



GAVI Alliance

# Annual Progress Report **2014**

Submitted by

The Government of  
***Solomon Islands***

Reporting on year: **2014**

Requesting for support year: **2016**

Date of submission: **15/06/2015**

**Deadline for submission: 27/05/2015**

Please submit the APR **2014** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: [apr@gavi.org](mailto:apr@gavi.org) or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

**Note:** *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at <http://www.gavialliance.org/country/>*

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

**GAVI ALLIANCE  
GRANT TERMS AND CONDITIONS**

**FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to the Independent Review Committee (IRC) and its processes and the availability of funds.

**AMENDMENT TO THE APPLICATION**

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

**RETURN OF FUNDS**

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

**SUSPENSION/ TERMINATION**

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

**ANTICORRUPTION**

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

**AUDITS AND RECORDS**

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

**CONFIRMATION OF LEGAL VALIDITY**

The Country and the signatories for the Country confirm that its application, and APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

**CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY**

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

**USE OF COMMERCIAL BANK ACCOUNTS**

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

**ARBITRATION**

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

***By filling this APR the country will inform GAVI about:***

*Accomplishments using GAVI resources in the past year*

*Important problems that were encountered and how the country has tried to overcome them*

*Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*

*Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*

*How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

## 1. Application Specification

Reporting on year: 2014

Requesting for support year: 2016

### 1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
Preventive Campaign Support	MR, 10 dose(s) per vial, LYOPHILISED	Not selected	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2020

**DTP-HepB-Hib (Pentavalent)** vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the [WHO website](#), but availability would need to be confirmed specifically.

### 1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2016	2016
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2021	2021

### 1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For 2014 ISS reward
COS	Yes	Not applicable	No
VIG	Yes	Not applicable	No
HSS	Yes	next tranche of HSS Grant No	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

### 1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2013 is available [here](#).

## 2. Signatures

### 2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

By signing this page, the Government of **Solomon Islands** hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of **Solomon Islands**

Please note that this APR will not be reviewed or approved by the High Level Review Panel (HLRP) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Hon. Dr. Tautai Angikimua Kaitu'u	Name	Hon. Snyder Rini
Date		Date	
Signature		Signature	

*This report has been compiled by (these persons may be contacted in case the GAVI Secretariat has queries on this document):*

Full name	Position	Telephone	Email
Dr Divinal Ogaoga	Director, Reproductive and Child Health Unit, MHMS	+677 751 3627	dogaoga@moh.gov.sb
Ms Jennifer Anga	National EPI Coordinator, MHMS	+677 780 0511	JAnga@moh.gov.sb
Dr Ibrahim Dadari	EPI Technical Support, UNICEF	+677 783 4623	idadari@unicef.org
Mr Richard Taro	National Cold Chain Manager	+677 748 8463	taro.richard@gmail.com

### 2.2. ICC signatures page

*If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports*

**In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures**

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

#### 2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Name/Title	Agency/Organization	Signature	Date
Dr Chris Becha	Under-Secretary Health Improvement, MHMS		

Dr Divinal Ogaoga	Reproductive and Child Health Division, MHMS		
Dr Audrey Aumua	WHO, Solomon Islands		
Mr Yun Jong Kang	UNICEF, Solomon Islands		
Dr Titus Nasi	Paediatrics, NRH, MHMS		
Dr Leanne Pannisi	O&G, NRH, MHMS		
Mr Timmy Manea	NPS, MHMS		

ICC may wish to send informal comments to: [apr@gavi.org](mailto:apr@gavi.org)

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

### 2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **Solomon Islands**, endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organization	Signature	Date
Dr Chris Becha	Undersecretary Health Improvement, MHMS		
Dr Divinal Ogaoga	Reproductive and Child Health Division, MHMS		

Dr Audrey Aumua	WHO, Solomon Islands		
Mr Yun Jong Kang	UNICEF, Solomon Islands		
Dr Titus Nasi	Paediatrics, NRH, MHMS		
Dr Leanne Pannisi	O&G, NRH, MHMS		
Mr Timmy Manea	NPS, MHMS		

HSCC may wish to send informal comments to: [apr@gavi.org](mailto:apr@gavi.org)

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

#### 2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

Solomon Islands is not reporting on CSO (Type A & B) fund utilisation in 2015

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## 4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Achievements as per JRF		Targets (preferred presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	20,448	18,031	21,020	21,020	21,608	21,608	22,213	22,213	22,834	22,834
Total infants' deaths	613	541	631	631	648	648	684	684	902	902
Total surviving infants	19835	17,490	20,389	20,389	20,960	20,960	21,529	21,529	21,932	21,932
Total pregnant women	20,448	17,181	21,020	21,020	21,608	21,608	22,213	22,213	22,834	22,834
Number of infants vaccinated (to be vaccinated) with BCG	18,403	14,669	18,918	18,918	16,992	16,992	17,387	17,387	17,791	17,791
BCG coverage[1]	90 %	81 %	90 %	90 %	79 %	79 %	78 %	78 %	78 %	78 %
Number of infants vaccinated (to be vaccinated) with OPV3	17,454	13,565	18,350	18,350	16,482	16,482	16,865	16,865	17,257	17,257
OPV3 coverage[2]	88 %	78 %	90 %	90 %	79 %	79 %	78 %	78 %	79 %	79 %
Number of infants vaccinated (to be vaccinated) with DTP1 [3]	17,851	14,470	18,758	18,758	17,398	17,398	17,802	17,802	18,216	18,216
Number of infants vaccinated (to be vaccinated) with DTP3 [3][4]	16,661	13,549	17,535	17,535	16,482	16,482	16,865	16,865	17,257	17,257
DTP3 coverage[2]	84 %	77 %	86 %	86 %	79 %	79 %	78 %	78 %	79 %	79 %
Wastage[5] rate in base-year and planned thereafter (%) for DTP	5	5	5	5	5	5	5	5	5	5
Wastage[5] factor in base-year and planned thereafter for DTP	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	16,616	14,470	18,758	18,758		19,447		19,991		
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	16,616	13,549	17,535	17,535		18,366		18,881		
DTP-HepB-Hib coverage[2]	84 %	77 %	86 %	86 %	0 %	88 %	0 %	88 %	0 %	0 %
Wastage[5] rate in base-year and planned thereafter (%)	5	5	5	5		5		5		
Wastage[5] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1	1.05	1	1.05	1	1
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)		0	17,002	17,002	17,398	17,398	17,802	17,802	18,216	18,216

