

Joint Appraisal Update report 2018

Country	Honduras
Full JA or JA update	<input type="checkbox"/> full JA <input checked="" type="checkbox"/> JA update
Date and location of Joint Appraisal meeting	31 July to 3 August 2018
Participants / affiliation¹	See Annex 1
Reporting period	January to December 2017
Fiscal period²	2017
Comprehensive Multi-Year Plan (cMYP) duration	2016 to 2020
Gavi transition / co-financing group	Post-graduation

1. RENEWAL AND EXTENSION REQUESTS

Renewal requests were submitted on the country portal

Vaccine (NVS) renewal requests (by 15 May)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
HSS renewal request	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
CCEOP renewal request	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>

Observations on vaccine request

Population	9,158,345				
Birth cohort	196,842				
Vaccine	IPV	Vaccine 2	Vaccine 3
Population in the target age cohort	196,842				
Target population to be vaccinated (first dose)	196,842				
Target population to be vaccinated (last dose)	187,000				
Implied coverage rate	95%				
Last available WUENIC coverage rate	92%				
Last available admin coverage rate	92%				
Wastage rate	16%				
Buffer	107,080				
Stock reported*	107,080				

*30 December 2017, national level: 18,060 doses; sub-national level: 81,520 doses; and local level: 7,500 doses, for a total of 107,080 doses. The population data correspond to 2019 and the coverage and wastage data to 2017.

Indicative interest to introduce new vaccines or request Health System Strengthening support from Gavi in the future³

Indicative interest to introduce new vaccines or request HSS support from Gavi	Programme	Expected application year	Expected introduction year
	Not applicable		

¹ If taking too much space, the list of participants may also be provided as an annex.

² If the country reporting period deviates from the fiscal period, please provide a short explanation.

³ Providing this information does not constitute any obligation for either the country or Gavi, it merely serves for information purposes.

2. RECENT CHANGES IN COUNTRY CONTEXT AND POTENTIAL RISKS FOR NEXT YEAR

As a democratic country, Honduras has a constitution that mandates general elections every four years to elect the president of the Republic. The presidential election that took place at the end of November 2017 gave rise to legal and procedural challenges over its conduct, resulting in a national crisis. Delivery of health services, including immunisation activities, was intermittently interrupted due to the closure of health centres amid protests and the occupation of roads throughout the country. The crisis had a greater impact in December 2017 and January 2018 in the big cities, which account for a large proportion of the country's population.

The crisis is ongoing, albeit to a lesser degree. As an alternative solution, the current administration called for a national dialogue, appointing the United Nations (UN) as facilitator to coordinate talks. To date, however, there have been no substantial agreements or advances.

The political situation has affected immunisation coverage rates, with the average number of doses administered decreasing in December because of incidents restricting public demand for services.

In terms of the implementation of Gavi grants, the political context has affected programme and financial performance, with the following among the activities affected: remodelling of vaccine storage facilities, as the events hampered the timely delivery of construction materials and project supervision, delaying the reception of works; the implementation of focus groups for evaluating the HPV communication strategy; the conduct of immunisation operations for HPV second dose administration; and the process of liquidating expenses, since some regional teams were unable to mobilise from their bases to render accounts, extending the process up to January 2018. Moreover, sporadic suspension of PAHO/WHO work due to UN security protocols affected the implementation of the activities scheduled.

3. PERFORMANCE OF THE IMMUNISATION PROGRAMME

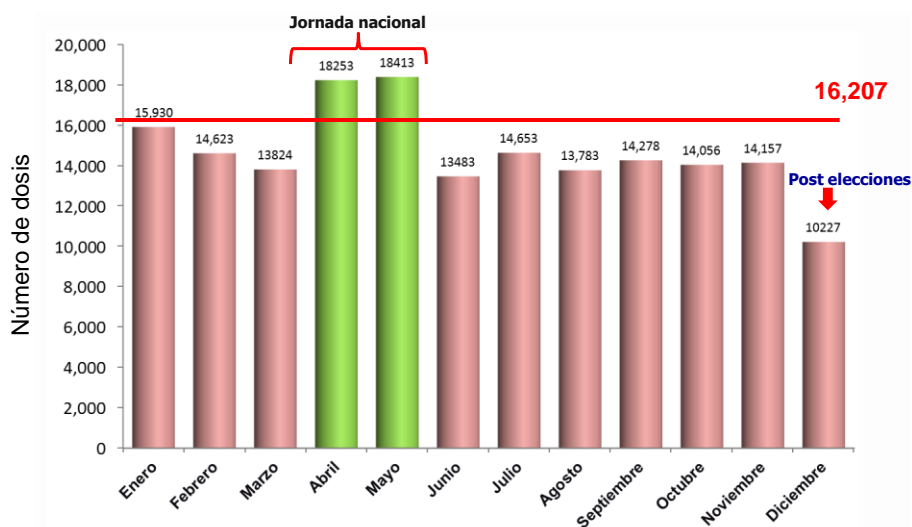
In the 2013-2014 period, immunisation coverage rates were lower than 90% for all EPI vaccines administered to the population under 2 years of age (BCG, Polio, DPT-HepB-Hib, pneumococcal, rotavirus and MMR). Coverage in the 2015-2016 period exceeded 95%, reaching over 100% in 2016 due to official population estimates (denominators). For 2017, coverage of 95% was not achieved for any of the vaccines administered to infants under 1 year of age.

Taking the combined pentavalent (DPT-HepB-Hib) vaccine as tracking indicator for immunisation coverage rates in infants under 1, in 2013 to 2014, national coverage rates below 90% were reported. The drop was related to an overestimated denominator. In 2015 to 2016, coverage was higher than 95%, associated with sustained parallel immunisation, the search for unimmunised children on National Immunisation Day, and promotion of immunisation activities.

In 2017, only 35% (7/20) of the health regions and 42% (124/298) of the municipalities achieved 95% immunisation coverage. The reasons for this performance were as follows: a shortage of human resources for immunisation; limited transport logistics; a lack of target population monitoring to complete the schedule in areas of political conflict and high insecurity following the November 2017 national elections; scarce immunisation outreach and education; limited supervision; high staff turnover; closure of health facilities for various reasons (work absences of solo staff, preventive holidays and other causes); non-replacement of retired, terminated or resigning personnel; and poor regional governance in demanding and obtaining accountability from municipalities with decentralised managers in cases where agreements were not fulfilled.

An analysis of third doses administered each month for the pentavalent shows a decline in December in comparison with the monthly average of 4,000 doses, linked to the political crisis, and accounting for 2% of coverage (see graph below).

Dosis aplicadas de la vacuna de Pentavalente3 por mes a nivel nacional, Honduras, 2017



Fuente: SIVAC

[Translation: Doses of Pentavalent 3 administered per month nationwide. Honduras, 2017

Number of doses

Nat'l Immun. Day

Post-elections

January February March April May June July August September October November December

Source: SIVAC

Comparison of the official country coverage rates for pentavalent 3 for infants under 1 year of age with the PAHO/WHO estimates for 2017, shows a differential: 90% and 97%, respectively. This situation will be verified following the results of the Demography and Health Survey (ENDESA) scheduled for 2018.

