

1. Brief Description of Process

The appraisal has been done remotely using the joint GAVI-PAHO visit conducted in March 2014, supplemented with the country's own internal annual review process and report as well as other documents available to the GAVI Secretariat. This appraisal was also shared with PAHO/UNICEF regional focal points as part of the process of getting additional inputs incorporated from partners supporting Honduras's EPI programme.

2. Achievements and Constraints

Honduras's EPI programme has historically performed well and maintained most of their antigen coverage above 90% until 2012. In the most recent coverage figures submitted to GAVI in the APR, Honduras has recorded the second year in a row where reported coverage for DTP3 is below 90% as well as BCG and OPV. Coverage in 2013 is reported as follows: BCG (87%), OPV (89%), DTP3 (89%), Measles (89%), Rotavirus (89%) and PCV (89%). For the most part, wastage and drop-out targets are being met and rates are within reasonable limits, so there are no major issues to indicate a systematic problem with programme performance in reaching and following up with their targets. Issues with formulas calculating coverage estimates and targets in tables caused delays in finalizing the APR through the GAVI portal system and some are still reflected erroneously in triple and quadruple digits (OPV3, DTP3 and PCV13).

Hard to reach communities due to insecurity (criminal gangs called maras) have been difficult to reach and different strategies have been developed depending on negotiated access deals, with gangs and charities operating in the inaccessible communities. There have also been issues in carrying out routine immunization activities due to lack of funding for fuel, HR capacity and communication strategy implementation.

Honduras has highlighted once again, the issue of decreased coverage is mainly due to an overestimation of the <1 year olds. The National Statistics Institute (INE) conducted the Census of Population and Housing in 2001, making projections for 2015. According to analysis by the National Department of Statistics of the Ministry of Health and the EPI, it was concluded that there was overestimation of the population under 1 and 1-4 year olds, a situation that has been validated by: (1) results from National Surveys (LSMS 2004, ENDESA 2005-2006) and (2) verification of administrative coverage through Rapid Coverage Monitoring (MRC in Spanish) conducted in 2008 in 100% of the municipalities of Honduras. A National Inter-sectorial Commission revised population projections and in 2008 formalized the INE findings, adjusting the population under 1 and 1-4 years old for the period 2004 to 2015. Since 2012 this adjustment was no longer valid since vaccination coverage exceeded 100%, so the Health Secretary asked the INE to revise population projections again, but this was reportedly not possible as a new census would be conducted in 2013. The census results are being consolidated but disaggregated data will only be available the first quarter of 2015.

During a recent visit to conduct a graduation assessment and future HSS proposal, GAVI Secretariat discussed with MoH and PAHO counterparts the importance of solving the data quality issues and the opportunity to access funding for conducting a coverage survey. The result of the conversations was the agreement to conduct data quality assessments in the 20 health regions in the short-term (2014-2015). Funding for this activity is being requested through a graduation transition plan of action. The second action to be taken was agreement from INE (National Institute of Statistics) to collaborate with MoH to develop methodologies to establish a coverage survey to address denominator concerns (2015-2016). Funding for this activity is being requested through a new HSS proposal being reviewed by the IRC in June.

Honduras is not affected by major issues of gender balance nor have there been any indications through DHS surveys (ENDESA 2011-2012), of gender inequality or important differences in coverage, mortality or similar indicator to suggest the same. ENDESA (2011-2012) did provide indications of correlation between child mortality and poverty levels when analysing lower income quintiles and comparing them to higher ones while matching mortality rates.

The country has mentioned these challenges and has shared various plans to address the same. In the first HSS proposal (2008-2014) many of these challenges were targeted in priority municipalities through increased frequency of immunization services as part of the basic health package delivery initiative.

3. Governance

The ICC meets once a year and there are members of the ICC in the HSCC committee for ensuring shared members of both committees bring out issues from both perspectives. From the meeting minutes which are detailed and seem to include frank and open discussions, there are clear concerns from members which are voiced and noted for the record. Some of the recurring issues are (1) the coverage estimates (including possible causes and proposed solutions), (2) surveillance performance, (3) capacity and budgets at lower levels in the decentralized system, and (4) the re-structuring and dissolution of EPI as a programme through new health sector reforms introduced with the new government in power (since February 2014).

