



GAVI/13/269/MK/RK

The Minister of Health
Ministry of Health
PO Box 349
Honiara
Solomon Islands

22nd April 2013

Dear Minister,

Solomon Islands's 2011 Annual Progress Report to the GAVI Alliance

We are writing to inform you of the final outcome of the review of the 2011 Annual Progress Report (APR) submitted by Solomon Islands's (the "Country") in February 2013.

Following a meeting of the GAVI Independent Review Committee from 1 to 8 March 2013 to consider your Annual Progress Report, I am pleased to inform you that the Deputy Chief Executive Officer of the GAVI Alliance has approved the Solomon Islands for GAVI support as specified in the Appendices to this letter.

For your information, this document contains the following important attachments:

Appendix A: Description of approved GAVI support to Solomon Islands

Appendix B: Financial and programmatic information for Pentavalent vaccine

Appendix C: The IRC Report

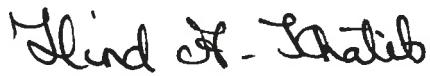
Appendix D: The terms and conditions of GAVI Alliance support

The following table summarises the outcome for each type of GAVI support applicable to Solomon Islands:

New Vaccines Support <i>Type of vaccine</i>	Approved for 2013
Pentavalent (DTP-HepB-Hib)	US\$58,500

Please do not hesitate to contact my colleague Raj Kumar at rajkumar@gavialliance.org if you have any questions or concerns.

Yours sincerely,



Hind Khatib-Othman
Managing Director, Country Programmes

cc: The Minister of Finance
 The Director of Medical Services
 Director Planning Unit, MoH
 The EPI Manager
 WHO Country Representative
 UNICEF Country Representative
 Regional Working Group
 WHO HQ
 UNICEF Programme Division
 UNICEF Supply Division
 The World Bank

Description of GAVI support to *Solomon Islands* (the “Country”)

New Vaccines Support (NVS)

The GAVI Alliance has approved the Country’s request for supply of vaccine doses and related injection safety material which are estimated to be required for the 2013 immunization programme as set out in Appendix B. Financing provided by GAVI for vaccines will be in accordance with:

- The GAVI Alliance Guidelines governing «Country»’s proposal application; and
- The final proposal as approved by the the Independent Review Committee (IRC), including any subsequent clarifications.

The vaccines provided will be used as the country has proposed. The principles of the WHO-UNICEF-UNFPA joint statement on safety of injections (WHO/V&B/99.25) shall apply to all immunisation provided with these vaccines.

Item number 11 of Appendix B summarises the details of the approved GAVI support for vaccines in 2013

Any required taxes, customs, toll or other duties imposed on the importation of vaccines and related supplies can not be paid for using GAVI funds.

GAVI is not responsible for any liability that may arise in connection with the distribution or use of vaccines and related supplies after title to such vaccines and related supplies has passed to the country, excluding liability for any defect in vaccines and related supplies, which remain the responsibility of the applicable manufacturer.

Country Co-financing

In accordance with the GAVI Co-financing Policy, the Country has agreed to make the required contribution to co-financing vaccine doses in 2013.

Item number 14 of Appendix B summarises the budget and the quantity of supply that will be procured with country’s funds in 2013. The total co-financing amount indicates costs for the vaccines, related injection safety devices and freight.

Countries may select to co-finance through UNICEF Supply Division, PAHO’s Revolving Fund, or self-procure their co-financing requirement following their own procedures, except for the Pneumococcal vaccine that needs to be procured through UNICEF.

If the purchase of the co-financed supply is carried out through UNICEF or PAHO, the payment is to be made to UNICEF or PAHO (whichever is applicable) as agreed in the Procurement Services Memorandum of Understanding between UNICEF or PAHO (whichever is applicable) and the country, and not to the GAVI Alliance. Please keep in contact with UNICEF or PAHO (whichever is applicable) to understand the availability of the relevant vaccine(s) and to prepare the schedule of deliveries.

The total co-financing amount expressed in item number 14 of Appendix B does not contain costs and fees of the relevant Procurement Agency, such as contingency buffer and handling fees.

Information on these extra costs and fees will be provided by the relevant Procurement Agency as part of the cost estimate to be requested by the country. UNICEF/PAHO will share information with GAVI on the status of purchase of the co-financed supply. In accordance with the GAVI Co-financing Policy (<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>), the co-financing contribution is payable annually to UNICEF/PAHO.

If the purchase of the co-financed supply is carried out by the Government, following its own procurement procedures and not procuring from UNICEF Supply Division or PAHO, the Government must submit to GAVI satisfactory evidence that it has purchased its co-financed portion of the vaccines and related supplies, including by submitting purchase orders, invoices, and receipts to GAVI. GAVI strongly encourages that countries self-procuring co-financed products (i.e. auto-disable syringes and syringe and needle disposal boxes) ensure that products appear on the applicable WHO list of pre-qualified products or, for syringe and needle disposal boxes, that they have obtained a certificate of quality issued by a relevant national authority.