In the wake of political events at the end of 2017, coverage rates for the third pentavalent dose were monitored on a monthly basis. It was observed that immunisation rates improved in January in comparison with December 2017. As of June 2018, coverage was 95%, showing that the sharp post-election drop was not considered a trend.

3.4. Immunisation financing

With regards to financing, the following must be taken into account:

- EPI financing is based on a multi-year plan prepared every five years. The current plan covers the 2016-2020 period. The same goes for the formulation of annual action plans, which are discussed and negotiated with members of the Interagency Health Cooperation Committee (IHCC), who have been supporting the programme for more than three decades, and new cooperation partners. These plans are integrated into the Institutional Strategic Plan (PEI) of the Secretariat for Health (SESAL), generally under Strategic Objective No. 5: Integrated healthcare for children under 5. The formulation of the EPI plan for 2018-2022 began in 2018 and embraces a life-cycle approach. Immunisation is particularly linked to maternal and child care in Objective 4, pregnant women; to children under 5 years old in Objective 5; and to health priorities in Objective 9.

The Primary and Secondary Healthcare Departments are reviewing the preliminary draft of the Guaranteed Package of Health Features and Services (CGPS), as set forth in the Social Protection System Framework Act, where immunisation by life cycle or age group has been included in preventive interventions.

- The 2013-2016 period shows an increasing trend with regards to the national contribution, which, from 2014, has exceeded 80% of immunisation financing and is associated with a decline in the

Gavi contribution for the introduction of new vaccines prior to and following Honduras' graduation from Gavi's support. However, in 2016, support in the form of 50% of the HPV vaccine cost was received for the first year of introduction, slightly increasing the foreign contribution.

- The SESAL is strongly committed to free, universal vaccine access and hence funds 100% of traditional vaccines in the routine schedule as well as the new vaccines introduced with Gavi support, except for IPV, which Gavi has donated since 2015.

The main problems affecting the planning, budgeting, disbursement and implementation of immunisation funds for 2017 were as follows:

- Some 87% of the budget required for EPI implementation was financed with national funds, corresponding to vaccine, syringe and safety box purchases; management personnel salaries and EPI operations at all levels; travel expenses to implement national immunisation and deworming day (JNV-D); cold chain equipment and accessory purchases, spare parts and fuel purchases for cold chain operation; **and operational expenses for the partial functioning of the central EPI.**
- As the new legal organisational structure of SESAL has not yet been approved, the EPI has not had a budget for central programme operations and the National Vaccines Warehouse since 2014, causing regional operation and support problems. This situation was eased by national counterpart funding for the Gavi HSS Project, managed through a PAHO/WHO-SESAL technical cooperation agreement (2015-2018) that has made it possible to support prioritised activities not covered. These include, mainly, the matter of support staff for operations. However, project sustainability requires an official budget allocation.
- Similarly, there were problems with the delayed processing of total budget transfers for vaccines in four health regions (Copán, Choluteca, Santa Bárbara and Yoro) in the amount of US\$ 362,720.46 (8,553,456.46 lempira), and for syringes in three regions (Copán, Olancho and the central metropolitan district) in the amount of US\$ 69,286.22 (1,633,866.13 lempira). Delays were due to administrative shortcomings at the health region level and problems in monitoring through the Budget Analysis Unit. The shortfall was bridged by the credit balance Honduras maintains in the PAHO/WHO revolving fund for vaccines, making it unnecessary to draw on a revolving fund credit line.

Fund disbursement, implementation and monitoring:

- National fund disbursements are made in accordance with an approved annual budget through quarterly payments that include the budget for immunisation activities made to the implementing units – the 20 health regions.
- EPI budget implementation at national level was higher than 95%.
- Budget implementation monitoring is done on a monthly basis:

National Level:

- Submission of Gavi HSS Project national counterpart fund implementation report for physical and financial targets.
- Monthly financial implementation report on expenses (vaccines, syringes and cold chain equipment) for each implementing unit in the framework of the annual agreement between PAHO/WHO and SESAL on the supply of vaccines, disposable autodisable syringes, safety boxes and cold chain equipment.

Health Region Level:

- Monthly submission of an implementation report on physical targets to the Management Planning and Evaluation Unit (UPEG), and on financial targets to administrative management. These reports are analysed on a quarterly basis by the aforementioned authorities; nonetheless, such reports are global and do not show details by activity.

The reporting detailed above underlines how, in order to maintain its achievements and be sustainable, the Honduras EPI needs to resolve gaps and challenges related to: defining the new organisational and budget structure in the context of sector reform, the Social Protection System Framework Act and the National Health System Act.

4. PERFORMANCE OF GAVI SUPPORT

4.1. Performance of vaccine support

In 2017, the SESAL received Gavi new vaccine support (NVS) for the inactivated poliovirus (IPV) vaccine while implementation of the Human Papillomavirus (HPV) vaccine introduction grant, received in 2016, continued.

The programmatic performance of these grants and their contribution to EPI and health sector performance are described below.

IPV vaccine grant

- In the context of the Polio Eradication Endgame Strategic Plan 2013-2018, the country introduced a dose of IPV for infants aged 2 months old in December 2015.
- As of 31 December 2017, 205,000 doses of IPV in 5-dose vials were received through the PAHO/WHO Revolving Fund. There was a shortfall of 21,500 doses, as defined by the number of doses approved (226,500) in the decision letter sent by Gavi, dated 22 November 2016. The doses were received on 19 January 2018. The total sum approved was US\$ 443,000.
- A coverage of 92% (178,751 doses/194,478) was achieved with the first IPV doses. This was below the set target of 95% and linked to the analysis presented in Section 3. The main achievement was securing protection against type 2 poliovirus for the infant population.
- Wastage was 16%, a decrease from the 17% posted in 2016 but above the targeted 15%. Activities to shrink wastage and discarded stock continue.

HPV vaccine grant

- On 16 May 2016, the HPV vaccine in a two-dose schedule for 11-year-old girls was introduced nationwide, achieving a second-dose coverage of 55% for the introduction year. This increased to 65% for the second year thanks to intensified immunisation rounds in public and private schools in the first six months of 2017. However, the expected target of 95% was not achieved (see table below), due to the reasons cited in Section 3. Nevertheless, it should be noted that the basic strategies were immunisation rounds conducted at schools and upon demand at health facilities for girls not attending school. A shortage of human resources to ensure systematic immunisation in institutions of basic education was the main problem.

Cobertura con vacuna VPH en niñas de 11 años, Honduras 2016-2017

Año	Población niñas 11 años	1era dosis	%	2da dosis	%
2016	98,227	77,622	79	54,182	55
2017	97,845	73,659	75	63,245	65

Fuente: PAI/SESAL

HPV vaccine coverage in 11-year-old girls, Honduras 2016-2017

Year	Population Girls aged 11	1 st doses	%	2 nd doses	%
2016	98,277	77,622	79	54,182	55
2017	97,845	73,659	75	63,245	65

Source: EPI/SESAL

- Actions to improve coverage in 2018: the development of a national promotional campaign for HPV immunisation; national funding support; and HPV introduction grant support for immunisation operations. A mandate that school-going children must complete the immunisation schedule was included in the “Cooperation Agreement between the State Secretariat at the Department of Education and the State Secretariat at the Department of Health to provide integrated health services to the school-going population in educational centres”, signed on 13 March 2017.
- In 2018, the guidelines on HPV immunisation strategy for administering first doses solely during the first six months and second doses solely in the second half of the year was revised as follows: From March 2018 onwards, first and second doses are to be established and sustained for the entire year. This contributed to first dose coverage of 62% as of June 2018. Second-dose enrolment starting in July (6 months after the first dose) is expected to improve.