Number	Achievements as per JRF		Targets (preferred presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)		0	17,002	17,002	17,398	17,398	17,802	17,802	18,216	18,216
Pneumococcal (PCV13) coverage[2]	0 %	0 %	83 %	83 %	83 %	83 %	83 %	83 %	83 %	83 %
Wastage[5] rate in base-year and planned thereafter (%)		0	5	5	5	5	5	5	5	5
Wastage[5] factor in base-year and planned thereafter (%)	1	1	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	16,264	13,271	17,943	17,943	17,398	17,398	17,802	17,802	18,216	18,216
Measles coverage[2]	82 %	76 %	88 %	88 %	83 %	83 %	83 %	83 %	83 %	83 %
Pregnant women vaccinated with TT+	17,176	15,015	18,077	18,077	16,426	16,426	17,000	17,000	17,593	17,593
TT+ coverage[7]	84 %	87 %	86 %	86 %	76 %	76 %	77 %	77 %	77 %	77 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	0	0	0	0	0	0	0	0	0
Annual DTP Drop out rate [ (DTP1 – DTP3) / DTP1 ] x 100	7 %	6 %	7 %	7 %	5 %	5 %	5 %	5 %	5 %	5 %

Number	Targets (preferred presentation)					
	2019		2020		2021	
	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	23,473	23,473	24,130	24,130		24,733
Total infants' deaths	932	932	951	951		965
Total surviving infants	22,541	22,541	23,179	23,179		23,768
Total pregnant women	23,473	23,473	24,130	24,130		24,733
Number of infants vaccinated (to be vaccinated) with BCG	18,205	18,205	18,629	18,629		21,023
BCG coverage[1]	78 %	78 %	77 %	77 %	0 %	85 %
Number of infants vaccinated (to be vaccinated) with OPV3	17,659	17,659	18,070	18,070		21,023
OPV3 coverage[2]	78 %	78 %	78 %	78 %	0 %	88 %
Number of infants vaccinated (to be vaccinated) with DTP1 [3]	18,640	18,640	19,074	19,074		22,259
Number of infants vaccinated (to be vaccinated) with DTP3 [3][4]	17,659	17,659	18,070	18,070		21,023

Number	Targets (preferred presentation)					
	2019		2020		2021	
	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
<b>DTP3 coverage[2]</b>	78 %	78 %	78 %	78 %	0 %	88 %
<b>Wastage[5] rate in base-year and planned thereafter (%) for DTP</b>	5	5	5	5		5
<b>Wastage[5] factor in base-year and planned thereafter for DTP</b>	1.05	1.05	1.05	1.05	1.00	1.05
<b>Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib</b>						
<b>Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib</b>						
<b>DTP-HepB-Hib coverage[2]</b>	0 %	0 %	0 %	0 %	0 %	0 %
<b>Wastage[5] rate in base-year and planned thereafter (%)</b>						
<b>Wastage[5] factor in base-year and planned thereafter (%)</b>	1	1	1	1	1	1
<b>Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID</b>	0 %	5 %	0 %	5 %	0 %	5 %
<b>Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)</b>	18,640	18,640	19,074	19,074		22,259
<b>Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)</b>	18,640	18,640	19,074	19,074		21,023
<b>Pneumococcal (PCV13) coverage[2]</b>	83 %	83 %	82 %	82 %	0 %	88 %
<b>Wastage[5] rate in base-year and planned thereafter (%)</b>	5	5	5	5		5
<b>Wastage[5] factor in base-year and planned thereafter (%)</b>	1.05	1.05	1.05	1.05	1	1.05
<b>Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID</b>	0 %	5 %	0 %	5 %	0 %	5 %
<b>Number of infants vaccinated (to be vaccinated) with 1st dose of Measles</b>	18,640	18,640	19,074	19,074		21,023
<b>Measles coverage[2]</b>	83 %	83 %	82 %	82 %	0 %	88 %
<b>Pregnant women vaccinated with TT+</b>	18,205	18,205	18,629	18,629		21,023
<b>TT+ coverage[7]</b>	78 %	78 %	77 %	77 %	0 %	85 %
<b>Vit A supplement to mothers within 6 weeks from delivery</b>	0	0	0	0		0
<b>Vit A supplement to infants after 6 months</b>	0	0	0	0	N/A	60
<b>Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100</b>	5 %	5 %	5 %	5 %	0 %	6 %

[1] Number of infants vaccinated out of total births

[2] Number of infants vaccinated out of total surviving infants

[3] Indicate total number of children vaccinated with either DTP alone or combined

[4] Please make sure that the DTP3 cells are correctly populated

[5] The formula to calculate a vaccine wastage rate (in percentage):  $[(A - B) / A] \times 100$ . Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

[7] Number of pregnant women vaccinated with TT+ out of total pregnant women

## 5. General Programme Management Component

### 5.1. Updated baseline and annual targets

**Note:** Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014**. The numbers for 2015 - 2015 in [Table 4 Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

The country's population figures are projections from 2009 census using an annual growth rate of 2.3%. As this as estimates are estimates and liable to changes from time to time based on prevailing population indices. Every year an annual exercise of determining the target population to be used is conducted with all stakeholders to fine tune target population as the country does not maintain a realtime population updates.

