

Joint Appraisal Update report 2019

Country	Solomon Islands
Full JA or JA update¹	<input type="checkbox"/> full JA <input checked="" type="checkbox"/> JA update
Date and location of Joint Appraisal meeting	Honiara, November 2019.
Participants / affiliation²	All members of National EPI Technical Working Group; Gavi Secretariat (Senior Country Manager; Senior Program Manager- Monitoring & Evaluation; External Consultant)
Reporting period	January 2018 – Present (Nov 2019)
Fiscal period³	January 2018 – December 2018
Comprehensive Multi Year Plan (cMYP) duration	2016-2020
Gavi transition / co-financing group	Accelerated transition

1. RENEWAL AND EXTENSION REQUESTS

Renewal requests were submitted on the country portal

Vaccine (NVS) renewal request (by 15 May)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the vaccine renewal request include a switch request?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
HSS renewal request	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
CCEOP renewal request	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

2. GAVI GRANT PORTFOLIO

Existing vaccine support (to be pre-filled by Gavi Secretariat)

Introduced Campaign /	Date	2018 Coverage (WUENIC) by dose	2019 Target		Appr ox. Value \$	Comment
			%	Child ren		
Pentavalent	2008	85% (dtp3)	95.4	16,606	14,000	This is an increase from 83% in 2017. Important to note that in previous years WUENIC was using artificially inflated numbers due to retroactive application of survey data. But this has now been rectified, and the 2018 WUENIC is accurate.
PCVPCV	2015	84% (pcv3)	95.4	16,606	174,500	This is an increase from 81% in 2017.
MR2	2018	93% (mcv1) 54% (mcv2)	100	16,606	17,000	This is an increase from 84% for mcv1 and 0% for mcv2 in 2017, with MR2 having been introduced in Oct/Nov 2018.
IPV	2015	88% (ipv1)	96.4	16,606	82,500	This is an increase from 72% to 88% in 2017.
HPV	2019	/	97	47,033	73,000	HPV intro took place in May 2019. Data will be available in 2020.
HPV MAC	2019	/			309,500	HPV intro took place in May 2019. Data will be available in 2020.
MR f/u campaign	2019	/			63,000	MR follow-up campaign started mid Oct 2019. Data will be available by December 2019.
Rotavirus	2020	/	95.1	/	/	Rota intro to take place in Q1 2020

¹ Information on the differentiation between full JA and JA update can be found in the Guidelines on reporting and renewal of Gavi support, <https://www.gavi.org/support/process/apply/report-renew/>

² If taking too much space, the list of participants may also be provided as an annex.

³ If the country reporting period deviates from the fiscal period, please provide a short explanation.

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Existing financial support (to be pre-filled by Gavi Secretariat)

Grant	Channel	Period	First disbursement	Cumulative financing status @ Sept				Compliance	
				Comm.	Appr.	Disb.	Util.	Fin.	Audit
HSS1	MOH	2013-2018	14 August 2013	2,049,340	2,049,340	1,897,763	1,904,161	In accordance with the generally accepted accounting principles.	Qualified opinion on the financial statements due to limitation of scope in the auditor's work
HSS1 PBF	MOH	2016, 2018	3 April 2018	240,000	240,000	240,000	0		
HSS2	MOH	2018-2021	6 July 2018	3,150,000	1,934,286	1,688,095	1,158,210		
HPV Ops	MOH	2019	22 Nov 2018	100,000	100,000	100,000	89,465	Current financial year to be audited in 2020.	Current financial year to be audited in 2020.
HPV VIG	MOH	2019	22 Nov 2018	16,628	16,628	16,620	16,600		
MR f/u ops	MOH	2019	5 June 2019	69,106	69,106	69,106	19,770		
Comments									

Indicative interest to introduce new vaccines or request Health System Strengthening support from Gavi in the future⁴

Indicative interest to introduce new vaccines or request HSS support from Gavi	Programme	Expected application year	Expected introduction year
		HSS(2) Top Up Request	2020

⁴ Providing this information does not constitute any obligation for either the country or Gavi, it merely serves for information purposes.

Countries are encouraged to highlight in subsequent sections, and particular in the Action Plan in Section 7, key activities and potentially required technical assistance for the preparation of investment cases, applications and vaccine introductions, as applicable.

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Grant Performance Framework – latest reporting, for period 2018 (to be pre-filled by Gavi Secretariat)

Indicator	Indicator No.	2018 Target	2018 Actual	2019 Target	2019 Actual
% of children Immunised against HepB at birth in the 3 targeted provinces	IR-T 13	90	0	-	-
By 2015, coverage for DTP3 is above 80% in low performing provinces	OI-T 8	90	0	-	-
By 2015, coverage for MCV1 is above 80% for low performing provinces (NHSP)	OI-T 7	90	0	-	-
Low performing provinces and zones (Central) with increased immunisation coverage	IR-T 27	-	-	72	0
Low performing provinces and zones (Guadacanal) with increased immunisation coverage	IR-T 24	-	-	65	0
Low performing provinces and zones (Malaita) with increased immunisation coverage	IR-T 25	-	-	80	0
Low performing provinces and zones (Renbel) with increased immunisation coverage	IR-T 28	-	-	60	0
Low performing provinces and zones (Western) with increased immunisation coverage	IR-T 26	-	-	70	0
Monthly submission of complete health facility paper based reports to provincial level	IR-T 21	-	-	80	0
Number and percentage of social mobilization activity per village implemented	PR-T 29	-	-	25	0
Number and percentage of staff trained on communication and community engagement	PR-T 30	-	-	10	0
Number of CCE extension in unequipped existing and/or new sites	PR-T 31	-	-	93	0
Number of children vaccinated through planned immunization weeks	PR-T 25	-	-	10	0
Number of health facilities with functioning health committee with representation from community members	PR-T 39	-	-	2	0
Number of outreach sessions conducted which were jointly facilitated with the CSO and a social mobilizer	PR-T 38	-	-	3	0
Number of provinces where CSOs conducted community awareness/mobilization sessions	PR-T 37	-	-	4	0
Number of provinces with cold chain officers providing quarterly CCE maintenance	PR-T 32	-	-	4	0
Number of sentinel sites established	PR-T 28	-	-	9	7
Number of zones receiving at least one supportive supervision from provincial supervisors	PR-T 19	12	0	25	0
Percent of defaulter children traced and referred by community health workers / CSOs to the health facility	PR-T 35	-	-	5	0
Percent of functional cold chain equipment	PR-T 9	75	0	-	-
Percentage increase of government budget allocated to the National EPI programme	PR-T 22	-	-	10	0

PEF Targeted Country Assistance: Core and Expanded Partners at October 2019

Amounts net PSC

TOTAL CORE	2017	392K	392K	391K	1 of 1	22/27	
	2018	767K	767K	545K	2 of 2	32/34	
	2019	1.15m	1.15m	193K	5.5 of 5.5	11/13	
UNICEF	2017	257K	257K	257K	1 of 1	9/9	Milestone reporting in November on the Gavi portal.
	2018	415K	415K	286K	1 of 1	15/16	
	2019	365K	365K	124K	1 of 1	3/3	
WHO	2017	135K	135K	134K	0 of 0	16/18	TA for Rota support will be in early 2020 along with TA for EVM & temp monitoring update review
	2018	352K	352K	258K	1 of 1	17/18	
	2019	587K	587K	69K	4.5 of 4.5	8/10	
World Bank	2019	200K	200K	0K	.5/5	1/2	Gavi Milestone funds only available from August 2019. Second milestone planned for November

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TOTAL EXPANDED	2018	473K	318K	318K	--	16/16	
	2019	592K	45K	45K	--	26/27	All EP pending financial utilization updates
PATH	JUN 2018- MAY 2019	\$140,525		\$114,063	--	2/2	Reported by PATH separately to Gavi on 31 July 2019, per PATH/Gavi contract
	JUN 2019- DEC 2020	\$214,211	--	--	--	5/6	Milestone reporting in November on the Gavi portal.
GFA	2018	287K	294K	294K	--	14/14	Milestone reporting in November on the Gavi portal.
	2019	449K	45K	45K	--	21/21	

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

Role Delineation Policy

The Role Delineation Policy is a health reform that the Solomon Islands MHMS has developed. It defines the level of services to be provided by the MHMS and all required resources necessary to deliver this level of care. The implementation of the Role Delineation Policy is currently being overseen by the MHMS Executive, with technical support from partners. In 2019, the RDP Implementation Committee (under the MHMS) undertook the stock-taking of available infrastructure and services across all provinces in the Solomon Islands. In 2019 and coming years, the Committee will oversee the review of Human Resource, infrastructure, equipment and commodities across the health system. This review will include the revision of the structure of the MHMS provincial health system as well as cost implications associated with implementation of the policy. In coming years, the MHMS will need to consider how changes to both national and provincial structures will have an impact on service platforms, including those related to EPI service delivery, human resources, planning and financing. It is an opportunity to ensure better allocation of resources for sustainable transition from donor-support within the current health system.

Changes in Domestic Economy

In October 2018, the Solomon Islands conducted a national election that led to the emergence of new members of parliament and ministerial cabinet. This led to the delay of parliamentary approval of 2019 budgets, which necessitated supplementary budgets. As a result, this led to slow implementation of 2019's MHMS activities.

In September 2019, the Solomon Islands Government (SIG) released its 2020 budget and accompanying financial analysis. This document observed that nominal GDP had peaked in 2017, and had since fallen from about 6.2% in 2017 to 3% in 2019(attached as: 2020 Budget PPP.PDF). The analysis suggests that the decrease in nominal GDP is linked to decrease in mining and logging revenue, and global economic pressures. This fall is projected to rise back to 8% from 2021 onwards, with further information pending on reasons for this increase.

MHMS snapshot

As a result of downward revision of revenue estimates, SIG Ministry of Finance and Treasury (MoFT) reduced budget ceilings, as a consequence of which the 2020 MHMS initial domestic budget ceilings was lower than the 2019 original budget by 2.1 million (or a 0.5% reduction). However, MHMS put a bid in for additional funding which was approved. While the final MHMS 2020 budget SBD 22 million higher than original ceilings, SIG's 'other charges' recurrent budget ceilings have dropped in 2020 at levels to be determined. This may result in less available recurrent funding for outreach, supervision and surveillance, etc.

(2. RECENT CHANGES IN COUNTRY CONTEXT Continues on next page)

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Changes in Domestic Economy (continued)

MHMS recurrent 'other charges' budget:

Budget type	2018	2019	2020
SIG Recurrent Budget	172,013,347	181,794,871	193,917,920
Development Partner Budget	129,607,090	144,441,032	116,005,546
HLPF Budget	-	5,669,960	7,188,500
Total SIG National Recurrent Budget	301,620,437	331,905,863	317,111,966
Development Non-Appropriated	63,951,517	100,761,199	70,578,819
TOTAL include DP off-system	365,571,954	432,667,062	387,690,785

In 2018, MHMS only spent 55% of the SBD 129 M DP recurrent budget. As of the end of October 2019, MHMS had only spent 51% of the SBD 144 M DP recurrent budget (National Programs had only spent 41% of their DP recurrent budget), and only 0.43% of the Healthy Lifestyle Promotion Fund (HLPF) budget.

Note that Gavi funds are reflected under the RMNCAH national divisions. Funds are then transferred as relevant for service and activity implementation to the Provincial Divisions. So RMNCAH budget includes EPI budget which includes (the large majority of) the Provincial EPI/Child Health budgets.

RMNCAH other charges budget trends (2018-2020), in SBD.

This also affected the availability of recurrent provincial budget, details of which are expected before the start of 2020. The drop in recurrent national and provincial budgets may have an impact on all SIG activities, to a degree further

Budget type	2018	2019	2020
SIG Recurrent Budget	266,500	1,516,251	977,320
Development Partner Budget	9,028,404	6,299,723	4,164,597
HLPF Budget	-	39,500	-
Total Recurrent Budget for RMNCAH	9,294,904	7,855,474	5,143,937
As a % share of MHMS recurrent budget	3.1%	2.4%	1.6%
Development Non Appropriated (DPs off system)	11,462,500	21,515,467	17,939,708
<i>(of which Gavi)</i>	8,405,000	20,655,421	9,665,468
TOTAL including DP off-system	20,757,404	29,370,941	23,083,645
As % share of total budget	5.7%	6.8%	6.0%

SIG 'other charges' recurrent budget ceilings initially dropped to be determined. This may result in less available recurrent funding for outreach, supervision and surveillance amounting to approximately SBD 1.2 M in 2020. However, MoFT further cut all SIG recurrent budget allocations to conferences, seminars and workshops and to printing by 50% across MHMS, hence the final budget of 977,320 SBD.

It is noted that 2019's MHMS budget utilization was under 30% as of August 2019, which likely impacts the justification of future budgetary increases in 2020. However, it is also noted that the EPI expenditure of planned activities in the same period was (60%).

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Changes in Domestic Economy (continued)

MHMS has made significant efforts to compile and reflect DP contributions that are off-system (including Gavi support) – this information is very volatile year after year depending on DPs sharing the information. Note this also includes advisors and technical assistance. The table shows that the RMNCAH division receives significant support off-system from DPs (greatly affecting their share of MHMS budget). While MHMS has improved its knowledge of off-system contributions, it is largely not visible to MOFT/SIG and/or SIG – as such, the large amount of support to the EPI unit is not obvious to MOFT/SIG and makes it harder for MHMS to advocate for additional domestic funding to cater for Gavi transition.

- It is important to note that 'other charges' recurrent budget execution is low for the RMNCAH division: 21% in 2018, and 32% by the end of October 2019.

The EPI SIG recurrent budget was SBD 464,826 in 2019 (including an approved SBD 366,000 to cover Gavi co-financing requirements), and a tentative SBD 230,000 in 2020 (due to miscommunication, the Gavi co-financing requirement was not included in the Medium Term Expenditure Pressures Note which tracks financing pressures to the health sector- including co-financing requirements – and therefore not included in the budget). The EPI Unit also had a DP recurrent original budget of SBD 90,000 in 2019, compared to a tentative SBD 230,000 in 2020).

Because the EPI Unit is imbedded under the larger RMNCAH division, regular monthly reports issued by the finance unit don't break down SIG and DP recurrent expenditure for the EPI unit specifically. As previously noted however, the EPI program is largely funded by Gavi (off-system) at this point. The reduction in SIG/DP other charges recurrent budget is very small compared to the amount available off-system from Gavi. As of the end of September 2019, the EPI unit had spent 60% of the 2019 Gavi budget.

EPI programs in the provinces also seems to be largely funded from Gavi transfers to Provincial Divisions for service implementation.

EPI/Child Health (CH) Provincial Programs, transfers from Gavi, and expenditure

	2017	2018	2019 (to end Oct)
EPI/CH Program Budget	3.1	5.9	5.2
<i>Provincial Income from Gavi</i>	1.3	1.9	3.1
Total EPI/CH program expenditure	1.8	2.4	2.7
<i>of which total Gavi expenditure</i>	1.5	2.2	2.7

The large majority of expenditure on EPI/CH in the Provinces currently comes from Gavi funding (it is unclear from the financial reports whether the EPI/CH budget includes other sources of funds. In the past, it seems some provinces used to set aside funds from their SIG and DFAT grants for immunization activities, but because these were then planned at and implemented with support from the national EPI Unit, these funds set aside were left unspent.

- MHMS is committed to protecting the share of SIG and DFAT budget support it allocates to Provincial Divisions. Indeed, the share of DFAT recurrent budget allocated to provinces increased from 42% to 50% of the DFAT recurrent budget between 2018 and 2020. However, due to an overall decrease in DFAT budget support, this translated into a decrease of grants to provinces from SBD 60 M in 2018 to SBD 45 M in 2020. To help compensate for this, MHMS increased its share of 'other-charge' recurrent budget allocations to provinces in that same period, from 36% to 38%, which translated into an increase of grants to provinces from SBD 143 M to SBD 164 M.

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Changes in Domestic Economy (continued)

MoFT also introduced a number of financial controls (attached as: Financial Circular 04-2019 - Measures Required to improve the Implement.pdf). The effects of this announcement is yet to be explored between the MHMS and Gavi in terms of current financial support and impact on transition from Gavi support. This is particularly pertinent in the context of Solomon Islands, which continues to address numerous health priorities (i.e., non-vaccine preventable diseases and non-communicable diseases) in the context of decreasing development partner contributions.

SIG Diplomatic Switch to China

In September 2019, SIG announced that it was breaking diplomatic ties with the Government of Taiwan. In October 2019, SIG announced that it was signing new diplomatic agreements with the People's Republic of China. The impacts of this diplomatic switch on the MHMS have not been assessed by the MHMS Executive, though significant implications for the SIG civil service and Solomon Islands (SI) Infrastructure is expected.

Regional Measles Outbreaks

Since 2017, there has been a global resurgence of measles cases. In proximity to Pacific Island countries and areas, outbreaks of measles have been reported in Australia, Cambodia, China (including Hong Kong and Macao), Japan, Lao People's Democratic Republic, Malaysia, New Zealand, Philippines, Republic of Korea, United States of America and Viet Nam.

There is frequent travel of people from Australia, New Zealand, Philippines, and China to SI. Currently, an outbreak of measles is ongoing in New Zealand; from 1 January 2019 till date, there have been 1645 confirmed cases of measles notified across New Zealand as compared to 30 confirmed cases in 2018. 1343 of these confirmed cases in 2019 are in the Auckland region. Australia reported 101 confirmed/clinically compatible cases of measles in 2018, and the number of cases reported in 2019 till date is 177. Philippines continues to report high number of measles cases (confirmed and clinically compatible); 18414 in 2018 and 38599 in 2019.

Considering the geographic proximity, and frequent travel between Australia, New Zealand, Philippines and SI (SI), the outbreak of measles in these countries poses a public health threat to the SI. The current MR supplemental immunization activity is so timely, and meant to address the cumulative immunity gaps that may warrant a measles outbreak.

With effective MR campaign vaccination targeting children <6 years, we anticipate any immunity gaps which may have built-up after the 2014 MR campaign will be mitigated. However, vigilance and further risk assessments, particularly to assess risk of importation of measles cases to SI are needed. Internal mechanisms to strengthen Hospital-Based Active Surveillance (HBAS) especially around ports of entry have been intensified. Members of the EPI technical working group consisting of professionals from Ministry of Health and Medical Services (MHMS), WHO, GAVI, and UNICEF are providing the needed guidance and risk assessment support to mitigate any potential for a measles outbreak in SI.

The last outbreak of measles in SI was reported in 2014 with more than 4,000 cases, and MR vaccination targeting children 6months old to adults 30years old was conducted reaching >100% of target population. About 380,000 persons were reached with measles rubella vaccines in 2014. Since 2014, there has been no confirmed case of both measles and rubella reported in the Solomon Islands despite active surveillance. It is important to note that despite a relatively high coverage, there are pockets of provincial populations that may be at higher risk of a measles outbreak than others. The MHMS notes the importance to have high coverage with 2 doses of MR and for the coverage of MR2 to be closely tracked along with the coverage of MR1. MHMS and partner actions have been detailed in Section 5.2

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Staffing Changes

As highlighted in the 2017 Program Capacity Assessment conducted by PWC, the current MHMS EPI team consists of 1 ad-interim national position and 3 locally engaged consultants (SSAs) supported by the UN Joint Program, WHO and Gavi. In 2019, it is expected that up to 3 SSAs will resign from their positions in order to take up more secure employment.

The EPI team has developed Terms of Reference for an additional two permanent MHMS national positions to support the program. These were discussed with the MHMS Executive in 2019 and submitted to MHMS Human Resources for consideration. The current ad-interim national position replaces a permanent national position holder, the National EPI Coordinator, who is currently on study leave and is scheduled to return by December 2019.