4.2. Performance of Gavi HSS support (if country is receiving Gavi HSS support)

Achievements against agreed objectives for the country

1. Strengthening of skills among the regional teams for managing the integrated health services network (RISS) and training on the technical guide for the operation of Family Health Teams (ESFAM) in the 20 health regions.
2. Training of personnel responsible for the Nominal Immunisation System (SINOVA) in four new health regions, contributing to its implementation in 75% (15/20) of the health regions as of 2017. The implementation of the VSSM/wMSSM inventory control tool for drugs, vaccines and supplies in 19/20 vaccine storage facilities, 18/20 drug storage facilities and 27/29 hospitals was also achieved, improving service network vaccine, drug and supply inventory management.
3. The remodelling and expansion of the National Vaccines Warehouse and five regional vaccine storage facilities: Atlántida, Choluteca, Comayagua, Copán and Cortés. Likewise, the delivery of new cold chain equipment, enabling the replacement of old equipment in regional, municipal and health centre storage facilities, ensuring the proper conservation of vaccines, and achieving 95% operative green status for the cold chain thanks to supplies in spare parts and maintenance visits.
4. Drafting of the communication strategy for the sustained immunisation programme promotional campaign.
5. The tool for immunisation coverage analysis and quarterly report generation has been implemented 100%, but quarterly reporting from the health regions is at 82% due to reduced surveillance unit staff at the regional level, multiple functions, and a weakness in demanding and obtaining accountability. To encourage quarterly reporting, compliance will be made mandatory in the Result Monitoring and Evaluation System (SIMEGpR) for health regions. In addition, report submission will be monitored by the Health Surveillance Unit.

With respect to the outcomes established in the performance framework, the country has met the target for the percentage of municipalities with penta3 immunisation coverage above 80% – achieving 82%. This indicates that, as of 2017, coverage rates are more homogeneous in Honduras. However, the target (80%) for the percentage of municipalities with coverage $\geq 95\%$ was not achieved; in 2017, this percentage was just 42%. Moreover, if the analysis uses 2014 data as a baseline (one year prior to the start of HSS), only 26% of municipalities attained a coverage $\geq 95\%$, an increase of 16% (see table below):

Indicadores del Marco de Desempeño de FSS-Honduras 2017					
Indicador	Meta	Valor de Referencia 2014	2015	2016	2017
Porcentaje de municipios con una cobertura de la pentavalente 3 $\geq 95\%$	80%	26%	59%	70%	42%
Porcentaje de municipios con una cobertura de la pentavalente 3 $\geq 80\%$	73%	57%	85%	92%	82%
Porcentaje de municipios con una cobertura de la pentavalente 3 que sea $\geq 50\%$ y $<80\%$		42%	14%	7%	18%

Fuente: Formulario Conjunto 2014-2017

Honduras HSS 2017 Performance Framework Indicators					
Indicator	Target	Baseline value 2014	2015	2016	2017
Percentage of municipalities with pentavalent 3 coverage $\geq 95\%$	80%	26%	59%	70%	42%
Percentage of municipalities with pentavalent 3 coverage $\geq 80\%$	73%	57%	85%	92%	82%
Percentage of municipalities with pentavalent 3 coverage $\geq 50\%$ and $< 80\%$		42%	14%	7%	18%

Source: Joint Form 2014-2017

The increase in the percentage of municipalities at risk in the coverage range of 50-79% is linked to the causes cited in Section 3, Performance of the immunisation programme.

The HSS grant has directly contributed to improving immunisation coverage rates through the implementation of activities in municipalities at risk, rapid coverage monitoring (RCM), cold chain strengthening and EPI supervisions of the different components in health facilities.

Bottlenecks and plans to address these

The biggest constraints to plan implementation were the non-fulfilment of the terms of reference in the Missed Opportunities for Vaccination Assessment (MOVA); limited personnel for conducting scheduled research and the long administrative procedures for hiring a contractor to remodel the vaccine storage facilities. The political crisis also delayed project implementation.

To resolve the issues related to research and the MOVA, an alliance was formed with the diploma course in Honduran Field Epidemiology of the Central American Council of Ministers of Health to enable access to technical assistance and personnel trained in conducting studies. In terms of the remodelling of the vaccine storage facility, project supervision support was provided by the Infrastructure Area of SESAL while PAHO/WHO assisted with administrative procedures involved in the disbursements for the construction company hired.

Objective 1	
Objective of the HSS grant (as per the HSS proposals or PSR)	To strengthen the service network in the framework of the National Health Model, with emphasis on primary healthcare.
Priority geographies/population groups or constraints to C&E addressed by the objective	National level, covering the country's 20 health regions. Solely in terms of immunisation activities, the focus was on municipalities at risk with Pentavalent 3 coverage under 95% and areas of difficult access.
% activities conducted/budget utilisation	Six activities were programmed for 2017, five of which were conducted, for a programming performance of 83% in Objective 1. Budget implementation was 86%.
Major activities implemented and review of implementation progress including key successes and outcomes/activities not implemented or delayed/financial absorption	<p>Achievements included the strengthening of human resources at regional level to oversee the formation of the integrated health services network (RISS), particularly as regards governance and the implementation of family health teams (ESFAM).</p> <p>Workshops with technical teams from the 20 health regions were conducted, with capacity-building in subjects such as the training supervision guide, a tool for preventive technical audits, analysis of the resolution capacity and untapped potential of the service network, harmonising service delivery, and the organisation of the RISS (total number of personnel trained: 111).</p> <p>Technical support to the health regions of Santa Bárbara, Lempira, Atlántida and Gracias a Dios was provided to determine progress in the organisation of the RISS, reviewing the formation and training of the coordinating teams (ECOR), categorising health facilities and revising minimum standards for certifying polyclinic services.</p> <p>For the ESFAM, a training workshop for regional teams on the "Technical Guide to Family Health Team Operation in Primary Care" was conducted, training 71 personnel. The regional level then replicated the experience at the local level, training 610 health personnel from 142 ESFAM and benefiting 155 municipalities, organised into 58 integrated health service networks.</p> <p>Regarding immunisation services, 1,715 immunisation operations were conducted in 205 municipalities at the national level, in addition to 289 RCMs to verify existing coverage.</p> <p>Some 475 indicator data sheets containing the EPI indicators for prioritised diseases, such as tuberculosis, HIV/STIs/AIDS, malaria, and indicators for primary and secondary healthcare levels, were entered into the UGI/SESAL automated platform through consultancy.</p>

