

## SOLOMON ISLANDS SUPPORT for INACTIVATED POLIO VACCINE (IPV)

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

<b>1. Country:</b> Solomon Islands				
<b>2. Grant Number:</b> 1518-SLB-25d-X / 15-SLB-08h-Y				
<b>3. Date of Decision Letter:</b> 10 February 2015				
<b>4. Date of the Partnership Framework Agreement:</b> 29-04-2013				
<b>5. Programme Title:</b> New Vaccine Support				
<b>6. Vaccine type:</b> Inactivated Polio Vaccine (IPV)				
<b>7. Requested product presentation and formulation of vaccine<sup>1</sup>:</b> Inactivated Polio Vaccine, 1 dose(s) per vial, LIQUID				
<b>8. Programme Duration<sup>2</sup>:</b> 2015 - 2018				
<b>9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):</b> <i>Please note that endorsed or approved amounts for 2018 will be communicated in due course, taking into account updated information on country requirements and following Gavi's review and approval processes.</i>				
	2015	2016	2017	Total <sup>3</sup>
Programme Budget (US\$)	US\$18,500	US\$52,500	US\$46,000	US\$117,000
<b>10. Vaccine Introduction Grant:</b> US\$100,000				
<b>11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):<sup>4</sup></b>				
Type of supplies to be purchased with Gavi funds in each year	2015	2016		
Number of IPV vaccines doses	6,300	17,700		
Number of AD syringes	6,600	18,700		
Number of re-constitution syringes				
Number of safety boxes	75	225		
Annual Amounts (US\$)	US\$18,500	US\$52,500		

<sup>1</sup> Please refer to section 18 for additional information on IPV presentation.

<sup>2</sup> This is the entire duration of the programme.

<sup>3</sup> This is the total amount endorsed by Gavi for 2015 to 2017.

<sup>4</sup> This is the amount that Gavi has approved.

<b>12. Procurement agency:</b> UNICEF					
<b>13. Self-procurement:</b> Not applicable					
<b>14. Co-financing obligations:</b> Gavi's usual co-financing requirements do not apply to IPV. However, Solomon Islands is encouraged to contribute to vaccine and/or supply costs for IPV.					
<b>15. Operational support for campaigns:</b> N/A					
<b>16. The Country shall deliver the following documents by the specified due dates as part of the conditions to the approval and disbursements of the future Annual Amounts:</b>					
<table border="1"> <thead> <tr> <th>Reports, documents and other deliverables</th> <th>Due dates</th> </tr> </thead> <tbody> <tr> <td>Annual Progress Report</td> <td>15 May 2015</td> </tr> </tbody> </table>		Reports, documents and other deliverables	Due dates	Annual Progress Report	15 May 2015
Reports, documents and other deliverables	Due dates				
Annual Progress Report	15 May 2015				
<b>17. Financial Clarifications:</b> Not applicable					
<b>18. Other conditions:</b> If Solomon Islands envisages a switch in product presentation, it is encouraged to incorporate elements for both IPV presentations in your initial introduction preparations, in order to minimise the need for later interventions and facilitate the switch. In those circumstances, in principle, no product switch grant will be provided to Solomon Islands.					

Signed by,  
**On behalf of Gavi**



Hind Khatib-Othman  
Managing Director, Country Programmes  
10 February 2015

## Appendix A

### Independent Review Committee (IRC) Country Report Gavi Secretariat, Geneva • 10 - 24 November 2014 Country: Solomon Islands

#### 1. Type of support requested: IPV

Planned start date (Month, Year)	Duration of support	Vaccine presentation(s) (1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> choice)
September 2015	2015-2018	10 dose, 5 dose, 2 dose

#### 2. In-country governance mechanisms (ICC/HSCC) and participatory proposal development process

The Solomon Islands has a functional ICC in place, which is responsible for the introduction of all new vaccines in the country. It has broad representation from the Ministry of Health, related sectors, partners and CSO representation from World Vision and PATH. ICC was actively involved in the preparation of the applications under review. It met on September 11, 2014 to endorse the proposal for IPV introduction. Minutes of this meeting are comprehensive and signed by both MoH and MoF as well as by selected ICC members. The country does not have National Immunisation Technical Advisory Group (NITAG).