- Justification for any changes in **surviving infants**

As explained above the prevailing population and thus target populations are reviewed on an annual basis coupled with a reduced infant mortality as compared earlier projections. Figures are consistent with the reports in the DHIS and WHO/UNICEF Joint Reporting Form 2014.

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified. For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.**

Not Applicable

- Justification for any changes in **wastage by vaccine**

Not Applicable

### 5.2. Monitoring the Implementation of GAVI Gender Policy

5.2.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
N/A	N/A	N/A	N/A

5.2.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

In the Solomon Islands there has not been any hints suggesting gender discrepancies in accessing and utilizing immunization services. This we can say confidently that it has not affected in anyway accessing and utilizing immunization services.

5.2.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Yes**

5.2.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on <http://www.gavialliance.org/about/mission/gender/>)

No proven gender related bias has been shown or depicted in access and utilization of immunization services in the Solomon Islands. Mothers in particular are empowered to freely access immunization and other health services without restrictions, and also ensure their wards get the vaccines.

### 5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

<b>Exchange rate used</b>	1 US\$ = 7.5	Enter the rate only; Please do not enter local currency name
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**Table 5.3a:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	Measles Rubella Initiative	SIG	DFat
Traditional Vaccines*	275,212	89,212	186,000	0	0	0	0	0
New and underused Vaccines**	114,293	15,793	98,500	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	12,139	12,139	0	0	0	0	0	0
Cold Chain equipment	95,217	0	67,490	27,727	0	0	0	0
Personnel	0	0	0	0	0	0	0	0
Other routine recurrent costs	0	0	0	0	0	0	0	0
Other Capital Costs	156,989	0	156,989	0	0	0	0	0
Campaigns costs	428,316	30,000	126,159	0	0	272,157	0	0
0		0	0	0	0	0	0	0
<b>Total Expenditures for Immunisation</b>	<b>1,082,166</b>							
<b>Total Government Health</b>		147,144	635,138	27,727	0	272,157	0	0

Traditional vaccines: BCG, DTP, OPV, Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support

### 5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **3**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2015 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.3 Overall Expenditures and Financing for Immunisation](#).

The ICC noted the target populations and coverage figures achieved so far and emphasized the need to redouble efforts to reach all eligible children with vaccines. It also noted the expenditure on the HSS funds has improved compared to similar period last year and encouraged the country to work more on utilizing the funds to improve the health system. The ICC also noted the upcoming Gavi mission and the need to discuss further during the mission options for reprogramming HSS funds to address current priority areas.

Are any Civil Society Organisations members of the ICC? **Yes**

If **Yes**, which ones?

<b>List CSO member organisations:</b>
World Vision Solomon Islands

### 5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI programme for 2015 to 2016

The year 2015 for Solomon islands EPI Program is packed with activities which are aimed improving the immunization program and introducing new vaccines.

**Main Objectives:**

1. To achieve and maintain 80% and above fully immunized child country wide
2. To continue implementation of previous recommendations from assessments and mission
3. Implement EVM recommendations and improve cold chain coverage and functionality to 90%
4. Introduce new cost effective vaccines
5. To reduced the disease burden of vaccine preventable diseases

**Priority Actions include**

1. Implement the Reach Every Zone strategy in order to reduce the never reached or dropouts; this has started last year with the Gavi supported provinces of Guadalcanal, Western and Malaita provinces. This will be scaled up and sustained in other provinces as well
2. Implement the introduction of new vaccines support (PCV13,IPV and HPV demo) into the EPI routine; the Country will be introducing three new vaccines which includes a nationwide rollout of PCV and IPV, and a pilot demonstration project for HPV vaccine in two provinces of Isabel and Honiara city council. Specific activities planned to support the new vaccines introduction include National EPI review, Training of trainers on PCV, Post introduction evaluation (PIE),
3. Develop and implement the Global Vaccine Action Plan for Solomon Islands
4. Continuous implementation of GAVI supported HSS plan and other recommendations from reviews conducted as far back as 2012 and intensify routine immunization using the periodic intensification (PIRIs)
5. Review EVM improvement plan and conduct HPV vaccines Post Introduction Evaluation

**5.6. Progress of transition plan for injection safety**

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
BCG	AD Syringes and Needles	Solomon Islands Government
Measles	AD Syringes and Needles	Solomon Islands Government
TT	AD Syringes and Needles	Solomon Islands Government
DTP-containing vaccine	AD Syringes and Needles	Solomon Islands Government and Gavi Alliance
IPV	N/A	

Does the country have an injection safety policy/plan? **No**

**If Yes:** Have you encountered any obstacles during the implementation of this injection safety policy/plan?

**If No:** When will the country develop the injection safety policy/plan? (Please report in box below)

The Country is currently revising its National EPI Policy and is reviewing options for developing an injection safety policy/plan. However, all health workers are knowledgable on proper use and disposal of injection wastes and sharps using the available options of open pit burning, burn and bury and incineration is some places. Using the Gavi HSS funds, the MHMS is embarking on procurement of new incinerators to improve sharp waste disposal methods.

Please explain in 2014 how sharps waste is being disposed of, problems encountered, etc.

Sharp wastes are disposed-off in open pit burning at most Health facilities with few having access to incinerators . As new vaccines have are been introduce and more sharp waste generated, Ministry of Heath is embarking on mass incinerator procurement using the GAVI HSS funds. Ministry of Health has been consulting with UNICEF supply division on the specification of incinerators most suitable for Solomon Islands.