2019 Population Data Estimates

In 2019, the HIS Unit at the MHMS highlighted two different data sets of population estimations based on the 2009 census. There are two major differences noted:

1. A revised data set takes into account an undercounting of around 8% of the population in the census numbers of 2009. As a result, the total population is 8% larger in the new data from the beginning.
2. SIG population growth in the new data is mainly based on people living longer and not an increase of births per year. As a result, the population <1 is more or less steady in the new projections compared to steadily increasing by 2.3% in the old data.

These two differences significantly affect the population of children under 1, which is used as the denominator to calculate the immunization rate. Furthermore, population data in DHIS2 for <1 and <5 year olds was replaced by the new data earlier this year. As a result, the data reported in the Core Indicator Report 2018, NVS, as well as the JRF data for 2018 uses the new population data. Subsequently, real coverage rates may be higher than reported in 2017 and 2018 JRFs due to underreporting and incomplete data for those years. This JA will also note plans for an EPI review in 2020 and coverage survey in 2020/2021 in order to improve the accuracy of this information.

National Census 2019

SIG announced in September 2019 that a National Census will take place in November 2019. The last National Census in the SI took place in 2009. The MHMS has planned to liaise with National Statistics Office, WHO, UNICEF and other related partners to prepare for the impact that the National Census will have on data quality, surveillance, data communication and capacity building planning. The program hopes to explore opportunities to collect data that will be helpful to the program in the long-run including better population denominators for immunization target groups. Therefore, a more accurate under-1 population denominator should be available upon release of the census data.

4. PERFORMANCE OF THE IMMUNISATION PROGRAMME

Critical Analysis

In 2019, coverage trends differ by antigen: across the majority of antigens, coverage has been maintained. As represented below, measles has had consistent increases year over year, while rates stagnated for Pentavalent vaccine (Figure 1). This observation notes that the emphasis laid on Measles Rubella vaccines which culminated in the introduction of MR2 in late 2018, with social mobilization taking its emphasis around outbreak preparedness originating from surrounding countries (PNG), with dosage schedule lent towards older children (vs DTP3). In response to this, the EPI team has planned a Coverage Survey and Vaccine Assessment Survey to validate these results in 2020. To date, the MHMS EPI Team has liaised with the MHMS Health Information Systems Team to discuss a potential survey in 2020. Technical support will be provided by WHO TA starting in November 2019. The MHMS EPI also meets on a monthly basis with University of Oslo TA to discuss preparations for related data strengthening. This TA is provided by Gavi.

Current MCV2 coverage was approximately 54%, following introduction in September 2018. Further TA support will be required to intensify efforts across multiple vaccines, including towards improving MR2 coverage. It is also identified that more emphasis will be needed around equitable access and utilization of immunization services with emphasis on remote and hard-to-reach communities. Moreover, Immunization in the second year of life possess its own challenges of getting the children back to the clinics after a long latency period. Routine immunization micro plans will need to be updated, coupled with comprehensive roll-out of communication and community engagement.

(4. Performance of the Immunization Programme Continued on next page)

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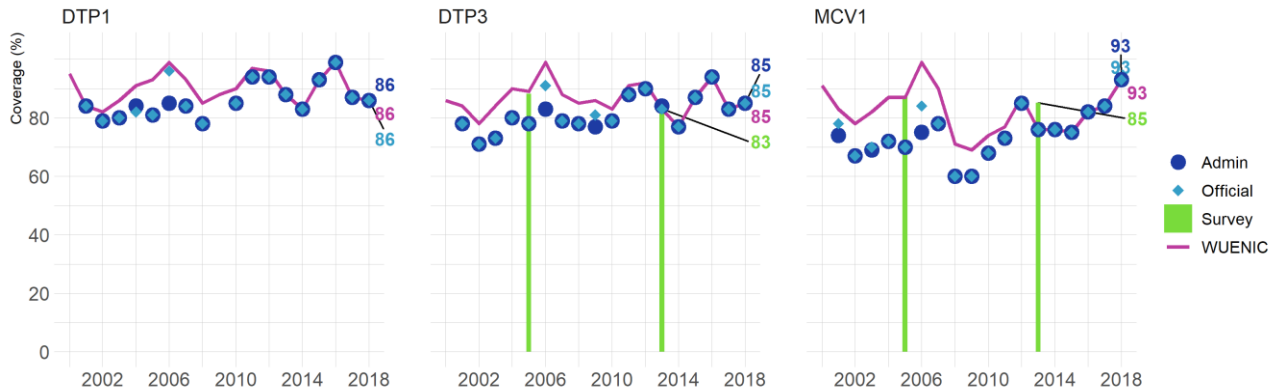


Figure 1 Coverage by Vaccine and Source (WUENIC 2019)

In 2019, Administrative population estimates suggest a smaller cohort than UN population estimates. This happened following the revision of national population estimates by the National Statistics Office – the government agency saddled with the responsibility of census and population projections for the country⁵. This revised population estimates from the NSO used to update the MHMS DHIS2 database which increased the discrepancy between UN and SI estimates. This would explain the discrepancy observed (Figure 2) with UN population figures based on modelling that does not account for recent CRVS birth data. The planned 2019 population census will assist in realigning the actual target populations for vaccination, once concluded. While the discrepancy in population figures could have an impact on vaccine stocks, the UNICEF Vaccines’ Independence Initiative (VII) mechanism which has vaccine buffers at Nadi, Fiji Islands, is on standby to address potential stock outs that may arise from underestimations or overuse of vaccines. However, no stock outs have been reported at the national level in 2018. Continued support in more accurate forecasting and stock management at national and provincial level will need to be maintained through the Gavi TCA support, to ensure potent vaccines in the right quantity are available during immunization sessions. The ultimate objective is to have the MHMS and National Medical Stores to have the capacity to accurately forecast for vaccines and supplies without the need for external support. In order to attain this vision, further work will be required to strengthen communication between national and provincial platforms.

More so that forecasting vaccine needs is population based, improving immunization data quality and completeness will be needed as a continued support to the MHMS HIS and WHO HIS Officer). Future TCA could support data quality and use, with a good opportunity through the University of Oslo (provided by Gavi) and WHO TA to support EPI team in 2020 and beyond. This WHO position commenced in November 2019 and as part of the 2020-2021 WHO Workplan, will contribute towards the development of a Solomon Islands Ministry of Health Digital Health Strategy. This will be explored in further detail in sections below.

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⁵ Projected Population 2010 – 2025. <https://www.statistics.gov.sb/statistics/social-statistics/population>

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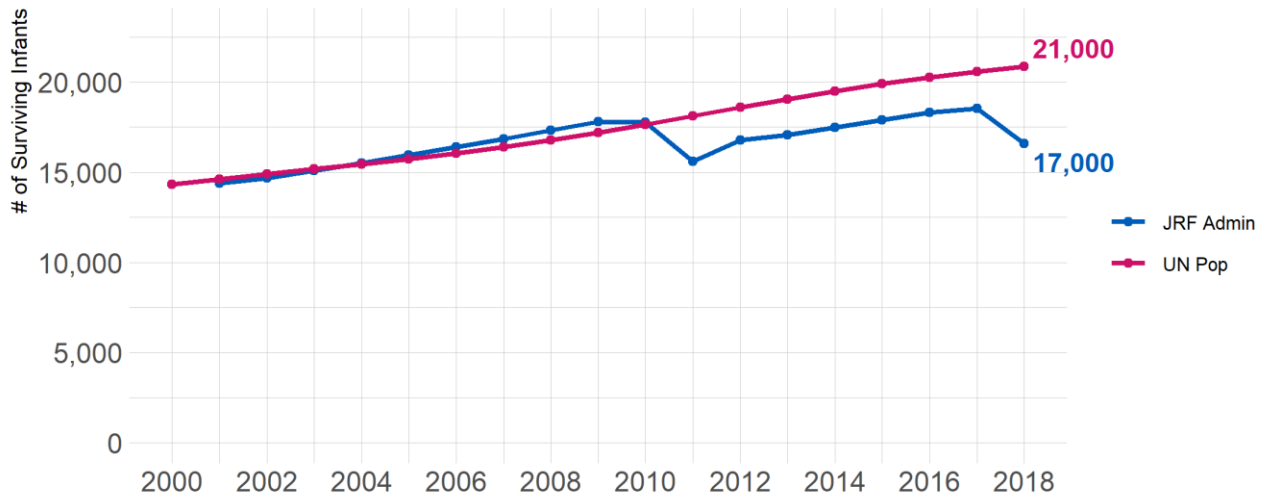
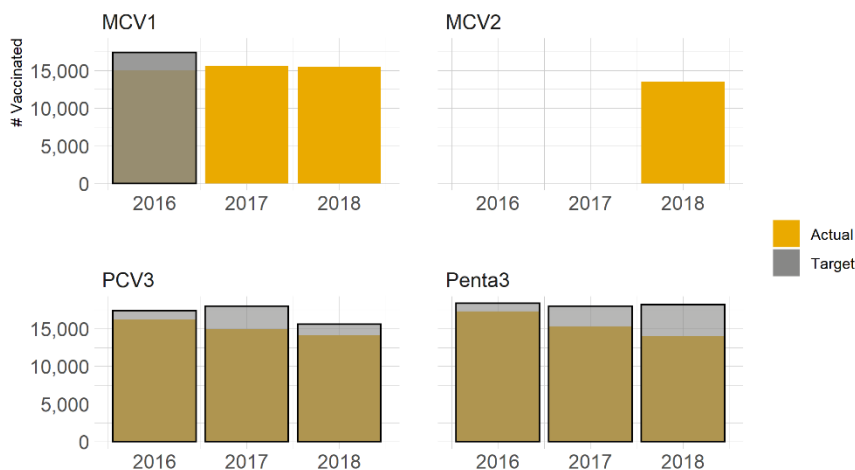


Figure 2: Surviving infants by source (Gavi, 2019)

From 2017 to 2018, Solomon Islands has reported a decrease in the total number of surviving infants. This may not be unrelated to less births happening based on the NSO revised population projections. A national EPI coverage survey is being considered for 2020 which will be outlined in sections, and has been included in the approved HSS2 grant.

The EPI program was overstretched in 2018 with gaps in human resources in the team; the National EPI coordinator role vacant for >3 months in 2018. The EPI team also noted that vaccine doses are calculated according to latest population estimates. In Q4 2019, SIG will conduct a National Census which will also provide further clarification..

Considering the improvements being made in newborn and this mortality, the reasons for the decrease are suggestions that increased family planning options (the increase in Jadelle) and estimated surviving birth cohort.



Source: Grant Performance Framework

Figure 3: Vaccine targets: since 2016, increasingly under-performing. Are targets too high? Vaccine Targets Vs Actual (Source: Gavi Grant Performance Framework 2019)

(4. Performance of the Immunization Programme Continued on next page)

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Looking at Penta3, it appears that since 2016, less and less doses were administered as compared to the previous year. The same trend is observed for PCV3 (although not with an obvious difference). This could be attributed to several factors, including service delivery issues; data quality; demand generation; or a combination of all three factors. There remains wide disparity in immunization coverage between and within provinces, which may also contribute to several children being missed. The Gavi funded CSO engagement through UNICEF will assist in addressing some of the equity issues around immunization, taking services and information to the remote communities. With more funding, this could be expanded to reach more communities and thereby assist in increasing immunization coverage. It is noted that a significant amount of dedicated effort will be needed to sustain coverage levels for specific antigens above 90%, while at the same time ensuring adequate resources and commitment to address competing priorities including additional vaccine introductions, and normative activities.

In addition, further work and potential support towards addressing data discrepancy (i.e. over/under-reporting), and more accurate district reporting would be beneficial.

However, it is noted that while efforts to improve data quality are ongoing, there is still evidence of incomplete and late reporting of coverage data.

Census data estimates currently records coverage based on place of vaccination, not on an individual's residence (with many mothers bringing children to a preferred health clinic rather than the clinic closest to their place of residence). They may have improved performance, but some districts may have over-reported performance due to non-native clients returning to areas of low performance. Poor reporting is also due to health facility closures (up to 24% closed in certain months), HR shortages, potential facility stock outs (unreported), program delays due to financial disbursement issues, competing priorities, poor planning.

It is noted that there are delays and gaps in reporting from areas with limited connectivity, and the MHMS plans to address some of these challenges through the installation of radios under additional support provided by Gavi through a top-up of its HSS2 grant. Additional TA may be required to support the strengthening of this communication, as well as overall strengthening of reporting.

Cold chain capacity gaps have remained one of the issues hampering immunization services especially vaccines given at birth. The currently rolled-out CCEOP, with over 110 solar direct drives already installed across most provinces, provides a great opportunity to increase immunization coverage with proper maintenance of the equipment.

Funding delays and acquittals also hamper annual planning, allocation of resources, effective outreaches and service delivery. Financial management capacity support will be important to reduce bottlenecks related to administrative delays in disbursement to provinces. In addition to social mobilization and continued support from Development Partners will help increase district or provincial performance. The low-performing districts (Figure 4) are being targeted with microplanning, outreaches and social mobilization. Figure 4 does illustrate that gains made in an individual district/zone are fragile, with 2018 having more areas with above 80% coverage but also more areas with less than 50% coverage. To really understand the reasons behind the changes observed in Figure 4, more data is needed that cross references individual zone coverage with other EPI and health system metrics, such as new cold chain equipment, clinic closures, number of supervisory visits and other possible system inputs (like funding to zones – TCA support to map this out and correlate any trends).

(4. Performance of the Immunization Programme Continued on next page)

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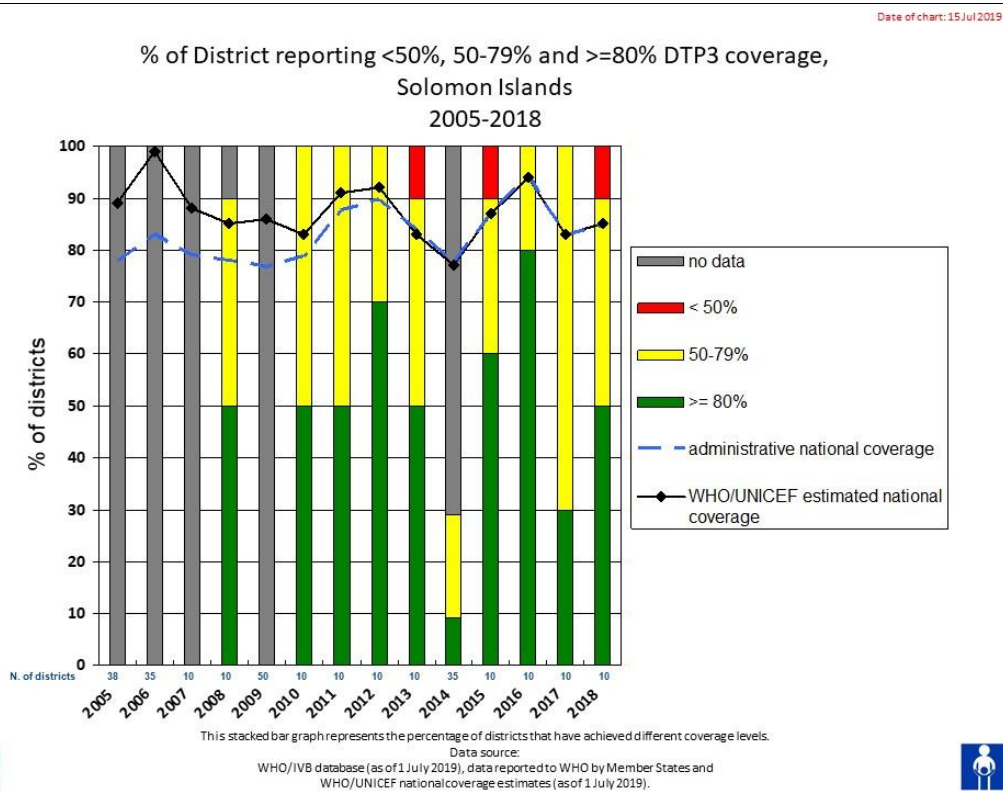


Figure 4: As compared to 2017, more districts have a Penta3 coverage ≥100%; some districts are lower than 50% (Source: WHO, 2019)

Honiara City Council Province reports higher coverage than 100% (Figure 5). Some possible reasons for this discrepancy may include:

- i. Transient migrations- families moving to Honiara and returning back after some time. for employment or other reasons
- ii. Variance in Health seeking behaviour (perceptions in clinical quality)
- iii. Poor reporting practices (data, estimates, paper reporting, completeness of reporting at JRF due date).
- iv. Incorrect denominators based on old census data and NSO projections, not reflecting the true population distribution at subnational levels.

The MHMS continued to address these issues through the Reaching Every District Campaign (RED) strategy – microplanning, social mobilization, outreaches, supervision, improved HIS planning and improving national data availability (i.e. National Census scheduled for 2019). It has highlighted the importance of ensuring health care workers and periodic intensification in low-performing zones, including adequate supportive supervisory towards the same. The microplanning exercises and RED capacity building remains a great opportunity to interface between program managers and health workers to effectively plan for clinic immunizations sessions and track defaulters. Technical assistance through the TCA for review and updating the micro plans cannot be overemphasized.

(4. Performance of the Immunization Programme Continued on next page)

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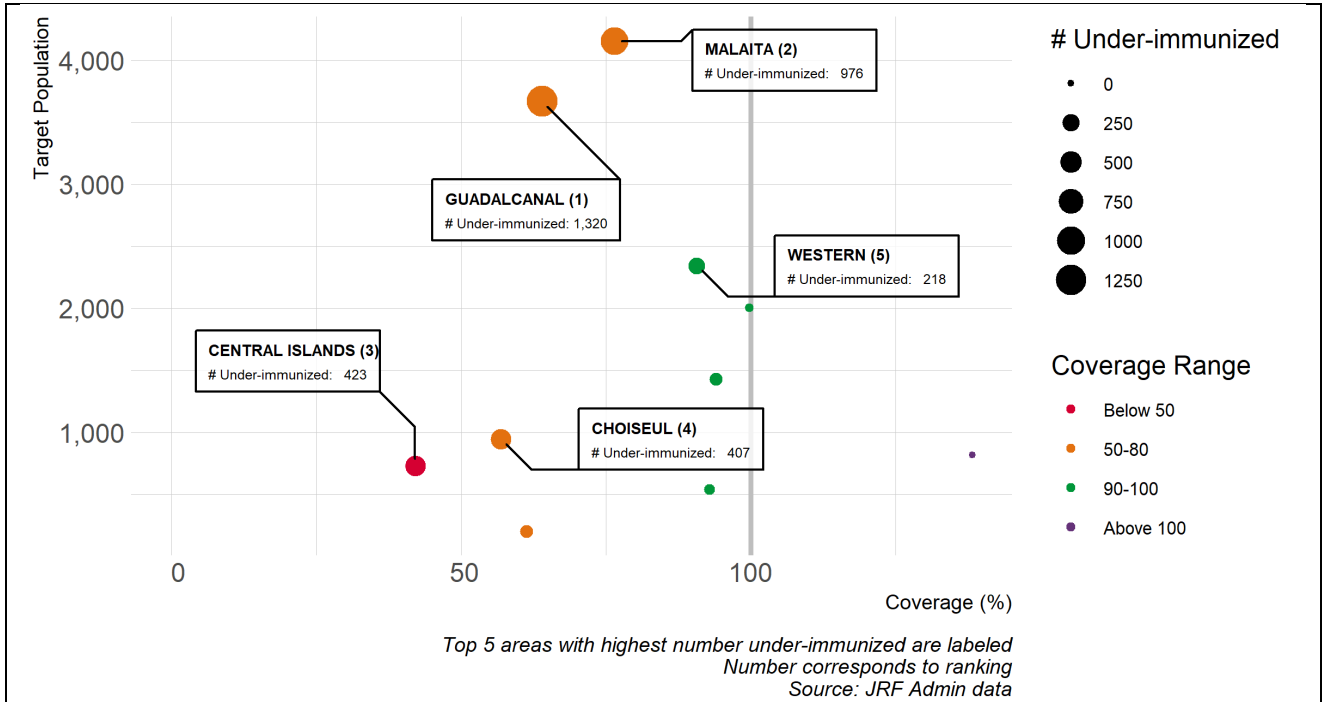


Figure 5: DTP3 Coverage by Provinces, 2018 (Source: JRF Admin Data 2018)

Based on 2018 data, it was observed that most under-immunized children reside in Guadalcanal and Malaita provinces (Figure 6). This is likely due to the fact that these two provinces host the largest populations of all ten provinces in the country (including Honiara City Council), with mobile populations possessing the highest numbers commuting to Honiara City Council. There is currently no unique identifier that allows tracking of vaccinated patients who may have moved to other provinces, of which Malaita and Guadalcanal hosts close to 40%. It is possible that migratory populations of the total country population and under-1 target population children are vaccinated in Honiara City Council despite being represented in their native provincial denominator (many of which are located in hard-to-reach areas).

