Joint appraisal report

Country	Sri Lanka
Reporting period	October 2014 – May 2015
cMYP period	2012-2016
Fiscal period	*Month - Month*

1. EXECUTIVE SUMMARY

1.1. Gavi grant portfolio overview

Sri Lanka has received Gavi support since 2003 (introduction of Hep B vaccine in 2003 and Pentavalent vaccine in 2008) and received HSS support from 2008. During this reporting period, both NVS and HSS were reaching the end and Sri Lanka was preparing for the Gavi graduation process.

1.2. Summary of grant performance, challenges and key recommendations

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

Achievements

- Sri Lanka keeps continuing its high immunization performance. High coverage of 99% for Pentavalent III dose and with all 26 districts over 90% coverage for the same.
- The Government of Sri lanka (GoSL) keeps continued funding to its NIP and during the reporting period has maintained its stable co-financing responsibility.
- The HSS support received, mainly in north and eastern districts had significantly contributed in improvement of the quality of the immunization services including infrastructure improvement, capacity building; training and providing logistic support, particularly in cold chain and transport services
- Most of the activities planned under HSS support have been completed and detailed information was given in APR 2014.

Challenges

- Sri Lanka has a good AEFI surveillance system in place. At the time of Pentavalent vaccine introduction, there were some serious AEFI reports, leading to public concerns and temporary suspension of the vaccine. However, since re-introduction of the Pentavalent vaccine in 2010, no safety challenge has arisen to date. Improving risk communication practices and scientific evaluation of reported serious AEFI had led to minimize these safety concerns in the country. This is also partly explained by training and capacity building carried out in past few years through the Gavi HSS support received by the country. Maintaining public confidence on NIP is important and therefore having good communication strategies will be a challenge with growing communication modes (eg; Social media, internet etc.)
- Sri Lanka has developed the new e-based immunization information system for NIP, which will link with WHO Vaccine Adverse Events Monitoring System (VAEMIS). Maintaining these technology based information system is another challenge, as it requires continued skill update and replacing equipment.

Key recommended actions to achieve sustained coverage and equity (list the most important 3-5 actions)
• Continue strong government commitment to NIP after graduation, ensuring financial sustainability, particularly for new vaccines • Maintain robust NIP, with a highly qualified staff; continued capacity building and sustaining trained, skilled health staff are critically important. • Improving communication skills, particularly in vaccine safety is necessary. • Strengthening surveillance of VPD, to monitor effectiveness of vaccines used in NIP is important. This will help the country to work towards reaching global immunization target achievements (e.g.; Measles, Neonatal tetanus elimination, polio eradication). For this purpose it is expected to carry out research activities too. • Evidence based new vaccine introduction with due attention on ensuring sustainable financing support. e.g.; introducing HPV, accessing Gavi price.

1.3. Requests to Gavi's High Level Review Panel

Grant Renewals
New and underused Vaccine Support (NVS) Sri Lanka will be graduated by December 2015. No vaccine renewals requested. However, Sri Lanka will receive support for IPV for the next 3 years as a part of Global Polio Endgame strategy. Sri Lanka may request for Gavi support to ensure Gavi price for HPV introduction with funding commitment by the GoSL **Health Systems Strengthening (HSS) support** No HSS support requested.

1.4. Brief description of joint appraisal process

Sri Lanka immunization programme senior staff received briefing on the Joint Appraisal and the new Template and Guidance documents during the Graduation Mission in late February 2015. This Joint Appraisal was completed by the Ministry of Health and shared with its partners (WHO, UNICEF) and reviewed by the National Advisory Committee on Control of communicable Diseases / the ICC in Sri Lanka.