## **6. Immunisation Services Support (ISS)**

### **6.1. Report on the use of ISS funds in 2014**

Solomon Islands is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

### **6.2. Detailed expenditure of ISS funds during the 2014 calendar year**

Solomon Islands is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

### **6.3. Request for ISS reward**

Request for ISS reward achievement in Solomon Islands is not applicable for 2014

## 7. New and Under-used Vaccines Support (NVS)

### 7.1. Receipt of new & under-used vaccines for 2014 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

**Table 7.1:** Vaccines received for 2014 vaccinations against approvals for 2014

Please also include any deliveries from the previous year received against this Decision Letter

	[ A ]	[ B ]	[ C ]	
Vaccine type	Total doses for 2014 in Decision Letter	Total doses received by 31 December 2014	Total doses postponed from previous years and received in 2014	Did the country experience any stockouts at any level in 2014?
DTP-HepB-Hib	37,600	41,055	0	No
Pneumococcal (PCV13)	0	0	0	No

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

Routine vaccines for the immunization program are delivered to the country through the regional Vaccines Independence Initiative (VII) Mechanism via Fiji regional storage or directly through to Honiara from the manufacturer in case of Gavi funded vaccines. In some instances before getting delivery of Gavi supported vaccines, the country makes supplementary requests to the Pacific regional buffer storage managed by UNICEF Pacific in Nadi, Fiji to beef up stocks to mitigate any tendencies of low vaccine stocks which might have accounted for discrepancies in the quantity of vaccines received.

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

**GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.**

Solomon Islands has a relatively small under-1 target population which are spread across many islands. This means having multiple doses of Pentavalent vaccines will result in higher wastage of the vaccines and the Country will prefer to maintain single dose preparations to minimize wastage and optimize coverage.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

Not Applicable

## 7.2. Introduction of a New Vaccine in 2014

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	N/A

When is the Post Introduction Evaluation (PIE) planned? **August 0**

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Not all province have training as yet

When is the Post Introduction Evaluation (PIE) planned? **January 2016**

7.2.2. If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9 )

No Post Introduction Evaluation (PIE) was conducted in the last two years.

### 7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

Is there a national AEFI expert review committee? **No**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **No**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **No**

### 7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **No**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

There are findings from syndromic surveillance which are generated weekly and shared with all relevant stakeholders including the ICC for their necessary action and guidance. Currently Ministry of Health is strengthening 5 sentinel surveillance sites across the country.

## 7.3. New Vaccine Introduction Grant lump sums 2014

### 7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2014 (A)	245,000	1,837,500
Remaining funds (carry over) from 2013 (B)	0	0
Total funds available in 2014 (C=A+B)	245,000	1,837,500
Total Expenditures in 2014 (D)	0	0
Balance carried over to 2015 (E=C-D)	245,000	1,837,500

Detailed expenditure of New Vaccines Introduction Grant funds during the 2014 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 calendar year ( Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

### 7.3.2. Programmatic Reporting

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

A new vaccines introduction plan was developed. Training dates and plans were developed in consultation with partners and stakeholders including finalization of training materials. Cold Chain inventory was updated and gaps identified. Also micropalnning for HPV vaccines introduction in two provinces of Isabel and Honiara were initiated. All these are preparatory activities for 2015 new vaccines introductions which are HPV demonstration in two provinces of Isabel and Honiara, and a nationwide PCV introduction.

Please describe any problem encountered and solutions in the implementation of the planned activities

No major problems encountered.

Please describe the activities that will be undertaken with any remaining balance of funds for 2015 onwards

National and Provincial Health worker trainings for new vaccines introduction- PCV nationwide and HPV for tow provinces.

Social mobilization and launching of new vaccines (PCV and HPV)

Supportive Supervision to clinics after roll out of new vaccines.

Post Introduction Evaluation for the newly introduced vaccines.

Costing survey, Adolescent assessment and coverage survey for HPV demonstration project.

Support with cold chain and vaccine distribution.

## 7.4. Report on country co-financing in 2014

**Table 7.4** : Five questions on country co-financing

Co-Financed Payments	Q.1: What were the actual co-financed amounts and doses in 2014?	
	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	15,793	7,900
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0

	<b>Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?</b>	
Government	15793.41	
Donor		
Other		
	<b>Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?</b>	
<b>Co-Financed Payments</b>	<b>Total Amount in US\$</b>	<b>Total Amount in Doses</b>
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2,739	8,100
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
	<b>Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding</b>	
<b>Schedule of Co-Financing Payments</b>	<b>Proposed Payment Date for 2016</b>	<b>Source of funding</b>
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	August	Solomon Islands Government
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	August	Solomon Islands Government
	<b>Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing</b>	
	The Country now being a graduating country, more than ever before, needs technical assistance in ensuring financial sustainability for its vaccines and devices.	

\*Note: co-financing is not mandatory for IPV

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

## 7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at

[http://www.who.int/immunization/programmes\\_systems/supply\\_chain/evm/en/index3.html](http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.html)

*It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.*

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **August 2012**

Please attach:

- EVM assessment (**Document No 12**)
- Improvement plan after EVM (**Document No 13**)
- Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Are there any changes in the Improvement plan, with reasons? **Yes**

If yes, provide details

The Country has continued with the implementation of the recommendations from the EVM and progress has been made in most areas. These can be categorized into five different sections or groups namely;

- **Management and Policy:** 10 of the 15 recommendations under this sub-heading have been implemented. The cold chain policy documents are being finalized and inputs from various stakeholders are being collated. The country will be conducting a vaccine wastage study and Hepatitis B outside the cold chain pilot as well in 2015.
- **Documentation and Practices:** all 8 recommendations are on track with significant improvement in stock monitoring, vaccines and logistics management.
- **Capacity Building:** similarly, health worker knowledge of vaccine and logistics management has improved. Specific modules were taken as part of the MR pre-campaign training with hands-on on the field during monitoring and supportive supervision.
- **Equipment:** Significant procurement of cold chain equipment using the Gavi HSS funds and Partner support from UNICEF and WHO. 16 Solar Chills and 10 ILRs were procured with the Gavi HSS funds. Plans are underway for procurement of incinerators. The cold chain inventory was updated in August 2014 and plans are underway for a health worker maintenance training.
- **Supervision:** The supportive supervision checklist has been revised and made more user friendly capturing all relevant vaccine management issues. Also conduct of supportive supervision from the national to the provinces has improved. As part of the RED strategy implementation in the Gavi supported provinces, supportive supervision is being prioritized.