#### 3. Situation analysis – Status of the National Immunisation Programme

The Solomon Islands is a double-chain archipelago of 900 islands in the south-west Pacific. It covers a landmass of 28,400 sq. over 1.3 million sq. km across the Pacific Ocean, with most of its smaller islands uninhabited. The estimated total population is 578,741 with 85,823 children under the age of five, and 17,490 surviving infants (2009 National Census). Approximately three-quarters of the population (74.3%) lives within one hour's travel time from the nearest health facility - either an Area Health Center (the highest level primary health care clinic) or a Rural Health Center. Solomon Islands is scattered and thinly populated making the travel costs very high. Because of this, the country has a bundled service delivery approach with integrated MCH and EPI.

Pentavalent-3 coverage was 84% in 2013 with no differences between administrative data and WUENIC estimates. This represents a decline to previous levels after two years of 88% - 90% coverage in 2011 and 2012. The main reason identified by the program for this apparent drop is inadequate EPI outreach activities. The WUENIC report suggests that no independent immunisation coverage survey has been organised for more than 12 years. A Solomon Island DHS was conducted in 2006/2007 but the results of this survey are not yet acknowledged by WUENIC. Thus, administrative data are the only source currently available. A Coverage Evaluation Survey is planned for 2015.

AFP surveillance system is in place with sentinel sites. The Solomon Islands was declared polio free in 2000.

#### **4. Overview of national health documents**

The NHP, cMYP2011-15, National EPI Review (2012), and EVM Assessment (2012) provide an appropriate situational analysis of the status of the immunisation programmes/health systems in the country. The high quality cMYP was revised to include the 2012 EVM findings and detail of cold chain improvements in 2013. The proposal for new vaccine introduction is in general aligned with the strategy featured in the national health documents. A revised cMYP will be updated with IPV (and HPV and PCV) and is to be issued in December 2014.

#### **5. Gender and Equity**

The most recent DHS from 2006-2007<sup>5</sup> demonstrates discrepancies in vaccinations based on gender, education level and geographic area. The coverage among boys (92.3%) was found to be greater than the coverage among girls (83.8%).

There were no significant urban/rural disparities in vaccination coverage but geographic differences existed with the Western region demonstrating the lowest coverage (14% of the children surveyed had received no immunisations). Additionally differences based on education level were observed with an almost 16% different in DTP3 coverage between children of women with no education (77.5%) and children of women with a secondary education (93.5%) groups.

The proposal states that “The programme has been making efforts to increase immunisation rates in under-served areas and improve the equity of immunisation services using Reaching Every District/Zone (RED/Z) approach to reduce the numbers of ‘never reached’ children and the numbers of drop-outs’. The programme is targeting low performing zones with training on RED strategy including micro-planning and supportive supervision” though no specific mention is provided on how this will be achieved.

Additionally “Gender-related barriers to accessing and delivering immunisation services are not considered an issue in the country. The reasons for non-vaccination are mainly due to family members not bringing their children for immunisation or not being aware of the benefits of immunisation.” In view of the 2006-2007 DHS, it is strongly recommended that the country look into vaccination coverage disparities by sex, education level, and geographic area to better inform and direct their RED strategy.

#### **6. Proposed activities, budgets, financial planning and financial sustainability**

The country has previously introduced other new vaccines with success for example Penta. The Solomon Islands is requesting US\$ 98,754 for Gavi’s Vaccine

Introduction Grant (VIG), US\$30,000 from WHO and US\$16,500 from UNICEF for a total IPV operational cost of US\$ 155,254. The activities and line items included in the budget appear reasonable except for the few clarifications requested below. Additionally, the flow of activities and the timeline appear feasible.

Some of the line items in the budget need to be clarified:

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<sup>5</sup>National Statistics Office (SISO), SPC and Macro International Inc. 2007. Solomon Islands 2006-2007 Demographic and Health Survey.