	<p>Furnishings were provided for the immunisation rooms of prioritised health facilities in the 20 health regions (308 paediatric beds, 682 desks, 970 chairs, 855 archives and 86 stainless steel tables).</p> <p>The biggest constraint to successful implementation of the objective was the budget – inadequate funds to address shortages of human and financial resources needed to organise the ESFAM and the RISS. This process will continue to be implemented.</p> <p>Among the activities not implemented is completion of the document on the Guaranteed Package of Health Features and Services (CGPS). A preliminary draft is under revision and will be amended with regards to current standards in order to proceed with submission to the authorities. A roadmap for the April-November 2018 period was contemplated, establishing the activities for each component involved in the process.</p>
<p>Major activities planned for upcoming period (mention significant changes/budget reallocations and associated needs for technical assistance)</p>	<p>Activities planned for the second half of the year:</p> <ol style="list-style-type: none"> 1. To develop and implement standards and guidelines for ESFAM and health facility clinical practices within the National Health Model Framework. 2. To design and implement instruments for the management of the integrated health networks and the improvement of immunisation services. 3. To review and adjust the definition of the CGPS.
<p>Objective 2:</p>	
<p>Objective of the HSS grant (as per the HSS proposals or PSR)</p>	<p>To strengthen the EPI Information Subsystem and the drugs, vaccines and supplies inventory control subsystem in the framework of the Integrated Health Information System (SIIS) to improve immunisation and drug, vaccine and supply data quality.</p>
<p>Priority geographies/population groups or constraints to C&E addressed by the objective</p>	<p>In implementing SINOVA, priority was given to four health regions: Intibucá, Lempira, Islas de la Bahía and Santa Bárbara.</p> <p>National coverage was achieved in implementing the inventory control tool for drugs, vaccines, syringes and supplies.</p>
<p>% activities conducted/budget utilisation</p>	<p>Eight activities were programmed for 2017, seven of which were conducted, for a programming performance of 87% in Objective 2.</p> <p>Budget implementation was 85%, leaving funds available for 2018 as only one annual SINOVA and VSSM/wVSSM evaluation was conducted and some of the purchases scheduled were not completed.</p>
<p>Major activities implemented and review of implementation progress including key successes and outcomes/activities not implemented or delayed/financial absorption</p>	<p>SINOVA implementation training was conducted in five health regions: Intibucá, Lempira, Islas de la Bahía, Santa Bárbara and Atlántida. Total number of personnel trained at regional and local levels: 109 doctors, 112 nursing graduates, 620 nursing aides, 12 environmental health technicians and 52 statistics technicians.</p> <p>SINOVA is currently functioning in 15 of the 20 health regions, 9 of which received training with HSS funds.</p> <p>Evaluation of SINOVA implementation was also carried out for nine health regions (Olancho, La Paz, Cortés, Comayagua, El Paraíso, Choluteca, Valle, Francisco Morazán and Ocotepeque). The regional, municipal and local advances in implementation were identified as were the constraints; among them: the lack of personnel for computer data entry, internet connection quality problems and the existence of several versions of the tool.</p> <p>Health region staff were coached in filling out SINOVA forms and handling the computer tool through support visits. In total, 29 computers were purchased for the prioritised municipalities and SINOVA forms were supplied to the 20 health regions.</p> <p>The regional level strengthened health personnel skills in scheduling vaccines and supplies at the regional and local levels, training 1,398 staff. Likewise, staff capacity-building was continued in immunisation coverage</p>

	<p>analysis and timely decision-making at regional and local levels by training 76 doctors, 290 professional nurses, 466 nursing aides, 14 statisticians, 19 environmental health technicians and 34 regional level technicians. A total of 275 staff were trained to improve SIVAC and TRANS data recording in six health regions.</p> <p>VSSM/wMSSM implementation was assessed in health regions and five selected national level hospitals, identifying such constraints as supply shortfalls, high personnel rotation and internet connection problems.</p> <p>In 2017, VSSM/wMSSM platforms became operational at biologicals storage facilities in 19 of the 20 health regions, except for the region of Gracias a Dios due to lack of connection, and at drugs and supplies storage facilities in 18 regions, with Choluteca and Gracias a Dios awaiting internet connections. The platforms are working in the drug storage facilities of 27 out of the 29 hospitals.</p> <p>The activity not implemented was protecting the integrity of SINOVA, SIVAC and wMSSM as the purchasing process was still not completed upon the biennial closure of the PAHO/WHO system. However, the equipment requested was scheduled to be delivered in June 2018.</p>
<p>Major activities planned for upcoming period (mention significant changes/budget reallocations and associated needs for technical assistance)</p>	<p>Activities planned for the second half of 2018:</p> <ol style="list-style-type: none"> 1. Personnel training in SINOVA in the Metropolitan SPS Region and visits to Lempira and Intibucá to update the tool. 2. SINOVA evaluation in 15 health regions.
<p>Objective 3:</p>	
<p>Objective of the HSS grant (as per the HSS proposals or PSR)</p>	<p>To strengthen the cold chain at national level to ensure proper conservation of vaccines and control over supplies.</p>
<p>Priority geographies/population groups or constraints to C&E addressed by the objective</p>	<p>National level, covering the country's 20 health regions. Five health regions were prioritised for remodelling of vaccine storage facilities.</p>
<p>% activities conducted/budget utilisation</p>	<p>Fourteen activities were programmed for 2017, 10 of which were conducted, for a programming performance of 71% in Objective 3. Budget implementation was 67%. Poor physical and financial implementation was due to the delay in remodelling the prioritised vaccine storage facilities, which affected the installation of cold rooms. Also, pending purchases could not be completed due to the biennial closure of the PAHO/WHO system or because these were cross-border purchases.</p>
<p>Major activities implemented and review of implementation progress including key successes and outcomes/activities not implemented or delayed/financial absorption</p>	<p>Infrastructure remodelling and expansion began for six prioritised vaccine storage facilities: Atlántida, Comayagua, Copán, Cortés, Choluteca and the National Vaccine Centre. Of these, only the Choluteca facility was finished in 2017; the rest were finished between January and February 2018, due to late processing to approve the remodelling contract by PAHO, construction delays due to climate conditions and the political situation in the country (road occupation).</p> <p>Five cold rooms were purchased for the supply centres of Atlántida, Comayagua, Copán, Cortés and Choluteca, plus a large cold room for the National Vaccines Warehouse of Tegucigalpa. A generator was purchased for cold room operation in the vaccine warehouse of Copán and cold chain equipment was provided to the health regions: 20 solar refrigerators, 53 electric refrigerators and 30 freezers, as well as spare maintenance parts. This enabled the replacement of outdated equipment and domestic refrigerators in health centres nationwide.</p> <p>The EPI was equipped with a vehicle, along with four health regions – Cortés, Colón, Olancho and Yoro – in support of supervision and cold chain maintenance activities.</p>