GAVI support will only be provided if the Country complies with the following requirements:

Transparency and Accountability Policy(TAP): Compliance with any TAP requirements pursuant to the GAVI TAP Policy and the requirements under any Aide Memoire concluded between GAVI and the country.

Financial Statements & External Audits: Compliance with the GAVI requirements relating to financial statements and external audits.

Grant Terms and Conditions: Compliance with GAVI's standard grant terms and conditions (attached in Appendix D).

Country Co-financing: GAVI must receive proof of country co-payment from the Country such as invoices or shipment receipts if neither UNICEF nor PAHO is the procurement agent for country co-financed vaccine for the prior calendar year.

Monitoring and Annual Progress Reports: Solomon Islands's use of financial support for the introduction of new vaccinations with Pentavalent vaccine is subject to strict performance monitoring. The GAVI Alliance uses country systems for monitoring and auditing performance as well as other data sources including WHO/UNICEF immunization coverage estimates. As part of this process, National Authorities will be requested to monitor and report on the numbers of children immunised and the delivery of funds to co-finance the vaccine.

Solomon Islands will report on the achievements and request support for the following year in the Annual Progress Report (APR). The APR must contain information on the number of children reported to have been vaccinated with DTP3 and 3 doses of pentavalent vaccine by age 12 months, based on district monthly reports reviewed by the Immunisation Coordination Committee (ICC), and as reported to WHO and UNICEF in the annual Joint Reporting Form

(JRF). The APRs will also contain information on country's compliance with the co-financing arrangements outlined in this letter. APRs endorsed by the ICC, should be sent to the GAVI Secretariat no later than 15 May every year.

Continued funding beyond what is being approved in this letter is conditional upon receipt of satisfactory Annual Progress Reports and availability of funds.

Pentavalent VACCINE SUPPORT

This Decision Letter sets out the Programme Terms of a Programme.

1. Country: Solomon Islands					
2. Grant Number: 1115-SLB-04a-X					
3. Decision Letter no: 1					
4. Date of the Partnership Framework Agreement: N/A					
5. Programme Title: New Vaccine Support (NVS)					
6. Vaccine type: Pentavalent vaccine					
7. Requested product presentation and formulation of vaccine: DTP-HepB-Hib 1 dose(s) per vial, LIQUID					
8. Programme Duration¹: 2011-2015					
9. Programme Budget (indicative):					
	2011-2012	2013	2014	2015	Total²
Programme Budget (US\$)	US\$299,000	US\$58,500	US\$101,500	US\$98,500	US\$557,500
10. Vaccine Introduction Grant: Not applicable					
11. Indicative Annual Amounts:³					
Type of supplies to be purchased with GAVI funds in each year	2013				
Number of Pentavalent vaccines doses	22,500				
Number of AD syringes	22,900				
Number of re-constitution syringes					
Number of safety boxes	275				
Annual Amounts (US\$)	US\$58,500				
12. Procurement agency: : UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.					
13. Self-procurement: Not applicable.					

¹ This is the entire duration of the programme.

² This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.

³ This is the amount that GAVI has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently. *Ceci est le montant approuvé par GAVI. Prière de modifier les montants annuels indicatifs des années précédentes si cela change ultérieurement*

14. Co-financing obligations: Reference code: 1115-SLB-04A-X-C

According to the Co-Financing Policy, the Country falls within the Intermediate group. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.

Type of supplies to be purchased with Country funds in each year	2013	2014	2015	2016
Number of vaccines doses	4,900	10,300	12,600	
Number of AD syringes	5,000			
Number of re-constitution syringes				
Number of safety boxes	75			
Value of vaccine doses (US\$)	US\$9,755			
Total Co-Financing Payments (US\$) (Including freight)	US\$13,000	US\$26,500	US\$31,500	

15. Operational support for campaigns: Not applicable

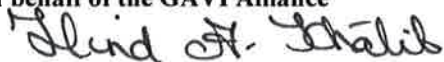
16. Additional documents to be delivered for future disbursements: Not applicable

17. Clarifications: Not applicable.

18. Other conditions: Not applicable.

Signed by

On behalf of the GAVI Alliance



Hind Khatib-Othman

Managing Director, Country Programmes

22 April 2013

Country: Solomon Islands
Type of report: Annual Progress Report
Reporting period: 2011
Date reviewed: March 2013

1. Background Information

Surviving Infants (2011): 15,597 (WHO pre-assessment)

DTP3 coverage (2011):

- JRF Official Country Estimate: 88% (WHO pre-assessment)
- WHO/UNICEF Estimate: 88% (WHO pre-assessment)

