

APPLICATION FORM FOR
GAVI NVS SUPPORT

Submitted by
The Government of Solomon Islands
for
Measles-rubella follow-up campaign



Reach Every Child
www.gavi.org

1 Gavi Grant terms and conditions

1.2 Gavi terms and conditions

1.2.1 Gavi terms and conditions

The terms and conditions of the Partnership Framework Agreement (PFA) between Gavi and the Country, including those provisions regarding anti-corruption and anti-terrorism and money laundering, remain in full effect and shall apply to any and all Gavi support made pursuant to this application. The terms and conditions below do not create additional obligations or supersede those of the PFA. In the event the Country has not yet executed a PFA, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

GAVI GRANT APPLICATION TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by Gavi will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by Gavi. All funding decisions for the application are made at the discretion of Gavi and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify Gavi in its Joint Appraisal, or in any other agreed annual reporting mechanism, if it wishes to propose any change to the programme(s) description in its application. Gavi will document any change approved by Gavi according with its guidelines, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to Gavi all funding amounts that Gavi determines not to have been used for the programme(s) described in its application. The Country's reimbursement must be in US dollars and be provided, unless otherwise decided by Gavi, within sixty (60) days after the Country receives Gavi's request for a reimbursement and be paid to the account or accounts as directed by Gavi.

SUSPENSION/ TERMINATION

Gavi may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programme(s) described in the Country's application, or any Gavi-approved amendment to the application. Gavi retains the right to terminate its support to the Country for the programme(s) described in its application if a misuse of Gavi funds is confirmed.

NO LIABILITY

The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programme(s) in the Country; and (ii) the use or distribution of vaccines

and related supplies after title to such supplies has passed to the Country.

Neither party shall be responsible for any defect in vaccines and related supplies, which remain the responsibility of the relevant manufacturer. Gavi shall not be responsible for providing any additional funding to replace any vaccines and related supplies that are, or became, defective or disqualified for whatever reason.

INSURANCE

Unless otherwise agreed with Gavi, the Country shall maintain, where available at a reasonable cost, all risk property insurance on the Programme assets (including vaccines and vaccine related supplies) and comprehensive general liability insurance with financially sound and reputable insurance companies. The insurance coverage will be consistent with that held by similar entities engaged in comparable activities.

ANTI-CORRUPTION

The Country confirms that funds provided by Gavi shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

ANTI-TERRORISM AND MONEY LAUNDERING

The Country confirms that funds provided by Gavi shall not be used to support or promote violence, war or the suppression of the general populace of any country, aid terrorists or their activities, conduct money laundering or fund organisations or individuals associated with terrorism or that are involved in money-laundering activities; or to pay or import goods, if such payment or import, to the Country's knowledge or belief, is prohibited by the United Nations Security Council.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with Gavi, as requested. Gavi reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country. The Country will maintain accurate accounting records documenting how Gavi funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of Gavi funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against Gavi in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, or any other agreed annual reporting mechanism, is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to perform the programme(s) described in its application, as amended, if applicable.

COMPLIANCE WITH GAVI POLICIES

The Country confirms that it is familiar with all Gavi policies, guidelines and processes relevant

to the programme(s), including without limitation the Transparency and Accountability Policy (TAP) and complies with the requirements therein. All programme related policies, guidelines and processes are available on Gavi's official website and/or sent to the Country.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage Gavi cash-based support. The Country confirms that it will take all responsibility for replenishing Gavi cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and Gavi arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either Gavi or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by Gavi. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: Gavi and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

Gavi will not be liable to the country for any claim or loss relating to the programme(s) described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. The Country is solely responsible for all aspects of managing and implementing the programme(s) described in its application.

1.3 Gavi Guidelines and other helpful downloads

Guidelines and documents for download

Please refer to the relevant guidelines concerning your request for support.

Please ensure to consult and download all documents. It is important to note that some documents must be completed offline, and will need to be uploaded in the final steps of your application.

This application form is designed to collect information needed by Gavi to process requests for support, plan procurement of vaccines, plan technical assistance, track data for future reporting, and more.

A key component of the application is a solid operational plan (New Vaccine Introduction Plan for routine support, or Plan of Action for campaign support), explaining how the country will

introduce the vaccine or conduct the envisaged campaign, with a corresponding budget. The New Vaccine Introduction Plan or Plan of Action must be submitted together with this application form and will be considered as the foundation of the support request.

For more information on the documents to submit with your application and what they should contain, please refer to the appropriate guidelines: <http://www.gavi.org/support/process/apply/>

2 Review and update country information

2.1 Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Accelerated transition

Date of Partnership Framework Agreement with Gavi

29 April 2013

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

No Response

2.1.2 Country health and immunisation data

Please provide the following information on the country's health and immunisation budget and expenditure.

What was the total Government expenditure (US\$) in 2016?

(USD) \$333,600,000.00

What was the total health expenditure (US\$) in 2016?

(USD) \$41,820,000.00

What was the total Immunisation expenditure (US\$) in 2016?

(USD) \$449,166.62

Please indicate your immunisation budget (US\$) for 2016.

\$1,09,016.66 (usd) operational budget for immunization only not including vaccine procurement.

Please indicate your immunisation budget (US\$) for 2017 (and 2018 if available).

