



Annual Progress Report 2007

Submitted by

The Government of

Solomon Islands

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(to be accompanied with Excel sheet as prescribed)

Please return a signed copy of the document to:

GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

Enquiries to: Dr Raj Kumar, raj कुमार@gavialliance.org or representatives of a GAVI partner agency. All documents and attachments must be in English or French, preferably in electronic form. These can be shared with GAVI partners, collaborators and general public.

This report reports on activities in 2007 and specifies requests for January – December 2009

Signatures Page for ISS, INS and NVS

For the Government of ...Solomon Islands.....

Ministry of Health:

Title: Permanent Secretary

Signature:

Date:

Ministry of Finance:

Title: Permanent Secretary

Signature:

Date:

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report, including the attached excel sheet. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Dr Divi Ogaoga	USHI/MHMS		
Katherine Gilbert	UNICEF Pacific Honiara		
Dr Junilyn Pikacha	Director, Reproductive and Childhealth/MHMS		
Amos Lapo	Director of Nursing MHMS		
Dr Jeffrey Hii	World Health Organisation, Solomon Islands		
Dr James Auto	National Referral Hospital, Chief Paediatrician		
Dr Manju Rani	WPRO/WHO, Manila		
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Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

1. Report on progress made during 2007

1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): Yes/No

If yes, please explain in detail how it is reflected as MoH budget in the box below.

If not, explain why not and whether there is an intention to get them on-budget in the near future?

Not applicable, no immunisation service support fund was received

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).

Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

The ICC are involved in the whole process of acquisition, authorisation of work plans for using the funds and monitoring implementation at every stage through regular meetings for the funds so far received (February 2008)

No reports of problems encountered both at national level and provincial level for the funds disbursed so far.

1.1.2 Use of Immunization Services Support

In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2007 _____ NONE _____
 Remaining funds (carry over) from 2006 _____ N/A _____
 Balance to be carried over to 2008 _____ N/A _____

Table 1: Use of funds during 2007*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify) US\$100,000 received in February 2008 for support for introduction of new vaccine (Pentavalent).	US\$ 100,000	US\$ 11,456.42-National trainings US\$ 19,100 for printing EPI materials and data collection tools	US\$ 38,147.95-Provincial trainings		None

Total:		US\$ 30,556.42	US\$ 38,147.95		
Remaining funds for next year:	Activities still ongoing				

****If no information is available because of block grants, please indicate under 'other'.***

Please attach the minutes of the ICC meeting(s) when the allocation and utilization of funds were discussed.

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

Attached

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for _____

**If no DQA has been passed, when will the DQA be conducted?*

**If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA*

**If no DQA has been conducted, when will the first DQA be conducted?*

What were the major recommendations of the DQA?

Not done yet

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared? N/A

YES

☐

NO

☐

If yes, please report on the degree of its implementation and attach the plan.

Not applicable

Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).

None

1.1.4. ICC meetings

*How many times did the ICC meet in 2007? **Please attach all minutes.***

Are any Civil Society Organizations members of the ICC and if yes, which ones?

Five meetings held to discuss GAVI, in 2006, 2007 and 2008.
Minutes attached

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2007

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates shipment were received in 2006.----Introduced in 2008

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
DTP, HepB, Hib	Single (0.5mls)	29,100(27300 GAVI + 1800 SIG)	1 st August, 2008	19 th June 2008

Please report on any problems encountered.

There was a delay in arrival of the vaccines hence the introduction date was shifted from 1st July to 1st August 2008.

1.2.2. Major activities

Please outline major activities that have been or **will be undertaken**, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

Distribution of Pentavalent Vaccine to all health centres with cold chain equipments prior to 1st August 2008
Supervise distribution of Pentavalent Vaccine from all provincial centres to clinics.

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: February 2008

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Total Amount received – US\$100,000		
	SBD	US\$
National training – March 17-20 2008 –	80,195.00	11,456.42
Provincial Training – April		
• Western Province –	60,635.00	8,662.14
• Temotu Province -	46,168.80	6,595.54
• Malaita Province – (1 st training only)	20,750.00	2,964.28
• Honiara City Council (1 st training only)	7,888.40	1,126.91
• Isabel Province	86,002.00	12,286.00
• Makira Province	45,591.60	6,513.08
Printing of EPI materials	133,700.00	(US\$19,100.00)
• Baby book stickers (3,000 copies)		
• EPI Policy (300 copies)		
• Posters EPI schedule (1000 copies)		

- Immunization Register (300 copies)
- Vaccine stock Record book (300 copies)
- Immunization Hand Book (300 copies)
- Meningitis Surveillance Register (NRH) 3 copies

Total	SBD430,930.80	US\$68,704.37
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Conversion rate: SB\$7 = US\$1

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA)_____

EVSM an ongoing activity/VMA Not done but will be done in 2010

Please summarize the major recommendations from the EVSM/VMA

Improve distribution process

Regular Cold Chain breakdowns – being identified and addressed in our National training in March 2008.