Table 1. NVS and INS Support

NVS and INS support	Approval Period
Penta	2008-15

2. Composition and Functioning of Inter-agency Coordinating Committee (ICC) / Health Sector Coordinating Committee (HSCC)

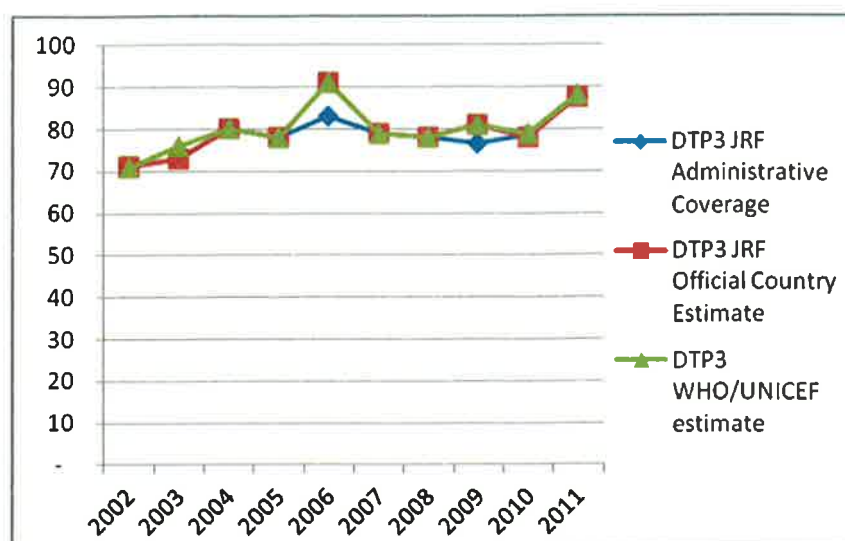
Membership of the ICC includes government and partners, such as MHMS, National Medical Stores and UNICEF; however, there is no CSO representation. Although the APR reports three meetings have been held in the course of 2011, only one set of minutes from a meeting held on 24 October, 2012 was attached. Major issues discussed included the GAVI Annual Progress Report, EPI coverage progress and a recently completed EPI Internal Review. The ICC made recommendation on three issues:

- Data management, in particular reporting of data from provinces to national level.
- Lack of human resources to ensure timely reporting to GAVI and other development partners.
- Strengthen ICC through revision of the term of references and membership to ensure wide stakeholders representation.

The absence of CSO representation was previously noted in IRC 2011, and the ICC plans to revise the TOR and membership to ensure better stakeholder representation.

3. Program Management

Figure 1: Trends of Solomon Islands DTP3 Coverage



DTP3 coverage has fluctuated over the past 12 years from 86% in 1999, to 71% in 2002, to 91% in 2006, and is now at 88%. The official country estimates are consistent with the WHO/UNICEF estimates. No recent data assessments reported. To further improve administrative data systems, there are intentions to develop user friendly routine immunisation reporting systems linked to the national level, train all reporting facilities and hold consultative meetings to arrive at best estimates of target population.

The 2010 IRC report indicated efforts towards improving data quality, which included building the capacity of EPI supervisors, the use of EPI monitoring charts, and the recruitment of data officers.

4. Gender and Equity Analysis

A previous APR (2010) stated that there is no difference in treatment by sex in their communities, quoting DHS 2007. The APR 2011 reiterates this, but noted that there are plans to revise the data reporting system to get more accurate data for boys and girls. There are no strategies described for reaching marginalised or hard to reach, as their access to immunisation services is not perceived as a major barrier.

5. Immunisation Services Support (ISS)

Not applicable.

6. New and under-utilised Vaccines Support (NVS)

The APR and UNICEF pre-assessment report 94,400 vials of DTP-HepB-Hib were shipped in 2011; no stock outs were reported. There is no request to change vaccine formulation. The reported stocks of DTP-HepB-Hib vaccine as at 1st January 2012 is 33,135 doses, accounting for 33% stocks received in 2011.

2011 payments for Penta or doses paid for are not reported, and neither are the specifications of when funds for 2013 vaccines will be paid for or the source of this funding.

There are key challenges related to vaccine management, specifically cold chain (replacement of kerosene to gas and solar systems). Steps to improve this were undertaken: procurement of 46 solar chills, MK306 ice lined refrigerators, and new cool storage. There was a cold chain assessment and training for cold chain technicians was conducted.

No new vaccines were introduced. There are no TAP Issues.

Comment on 2013 vaccine request:

Target specification: the target figure for 2011 are consistent across the various documents submitted. There is a minor discrepancy in the previous and the current surviving infants estimates for 2013 (19,294 vs. 16,323) in Table 4. The APR explains that this downward revision was due to a census conducted in 2009.