- There is an error on line 34 of the detailed budget Production of communication materials: 1,67 US\$ x 300 should equal to US\$ 501 rather than US\$ 5000. Please revise.
- “Transport for implementation and supervision”: Freight national to province is planned for 20 times yet only 3 days of per diems are planned
- The country has budgeted only US\$ 2,014 for transport of vaccines
- For technical assistance, the amount being requested is US\$ 23,661 which accounts for 25% of the total budget requested.
- The data management section: what will specifically be carried out as part of data analysis that costs US\$ 450? Why are only 2 call-in/visits to low performing areas anticipated?
- No funds were allocated for the PIE, and the supply distribution budget seems underestimated (US\$ 2014).

The country is not planning to co-finance IPV. There is no funding gap. The one-time vaccine introduction grant for IPV will be transferred to the Government of Solomon Islands using the existing financial management arrangements that were used for previous Gavi grants.

## 7. Specific comments related to requested support

### New vaccine introduction plan

The Solomon Island is planning to introduce multiple vaccines in 2015. The new vaccines to be introduced in 2015 include: PCV in January, HPV demo in March and IPV in September. The introduction date for IPV will be 1 September 2015 with a national roll-out expected. Additionally, there will be an MR Campaign in February 2015.

There is high attention to synergies in introducing the three vaccines within a 9-month period. For example, to mitigate the high costs associated with accessing remote islands, activities such as training will be conducted along with other planned activities to share costs. Vaccines will be distributed along with other drugs to the extent possible to reduce freight costs, and all M&E forms will be updated at the same time.

The target population for IPV introduction is 17,896. The current schedule for Pentavalent3 is 6 weeks, 10 weeks, and 14 weeks. IPV is to be administered intramuscularly with Penta3, OPV3 and PCV at 14 weeks. Pentavalent-3 will be administered on the left outer thigh, and PCV and IPV on right outer thigh with a minimum of 2.5 cm gap between them as per WHO/SAGE recommendations. Solomon Islands’ preferential IPV presentation is the 10-dose vial in order to minimise storage space.

The in-country partners UNICEF and WHO are supporting the introduction by assisting with training. Procurement of vaccine will be done through United Nations Children’s Fund (UNICEF) Supply Division. Solomon Island does not have an NRA and has a Drug Therapeutic Committee that regulates the importation of new drugs and chemicals. Only WHO pre-qualified vaccines are used and national vaccine licensure is thus not needed for IPV.

## **Vaccine management and cold chain capacity**

An Effective Vaccine Management assessment (EVMA) was conducted first in 2009 and again in August 2012. The next assessment is planned for 2015. The 2014 review of the 2012 EVMA shows that significant efforts were made to strengthen the vaccine supply chain management by appointing dedicated human resources at various level, developing a vaccine cold chain policy, strengthening training, vaccine management, equipment management.

Vaccine storage capacity is sufficient at central level to accommodate IPV in addition to other new vaccines. The country is using Gavi HSS funds and UNICEF funding to procure new cold chain equipment to fill the vaccine storage gaps identified in several part of the country. The new cold chain equipment installation should take place end of 2014. The country plans to procure 3 fridges through VIG. The transport and installation costs seem to be underestimated (ie: 208 US\$). Country should review.

Procurement of additional cold chain equipment and the implementation of maintenance guidelines (currently being developed) will allow the country to accommodate IPV. There is no description on how the country will distribute vaccines and organise transport to the various provinces/clinics and the budget seems low (US\$ 2,041). Solomon Island uses hospital incinerators and closed pit burning and burying at clinics as standard procedures to eliminate waste generated by immunisation activities.

## **Training, Community Sensitisation & Mobilisation Plans**

A detailed training plan based on past successful training for introduction of new vaccines is provided. No extra human resources will be required for the training and technical support will be requested from WHO and UNICEF.

Solomon Islands is aware of the challenges with regards to increasing community awareness including the need for house-to-house visits for those with no access to radios or public awareness system. The proposal states that "The reasons for non-vaccination are mainly due to family members not bringing their children for immunisation or not being aware of the benefits of immunisation." The EPI program is planning to develop a communication plan for EPI to enhance uptake of immunisation services by the community.