- That all provinces should develop/finalize their work plans for successfully introducing Pentavalent vaccine and strengthening routine immunization programme after provincial EPI coordinators return to their provinces. The work plans should include tasks, timelines and responsible persons.
- That all provinces should provide quality EPI training to all EPI service providers **in April-May 2008**. Printed **EPI/Cold chain materials** should be available to all health workers.
- EPI cold chain managers and EPI coordinators should work together on vaccine order. The vaccine order should be based on target population, considering vaccine stock level.
- That all provinces should ensure Pentavalent vaccine available in all health centres **before end of June 2008**.
- All provinces should develop their social mobilization plans/strategies to well inform the public about Pentavalent vaccine and its benefits.
- Social mobilization activities can start earlier but should be intensified in the last two weeks of June 2008.
- All health facilities (which provide EPI services) should paste Coverage Monitoring Chart on wall as of August 2008 and should be monthly updated.
- All provinces should plan supervision visits to health facilities before & after August 2008 to identify any potential problems and take quick actions when required.
- EPI coordinators should monitor completeness of monthly report forms, and should analyze and report data every month.

Was an action plan prepared following the EVSM/VMA: Yes/No

Yes

If so, please summarize main activities under the EVSM plan and the activities to address the recommendations.

The provinces presented their activities on the proposed introduction of Pentavalent and other antigens the main strategy highlighted were;

National EPI & Cold Chain Training (March 17- 20, 2008)

- Provincial trainings (April to May 2008)
- Clinic Assessment /Cold Chain (March to May 2008- after National training)
- Distribution of Pentavalent (June 2008)
- Supervisory Visits (June to July 2008)
- Printing of IEC materials (March to May 2008)
- Community social mobilization- through churches/media (March to July 2008)

These activities are supported by GAVI funds, the need to conduct provincial Training is one of the priorities that was highlighted

The next EVSM/VMA* will be conducted in: 2010

**All countries will need to conduct an EVSM/VMA in the second year of new vaccine support approved under GAVI Phase 2.*

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Received in cash/kind

Please report on receipt of injection safety support provided by the GAVI Alliance during 2007 (add rows as applicable).

No receipt of Injection safety support fund from GAVI yet.

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

Not applicable

1.3.2. Progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

No supplies received from GAVI in 2007

Regular budgetary support from SI government to Ministry of Health

Other Donor support

- JICA
- AusAid
- Rotary International 2650 (January 2008)

Please report how sharps waste is being disposed of.

Initially put in safety boxes supplied by the national medical store. They are incinerated at Provincial hospital but there are no incinerators at peripheral clinics.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

**No proper disposal of injections and sharp wastes in most of health centres.
Currently most still use Burning, Burying and incineration (At provincial hospitals).**

1.3.3. Statement on use of GAVI Alliance injection safety support in 2007 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

No funding received under injection safety support

2. Vaccine Co-financing, Immunization Financing and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to help GAVI understand broad trends in immunization programme expenditures and financing flows. In place of Table 2.1 an updated cMYP, updated for the reporting year would be sufficient. (Attached find comprehensive MYP)

	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
<i>Expenditures by Category</i>				
Vaccines				
Injection supplies				
Cold Chain equipment				
Operational costs				
Other (please specify)				
<i>Financing by Source</i>				
Government (incl. WB loans)				
GAVI Fund				
UNICEF				
WHO				
Other (please specify)				
Total Expenditure				
Total Financing				
Total Funding Gaps				

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the coming three years; whether the funding gaps are manageable, a challenge, or alarming. If either of the latter two, explain what strategies are being pursued to address the gaps and what are the sources of the gaps —growing expenditures in certain budget lines, loss of sources of funding, a combination...

Attached find the cMYP

Table 2.2: Country Co-Financing (in US\$)

Table 2.2 is designed to help understand country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed.

For 1st GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government	0.4	0.4	0.4	0.4
Other sources (please specify)	-	-	-	-
Total Co-Financing (US\$ per dose)	0.4	0.4	0.4	0.4

Please describe and explain the past and future trends in co-financing levels for the 1st GAVI awarded vaccine.

The SI government is committed to continue with co-financing. The government will abide by the GAVI Policy on Vaccine co-financing as stipulated in the cMYP

Table 2.3: Country Co-Financing (in US\$)

The purpose of Table 2.3 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other			
UNICEF	√	OPV,DTP HepB Measles, TT & BCG	SIG,AusAid
PAHO Revolving Fund			
Donations			
Other (specify)			

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Schedule	Date of Actual Payments Made in 2007
	(month/year)	(day/month)
1st Awarded Vaccine (specify)	N/A	N/A
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?	
	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	
National health sector plan	
National health budget	
Medium-term expenditure framework	
SWAp	
cMYP Cost & Financing Analysis	Yes
Annual immunization plan	
Other	

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
1. None
2.
3.
4.
5.

3. Request for new and under-used vaccines for year 2009

Section 3 is related to the request for new and under-used vaccines and injection safety for 2009.

3.1. Up-dated immunization targets

*Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided. Targets for future years **MUST** be provided.*

Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

New vaccine to be introduced as of 1st of August 2008 (Pentavalent, DPT-HepB-Hib).

No changes in targets

Table 5: Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2007 and projections from 2008 onwards.