In 2019, the EPI team and partners continued to address these issues through the RED – strategy (a process of trainings and immunization planning), social mobilization outreach, microplanning, improved HIS planning, improve national data availability (i.e. Census). Implementation of micro planning is still being strengthened, including integration of service outreach with wider health programs. Particular attention has been given to ensuring that health care works and campaigns in low-performing zones, including adequate supportive supervisory towards the same. The CSO engagement work through UNICEF, has selected these two provinces with two others for the community engagement work to reach more children with immunization services.

(4. Performance of the Immunization Programme Continued on next page)

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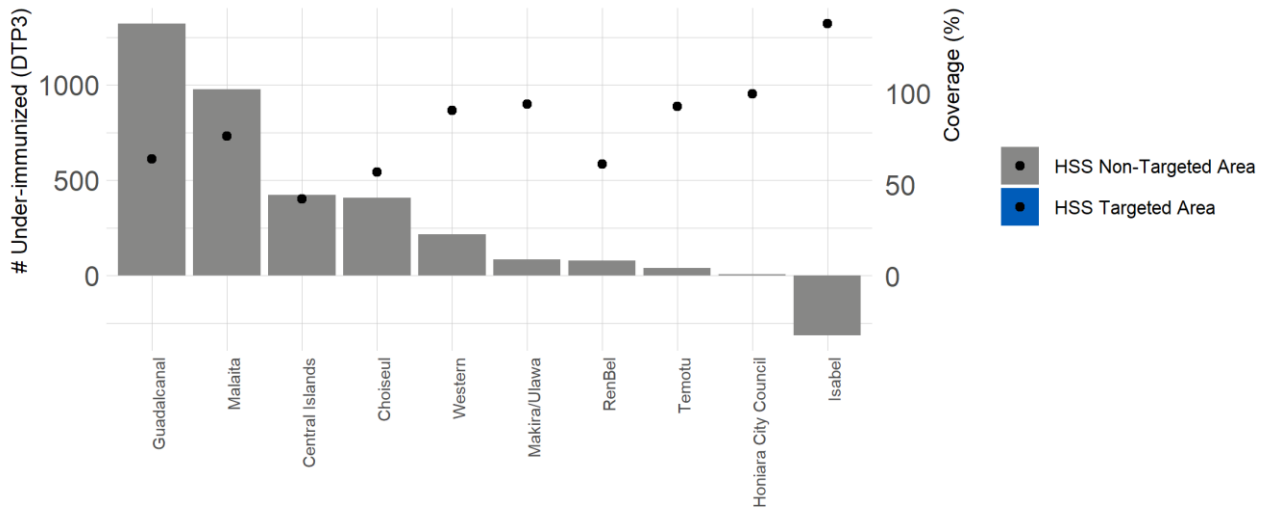


Figure 6: Number of Under-immunized by Province, 2018 (Source: JRF 2019)

Negative drop-outs generally signal data quality issues. Potential reasons for the DTP1- MCV1 Dropout (Figure 7) include:

- i. Negative drop-outs has been a common feature of the Solomon Islands immunization coverage most especially due to the small target population that is very sensitive to people movement between and within provinces. The National Referral hospital for instance receives about 1/3rd of all births in the Solomon Islands based on records, and families usually stay in Honiara till the new born is stronger than they return to the provinces for completion of follow ups and immunization. The impact of this should be studied to establish the level of adjustment that will be needed for coverage figures across provinces.
- ii. Secondly, there was a MCV2 introduction in 2018 which may have likely boosted MCV1 (using MR experience as proxy).
- iii. More emphasis has been placed by the program and the provinces on MR, and not necessarily on DTP-containing vaccines
- iv. Potential reasons for DTP-MCV dropout include:
 - v. Under- or Over-reporting, or even non-reporting (unlikely)
 - vi. Incomplete coverage data at time of JRF.

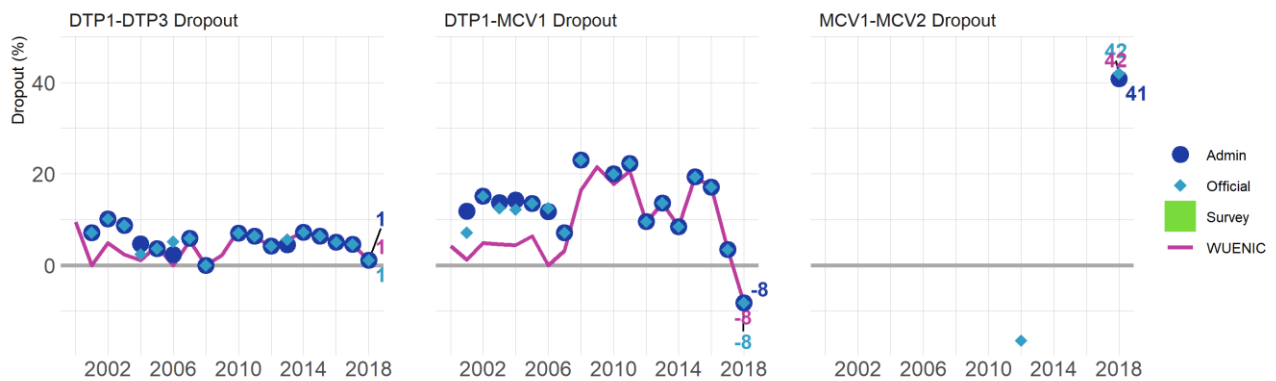


Figure 7: DTP1-MCV1 Dropout Rates (Source: JRF 2019)

Addressing inequity within the EPI system is an area that continued to be addressed in 2019. However, data related to dimensions of household equity is outdated, with 2015 being the latest year of available data. Figure 8 details that the 2015 Demographic Health Survey’s observation that remote communities are in the lowest wealth quintile, and may have the lowest rates of immunization coverage. The MHMS is currently planning several areas of equity related work or monitoring beyond the DHS conducted in 2015.

(4. Performance of the Immunization Programme Continued on next page)

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Stratifier	Stratifier - Detailed	Penta3	MCV(1)
National	National Coverage	83.1	85.1
Sex	Male	83.4	85.7
	Female	82.6	84.3
Wealth	Lowest wealth quintile	79.3	81.9
	Highest wealth quintile	88.6	87.9
Residence	Urban	88.3	89.1
	Rural	81.9	84.2
Education	No educ. Caretaker	77.2	77.0
	Educated Caretaker*	84.9	89.2

Figure 8: DTP3 Coverage by equity dimensions (Source: DHS 2015)

Conducting EPI equity analysis as part of reviews planned in 2020. Further TA may be required for this, including the utilization of tools/metrics and guidance on CEA at national and subnational level that can help countries to inform planning for HSS

- Supporting a National SI Census scheduled for November-December 2019
- Additional support to strengthen conducting in coverage surveys in 2020, as per existing planned HSS activities (including cluster surveys related to RED Strategy). Further TA will be required to support this.

The MHMS acknowledges that a functional surveillance system is an important pillar of an immunisation programme. In 2019, several opportunities to improve surveillance quality and reach were identified and implemented. The system relies upon hospital based active surveillance and training in the detection of possible vaccine preventable diseases. As part of the Joint Appraisal update, the MHMS has noted actions to provide additional support to improve the reporting of vaccine-preventable diseases cases. While Figure 9 below noted fewer reporting of AFR cases, Solomon Islands among other Pacific nations has been performing well in terms of surveillance data reporting. However, more is still needed to improve on HBAS reporting and investigation of cases. One additional HBAS reporting site in Lata Hospital Temotu province was established in May 2019 to strengthen the HBAS for AFR, AFP and NT investigation and reporting.

While surveillance data is reflected in the JRF, further effort to necessary to ensure accurate and up to date data is reflected on the WHO Global Health Observatory.

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5. PERFORMANCE OF GAVI SUPPORT

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

Objective 1																						
Objective of the HSS grant (as per the HSS proposal or PSR)	Improved availability, access and quality of immunization services, vaccine cold chain capacity, Integrated Management of Childhood Illness (IMCI) and Maternal Newborn & Child Health (MNCH)																					
Priority geographies / population groups or constraints to C&E addressed by the objective	Multiple geographies and population groups as identified in National Health Strategy. The main beneficiaries under this grant include all children and women in the country. As noted in the approved HSS2 Application, this grant will be used to provide: the necessary training for health care workers, the essential tools to assess immunization services and the strengthening of cold chain infrastructure for the increase of immunization coverage nation-wide. As a result, the primary health care structure as a whole will benefit since primary health care services are delivered in an integrated fashion.																					
% activities conducted / budget utilisation	<p>As of September 2019, the utilisation rate by objective against the total HSS2 funding disbursements:</p> <table border="1"> <thead> <tr> <th>HSS2 BY OBJECTIVE</th> <th>Total Funding Disbursement (USD)</th> <th>Total Expenses (USD)</th> <th>Utilisation Rate</th> </tr> </thead> <tbody> <tr> <td>Objective 1: Increase immunization coverage rates through sustainable service delivery and program management</td> <td rowspan="4">1,516,570.00</td> <td>346,784.83</td> <td>23%</td> </tr> <tr> <td>Objective 2: Improving vaccine supply and cold chain planning capacity, infrastructure and management system</td> <td>662,544.03</td> <td>44%</td> </tr> <tr> <td>Objective 3: Ensuring good quality and timely routine information and regular surveillance system</td> <td>88,198.55</td> <td>6%</td> </tr> <tr> <td>Objective 4: Optimizing demand generation and community engagement through development of partnerships</td> <td>60,682.62</td> <td>4%</td> </tr> <tr> <td>GRAND TOTAL</td> <td>1,516,570.00</td> <td>1,158,210.02</td> <td>76%</td> </tr> </tbody> </table> <p>Note: Disbursement to date is much lower than was originally planned, and is noted in relevant sections below. Implementation of HSS broadly speaking may have been affected by emphasis on implementation specific activities through the year (i.e. HPV Introduction, MR SIA, CCEOP, MR2)</p>	HSS2 BY OBJECTIVE	Total Funding Disbursement (USD)	Total Expenses (USD)	Utilisation Rate	Objective 1: Increase immunization coverage rates through sustainable service delivery and program management	1,516,570.00	346,784.83	23%	Objective 2: Improving vaccine supply and cold chain planning capacity, infrastructure and management system	662,544.03	44%	Objective 3: Ensuring good quality and timely routine information and regular surveillance system	88,198.55	6%	Objective 4: Optimizing demand generation and community engagement through development of partnerships	60,682.62	4%	GRAND TOTAL	1,516,570.00	1,158,210.02	76%
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Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	<p>This specific HSS support was led by Objective 1: Increase immunization coverage rates through sustainable service delivery and program management. As highlighted in the 2018 JA Update, the country-specific goal under this objective is that by the end of 2021, all priority zones will attain and sustain DTP3/Penta3 coverage greater than 90% through effective national and provincial management systems with a focus on low coverage zones. Micro-planning will shift focus to community level focus through Reaching Every Child Strategy (REC).</p> <p>There continues to be improvement in the implementation of the HSS grant despite the low human resource capacity at national and provincial levels.</p> <p>As of September 2019, the utilization of the HSS2 was 65%</p> <p style="text-align: center;">(Objective 1 Continued on next page)</p>																					

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	<p>Objective 1 (continued) Several new vaccines' introductions have taken up the limited available human resource time and capacity - conduct pre and post introduction activities as well as utilize the budgets including bulk of the EPI recurrent costs for training and supervision which are often integrated for newly introduced vaccines as well as routine EPI vaccines.</p> <p>As detailed in the 2018 Joint appraisal, key activities were identified by the government and stakeholders to move the immunization program forward which included ;</p> <ul style="list-style-type: none"> • Reaching Every District (RED) strategy capacity building continues to happen in the provinces with focus on heard to reach communities. So far most of the provinces have received capacity building on micro planning and RED strategy and the national program have considered moving even further to taking the trainings below the provincial levels to the zonal/regional levels. • The largest Province Malaita has three regions and the norther region is the most populous and one of the worst performing regions in the country. With partner support, the national program was able to take microplanning sessions and RED strategy training down to the northern region in 2018 and has continued this approach in 2019. • Coupled with that a bottleneck analysis is performed with the health workers at each level to support tailored approaches to problem solving. Already there has been a significant increase in outreaches being conducted in the provinces and this should improve coverage significantly. • Provinces are showing improvements with more outreaches and catch up campaigns being conducted, in an effort to reach the hard-to-reach communities. For example, the largest province of Malaita alone worked with the National EPI team to plan and utilize outreach funds totalling 422,796 SBD this year which is a marked improvement from 156,374 SBD in 2018. The outcome of this increased investment should be seen after the 2019 data is received. • During the 2019 HPV and MR SIA introduction & campaigns, all provinces reported to have conducted microplanning and outreach campaigns • The Role Delineation Policy work continues and will help define the package of services each of the health care service delivery points will be accountable for and the necessary infrastructure needs. While this continues, EPI program will continue to province the necessary technical support and cold chain equipment to all levels to ensure that every child is reached. <p style="text-align: center;">(Objective 1 Continued on next page)</p>
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Objective 1 (continued)

Major activities implemented in 2019 included:

1. Support for outreaches in low performing zones
Five outreaches were conducted in Guadalcanal, Central Island Province; Malaita Province; Western Province and Makira Province.
Resources programmed in 2019: USD 61,787.73
2. Conduct annual micro planning **exercises at the Provincial and zonal level (Roll out of RED strategy)** Reaching Every District Capacity building is being conducted for health workers in the provinces. The RED training comprises of bottleneck analysis, mapping exercise, defaulter tracing, immunization session plans and micro planning exercise. Some of the provinces which have been covered using Gavi funds include Guadalcanal, Malaita, Western and Honiara City Council. As part of the Red strategy training, immunization micro plans have been developed/updated as well. Resources programmed in 2019: USD 62,404
3. **MR SIA and HPV Introductions** (Please see section 5.2 below)
4. **Immunization catch up and outreach;** the national EPI program supported the provinces with Gavi HSS funds which was used to conduct outreach immunization services in 2015 and ongoing outreach activities in 2016. This has helped in making immunization closer to hard to reach communities and settlements making services accessible. During outreaches defaulters are also traced and followed up to complete their immunization series. Resources programmed in 2019: USD 22,968
5. **Conduct supportive supervision to improve EPI program performance with emphasis on hard to reach areas and low performing zones (National and Provincial_)** this has been conducted as part of immunization program strengthening. Gavi HSS funds has supported both national and provincial staff to conduct supportive supervision to clinics and hospitals providing services. Supportive supervision was conducted using a standard checklist that integrates elements of vaccine distribution; storage; delivery; reporting and documentation. Supervisors provide a standardized on-the-job training focusing on the components of the checklist which are based on identified weakness and gaps per health facility. Factors such as poor documentation, data quality and temperature monitoring were frequently observed during supervisory visits in 2019.
6. The benefit has been continuous capacity building and program improvement. Resources programmed in 2019: USD 50,714
7. **Human Resource Support;** the EPI unit has recruited a senior finance and admin officer to support with financial and administrative activities for the program while also providing some support to other reproductive and child health unit programs.

(Objective 1 Continued on next page)

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	<p>Objective 1 (Continued)</p> <p>8. Conduct on the job training for immunizers in low performing zones & On the job training to build capacity for updates, implementation, supervision and monitoring in low performing provinces and zones: Health worker capacity building on IMCI; some Gavi HSS funds have been used to conduct integrated management of childhood illnesses (IMCI) training in the provinces. This provides broader health system support not just immunization. As part of the CCEOP, over 100 clinic nurses received training on the use of the new solar direct drive cold chain equipment across the provinces. Over 20 provincial and second level medical store officers received direct training from BMedical representatives on effective use and maintenance of cold chain equipment with emphasis on the BMedical devices. Resources programmed in 2019: USD 131,664</p> <p>9. A follow-up refresher training may be required on basic cold-chain maintenance following the procurement of additional CCE.</p> <p>10. Financial audit of GAVI HSS accounts (Annual) See Section 5.4. Resources programmed in 2019: USD 7,166</p> <p>Key challenges still remain with provincial level financial management which affects Gavi grant utilization, though it is expected that this improve with ongoing finance and administration support in place. Further, Gavi will directly work with the Government to provide direct technical assistance to strengthen financial management, reporting and audit processes.</p> <p>Data reporting and use of data for action still remains a challenge. Limited health worker capacity at the provincial levels to implement program and health workers take on many tasks at the same time. Cold chain capacity needs to be improved especially with new vaccines and an increasing population</p>
<p>Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance⁶)</p>	<p>Gavi Grants Continuing in 2020:</p> <ol style="list-style-type: none"> 1. Conduct on the job training for immunizers in low performing zones), and update micro plans. 2. Intensify existing implementation, supervision and monitoring in low performing provinces and zones <ul style="list-style-type: none"> ➤ In remaining specific provinces: Makira, Central Islands and Renbel Provinces <p>To achieve the desired results above will need continuous technical assistance to the EPI program, NMS and MHMS from partners.</p> <p>Additionally, and in consideration of the challenges noted in the sections above, the EPI team has proposed to revise its programming structure and establish of work planning controls to determine Annual EPI Departmental work planning in relation to budgeted Gavi activities per grant.</p> <p>It is expected that these work planning controls will also improve internal financial management as well as improved quality of external reporting, including to Gavi.</p> <p style="text-align: center;">(Objective 2 begins on next page)</p>