2017: \$729106.60 (usd) 2018: \$651,410.25 (usd) operational budget for immunization only not including vaccine procurement.

[2.1.3 National health planning and budgeting cycle, and national planning cycle for immunisation:](#)

The government planning cycle starts on the

1 January

The current National Health Sector Plan (NHSP) is

From

2016

To

2020

Your current Comprehensive Multi-Year Plan (cMYP) period is

2016-2020

Is the cMYP we have in our record still current?

Yes

No

If you selected "No", please specify the new cMYP period, and upload the new cMYP in country documents section.

Note 1

From

2016

To

2020

If any of the above information is not correct, please provide additional/corrected information or other comments here:

No Response

2.1.4 National customs regulations

Please describe local customs regulations, requirements for pre-delivery inspection, and special documentation requirements that are instrumental for the delivery of the vaccine.

All standard vaccines including MR are procured through UNICEF from WHO prequalified sources. National government is engaged in the process with UNICEF. There is no requirement for special documents outside this process. It is expected that funds will be sent to UNICEF Supply Division by Gavi for procurement and delivery. There is custom exemption on duty for health commodities.

2.1.5 National Regulatory Agency

Please provide information on the National Regulatory Agency in the country, including status (e.g. whether it is WHO-certified). Please mention a point of contact with phone number and e-mail address. UNICEF will support the process and may need to communicate licensing requirements to the vaccine manufacturers where relevant.

The National Therapeutic Drug Committee oversees the functions of a national regulatory authority. EPI standard vaccines will be procured through UNICEF from the WHO list of pre-qualified vaccines. WHO prequalification alone suffices for import and use of vaccines in the country.

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

	2018	2019	2020	2021	2022
Country Co-financing (US\$)					

Gavi support (US\$)	43,000	58,251	59,608	60,995	61,429
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PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	90,278	109,578	149,657	153,051	
Gavi support (US\$)	132,000	106,000	97,500	65,876	

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	54,870	54,480	62,222	77,453	
Gavi support (US\$)	16,500	12,500	12,000	14,097	

Summary of active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	145,148	164,058	211,879	230,504	
Total Gavi support (US\$)	191,500	176,751	169,108	140,968	61,429
Total value (US\$) (Gavi + Country co-financing)	336,648	340,809	380,987	371,472	61,429

2.3 Coverage and Equity

2.3.1 Coverage and equity situation analysis

Note: If a recent analysis of the coverage and equity analysis is already available, for example as part of a Joint Appraisal report, you may simply reference the report and section where this information can be found.

Describe national and sub-national evidence on the coverage and equity of immunisation in the country and constraints to improvement. In particular, identify the areas and groups of low coverage or high inequity linked to geographic, socioeconomic, cultural or female literacy

considerations, as well as systematically marginalized communities. Specify both the areas and/or populations with low coverage (%) and those with the largest absolute numbers of un-/under-vaccinated children. Among data sources, consider administrative data, coverage surveys, DHS/MCS, equity analyses, Knowledge-Attitude-Practice surveys, and patterns of diseases like measles.

Describe the challenges underlying the performance of the immunisation system, such as:

- o Health work force: availability and distribution;
- o Supply chain readiness;
- o Gender-related barriers: any specific issues related to access by women to the health system;
- o Data quality and availability;
- o Demand generation / demand for immunisation services, immunisation schedules, etc;
- o Leadership, management and coordination: such as key bottlenecks associated with the management of the immunisation programme, the performance of the national/ regional EPI teams, management and supervision of immunisation services, or broader sectoral governance issues;
- o Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement and execution of resources;
- o Other critical aspects: any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports.

Describe lessons learned and best practices on the effectiveness of implemented activities to improve coverage and equity; recommendations on changes or new interventions that might be required to accelerate progress (include data to support any findings or recommendations).

Following the last EPI rapid review's recommendation in 2012 to develop a system to monitor the vaccination coverage at Area Health Centre (AHC) level and identify AHCs with low vaccination coverage and weak EPI activities, the program at national and provincial level is systematically collecting and analysing the data. Identifying hard-to-reach populations and strategies to reach them is an essential component of health worker training and microplanning in new vaccine introductions as well as SIA. However, despite these efforts there are pockets of low coverage areas particularly in remote areas which still appear time to time and it is an ongoing effort to increase the equity in coverage. The challenges are mainly with geographic access aggravated by limited availability of human resources. Although gender disaggregated EPI coverage data are not routinely collected there is no evidence to suggest a clear differential in sex in coverage. For instance, last SIA in 2014 reported national coverage over 100% possibly indicating all people in both sexes were reached while one distant province (Temotu) still showed a coverage below 92% reflecting perhaps the geographic accessibility constraint.

A field KAP study conducted in 2016 has reported that 100% of the correspondents agreed that immunisation is the best way to prevent diseases and 99% agreed that a child should be given

all immunisations according to the schedule and not miss any vaccination indicating good community acceptance of vaccinations, However, 47% of the subjects had thought that giving multiple injections to the child could be harmful. The communication strategy (uploaded with this application) was designed to address these issues and is now operational. To date there is no any significant anti vaccination lobby group in Solomon Islands.

Solomon Islands has demonstrated that they have sufficient staff and human resources to mobilise for SIA campaigns while a countrywide core staff for EPI is also available and functional for routine immunisation activities. Details are given in the SIA plan of action uploaded with this application.