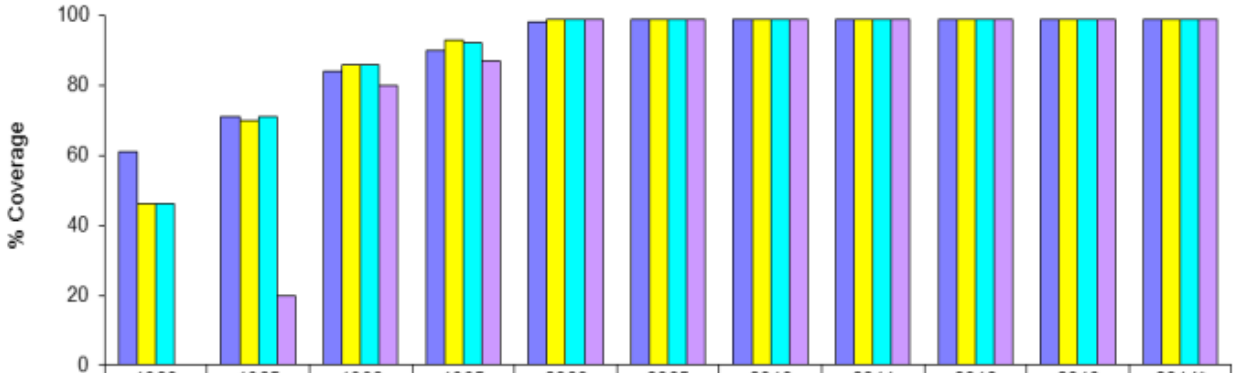
2. COUNTRY CONTEXT

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

Sri-Lanka is an excellent example of government commitment to immunization. The NIP enjoys stable government funding, is well managed, and has sustained coverage for all antigens above 95% since 2000. Well established public health service delivery system, highly committed, skilled staff, highly qualified national team, high female literacy rate and longstanding government commitment to free health care all contribute to this success.

There were no major challenges in 2014. HSS funds were directed to rebuilding public health services in ten districts of the north and east provinces, and the US$ 4.5 m grant has been fully disbursed. Sri Lanka will be graduated by January 2016; there are no additional Gavi NVS or HSS funds to be disbursed and no decisions for the HLRP to take. A graduation mission took place in February 2015. Sri Lanka plans to introduce HPV on a national basis in 2016-2017, accessing the Gavi price.

Figure 1: National immunization coverage, 1980-2014 *(source: WHO EPI Fact Sheet, 2014)*



	1980	1985	1990	1995	2000	2005	2010	2011	2012	2013	2014*
BCG	61	71	84	90	98	99	99	99	99	99	99
DTP3	46	70	86	93	99	99	99	99	99	99	99
OPV3	46	71	86	92	99	99	99	99	99	99	99
MCV1		20	80	87	99	99	99	99	99	99	99

Health status has been improving steadily in Sri Lanka, as reflected in World Development Indicators (WDI) or reported by the Government):

	Source	2004	2007	2009	2014
Infant Mortality Rate (per 1,000 live births)	Sri Lanka Government	9.8		9.7	9.2
Under 5 Mortality Rate (per 1,000 live births)	Sri Lanka Government	14.1	12.3	11.2	10.4
Crude Birth Rate (per 1,000)	Sri Lanka Government	18.8		18.4	
Life Expectancy at birth (in years)	WB WDI	73.4	73.6	73.7	73.7
Total Fertility Rate	WB WDI	2.3	2.3	2.3	2.3
Maternal mortality rate (per 100,000 live births)	Sri Lanka Government	12		7	7

3. OVERALL GRANT PERFORMANCE AND RENEWAL REQUESTS

3.1. New and underused vaccine support (NVS)

3.1.1. Grant performance and challenges

The NIP is performing well and two new vaccines (MMR and Live JE) have been introduced after Gavi-funded Pentavalent in 2008. Both new vaccines are funded by GoSL. There are no obvious limitations to the country's high-performing NIP, and any linkage between HSS support given to 10 selected districts in North and Eastern provinces. There are no significant challenges to grant performance and fund received for both NVS and HSS have been utilized efficiently.

There is an established system for reporting and monitoring of NIP performance at divisional and district levels on a monthly and quarterly basis reviews. Annual reports are examined centrally and published online. The cMYP for the period 2012-2016 gives a comprehensive overview of the NIP and its place within the health system, as well as of plans for vaccine delivery and coverage. The costing component is comprehensive and takes into account government as well as donor funding mechanisms.

The reported coverage with the third dose of DTP-HepB-Hib was 99.1% in 2014. Drop-out rate from first to third dose of Pentavalent vaccine is near zero and the reported wastage rate is 1%, which meets the target for the single dose vial preparation. The change from single dose to 10 dose vials in 2014 would not still increase the wastage rates, as the country efficiently follows the WHO multi-dose, open vial policy. Co-financing obligations have been regularly met.

The last EVM assessment was done in May 2012 and the next is due in July 2015. There was no major problem with the supply chain and the performance of 4 out of 9 criteria of the EVM assessment was above 80%. There have been no stock-outs. There is no shortage of cold storage space, even taking new introductions into account. The progress on EVM improvement plan is satisfactory, with only some maintenance standards still requiring improvement.

The country has a safe injection plan and has reached 100% injection safety by using AD syringes, safety boxes and with safe disposal practices. Sharp wastes are incinerated in urban areas and burnt and buried in rural areas. An AEFI system is present. Serious cases are reported immediately and non serious ones are reported on a monthly basis. These reports are reviewed by an independent AEFI committee. Sentinel surveillance for rota virus, pneumococcal and meningococcal diseases are carried out in addition to special studies for these VPDs.