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Objective 2:	
Objective of the HSS grant (as per the HSS proposal or PSR)	Improving vaccine supply and cold chain planning, capacity, infrastructure and management system.
Priority geographies / population groups or constraints to C&E addressed by the objective	Multiple geographies and population groups as identified in National Health Strategy (See Objective 1, above)
% activities conducted / budget utilisation	As of September 2019, the utilisation rate by objective against the total HSS2 funding disbursements : 44%
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	<p>This specific HSS support was led by Objective 2: Improving vaccine supply and cold chain planning, capacity, infrastructure and management system.</p> <p>As highlighted in the 2018 JA Updated, the country-specific goal under this objective is that by the end of 2021, Essential Vaccines Management (EVM) indicators will show significant improvement at the national and provincial levels through vaccine and cold chain management trainings, procurement, installation, maintenance and replacement of CCE and minimum stock-outs especially in low coverage zones.</p> <p><i>Overview of Major activities implemented in 2019 included:</i></p> <ul style="list-style-type: none"> • Annual mapping/ inventory, strengthen implementation of guidelines and protocols • Human resource capacity building for stock and CCE management and preventive maintenance • Monitoring and supervision, support for distribution of vaccines and contribution to the CCEOP. • Conducted annual cold chain inventory update with health facility audits and Role Delineation Policy (RDP). • Roll out of capacity building for vaccine supply, stock management and CCE management in low performing provinces and zones • Replacement and repair of broken down CCEs (freezers, cold boxes and refs) in low performance areas • Concept note has been drafted for the conduct of a comprehensive cold chain inventory assessment in November 2019. This should be completed by Q1 2020. • Effective Vaccine Management SOP trainings were conducted in two provinces of Malaita and Choiseul reaching more than 40 frontline health workers. In addition, a cold chain supervisory checklist was finalized and disseminated during the trainings. Additional 3-4 provinces will be reached with EVM SOP trainings in 2019/2020. • EVM trainings and SOPs, updating the temperature monitoring chart, procurement of fire extinguishers and shelving of the cold room are some of the EVM recommendations that have been implemented, in addition to replacing obsolete cold chain equipment through installation of 160 SDD fridges across the country. Continued support through the TCA will be needed to continue this great work and expand to vaccine waste management which is a big emerging threat that needs attention <p>Please refer to section 5.2 for specific details on Vaccine Wastage Assessment in 2019.</p> <p>Please refer to section 5.3 for specific details on indicators and documentation of EVM implementation progress in 2019.</p>
(Objective 2 Continued on next page)	

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<p>Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance⁶)</p>	<p>Objective 2 (Continued)</p> <ol style="list-style-type: none"> 1. Baseline cold chain assessment across all clinics of Solomon Islands . Note: This is separate from the EVM. Due to the large scale of cold-chain expansion and extension under the CCEOP, a new baseline is required. 2. Vaccine wastage management mapping 3. Repair/procurement of incinerators 4. Procurement and installation of additional SDD cold chain equipment form the HSS2 top-up funds, and completion of CCEOP installations and commissioning 5. Implementation of the recommendations from the vaccine wastage report and reduction strategy that will be developed by end of 2019, will commence in 2020 with additional technical assistance to the NMS, EPI and MHMS. Some of the potential activities may include supply chain design and behaviour change communication (BCC) for health workers on better use and management of vaccine supplies. <p>Recommendations</p> <p>To achieve the desired results above will need continuous technical assistance (TCA) support to the EPI program, NMS and MHMS from partners. A greater level of detail is required in programming EPI workplans in relation to the team’s own planned work, the government AOP and Gavi-supported activities. This would allow greater efficiency in processing administrative requirements, as well as more efficient planning and monitoring of EPI activities at a provincial and sub-provincial level.</p> <p>In 2010, the country will receive additional support from Gavi for HSS from 2018-2021.</p> <p>The design of this support was aligned with the National Health Strategic Plan 2016-2020 (NHSP), the cMYP 2016-2020 and the RDPRDP that defines the roles, capacities and resources in each level of service delivery in order to achieve universal health coverage in a decentralized context.</p> <p>This HSS support aligns with the NHSP goal of in achieving 90% coverage in immunization by 2021 (the NHSP timeframe is to 2020). In line with the activities detailed within the grant application letter, the country will need to ensure greater programmatic and financial controls to build upon the lessons identified in the implementation of HSS1 from 2013-2018.</p> <p style="text-align: center;">(Objective 3 begins on next page)</p>
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Objective 3:	
Objective of the HSS grant (as per the HSS proposal or PSR)	Ensuring good quality and timely routine information and regular surveillance systems
Priority geographies / population groups or constraints to C&E addressed by the objective	Multiple geographies and population groups as identified in National Health Strategy (See Objective 1 & 2, above)
% activities conducted / budget utilisation	As of September 2019, the utilisation rate by objective against the total HSS2 funding disbursements: 6%
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	<p>This specific HSS support was led by Objective 3: Ensuring good quality and timely routine information and regular surveillance systems.</p> <p>As highlighted in the 2018 JA Update, the country-specific goal under this objective is that by the end of 2021, the immunization program aims at quality and timely routine information and regular surveillance, adequately disaggregated, and regularly used for national and local planning for action.</p> <p><i>Major activities</i> implemented in 2019 included:</p> <ul style="list-style-type: none"> • Strengthening health information through Regular Technical Working Group Analysis of Monthly Reporting Information and revision of JRF and GPF data, now updated on Gavi portal • Support for DHIS2 through analysis and disaggregation of Monthly Health Information System Reporting in conjunction with routine immunization progress and vaccine introductions (MR SIA and HPV Vaccine Introduction currently being tabulated). • Strengthening data collection and reporting through development of national DHIS2 platform through the creation of EPI specific applications, and software revisions including disaggregated provincial recall of vaccination records (supported by Gavi in 2019-2020 through the University of Oslo). • Strengthening data review system through analysis of adequate disaggregation over the long-run, surveillance of vaccine-preventable diseases and strengthening information infrastructure through two-way radios and computers (Development of 2020 procurement plan to strengthen regular reporting progress) • Supportive supervision, monitoring and field visits will be conducted as part of programme management. Monitoring of activities are based on the National Health Strategic Plan (NHSP) 2016-2020, and the annual immunisation work plan which includes the annual AOP/B. • Introduction of additional hospital surveillance site (Temotu province) and links in with the sentinel surveillance sites (syndromic surveillance) of the Public Health Surveillance and Emergency Unit. • Implementation of this objective has been low when compared against the total HSS funding disbursement as national training on surveillance of vaccine preventable diseases did not take place in 2019 (due to scheduling for provincial trainers related to two vaccine introduction grants). • Furthermore, only one provincial training on surveillance of harmonization of syndromic surveillance and hospital based sentinel sites (in Temotu) due to scheduling for provincial trainers related to two vaccine introduction grants. Both of these program areas will continue in 2020 in order to reduce burden of training requirements for resource-poor provincial staff. • An annual procurement plan was developed in 2019 (for 2020) in accordance to MHMS Procurement policy and requirement. This plan includes the 2020 procurement of HF radios to strengthen regular reporting progress.

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<p>Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance⁶)</p>	<p>In 2020, the MHMS will develop a Digital Health Strategy, overseen by the recently established National Health Management Information Systems Committee. The development process will be supported by development partners, including WHO. Any delays in the completion of this document will offset planned activities.</p> <p>The National Health Management Information Systems Committee is a national representative committee comprising key stakeholders from the MHMS and the inclusion of statistics, information and communications technology, finance, and planning constituencies to guide and oversee the development and use of the national Health Management Information System.</p> <p>Following a series of discussions at the SI Family Health Committee (which acts a proxy for an ICC) and EPI Technical Advisory Group, the MHMS applied for additional HSS funding in the area of targeted EPI Digital Health Information Systems under the countries’ eligibility through Gavi policy for fragility, emergency and refugees. A first application was rejected by Gavi in October 2019, but MHMS was invited to address comments and re-submit an application.</p> <p>Specifically, additional HSS funds are proposed to strengthen the implementation of existing and upcoming digital health strategies to improve, amongst other things, the national EPI programs. This includes strengthening the data management capacity for immunization at central and regional levels in the country. The immunization program would also like to build on wider government efforts to introduce National Digital ID data, that could also help allow for trackable electronic medical records, which will help in providing immunization for defaulting children. This will provide strategic investment to strengthen local capacity in SI to build a robust immunization information system whose gains will ideally be sustained beyond the country’s transition from Gavi support in 2023. The Transition from Gavi Funding is likely to be rescheduled to end of 2022, pending the introduction of the Rotavirus Vaccine Introduction in 2020, and 4 years of co-financing before achieving full self-financing in January 2023. As such, the SI Transition Plan may need to be revised to align end dates of activities with this new Transition deadline. The country notes that a TCA plan will not be financed in 2023 as part of this arrangement discussed with the MHMS and partners.</p> <p>This proposed support specifically compliments current HSS Grant Objective 3: Ensuring good quality and timely routine information and regular surveillance systems,</p> <p>With a focus on coverage and equity, this support will allow more complete coverage of quality EPI interventions, including in hard-to-reach areas identified in the 2018 Gavi Joint Appraisal and 2016 EPI audience research report (KAP). Strengthening the data management capacity for immunization at central and regional level will lead to increased quality and</p>
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⁶ 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 which 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 reference guide.

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availability of immunization specific data from the zonal level towards the central National Statistics office. This information will therefore directly contribute to improving availability, access and equity of immunization services in the SI.

The proposed additional support will address the broader envelope of the 2018 HSS Grant outcomes in the following ways:

- I. Improve immunization coverage through improved planning for vaccination surveillance;
- II. Improve equity of immunization coverage through zone specific vaccination records, and help identify children who have previously been at risk of loss-to-follow up;
- III. Improving integration of EPI and other health data in DHIS2 and ensure adequate disaggregation;
- IV. Planning for nation-wide EPI review ;
- V. Improved monthly reporting from health facilities.

Further detailed information regarding this additional support is detailed in the document: *'1 New decision on HSS funds_SI Sept 2019 Edit Final'* Please note that this document is currently under review by the MHMS and is due for resubmission to the Gavi Secretariat in early 2020. All requested support outlined in this letter is purposed to compliment the scheduled work described above.

In 2020, these additional activities will draw upon the added-value support of an in-country WHO Health Information Systems Technical Officer, which exists as a WHO Country Office staff position which commenced in November 2019.

The MHMS and partners have also agreed to follow up with the Gavi Secretariat in 2020 to discuss other avenues of technical support and advice; including potentially with digital health strategy consultancy services currently working with the Gavi Secretariat.

Specific technical support will be needed in the areas of:

- Readiness assessment of 2020 landscape for digital health infrastructure
- Technical support to conduct a MHMS stakeholder workshop to strengthen Digital Health Strategy

As described in the Country Action Plan in Section 8, an EPI data review is being developed for 2020. This will include the strengthening of micro-planning at provincial level with participants from provinces, zones and health facilities

In 2020, further support is also planned to allow for disaggregate reporting of HPV by age in the DHIS 2 system.

(Objective 4 begins on next page)

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Objective 4 (Added to Template):	
Objective of the HSS grant (as per the HSS proposal or PSR)	Strengthening demand generation and community engagement through partnerships for communication and health promotion
Priority geographies / population groups or constraints to C&E addressed by the objective	Multiple geographies and population groups as identified in National Health Strategy (See Objective 1; 2 & 3, above)
% activities conducted / budget utilisation	As of September 2019, the utilisation rate by objective against the total HSS2 funding disbursements: 4%
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	<p>This specific HSS support was led by Objective 4: Optimizing demand-generation and community engagement through development of partnerships. As highlighted in the 2018 JA Update, the country-specific goal under this objective is that by the end of 2021, local partnerships with civil society (CSOs), churches, NGOs and community groups in specific low performing provinces and zones to enhance community engagement and increase utilization of immunization and PHC through grants managed through UNICEF.</p> <p><i>Major activities</i> implemented in 2019 included: include dissemination and implementation of the National Communication Strategy for RMNCAH; advocacy for immunization; Immunization Week activities; strengthening partnership and coordination systems in provinces and zones; and capacity building for communication, community engagement, equity and gender relevant to immunization and primary health care.</p> <ul style="list-style-type: none"> • Preparation of the CSO grant document which was finalized and approved in May 2019 • RFP drafted and advertised in June/July 2019 to recruit prospective CSOs for demand generation activity • Identified CSO working with MHMS and UNICEF in finalizing the program document <p>Implementation and rollout of the National EPI communication strategy (2019) by Provinces and Zone for advocacy and demand generation for immunisation;</p> <ul style="list-style-type: none"> • Social mobilization for the second phase of HPV vaccination campaign was implemented across the provinces. These activities targeted both in and out of school girls aged 9-14 years. A multi-channel approach including radio spots, radio talkback shows, community mobilization using megaphone announcements and interpersonal communication was used to disseminate campaign messages, and dispel myths and misconceptions about the HPV vaccine. • The same approach mentioned above is being used to rollout social mobilization activities for the Measles and Rubella supplemental immunization activity. Strong partnerships with local and religious leaders have also been utilized to maximize reach of campaign messages through church and other community platforms. • Building on the successes of the finalized National EPI communication strategy (2017), provinces received more support in identifying key social mobilization activities and implementing same to reach more children and families with immunization information and vaccines. Continued technical support in this regard will be needed, especially to reach low performing provinces. <p style="text-align: center;">(Objective 4 Continued on next page)</p>

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	<p>Objective 4 (Continued) MHMS has been supported in the development of relationships and MoUs with the major faith based organisations through SICA (Solomon Islands Churches Association). The MHMS anticipates that agreements will be in place before end 2019. These will provide an umbrella framework for other programme focused work with churches in the future.</p> <p>A Strategic Health Communications – guide for planning for effective behaviour change, and engaging with communities has been developed with the MHMS health promotions team. This will provide increased capacity and tools within for effective support to programmes in the future</p>
<p>Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance⁷)</p>	<p>Existing TA in country under the TCA will provide support in line with the current Transition plan, specifically:</p> <ul style="list-style-type: none"> • Implementation and rollout of the National EPI communication strategy (2017) by Provinces and Zone for advocacy and demand generation for immunization activities in low performing zones, including immunization week activities and introduction of HPV. <ul style="list-style-type: none"> ➢ Supporting community engagement through systems of coordination network/system between government and civil society partners in low performing provinces and zones. <p>In regards to the Gavi GPF, the MHMS and partners will need to improve communication arrangements between zonal (and thereby, provincial) health promotors and the National EPI Team. This could take the place through coordination meetings held each year where activities are coordinated, especially for catch/up campaigns and focusing on low/performing areas. These would be verified by meeting minutes and updated plans.</p> <p>In 2020 and future years, further activities will contribute to addressing some of the issues identified under <i>Bottleneck 5 insufficient communication and community engagement and Bottleneck 1 low service coverage</i>.</p> <ul style="list-style-type: none"> • Rolling out the CSO engagement program across the four provinces of Malaita, Guadalcanal, Central and Makira increase community ownership and participation, demand for services. • Trainings to roll out and implement advocacy and demand generation activities in low performing areas as well as hard to reach places • Involving communities such as chiefs and women's groups • Drafting and Implementing churches in a structured way for the first time will be key for demand generation. The networks of churches will be essential in reaching hard to reach places and having a dialogue with the communities. • Develop messages to be delivered through SMS campaigns (78% of households have access to a mobile phone however the coverage is not 75%), <p style="text-align: center;">(Objective 4 Continued on next page)</p>

⁷ 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 which 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 reference guide.

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	<p>Objective 4 (Continued)</p> <ul style="list-style-type: none"> • Develop interpersonal communication checklists for nurses • Involving schools for information sharing and teaching children about vaccinations • Central to the implementation is improving messaging in a locally appropriate and a targeted way that addresses the equity issues related to the socio-economic and education levels of the caregivers (targeting families with caregivers with primary only education, and female caregivers in rural areas that are less literate (literacy rate: 79.8% rural women vs. 88.3% rural men, DHS, 2015). New materials and messages have been developed and tested and are now ready to roll out. • Communication materials will include low-literacy tools including simple counselling cards with illustrations, community theatre/drama, flip charts and Church announcements etc. in line with the Communication Strategy. • Provincial, budgeted communication plans are being made with measurable goals. • Implementation of the communication strategy will support women and men, girls and boys to improve health seeking behaviour and support demand generation. <p>Activities also include capacity building for health workers and health promoters on interpersonal communication, social mobilization, community level mobilization, advocacy, media engagement, community engagement, equity and gender for health workers on matters relating to immunization/RCH and community health.</p> <p>Health workers training has been one item that was largely covered by Gavi funding including training health workers during the development of health facility micro plans, effective vaccine management trainings and refresher trainings for health workers across provinces. Training health workers has also taken a large time of the limited national HR capacity which strives hard to make time for conduct of provincial and health workers trainings across all ten provinces. More so, there has been frequent attrition of trained health workers necessitating the need for another training for the replacement health workers, as such it is difficult to catch with the training needs for health workers to ensure effective immunization service delivery. Furthermore, the funding available from Gavi for operational support is gradually transiting, and such the need to explore innovative and sustainable ways to keep health workers trained and retrained as they need may arise.</p> <p>UNICEF has initiated discussions with the Nursing council of the Solomon Islands in discussion with child health managers on exploring the development of in-service curriculum and continuous professional development (CPD) for health workers to deliver child health training including newborn care and IMCI. It is thus a great opportunity to explore how to integrate EPI training curriculum through the proposed CPD working with the EPI team. Already in Kiribati (a Pacific Island Country) UNICEF is working with University of Melbourne of similar approach. Through the 2020 TCA support, we plan to work on developing the concept for the CPD and implementation framework in liaison with a reputable training institution. The output will be to facilitate the development of an integrated continuous professional development strategy (CPD) covering key immunization topics for Nurses & Midwives by the MHMS and/or Nursing School.”</p>
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In the text box below, briefly describe:

- **Achievements against agreed targets** as specified in the grant performance framework (GPF), and key outcomes. E.g. how does the number of additional children vaccinated and under-immunised children in districts supported by the HSS grant compare to other non-supported districts/national targets. Which indicators in the GPF were achieved / impacted by the activities conducted?
- How Gavi support is **contributing to address the key drivers of low immunisation** outcomes?
- Whether the **selection of activities is still relevant**, realistic and well prioritised in light of the situation analysis conducted, as well as financial absorption and implementation rates.
- Planned **budget reallocations** (please attach the revised budget, using the Gavi budget template).
- If applicable, briefly describe the usage and results achieved with the **performance based funding (PBF)** the country received. What grant performance framework (GPF) metrics will be used to track progress?
- **Complementarity and synergies with other donor support** (e.g. the Global Fund, Global Financing Facility)
- **Private Sector and INFUSE⁸ partnerships** and key outcomes (e.g. increasing capacity building and demand, improving service delivery and data management). Please outline the sources (e.g. Private sector contributions, Gavi matching Fund and Gavi core funding – HSS/PEF) and amount of funding.
- **Civil Society Organisation (CSO) participation** in service delivery and the funding modality (i.e. whether support provided through Gavi's HSS or other donor funding).

In 2019, achievements against agreed targets have utilized data on vaccine coverage in the WHO-UNICEF joint reporting Form 2019. The renewal request for the Gavi new vaccine support was submitted in May 2019 with revised target populations based on the projected census figures.

Pentavalent vaccine coverage for the first and third dose were reported as 86% and 81% as compared to 85% and 81% in 2017, while that of Measles Rubella (MCV1) was reported as 93% for 2018. MR2 vaccine coverage in 2018 was 93% (mcv1) and 54% (mcv2). This indicated an increase from 84% for mcv1 and 0% for mcv2 in 2017, with MR2 having been introduced in Oct/Nov 2018.

In July 2019, the MHMS revised its 2018 set of GPF indicators in consultation with its National Technical Working Group. The MHMS resubmitted a revised set of 2019 GPF indicators that it felt were more feasible, including priority targets for new vaccine introductions. This set of 2019 GPF indicators is currently up to date on the Solomon Islands Online Gavi Portal. Relevant GPF targets were adjusted according to the revised Gavi Transition in 2021.