When is the next Effective Vaccine Management (EVM) assessment planned? **August 2017**

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

### 7.6.1. Vaccine Delivery

Did you receive the approved amount of vaccine doses for MR Preventive Campaigns that GAVI communicated to you in its Decision Letter (DL)?

[ A ]	[ B ]	[ C ]
<b>Total doses approved in DL</b>	<b>Campaign start date</b>	<b>Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)</b>
262700	01/09/2014	300,000 doses (100,000 and 200,000 doses in two separate shipments received in September 2014)

If numbers [A] and [C] above are different, what were the main problems encountered, if any?

The earlier proposal to Gavi and decision letter was intended to provide MR vaccine doses covering a target population of 1-15 years old in 2015. However, due to a nationwide measles outbreak in July 2014 the Country as part of its measles outbreak response strategies postponed conducting the MR campaign and expanded the target population for the supplementary immunization activity (SIA) to cover 6 months to 30 years olds based on the available epidemiological pattern of the outbreak. As a result more MR vaccine doses were required and 300,000 doses were procured through UNICEF Vaccines Independence Initiative (VII).

If the date(s) indicated in [C] are after [B] the campaign dates, what were the main problems encountered? What actions did you take to ensure the campaign was conducted as planned?

Due to the nature of the emergency outbreak response, the country received some vaccines from the Pacific regional vaccine store in Nadi, managed by UNICEF to start the supplementary immunization activity (SIA) while the procurement process continued and when the vaccines arrived it was utilized into the campaign effectively.

### 7.6.2. Programmatic Results of MR preventive campaigns

Geographical Area covered	Time period of the campaign	Total number of Target population	Achievement, i.e., vaccinated population	Administrative Coverage (%)	Survey Coverage (%)	Wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine
All 10 Provinces (Nationwide)	August to December	376286	393817	106	93	0	0	0

\*If no survey is conducted, please provide estimated coverage by independent monitors

Has the campaign been conducted according to the plans in the approved proposal?" **Yes**

If the implementation deviates from the plans described in the approved proposal, please describe the reason.

N/A

Has the campaign outcome met the target described in the approved proposal? (did not meet the target/exceed the target/met the target) If you did not meet/exceed the target, what have been the underlying reasons on this (under/over) achievement?

The Campaign has surpassed the target and the final coverage was 105%.

What lessons have you learned from the campaign?

The need to ensure sufficient funds availability at the lower levels and timely.  
Potential for competing priorities to delay campaign activities and thus the need for stronger stakeholder engagement and inter-sectoral collaboration.  
Monitoring and supportive supervision is crucial and has helped in achieving a high campaign coverage.  
Effective social mobilization and communication activities has a major impact on achieving targeted coverage.

### 7.6.3. Fund utilisation of operational cost of MR preventive campaigns

Category	Expenditure in Local currency	Expenditure in USD
Campaign Operational funds for five provinces	946190	126159
<b>Total</b>	<b>946190</b>	<b>126159</b>

## 7.7. Change of vaccine presentation

Solomon Islands does not require to change any of the vaccine presentation(s) for future years.

## 7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2015

If 2015 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2015 to 2016 for the following vaccines:

- \* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section [7.11 Calculation of requirements](#).

- \* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years 2015 to 2016, which is attached to this APR (Document N°16). The new costing tool is also attached (Document N°17) for the following vaccines:

- \* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document N°18)

\* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

\* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

### **7.9. Request for continued support for vaccines for 2016 vaccination programme**

In order to request NVS support for 2016 vaccination do the following

Confirm here below that your request for 2016 vaccines support is as per [7.11 Calculation of requirements](#)

**Yes**

If you don't confirm, please explain



## 7.10. Weighted average prices of supply and related freight cost

**Table 7.10.1: Commodities Cost**

Estimated prices of supply are not disclosed

**Table 7.10.2: Freight Cost**

Vaccine Antigen	Vaccine Type	2011	2012	2013	2014	2015	2016	2017
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID				2.60 %	2.70 %	2.80 %	3.30 %
MR, 10 dose(s) per vial, LYOPHILISED	MR, 10 dose(s) per vial, LYOPHILISED				12.70 %			
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID				5.90 %	6.00 %	5.90 %	6.00 %

Vaccine Antigen	Vaccine Type	2018	2019	2020	2021
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	3.30 %	3.30 %	3.30 %	3.30 %
MR, 10 dose(s) per vial, LYOPHILISED	MR, 10 dose(s) per vial, LYOPHILISED				
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	6.10 %	3.10 %	3.10 %	3.10 %