The HSCC has what the country qualifies as civil society representatives who are mainly represented by college of physicians, dental surgeons, pharmacists and municipality association. They actively participate, propose their views and voice concerns relating to recipient benefits.

4. Programme Management

Similarly to most countries in the Americas Region, the Honduras EPI programme conducts an annual review of the work plan, taking into account the past year's performance, challenges and achievements accomplished during the same period. In Honduras, there is also a 6 month revision or mid-term review. The plans are budgeted and comparisons and corrective action are taken according to what was implemented and what was not. These reviews feed into the issues and discussions which are brought up at the ICC. They were also brought up and used during a joint graduation assessment by GAVI Secretariat and technical partners.

Honduras is reporting on all GAVI performance indicators and most targets have not been changed except for a small issue with the country stating there are discrepancies in the targets between first and third doses of PVC13 and Rota vaccines as well as coverage percentages getting 3 and 4 digits. The country is waiting for population data and possible new birth cohort numbers from the last census conducted in late 2013, but there are low levels of expectation in the country on being able to solve the overestimation of births as the census quality was deemed "not optimal" and disaggregated data will only be published in 2015 according to the National Institute of Statistics (INE). The EPI reported some challenges in being able to reach some of the targets, highlighting the slight decrease in DTP doses provided (decrease of 2,706 doses when comparing 2012 to 2011 and decrease of 373 doses when comparing 2013 to 2012). The country has repeatedly associated the decrease to: (1) funding shortfalls for fuel (2) insecurity limiting access to communities in controlled areas "hot zones" (3) health unit closures due to prolonged periods of vacation.

GAVI HSS cash support was reported as being used to overcome some of the challenges and constraints noted above. For the priority municipalities, GAVI HSS funding was used to hire nurse aides to cover what would otherwise have been health unit closures for almost 3 months of the year in some cases. Funds were also used to support supervisory visits from central to regional and regional to municipal levels. Additionally, funds were used to purchase fuel for vehicles and support delivery services in priority municipalities and hard to reach areas in coordination with communities and local NGOs.

5. Programme Delivery

Honduras introduced Rotavirus vaccine (1 dose vial, oral) in 2009 and PCV13 (1 dose vial liquid) in 2011 with GAVI support. The EPI programme received all the vaccines for 2013 in multiple shipments to quarterly distributions plans, in line with cold chain and regional cold room capacity. There were no recorded stock-outs at any levels for both vaccines during 2013.

Although Honduras has not conducted an EVM, PAHO conducted an international assessment of Vaccine, Syringe and Supply inventory Management (VSSM) in November 2011. This was carried out in 5 of the 20 health regions and provided an opportunity to strengths, weaknesses and make recommendations while developing improvement plans to be implemented. Additionally, in 2013, an EVM work shop was conducted in Honduras for GAVI recipient countries in the region, where Honduras's EPI programme staff took part.

According to the VSSM report, the programme has benefited from implementing the software programme and capacity building and recommendations to roll out VSSM nation-wide is already underway. The report also stated there was sufficient capacity in the cold chain to meet the country demands (in November 2011).

There are improvement plans (2012) which are recorded and clearly noted in the files received with the APR 2013, but the plan of action for 2014 lacks the level of detail from previous plans where funding sources were identified or marked as gaps to be mobilized for implementation. Some of the actions were clearly marked to be implemented through GAVI HSS funding support.

An EVM was originally planned for 2013, but was later postponed to 2014 and subsequently postponed due to the change of government and appointment of the new Minister of Health in Q1 2014. The current plans are to conduct an EVM in June 2015.

There are also plans to include cold chain improvements and rehabilitation/replacement of cold rooms and equipment as part of a major component of an HSS proposal being reviewed by the GAVI IRC in June 2014.

6. Data Quality

As noted in the previous sections, Data Quality remains a challenge for Honduras's EPI programme and has been acknowledged at all levels – technical and political. Following various attempts to verify the coverage data, Honduras was supported by PAHO in conducting DQS in 3 municipalities per four health regions in 2013. The results were varying: among the health units, the quality index had an average of 78% (55% to 97%), at regional levels 92% (83% to 100%).

Following recommendations and findings of the assessment, a quality improvement plan was developed with an action plan for 2014. The plan of action has clearly marked activities with units responsible. The weakness in the plan is it has vague timelines and no indication if the units responsible have capacity to implement, nor required funding/funding gaps.