The Transition from Gavi Funding is likely to be rescheduled to end of 2022, pending the introduction of the Rotavirus Vaccine Introduction in 2020, and 4 years of co-financing before achieving full self-financing in January 2023. As such, the SI Transition Plan may need to be revised to align end dates of activities with this new Transition deadline. The country notes that a TCA plan will not be financed in 2023 as part of this arrangement discussed with the MHMS and partners. If this is the case; the GPF targets may have to be revised accordingly.

2019 GPF indicator (PR-T-3 Percentage increase of government budget allocated to National EPI Team) was revised to a 60% increase in 2020 (from a cumulative total of 70% in 2020). As noted in Section 3, while Gavi HSS2 funding contributions towards the MHMS have peaked in 2019, SIG contributions have remained at historical levels, despite budgetary proposals to increase SIG budget allocations to the EPI Team. This indicates significant concerns about the SIG's ability to reach PR-T-3, and has been communicated as a matter of concern to both the Ministry of Health Executive and Gavi Secretariat.

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⁸ INFUSE was launched by the Gavi Alliance to help bridge the gap between the supply and demand side for new technologies and innovations and to create a market place for these innovations.

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Significant Government wide considerations are involved in preparation from transition from Gavi funding, and are part of wider discussions around the SIG transition from broader donor funding. In July 31 2019, the MHMS executive circulated a memo noting that MHMS expenditure rate was at a low level that would not support increased funding due to poor programming across the Ministry. The Reproductive Child Health Department (in which the EPI team is placed) had a budget expenditure rate of 30% and 10% in 276 and 376 accounts respectively. Despite programming of Gavi resources was above these levels, Gavi funding is currently in the 476 account and not represented in this overall low-expenditure rate.

In 2020, the absorption of Gavi resources into the 376 account will be accurately reflected in broader departmental programming and potentially contribute towards higher expenditure utilization. With higher expenditure utilization, the MHMS can demonstrate evidence for increasing budget support needs. Other considerations include analysis of specific unit programming progress (i.e. EPI unit within the RCH department) which may demonstrate evidence of desirable budget expenditure despite lower departmental rates.

As explored in other sections of this document, the EPI team and partners continues to engage in planning and program support to ensure that program gains are achieved following Gavi's financial transition from the Solomon Islands. This planning is evident in the National AOP Planning Process, Technical Working Group Meetings, Family Health Committee Meetings, Development Partner Meetings and Annual TCA. Key areas of concern are financial support for service delivery; maintenance cold chain and ensuring that adequate human resources are functioning to sustain adequate EPI service delivery. MHMS' departmental proposal additional 2020 budget contribution towards recurrent National EPI costs were not granted in the 2020 budget. The Ministry of Finance announced that due to wider austerity measures in 2020, the EPI SIG recurrent budget (SBD 464,826 in 2019, including an approved SBD 366,000 to cover Gavi co-financing requirements) would be *reduced* to a tentative SBD 230,000 in 2020. *There are no planned budget reallocations in 2019.*

SI TCA continue to be coordinated through the Family Health Committee (meeting on a monthly basis) and Technical Working Groups (meeting on a weekly basis). These mechanisms have been used to review processes such as the Gavi GMRs, Transition Process Review and On-System administration. Where relevant, EPI Development Partners also discuss strategic issues during a monthly Development Partners meeting. Gavi support in the Solomon Islands plays a complimentary role through the engagement of extended Gavi partners, with an increasingly strategic role as Gavi considers, in 2020, to start channelling some of the funds through the SIG/MHMS Financial Management Information System (FMIS). *A key role of extended partners will be to support the MHMS in advocating for increased government budget allocations to the National EPI Team, also considering agreed Gavi Transition Plan Targets.*

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Private Sector and INFUSE⁹ partnerships

The MHMS EPI Team does not currently engage in any private sector of INFUSE partnership grants independently from Gavi support, nor do they feature in any current approved grants from Gavi. The Government of the SI is currently being approached by a number of private sector entities regarding innovation solutions in 2020. It has established a National Health Information Systems Committee to (amongst other things) oversee the development of Digital Health Strategy which will include detailed recommendations on areas of strengthening delivery of EPI activities. The EPI Team and partners encourage any private sector body to engage with the established MHMS processes and gain approval (i.e. National Health Information Systems Committee & MHMS Executive) to ensure that no parallel systems are established.

Civil Society Organisation (CSO) participation

In 2019, the MHMS administered Gavi grant support for CSO engagement through World Vision to work with smaller community groups to implement community activities for increased demand generation across remote communities of the four provinces of Malaita, Guadalcanal, Central and Makira.

The process to date has included:

- Preparation of the CSO grant document which was finalized and approved in May 2019
- RFP drafted and advertised in June/July 2019 to recruit prospective CSOs for demand generation activity
- Identified CSO working with MHMS and UNICEF in finalizing the program document

This partnership will build the MHMS capacity in engaging CSO and community groups in the future, and it will commence rollout in Q1 2020. This work involves the development of standards, guidelines and monitoring tools to strengthen partnership mechanisms/ protocols between government providers and CSOs/ Churches to support activities in high risk hard to access areas

5.2. Performance of vaccine support

HPV Vaccine Introduction

In 2019, SIG launched the HPV Vaccine across all ten provinces of the SISI. The introduction targeted a population of 45,486 girls aged 9-12 years across 10 provinces in a two-dose schedule. An analysis of the first-dose coverage of the introduced vaccine will be carried out with technical assistance from PATH in November 2019, prior to preparations for a second-dose campaign across all provinces and an associated Post-Introduction Evaluation scheduled for 2020.

89% of Gavi-supported operational costs were dedicated to microplanning related to the introduction of the HPV Vaccine. this significant portion was expected due to the education and planning related to new vaccine introduction requiring additional training, including for community health workers, education staff and teachers given the school-based nature of this program. Information was provided to all nurses in the provinces, with a total reach of over 260 clinic- catchment areas across 10 provinces.

Throughout the campaign, detailed microplanning was conducted and collated in order to reduce duplication of planning efforts and support future school-based campaigns, and including the routine immunizations to be carried out in 2020 and subsequent years. As planned, the data for HPV introduction will be tabulated and reported in December 2019. It is noted that the GPF reporting for 2019 will need to be updated retrospectively to account for this data when it is available.

(5.2 Performance of vaccine support continues on next page)

⁹ INFUSE was launched by the Gavi Alliance to help bridge the gap between the supply and demand side for new technologies and innovations and to create a market place for these innovations.

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HPV Vaccine Introduction (continued)

Ensuring adequate outreach and supervision remains a challenge, with the central EPI team driving many of these activities at all levels. Delineating Gavi-specific activities as they relate to the 2019 workplan has been a key challenge, resulting in delays in reporting to the Gavi Secretariat and difficulty for EPI staff to track activity progress.

Greater commitment, both in terms of programmatic, HR and financial resources, is needed at the provincial level and district level. An EPI communications strategy has now been developed with support from UNICEF and an implementation plan has been planned for rollout continuing into 2020. With technical assistance from PATH, the MHMS and partners are evaluating the national introduction through two items. The first is to review the data reported, tabulate and collate, and analyse and summarize HPV 1 uptake, and when available HPV 2 data. To do this, we are reviewing data reported in DHIS and working with health facilities, zonal EPI focal persons, provincial EPI coordinators, and provincial HIS officers to ensure all monthly summary sheets for dose 1 are reported. We are further working with the HIS manager and team at MHMS to ensure all data disaggregated by age are captured in the electronic data system of DHIS 2. This work will take place now through early 2020. We will repeat the review of data reported, tabulation, collation, and analysis for HPV 2 data, after dose 2 is implemented in late May 2020. Provided all provinces administer dose 2 at the same time, the MHMS EPI Team would hope to be able to complete dose 2 data review by end of August 2020.

The second is to evaluate the implementation of the national HPV rollout through a post-introduction evaluation. We are adapting the WHO methodology for HPV PIEs to the context of the Solomon Islands and recommend implementing this evaluation in February/March 2020 so that the findings can be reviewed and program adjustments can be made prior to the administration of dose 2, scheduled for late May 2020. PATH is currently providing TA to the MHMS, along with WHO, and UNICEF, and in 2019, will agree on the areas where we will conduct the HPV PIE as well as the different components of the implementation that will be evaluated. We hope to finalize the protocol, sampling frame, and data collection forms before the end of 2019.

Vaccine Wastage Assessment

The MHMS, with support from UNICEF, a vaccine wastage assessment was conducted in the third quarter of 2019 involving 22 selected health facilities across the different levels of the health service and from six provinces. Additional data were collected from NMS and from the EPI immunization monthly reports for 2017 and 2018. During the exercise, all 22 facilities were visited to observe wastage practices at the facilities. A report of this assessment is expected by the end of November 2019 and will be shared with the Gavi Secretariat once available.

The main challenge was missing data at the health facilities. To calculate wastage rates the quantity of vaccine issued to the facilities from NMS/ SLMS and the immunizations from the monthly reports to the EPI were employed. There was a wide variation in the average wastage rates at the SLMS. For example, BCG ranged from 27.1% to 98.1% in 2017 and from 32.6% to 90.0% in 2018. There were cases where the number immunized was more than the quantity issued buttressing the challenge with record keeping.

Wastage rate was driven mostly by doses that could not be accounted for (Missing inventory, further details to follow in next draft). Nearly all (90%) of the recorded wasted doses were opened vial doses not administered. Wastage among single dose vials were due mainly to damaged, and expired vaccines. For each vaccine in the EPI schedule besides HPV, at least two facilities had one or more vaccine stock out at the time of the visit. HPV was present in nine facilities. Expired vaccine doses were present in nine facilities ranging from 10 to 250 expired doses of a vaccine at the facility. No expired doses of Pentavalent or PCV were found. There is a need to improve the supply chain, the forecasting of vaccines and the recording of vaccine use in real time. A detailed report of the assessment is being prepared.

Implementation of the recommendations from the vaccine wastage report and reduction strategy that will be developed by end of 2019, will commence in 2020 with additional technical assistance to the NMS, EPI and MHMS. Some of the potential activities may include supply chain design and behaviour change communication (BCC) for health workers on better use and management of vaccine supplies.

(5.2 Performance of vaccine support continues on next page)

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MR SIA

In August and September 2019, intensive preparations including training and microplanning were conducted for the 2019 MR SIA. Additionally, social mobilization activities such as poster and leaflet development distribution as well as radio, church and megaphone announcements were done. In mid-October 2019, the Solomon Islands Government was launched Measles Rubella Vaccine Supplementary Immunization Activity (MR SIA) across all ten provinces of the Solomon Islands, targeting a population of 91,440 children aged 6months- 5 years & 11months. As of mid-November 2019, the campaign is on track and has achieved more than 90% coverage nationally. As planned, the SIA final data will be tabulated and reported in December 2019. It is noted that the GPF reporting for 2019 will need to be updated retrospectively to account for this data when it is available.

This campaign will run for 1 month, **with additional time dedicated to mop-up activities**. It was the result of 3 scheduled months' preparation and planning, with a training of trainers approach from National level, key microplanning support, budget support to provinces, social mobilization messages and materials developed and a monitoring and rapid coverage assessment period planned. Following the launch of the MR SIA Campaign, the MHMS continues to dispatch supervisory support missions to each of the 10 provinces according to detailed microplanning conducted with each respective provincial service.

Due to the decentralized nature of the SI provincial health clinic centres, it was noted that microplanning was associated with 69% of the MR SIA campaign costs. In order to maximize cost effectiveness and avoid duplication of efforts, the EPI team conducted microplanning using a standardized template that can be used periodically (for any facility based campaign activity) as well as drawing upon microplanning developed in the national HPV introduction.

Towards the close of the MR SIA campaign, Rapid Coverage monitoring visits are being conducted and identifying missed children in a number of zones which will provide information for areas requiring mop-up. The final coverage data for the MR SIA in 2019 will be tabulated from the provincial reports produced during the campaign. The final data will be reviewed for quality assurance amongst the EPI Technical Working Group. It is expected that further key lessons will be highlighted during this time, to be reported in the 2020 Joint Appraisal and/or relevant reporting schedule for the 2019 MR SIA. Discussions are ongoing to identify the most appropriate approach to finalizing the MR SIA monitoring assessment.

Planned Rotavirus Vaccine Introduction

In October 2018, the Gavi Secretariat informed the MHMS of supply disruptions are affecting the availability of two rotavirus vaccines supported by Gavi: Rotarix (GSK) and RotaTeq (Merck) and that as of August 2018, Rotarix supply is scarce and insufficient for new introductions. The MHMS informed Gavi that it would rather wait for the vaccine availability of these two products, rather than choose a different Rotavirus vaccine.

In May 2019, the Gavi Secretariat announced that Rotarix was once more available for new vaccine introductions, and could be made available to the SI as early as the fourth quarter of 2019. Recognizing that the SI had proposed to introduce the rotavirus vaccine in January 2019, and now that Rotarix is once again available, the MHMS confirmed that it would introduce the vaccine in the 1st quarter of 2020. Given the delay of the introduction of the Rotavirus Vaccine, the Transition from Gavi Funding has been rescheduled to 2023. As such, the SI Transition Plan will need to be revised to align end dates of activities with this new Transition deadline.

(5.2 Performance of vaccine support continues on next page)

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Technical Support and Staffing Changes

As noted in section 5.6 below, continued support of Core Partners (WHO, UNICEF and World Bank) will be invaluable in providing specialized technical support and capacity building, including in the areas of: effective EPI programme planning, implementation, monitoring and management to increase coverage and equity, vaccine specific support and financial management related to the Gavi Transition Plan in 2020.

Technical partners will provide the needed assistance with microplanning, training of health workers, vaccine procurement and distribution to clinics, and data management for an effective rota vaccine introduction in Q1 2020. As noted in the Section 3 above, the current ad-interim national position replaces a permanent national position holder, the National EPI Coordinator, who is currently on study leave and is scheduled to return by December 2019. Handover of roles and responsibilities has begun in conjunction with the Acting National EPI Coordinator (with support from GFA Program Management Expert) and will continue prior to the reassignment of the Acting National EPI Coordinator.

The GFA Program Management Expert position is due to expire on 31st March 2020. At this stage it is assumed that the National EPI Coordinator will continue overseeing the implementation of 2020 activities, including the management of EPI Human Resources and Planning in conjunction with the RCH Coordinator. This support has proven to be especially invaluable in supporting the EPI team and technical partners by providing complimentary support in preparation of Gavi administrative requirements and related documents (including Joint Appraisals; Grant Performance Framework and successful proposal development of HSS-Top-Up 2019). While the same level of program management support will not be needed from April 2020 due to the return of the EPI National Coordinator, intermittent capacity building will be invaluable and will could provide complimentary support in preparation of Gavi administrative requirements and related documents (including a Full Joint Appraisal in 2020) as noted in section 5.6 below

3. Performance of Gavi CCEOP support

5.3 Performance of Gavi CCEOP support (begins on next page)

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3. Performance of Gavi CCEOP support

Solomon Islands has already secured approval for the CCEOP early in 2018 and received the Gavi decision letter for the CCEOP in June 2018. The funds approval for the CCEOP is put at approximately USD1.38 million which will be funded by 50% Joint Investment from the Solomon Islands Government allocated in the Gavi HSS2 grant, while the remaining 50% comes from Gavi.

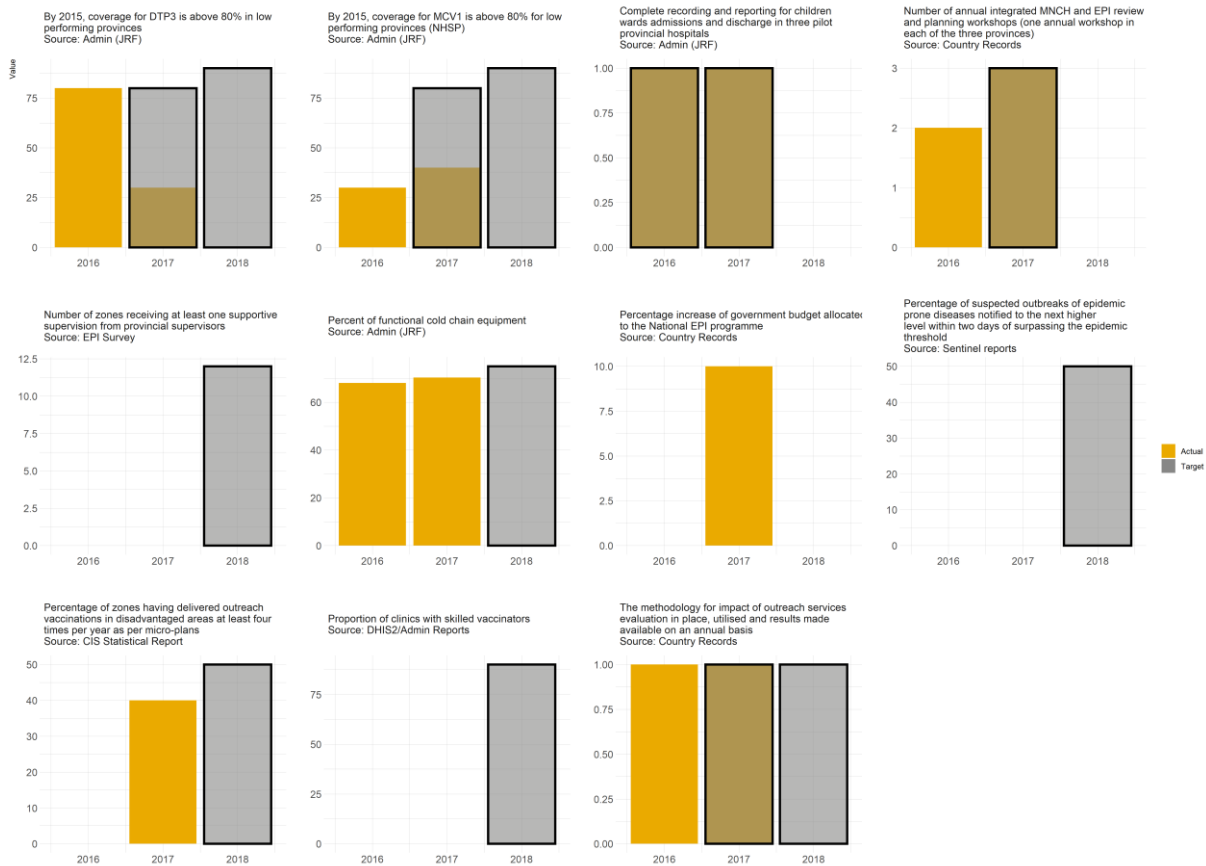
The current implementation of CCEOP has largely boost the functionality of cold chain in Solomon Islands. The already installed 155 of 160 SDD refrigerators have increased capacity by 45% across the country. The installed refrigerators have accompanying continuous temperature monitoring devices which help for real time temperature monitoring.

To ensure effective use of the newly introduced 30 DTR (CTMD) there is an ongoing training on EVM SOPs in three largest provinces, where health workers are trained on all EVM criteria and of most importance is the understanding of Fridge Tag, its mechanism of function, the reading and documentation. In addition, all health workers are trained on documentation and archiving of temperature charts following monthly remarks. This is to be kept for a period of three to five years. The new temperature charts have also been introduced in these provinces which allows for recording of daily maximum and minimum temperature, to keep track of temperature ranges vaccines are exposed to every 24 hours. A total of 124 frontline health workers are currently been trained across Malaita and Western Province.

The MHMS EPI Team has planned to escalate training to other provinces between end of 2019 and in 2020. Related plans also include the procurement of the CTMD (30DTR) for other health facilities where there are currently none. The Country is rolling out it planned National CCEI assessment from 25th November to 20th December 2019. This involves the physical assessment of all Immunization supply chain equipment available in all health facilities in the country. Following this assessment, the country shall have a more reliable data on functionality of cold chain equipment all over.

