bulk of the EPI recurrent costs for training and supervision which are often integrated for newly introduced vaccines as well as routine EPI vaccines.

Following the Gavi graduation mission and joint appraisal in 2015, key activities were identified by the government and stakeholders to move the immunization program forward which included;

- Reaching Every District (RED) strategy capacity building continues to happen in the provinces with focus on heard to reach communities. So far most of the provinces have received capacity building on micro planning and RED strategy and the national program have considered moving even further to taking the trainings below the provincial levels to the zonal/regional levels. The largest Province Malaita has three regions and the northern region is the most populous and one of the worst performing regions in the country. With partner support, the national program was able to take microplanning sessions and RED strategy training down to the northern region in December 2015 and has continued this approach in 2016. Coupled with that a bottleneck analysis is performed with the health workers at each level to support tailored approaches to problem solving. Already there has been a significant increase in outreaches being conducted in the provinces and this should improve coverage significantly.
- The National EPI program is recruiting an Admin and Finance support staff for more efficient financial and administrative processes at the unit. This process has being finalized and successful candidate to resume work very soon. This will help in getting funds across to the provinces in an efficient way as well as follow up with the provinces on retirements of used funds and proper documentation in line with the MHMS drive to improve public finance management.
- Provinces are showing improvements with more outreaches and catch up campaigns being conducted, in an effort to reach the hard-to-reach communities. The largest province of Malaita alone has requested and is utilizing outreach funds totaling over \$75,000 this year

which is a marked improvement from an abysmally low figure in the years past. The outcome should be seen after the 2016 data is received.

- During the 2016 immunization week celebrations, all provinces reported to have conducted outreach and catch up campaigns. This was also integrated with the tOPV to bOPV switch.
- The cold chain inventory is being updated and new cold chain equipment needs have been identified to be procured through UNICEF. More than \$200,000 worth of cold chain equipment to be ordered this year using the Gavi HSS funds for Solomon Islands which consists of >50 solar and electric powered equipment. Other items being procured include 30 days temperature recorders, passive cold chain equipment and long range passive equipment to be stationed at identified very remote clinics. Ongoing technical support being provided in implementing other recommendations of 2012 EVM. Current cold chain equipment coverage is estimated at 64% and we target >80% coverage by Dec 2017 with planned procurement and installation of >100 CCEs. Previously procured cold chain equipment have been cleared and being installed. Already installation have being completed in Guadalcanal province with Malaita and Western to be completed in few weeks.
- The country piloted the use of Hepatitis B outside the cold chain which showed promising results for potential scale up
- With the new HSS proposal, the country will be submitting a Cold Chain Equipment Optimization Platform (CCEOP) application to Gavi this September 2016 all in an effort to bridge the cold chain gap as soon as possible and assure vaccine potency.
- The National Vaccine Cold Chain Policy has been finalized and 500 copies printed by UNICEF for distribution to all the clinics in the country. This has standardized operating procedures for cold chain management including contingency planning and maintenance. This is also a standing action of the 2012 EVM recommendations.
- The MHMS will benefit from technical support in developing the integrated National Immunization communication strategy through UNICEF recruited TA. The recruitment process is almost complete. By Q1 2017 the strategy should be ready. As a prelude to this, the MHMS conducted a KAP study on demand generation activities EPI in Malaita province. The findings will inform the development of the national EPI communication strategy.
- The Role Delineation Policy work continues and will help define the package of services each of the health care service delivery points will be accountable for and the necessary infrastructure needs. While this continues, EPI program will continue to provide the necessary technical support and cold chain equipment to all levels to ensure that every child is reached.

#### Summary of HSS activities during 2015/16

**Distribution and Installation of CCE;** More than 40 cold chain equipment were procured mostly using Gavi funds in 2014/2015 with some procured using partner funds. Most of the procured CCEs are solar equipment which have installation needs including frames and poles. More than 20 poles and frames have been produced and currently being used to install solar fridges in the provinces namely Malaita, Guadalcanal and Western Provinces.