	<p>Supervision of EPI components was conducted and cold chain maintenance was done in prioritised municipalities from the national level. The cold chain in 70% of national health facilities (1,065/1,529) was supervised at regional level in 120 municipalities, making it possible to train personnel in the standards for proper vaccine conservation and preventive equipment maintenance, repair and installation.</p> <p>Cold chain evaluation was done in 100% of the health regions, resulting in the update of the national cold chain status report, the commitments plan and cold chain diagnostics.</p> <p>The Effective Vaccine Management (EVM) workshop was held, training the persons in charge of vaccine storage facilities and the EPI contact persons of the 20 health regions. The regional level trained the local level. Moreover, cold chain technicians were trained in installing new solar equipment designs, fulfilling the commitment of implementing EVM nationwide to improve EPI management and standards. Equipment and supplies for vaccine storage facilities were also provided: fire extinguishers, fuel containers, thermometers for room temperature, freeze indicators, temperature monitors and other devices.</p> <p>Supervision on the use of VSSM/wMSSM continued in 16 health regions, 25 hospital storage facilities and 25 pharmacies. Ink and stationery for VSSM operation were also supplied to storage facilities and hospitals through support for operating expenses.</p> <p>Among the activities not implemented were installation of the cold rooms and the generator due to the delay in the remodelling of some storage facilities and the purchase of refrigerated vans. At present, cold rooms have been installed in the National Vaccines Warehouse and in Copán, Comayagua and Cortés. The refrigerated vans are expected for delivery in July 2018.</p>
<p>Major activities planned for upcoming period (mention significant changes/budget reallocations and associated needs for technical assistance⁴)</p>	<p>Activities planned for the second half of 2018:</p> <ol style="list-style-type: none"> 1. Cold room installation in Choluteca and Atlántida. 2. Recruitment of new cold chain technicians for Lempira, Intibucá, Copán and Ocotepeque. 3. National cold chain supervision. 4. Nationwide VSSM/wMSSM supervision in storage facilities and hospitals. 5. Training of new central level technicians in the VSSM/wMSSM tool. 6. Cold chain evaluation. 7. Cold room temperature mapping as an activity still pending in the EVM Improvement Plan. 8. Consultation to design the EPI vaccine and supplies scheduling and control module. 9. Purchase of cold chain equipment, furnishings and supplies; immunisation service delivery.
<p>Objective 4:</p>	
<p>Objective of the HSS grant (as per the HSS proposals or PSR)</p>	<p>To promote effective public demand for sustained immunisation services by strengthening health promotion activities.</p>
<p>Priority geographies/population</p>	<p>National level, covering the country's 20 health regions.</p>

⁴ Note: When specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. The TCA planning will be informed by the needs indicated in the JA. TA needs should, however, describe – to the extent known to date – the type of TA required (staff, consultants, training, etc), the provider of TA (core/expanded partner), the quantity/duration required, modality (embedded, sub-national, coaching, etc), and any timeframes/deadlines. JA teams are reminded to both look back (TA that was not completed/successful in the past) and forward (planned vaccine introductions, campaigns, major upcoming HSS activities, etc) when specifying TA priorities for the coming year. The TA menu of support is available as a reference guide.

groups or constraints to C&E addressed by the objective	General population, to generate spontaneous target population demand in accordance with the national immunisation schedule.
% activities conducted/budget utilisation	Seven activities were programmed for 2017, three of which were conducted, for a programming performance of 43% in Objective 4. Budget implementation was 22%. Poor physical and financial implementation was due to non-fulfilment of the MOVA consultation terms of reference, the delay in the delivery of some communication items for the promotional campaign, and the purchases that could not be completed.
Major activities implemented and review of implementation progress , including key successes and outcomes/activities not implemented or delayed/financial absorption	<p>The communication strategy for the sustained immunisation promotional campaign was drafted. However, some activities were finished only in the first quarter of 2018, with the support of an integrated, multidisciplinary institutional team supported by PAHO/WHO.</p> <p>Training was provided to 20 social communicators for the regions, 12 regional social network administrators and 8 central level communicators in the use of social networks to promote immunisation services.</p> <p>At the regional level, dissemination of the National Health Promotion Plan emphasising the EPI took place in 103 municipalities of the Cortés, El Paraíso, La Paz, Lempira, the metropolitan central district, Olancho and Valle health regions.</p> <p>The MOVA was one of the activities not implemented because the consultancy did not meet the terms of reference for procurement, reflected inconsistencies in the data gathered, and processed and analysed these inadequately, leading to a request for the cancellation of the service. Since no results were available, it was not possible to conduct the sequence of activities for dissemination to the health regions. To date, data gathering has been finished, but results are expected to be available in August 2018.</p> <p>Other activities not conducted were the production of graphic communication items and the media contracts as all the finished products (media items) were not obtained until the first quarter of 2018. Media production and contracts are expected to be done from the second half of 2018 as it has not been possible to process the request with PAHO/WHO due to the two-month delay of UAFCE/SESAL in defining adjustment of the grant item from the available balances (an administrative procedure required to award service procurement contracts).</p> <p>Loud-speaker equipment purchases were also not completed in 2017, as tendering suppliers had an insufficient stock of megaphones. Deliveries of equipment to the health regions are currently under way.</p>
Major activities planned for upcoming period (mention significant changes/budget reallocations and associated needs for technical assistance ⁴)	<p>Activities planned for the second half of 2018:</p> <ol style="list-style-type: none"> 1. Preparation of the report on MOVA results. 2. MOVA results dissemination workshop with the 20 health regions. 3. National launch of the sustained programme and HPV promotional campaign. 4. Production of graphic communication items. 5. Media contracts for radio, TV, cinemas and billboards.
Objective 5:	
Objective of the HSS grant (as per the HSS proposals or PSR)	To develop analysis capabilities in the epidemiological surveillance of vaccine-preventable diseases (VPD) to facilitate timely decision-making based on systematic, reliable, validated and uniform information.
Priority geographies/population groups or constraints to C&E addressed by the objective	National level, covering the country's 20 health regions.
% activities conducted/budget utilisation	Six activities were programmed for 2017, five of which were conducted, for a programming performance of 83% in Objective 5. Budget implementation was 87%.

<p>Major activities implemented and review of implementation progress including key successes and outcomes/activities not implemented or delayed/financial absorption</p>	<p>Eleven health regions were visited to supervise VPD surveillance. However, seven regions remained pending, as activities started late due to delayed fund allocation because of a change in UAFCE authorities.</p> <p>Training was conducted in the immunisation coverage analysis tool incorporating the new vaccines for the health regions of Santa Bárbara, Valle and Gracias a Dios. The regional level also conducted immunisation coverage analysis workshops with 286 participants from the local level.</p> <p>A workshop was developed to strengthen human resource capabilities in epidemiological surveillance situations in 10 prioritised health regions, reinforcing the guidelines for the active search of VPD cases. The coverage analysis tool updated for 2017-2018 was once again disseminated, along with training in hazard communication.</p> <p>The temperature monitoring study of the EPI vaccine supply chain was carried out, showing evidence of temperature variations in transport to the regional storage facilities, necessitating maintenance of the refrigerated vans and better cold packaging for transport to the municipal storage facilities. The results also indicated that the refrigeration equipment in the regional vaccine storage facilities guarantee proper conservation and that there is a need to replace equipment better suited to domestic purposes to prevent exposure to freezing temperatures. Personnel were trained in shake testing. This study enabled the EPI to guide priority activities and make informed decisions.</p> <p>The clinical and electromyographic investigation of 31 suspected cases of Acute Flaccid Paralysis (AFP) and their final classification within the framework of polio eradication were achieved.</p> <p>Activities not implemented include the full development of the research agenda, proper research into suspected cases of measles/rubella and the implementation of Health Situation Rooms. Despite the efforts to date, these have still not been achieved due to poor regional and health surveillance unit management in the health regions, little coordination in the service network, limited human resources and means of transport, lack of training in surveillance standards for new recruits and upgrading for permanent staff, the absence of supervision from the municipal to the local level, a lack of systematic implementation in the active institutional, community and laboratory search for suspected VPD cases, the absence of an accountability procedure and the non-incorporation of the private medical sector in surveillance.</p> <p>Activities promoted to strengthen and improve the situation included updating the Sustainability Plan for the Eradication of Measles/Rubella, training, supervision, the activation of Health Situation Rooms, active institutional, community and laboratory searches, and evaluation meetings with the surveillance units of the 20 health regions, all with the support of PAHO/WHO.</p>
<p>Major activities planned for upcoming period (mention significant changes / budget reallocations and associated needs for technical assistance⁴)</p>	<p>Activities planned for the second half of 2018:</p> <ol style="list-style-type: none"> 1. Supervision of the VPD surveillance system in the health regions. 2. Development of the research agenda with regards to prioritised concerns: “The relationship of hepatic cancer with Hepatitis B and cirrhosis in the two metropolitan regions of Honduras”, “Characterisation of mumps cases for 2015-2017” and “Aetio-pathogenic factors present in the rotavirus outbreak of Atlántida Health Region in 2017”. 3. Dissemination of the research agenda results to the health regions and authorities involved.
<p>Objective 6:</p>	
<p>Objective of the HSS grant (as per the HSS proposals or PSR)</p>	<p>To improve Gavi HSS project management.</p>
<p>Priority geographies/population</p>	<p>National level, covering the country’s 20 health regions.</p>