GPF OBJ-1: Improved availability, access and quality of immunization services, vaccine cold chain capacity, IMCI and MNCH.

(5.3 Performance of Gavi CCEOP support continues on next page)



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- *Performance on five mandatory CCEOP indicators and other related intermediate results – achievement against agreed targets as specified in the grant performance framework (GPF) with discussion on successes, challenges and solutions for reaching targets;*

1. **CCE Replacement/Rehabilitation in existing equipped sites:** Percentage of existing sites with (non)functional and/or obsolete non-PQS and PQS equipment to be replaced with platform-eligible ILR, SDD or long-term passive devices (including equipping sites with a larger equipment)

Successes: With the addition of 40 brand new SDDs into the system replacing existing broken down CCEs, this indicator is currently at 29.8%

Challenges: Most of the approved and procured 160 CCEOP equipment are prioritized for expansion to unequipped sites to extend immunization services to unreached communities.

Solutions: Funding available from the approved HSS top-up will be used to procure additional CCEs for replacement which will reduce the need for replacement to <10% of all cold chain equipment by end of 2020.

In general, the implementation of CCEOP have made available new CCE in 45% of all health facilities in Solomon Islands. This has close a large gap and ensure replacement in many existing locations. The complete implementation of CCEOP would leave up with a total of 35 Health facilities yet having PIS equipment and another 73 with no equipment. The aim of the top up is to facilitate the possibility of narrowing more gaps and ensuring improved equity (CCE Inventory Sheet, 2017)

2. **CCE Expansion in existing sites:** Percentage of existing sites being equipped with ADDITIONAL pieces of equipment for new vaccine introduction and/or to serve an increasing population.

Successes: No significant expansion at currently equipped sites happened during the reporting period due to the relatively sufficient cold chain capacity at those sites. The priority has been reaching the unreached population with services through installing cold chain equipment that will take potent vaccines closer to those populations.

Solutions: The HSS top-up will be used to expand in the existing sites in 2020.

3. **CCE Extension in unequipped existing and in new sites:** Percentage of previously unequipped sites (providing immunisation services or not, including existing sites without active devices) and new service sites being equipped with Platform eligible equipment

Successes: Majority of the CCEOP equipment were channelled to expansion in unequipped sites. About 77 SDDs were deployed to sites which had not cold chain equipment previously thereby raising this indicator to 83% as at October 2019. With more cold chain equipment to be installed by December 2019, this will increase the indicator to 90% or more.

Challenges: No major challenges here. There were few deviations about 4 experienced out of the 121 sites for the CCEOP, and that is being managed. Transpiration to remote sites and weather has been a factor slowing down the process, that is being managed as well. The local service agents and the Programme Management Team are doing a great job so far.

Solutions: Continue current spate of installation with further technical assistance being provided.

(5.3 Performance of Gavi CCEOP support continues on next page)

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4. **CCE maintenance** : Well-defined indicator proposed by country to reflect appropriate maintenance of equipment; for example percentage of equipped facilities with functioning cold chain,¹⁰ such as demonstrated by remote temperature monitoring; **and**

Successes: Cold chain officers across the 10 provinces and 18 second level medical stores have received training on cold chain maintenance, in addition to 4 national officers. Most of them are currently conducting routine cold chain maintenance in their respective provinces. At minimum, 50% of provincial officers have conducted some form of maintenance visits during the reporting period.

Challenges: Some of the cold chain officer have moved for training or other personal reasons. There are also accountability challenges in addition to funding flow issues at the provinces which affects flow of funds to facilitate supervision.

Solutions: improving accountability and technical guidance to the provinces should be provided on a continuous basis as this has effect on vaccine security.

5. **Freeze-free to non-freeze-free carrier ratio**: Ratio of freeze-free cold boxes/carriers to non-freeze-free cold boxes/carriers in-country

Challenges: Due to limited funding approved for the CCEOP, this was shelved for the procurement of solar direct drives TCW 40 SDD and TCW 15 SDD to reach 160 clinics by end of 2019.

Solutions: Freeze-free vaccine carriers will be procured using the secured additional HSS top-up funds.

- **Implementation status** (number of equipment installed / waiting installation, user feedback on preventive maintenance training, refrigerator performance, etc.), including any challenges / lessons learned;

As of October 2019, 117 solar direct drive cold chain equipment brands TCW40SDD and TCW15SDD out of a total of 160 have been installed by BMedical local service provider across 7 provinces. The remaining 43 CCEs will be installed by December 2019. The progress of installation and quality so far has been impressive.

Contribution of CCEOP to immunisation performance

Cold-chain gaps

Whilst the country is not planning any vaccine supply chain structured system design, plans are in place to strengthen the distribution system through capacity building and improved accountability. The Role Delineation Policy (RDP) seeks to define minimum service package and classification of health facilities including minimum equipment requirement. It should be highlighted however that the RDP emphasizes the need for immunization service delivery at each category of health facility maintaining the need to equip every facility.

The cold chain gaps have reduced significantly across provinces especially in Malaita province where 40 SDDs were installed across 50% of all clinics in the province. Western province also benefited with close to half of all clinics in the province receiving new cold chain installations during the reporting period. This should have huge impact on getting immunization services to remote communities and increase coverage. With the complete implementation of the CCEOP

(5.3 Performance of Gavi CCEOP support continues on next page)

¹⁰ **Indicator definition:** % CCE functioning = (# functioning CCE devices) / (total # of CCE devices designated for use). CCE devices considered for this indicator include all refrigerators, fixed passive storage devices, walk-in cold rooms and freezers designated for string vaccines. Both the numerator and denominator should be collected from the same geographical area / period in time and should not include decommissioned equipment. Functionality of CCE is broadly defined to mean that the device is operable at a particular point in time for storing vaccine.

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Changes in technical assistance in implementing CCEOP support.⁶

In July 2019, UNICEF procured the technical assistance of a Cold-Chain Expert to support the implementation of CCEOP support for a period of 9 months. This is in addition to the fulltime staffing support being provided on a routine basis. Further technical assistance will need to be maintained to sustain the momentum and guarantee vaccines and supplies security for the EPI program in preparation for full transitioning from Gavi support.

5.4 Financial management performance

An Annual Financial Audit, submitted to GAVI on the 30th of September 2019, consists of the signed Auditor's report and Management Letter. The Management Letter contains the auditor's observation, recommendations in some areas in accounting processes and management responses.

In 2019, GFA Consulting Group continued to provide the services of a Senior Financial Management Expert to continue reviewing all GAVI funds going into the EPI Unit. As noted in the 2018 JA update, before the implementation of the Financial Expert, Gavi Funds were not monitored and financial reconciliation didn't take place.

Since the implementation of relevant fund management tools, systematic measures were applied such as review, checking and monitoring of financial transactions. Internal control procedures were implemented to ensure consistency and completeness in all financial documents.

The Audit Report and Management Letter was submitted to Gavi on the 30th of September 2019, three months after the requested Gavi deadline. The reasons of untimely submissions of the reports were primarily due to delay in the procurement process and commencement of the audit engagement. Secondly, is the accuracy of the audit verification performed was not clearly stated in the draft management letter which has to be revised several times.

The EPI Finance Officer with support from the TA continues to review the requirements and processes to identify areas that may require improvement and refinement. The correct allocation and reconciliation of Gavi Funds under GFA management goes back to January 2018.

A local Financial Officer SSA position remains in the EPI Unit, working together with the GFA consultant and relevant MHMS and development partner colleagues on the Financial and Fund Management and assuring the compliance of the financial procedures within the EPI Unit

The 2019 utilization rates, as of 30/09/19 are:

- HSS2: 59% utilisation. The Balance is USD 372,871.98 (excluding direct payment to UNICEF)
- VIG MR2 65% utilisation. The Balance is USD 18,783.23
- MR SIA Campaign: 29% utilisation. The Balance is USD 49,335.94
- PBF: 70% utilisation. The balance is USD 864.36 (excluding a direct payment)
- OPC-HPV: 89% utilisation. The Balance is USD 10,532.45
- HPV: 100% utilisation. The balance is 0 (fully utilized)
- The closure and Audit of the fiscal year 2018 took place in June 2019.

In 2018 the PBF allocation was utilized to procure two (2) laptops for the EPI Manager and National Cold Chain Coordinator. The laptop assigned to the EPI Manager is used during the site visits to the provinces, trainings and reporting. The National Cold Chain Coordinator uses the laptop in the medical store, trainings, and CCEOP final assessments in the northern and western region of Malaita province.

The 2019 PBF allocation for PBF was utilized to procure a laptop to replace a damaged laptop two (2) laptops for the RMNACH Director, EPI Manager and National Cold Chain Coordinator. The unit cost of laptop (the HP ProBook 450GB -13.3" – 17 core with laptop case, USB mouse, Besta 4-way power) assigned to EPI Manager is SBD 15,780.00. The equipment was allocated to support the EPI/Child Health program used during the site visits to the provinces, trainings and reporting. The National Cold Chain Coordinator uses the laptop in the medical store, trainings, and CCEOP final assessment in the northern and western region of Malaita province.

5.4 Financial Management Performance (continues on next page)

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The next project phase includes the finalization of the assessment of the financial procedures in all 10 provinces as well as the implementation of trainings and manuals to support the financial management staff. The EPI Financial Officer, continues to lead this process together with support from the GFA Senior Financial Management Expert.

The GAVI grant contributions being non-appropriated operates outside the SIG Public Financial Management system in the 476NA ledger (off system). All GAVI operating funds are maintained in a separate bank account at ANZ bank fully managed by the EPI Finance Unit.

A Financial Management letter was developed and submitted to Gavi on the 30th of September. In response to the qualified opinion to the Financial Statements reported by the auditor, the management agreed to the auditor's recommendation to comply with the terms and conditions under the funding agreement.

The Financial Management letter had five action points listed below:

1. Compliance with funding agreement

In relation to the requirements of the Aide – Memoire Agreement signed on 24 June 2013, the project management should be in compliance to the terms and conditions under the funding agreement. The management needs to ensure that appropriate supporting documentation is always attached with the payment voucher. A recommendation to prepare a specific checklist for all GAVI payments that need to be complied with and incorporated into each payment voucher.

2. Compliance with regulatory requirements

Under the Partnership Framework Agreement signed on 29 April 2013 section 15 on taxes GAVI funds shall not be used to pay any taxes, customs, duties, toll or other charges imposed on importation of vaccines and related supplies. The failure to withhold could impose Project to penalties that might be imposed by the Inland Revenue Division.

It is recommended that the management consider requesting clarification from the Commissioner of Inland Revenue as to whether the Project is not required to withhold tax from payments made to suppliers for services and materials that are subject to tax. Management needs to ensure whether the payment is subject to withholding tax is included in the payment review and approval process. This is to ensure that the tax is properly withheld and remitted to the Inland Revenue by the 15th of the following month.

3. Retirement of project funds

To address the issue on open advances, the advance monitoring system to imprest management was developed and in place to ensure funds transferred to provinces were fully retired and reviewed before new funds are provided. Financial Reports include monthly advance monitoring report prepared and managed by the EPI Finance Officer. In compliance to the imprest management guidelines no further payments should be made to the provinces until the previous funds were fully retired. Recipients of funds need to ensure that all funds received are fully retired with supporting documentation to substantiate the costs incurred and unspent funds returned to the Program bank account. Regular follow up should be made to the imprest holders of imprests, which have not been retired within the timeline required according to the MHMS guidelines

4. Fixed Asset Register

Asset management guidelines is not completely developed in 2018. Asset details such as location, serial numbers and other information were lacking in the asset register. As recommendation for improvement the details of assets procured need to be included/updated in the Fixed Asset Register. Further details such as location and other information need to be incorporated in the report. A regular physical inventory verification is a challenging exercise, as part of management action, any staff attending sites where assets are located will be asked to verify the presence and status of the assets.

5. Financial Statements

The Implementing Entity are required to submit the Financial Statements and additional information needed for each source of funding. It was agreed that the submission of the balance sheet is not necessary and will be taken in the TOR of 2019 audit.

5.4 Financial Management Performance (continues on next page)

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5.4 Financial Management Performance (Continued)

It is still important that GAVI requires the country to follow their financial processes. Although, GAVI has adopted a cash-based approach to accounting it is still required to manage a register for advances and commitments, which are expected to be seen on a balance sheet from accrual based accounting, in addition, an asset register is a mandatory requirement.

The audit process began on the 8th of May 2019 when the Gavi Audit TOR was submitted to the Procurement Unit for screening and endorsement through the Ministerial Tender Board. This process was only for amounts ranging from 50,000 and above and it usually takes a week or two for approval. After the screening process procurement puts out a Tender bid for auditing firms (internal) on media such as Island Sun paper and Solomon Star advertisement for a period of 2 weeks the maximum.

During these two weeks the procurement prepares the contract for consultant services and MHMS make provisions that the winning bidder and PS MHMS will have to sign. And both did sign the contract on 21st of June 2019. Afterwards, both the Consultant Services Contract and the TOR supporting documents will be forwarded back to the EPI Finance Officer to raise the purchase requisition for facilitating of payments.

Therefore, the commencement of the audit begins on the 21st June 2019 and continuing through 11th July 2019 or any period as may be subsequently agreed by partners in writing. Finally, the long endorsement processes have been noted as a major setback for the delivery of all the necessary reports and documents on a timelier basis.

5.5 Transition plan monitoring

Implementation progress of planned activities

The Transition Plan process continued to be led by the MHMS in 2019, with support from all development partners. In April 2019, the MHMS presented an overview presentation of its Transition Plan monitoring to the MHMS Executive, Gavi Secretariat, WHO Country Office, UNICEF Country Office, DFAT and World Bank colleagues. It noted the implementation of the RDP in the SI as a key opportunity for revised service delivery planning within the MHMS.

The new MHMS Permanent Secretary (PS) was briefed on the Transition Plan and its development in a comprehensive approach drawing upon the contributions of all Gavi alliance in-country partners as well as the Gavi Secretariat. These included bilateral meetings, presentations to the MHMS Executive and updates from discussions at the Development Partners Meeting (including DFAT and other development partners) and Family Health Committee Meetings throughout 2019. The PS has been supportive of the ongoing efforts towards the Transition Plan, and has encouraged the EPI Team and partners to consider the strengthening of the broader MHMS, and where possible, explore opportunities for integration; reduction of vertical planning and encouraging departmental expenditure. As noted above, the success of the Transition Plan will be related to the MHMS's overall ability to improve planning and programming across the Ministry.

The Family Health Committee has been briefed by the RCH Director and EPI National Coordinator with standing updates on the Gavi Transition Plan process throughout multiple meetings in the year. The Chair of the Family Health Committee (Under Secretary for Health Improvement) and partners have been part of evaluating progress towards the Transition Activities. The Family Committee evaluated a number of options regarding the level and detail of services matched to varying levels of financial commitment towards recurrent SIG contributions to the EPI program.

As noted in previous sections, despite the National EPI Program preparing and submitting a (National) AOP equal to 30% increase towards recurrent budget in 2020, the SIG recurrent national budget was not increased as part of the 2020 SIG budget review. The EPI program is working with provinces to advocate for the necessary increases in support to ensure that EPI programs function well.

In anticipation of reduced EPI funding 2020; the MHMS is prioritizing funding core activities outlines in the 2020 AOP; identifying early any unspent National activity funds which could be reprogrammed and integration of EPI service delivery including supervisory support activities and health promotion. In 2019, the MHMS PS has encouraged the generation of MHMS EPI positions in which EPI SSAs could be absorbed. the MHMS PS encourages SSA support as the MHMS transitions towards established national positions.

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5.5 Transition Plan Monitoring (continues on next page)

Implementation progress of planned activities (continued)

In 2019, the MHMS EPI Team revised its Annual Operating Plan in line with the Gavi Transition Plan 2016-2021, supported by program management, financial and technical support. Specifically, it distinguished planned EPI activities into three key areas: Capital investments, recurrent costs, personnel costs. Consequently, the EPI team provided three funding scenarios for consideration of the Family Health Committee's consideration, with the agreement that in 2020, the EPI team could best align support the Gavi Transition process by proposing an increase of 30% in SIG Contributions to the EPI Annual Operating Plan (AOP) Recurrent Costs in 2020.

The EPI Team developed a national AOP which assumed an increase of approximately 30% additional SIG contributions to the identified areas of recurrent EPI activities in June 2019. The AOP was reviewed by the SI EPI Technical Working Group in June 2019 and submitted to the MHMS Executive and Ministry of Finance in July 2019, as part of the larger MHMS AOP. Advocacy within the provincial AOP process will seek the 30% increase to be reflected in provincial budgets. The transition would enable progressively SIG contributions to cover recurrent and personnel costs with HHS grant support for capital costs.

A Strategic Framework to guide the short medium and longer term implementation of the RDP is in development and expected to be reviewed by RDP Committee in Dec 2019.

As part of supporting the advancement of RDP following an extensive consultation process a policy for the revision of health administration laws in the country, which is intended to strengthen health system governance arrangements at a national and provincial level. Essential equipment for different levels of health facilities has been identified and a costing exercise undertaken to inform MHMS planning.

Technical support was provided throughout the period to MHMS to strengthen the Health Information System, specifically the DHIS2 platform. This included internal planning of DHIS2 tasks and technical improvements, to improve data collection for the Expanded Program of Immunization (EPI). Civil Registration and Vital Statistics (CRVS) mechanisms and have been strengthened through a MoU between MHMS and Ministry of Home Affairs which will improve the reliability of foundational data for service planning and monitoring.

A National Health Management Information Systems Committee (HMISC) has been established with executive and clinical leadership from MHMS and cross govt membership, to provide governance oversight and assist the MHMS in achieving its goal to produce valid, reliable, relevant, timely and accurate health information which is available for health system stakeholders to use for making transparent and evidence-based decisions. A major initiative planned in 2020 is the development of a Digital Health Strategy for the country. The Committee will oversee the development of the Strategy and ensure it takes into account the different areas of the country's healthcare system – national, provincial, facilities, hospitals, private sector – and involves all relevant stakeholders in the development process. Once created, the committee will oversee the strategy's implementation.

Implementation bottlenecks and corrective actions:

The 2019 Transition Plan includes a set of 47 individual activities across more than 12 implementing parties. Some of these activities are part of individual TCA agreements; some from HSS/VIG and OPM grant activities, and some from PEF Extended funding sources. As such, the transition plan activities are by nature more complicated to report on due to mixed-sources of narrative and financial reporting; some of it double-reported.

In 2020, it is suggested that the Transition Plan would be more encouraging of ownership and fitting with it being the MHMS transition plan. MHMS reporting mechanism will also be more sustainable beyond DP TAs. This could also involve integrated into existing reporting processes (i.e. online portal processes). The Transition Plan has relevant MHMS and development personnel support tasked with furthering integration of furthering key activities within the transition plan.

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5.5 Transition Plan Monitoring (continues on next page)

Implementation progress of planned activities (continued)

Adherence to deadlines

As noted in Section 5.2, the Transition from Gavi Funding is likely to be rescheduled to the end of 2022, pending the introduction of the Rotavirus Vaccine Introduction in 2020, and 4 years of co-financing before achieving full self-financing in January 2023. As such, the SI Transition Plan may need to be revised to align end dates of activities with this new Transition deadline. The country notes that a TCA plan will not be financed in 2023 as part of this arrangement discussed with the MHMS and partners.