**Provincial RED strategy capacity building and Microplanning;** Reaching Every District Capacity building is being conducted for health workers in the provinces. The RED training comprises of bottleneck analysis, mapping exercise, defaulter tracing, immunization session plans and micro planning exercise. Some of the provinces which have been covered using Gavi funds include Guadalcanal, Malaita, Western and Honiara City Council. As part of the Red strategy training, immunization micro plans have been developed/updated as well.

**Immunization week;** this is celebrated every year in last week of April. Immunization catch up campaigns have been supported with Gavi HSS funds for most of the provinces in 2015 & 2016. Awareness campaigns and other social mobilization activities were also conducted during the immunization week activities including some IEC material and T-shirts as well. The revised EPI

schedule for the country was produced in large quantities and distributed to all provinces using HSS funds.

**EPI audience research to improve immunization coverage in Malaita;** this was conducted with Gavi HSS funds which helped in gaining insights into knowledge, attitudes and practices relating to routine immunization in low coverage areas of Malaita, and to inform communication planning. This is a precursor activity aimed at developing the EPI communication strategic plan going forward.

**Switch from bOPV to tOPV;** Solomon Islands together with other countries conducted the synchronous switch from trivalent OPV to bivalent OPV vaccine usage in April 2016. Using HSS funds, switch activities were supported which included identification and training of monitors, switch monitoring and retrieval of tOPV from the provinces, supplementing bOPV distribution and supervision during the switch.

**Immunization catch up and outreach;** the national EPI program supported the provinces with Gavi HSS funds which was used to conduct outreach immunization services in 2015 and ongoing outreach activities in 2016. This has helped in making immunization closer to hard to reach communities and settlements making services accessible. During outreaches defaulters are also traced and followed up to complete their immunization series.

**Supportive Supervision;** this has been reactivated as part of immunization program strengthening. Gavi HSS funds has supported both national and provincial staff to conduct supportive supervision to clinics and hospitals providing services. The benefit has been continuous capacity building and program improvement.

**Human Resource Support;** the EPI unit has recruited a senior finance and admin officer to support with financial and administrative activities for the program while also providing some support to other reproductive and child health unit programs.

**Health worker capacity building on IMCI;** some Gavi HSS funds have been used to conduct integrated management of childhood illnesses (IMCI) training in the provinces. This provides broader health system support not just immunization.

#### Challenges:

- Key challenges still remain with financial management which affects Gavi grant utilization but this should improve with the new finance and admins support being hired. Further, Gavi will directly work with the Government to provide direct technical assistance to strengthen financial management, reporting and audit processes.
- Country could not complete the external audit of the Gavi accounts. The job has been advertised twice and still yet to identify qualified external auditors for the job
- Limited health worker capacity at the provincial levels to implement program and health workers take on many tasks at the same time
- Cold chain capacity needs to be improved especially with new vaccines and an increasing population
- Data reporting and use of data for action still remains a challenge

### **3.2.3. Describe any changes to HSS funding and plans for future HSS applications**

*[Present the rationale for a new tranche of HSS funds (and the associated amount as per table in section 1) or no-cost extension, or any planned changes in terms of re-allocation or reprogramming]*



There are no planned changes to the current HSS grant. The EPI program and MHMS will continue to implement the identified strategic areas as per the last joint appraisal recommendations till the anticipated end of the current HSS in June 2017. The broad areas include;

1. Accelerate programmatic interventions such as supportive supervision from national to provincial to clinics/zone supervisors (RED strategy), monitor coverage in health facilities; use data to identify missed populations.
2. Resolve financial processes that leads to delay in implementation of program activities to minimize potential disruption in reaching targeted populations and reduction in coverage. Outreach services and periodic mop up vaccination in low coverage zones should be conducted as catch-up campaign.
3. Develop a National integrated RCH Communication Strategy, including immunization, to create demand for services.
4. Improve provincial cold chain capacity through procurement, adequate maintenance and repair services.
5. Implement effectively the system of birth registration for better tracking and estimation of service coverage.

