

Kiribati

Internal Appraisal 2014

1. Brief Description of Process

This Internal Appraisal was conducted for Gavi by independent technical expert **Gordon Larsen**, in close cooperation with Gavi CRO for the country **Raj Kumar**, and is based on immunization performance reported to WHO/UNICEF on the JRF, programme forecasts that were made in the 2012 APR and other data as available. The APR for 2013 has not yet been submitted. This is therefore not a full appraisal of 2013 activities.

2. Achievements and Constraints

Coverage targets for 2013 have been met for DPT1, Penta1, DPT3 and Penta3, according to official estimates reported by Ministry of Health on the WHO/UNICEF Joint Reporting Form (JRF). The actual numbers of children immunized against the target population are not stated, and only the MOH estimates are reported. Targets for all the other EPI antigens are not met for 2013, (eg, BCG, OPV3, PCV1, PCV3, measles and TT2+), although most are missed by only a small margin of 1 or 2 %pt. The main exception is the lower achievement for PCV vaccine which was introduced in May 2013. The reported coverage represents achievement during part of the year with the denominator taken as full year birth cohort.

It is also reported on the JRF that all districts in the country had a drop-out rate for DPT3-HepB3 of greater than 10%, although data shown on the WHO Immunization Global Summary web page shows DPT3 and HepB3 coverage rates for 2013 to be the same at 95% each. However, the estimated numbers of children to be immunized with DPT1 and DPT3 in 2013 as shown on the 2012 APR indicates a drop-out target of slightly more than 1% to be reached in 2013, and an achieved DPT1-DPT3 drop-out of less than 1% for 2012.

There was no discussion in the previous APR on vaccine wastage rates and only the maximum empirical values permitted by Gavi for each vaccine and values 'as used in the Pacific' were followed. It is anticipated that the same empirical values are likely to be used in the 2013 APR when it is being prepared by MOH.

Sex-disaggregated data on immunization is not routinely collected in the country at present and no data on coverage disaggregated by gender is available. However, the 2012 APR stated 'No gender-related barriers are experienced and all eligible children receive their vaccination according to the national Immunization Schedule'. There are reportedly plans to collect data in a disaggregated format at some point in the future, according to APR section 5.3.3, but no details or dates for this activity are given.

Some of the key challenges identified for the programme in 2012 were summarised in the statement 'National census should be used as a denominator so that coverage for annual targets should be done according to the same baseline. Overall expenditure is very high and financing is not enough, this has to be looked more on in future by the Government as Gavi is going away in 2015.' These are not considered to be issues and it is believed that the alliance is already contributing to the extent possible.

3. Governance

The ICC membership comprises a cross-section of government and international organizations but in 2012, there were no bilateral or CSO groups represented. The group held 3 meetings in 2012 but the numbers of meetings that were held in 2013 and minutes from meetings that will

presumably need to be held in 2014 for endorsing submission of the 2013 APR to Gavi are not yet available.

A NITAG has been established in the country since 2010 according to information provided in the JRF but it appears that this body was not functioning in 2012 and 2013, and no explanation is provided for this change in its operational status. This could partially be due to very wide spread of the country and non-availability of adequate expertise.

No minutes of ICC meetings in 2013 or 2014 are yet available.

There are no provinces or states in the country and the second administrative level is the district. Districts are not represented on the ICC.

4. Programme Management

There is no mention of Annual Plans of Action for EPI being developed or used and none are referred to in the APR for 2012. It is not known whether such plans were produced by the programme in 2013 and if so, whether they were costed, budgeted or reviewed by the ICC.

Baseline data, performance indicators and future targets are all included in the 2012 APR Table 4. Being a small population country, no large variations are expected.

It appears that activities are generally being implemented approximately to schedule. No information is yet available on budgets or incurred costs for the various activities however, so it cannot be assessed whether these have been implemented according to budget or not.

5. Programme Delivery

The most recent EVM was carried out in October 2013, but no report on this has been provided and it is not known whether an EVM Improvement Plan based on its recommendations has been developed.

No data is yet available for 2013, but for 2012 the APR notes 'there was no stock outs encountered, but Kiribati faced low stock and vaccine distribution to clinics were less according to request, so some children were not vaccinated and told to come back again for the next session. This could give us a problem -- mothers will never come back, or the child could have been sick and miss the opportunity. The country has working cold chain equipment. There were no VVM changed or expired vaccines. On the question of duration and impact of stock-outs, the country mentioned no stock outs but low balance of vaccines at times in National Pharmacy -- probably due to shipments delayed. The country placed a request urgently if this was seen and assistance was provided quickly. Supplies to the health facilities were reduced to one month's requirement instead of normal two months to manage the situation of low stocks.