5.6 Technical Assistance (TA)

WHO and UNICEF, as well as PATH and GFA Consulting Group are extended partners, and provide TCA to the SI through Gavi funding. Also under the 2019 TCA Agreement, the World Bank began providing targeted support to build capacity for planning, budgeting, execution and oversight that will assist MHMS to implement more effective vaccination programs that deliver the results expected.

Continued support from Core Technical Partners in 2020 will provide the MHMS with valuable technical assistance to improve coverage and equity in reaching under-immunised and unimmunised children in the Solomon Islands. The MHMS developed this 2019 Joint Appraisal Update in discussion with Gavi's in-country partners through the Solomon Islands Family Health Committee. Key areas of progress and those requiring continued and/or additional support were highlighted. The MHMS consulted with all Gavi's in-country partners and discussed ways in which technical assistance could be provided in 2020 to compliment the work of the MHMS moving forward. On the basis of the reporting against milestones, the progress of partners in delivering technical assistance is detailed below.

UNICEF

UNICEF employs an EPI Specialist to provide continuous, dedicated support to the EPI team in MHMS. This support has proven to be invaluable to routine activities such as micro-planning and vaccine management capacity building, the development and implementation of the communications plan. UNICEF continues to work with the MHMS and NMS in procuring and distributing vaccines, thereby ensuring vaccine availability and security for the SISI. Capacity building in vaccines forecasting, stock and inventory management continues through UNICEF support to the MHMS. The preparation of the Gavi proposals in CCEOP, Rotavirus Vaccine, HPV, HSS2 were all supported by UNICEF dedicated support to the MHMS. UNICEF continues to support the MHMS with cold chain inventory updates, and implementation of the recommendations from the EVM. UNICEF has reported that activities are on track in their recent PEF reporting. In addition, UNICEF has employed an additional consultant to support Social Mobilization as well as an additional consultant to support Cold-Chain Support.

World Health Organization (WHO)

WHO provides support on demand, and through the general engagement of in-country and Fiji and Manila-based teams. WHO Solomon Islands team in 2019 supports 50% of an EPI technical officer role provides the overarching HSS capacity to the MHMS executive team and Provincial Directors and management in supported the restructure of service delivery platform in alignment with the Role Delineation Policy. Linkages made with the MHSM broader reforms, and focus on strengthening integrated service delivery. Identification of governance mechanisms to improve fiscal allocations to the health sector. (P4). The EPI technical officer aligns support to Transition Plan activities where WHO is the supportive agent, including effective EPI programme planning, implementation, monitoring and management aimed to increase coverage and equity, including supplemental immunization activities and introduction of new vaccines. They also support the improvement of quality surveillance and response activities and monitoring and supervision activities, whilst providing linkages between the EPI programme and broader RMNCAH services for mutual benefit.

The WHO, with Gavi funding, also hosts a health systems coordinator position (P5). The health systems role provides the overarching HSS capacity support to the MHMS executive team and Provincial Directors and management in supported the restructure of service delivery platform in alignment with the Role Delineation Policy. Linkages made with the MHSM broader reforms, and focus on strengthening integrated service delivery. Identification of governance mechanisms to improve fiscal allocations to the health sector.

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5.6 Technical Assistance (continues on next page)

5.6 Technical Assistance (continued)

The EPI technical officer aligns support to Transition Plan activities where WHO is the supportive agent, including effective EPI programme planning, implementation, monitoring and management aimed to increase coverage and equity, including supplemental immunization activities and introduction of new vaccines. They also support the improvement of quality surveillance and response activities and monitoring and supervision activities, whilst providing linkages between the EPI programme and broader RMNCAH services for mutual benefit.

The recent new vaccine introductions, EVM, DQA, and ongoing policy level reforms have benefitted from considerable support from WHO in SI2018/2019. WHO has completed their PEF reporting for SI. In 2019, Gavi continued to provide financial management support through GFA Consulting Group, embedded within the EPI Team. 2019, GFA Consulting Group continued to provide the services of a Senior Financial Management Expert to continue reviewing all GAVI funds going into the EPI Unit.

World Bank

The World Bank has a team consisting of a local consultant based full time in Honiara, and international specialists which frequently join in Honiara and support remotely. A full staff international health economist will be based in Honiara starting early 2020. As part of its support to MHMS' 2019 planning and budgeting process, the team completed a Budget and Expenditure Trend Analysis for each of the national programs (including RMNCAH under which sits the EPI Unit) and a Medium Term Expenditure Pressures note to help MHMS identify spending pressures (including Gavi co-financing and transition arrangements) and opportunities for more effective use of resources.

GFA Consulting Group

In 2020, additional program support was provided by GFA Consulting Group through Gavi for additional support to the EPI team, including transition to a new National EPI Coordinator. Embedded support provided by a Key Program Management Expert included additional support to the EPI team and partners to annual EPI work plan development and monitoring and Programme implementation at central and decentralised level. This program support also complimented the work of UNICEF, WHO and World Bank core partners by providing the national EPI team with administrative support in the monitoring and development of national AOP management.

This support has proven to be especially invaluable in supporting the EPI team and technical partners by providing complimentary support in preparation of Gavi administrative requirements and related documents (including Joint Appraisals; Grant Performance Framework and successful proposal development of HSS-Top-Up 2019). Program Management support has provided a key role in backstopping administrative requirements and management activities of the National EPI Coordinator. The role has reported that activities are on track in GFA's recent PEF reporting.

This role will be key in supporting the handover of position between the current and incoming National EPI Coordinator in late December/ early January 2020. Given the level of planned activities in 2020, the MHMS EPI Team expects that further program support embedded in the EPI team will need to be required. As noted in Section 5.4 above, in 2019, Gavi provided financial management support through GFA Consulting Group, embedded within the EPI Team.

PATH

Throughout 2019, PATH also provided remote and in-country technical assistance services to support the organization and implementation of the introduction of the HPV Vaccine, with regular inputs from other technical advisors in relevant fields of program management, surveillance, social mobilization and RMNCH. PATH supported the Health Promotion team to development a social mobilization, communication, and crisis communication plan that could be implemented within the funding available. PATH coordinated with UNICEF, WHO, and EPI to ensure the plan was vetted for accuracy, relevance, and feasibility prior to implementation. PATH led development of the national training plan and materials for HPV vaccine introduction and conducted the national TOT. Training materials, including laminated job aids, were made available to all trainers to use when conducting the cascade trainings in the provinces. Provincial level trainings were conducted by the national team and included relevant health workers and teachers.

5.6 Technical Assistance (continues on next page)

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5.6 Technical Assistance (continued)

Strategic Approaches to SI TCA continues to be coordinated through the Family Health Committee (meeting on a monthly basis) and Technical Working Groups (meeting on a weekly basis). These mechanisms have been used to review processes such as the Gavi GMRs, Transition Process Review and On-System administration. Where relevant, EPI Development Partners also discuss strategic issues during a monthly Development Partners meeting.

Turnover in WHO SSA roles and other partner staff will need to be coordinated to ensure the retention of institutional knowledge, fluency of programming during departure/ on-boarding of staff and the mitigation of risk associated with continuity in HR planning. These areas also relate to the governance and leadership component of the Transition plan). Relevant strategies should be discussed at the ICC Meeting and weekly EPI team meetings, where appropriate.

6. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Provide the status of the prioritised strategic actions identified in the previous Joint Appraisal¹¹ and any additional significant Independent Review Committee (IRC) or High Level Review Panel (HLRP) recommendations (if applicable).

Prioritised actions from previous Joint Appraisal	Current status
1. New Vaccine introductions in 2019	HPV Vaccine introduced in May 2019. MR SIA currently being introduced. Relevant Post-Introduction Evaluations being scheduled for 2020. Rotavirus Vaccine rescheduled for introduction in Q1 2020.
2. Completion of CCEOP application and relevant implementation	CCEOP decision letter received, UNICEF Supply Division has contracted BMedical. Currently all 160 SDD cold chain equipment have been received in-country with 147 already distributed to site and 117 installed as at end of October 2019. HSS2 additional fund request completed, full implementation on schedule for completion in December 2019 and Q1 2020. Additional cold chain equipment will be procured with the HSS top-up funds.
3. Implementation of EPI Communication Strategy	EPI Communication Strategy being implemented as part of MHMS Health Promotion Strategy; HSS2 and Vaccine Introduction Integration and with support from UNICEF Technical Assistance. Current implementation of building domestic CSO support across MHMS Health Promotion Teams. Contracting of local CSO to provide community engagement activities for immunization demand generation across 4 provinces in process. Following the successful identification of this CSO, rollout has been planned for January 2020.
4. Strengthened EPI workplanning and financial management, including of current Gavi HSS2 and MR2 grants	EPI Workplan and Financial Management strengthened with 2019 AOP Planning and implementation with support from TCA (GFA, WHO, World Bank and UNICEF). HSS2 and MR2 Grants integrated in 2019 and 2020 AOP work planning and financial planning.
5. Development of medium-term RCH integration strategy	Medium term RCH integration strategy discussed with MHMS Executive. Integration strategy across MHMS currently being discussed as part of the RDP Process.

¹¹ Refer to the section "Prioritised Country Needs" in last year's Joint Appraisal report

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Additional significant recommendations (if applicable)	IRC / HLRP	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 7 below).

Strengthened financial management (4) will benefit from Gavi financial arrangements to be partly administered in 2020 through MHMS/SIG Processes as part of 'on-system' discussion outlined in Section 5.4.

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

Implementation of 2020 AOP

MHMS RCH Director has requested for Gavi, in 2020, to start channelling some of the funds through the SIG/MHMS Financial Management Information System (FMIS), particularly the operating funds used for activity/service implementation at the provincial level- for 4 priority provinces in 2020 (Guadalcanal, Choiseul; Central Islands and Renbel); additional provinces in 2021 and 2022.

The MHMS PS and partners (World Bank, DFAT, UNICEF and WHO), have reviewed various options to progress this, The four first provinces, Central Islands, Guadalcanal, Choiseul and Renbel were selected based on their diversity of ease of accessibility and quality of financial management based on assessments carried out by the EPI team in 2019. Gavi would then channel funding through MHMS FMIS system for more provinces in 2021 and in 2022.

The goal is that Gavi grant contributions to the province will fully flow through MHMS FMIS (be 'on system') by 2023. Some of the grant money will still be managed 'off-system' through the separate Gavi ANZ bank account (for example for direct procurement, TA, transfers to other organizations, etc.).

There are two options to transfer funds to MHMS/provinces 'on-system: 1) funds could be transferred directly from Gavi to the MHMS BSP account; or 2) Gavi could continue to transfer all funds to the Gavi ANZ account, and funds to go on-system would then be transferred from there to the MHMS BSP account. This will have to be discussed and agreed with MHMS and Gavi in coming months.

This sequenced approach will allow MHMS and the EPI program the opportunity to track improvements and challenges both at the national and provincial levels, and thoroughly support each province as they transition to receiving Gavi funds on-system (e.g. support adjusting AOP&Bs accordingly).

As noted in section 5.6, continued of support of Core Partners (WHO, UNICEF and World Bank) will be invaluable in providing specialized technical support and capacity building, including in the areas of: effective EPI programme planning, implementation, monitoring and management to increase coverage and equity, vaccine specific support and financial management related to the delivery of the 2020 AOP and Gavi Transition Plan in 2020.

Rotavirus Vaccine Introduction

Introduction activities for the launching of Rotavirus Vaccine will begin in Q4 2019. The actual vaccine will be introduced in Q1 2020. No modifications to Gavi support have been highlighted. The MHMS noted the global shortage of Rotavirus Vaccine in 2018, and therefore consulted with the Gavi Secretariat and rescheduled the introduction from 2019 to 2020.

The MHMS notes that the rescheduling of the introduction of this VIG will impact the timeline of the Gavi Transition Plan, which is now due to conclude in Q4 of 2022 (rather than 2021). Consultant support may be needed to assist with the 2020 Rotavirus Introduction planning and implementation.

Finance *and* technical support will likely be necessary to provide capacity building for staff to address this area and ensure adequate coordination and delivery of the Rotavirus Vaccine Introduction. Additional technical inputs will be required from technical agencies (e.g. WHO regional office) which may have expertise in the area of rotavirus introductions.

7. Action Plan (continues on next page)

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7. Action Plan (continued)

HPV and MR SIA Post-Introduction Evaluation

Following the introduction of the HPV Vaccine and MR SIA Campaign in 2019, the MHMS has planned HPV and MR SIA Post-Introduction Evaluation in 2020. In 2019, MHMS has begun exploring a HPV Dose 1 In-Country Analysis with PATH (through Gavi TCA Support) to begin arranging a HPV Post Introduction Evaluation following a 2nd dose campaign in 2020.

Another alternative being considered by the MHMS is to conduct this analysis after dose 2 to understand the full implementation of dose 1 and dose 2. The Technical Working Group will decide on this in 2020. An MR SIA review will also take place during this time in order to improve data methods, collection and analysis where possible.

Additional technical inputs will be required from technical agencies (e.g. WHO regional office) which may have expertise in the area of HPV PIEs.

Demand Generation for EPI through CSO engagement

Rolling out the CSO engagement program across the four provinces of Malaita, Guadalcanal, Central and Makira increase community ownership and participation, demand for services. Continued implementation of the national EPI communication strategy with trainings to roll out and implement advocacy and demand generation activities in low performing areas as well as hard to reach places.

Demand generation activities for rotavirus introduction and behaviour change communication for effective vaccine management practices.

Immunization Supply Chain Activities including CCEOP

These will include;

1. Conduct comprehensive cold chain assessment across all clinics of Solomon Islands. Note: Due to the large scale of changes related to Cold Chain, a new baseline is required.
2. Vaccine wastage management mapping
3. Repair/procurement of incinerators
4. Procurement and installation of additional SDD cold chain equipment from the HSS2 top-up funds, and completion of CCEOP installations and commissioning
5. Implementation of the recommendations from the vaccine wastage report and reduction strategy that will be developed by end of 2019, will commence in 2020 with additional technical assistance to the NMS, EPI and MHMS. Some of the potential activities may include supply chain design and behaviour change communication (BCC) for health workers on better use and management of vaccine supplies.

In addition to the fulltime staffing support being provided by MHMS staff and in-country Technical Assistance, further capacity building will need to be maintained to sustain the momentum and guarantee vaccines and supplies security for the EPI program in preparation for full transitioning from Gavi support.

Implementation of vaccine wastage reduction Strategy

Implementation of the recommendations from the vaccine wastage report and reduction strategy that will be developed by end of 2019, will commence in 2020 with additional technical assistance to the NMS, EPI and MHMS. Some of the potential activities may include supply chain design and behaviour change communication (BCC) for health workers on better use and management of vaccine supplies.

In addition to the fulltime staffing support being provided by MHMS staff and in-country Technical Assistance, further capacity building will be needed for vaccine wastage and immunization supply chain activities including to:

- a) Explore development of vaccine waste management plan for 2 provinces and conduct training for health workers on effective immunization and other health waste handling and management.
- b) Completion of the CCEOP process and follow up on effective commissioning/maintenance
- c) Facilitate the conduct of post-installation inspection (PII) for CCEOP installed equipment
- d) Assist the MHMS to conduct and finalize a comprehensive cold chain inventory assessment reflecting the newly installed cold chain equipment, and develop a rehabilitation plan
- e) Provide technical assistance in implementing action points from the vaccine wastage reduction strategy

7. Action Plan (continues on next page)

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7. Action Plan (continued)

EPI Review

The MHMS is currently in discussion with WHO WPRO and other development partners to schedule an EPI Review in 2020, following the conclusion of the introduction of the Rotavirus Vaccine.

As noted in previous sections, and where possible, planning for the EPI review will take place within the context of other related reviews. These include: HPV PIE (Q1 2020) and potentially a Rotavirus Introduction PIE (date TBD). These other related reviews will contribute towards the content of the EPI review.

Given the scope of human resources required to plan and coordinate an international EPI review, Additional capacity building support will be required to compliment MHMS and in-country technical assistance with program management and documentation of review itself. Additional technical inputs will be required from technical agencies (e.g. WHO regional office) which may have expertise in areas related to various sections of EPI Review.

Note: The last SI international EPI review was conducted in 2012, though multiple in-depth programmatic reviews have been conducted since then (including 2017 Program Capacity Assessment).

MHMS Request Additional HSS2 Support

In October 2019, MHMS applied for additional HSS2 support under the Gavi Fragility, Emergencies, and Refugees Policy. Following initial feedback from the Gavi Secretariat, the MHMS is required to resubmit additional clarifications on this application by early 2020, for review by the Gavi IRC..

The proposal includes scaling up of domestic digital health interventions for EPI to improve service coverage and scaling up domestic social mobilization for increased EPI service coverage and equity.

National EPI Coordinator

In late 2019, the National EPI Coordinator is scheduled to return from study leave. Handover of roles and responsibilities has begun in conjunction with the Acting National EPI Coordinator (with support from GFA Program Management Expert) and will continue prior to the reassignment of the Acting National EPI Coordinator. The National EPI Coordinator will oversee the implementation of 2020 activities, including the management of EPI Human Resources and Planning in conjunction with the RCH Coordinator.

Program Management support has provided a key role in backstopping administrative requirements and management activities of the National EPI Coordinator. This role will be key in supporting the handover of position between the current and incoming National EPI Coordinator in late December/ early January 2020. Given the level of planned activities in 2020, the MHMS EPI Team expects that further program support embedded in the EPI team will need to be required. Continued In-country support will also likely be needed, to provide planning and administrative capacity building as the Solomon Islands Gavi modality transitions to 'on-system' in 2020.

As noted above, while the same level of program management support will not be needed from April 2020 due to the return of the EPI National Coordinator, intermittent capacity building will be invaluable and will could provide complimentary support in preparation of Gavi administrative requirements and related documents (including a Full Joint Appraisal in 2020) as noted in section 5.6.

Integration Planning

The EPI Team recognizes that structured programming policy and human resources procedures are involved as part of a wider ministry- wide policy, the MHMS RDP & NHSP between 2016-2020. As such, it will continue to engage with both processes through its Family Health Committee and engagement with the MHMS Executive in 2019 to ensure that strategic policy change (including integration, capacity building and accounting measures) contributes towards the long-term objectives of broader EPI activities and their delivery, including beyond Gavi support.

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This table draws from the previous JA sections, summarizing key findings and agreed actions, as well as indicating required resources and support, such as associated needs for technical assistance¹².