## 7.11. Calculation of requirements

**Table 7.11.1: Specifications for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

ID	Source		2014	2015	2016	TOTAL
<b>Number of surviving infants</b>	Parameter	#	19,835	20,389	20,960	61,184
<b>Number of children to be vaccinated with the first dose</b>	Parameter	#	16,616	18,758	19,447	54,821
<b>Number of children to be vaccinated with the third dose</b>	Parameter	#	16,616	17,535	18,366	52,517
<b>Immunisation coverage with the third dose</b>	Parameter	%	83.77 %	86.00 %	87.62 %	
<b>Number of doses per child</b>	Parameter	#	3	3	3	
<b>Estimated vaccine wastage factor</b>	Parameter	#	1.05	1.05	1.05	
<b>Stock in Central Store Dec 31, 2014</b>		#	28,486			
<b>Stock across second level Dec 31, 2014 (if available)*</b>		#				
<b>Stock across third level Dec 31, 2014 (if available)*</b>	Parameter	#				
<b>Number of doses per vial</b>	Parameter	#		1	1	
<b>AD syringes required</b>	Parameter	#		Yes	Yes	
<b>Reconstitution syringes required</b>	Parameter	#		No	No	
<b>Safety boxes required</b>	Parameter	#		Yes	Yes	
<b>cc Country co-financing per dose</b>	Parameter	\$		0.53	1.00	

ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		2.70 %	2.80 %	

\* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

This was obtained from end of year physical stock take.

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

Not defined

### Co-financing tables for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

Co-financing group	Graduating
--------------------	------------

	2014	2015	2016
Minimum co-financing	0.26	0.30	0.82
Recommended co-financing as per			0.82
Your co-financing	0.46	0.53	1.00

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

		2014	2015	2016
Number of vaccine doses	#	29,700	51,900	27,400
Number of AD syringes	#	30,500	54,700	28,300
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	375	625	325
Total value to be co-financed by GAVI	\$	65,500	138,000	68,000

Table 7.11.3: Estimated GAVI support and country co-financing (Country support)

		2014	2015	2016
Number of vaccine doses	#	7,900	13,000	18,600
Number of AD syringes	#	8,100	13,700	19,200
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	100	175	225
Total value to be co-financed by the Country [1]	\$	17,500	34,500	46,000

**Table 7.11.4:** Calculation of requirements for **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	Country co-finance	V				
B	Number of children to be vaccinated with the first dose	Table 4	16,616	18,758		
B1	Number of children to be vaccinated with the third dose	Table 4	16,616	18,758		
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	49,848	54,550		
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	$D \times E$		57,278		
G	Vaccines buffer stock	<p><b>Buffer on doses needed + buffer on doses wasted</b></p> <p><b>Buffer on doses needed</b> = <math>(D - D \text{ of previous year original approved}) \times 0.375</math></p> <p><b>Buffer on doses wasted</b> =</p> <ul style="list-style-type: none"> <li>if(wastage factor of previous year current estimation &lt; wastage factor of previous year original approved): <math>((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375</math></li> <li>else: <math>(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0</math></li> </ul>				
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$				
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$				
H2	Reported stock on January 1st	Table 7.11.1	37,460	28,486		
H3	Shipment plan	Approved volume		64,900		
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		64,900		
J	Number of doses per vial	Vaccine Parameter				
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$				
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$				
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$				
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$				
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$				
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$				
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$				
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$				
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$				
T	Total fund needed	$(N+O+P+Q+R+S)$				
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$				
V	Country co-financing % of GAVI supported proportion	$U / T$				

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

**Table 7.11.4:** Calculation of requirements for **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** (part 2)

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	40.40 %		
B	Number of children to be vaccinated with the first dose	Table 4	19,447	7,856	11,591
B1	Number of children to be vaccinated with the third dose	Table 4	18,366	7,420	10,946
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	56,817	22,953	33,864
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	59,658	24,100	35,558
G	Vaccines buffer stock	<p><b>Buffer on doses needed + buffer on doses wasted</b>  <b>Buffer on doses needed</b> = <math>(D - D \text{ of previous year original approved}) \times 0.375</math>  <b>Buffer on doses wasted</b> =</p> <ul style="list-style-type: none"> <li><i>if (wastage factor of previous year current estimation &lt; wastage factor of previous year original approved):</i> <math>((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375</math></li> <li><i>else:</i> <math>(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0</math></li> </ul>	893	361	532
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$	14,631	5,911	8,720
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$	36,109	14,587	21,522
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	Approved volume			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	45,950	18,563	27,387
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	47,387	19,143	28,244
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	506	205	301
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	108,580	43,863	64,717
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	2,123	858	1,265
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	3	2	1
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	3,041	1,229	1,812
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	113,747	45,950	67,797
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	45,950		
V	Country co-financing % of GAVI supported proportion	$U / T$	40.40 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.







**Table 7.11.1: Specifications for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

ID		Source		2014	2015	2016	2017	2018
	<b>Number of surviving infants</b>	Parameter	#	19,835	20,389	20,960	21,529	21,932
	<b>Number of children to be vaccinated with the first dose</b>	Parameter	#	0	17,002	17,398	17,802	18,216
	<b>Number of children to be vaccinated with the third dose</b>	Parameter	#		17,002	17,398	17,802	18,216
	<b>Immunisation coverage with the third dose</b>	Parameter	%	0.00 %	83.39 %	83.01 %	82.69 %	83.06 %
	<b>Number of doses per child</b>	Parameter	#	3	3	3	3	3
	<b>Estimated vaccine wastage factor</b>	Parameter	#	1.00	1.05	1.05	1.05	1.05
	<b>Stock in Central Store Dec 31, 2014</b>		#	0				
	<b>Stock across second level Dec 31, 2014 (if available)*</b>		#	0				
	<b>Stock across third level Dec 31, 2014 (if available)*</b>	Parameter	#	0				
	<b>Number of doses per vial</b>	Parameter	#		1	1	1	1
	<b>AD syringes required</b>	Parameter	#		Yes	Yes	Yes	Yes
	<b>Reconstitution syringes required</b>	Parameter	#		No	No	No	No
	<b>Safety boxes required</b>	Parameter	#		Yes	Yes	Yes	Yes
cc	<b>Country co-financing per dose</b>	Parameter	\$		0.20	0.81	1.41	2.02
ca	<b>AD syringe price per unit</b>	Parameter	\$		0.0448	0.0448	0.0448	0.0448
cr	<b>Reconstitution syringe price per unit</b>	Parameter	\$		0	0	0	0
cs	<b>Safety box price per unit</b>	Parameter	\$		0.0054	0.0054	0.0054	0.0054
fv	<b>Freight cost as % of vaccines value</b>	Parameter	%		6.00 %	5.90 %	6.00 %	6.10 %



\* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

Not applicable.