Thus, it seems that although there were technically no actual 'stock-outs', there were clearly a number of vaccine shortages, and some children were denied immunization as a result.

No data is yet available on any experiences and lessons learned from the introduction of NVS vaccine (PCV) in 2013. However, anecdotal information from the partners indicate that the vaccination program has been progressing satisfactorily.

6. Data Quality

No data quality assessments have been carried out in recent years. However, there are two sources of denominators - National and Nurses census. The National information is used and the Health statistics is working with it. Differences were detected due to births occurring after the census was conducted'. Among the 'activities undertaken to improve administrative data systems' the programme relied upon assistance provided by JICA staff working with MHMS,

recruitment of database staff by the programmes, installation of computers for Obstetrics, Outpatients and Clinics, and regular monthly reporting by programme staff'. For further improvements, the interventions included allocating staff to each programme database, presenting data at every ICC meeting, training of staff for data entry, correct filling (datasheets), and reporting in a timely manner'.

There have been no coverage surveys of any type conducted in recent years and no information is available. It should be noted that a country with just 100,000 population spread over 3.5 million square Km., an immunization survey is considered to be very costly in terms of logistics, human resources and finances. As such a survey in Kiribati is unrealistic and has not been advocated.

7. Global Polio Eradication Initiative, if relevant

The last reported case of wild polio virus in the country was more than 30 years ago, so polio immunization is fully integrated into routine immunization in the country and no specific polio eradication activities are carried out. There are no polio-supported field staff engaged in the country.

Kiribati was approved for Gavi support for introduction of one dose of IPV from January 2015. It is on track to do so.

District-specific coverage data for DTP3/Penta3 and identification of polio high-risk districts is not reported through the JRF. As noted above, the country has been polio-free for more than 30 years and no polio high-risk districts are identified.

8. Health System Strengthening

Country does not have any HSS support from Gavi because it does not have any grant.

As a graduating country Kiribati is well aware of its increasing co-financing obligations. It, however, ensures that all traditional vaccines are procured in a timely manner. It also fulfils its co-financing requirements, which at times is delayed due to procedural requirements.

Gavi does not support any CSOs in the country, However, LDS is a major church based philanthropy active in health sector including immunization. It carries out the social mobilization activities through its school infrastructure in close collaboration with the National Government.

9. Use of non-HSS Cash Grants from Gavi

No new VIG was received in 2013 but according to the 2012 APR Table 7.3.1, US\$10,000 was carried forward from the 2012 VIG into 2013. This was on account of PCV introduction. No statement of expenditure for 2013 or details of any activities carried out using VIG funds during the year is yet available.

10. Financial Management

Due to small size of cash grant, a FMA was not carried out by the PFO team.

11. NVS Targets

Proposed future NVS targets as shown in the 2012 Baseline table 4 are considered to be realistic and achievable. Country did not request any changes in vaccine presentations in the 2012 APR, and it is expected this choice will continue for future years.

12. EPI Financing and Sustainability

The information is available from the APR for 2012. Country continues to fund 100% of its routine EPI vaccine and injection equipment needs for the past several years. Government share of the total EPI budget was 15.5% in 2012. For government, additional items would include at least the costs of injection equipment for all vaccines and all personnel costs, with the latter category likely

to have represented a major part of total programme costs. Government's share of the total EPI budget is likely to be much greater but no further data was provided to quantify this. For 2013, data on expenditure has not yet been provided and no comparison or trend can be determined at present.

Gavi support for NVS and injection supplies was reported in the national health sector budget.

It is important to note that Kiribati initially defaulted for its co-financing for PCV apparently due to in-country processes. As a small population country, Kiribati usually seeks cost estimates from UNICEF for all goods, including immunization.

EPI performance is likely to continue following eventual graduation from Gavi support. The JRF data following the graduation process shows good progress. There is a commitment from Government to continue and probably expand its contributions to EPI.

13. Renewal Recommendations

Topic	Recommendation
NVS - Penta	Renewal without a change in presentation
NVS - Pneumo	Renewal without a change in presentation

14. Other Recommended Actions

Topic	Action Point	Responsible	Timeline
APR	APR for 2013 should be submitted to Gavi to prevent any interruption in vaccine supply	Country	asap