**Clarifications on the GAVI IRC HSFP Country Report**

**Ministry of Health and Medical Services (MHMS)**

**Solomon Islands**

**Proposal title: Strengthening Health and Community Systems to Improve Immunization Outcome and MNCH (Maternal, Neonatal and Child Health)**

**Clarifications Point 1:**

Regarding the linkages between the plans for training related to data collection and broader plans for the development of the national HIS and surveillance systems, the following edits to the two paragraphs on page 18 are suggested to updated the information on the latest national HIS development:

**Health Information**

*(Suggested revisions of the paragraphs under "Health Information” on page 18: the shadowed parts indicated suggested changes*)

There is an on-going project called PACRICS (http://pacrics.net/index.php) supported by AusAID and managed by the Secretariat of the Pacific Community (SPC) with the goal of connecting the information network among the Pacific Island Countries. PACRICS has installed 17 satellite links in Solomon Islands, one in each of the 9 provincial capitals plus another 8 in strategic population centres.  Some of these sites are already active and it is anticipated that the rest will become active in the next few months once regulatory issues are resolved.

The Health Information Systems Committee was recently revitalized and is functioning again to oversee planning, management, and oversight of HIS strengthening activities.  The first priority for MHMS in this area has been improving the reliability and use of routine health information by compiling 2010 and 2011 data into the DHIS2 software.  Rollout and training of DHIS2 into the provinces will occur later in 2012 to improve timeliness, completeness, and quality of data collected, stored, managed, analysed, and used for decision-making.  Next steps currently planned by MHMS include integrating routine data collection across vertical programs, harmonisation and alignment with donor partner data collection requirements, and adapting the DHIS2 software to serve as a data warehouse and reporting tool.  The DHIS2 software is an open standards and open source platform that is flexible to accommodate anticipated changes in routine data collection requirements over time, and completely suitable for addressing all GAVI monitoring and reporting requirements.

The HIS Committee with support from WHO for the Solomon Islands will review in detail the existing HIS situation and move forward to develop a health information policy with a costed and detailed long-term HIS strategic plan building upon improvements in the routine HIS occurring now.  In addition, Solomon Islands is one of the 75 priority countries under the UN Commission for Information and Accountability for Women's and Children's Health which can help call attention to strengthening the HIS and civil registration and vital statistics systems in the context of achieving MDGs 4 and 5.  The systematic, comprehensive HIS planning approach and implementation of priority actions that are managed and coordinated through the HIS Committee will potentially lead to improved data quality and use.

**In terms of the quality of the data on immunization impacts, the following clarifications are given:**

Pacific region wide Hospital Based Active Surveillance (HBAS) system was established in 1997 by WHO under the PPHSN framework as part of the Global Polio Eradication Initiative. The HBAS system is considered comprehensive for detecting all acute flaccid paralysis (AFP) cases in the Pacific, but functions primarily as a sentinel system for acute fever and rash (AFR) illnesses. This is because not all AFR cases would be expected to present to a hospital or heath care setting. However, hospital based surveillance for AFR is considered sensitive enough to detect and alert when disease outbreaks occur. The timeliness and completeness of reporting is at 50% and 75% for 2011. The non-polio AFP rate in 2011 is below the expected rate of 1/100,000 population below 15 years with no case investigation form for one AFP case.

Within the MHMS, one staff member has been identified to be the focal point for surveillance who will coordinate the hospital based active surveillance system for Acute Flaccid Paralysis (AFP), Acute Fever and Rash (AFR) and neonatal tetanus (NNT) for which the system has been existing for long in Pacific island countries. The quality of data, timeliness and completeness of the data needs to be further improved, including the weak systems at the provincial levels. This would be supported by WHO's technical assistance, both from the Division of the South Pacific (in Fiji) and from the Western Pacific Regional Office (in Manila).

On the child death reporting system, the current national HIS covers numbers and causes of death, which is reported from PHC facilities to provinces and to MHMS. From the programmatic perspectives in order to reduce numbers of preventable death, however, there is a need for a death audit to investigate the factors associated with the cause of death. The accuracy of the information for the cause of death itself is questionable therefore the programmes still need to do a case investigation. The GAVI supported project aims to start gathering and analyzing some data on hospital admissions of children, through a regular collection of child death reporting forms as an interim approach with a longer term aim to integrate the child death reporting into the national HIS. The information collected monthly through child death forms will be analyzed annually and will be disseminated with the local health authorities including the primary level health care providers. It is intended that an annual child death review will be organized from the year 2013. Feedback systems to improve the health workers' performance should be an integral part of this information system, so that it will not only help improvement of data quality but also improvement in care for children.

**Clarifications Point 2:**

The comments from the IRC were discussed and it was agreed that the project would explore an opportunity to conduct an operational research to explore the best practices and approaches for increasing the community demand for service utilization and implement effective outreach services. In light of the limited capacity among existing national FBO/CBOs, it is decided to start with the two relatively well established organizations; i.e. World Vision and the Church of Melanesia. In the first year (2012), the MHMS will first provide them with training in order for them to develop a good plan of action, and the initial seed money for activities will be provided based on the agreed plans of actions.

At the beginning of the second year (2013), an external institution will be invited to conduct a baseline assessment about the levels of service utilization and community demand, as well as the status of outreach services in selected areas. A potential candidate for this assessment is the Child Health International Center in Melbourne, which is also a WHO Collaboration Center. The feasibility and suitability of employing this particular agency, however, will have to be validated. In the second year (2014), after for about one year of the supported activities, the same institution will make an assessment on the effectiveness of the activities and document lessons on how best improvements in the demand for utilization of services and in the planned outreach activities might be accomplished. The timing of the second assessment can be adjusted based on the implementation level of the initial year.