Solomon Islands now experienced with conducting successful SIAs in the recent past has a sound readiness in the supply chain for the forthcoming EPI activities including MR2 introduction in 2018 and MR SIA in 2019. However, maintenance of supply chain in a vastly spread terrain like Solomon Islands (about 900 islands widely scattered over 1.3 million km² of the Pacific Ocean) requires great efforts and is also expensive particularly the inter-island transport. Details in this regard are covered under assessment of vaccine cold chain and the plan of action for SIA, both documents downloaded with this application. WHO's SIA readiness assessment tool that has been adapted to the local context and will be used during preparations for the SIAs. This document is uploaded into the portal with this application.

A DQA survey was conducted in Solomon Islands in 2017 (report uploaded) and noted significant challenges in data quality and little data use in evidence. It made 13 key recommendations and the MHMS is expecting to address them systematically in due course. For instance, the EPI Unit plans to address the recommendations of DQA & EVM in their Annual Operation Plan in 2019.

The EPI communication strategy developed by the MHMS Solomon Islands together with WHO, UNICEF and other partners was finalized in 2017. Implementation of its recommended strategies is expected to ensure demand generation for vaccinations.

Some challenges and bottleneck barriers were identified from the last SIA in 2014 in the report particularly under lessons learnt. Those observations and recommended actions to overcome the identified challenges are summarised below:

Observations/lessons learnt Remedial actions

1. Administrative coverage was >100% due to denominator underestimation even though the census data were used It is still important to use census estimated population as the denominator for reporting. Rapid Coverage Assessment Surveys and local level analysis using registered populations would provide real coverage information for local quick actions.
2. Knowledge gained on actual requirement of staff for deployment for SIA Target deploying approximately 170 vaccination teams, 2-6 health workers per team, on the average 3 health workers per team, a total of 515 health workers
3. Knowledge gained on actual number of supervisors needed in SIA Approximately 90.
4. Volunteers were helpful. About 120 volunteers mainly from 3 organisations were deployed in last SIA. Request these organisations to provide volunteers again. Explore with additional NGOs.
5. It is crucial to identify and map hard-to-reach areas during microplanning and plan the strategies to address them properly. As successfully used in the last SIA, use the following strategies:
 - to identify hard-to-reach populations hold discussions with provincial EPI staff, zonal staff,

local leaders

- do community, microplanning with village listing and mapping
- do mapping of areas needing long distance walking with human porters, use of boats, mobile teams

- include hard-to-reach areas in rapid coverage assessment.

6. A total of 6 cases of mild AEFI reported Important to encourage and ensure AEFI are reported and investigated.

7. Purchasing of three new and repairing six existing refrigerators were required to accommodate SIA Like last time, assess the cold chain requirement early and take actions to ensure adequacy of cold chain equipment prior to SIA.

8. Important to link surveillance of VPD with SIA Emphasize the importance to ensure strengthening of surveillance of VPDs at all meetings

9. Discrepancy between administrative and RCA coverage Ensure conduction of RCA targeting many HC areas. Use indelible ink markings for more reliable assessment during RCA. Ensure mop-up activities based on RCA results. Encourage coverage assessment survey of the routine immunisation at a later date!

10. Delay in arrival and distribution of Gavi and MRI funds to provinces. Allow adequate time to receive funds and make applications early. Follow gantt chart and check list that are prepared for preparatory activities.

11. Lengthy financial process at the National and provincial levels Identify the bottlenecks and obtain services of the financial coordinator of EPI funds to assist in overcoming obstacles

12. It is important to collect and analyse disaggregated data by geographic area and make special efforts to target low coverage areas The SIA analysed the coverage data disaggregated by province and identified low coverage areas (Temotu province). Focus special attention to low coverage areas. Encourage a similar analysis at provincial level disaggregating into smaller areas (health facility catchment areas)

2.4 Country documents

Upload country documents

Please provide **country documents** that are relevant for the national immunisation programme and for multiple vaccines, to be taken into account in the review of your application. If you have already provided one or more of these country documents, you do not need to upload it/them again unless the document version changed. If documents cannot be provided, please use the comment functionality to explain why, or by when they will be available.

Note that only general country documents are uploaded here; at the end of section 3 (sub-section "Upload new application documents") you will be required to provide those documents that are specific to the support requested (for example the new vaccine introduction plan and/or campaign plan of action, new budget, application endorsements etc.)

Country and planning documents



Country strategic multi-year plan

[Final version of cMYP 20162020 Solomon Is 12-09-18 12.55.40.pdf](#)

	Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	
✓	Country strategic multi-year plan / cMYP costing tool	Copy of Solomon Islands Costing tool cMYPV39.1 180116 12-09-18 12.57.38.xlsx
✓	Effective Vaccine Management (EVM) assessment	EVM report Solomon Islands V2 12-09-18 12.59.35.pdf
✓	Effective Vaccine Management (EVM): most recent improvement plan progress report	EVM report Solomon Islands V2 12-09-18 14.43.56.pdf
✓	Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators	DQAReporSI201729AugRPKW HIS Comments 12-09-18 14.45.23.docx
✓	Data quality and survey documents: Immunisation data quality improvement plan	DQA improvement plan03071717.59.16 1 12-09-18 14.46.11.doc
✓	Data quality and survey documents: Report from most recent desk review of immunisation data quality	DQAReporSI201729AugRPKW HIS Comments 12-09-18 14.46.44.docx
✓	Data quality and survey documents: Report from most	DQAReporSI201729AugRPKW HIS Comments 12-09-18 14.50.10.docx

recent in-depth data quality evaluation including immunisation

Human Resources pay scale

If support to the payment of salaries, salary top ups, incentives and other allowances is requested