### Co-financing tables for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

Co-financing group	Graduating
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	2014	2015	2016	2017	2018
Minimum co-financing		0.20	0.81	1.41	2.02
Recommended co-financing as per			0.82	1.43	2.05
Your co-financing		0.20	0.81	1.41	2.02

	2019	2020	2021
Minimum co-financing	2.63	3.38	3.38
Recommended co-financing as per	2.67	3.38	3.38
Your co-financing	2.63	3.38	3.38

**Table 7.11.4:** Calculation of requirements for **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** (part 1)

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	16,616	18,758	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B \times C$	49,848	54,550	
E	Estimated vaccine wastage factor	Table 4	1.05	1.05	
F	Number of doses needed including wastage	$D \times E$		57,278	
G	Vaccines buffer stock	<p><b>Buffer on doses needed + buffer on doses wasted</b>  <b>Buffer on doses needed</b> = <math>(D - D \text{ of previous year original approved}) \times 0.25</math>  <b>Buffer on doses wasted</b> = <math>(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25</math></p>			
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H 2	Reported stock on January 1st	Table 7.11.1	37,460	28,486	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		64,900	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$			
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$			
T	Total fund needed	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	$U / T$			

**Table 7.11.4:** Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 2)**

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	22.35 %		
B	Number of children to be vaccinated with the first dose	Table 4	17,398	3,889	13,509
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	52,194	11,667	40,527
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	54,804	12,250	42,554
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	312	70	242
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	55,800	12,473	43,327
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	57,757	12,911	44,846
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	614	138	476
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	188,493	42,133	146,360
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	2,588	579	2,009
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	4	1	3
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	11,122	2,487	8,635
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	202,207	45,198	157,009
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	45,198		
V	Country co-financing % of GAVI supported proportion	$U / T$	22.35 %		

**Table 7.11.4:** Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 3)**

		Formula	2017		
			Total	Government	GAVI
A	Country co-finance	V	39.50 %		
B	Number of children to be vaccinated with the first dose	Table 4	17,802	7,033	10,769
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	53,406	21,097	32,309
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	56,077	22,152	33,925
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	319	127	192
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	57,600	22,753	34,847
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	59,098	23,345	35,753
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	634	251	383
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	191,463	75,631	115,832
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	2,648	1,046	1,602
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	4	2	2
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	11,488	4,538	6,950
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	205,603	81,216	124,387
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	81,216		
V	Country co-financing % of GAVI supported proportion	$U / T$	39.50 %		

**Table 7.11.4:** Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 4)**

		Formula	2018		
			Total	Government	GAVI
A	Country co-finance	V	57.47 %		
B	Number of children to be vaccinated with the first dose	Table 4	18,216	10,468	7,748
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	54,648	31,404	23,244
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	57,381	32,975	24,406
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	327	188	139
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	59,400	34,135	25,265
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	60,473	34,751	25,722
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	654	376	278
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	194,238	111,620	82,618
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	2,710	1,558	1,152
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	4	3	1
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	11,849	6,810	5,039
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	208,801	119,988	88,813
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	119,988		
V	Country co-financing % of GAVI supported proportion	$U / T$	57.47 %		

**Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 5)**

		Formula	2019		
			Total	Government	GAVI
A	Country co-finance	V	77.65 %		
B	Number of children to be vaccinated with the first dose	Table 4	18,640	14,474	4,166
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	55,920	43,420	12,500
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	58,716	45,591	13,125
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	334	260	74
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	59,400	46,122	13,278
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	61,880	48,047	13,833
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	654	508	146
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	192,456	149,433	43,023
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	2,773	2,154	619
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	4	4	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	5,967	4,634	1,333
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	201,200	156,222	44,978
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	156,222		
V	Country co-financing % of GAVI supported proportion	$U / T$	77.65 %		

**Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 6)**

		Formula	2020		
			Total	Government	GAVI
A	Country co-finance	V	100.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	19,074	19,074	0
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	57,222	57,222	0
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	60,084	60,084	0
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	342	342	0
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	61,200	61,200	0
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	63,321	63,321	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	674	674	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	197,982	197,982	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	2,837	2,837	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	4	4	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	6,138	6,138	0
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	206,961	206,961	0
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	206,856		
V	Country co-financing % of GAVI supported proportion	$U / T$	100.00 %		

**Table 7.11.4:** Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 7)**

		Formula	2021		
			Total	Government	GAVI
A	Country co-finance	V	100.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	22,259	22,259	0
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	66,777	66,777	0
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	70,116	70,116	0
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	2,509	2,509	0
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	73,800	73,800	0
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	76,215	76,215	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	812	812	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	238,743	238,743	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	3,415	3,415	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	5	5	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	7,402	7,402	0
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	249,565	249,565	0
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	249,444		
V	Country co-financing % of GAVI supported proportion	$U / T$	100.00 %		





## 8. Health Systems Strengthening Support (HSS)

Please complete and attach the [HSS Reporting Form](#) to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