As agreed during the joint GAVI-PAHO graduation assessment visit in March 2014, data quality improvements will be addressed through funding support provided the HSS proposal is approved in June 2014 and supplemental activities have been budgeted as part of the Graduation transition plan of action, also pending approval.

7. Global Polio Eradication Initiative, if relevant

Polio is not a problem in the Americas Region and the last case of wild poliovirus was detected in the region in 1991. The last case of wild poliovirus recorded in Honduras was in 1989. The ICC minutes noted a question from the representative of the National Commission for Polio Eradication (CONEPO) about the introduction plans for IPV following the WHO recommendations of at least 1 dose of IPV. The EPI manager responded that the Ministry of Health is waiting for the recommendations of a working group to decide what action will be taken and when.

8. Health System Strengthening

Honduras requested a no cost extension up to end of 2014 in order to finalize activities delayed in one of the health regions. This delay was (the remaining amount is less than US\$ 156,698) related to procurement of primary care equipment for maternal and child care for nine health regions and develop the Islas de Bahia region plans. The country plans to spend the remaining funds in 2014 on the following planned activities: procurement and installation of PHC equipment, supervision and monitoring visits and evaluation of targets at department and municipal level.

By and large, the country has performed well in their implementation of most activities although there were issues and slowdowns in 2009-2010. This was mainly due to the fact a coup had taken place in the country and there was political instability hindering progress of activities. Most of the activities planned in 2013 were reported as being implemented (100%), except 2 which were below 80% complete and 5 below 90% complete. The M&E framework provides clear indication of progress as many targets were achieved as planned (output indicators and immunisation and health indicators). Honduras reports on improved access to health services, maintained coverage in priority areas and strengthened implementation through supervision and continuous training, support of cold chain needs. Challenges faced where: security and violence in some areas, reduced availability of national funds for outreach, financial management challenges in Islas de Bahia region and cutback on regional hiring.

Through the yearly evaluations, the implementing unit realized some of the issues implementing the activities as planned in the original HSS proposal and applied lessons learned early in the grant cycle to reduce the number of municipalities being targeted. An end of HSS evaluation was said to be planned for the second half of 2014 by the implementing unit in Honduras.

The main objectives of the HSS grant were as follows:

- 1) To develop the health management capacity at the local level to strengthen maternal and infant care in the 46 prioritized municipalities.
- 2) To guarantee the delivery of the maternal and infant basic package of health services (BPHS-MI) , at least four times per year, in the 46 prioritized municipalities.
- 3) To extend and to complete the strategy of Integrated Care for Children in the Community (ICCEC), in the 46 prioritized municipalities.
- 4) To provide the necessary basic equipment for the provision of maternal and infant services, as well as to strengthen the mobilization capacity of personnel and of transportation of vaccines.
- 5) To strengthen the monitoring, supervision and evaluation process of the maternal and infant health services at the different levels of the services network.

Financial and programmatic sustainability is still a challenge although EPI is a priority programme in the ministry of health. From the very beginning, the ministry agreed to voluntarily assign what is termed as “counterpart funds” which were determined to be invested by the government as their commitment to sustainability to GAVI’s investment in HSS. The amount invested by the government as part of their commitment to GAVI HSS was stated to be over US\$ 520,600.

CSO’s are not directly engaged in the GAVI HSS grant implementation but the government has highlighted clear links and collaboration at local levels which support the delivery of health services and ensure access to hard-to-reach areas.

As part of the joint graduation assessment visit, the agreed areas of work included in the new HSS proposal being reviewed by the IRC in June 2014 were as follows:

- (a) Information System and Dissemination. A pilot project for information systems management has been tested in 2 regions and an evaluation is being finalized for adapting and expanding to the other 4 regions. Additionally, the National Institute of Statistics and the Ministry of Health will collaborate to develop methodologies to establish a coverage survey to address denominator concerns, given indications of decreasing birth cohorts and outdated census projections from 2001. This component will include training for regional health workers on new birth registration information systems being developed and new norms being disseminated.
- (b) Cold Chain Capacity. An evaluation of cold chain capacity needs and plans for equipment replacement and acquisition was being developed during the graduation assessment mission. This HSS-funded component will include training on cold chain management for newly recruited staff as part of the new plans for cold chain expansion and re-organisation.
- (c) Social Mobilization. Following the development of a comprehensive strategy, HSS funds will be used to implement areas of the comprehensive strategy which have received

insufficient or no funding in recent years. These areas will focus on rollout and dissemination of the national health promotion plan with an emphasis on the immunisation component, development of a national promotional campaign, and a mid-term KAP opportunities lose survey to inform future implementation and surveying for missed opportunities.