No file uploaded

Not requesting payment of salaries in this proposal

Coordination and advisory groups documents



National Coordination Forum Terms of Reference

ICC, HSCC or equivalent

[The National InterAgency Coordinating Committee for Family Health TOR_07-09-18_15.56.51.pdf](#)



National Coordination Forum meeting minutes of the past 12 months

[Minutes for the exceptional meeting for ICCFH 17.5.2018 v2_12-09-18_14.52.42.docx](#)

Other documents



Other documents (optional)

Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge-Attitude-Practice surveys or other demand-related surveys, if available.

[Final EPI Audience Research report Malaita 310716_12-09-18_14.53.59.pdf](#)

3 Measles-rubella follow-up campaign

3.1 Vaccine and programmatic data

Choice of presentation and dates

For each type of support please specify start and end date, and preferred presentations.

Note 3

Measles-rubella follow-up campaign

Preferred presentation	MR, 10 doses/vial, Iyo
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd preferred presentation	MR, 5 doses/vial, Iyo
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Required date for vaccine and supplies to arrive	1 July 2019
Planned launch date	3 September 2019
Support requested until	2019

3.1.2 Vaccine presentation registration or licensing

If any of the selected presentations are not yet licensed or registered, please describe the duration of the registration or licensing procedure, whether the country's regulations allow the expedited procedure for national registration of WHO-pre-qualified vaccines, and confirm whether the licensing procedure will be completed ahead of the introduction or campaign.

WHO pre-qualification of the vaccine alone is sufficient for the import and use of any new presentations.

3.1.3 Vaccine procurement

Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund. Does the country request an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or Gavi)?

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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If you have answered yes, please attach the following in the document upload section:* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for

the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

3.2 Target Information

3.2.1 Targets for campaign vaccination

Please describe the target age cohort for the Measles-rubella follow-up campaign:

Note 4

From	12	weeks <input type="checkbox"/>	months <input checked="" type="checkbox"/>	years <input type="checkbox"/>
To	15	weeks <input type="checkbox"/>	months <input type="checkbox"/>	years <input checked="" type="checkbox"/>

	2019
Population in target age cohort (#)	76,142
Target population to be vaccinated (first dose) (#)	76,142
Estimated wastage rates for preferred presentation (%)	25

3.2.2 Targets for measles-rubella routine first dose (MR1)

To be eligible for measles and rubella vaccine support, **countries must be fully financing with domestic resources the measles mono-valent vaccine component of MCV1** which is already in their national immunisation schedule, or have firm written commitments to do so. Please provide information on the targets and total number of doses procured for measles first dose.

	2019
Population in the target age cohort (#)	19,798
Target population to be vaccinated (first dose) (#)	17,818

Number of doses procured	130,000
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3.3 Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US\$) - Measles-rubella follow-up campaign

	2019
10 doses/vial,lyo	0.66

Commodities Price (US\$) - Measles-rubella follow-up campaign (applies only to preferred presentation)

	2019
AD syringes	0.04
Reconstitution syringes	0.04
Safety boxes	0.47
Freight cost as a % of device value	0.01

3.3.2 Country choice of co-financing amount per vaccine dose

The table below shows the estimated financial commitment for the procurement of vaccines and supplies for the country, and the portion of Gavi support

Note 5

	2019
Country co-financing share per dose (%)	4.55
Minimum Country co-financing per dose (US\$)	0.03
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.03

3.3.3 Estimated values to be financed by the country and Gavi for the procurement of supply

Measles-rubella follow-up campaign

	2019
Vaccine doses financed by Gavi (#)	97,100
Vaccine doses co-financed by Country (#)	4,200
AD syringes financed by Gavi (#)	80,400
AD syringes co-financed by Country (#)	3,500
Reconstitution syringes financed by Gavi (#)	10,700
Reconstitution syringes co-financed by Country (#)	500
Safety boxes financed by Gavi (#)	1,025
Safety boxes co-financed by Country (#)	50
Freight charges financed by Gavi (\$)	2,702
Freight charges co-financed by Country (\$)	117

	2019
Total value to be co-financed (US\$) Country	3,500
Total value to be financed (US\$) Gavi	71,000
Total value to be financed (US\$)	74,500

3.3.4 Estimated projection of the required domestic financing for the measles monovalent component of MCV1

Countries are required to domestically finance the first dose in their measles containing vaccine routine (MCV1) in order to be able to receive Gavi support for any measles/ measles-rubella programmes. Below is the estimated projection of the required domestic financing for MCV1, based on the information provided in the previous sections.

Note 6

	2019
Minimum number of doses financed from domestic resources	130,000
Country domestic funding (minimum)	39,780

3.3.5 Co-financing payment

Please indicate the process for ensuring that the co-financing payments are made in a timely manner.