Coverage: The dropout rate in this period was 5%. According to the JRF, the reported DTP1 and DTP3 coverage has increased by 9 %.

Stock levels: There are no reports of stock outs. There was a 35% stock balance on 1st January 2012.

Vaccine Presentation: Single dose, liquid.

Cold Chain Capacity or Issues: Despite evidence of cold chain challenges, the cold chain capacity is sufficient to meet the needs of the country. However, many aspects of vaccine management are weak in implementation, and result in scores below 70%. The significant areas of concern ranged from: inadequate technical support staff; delays in timely repair or replacement of malfunctioning equipment; insufficient reserve stocks of equipment, spares, cold boxes and vaccine carriers at national and province level; lack of adequate knowledge and practices in use of reconstituted vaccines, VVM, and MDVP; improper understanding on vaccine forecast and ordering; and poor knowledge and practice of supervision.

While recognising the geographic nature of the Solomon Islands, the IRC notes the draft 2012 EVM results indicate suboptimal performance on EVM indicators; the next EVM is due in 2015. The IRC also recognises that since the EVM was conducted recently, it will be finalised with an accompanying improvement plan. The IRC requests that these documents be provided with the next APR.

There are no surveillance systems/data available for new vaccines.

From previous vaccine coverage trends, the country has capacity to meet the 2013 targets.

7. Vaccine Co-financing and Financial Sustainability and Financial Management

The Solomon Islands is in the low-income co-financing classification, with the required co-financing being US\$ 0.20 per dose. The country is, however co-financing, at US\$ 0.40 per dose. This is to be commended. The country pays its vaccine bills through vaccine independent initiatives and other co-financing agreements. The country does not face funding gaps or other anticipated problems concerning funding sustainability.

The IRC notes that Table 7.4 in the APR is not completed and encourages the country to complete all relevant tables in the APR template.

8. Injection Safety Support (INS) and Adverse Events Following Immunization Systems

The country has an injection safety guide. All injection sharps are disposed of through incinerators or open pit burning. The main obstacles reported in this regard include the lack of collaboration between stakeholders within the health system, AD syringes not being universally acceptable, problems with transportation at the provincial level, and a limited number of incinerators for safe disposal. A capacity gap among the health workforce was also identified.

The Solomon Islands does not have national dedicated vaccine pharmacovigilance capacity, a national AEFI expert review committee or an institutional development plan for vaccine safety. No AEFI were reported.

9. Health Systems Strengthening (HSS)

Not applicable.

10. Civil Society Organization Type A/Type B (CSO)

Not applicable.

11. Summary of 2011 APR Review

The country has achieved a high DTP3 coverage rate that increased by 9% during the period under review. There were also no funding gaps and the country continues to co-finance at a level higher than required by GAVI; the country is commended for this move towards financial sustainability.

The IRC notes that the ICC recognises the challenges faced by the country, which includes an ineffective cold chain system and limited human resources and transportation, but that it is making efforts to address these. In-country partners need to support the government and strengthen its capacity to prepare APRs in a timely manner. Having noted the draft 2012 EVM report, the IRC awaits the submission of the final report and the improvement plan.

Strengths:

- Consistently high performing country.
- High co-financing levels and financial commitment to self- procurement for vaccines.
- No funding gap for program implementation in 2011.

Weaknesses:

- Capacity for timely submission inadequate.
- Weak vaccine management at all levels.
- Incomplete 2011 financing information in the APR.

12. IRC Review Recommendations

- ISS

Country was not eligible for ISS rewards.

- NVS

DTP-HepB-Hib (1 dose per vial, liquid)

Approve 2013 NVS support based on country request target.

13. Clarifications Required with Approved Funding

Not applicable.

14. Other issues

Note to Solomon Islands: The country should work to strengthen capacity to prepare APRs in a timely manner and should ensure submission of the 2012 APR by the May 15, 2013 deadline. The IRC awaits the submission of the final 2012 EVM report (currently in draft) and the improvement plan.

GAVI Alliance Terms and Conditions

Countries will be expected to sign and agree to the following GAVI Alliance terms and conditions in the application forms, which may also be included in a grant agreement to be agreed upon between GAVI and the country:

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THIS PROPOSAL

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in this application. The GAVI Alliance will document any change approved by the GAVI Alliance, and this 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 this 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 this application, or any GAVI Alliance-approved amendment to this application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in this 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 this 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 government confirm that this application is accurate and correct and forms a legally binding obligation on the Country, under the Country's law, to perform the programmes described in this application.

***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 will comply with its requirements.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to this 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 language of the arbitration will be English.

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 this 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 this application.

USE OF COMMERCIAL BANK ACCOUNTS

The eligible country government is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support, including HSS, ISS, CSO and vaccine introduction grants. The undersigned representative of the government confirms that the government will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.