- (d) Strengthening integrated health services networks. Strengthening the managerial levels of the IHSN, through the PAHO/WHO Tool for Productive Management of Health Services. Strengthening of Primary Health Care teams and defining and costing the essential services package including immunization.
- (e) Public health surveillance of VPDs. Establishment Situation Rooms and reactivation of Analysis Units. Procurement of equipment, materials, and reagents for VPD laboratory diagnosis.

9. Use of non-HSS Cash Grants from GAVI

Not Applicable as Honduras did not receive any non-HSS cash grants in 2013.

10. Financial Management

Honduras signed the PFA and has been consistently reporting all financial information in a timely manner and there are no major issues with the auditing exercises carried out by PAHO, except for some delays in the disbursement process of cash support to the region of Islas de Bahia. As noted in the report from PAHO. There are no clarifications outstanding to be provided for GAVI.

11. NVS Targets

The NVS targets have been proposed by the country for 2015 in the APR submitted. There were calculation issues due to a GAVI portal problem, but these were solved and the country has agreed with the final figures except for a few instances where there are four digit coverage numbers for PCV13 and Rotavirus (1203% respectively). The number of infants to be vaccinated with the first dose of both PCV13 and Rotavirus in 2015 is 212,802 (respectively).

12. EPI Financing and Sustainability

The EPI programme is one of the flagship programmes and a recognized pillar of primary health care in Honduras. The government is currently introducing re-structuring of the health sector through presidential decrees and there are some members of the ICC/HSCC who voiced concerns over the future of EPI and the ability of the government to sustain the gains and achievements of the programme. In meetings and on paper, the government has reiterated its intent to continue prioritizing EPI's operations through budget and political support. Honduras is one of the first countries where a joint graduation assessment was conducted in early 2014 where issues of sustainability were assessed as part of the GAVI Board decision in November 2013. A graduation transition plan of action was developed with investments from all stakeholders defined for supporting the government transition out of GAVI Alliance support smoothly.

There are some issue and challenges highlighting the decentralized system, but most of the observations lie at inefficiencies at the municipal and local levels, especially when it comes to budget allocations and implementations of activities. The government is also under increased pressures to sustain gains while being forced to implement budget cuts across the board of all ministries, but political advocacy and impact of the health programme have been used to protect budgets through strategies and legislature in the new expanded vaccine law as mentioned below.

One of the important actions taken by the government to guarantee programme performance for the future and sustainability beyond GAVI graduation has been the new "Ley de Vacunas" (new vaccine law) designed to protect operational costs for vaccine delivery systems and the government's "counterpart funds" invested as a percentage of the overall GAVI HSS grant

amounts. The government has also agreed to invest their counterpart funds for the new GAVI HSS grant if approved in June 2014.

13. Renewal Recommendations

| Topic | Recommendation |
|-----------|---|
| PCV 13 | Renewal without change in presentation, based on country's targets. |
| Rotavirus | Renewal without change in presentation, based on country's targets. |
| HSS | End of grant, no new disbursement requested or required. |

14. Other Recommended Actions

| Topic | Action Point | Responsible | Timeline |
|-----------------------|--|------------------------|------------------------------------|
| <i>Data quality</i> | Ensure fast implementation of graduation transitional funds to conduct DQS activities in the short-term, as proposed in plan of action submitted for funding approval. Prioritize coverage survey activities if HSS grant approved, as planned in the proposal. | EPI MOH/EPI/INE | Q4/2014- Q1/2015 Q2/2015 |
| <i>HSS evaluation</i> | Conduct an end of grant evaluation to ensure lessons learned are recorded and used to implement a possible second HSS grant if approved by IRC June 2014 | MOH implementing unit | Q3 2014 |
| <i>EVM</i> | Conduct an EVM as postponed from 2013 taking into consideration planned investments in the HSS new proposal | MOH | 2015 |