The Solomon Islands Government now has an established procedure for making co-financing in a timely manner. The country co-financing amounts will be paid to UNICEF Supply Division for procurement of vaccines and related items. The Permanent Secretary of MHMS monitors and ensures the funds are disbursed and utilized using the relevant SIG rules through the Ministry of Finance and Treasury. The National Medical Stores has included a vaccine procurement budget line item for vaccines and supplies in its annual operational plan.

If your country is in the accelerated transition phase for Gavi support, please answer the following question:

Please provide evidence that the co-financing obligations for the new introduction have been budgeted for, and elaborate on how the country plans to pay for the fully self-financing amounts. Please discuss the extent to which medium-term immunisation/health plans and medium-term expenditure frameworks incorporate the additional costs associated with this introduction. Discuss any co-financing defaults that may have happened in the last five years.

The country has not defaulted in its co-financing obligation payments in the past. Budget line for vaccine and supplies has been incorporated into the MHMS annual operation plan 2019 under the national medical store. There are ongoing discussions with the ministry of finance and treasury to ensure a marked funding for the immunization program including vaccines and supplies, over the medium to long term.

Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of:

January

The payment for the first year of co-financed support will be made in the month of:

Month

February

Year

2019

3.4 Financial support from Gavi

3.4.1 Campaign operational costs support grant(s)

Measles-rubella follow-up campaign

Population in the target age cohort (#)

Note 7

76,142

Gavi contribution per person in the target age cohort (US\$)

0.45

Total in (US\$)

100,000

Funding needed in country by

30 January 2019

3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Gavi Vaccine Introduction Grant and the Campaign Operational Costs support grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the campaign and the introduction of the new vaccine. Please ensure to upload the completed budgeting and planning template as part of this application.

If Gavi's support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template. In the following fields please provide an overview of your request.

Total amount - Gov. Funding / Country Co-financing (US\$)

60827.50

Total amount - Other donors (US\$)

26694.00

Total amount - Gavi support (US\$)

393752.00

Amount per target person - Gov. Funding / Country Co-financing (US\$)

0.255

Amount per target person - Other donors (US\$)

0.112

Amount per target person - Gavi support (US\$)

1.654

3.4.3 Key Budget Activities

List the key budgeted activities to be undertaken in implementing the requested support. Please provide details on the key cost drivers, inputs and assumptions required for these activities.

Key activities to be implemented during the preparation and rollout of MR SIA will include procurement and distribution of vaccines supplies, training of health workers and micro-planning, cold chain expansion, social mobilization and advocacy, monitoring and supervision of campaign implementation.

The key cost drivers include;

Vaccine supplies procurement and distribution

Frontline health workers training and national TOT

Social mobilisation and monitoring

3.4.4 Financial management procedures

Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including any procurement to be incurred.

There is a Gavi account in the Solomon Islands that is being managed by the Ministry of Health and Medical Services. A finance officer is appointed to manage the account and ensure correct accounting procedures are applied.

The Solomon Islands Government procedures and rules are applied in the management and utilization of Gavi funds in the country which covers cash disbursement and liquidation, procurement process and guidelines with necessary tendering procedures as well as payment of any supplemental staff duty allowances.

3.4.5 Fiduciary management

Please indicate whether funds for operational costs should be transferred to the government or WHO and/or UNICEF and when funding is expected to be needed in country. Attach banking form if funding should be transferred to the government. Please note that UNICEF and WHO will require administrative fees as follows.

- **UNICEF Tripartite Agreement: 5%**
- **UNICEF Bilateral Agreement: 8%**
- **WHO Bilateral Agreement: 7%.**

The Gavi funds should be transferred to the Central Bank of Solomon Islands (CBSI) Gavi account that is being managed by the Ministry of Health and Medical Services. The details of this account have been provided in the banking form.

3.4.6 Use of financial support to fund additional Technical Assistance needs

Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the “One TA plan”) with a view to assess that required support for the implementation of the new vaccine support is contained in the approved technical assistance plan. If gaps in technical assistance are identified for the new vaccine support, the additionally required technical assistance may be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template. In addition, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance (if already identified) below.

Note 8

Additional technical assistance will be required from an expert to assist in the monitoring and evaluation of the SIA including the planning and conduction of rapid coverage assessment surveys. The estimated amount is USD 26694.00

3.5 Strategic considerations

3.5.1 Rationale for this request

Describe the rationale for requesting these new programme(s), including the burden of disease. If already included in detail in the Campaign Plan of Action, please cite the sections only.

In the plan of action uploaded with this application, section 4.1 describes the rationale and section 2 through to 2.4 describes the burden of measles and rubella as well as congenital rubella syndrome in the Solomon Islands

3.5.2 Alignment with country strategic multi-year plan / comprehensive multi-year plan (cMYP)

Please describe how the plans and key assumptions in this request align with the most recent country strategic multi-year plan (cMYP) and other national health and immunisation plans.

Implementation of the measles and rubella combined vaccination in the routine schedule as well as the supplementary immunisation activities through the national EPI program are in line with the new Comprehensive Multi-Year Plan (cMYP) of Solomon Islands for 2016-2020 which outlines the priorities of the immunization program, objectives and strategies to achieve them. The National Health Strategic Plan 2016 – 2020 accords a high priority for immunisation program. In fact, immunisation is the first of the six priority health interventions identified in the plan

3.5.3 Coordination Forum (ICC, HSCC or equivalent) and technical advisory committee (NITAG)

Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request.