Number of	Achievements and targets									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
DENOMINATORS										
Births										
Infants' deaths										
Surviving infants	16395	16854	17325	17811	18309					
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)*		14,181	7,090	NA	NA	NA	NA	NA	NA	NA
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP (DTP3)*		13,256	6,628	NA	NA	NA	NA	NA	NA	NA
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)* Pentavalent (new vaccine)										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of Pentavalent (new vaccine)	0	0								
Wastage rate till 2007 and plan for 2008 beyond*** (new vaccine)										
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT										
Infants vaccinated / to be vaccinated with BCG										
Infants vaccinated / to be vaccinated with Measles (1 st dose)										

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

** Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for 2009

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

No changes

Attached is the excel sheet

Please provide the Excel sheet for calculating vaccine request duly completed

Remarks
▪ Phasing: Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided ▪ Wastage of vaccines: Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1 dose vial liquid. ▪ Buffer stock: The buffer stock is recalculated every year as 25% the current vaccine requirement ▪ Anticipated vaccines in stock at start of year 2009: It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines. ▪ AD syringes: A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, <u>excluding</u> the wastage of vaccines. ▪ Reconstitution syringes: it applies only for lyophilized vaccines. Write zero for other vaccines. ▪ Safety boxes: A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 7: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

3.3 Confirmed/revised request for injection safety support for the year 2009

Table 8: Estimated supplies for safety of vaccination for the next two years with (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 8a, 8b, 8c, etc. Please use same targets as in Table 5)

		Formula	2009	2010
A	Target if children for Vaccination (for TT: target of pregnant women) (1)	#		
B	Number of doses per child (for TT: target of pregnant women)	#		
C	Number ofdoses	$A \times B$	53,343	54,927
D	AD syringes (+10% wastage)	$C \times 1.11$	59,211	60,969
E	AD syringes buffer stock (2)	$D \times 0.25$	14,803	15,242
F	Total AD syringes	$D + E$	74,013	76,211
G	Number of doses per vial	#		
H	Vaccine wastage factor (3)	Either 2 or 1.6		
I	Number of reconstitution syringes (+10% wastage) (4)	$C \times H \times 1.11 / G$	#DIV/0!	#DIV/0!
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	#DIV/0!	#DIV/0!

- 1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)
- 2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.
- 3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF
- 4 Only for lyophilized vaccines. Write zero for other vaccines.

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

Letter of approval from GAVI is only for Pentavalent vaccines, AD syringes and safety boxes and is based on our target population.

4. Health Systems Strengthening (HSS)

This section only needs to be completed by those countries that have received approval for their HSS proposal. This will serve as an inception report in order to enable release of funds for 2009. Countries are therefore asked to report on activities in 2007.

Health Systems Support started in: _____ **Not Applicable**

Current Health Systems Support will end in: **Not applicable**

Funds received in 2007:	Yes/No	
	If yes, date received: (dd/mm/yyyy)	
	If Yes, total amount:	US\$ _____
Funds disbursed to date:		US\$ _____
Balance of installment left:		US\$ _____
Requested amount to be disbursed for 2009		US\$ _____

*Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No
If not, why not? How will it be ensured that funds will be on-budget? Please provide details.*

Not applicable

Please provide a brief narrative on the HSS program that covers the main activities performed, whether funds were disbursed according to the implementation plan, major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. More detailed information on activities such as whether activities were implemented according to the implementation plan can be provided in Table 10.

Not Applicable

Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation?

Not Applicable

In case any change in the implementation plan and disbursement schedule as per the proposal is requested, please explain in the section below and justify the change in disbursement request. More detailed breakdown of expenditure can be provided in Table 9.

Not Applicable

Please attach minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for next tranche were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 2009.

Table 9. HSS Expenditure in 2007 in expenditure on HSS activities and request for 2009 (In case there is a change in the 2009 request, please justify in the narrative above)			
Area for support	2007 (Expenditure)	2007 (Balance)	2009 (Request)
Activity costs			
Objective 1			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
Objective 2			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
Objective 3			
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
Support costs			
Management costs			
M&E support costs			
Technical support			
TOTAL COSTS			

Table 10. HSS Activities in 2007	
Major Activities	2007
Objective 1:	
Activity 1.1:	
Activity 1.2:	
Activity 1.3:	
Activity 1.4:	
Objective 2:	
Activity 2.1:	
Activity 2.2:	
Activity 2.3:	
Activity 2.4:	
Objective 3:	
Activity 3.1:	
Activity 3.2:	
Activity 3.3:	
Activity 3.4:	

Table 11. Baseline indicators <i>(Add other indicators according to the HSS proposal)</i>						
Indicator	Data Source	Baseline Value¹	Source²	Date of Baseline	Target	Date for Target
1. National DTP3 coverage (%)						
2. Number / % of districts achieving ≥80% DTP3 coverage						
3. Under five mortality rate (per 1000)						
4.						
5.						
6.						

Please describe whether targets have been met, what kind of problems has occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.

¹ If baseline data is not available indicate whether baseline data collection is planned and when

² Important for easy accessing and cross referencing