National Immunization summit held in January 2015, has reviewed the need for new vaccine introduction, including pneumococcal vaccine and HPV vaccine. The special committee appointed by the Director General of Health services has recommended introduction of HPV and the National Advisory Committee on Control of Communicable Diseases /ICC has endorsed same in May, 2015. It is likely that HPV will be introduced in 2016.

3.1.2. NVS renewal request / Future plans and priorities

No renewal request. 2015 is the last year of Gavi Pentavalent support.

It is important to note that Sri Lanka will continue to receive IPV from Gavi for 3 years 2015-2017, as a part of Global Polio endgame strategy. In addition, Sri Lanka is considering explore possibility of getting HPV vaccine for Gavi assured price, once it will introduce the same in 2016. (GoSL will fund the HPV introduction into its NIP)

3.2. Health systems strengthening (HSS) support

3.2.1. Grant performance and challenges

HSS grant objectives	Objective 1: Increase Primary Health Care staff in correct skill mix in 10 underserved districts Objective 2: ensure availability of basic infrastructure and logistics to meet the national standards at 10 underserved districts for delivery of maternal and child health services Objective 3: ensure regular monitoring and supervision of MCH services carried out at 10 underserved districts by the middle level facility managers

HSS funds were only used in a limited geographical area, the conflict affected northeast and estate sector. As mentioned in Section 3.2 above, all antigens have long term coverage at 98% or above. Drop-out rate is less than 1%, and 100% of districts have DTP3 coverage above 90%.

HSS program performance was commendable. Funds were used to help rebuild the public health infrastructure in 10 formerly conflict affected districts in the northeast. Total grant amount of US$ 4,505,000 was disbursed. Particular emphasis was placed on improving human resource, capacity, outreach and monitoring. Activities built capacity of public health midwives, improved field mobilization of these midwives by providing scooters, and renovated and strengthened MCH field clinics and equipment support to these MCH clinics in the underserved districts. In addition, in service training were useful for the public health staff on management information system and adverse event following immunization and expanded program on immunization. Part of the last tranche was used to upgrade the National Training Institute for Health Professionals, to ensure training facilities for PHC and other staff.

Activities were consistent with the original 2014 work plan. Almost all the indicators as per the M&E framework show achievement against the target set for 2014.

The HSS grant has been fully disbursed and 2014 was the last year of implementation. Major targets were achieved by the end of 2013, but because take-off had been slow in the early years of the Grant, a one-year no-cost extension to use the remaining US$ 1.1 million was granted. The country reported 94.7% expenditure by December 2014, by which time 100% of the expected targets were achieved, apart from Implementation of the HR Plan for Underserved Areas, which was 75% implemented, and Reviewing of the Quality of Immunization Data Management Systems, which was 76% implemented. These remaining HSS activities will be completed by the end of 2015.

The fund management has been satisfactory with robust fiscal control. Some issues in disbursement at local level were observed for which remedial measures have been adopted. External audits did not reveal any outstanding issues.

Independent evaluation on GAVI HSS Programme 2008 – 2014 is in progress and report will be submitted to the GAVI Alliance by end of 2015.

3.2.2. Strategic focus of HSS grant

As mentioned above, HSS funds were deployed in a specific geographical region rather than nationally. The HSS component performed well, improving the quality of coverage of immunization in the 10 districts under focus. NIP surveys carried out in early 2014 in

Kilinochchi and Mulativue, two heavily conflict-impacted districts, showed high coverage. However, it is important to note that high coverage for all NIP vaccines have been reported from all districts in the country for nearly last two decades.

No limitations to the immunization system are described. With almost universal coverage, geography, ethnicity, economics and social level are not seen as barriers to immunization. Note however that vulnerable groups have been described. They are those marginalized from mainstream education and other services due to various barriers generated by economic, social, and geographic fault-lines and physical disabilities and other specific constraints.

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

All HSS funding to Sri Lanka has been disbursed.

3.3. Graduation planning *(if relevant)*

A Graduation Mission took place in late February 2015. Gavi has approved a Graduation Grant of US$ 87,004, of which US$ 65,404 will be channeled through WHO and US$ 21,600 through UNICEF. The three strategic areas and their corresponding activities are as follows:

Immunization Program Performance: conduct a client satisfaction study to determine how to improve the quality of service delivery, facilitate implementation of an electronic data management system (WEBIIS) at district level, develop an evidence-based advocacy strategy for immunization, and develop a risk communication strategy.

Financing of Immunization and Legislation: carry out an immunization costing study in four selected districts to develop a plan for immunization funding, continue advocacy work for government funding of immunization, and develop a strategy to implement the National Immunization Plan

National Institutions for Immunization: ensure that Sri Lanka is sharing best practices on procurement by exploring the possibility of supporting V3P, carry out a temperature study for each stage of the cold chain, computerize the vaccine stock management information system, and train regional drug store managers.