If any of Gavi's requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the reasons and the approach to address this. Requirements can be found in the general application guidelines.

In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG.

The ICC's major function is to provide high level overall guidance on RMNCAH issues and provide advice to the MHMS. It also provides overall guidance over Gavi and other funding partners, planning and implementation program and provide technical updates on RMNACH to the development partners.

The EPI technical Committee comprises of MHMS, WHO and UNICEF. WHO has supported with a consultant to assist in the preparation of the application and related paper drafts. All partners have contributed for making technical decisions at the preparatory stages including two meetings for reaching consensus on key issues such as the target group, timing and other interventions to integrate. They also met for reviewing the drafts and finalizing the application. All members of the ICC/ Family Health Committee, WHO and UNICEF have supported in endorsing the application for submission to Gavi.

3.5.4 Financial sustainability

Please discuss the financing-related implications of the new vaccine programs requested, particularly how the government intends to fund the additional co-financing obligations. Please mention if any defaults occurred in the last three years and, if so, describe any mitigation measures that have been implemented to avoid future defaults. Additionally has the country taken into account future transition from Gavi support?

The government of Solomon Islands has fulfilled all financing commitments with regard to co-funding and there were no defaults in the last several years. The completion of past commitments would indicate that the government is preparing for transition from Gavi. Further, the government also has a dedicated budget line for immunisation in the health budget.

3.5.5 Programmatic challenges

Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address the barriers identified in the coverage and equity situation analysis section, and include vaccine supply chain, demand generation/ community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.

Programmatic challenge:

Mobilisation of optimal number of staff for the SIA

Plans to address challenge:

With the previous SIA experience the optimal number of staff required for mobilisation is now known. This is included in the national planning and also budgeted. Some provinces will conduct the SIA on different days allowing staff to be mobilised from the national or other provinces.

Programmatic challenge

Reaching children in the hard-to-reach areas

Plans to address challenge

Proper microplanning, strategy development and resource allocation

to identify hard-to-reach populations hold discussions with provincial EPI staff, zonal staff, local leaders

do community, microplanning with village listing and mapping

do mapping of areas needing long distance walking with human porters, use of boats, mobile teams

include hard-to-reach areas in rapid coverage assessment.

Programmatic challenge

Maintaining constant temperature at 2 – 8c at all levels

Plans to address challenge

Thoroughly assess the cold chain requirement early and take actions to ensure adequacy of cold chain equipment prior to SIA. Include CCM in training of SIA for all staff. Monitor the adherence to cold-chain during all supervisory visits

Programmatic challenge

Delay in arrival and distribution of funds to provinces.

Plans to address challenge

Allow adequate time to receive funds and make applications early. Follow gantt chart and check list that are prepared for preparatory activities.

Programmatic challenge

Lengthy financial process at the National and provincial levels

Plans to address challenge

Identify the bottlenecks and obtain services of the financial coordinator of EPI funds to assist in overcoming obstacles

Programmatic challenge

Need for a mechanism to identify low coverage areas quickly to conduct mop-up activities

Plans to address challenge

Improve and ensure early administrative data collection and reporting from RHC, NAP and AHC and analysis at level to take action. Conduct LQAS rapid coverage assessment surveys particularly including difficult areas

3.5.6 Improving coverage and equity of routine immunisation

Explain how the proposed NVS support will be used to improve the coverage and equity of routine immunisation, by detailing the proposed activities and budget will contribute to overcoming key barriers.

The training for SIA will include comprehensive training on all aspects of immunization. Microplanning will include making ways and means of reaching hard to reach populations. It will ensure all population in both sexes will be accessed leaving no one in the targeted age group behind. The social mobilisation campaign will particularly aim reaching populations in remote and difficult areas. Among the approaches are house to house visits. Local health staff and local community volunteers will be utilized to reach difficult areas they be given incentives to fulfill these responsibilities. The knowledge and skills acquired through the SIA will be further utilized to ensure equity in future routine immunization activities.

3.5.7 Synergies

Describe potential synergies across planned introductions or campaigns. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines in a year.

Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions.

Note 9

It is expected that this SIA will augment equitable access to health system in particular the routine immunisation. This would be achieved by use of and extrapolation of the microplanning experience of SIA (such as reaching the under reached and other identified problems of access) to routine immunisation activities, increasing awareness of prevention of diseases and increasing the trust towards health workers, health services and safety of modern health interventions achieved via SIA.

Integration of deworming and Vit A supplementation into the SIA will further boost synergistic benefits on health. The campaign also provides experience to the staff on working together with other sectors, programs and partners on major health interventions in the country.

The second dose of MR will be introduced to the routine EPI schedule later this year and this is not expected to cause any additional financial stress.

3.5.8 Indicative major Measles-rubella and rubella activities planned for the next 5 years

Summarise in one paragraph the indicative major Measles-rubella and rubella activities planned for the next five years that are reflected in the annual EPI plan (e.g. Measles-rubella second dose introduction, Measles-rubella or Measles-rubella-rubella follow up campaign, etc.).