## 9. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

### 9.1. TYPE A: Support to strengthen coordination and representation of CSOs

Solomon Islands **has NOT received GAVI TYPE A CSO support**

Solomon Islands is not reporting on GAVI TYPE A CSO support for 2014

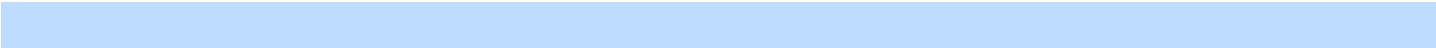
## 9.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Solomon Islands **has NOT received GAVI TYPE B CSO support**

Solomon Islands is not reporting on GAVI TYPE B CSO support for 2014

## 10. Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments



# 11. Annexes

## 11.1. Annex 1 – Terms of reference ISS

### TERMS OF REFERENCE:

#### FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS**

- I. All countries that have received ISS /new vaccine introduction grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)
  - b. Income received from GAVI during 2014
  - c. Other income received during 2014 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2014
  - f. A detailed analysis of expenditures during 2014, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2014 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 11.2. Annex 2 – Example income & expenditure ISS

### MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

*An example statement of income & expenditure*

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
<b>Summary of income received during 2014</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2014</b> (balance carried forward to 2015)	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2014</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

## 11.3. Annex 3 – Terms of reference HSS

### TERMS OF REFERENCE:

#### FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

- I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
  - a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)
  - b. Income received from GAVI during 2014
  - c. Other income received during 2014 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2014
  - f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.



## 11.4. Annex 4 – Example income & expenditure HSS

### MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

*An example statement of income & expenditure*

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
<b>Summary of income received during 2014</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2014 (balance carried forward to 2015)</b>	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2014</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

## 11.5. Annex 5 – Terms of reference CSO

### TERMS OF REFERENCE:

#### FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
- a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)
  - b. Income received from GAVI during 2014
  - c. Other income received during 2014 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2014
  - f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 11.6. Annex 6 – Example income & expenditure CSO

### MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
<b>Summary of income received during 2014</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2014 (balance carried forward to 2015)</b>	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.


Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2014</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

## 12. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	<a href="#">Signature Page.pdf</a> File desc: Date/time : 15/05/2015 02:58:03 Size: 682 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	<a href="#">Signature Page.pdf</a> File desc: Date/time : 15/05/2015 02:58:49 Size: 682 KB
3	Signatures of members of ICC	2.2	✓	<a href="#">Signature Page.pdf</a> File desc: Date/time : 15/05/2015 03:01:06 Size: 682 KB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✓	<a href="#">ICC Minutes_May13th.docx</a> File desc: Date/time : 14/05/2015 08:27:23 Size: 22 KB
5	Signatures of members of HSCC	2.3	✓	<a href="#">Signature Page.pdf</a> File desc: Date/time : 15/05/2015 03:02:52 Size: 682 KB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	<a href="#">ICC Minutes_May13th.docx</a> File desc: Date/time : 14/05/2015 08:27:53 Size: 22 KB
7	Financial statement for ISS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	No file loaded
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3	✗	No file loaded
9	Post Introduction Evaluation Report	7.2.1	✗	No file loaded
10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	<a href="#">Financial Statement.jpeg</a> File desc: Date/time : 15/05/2015 03:05:30 Size: 188 KB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US\$ 250,000	7.3.1	✓	<a href="#">Financial Statement.jpeg</a> File desc: Date/time : 15/05/2015 03:07:14 Size: 188 KB

12	Latest EVSM/VMA/EVM report	7.5		<a href="#">SI - EVM Report - Draft - 22 Aug 12.docx</a> <b>File desc:</b> <b>Date/time :</b> 14/05/2015 08:19:45 <b>Size:</b> 1 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5		<a href="#">SI-EVM-Improvement plan-22 Aug 12 [1].xls</a> <b>File desc:</b> <b>Date/time :</b> 14/05/2015 08:29:23 <b>Size:</b> 196 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5		<a href="#">SI-EVM-Improvement plan-22 Aug 12 [1].xls</a> <b>File desc:</b> <b>Date/time :</b> 14/05/2015 08:30:22 <b>Size:</b> 196 KB
16	Valid cMYP if requesting extension of support	7.8		<a href="#">SQL cMYP Solomon Islands 2011-2015 1.doc</a> <b>File desc:</b> <b>Date/time :</b> 15/06/2015 11:17:56 <b>Size:</b> 1 MB
17	Valid cMYP costing tool if requesting extension of support	7.8		<a href="#">SQL cMYP Solomon Islands 2011-2015 (UNICEF's inputs).doc</a> <b>File desc:</b> <b>Date/time :</b> 15/06/2015 11:09:23 <b>Size:</b> 1 MB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8		<a href="#">Signature Page.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/06/2015 11:09:23 <b>Size:</b> 682 KB
19	Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3		<a href="#">Financial Statement.jpeg</a> <b>File desc:</b> <b>Date/time :</b> 15/05/2015 03:08:24 <b>Size:</b> 188 KB
20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3		<a href="#">Financial Statement.jpeg</a> <b>File desc:</b> <b>Date/time :</b> 15/05/2015 03:09:37 <b>Size:</b> 188 KB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3		<a href="#">Financial Statement.jpeg</a> <b>File desc:</b> <b>Date/time :</b> 15/05/2015 03:10:44 <b>Size:</b> 188 KB
22	HSS Health Sector review report	8.9.3		<a href="#">APR-2014 HSS Reporting 19.03.15 EN.doc</a> <b>File desc:</b> <b>Date/time :</b> 15/05/2015 03:47:27 <b>Size:</b> 370 KB
23	Report for Mapping Exercise CSO Type A	9.1.1		No file loaded

24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4	X	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4	X	No file loaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0		<a href="#">Bank Statement .pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/05/2015 03:14:10 <b>Size:</b> 1 MB
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	X	No file loaded
28	Justification for changes in target population	5.1	X	No file loaded
	Other		X	No file loaded