3.4. Financial management of all cash grants

An FMA was conducted in 2012 and all its recommendations have been implemented.
The Auditor General's report for the HSS Grant for 2012 concluded that overall, proper accounts had been maintained, that financial statements accurately reflected the state of affairs of the programme and that funds had been utilized for the purposes for which they were provided. Issues highlighted included non-maintenance of a separate bank account for the programme, difficulty of assessing delayed utilization of funds due to lack of a detailed action plan, and lack of distribution and utilization of a few purchased medical supplies and motorcycles at the provincial office level.

3.5. Recommended actions

Actions	**Responsibility** (government, WHO, UNICEF, other partners, Gavi Secretariat)	**Timeline**	**Potential financial resources needed and source(s) of funding**
Capacity building: improving quality of infrastructure and other logistics (eg; Cold chain facilities, Immunization Information Managment System)	GoSL	Continued	GoSL, WHO UNICEF, Gavi
Staff capacity building (Training)	GoSL	Continued	GoSL WHO, UNICEF
Strengthening surveillance of VPD, to monitor/ research on effectiveness of vaccines used in NIP	GoSL	Continued	GoSL WHO
Evidence based new vaccine introduction with due attention on ensuring sustainable financing support. e.g.; introducing HPV, accessing Gavi price. (*Note: Evidence based include both epidemiological burden assessment and requires costing studies on introduction of new vaccines)*	GoSL	Continued	GoSL Gavi UNICEF

4. TECHNICAL ASSISTANCE

4.1 Current areas of activities and agency responsibilities

During this reporting period country did not receive any technical assistance

4.2 Future needs

One of the key reasons for having a strong NIP in Sri Lanka is its human resources. Senior staff of the NIP at national level is well qualified experts in the field of immunization and, even provide technical assistance to other countries. They have capacities for planning (e.g; evidence based vaccine introduction), implementing, monitoring and evaluation of activities related to NIP.

However, the country still would be open to receive any technical assistance, if necessary in future. In July 2015, Sri Lanka will carry out its EVM assessment with the support from hired consultant, which is funded by UNICEF.

Sri Lanka is planning to carry out research in the following areas: (i) operational research in new vaccine introduction, (ii) assessing effectiveness of selected vaccinations (eg; measles, rubella, JE, Hep B etc.,) (iii) modelling studies on impact of vaccination in disease transmissions (iv) costing studies. Sri Lanka would require funding support for these research activities and may be some technical assistance too.

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

Brief description how the joint appraisal was endorsed by the relevant country coordinating mechanism: This JAR was briefed to the members of National Advisory Committee on Control of Communicable Diseases (ICC), which was chaired by the Director General of Health Services. The committee endorsed the content of this report.
Issues raised during debrief of joint appraisal findings to country coordinating mechanism: None
Any additional comments from • **Ministry of Health:** • **Partners:** • **Gavi Senior Country Manager:** None

6. ANNEXES

[Please include the following Annexes when submitting the report, and any others as necessary]

- **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 HLRP recommendations**

Key actions from the last appraisal or additional HLRP recommendations	Current status of implementation
Submit the 2013 internal audit report for HSS. The 2013	Submitted in Oct 2014

No other specific recommendations were made in the 2014 Internal Appraisal or the HLRP Report.	

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

- **Annex D. HSS grant overview**

General information on the HSS grant							
1.1 HSS grant approval date			05th October, 2007				
1.2 Date of reprogramming approved by IRC, if any			2013				
1.3 Total grant amount (US$)			4,505,000				
1.4 Grant duration			2008 – 2014				
1.5 Implementation year			month/year – month/year				
(US$ in million)	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**
1.6 Grant approved as per Decision Letter	887,500	1,012,500	897,500	812,500	895,000	00	00
1.7 Disbursement of tranches	887,500	1,012,500	458,750	1,089,020	00	1,057,230	00
1.8 Annual expenditure	171,937	476,258	690,031	331,237	816,755	899,310	891,974
1.9 Delays in implementation (yes/no), with reasons							
1.10 Previous HSS grants (duration and amount approved)							
1.11 List HSS grant objectives Objective 1: To increase Primary Health Care staff in correct skill mix in 10 underserved districts to reach national norms Objective 2: To ensure availability of basic infrastructure and logistics to meet the national standards at 10 underserved districts for delivery of maternal and child health services Objective 3: To ensure adequate monitoring and supervision of MCH services carried out in 10 underserved districts by the middle level facility managers							
1.12 Amount and scope of reprogramming (if relevant)							