The newest addition to the routine immunisation schedule from 2018 is the MR second dose given at 18 months of age to all children in the Solomon Islands. Efforts will be made to ensure timely and high coverage ideally >90% with potent MR vaccination all over the country given to children the first dose of MR at 12 months of age and the second dose of MR at 18 months. This is expected to slow the accumulation of susceptible children and thereby allow a lengthening of the interval between campaigns and decrease the country's reliance on campaigns and eventually stop campaigns once high population immunity (>95%) can be maintained with a routine 2-dose schedule alone. Efforts will also be made to reduce any dropouts between MR1 and MR2. A subsequent SIA with MR would be conducted in 2024 to boost the immunity against measles and rubella. To reduce the risk of outbreaks of rubella/CRS, a dose of MR could be offered to health workers and to women either before pregnancy or soon after the delivery if they had not received MR vaccination earlier. A policy decision in this direction is likely in the future. Surveillance on measles and rubella including laboratory surveillance will also be continued and strengthened to ensure Solomon Islands is on target for elimination of measles, rubella and CRS on par with WHO regional target.

3.6 Report on Grant Performance Framework

Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate

targets were calculated (where applicable). These appear as “calculated targets”. If you wish to revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

Required

1. In addition to the calculated targets, country targets are required to be submitted for outcome indicators. These targets should align to those in your cMYP or NHSP. If these targets are not in your cMYP or NHSP, or are the same as the calculated targets, please enter “NA” for each target value.
2. Additional indicators that appear in the Performance Framework that are not included in the application form. Please enter targets for these indicators.
3. For many indicators, reporting dates have been pre-populated. For those that have not yet been pre-populated, please add reporting dates.

Optional

1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.
2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

Please note that the GPF is filtered by default to only show indicators that are relevant to the specific types of support contained in the application. You may view the entire GPF by using the “Grant Status” filter. Please ensure your pop-up blocker is disabled when launching the GPF.

If you have any questions, please send an email to countryportal@gavi.org.

3.7 Upload new application documents

3.7.1 Upload new application documents

Below is the list of **application specific documents** that must be provided with your application.

In the case a document cannot be provided, please use the comment box to explain why, or by when it will be available.

Application documents



New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including

[Annex 2 SOLSIAReadinessAssessmentTool_07-09-18_10.29.25.xlsm](#)

checklist & activity list and timeline

If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be combined into one document to minimise duplication.

[Annex 4b Budgeting and PlanningGaviTemplateSOLSIAD2_07-09-18_10.28.26.xlsm](#)

[Annex 5 Summary Activity TimetableSIA 2019_19-07-18_15.22.18.docx](#)

[Annex 4a Estimated budget OC SIA 2019 v3_19-07-18_15.20.58.xlsx](#)

[Annex 4a Estimated budget OC SIA 2019 v3_19-07-18_15.20.01.xlsx](#)

[Followup MR2 SIA 2019 in SI implementation plan v2_19-07-18_15.09.03.docx](#)

[Annex 3 Vaccine cold chain capacity SIA2019VoT Copy_19-07-18_15.13.13.docx](#)

[Annex 1 Population projections by age and geographic distributin_19-07-18_15.12.00.xlsx](#)



Gavi budgeting and planning template

[Annex 4b Budgeting and PlanningGaviTemplateSOLSIAD2_07-09-18_10.43.20.xlsm](#)

Most recent assessment of burden of relevant disease

If not already included in detail in the Introduction Plan or Plan of Action.

No file uploaded



Campaign target population (if applicable)

[Annex 1 Population projections by age and geographic distributin_19-07-18_15.26.16.xlsx](#)

Endorsement by coordination and advisory groups



National coordination forum meeting minutes, with endorsement of application, and including signatures

[Family Health committee meeting Minutes 07092018_10-09-18_16.34.14.docx](#)

[HP0003_10-09-18_16.33.26.jpg](#)

The minutes of the national coordination forum meeting should mention the domestic funding of MCV1



NITAG meeting minutes

No file uploaded

with specific recommendations on the NVS introduction or campaign

No existing NITAG as yet, ongoing discussions to create a Pacific-Wide ITAG.

Vaccine specific



cMYP addendum

[Addendum to cMYP on MR Aug 2016_19-07-18_15.30.45.pdf](#)

Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP



Annual EPI plan

[EPI 2018 AOP_03-09-18_10.42.11.xlsx](#)

Annual EPI plan detailing planning of all measles and rubella-related activities for the current year, including realistic timelines, designated responsible individual(s) and a budget

MCV1 self-financing commitment letter

No file uploaded

If the country is not yet financing the measles monovalent component of MCV1, a letter signed by the Minister of Health and Minister of Finance committing for the country to self-finance MCV1 from 2018 onwards.

This is not applicable to Solomon Islands.

Measles (and rubella) strategic plan for elimination

No file uploaded

If available

Document not available



Other documents (optional)

[DQA improvement plan03071717.59.16.1_19-07-18_15.40.25.doc](#)

[DQARReportSI201729AugRPKW HIS Comments 19-07-18 15.40.52.docx](#)

[EVM report Solomon Islands V2 19-07-18 15.41.29.pdf](#)

[EVMImp plan w progress report Aug2016Updated03071718.03.15 19-07-18 15.43.09.xls](#)

[Rapid review of EPI program SOL2015 JV 19-07-18 15.43.43.pdf](#)

[National EPI Communication Strategy 260417 19-07-18 15.35.05.pdf](#)

[Solomon Islands Gavi PCA report 12-09-18 15.04.07.pdf](#)

4 Review and submit application

4.1 Submission Details

Country vaccine funding summary

Please review the estimated projections for new vaccine programmes included in this application.