groups or constraints to C&E addressed by the objective	
% activities conducted/budget utilisation	Four activities were programmed for 2017, all of which were conducted, for a programming performance of 100% in Objective 6. Budget implementation was 99%.
Major activities implemented and review of implementation progress including key successes and outcomes/activities not implemented or delayed/financial absorption	<p>An evaluation workshop on programme and financial implementation with the 26 implementing units was held, at which constraints and strategies to improve implementation were identified. The workshop was sponsored by the RISS Subsecretariat, the Technical Project Management Unit (UTGP) and PAHO/WHO. Monitoring visits were also made to selected health regions.</p> <p>Technical and administrative personnel to manage the project in SESAL were also recruited (three staffers: one technician and two clerks), as well as support staff in PAHO/WHO (three staffers).</p> <p>Project management support activities were conducted, such as the dispatch of letters of agreement for the signature of regional managers and the supply of office materials.</p>
Major activities planned for upcoming period (mention significant changes/budget reallocations and associated needs for technical assistance ⁴)	Monitoring and evaluation activities for 2018 are being carried out with supplementary funds (counterpart funds).

4.3. Performance of Gavi CCEOP support (if country is receiving Gavi CCEOP support)

Not applicable

4.4. Financial management performance

<p>The description of the financial performance of cash grants received by the SESAL is as follows:</p> <p>Health System Strengthening (HSS)</p> <p>The country received HSS Grant No. 387020 in 2015 for a total of US\$ 5,450,935.00. Of this, an accumulated implementation of US\$ 3,816,038.38 was reported as of 31 December 2017, representing 71% of the amount disbursed. Implementation for the 2017 period began in April due to PAHO/WHO administrative procedures in awarding funds. Implementation was suspended in July and August due to changes in UAFCE authorities. The funds implemented correspond to investments made over an eight-month period.</p> <p>Below is the implementation breakdown by expense category:</p> <ul style="list-style-type: none"> • An amount of US\$ 1,973,084.94 in visits to health regions, training workshops and supervision, for 68% of the programme amount of US\$ 2,885,549.96. • An amount of US\$ 1,842,953.44 in purchases. <p>In 2018, implementation for 3 out of 26 implementing units began in April, and for 11 units in May, due to awarding of the funds by PAHO/WHO. According to the PAHO/WHO official report, as of 25 June 2018, accumulated financial implementation of the HSS grant amounted to US\$ 4, 239,339, representing 78% of the budget earmarked for the grant. However, if US\$ 519,315 in “unpaid obligations” corresponding to purchases, consultancies and ongoing workshops is taken into account, implementation increases to 87%. It is important to note that National Immunisation Day was held in June, limiting the clustering of regional and local staff and delaying the implementation of scheduled activities.</p> <p>A total of US\$ 54,643.88 was implemented in visits to health regions, training workshops and supervision, representing 3% of the budget available to finalise the grant.</p> <p>An amount of US\$ 160,182.16 was implemented in purchases. However, there are unpaid obligations of US\$ 421,697.91, deposited under PAHO (PMIS) administration and still in process, representing 26% of the</p>
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budget available for purchases in 2018; once these are paid, they will be added to the amount implemented to date.

Transition Plan Grant

In March 2015, Grant No. 387021 for US\$ 378,892.00 was received, administered through PAHO/WHO. The financial performance of the project is summarised based on the official financial report:

Financial implementation as of 31 December 2017 totalled US\$ 293,773.16, representing 77% of the grant budget established. For 2017, implementation began in September due to EPI prioritising of the technical activities described in Section 4.5.

The implementation breakdown by expense category is as follows: An amount of US\$ 242,122.73 was implemented in visits to the health regions and for training workshops and supervision, representing 70% of the programme implementation of US\$ 343,892.00. Purchases amounted to an accumulated implementation of US\$ 51,650.43, with a remaining balance of US\$ 85,118.84 for implementation in 2018.

For 2018, in accordance with the PAHO/WHO official financial report, accumulated implementation as of 27 June amounted to US\$ 307,094.99, representing 81% of the grant budget set, with unpaid obligations of US\$ 2,104.72 and a balance of US\$ 69,692.29.

The implementation breakdown by expense category for 2018 is as follows:

A sum of US\$ 13,439.95 has been committed, representing 16% of the programme for implementation of US\$ 85,118.84. Purchases for the year in progress totalled US\$ 835.11.

There are unpaid obligations of US\$ 5,000.00, deposited under the administration of PAHO (PMIS), representing 6% of the overall budget.

IPV vaccine grant

Grant No. 387026 (1518-HND-25b-X) for US\$ 169,000 was received in August 2015. It is administered by PAHO/WHO, with US\$ 163,664.00 implemented by the EPI as of 31 December 2017 and a remaining balance of US\$ 5,335.20 not implemented due to a PAHO/WHO failure to notify the date of expiry.

HPV vaccine grant

Grant No. 387029 for US\$ 247,000 was received in May 2016. It is administered by PAHO/WHO, with US\$ 69,397.32 implemented in 2017 according to the PAHO/WHO official report. The cumulative implementation was US\$ 208,882.37 as of 31 December 2017, representing 85%, with a remaining balance of US\$ 38,097.63 for 2018.

The main activities conducted by plan component were:

1. Social communication: Countrywide inauguration of national immunisation and deworming day 2017 to search for populations for immunisation, including 11-year-old girls for HPV immunisation; a workshop for educators from the 20 health regions to review the national communication and social mobilisation strategy for new vaccine introduction; and the printing of educational materials (posters, immunisation schedules and bifolios on the importance of vaccines).
2. Operating expenses: implementation of immunisation operations in educational centres during the second half of the year to administer second doses and distribute vaccines and supplies.
3. Supervision: immunisation operation supervision by region and network/municipality.

For 2018, in accordance with the PAHO/WHO official financial report (PMIS), accumulated implementation as of 29 June amounted to US\$ 230,940.71, representing 93.5% of the grant budget set, with a remaining balance of US\$ 16,059.29.