As noted earlier, the country will inform Gavi about unutilized HSS balance as of date to determine whether another tranche of HSS grant is to be approved and disbursed.

Gavi has calculated that Solomon islands is eligible to receive a performance based reward for its immunization achievements for year 2015 for one attribute (increase in immunization coverage). This will be recommended for endorsement by the HLRP.

Solomon islands is making a new combo HSS-CCEOP application for Gavi support in September 2016 for which technical assistance has been provided by WHO and in-country partners. Once approved and operational, the undisbursed tranches of funds from previous grant will be cancelled.

### 3.3. Transition planning *(if relevant)*

*[Comment on all bolded areas listed in the table in this section of the guidance document, e.g. progress of implementation of planned activities; implementation bottlenecks; changes required to the transition plan for coming years, including rationale and costing/proposed financing]*

A transition assessment was carried out during 2015. It is planned to develop the transition plan in year 2017. The country is expected to fully transition out of Gavi support in end of 2021. The practical implication is that 2017 will be the last year for the country to apply for new Gavi support.

Total expenditure for the immunization program is approximately 1,601,947.12 million USD in 2015 a decrease from 2.02 million USD in 2014. Government expenditure on immunization program decrease from 2.02 million USD in 2014, to 1.601 million USD in 2015. Government expenditure on immunization program in 2015 was a little over 50% and primarily covered for personnel costs and traditional vaccines .The overall expenditure on traditional vaccines, from all sources, had decrease from 0.28 million in 2014 to 0.107 million in 2015. This decrease was due no other supplementary activities conducted such as campaign in 2015 as compared to 2014, the government had continued to fund traditional vaccines entirely since 2012, although it is important to stress again that other sources of donor funding, such as DFAT, also contribute significantly to the current government budget. The government also increased its financing for injection and supplies costs to its entirety in 2015.

Vaccine costs (for both traditional and new vaccines), from all sources, are approximately \$806,776 USD, representing 66% of total EPI program expenditures in 2015; this has

increased due to the introduction of IPV and HPV demo projected pilot in 2 Provinces. Gavi is the only\* external donor towards vaccine costs (\* excluding external funding channeled through the government), and the Solomon Islands has increased its reliance on Gavi from 73.04 % in 2014, to 80% in 2015 this is for both traditional and new vaccine costs. Solomon Islands is considering introducing measles second dose, Rota vaccines and HPV nationwide with Gavi support. These introductions are likely to increase vaccine costs significantly for the country. With transition from GAVI in mind in the next 5-6 years, the Solomon Islands must consider the financial sustainability of its immunization program where self-sufficiency and full ownership is required.

**3.4. Financial management of all cash grants (e.g. HSS, VIG, campaign operational cost grant, transition grant)**

*[Comment on the bolded areas listed in the table in this section of the guidance document, e.g.: cash utilization performance and financial capacity constraints; modifications to financial management arrangements; major issues arising from cash programme audits or monitoring review; degree of compliance with Financial Management Requirements]*

For the reporting period of 01 January to 31 December 2015, the GAVI- Health Systems Strengthening (HSS) fund reported a balance of \$115, 833.21 USD to be carried over into 2016. The HSS fund was utilized for the following activities; micro-planning and RED strategy capacity building sessions, outreach activities (micro-plans), conducting annual immunization week, specific training for EPI supportive supervision, training on sentinel surveillance on AFPs, installation of cold chain equipment. [please provide breakdown table on fund utilization]

It is worth noting that the current financial reporting does not distinguish between different GAVI funds. The management of GAVI funds are also fragmented, e.g. GAVI VIG funds (one-off grant from 2008) was not tracked, whilst GAVI PCV, HPV Demo and MR funds are channeled towards the same account as HSS funds.