Active Vaccine Programmes

Note 10

IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)					
Gavi support (US\$)	43,000	58,251	59,608	60,995	61,429

PCV Routine

2018	2019	2020	2021	2022
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Country Co-financing (US\$)	90,278	109,578	149,657	153,051
Gavi support (US\$)	132,000	106,000	97,500	65,876

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	54,870	54,480	62,222	77,453	
Gavi support (US\$)	16,500	12,500	12,000	14,097	

Total Active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	145,148	164,058	211,879	230,504	
Total Gavi support (US\$)	191,500	176,751	169,108	140,968	61,429
Total value (US\$) (Gavi + Country co-financing)	336,648	340,809	380,987	371,472	61,429

New Vaccine Programme Support Requested

Measles-rubella follow-up campaign

	2019	2020
Country Co-financing (US\$)	3,500	
Gavi support (US\$)	71,000	

	2019	2020
Total country co-financing (US\$)	3,500	
Total Gavi support (US\$)	71,000	

Total value (US\$)
(Gavi + Country
co-financing) 74,500

Total Portfolio Overview – Existing Programs + New Vaccine Support Requested (US\$)

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	145,148	167,558	211,879	230,504	
Total Gavi support (US\$)	191,500	247,751	169,108	140,968	61,429
Total value (US\$) (Gavi + Country co-financing)	336,648	415,309	380,987	371,472	61,429

Contacts

Person(s) who should be contacted in case Gavi needs to ask for more information in regard to the application.

Name	Position	Phone Number	Email	Organisation
JENNY GAIOFA	NATIONAL EPI COORDINATOR	+00677 21202	jgaiofa@moh.gov.sb	
Dr Divinal Ogaoga	Director of Reproductive and Child Health Division	+00677 21202	dogaoga@moh.gov.sb	

Comments

Please let us know if you have any comments about this application

No Response

Government signature form

The Government of Solomon Islands would like to expand the existing partnership with Gavi for the improvement of the immunisation programme of the country, and specifically hereby requests Gavi support for:

Measles-rubella follow-up campaign

The Government of Solomon Islands commits itself to developing national immunisation services on a sustainable basis in accordance with the national health and immunisation strategic plans. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

The co-financing commitments in this application include the amount of support in either supplies or cash that is requested from Gavi, and the financial commitment of the Government for the procurement of this new vaccine.

Please note that Gavi will not review this application without the signatures of both the Minister of Health and Minister of Finance (and Minister of Education, if applicable) or their delegated authority.

We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds and any needed vaccine co-financing will be included in the annual budget of the Ministry of Health.

We, the undersigned, further affirm that the requested funding for salaries, salary top-ups/allowances, per diems and incentives does not duplicate funding from other sources (e.g. from other donors).

We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this application.¹

Minister of Health (or delegated authority)

Minister of Finance (or delegated authority)

Name

Name

Date

Date

Signature

Signature

For countries requesting HPV support, with a school linked strategy, the signature of the Minister of Education (or delegated authority) is also required.

Minister of Education (or delegated authority)

Name

Date

Signature

¹ In the event the Country has not yet executed a Partnership Framework Agreement, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

Appendix

NOTE 1

The new cMYP must be uploaded in the country document section.

NOTE 2

The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates.

Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.

NOTE 3

* For more information on the vaccine presentations available, please refer to the detailed product profiles available here: <http://www.gavi.org/about/market-shaping/detailed-product-profiles/>

* Please note Gavi may not be in a position to accommodate all countries first product preferences. In such cases, Gavi will contact the country and partners to explore options.

* Due to a variety of factors, the launch date may vary compared to the date stipulated in the application. Gavi will work closely with countries and their partners to address these issues.

* For routine vaccine introduction, support is usually requested until the end of the country's valid cMYP, as per the guidelines and may be extended in the future. If you wish to request Gavi support for a shorter time period than the end of your cMYP you may do so.

* For campaigns the "support requested until" field will normally be one calendar year from the launch date, but can be extended for a phased campaign.

NOTE 4

* The population in the target age cohort represents 100% of people in the specified age range in your country.

* The target population to be vaccinated is the number of people in the cohort that are expected to be vaccinated.

* For indicative wastage rates, please refer to the detailed product profiles available here: <http://www.gavi.org/about/market-shaping/detailed-product-profiles/>

* The wastage rate applies to first and last dose.

NOTE 5

Co-financing requirements are specified in the guidelines.

NOTE 6

*The price used to calculate costs is based on UNICEF-single dose per vaccine procurement cost for measles monovalent vaccine.** This value will differ from the total cost if the vaccine selection is MR, as a country is only required to finance the cost of the measles monovalent vaccine.

NOTE 7

Note: The population in the target age cohort used here is the number you entered for year one in the target information section.

NOTE 8

A list of potential technical assistance activities in each programmatic area is available here: <http://www.gavi.org/support/pef/targeted-country-assistance/>

NOTE 9

E.g. if two introductions are planned in the same year, there should be synergies at least in training and social mobilisation events.

NOTE 10

The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates.

Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.