Key finding / Action 1	Engage in National Co-Financing Discussion as part of transition from Gavi Support
Current response	MHMS RCH Director has requested that a portion of the Gavi funds to go 'on-system' in 2020- for 4 priority provinces in 2020 (Guadalcanal, Choiseul; Central Islands and Renbel); additional provinces in 2021 and 2022. MHMS PS and partners have provided advice on which provinces were selected based on feasibility in 2020.
Agreed country actions	Gavi grants to the provinces administered 'on--system' in 4 provinces (Guadalcanal, Central, Choiseul & Renbel) in 2020
Expected outputs / results	<p>Portion of Gavi Finances to go on system in 2020, with overall goal of Gavi Finances targeted for operational expenses in the provinces be provided fully on-system by 2023.</p> <p>A portion of the Gavi grant (for direct procurement, TA, transfers to other organizations, etc.) will remain off-system. However, both on and off-system contributions should be fully reflected in national and provincial AOP&Bs.</p> <p>Improving quality of AOP&B both at national and provincial levels (including supporting the AOP&Bs with the gradual transition of Gavi on-system). Building capacity to shape stronger links between national and provincial AOP&B and supporting provincial divisions to get resources to lower level facilities.</p>
Associated timeline	Provincial and EPI AOP&Bs revised in selected 4 provinces in November 2019, and funds will be brought onto system in 2020 in the DP recurrent budget (ledger 376). Gavi Secretariat to provide advice on banking arrangements of GAVI funding disbursements from 2020. MHMS and GAVI to formally agree the banking arrangement of GAVI funds from 2020.
Required resources / support and TA	Continued in-country support will likely be needed, especially with the transition to 'on-system'. Provide TA and analytical assistance to update the Medium Term Expenditure Pressures Note. This will include supporting MHMS have a clearer picture of resource allocation and use across MHMS and the Provincial Divisions, including for the immunization program, to help support MHMS manage health financing pressures (including from Gavi transition) and inform annual AOP&Bs
Key finding / Action 2	Conduct International EPI Review
Current response	Planning of HIS Strengthening for EPI in 2020. Last International EPI Review Conducted in 2012.
Agreed country actions	Provide support in the organization and logistics related to conducting an EPI review
Expected outputs / results	Conduct International EPI Review, including a focus on Coverage/ Clusters and Equity Strengthen development of a new Solomon Islands Comprehensive Multi Year Plan (cMYP)
Associated timeline	To be conducted in 2020, utilizing analysis conducted by EPI team and partners between 2017-2019
Required resources / support and TA	Consultant will be required program management and documentation of International EPI Review. Additional technical inputs will be required from technical agencies (e.g. WHO regional office) which may have expertise in areas related to various sections of EPI Review.

¹² The needs indicated in the JA will inform the TCA planning. However, 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. 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. The TA menu of support is available as reference guide.

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Key finding / Action 3	Utilize digital health methods to improve quality of EPI data use
Current response	In 2020, MHMS to convene National Health Information Systems Committee to oversee the development and use of the National Health Management Information System.
/Agreed country actions	National Health Information Systems Committee to oversee the development of a National Digital Health Strategy which will include (amongst other areas) detailed recommendations to strengthen delivery of EPI activities
Expected outputs results	2020 Digital Health Strategy will provide specific recommendations for EPI strengthening. These will likely include: <ul style="list-style-type: none"> • Support of case based reporting using DHIS2 tracker in identifying potential EPI defaulters through unique identification of patients • Development of requirements for digital case based system • Support the implementation of case based tracking and mobile data collection, including to strengthen quality of EPI data in zones of high and low reported coverage
Associated timeline	Committee has met once in 2019, for further discussion in Q4 2019. National Digital Health Strategy expected in 2020 (TBC)
Required resources support and TA	TA support will likely be necessary to provide capacity building for staff to strengthen implementation of EPI data use, including implementation of an EPI DHIS2 tracker tool. Additional technical inputs will be required from technical agencies (e.g. WHO regional office) which may have expertise in the area of digital health. This acknowledges that the Government of the SI is preparing a resubmission of a request for additional financial support from Gavi towards HSS2 Objectives 3 & 4 (due early 2020).
Key finding / Action 4	Establish long-term procurement policy
Current response	Currently the all procurements under the GAVI grant is administered by the MHMS Procurement Unit following the SIG procurement guidelines. Expected delays in procurement of value more than SBD100,000 subject to approval from the MOFT Ministerial Tender Board.
Agreed country actions	The EPI Team to develop an Annual Procurement Plan in 2020.
Expected outputs results	Effective procurement plan saves time and budget overrun. Prompt delivery of goods and services.
Associated timeline	Annual Procurement Plan should be developed on the first month of the financial year.
Required resources support and TA	Financial management support will likely be necessary to provide capacity building for staff to address this area.
Key finding / Action 5	Introduction of RotaVirus Vaccine
Current response	The MHMS has identified the first quarter of 2020 for the introduction of the Rotavirus Vaccine. It will start the preparations end of 2019, pending timely delivery of vaccine stock.
Agreed country actions	Preparation of Rotavirus introduction in 2019. .
Expected outputs results	<ul style="list-style-type: none"> • Introduction of new vaccine in 2020 for routine immunization purposes. • Development of related post introduction evaluation package developed for the methodology and sampling framework
Associated timeline	Preparation of HPV introduction beginning in 2019
Required resources support and TA	Finance <i>and</i> technical support will likely be necessary to provide capacity building for staff to address this area and ensure adequate coordination and delivery of the Rotavirus Vaccine Introduction. TA Support will be required support the introduction of the Rotavirus Vaccine, start developing training packages and other activities. Additional technical inputs will be required from technical agencies (e.g. WHO regional office) which may have expertise in the area of rotavirus introductions.

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Key finding / Action 6	Continued Specialized Technical Support Capacity building
Current response	Continued technical support to the MHMS on timely EPI implementation, linkage and integration within RMNCAH activities.
Agreed country actions	Continued technical support to the MHMS required to ensure EPI programme implemented in a timely manner in line with SI government transition plan. Continue technical support to the MHMS on timely EPI implementation, linkage and integration within RMNCAH activities. Rotavirus Vaccine roll-out started according to MHMS plan. Leading role in liaising with regional staff for International EPI Review.
Expected outputs results	Continued technical support and capacity building provided to MHMS, including: <ul style="list-style-type: none"> • Support preparation and review of EPI programme with wide stakeholder consultation and input, prepare TORs related to incoming consultant for technical support. • Coordinate the EPI review TA and support the linkage of the EPI review with historical review processes and future strategic planning and development of EPI Strategy for 2020-2025 and contribute to EPI priorities within the NHSP process. Solomon Islands Comprehensive Multi Year Plan (cMYP) draft initiated and consultation meetings supported. • Technical support to the MHMS for Annual Operations activities planning and support on timely EPI implementation, linkage and integration within RMNCAH programme and support coordination at the ICC/Family Health. • Analytical assistance of DHIS2 data and data generated as part of MHMS review processes, the JRF data, JA document and new vaccine introductions. • Support and technical advice for pandemic preparedness and surveillance activities.
Associated timeline	Annual support towards technical activities throughout 2020
Required resources support and Additional TA	Continued in-country Technical Support with dedicated time towards EPI implementation, linkage and integration within RMNCAH activities. Additional consultant support to revise the RMNCAH corporate plan with emphasis on EPI cMYP.
Key finding / Action 7	CCEOP implementation finalized with additional cold chain equipment procured from HSS top-up
Current response	CCEOP implementation currently underway with approximately 90% of CCEOP expansion completed as of November 2019. In July 2019, UNICEF procured the technical assistance of a Cold-Chain Expert to support the implementation of CCEOP support for a period of 9 months.
Agreed country actions	In addition to actions described in Section 5.3, a HSS top-up will be used to expand CCE in existing sites during 2020.
Expected outputs results	Support immunization through health system strengthening activities with improved outreach and session planning for improved immunization coverage and reach; and vaccine security through coordination of the CCEOP and other immunization supply chain work. Technical assistance for CCEOP related activities including: a) Completion of cold chain installations and follow up on effective commissioning/maintenance b) post-installation inspection (PII) for installed equipment c) comprehensive cold chain inventory assessment reflecting the newly installed cold chain equipment
Associated timeline	Various activities according to CCEOP plan described in Section 5.3
Required resources support and Additional TA	In addition to the fulltime in-country staffing support, further short term technical assistance will need to be maintained to sustain the momentum and guarantee vaccines and supplies security for the EPI program in preparation for full transitioning from Gavi support.

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Key finding / Action 8	Continued strengthening of vaccine-specific support capacity building
Current response	UNICEF continues to work with the MHMS and NMS in procuring and distributing vaccines, thereby ensuring vaccine availability and security for the SIS. Capacity building in vaccines forecasting, stock and inventory management continues through UNICEF support to the MHMS.
Agreed country actions	The continuation of technical support to the MHMS with cold chain inventory updates, stock management and implementation of the recommendations from the EVM.
Expected outputs results	Continued capacity building in vaccines forecasting, stock and inventory management continued to support to the MHMS. Specialized technical support and capacity building in area of: vaccine specific support. 'MHMS Implementing Agency' Transition Plan activities where UNICEF is the supportive agent. (a) Strengthening stock management at subnational level (b) Liaising with Msupply to facilitate incorporation of VVM and vaccine wastage data into the system (c) review stock management data tools at clinic and second level medical stores to ensure vaccine utilization is captured (d) explore systems for subnational level stock monitoring and reporting
Associated timeline	To be discussed as part of TCA discussion with Gavi as part of 2020 plan.
Required resources support and Additional TA	Continued technical assistance on routine vaccine forecasting, procurement and distribution through the Vaccine Independence Initiative (VII); and discussions on increasing VII ceiling for Solomon Islands Continued in country technical assistance on the Implementation of the EVM, including short-term international capacity building support.
Key finding / Action 9	Implementation of Wastage Assessment Recommendations
Current response	A Vaccine wastage assessment was conducted in the third quarter of 2019 involving 22 selected health facilities across the different levels of the health service and from six provinces. Additional data were collected from NMS and from the EPI immunization monthly reports for 2017 and 2018.
Agreed country actions	Implementation of the recommendations from the vaccine wastage report and reduction strategy that will be developed by end of 2019, and is scheduled to commence in 2020.
Expected outputs results	Implementation of wastage reduction strategy. Potential activities may include supply chain design and behaviour change communication (BCC) for health workers on better use and management of vaccine supplies.
Associated timeline	As noted above, wastage reduction strategy that will be developed by end of 2019, and is scheduled to commence in 2020.
Required resources support and Additional TA	Technical assistance for vaccine wastage and immunization supply chain activities including : a) Explore development of vaccine waste management plan for 2 provinces and conduct training for health workers on effective immunization and other health waste handling and management. b) Completion of the CCEOP process and follow up on effective commissioning/maintenance c) Facilitate the conduct of post-installation inspection (PII) for CCEOP installed equipment d) Assist the MHMS to conduct and finalize a comprehensive cold chain inventory assessment reflecting the newly installed cold chain equipment, and develop a rehabilitation plan e) Provide technical assistance in implementing action points from the vaccine wastage reduction strategy

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Key finding / Action 10	Strengthen professional development strategy (CPD) covering key immunization topics
Current response	Health workers training has been one item that was largely covered by Gavi funding including training health workers during the development of health facility micro plans, effective vaccine management trainings and refresher trainings for health workers across provinces.
Agreed country actions	Facilitate the development of an integrated continuous professional development strategy (CPD) covering key immunization topics including the delivery platform for Nurses & Midwives by the MHMS and/or Nursing School.
Expected outputs results	Streamlined capacity building platform for EPI program for a sustained transition.
Associated timeline	In line with delivery of 2020 Gavi operational support and Transition Plan
Required resources support and Additional	Partial funding for and institutional contract with Melbourne University to develop the course
Key finding / Action 11	Strengthen implementation of the Gavi CSO grant for immunization demand generation activities
Current response	<ul style="list-style-type: none"> Dissemination and implementation of the National Communication Strategy for RMNCAH; Advocacy for immunization; Immunization Week activities. Preparation of the CSO grant document which was finalized and approved in May 2019; RFP drafted and advertised in June/July 2019 to recruit prospective CSOs for demand generation activity
Agreed country actions	Identified CSO working with MHMS and UNICEF in finalizing the program document Implementation and rollout of the National EPI communication strategy by Provinces and Zone for advocacy and demand generation for immunisation.
Expected outputs results	As noted in HSS Objective 4, implementation and rollout of the National EPI communication strategy by Provinces and Zone for advocacy and demand generation for immunisation
Associated timeline	In line with planned 2020 National EPI Communication Strategy and integrated with other MHMS activities where possible.
Required resources support and Additional	<p>Programme monitoring support for the effective implementation of the Gavi CSO grant for immunization demand generation activities in targeted communities. Programmatic and technical management of the CSO demand generation activities in low-performing provinces to increase immunization reach and coverage</p> <ul style="list-style-type: none"> Develop Rotavirus vaccine introduction communication plan and materials Technical assistance in the continued implementation of immunization and child health communication strategy in remote provinces

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Key finding / Action 12	Health System Strengthening to Leverage EPI Investments
Current response	Planning of HSS Strengthening for EPI in 2020; Engagement with MHMS RDP Process
Agreed country actions	Linkages made between implementation bottlenecks across the HSS and CCEOP and with the MHSM broader reforms, and focus on strengthening integrated service delivery. Identification of governance mechanisms to improve fiscal allocations to the health sector. PCU or other MHMS mechanisms supported to monitor relevant MHMS departments for Gavi Transition activities.
Expected outputs / results	<p>Overall Health systems capacity strengthened to support the MHMS in achieving successful transition from Gavi funding support. This will include :</p> <ul style="list-style-type: none"> • Provision of overarching HSS capacity to support the MHMS in the MHMS/GAVI Transition Plan for a successful transition. • Continued multi year activity to support MHMS executive team and Provincial Directors and management in restructure of service delivery platform in alignment with the Role Delineation Policy to strengthen EPI service delivery • Strengthen linkages made between implementation bottlenecks across the HSS and CCEOP and with the MHSM broader reforms, and focus on strengthening integrated service delivery. • Strengthen linkages with PCU or other MHMS mechanism supported to monitor relevant MHMS departments for Gavi Transition activities.
Associated timeline	Provide the overarching HSS capacity to support the MHMS in the MHMS/GAVI Transition Plan for a successful transition. In this multiyear activity; MHMS executive team and Provincial Directors and management supported in restructure of service delivery platform in alignment with the Role Delineation Policy.
Required resources support and Additional TA	Continued in-country TA required to support HIS/HSS Strengthening as outlined in WHO Action Plan. Additional resources required for regional office staff to travel to support identification of governance mechanisms to improve fiscal allocations to the health sector through comparative country analysis.
Key finding / Action 13	Strengthen administration of narrative progress reporting and submissions as per Gavi and MHMS directives
Current response	In 2019, embedded program management provided invaluable capacity building through program management support. This support has proven to be especially invaluable in supporting the EPI team and technical partners by providing complimentary support in preparation of Gavi administrative requirements and related documents (including Joint Appraisals ; Grant Performance Framework and Proposal development). Further support will be needed in 2020, though not at the volume conducted in 2019.
Agreed country actions	The continuation of consultant support to the MHMS for administration of narrative progress reporting and submissions as per Gavi and MHMS directives. This would be most useful as intermittent program management support to complement existing technical assistance in coordination, development and submission of administrative and reporting documents including Joint Appraisal, Grant Performance Framework and related activities, including EPI Review Report.
Expected outputs / results	<ul style="list-style-type: none"> • Timely submission of Country Progress Reporting in 2020 as per Gavi and MHMS directives ; • Strengthen MHMS development of a monitoring plan along with measurable milestones; • Analysis on progress and recommendations towards successful accelerated country transition;
Associated timeline	Multiple in-country TA support periods throughout 2020-2021 Support detailed 2020 progress reporting process (Full Joint Appraisal; GPF Q2 Review) as per Gavi and MHMS directives.
Required resources support and Additional TA	Consultant support for detailed progress monitoring, reporting, finalization and synthesis with broader Gavi grant implementation actions and recommendations.

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Key finding / Action 14	Continued strengthening of VPD surveillance
Current response	SSA provides case-based national surveillance and in country support for training of staff when needed, coordination with global and regional reference labs and support of sentinel sites in low performing zones.
Agreed country actions	<ul style="list-style-type: none"> • Monthly surveillance reporting on AFP and AFR, supervision • Training of the current 7 sentinel sites with increase to potentially 9 sites (Shortlands and Guadalcanal) • Case investigation of suspected Polio, M&R , referring and follow up reports of specimens sent to labs abroad, and support EPI unit in trainings.
Expected outputs results	Sentinel surveillance system will continue to be strengthened in 7 provincial hospitals of the country (NRH, Gizo, Munda, Kilufi, Atoifi, Taro, KiraKira.) Expand reach with further Sentinel site in Temotu (Lata hospital) and one other Provincial hospital that is not yet covered (Guadalcanal or Central Province) Reduce alert period of suspected outbreaks of epidemic of prone diseases surpassing the epidemic threshold.
Associated timeline	Annual support towards technical activities throughout 2020
Required resources support and Additional TA	In- country SSA staff support for continued surveillance strengthening. WHO Regional Staff travel to provide technical support to the country (as needed) for ongoing surveillance assessments to strengthen reporting

Based on the above action plan, please outline any specific technology or innovation demand that can be fulfilled by private sector entities or new innovative entrepreneurs.

The Government of the SI is currently being approached by a number of private sector entities regarding innovation solutions in 2020. It has established a National Health Information Systems Committee to (amongst other things) oversee the development of Digital Health Strategy which will include detailed recommendations on areas of strengthening delivery of EPI activities.

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

The Solomon Islands Family Health Committee meets Gavi requirements by acting as a proxy for the national Coordination Forum, as noted in the Solomon Island's Grant Management Requirements submitted to the Gavi Secretariat in July 2019.

The 2019 Joint Appraisal Update (Joint Appraisal) was reviewed and discussed by the Solomon Islands EPI Technical Working Group between October- November 2019 prior to a final draft was presented to the Family Health Committee on 15th November 2019. Minutes from this meeting are attached as (" FAMILY HEALTH MEETING for Q4 2019, MINUTES")

Between 17-20th November 2019, the MHMS EPI Team, leadership and Gavi Alliance Core Partners met with a delegation from the Gavi Alliance Secretariat (Senior Country Program Manager; Senior Manager [Monitoring & Evaluation]; External Consultant). The Joint Appraisal was reviewed in detail during these meetings, with the MHMS compiling a revised version of the Joint Appraisal and related documents.

The Joint Appraisal was revised and aligned with planned MHMS submissions of the Grant Performance Framework and Country Targeted Country Assistance Plan for 2020. These documents were shared review and endorsement with the Family Health Committee on the 26th November 2019 as planned.
The Joint Appraisal was endorsed by all members of the Family Health Committee, attached as (FHC Endorsement of 2019 TCA JA Update Final.pdf)

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9. ANNEX: Compliance with Gavi reporting requirements

Please confirm the status of reporting to Gavi, indicating whether the following reports have been uploaded onto the Country Portal. **It is important to note that in the case that key reporting requirements (marked with *) are not complied with, Gavi support will not be reviewed for renewal.**

	Yes	No	Not applicable
End of year stock level report (due 31 March) *	Submitted		
Grant Performance Framework (GPF) * reporting against all due indicators	Submitted		
Financial Reports *			
Periodic financial reports	Submitted (Q1-3)		
Annual financial statement	Submitted		
Annual financial audit report	Submitted		
Campaign reports *			
Supplementary Immunization Activity technical report			N/A
Campaign coverage survey report			N/A
Immunisation financing and expenditure information	As part of JA		
Data quality and survey reporting			
Annual data quality desk review			N/A
Data improvement plan (DIP)			N/A
Progress report on data improvement plan implementation			N/A
In-depth data assessment (conducted in the last five years)			N/A
Nationally representative coverage survey (conducted in the last five years)	DHS 2020		
Annual progress update on the Effective Vaccine Management (EVM) improvement plan	Submitted		
CCEOP: updated CCE inventory	Submitted		
Post Introduction Evaluation (PIE) (specify vaccines):		Planned for 2020 (HPV and MR)	
Measles & rubella situation analysis and 5 year plan			N/A
Operational plan for the immunisation programme			N/A
HSS end of grant evaluation report			N/A
HPV demonstration programme evaluations			
Coverage Survey			Completed in 2016 and 2017.
Costing analysis			Completed in 2016 and 2017.
Adolescent Health Assessment report		Planned for 2020	

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Reporting by partners on TCA			
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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.

As noted above:

- Post MR SIA analysis report will be available in early 2020
- HPV Post Introduction Evaluation will be conducted in Q1 2020

End of 2019 Joint Appraisal Update- Solomon Islands