**4. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL**

*[Status of top 5 prioritised strategic actions from previous joint appraisal and any additional IRC or HLRP recommendations (if relevant)]*

Prioritised strategic actions from previous joint appraisal / HLRP process	Current status
1. Separate reporting for different Gavi grants	This should improve with the new finance and admin person coming on board.
2. Timely completion of audit of cash grants	This has been constrained. Advert for an external audit has been sent out twice but still yet to identify a prospective auditor to conduct this. Also the financial management capacity of the unit is being improved by recruiting a finance and admin staff.
3. Completion of DHS	The report of the DHS is being drafted.
4. HSS reprogramming/new application	A new application was made in January 2016 but was withdrawn following the advice that it could be considered only if the undisbursed current grant is cancelled simultaneously. The new application will be submitted with a CCEOP in September 2016.
5. C-MYP development	Completed in March 2016- new CMYP is attached as Annex

6. Post-introduction evaluation	PIE for HPV was completed. The final report is waiting for endorsement by executive
7. EPI review and EVM follow up actions	EVM improvement plan is being implemented. Update on EVM improvement plan is attached as Annex

## 5. PRIORITISED COUNTRY NEEDS<sup>3</sup>

[Summarise the highest priority country needs and strategic actions that could significantly improve coverage, equity and financial sustainability; the timeline for completing the actions and the type of technical assistance needed if applicable – see guidance document for more details]

Prioritised needs and strategic actions	Associated timeline for completing the actions	Does this require technical assistance?* (yes/no) If yes, indicate type of assistance needed
1. Conduct RED strategy/Micro planning for all low performing zones	July 2017	No (ongoing partner support)
2. Support Clinic Outreach programs, in funds and logistics	July 2017	No (ongoing partner support)
3. CCE installation, maintenance for Priority Provinces	July 2017	Yes (Cold chain TA to support NMS team).
4. Conduct monitoring and supervision to poor performing zones.	July 2017	No (ongoing partner support)

\*Technical assistance not applicable for countries in final year of Gavi support

## 6. ENDORSEMENT BY ICC, HSCC OR EQUIVALENT AND ADDITIONAL COMMENTS



*This section does not need to be completed for joint appraisal update in interim years, instead the EPI manager is expected to endorse the joint appraisal report.*

<b>Brief description of how the joint appraisal was endorsed by the relevant national coordination mechanism</b>	The EPI Manager has confirmed that she is in agreement with this appraisal update.
<b>Issues raised during debrief of joint appraisal findings to national coordination mechanism</b>	
<b>Any additional comments from:</b> <ul style="list-style-type: none"> <li>• Ministry of Health</li> <li>• Gavi Alliance partners</li> <li>• Gavi Senior Country Manager</li> </ul>	Based on the Gavi guidance that the PEF technical assistance envelope should be same/similar to one in previous year, no new proposal is being made this year with the anticipation that the partners will continue to support the tasks identified last year. This includes the HR support.

<sup>3</sup> Subsequent planning and discussions on Targeted Country Assistance will take place - detailed guidance on the process will be shared in May 2016.

**7. ANNEXES**



*This section does not need to be completed for joint appraisal update in interim years. Please include the following Annexes when submitting the report, and any others as necessary*

**Annex A. Description of joint appraisal process** (e.g. team composition, how information was gathered, how discussions were held)

The joint appraisal report has been developed by the partners (WHO, UNICEF, Gavi) with overall oversight by the Government. The sources of information include the documents received through Gavi portal and in-country information by the partners.

Advantage was taken off from a visit by the Director of RCH to Gavi secretariat in August 2016. Subsequently, follow up discussions were held with the EPI Manager who also happened to come to Geneva on Gavi’s invitation for HPV workshop.

**Annex B: Changes to transition plan** *(if relevant)* Not applicable

Changes proposed	Rationale for changes	Related cost (US\$)	Source of funding for amended activities	Implementation agency	Expected result