## **Monitoring and evaluation plans**

As part of the monitoring plan, all forms and databases will be updated to simultaneously add IPV, PCV and HPV. The country will use the opportunity of introducing IPV to review its data collection and reporting system as well as its data for decision-making process.

Adverse Events Following Immunisation (AEFI) guidelines have been prepared and will be adapted for monitoring AEFI after the introduction of IPV. AEFI monitoring is integrated in all EPI program guidelines and health workers are continuously sensitised. Solomon Islands does not have AEFI Expert Review Committee but nurses have guidelines to follow on how to give medications during AEFI.

## 8. Country document quality, completeness, consistency and data accuracy

This proposal is well articulated and well written. It provides a satisfactory level of detail and there is consistency between country documents and the proposal except for the vaccine doses calculation where the buffer stock calculated is greater than is suggested by guidelines. Because the application form did not request a narrative to describe the items in the budget, some budgetary line items remain unclear.

## 9. Overview of the proposal

### Strengths:

- Attention to the synergies of introducing three vaccines in 2015 is allowing country to better leverage resources.
- Financial sustainability plan in place.
- Previous experience of successful introduction of new vaccines
- Strong political commitment to immunisations
- Strategy of “bundling” health interventions in primary care, MCH and EPI.

### Weaknesses:

- DPT3 coverage has stagnated at about 80%;
- The Demographic Health Survey of 2006/2007 suggested that there are gender-based, education-based and geographic disparities in vaccination coverage.
- Shortcomings in service delivery strategies and human resource capacity
- Threats to immunisation supply chain management and logistics (maintenance and accessibility of gas for refrigerators to outer islands)
- Constraints in data quality management, and absences of a recent coverage survey data
- Gaps in monitoring and supportive supervision
- Absence of annual action plans as highlighted in the appraisal report

### Risks:

- High transportation costs associated with maintaining a high functioning EPI program represents a financial risk if activities are not properly coordinated and combined.
- Potential burden on the health system of introducing 3 vaccines in a short time period.
- Parental fear of multiple injections during the same visit, per country report.

### Mitigating strategies:

- Targeted Communication strategies to address parent fears and misinformation. KAPP study may be by MHMS.

## 10. Conclusions

The Government of Solomon Islands has requested support to introduce one dose of IPV into their routine immunisation system in-line with the GPEI Endgame Strategic Plan and recent WHO SAGE recommendations. This proposal demonstrates a clear plan for introduction of IPV along with PCV and HPV while maximising on the synergies of implementing three vaccines in a short period of time. There are three new vaccines planned to be introduced in 2015. This should be carefully monitored. The country has provided adequate justification and documentation to recommend approval of their proposal with recommendations as outlined below. However, as a graduating country, greater attention to equitable access to immunisations is required particularly with regards to immunisation coverage disparities by gender, education level and geography.

## 11. Recommendations:

### Approval with Recommendations

#### Recommendations to the Country:

1. Clarify the budget items and provide justification where requested:
  - There appears to be a lack of clarity in line 34 of the detailed budget Production of communication materials: The country has provided a revised budget on 29 October where line 34 is  $\$12 \times 300 \times 10 = 36'000$ . However, the factor 10 is not clearly explained, neither are other factors in other line items. Please explain.
  - For technical assistance, the amount being requested is US\$ 23,661, which accounts for 25% of total budget requested. Please justify this elevated cost by explaining what type of technical assistance is required and why it cannot be received from partner organisations.
  - The transport and installation costs seem to be underestimated (i.e.: 208 US\$). Country should review.
  - There is no description on how the country will distribute vaccines and organise transport to the various provinces/clinics and the budget is seems low (i.e.: 2,250 US\$). Country should explain.
2. Ensure that the Solomon Islands DHS planned for 2015 is conducted to meet international standards and be recognised and used for decision-making processes. This is especially important given the apparent recent decrease in coverage and previously documented gender and geographic disparities.
3. Consider purchase of incinerators for improved waste management.

#### Recommendations to the Secretariat and Partners:

1. Closely monitor the introduction of the three new vaccines planned in 2015 against the health / immunisation system capacity.