HSS 2015 performance-based funding

Through a letter of decision dated 25 November 2016, Gavi gave notice of the country's eligibility to receive US\$ 44,280 in performance-based funding (PBF), given the achievements of the HSS project in 2015.

The funds were received in April 2017; 67% of these were processed to PAHO/WHO during the third quarter of 2017 but not implemented by PAHO due to the lack of tenders in compliance with the specifications requested in the local market.

For 2018, in accordance with the PAHO/WHO official financial report (PMIS), accumulated implementation as of 29 June amounted to US\$ 25,274.53, representing 57% of the budget set for the PBF. A microbus was purchased, for delivery to the SESAL. Problems that arose with acceptance of the letter of donation in the Secretariat for Finance were resolved. Sterilisers for used vaccine vials are in the process of being purchased through the PAHO Revolving Fund, which would complete 100% of fund implementation by December 2018.

4.5. Transition planning (if applicable, eg country is in accelerated transition phase)

The country graduated from Gavi support in December 2015 and is currently in a post-graduation stage. In March 2015, it received a grant for transition plan implementation, the execution of which was extended up to 31 December 2018 on the country's request, owing to administrative delays causing activities to be rescheduled to the fourth quarter. Reasons for the delays included: a change in the PAHO/WHO financial platform in 2016; in 2017, the priority given to activities related to the 2016 monitoring campaign against measles and rubella; the national immunisation and deworming day; the introduction of IPV in fractioned doses; and administration of the second doses of MMR. However, due to the national elections and the subsequent political crisis, it has not been possible to conduct some of the activities scheduled.

During the implementation period, only international data quality assessment was struck out of the initial plan with Gavi approval, since this had already been performed in 2015 with PAHO/WHO funds. The funds were reallocated to EPI supervision activities in all components and operational support to the EPI with materials for 2017 and 2018.

In 2017, in accordance with the plan components, the following activities were conducted:

1. **Political priority and legal basis:** Printing of the Republic of Honduras Vaccine Act.
2. **Training:** EVM workshops for teams from the 20 health regions and networks/municipalities; training in the active search for VPDs in regions of epidemiological silence; vaccine scheduling and vaccine and supply control workshops for the local personnel of Valle region; and training workshops for regional, municipal and local personnel from 10 health regions (Colón, Choluteca, Intibucá, Islas de la Bahía, La Paz, Ocotepeque, Olancho, Santa Bárbara, Valle and the metropolitan central district) in the guidelines for introducing IPV and MMR2.
3. **Supervision and the information system:** EPI supervision on all components in prioritised health regions and the purchase of office and cleaning materials.
4. **Evaluation:** national EPI evaluation with the participation of the 20 regional technical teams and central level technical units related to the EPI: AES, UVS, DGRIS and the cooperation partners.

Scheduled for the second half of 2018 is the implementation of most of the activities relating to:

1. Dissemination of the Vaccine Act with the participation of key players.
2. Training workshops in critical EPI components.
3. National EPI evaluation.
4. Printing of key documents.
5. Workshops on disseminating the online course on VPD in schools providing training for human resources in health: this activity is related to the consultation on developing the online course.

4.6. Technical Assistance (TA)

In 2017, the country was allocated US\$ 100,000.00 in technical assistance funding (PEF-TCA) based on a proposal strategically focusing on HPV immunisation, drafted by the programme and supported by cooperation agencies (PAHO/WHO and UNICEF).

In May 2017, 75% of the funds allocated were received through PAHO/WHO (US\$ 47,625.00) and UNICEF.

The technical cooperation activities conducted were as follows:

- **Funds managed by UNICEF:** Recruitment of a consultant for the HPV vaccine promotional campaign design evaluation, reformulation and proposal.

- **Funds managed by PAHO/WHO:** Profiling and intervention of municipalities at risk due to HPV coverage below 95% and the printing of forms for the information system and supply chain (lists of girls by educational centre, Kardex to monitor vaccines and supplies).

One hundred per cent of the funds allocated through PAHO/WHO were implemented, but not those allocated through UNICEF. Because of the political crisis, there were problems in implementing focus groups with health personnel, parents and 11-year-old girls, and these had to be rescheduled for the first quarter of 2018.

No modifications were made to the initial approved proposal and 100% fund implementation is expected to be ensured by 30 June 2018.

PAHO/WHO and UNICEF received the remaining 25% of the funds for 2018. According to the PAHO/WHO financial system report (PMIS), US\$ 17,190 of funds received were 100% implemented as of 29 June. Funds of US\$ 7,910 received by UNICEF are 99.9% implemented. In sum, 99.9% implementation of the funds allocated was achieved.

5. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised actions from previous Joint Appraisal	Current status
1. To conduct a more realistic exercise in strategic and operational planning as well as to simplify administrative procedures.	<p>In progress:</p> <p>The operations planning process was limited for the first quarter of 2018, given the poor UAFCE performance in producing a timely Financial Report for 2017 and identifying the balances available by activity.</p> <p>Financial implementation recording and information analysis was a slow process that hampered planning for the funds available and the implementation of activities.</p> <p>UAFCE coordination strengthened the team with additional human resources to expedite the Financial Report and adjust the grant breakdown. However, this was delayed to approximately the first quarter of 2018.</p>
2. To request the High-Level Review Panel for exceptional country status with regards to the 31 December 2018 deadline for HSS, Transition Plan, TCA and additional HPV funds.	Approved
3. Presenting to SESAL authorities a draft of the AOP Budget for 2018-2020 and the signing of the cooperation agreement with PAHO/WHO.	<p>In progress:</p> <p>SESAL approved the 2018 budget, and the amendment to 31 December 2018 is in progress. However, the Secretariat for Finance requested an agreement valid up to 2020 for the transfer from the current year.</p> <p>The signing of the 2018-2020 agreement under the new terms needs to be expedited.</p>
4. To prioritise at policy level the official definition of the EPI in the SESAL organisational structure.	<p>Pending.</p> <p>The new SESAL organisational structure is being revised regarding its concept from the perspective of governance and provisions.</p> <p>The budget structure has still not been defined as the organisational structure has to be made official first.</p>

Additional significant IRC / HLRP recommendations (if applicable)	Current status

If findings have not been addressed and/or related actions have not taken place, provide a brief explanation and clarify whether this is being prioritised in the new action plan (section 6 below).

6. ACTION PLAN: SUMMARY OF FINDINGS, ACTIONS AND RESOURCE/SUPPORT NEEDS IDENTIFIED AND AGREED DURING THE JOINT APPRAISAL

<p>Overview of key activities planned for the next year:</p> <ol style="list-style-type: none"> Final technical and financial report on the grants ending 31 December 2018 projected for the first quarter of 2019. Gavi should be consulted as to whether final evaluation is to be done and the terms thereof (reporting period, formats, etc).