Based on the results of this operational research and following the identified strategies to address these issues, five institutions can be further provided with the activity seed money in 2013, to be scaled up to seven institutions in 2014 and nine in 2015 respectively, to expand the implementation of the best practices. If deemed necessary, further assessment/ monitoring of the process could be considered from other sources of funding and in collaboration with other domestic partners (cf. UNICEF, JICA) that are facilitating community based initiatives such as advocacy, social mobilizations and other IEC activities. The project could learn from the experiences of UNICEF supporting FBOs and CSOs to mobilize and empower them for various activities for facilitating the continuum of care including facilitation of referrals, promotion of pre-pregnancy care and safe delivery, growth monitoring, breastfeeding, supplementary nutrition, which are all integrated with the EPI activities.

**Clarifications Point 3:**

In response to the concerns raised in the IRC comments on a complete shift to the solar system, it has to be clarified that there was a typo in the description in page 24 of the proposal document where it should be read as follows:

*(Suggested revisions of the second paragraph on page 24: the shadowed parts indicated suggested changes)*

**"** This situation along with recommendations from the Effective Vaccine Store Management (**EVSM) and Vaccine Management assessments conducted in 2009 strongly suggest: the replacement of all kerosene refrigerator equipment with solar equipment (by 2010); replacement of all gas refrigerators located in difficult hard-to-reach areas with solar equipment (at the earliest); and replacement of all other gas refrigerators located in the areas difficult to supply gas (in the next 5 years), which in the long run will help solving the logistical issues related to the cost and transport of the gas cylinders."**

**In summary, therefore, the total shift to the solar system is suggested for only kerosene operated equipment, and the replacement of the gas operated equipment is suggested only in very difficult hard-to-reach areas and areas where gas supply is difficult, such as remote islands and inland areas. Relevant paragraphs are highlighted in the attached EVSM assessment report on pages 15 and 16 for the ease of reference.**

**The future maintenance cost of the cold chain equipments and other procurement, such as boats, were already under consideration of the government during the budget proposal process, and the government is ready to incur these maintenance cost and other recurring expenditures.**

**Clarifications Point 4:**

After the internal consultation within the government and an informal consultation with the GAVI secretariat through WHO colleagues, it was decided to adjust the start date to be from August 2012, not to further delay implementation of the proposed activities. The total requested budget of the proposal was revised to $2,049,340 accordingly considering the delayed start date of August 2012 (Please refer to the revised workplan in the attachments for details of the budgetary revisions.)

The country is planning to implement a Measles campaign in June which can be stretched to a part of July. In addition, there will be a major regional event (Pacific Arts Festival) in July 1 - 14 and the country is expecting 3,000 participants from across the Pacific and then many visitors, therefore, it will not be an optimal time to initiate implementation of the GAVI HSS activities. A month of August will provide ample time for the country to organize the implementation arrangement as laid out in the section 6 of the proposal, while being ready to conduct any necessary financial management assessment (FMA) process as per required by the GAVI secretariat. Technical assistance from WHO and other relevant partners for a conduct of FMA is expected.

**Clarifications Point 5:**

According to the latest JRF data now available, the latest immunization coverage data are as follows (*with the 2015 target figures added for the proposal*):

**DTP3 reported coverage** (JRF):

2008 = 78%; 2009= no data (N.B.); 2010 = 78%; 2011 = 87.6%; *2015 = 90%*

N.B.: In 2009, the Solomon Islands introduced pentavalente vaccines; and this is the reason why the country did not report on DTP alone.

**DTP drop-outs**, as calculated as a percentage of DTP1 – DTP3 drop-outs was:

2008 = 1.7%; 2009 = no data; 2010 = 7.1%; 2011 = 6.8%; *2015 = 5%*

 In terms of **equity indictors**, the Solomon Islands does not have a coverage data analyzed by income groups. The indicators to reflect the geographical equity, however, are available as follows:

2008 = 2 out of ten districts had >10% drop-outs;

2009 = no data;

2010 = 3 out of ten districts had >10% drop-outs;

2011 = 1 out of 10 districts had >10% drop-outs;

*2015 = 0 out of 10 districts have > 10% drop-outs*.

In relation to the quality of data on immunization impacts, the information has been stable and there is no indication that the coverage numbers have been inflated.

**Additional attachments**:

1) *National Health Strategic Plan 2011 – 2105*, MHMS, Solomon Islands Government, March 2011. (Re-submission of the same document as found on the FTP site - tp://ftp.wpro.who.int/scratch/GAVI-SOL\_PROPOSAL-Nov2011)

2) WHO-UNICEF, *Effective Vaccine Store Management Initiative: EVSM Assessment of the National Medical Store*, Solomon Islands, July 2009.

3) Revised workplan & budget table:

 - Attachment 5.1.a - GAVI Workplan;

 - Attachment 5.1. b - Detailed Workplan;

 - Breakdown- changes in budget items

In the Attachment 5.1.a, the worksheet called "GAVI WORKPLAN" is marked the changes in red font for ease of reference. In the worksheet "LOGFRAME\_GAVI", the revised figures are reflected under Column G (you may refer to the working breakdown in columns J and K) and the revised indicators are shown in red font too. The excel file "Breakdown" outlines the actions taken and the associated remarks for each budget line items which was modified.

In the Attachment 5.1b, the total revised budget amounts to $2,049,340.

The following worksheets updated were updated:

  a) Assumptions

  b) HSS detailed budget

  c) Summary Budgets

  d) Overview

  e) Incremental

  f) Table 1 H.Sector, C.Financing (counterpart financing)