Key finding/Action 1	Gavi support in different areas of cooperation through the grants approved in Honduras has contributed to strengthening the capacity of the Secretariat for Health to deliver immunisation services, introduce new vaccines and implement the National Health Model.
Current response	Simplifying the technical and administrative processes to ensure grant implementation.
Agreed country actions	Joint follow-up and monitoring with PAHO/WHO and UNICEF on a monthly basis. Request for a time extension up to 30 June 2019 for cross-border purchases due to the risk this process will not be completed associated with supplier identification, stock availability and time needed for dispatch and delivery to the country. (See Annex 2: Critical Path of Purchases and Activities 2018-2019)
Expected outputs/results	Achievement of objectives
Associated timeline	Second half of 2018
Required resources/support	Administrative strengthening at SESAL and PAHO/WHO level.
Key finding/Action 2	The sustainability of Gavi-supported achievements and the bridging of programme and funding gaps for effective immunisation service delivery pose a great challenge to the country. It is thus crucial to have a sustainability plan linked to the strategic institutional plan.
Current response	Existence of an EPI multi-year plan Scheduling of national counterpart funds for the 2018-2022 period.
Agreed country actions	Creation of an integration team. Identification and prioritising of gaps. Definition of action plan/budget. Insertion of the process in the Institutional Strategic Plan. Application for the opportunity to access Gavi funds to mitigate post-transition risks for 2019-2020. Signing of a new Technical Cooperation Agreement between the Secretariat for Health and PAHO/WHO in national counterpart fund administration for the 2019-2022 period, for new support and consolidation of achievements. Planning and budgeting of funds for approval in the AOP-Budget of the Secretariat of Health.
Expected outputs/results	Sustainability of key activity achievements.
Associated timeline	Second half of 2018
Required resources/support	Active participation of the integration team. Policy level support. Preparation of the new Technical Cooperation Agreement by PAHO/WHO.

Key finding/Action 3	Expediting the purchasing process in the second half of 2018 and adjusting grant details are key to achieving implementation of the programme funds and strengthening immunisation service delivery.
Current response	PAHO/WHO has made the purchases pending from 2017 and the purchases requested during the first half of 2018. Production of the sustained immunisation programme promotional campaign and media contracting have been delayed due to grant detail adjustments.
Agreed country actions	Joint SESAL-PAHO/WHO monthly monitoring of the purchasing process. Request for time extension for the cross-border purchasing process. (See Annex 2: Critical Path of Purchases and Activities 2018-2019)
Expected outputs/results	Implementation of the total amount of purchases planned and the sustained immunisation programme promotional campaign.
Associated timeline	June to November 2018
Required resources/support	Adjustment of HSS grant breakdown. Systematic validation of the financial reports by UAFCE will make it possible to expedite the implementation of all funds.
Key finding/Action 4	The three-month delay in the disbursement of HSS 2016 performance-based funding represents a risk to the achievement of objectives proposed in the human resource strengthening and critical EPI components.
Current response	Expediting technical cooperation requests.
Agreed country actions	Extension of the deadline for financial execution to June 2019. (See Annex 2: Critical Path of Purchases and Activities 2018-2019)
Expected outputs/results	Implementation of the proposed operations plan.
Associated timeline	October 2018
Required resources/support	Approval by Gavi high-level panel
Key finding/Action 5	Creation of the EPI budget structure in the programmes – 18 central level, 19 regional level and 20 hospital level – is fundamental to sustaining the achievements facilitated by Gavi support.
Current response	The proposal regarding the financial position of these budget programmes is under discussion.
Agreed country actions	Mobilise resources to conduct a financial and economic analysis of the impact on the AOP-Budget of the Secretariat for Health. Advocacy with the Secretariat for Finance and the National Congress Health and Budget Commissions.
Expected outputs/results	Approval of the new budget structure in Programmes 18,19 and 20 and available financing for EPI activities at all levels of the Secretariat for Health.
Associated timeline	November to December 2018
Required resources/support	Formulation of the terms of reference for financial and economic analysis. Consultation for financial and economic analysis.

7. JOINT APPRAISAL PROCESS, ENDORSEMENT BY THE NATIONAL COORDINATION FORUM (ICC, HSCC OR EQUIVALENT) AND ADDITIONAL COMMENTS

<p>Comments of the Interagency Health Coordinating Committee (CONSALUD):</p> <p>Dr Rodríguez Quiroz/ICC member It is important to address the question of false contraindications with medical health staff since some paediatricians express doubts regarding the administration of MMR. Some surgeons raise the case of intussusception with regards to rotavirus administration; and there are some anti-vaccine group opinions against HPV and influenza. Hence, it is vital to resume educational and communication campaigns with medical and health staff and anti-vaccine groups.</p> <p>Dr Carlos Godoy Arteaga/Chairperson of the National Commission on the Certification of Polio Eradication (CONEPO) - It is hard to find a better example of coordination than that which exists with Gavi; therefore, this coordination is to be congratulated and the fight to always achieve better things should continue. - In an evaluation, there are good and bad points.</p>
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- Mayors' offices are still not involved in this process and should have a strong awareness since negativity has been observed on the part of some. PAHO/WHO are invited to promote mayoral support.
- It is lamentable for the INE as a technical authority not to manage to provide more realistic statistical data.
- Congratulations are due to SESAL, and this meeting has been a great personal learning experience; the minister is to be lauded for achievements and it is important to persist in urging Gavi to continue with support.

Dr Renato Valenzuela/ICC Chairman

On behalf of the ICC, he thanked Gavi and all the agencies for their support. The council is autonomous and independent and has been invited to Geneva to share its experience. He also said that there are positive and negative things and many points for improvement. As an important anecdote, he recalled that when Mr Bill Gates Senior was in Honduras evaluating Gavi support, he saw that despite Honduras being a poor country, it had an excellent immunisation programme. He said it was important for Gavi to continue to support us and to be sure that we would not disappoint them. The ICC will provide monitoring to sustain achievements and resolve problems little by little. He hopes it will continue to support the country despite its graduation (from Gavi support).

Dr Flores Lanza/Red Cross

He said that the data presented call attention to how violence interferes with immunisation access in risk areas and that the Red Cross has prepared guidelines to protect health service providers, this being a joint SESAL/Red Cross effort financed by the Norwegian Red Cross in the metropolitan regions. He stated that the problem of aggression in Cortés was due to drugs and that through the RISS Directorate General, work has begun in the municipality of Choloma.

8. ANNEX: Compliance with Gavi reporting requirements

	Yes	No	Not applicable
Grant Performance Framework (GPF) * reporting against all due indicators	X		
Financial Reports *			
Periodic financial reports (First half of 2018)	X		
Annual financial statement	X		
Annual financial audit report	X		
End of year stock level report (which is normally provided by 15 May as part of the vaccine renewal request) *	X		
Campaign reports *			X
Supplementary Immunisation Activity technical report			X
Campaign coverage survey report			X
Immunisation financing and expenditure information	X		
Data quality and survey reporting			
Annual data quality desk review	X		
Data improvement plan (DIP)			Formulated in 2015 and submitted in JA 2016
Progress report on data improvement plan implementation	X		
In-depth data assessment (conducted in the last five years)			Done in 2015 and submitted in JA 2016
Nationally representative coverage survey (conducted in the last five years)			X
Annual progress update on the Effective Vaccine Management (EVM) improvement plan	X		
CCEOP: updated CCE inventory			X
Post Introduction Evaluation (PIE)			X
Measles & rubella situation analysis and 5-year plan			X
Operational plan for the immunisation programme	X		
HSS end of grant evaluation report			X
HPV specific reports			X
Reporting by partners on TCA and PEF functions			

In case any of the required reporting documents is not available at the time of the Joint Appraisal, provide information when the missing document/information will be provided.

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