

## **1. Background Information**

Solomon Islands is a Pacific island nation with a total population of 409,042, an annual growth rate of 2.8% and a life expectancy of 61 years. The infant mortality rate is 66/1000, total fertility rate 4.8, and maternal mortality rate is approximately 135/100,000 live births in 1999. Solomon Islands is basically a young nation, with 45% of its population below the age of 25 years.

The country is currently experiencing the effects of a 4 year ethnic conflict (1999-2002) which has left it economically bankrupt and has displaced 35,309 people. The government is unable to maintain its essential services such as health, education and transport and communication systems. Increased poverty and unemployment have contributed to increasing social and reproductive/sexual health problems, especially among young people.

During the last four years, health services have been disrupted and suffered from shortages of health professionals, medical drugs, equipment and supplies, and lack of reliable transport and communication. Public servants were not paid for up to six/seven weeks resulting in low morale of health professionals, jeopardizing delivery and quality of health services. The priority of government had shifted to maintaining law and order and therefore priority programmes for children such as the immunization programme were disrupted. The government has been unable to meet its contribution to the Vaccine Independent Initiative (VII) since 1999. Lack of government grants to provinces resulted in lack of funds to purchase kerosene and gas to maintain and operate vaccine fridges, difficulty securing reliable transport for vaccine distribution, no supervisory visits and low staff morale. Such was the situation of the country when the 'Strengthening the EPI in PICs Project' was implemented and Solomon Islands was seen as one of the priority countries for the project.

## **2. Strengthening EPI in PICs Project**

### **2.1 Project activities implemented to date:**

- National Mass Measles and EPI catch-up Campaign - 2001

As part of the global and regional commitment to measles control, eradication of neonatal tetanus and polio and achieving high vaccine coverage for protection against 7 immunisable diseases, Solomon Islands participated in the measles and catch-up campaign. This was a very successful activity which achieved high

profile attention as the campaign was launched by the wife of the Governor General of Solomon Islands. It achieved a high immunization coverage of 89%.

- Development and printing of EPI IEC materials for national measles and catch-up campaigns – 2001

A consultant assisted government to develop and print EPI IEC materials (leaflets, posters, billboards, radio spots and jingles and newspaper clippings) which were used during the national mass measles and catch-up campaign. Private companies were involved in sponsoring billboards and radio spots which made it a successful activity. Leaflets and posters were used in the 2003 mass measles and catch-up campaign and have been distributed to NGOs, schools and other stake holders for continuous awareness and education purposes.

- Attendance of the National EPI Coordinator, Chief Pharmacist and Director of Reproductive and Child Health at the regional EPI meeting in Nadi 2001

This was a unique opportunity for the three key national personnel involved in EPI to be at the meeting together. It helped strengthened their role, partnership and commitment to the improvement of EPI in the Solomon Islands by participating in this important meeting. The Director of Reproductive and Child Health also attended the project PCC meeting.

- An external consultant was sent to assist develop a 5 year national EPI plan and to review the national EPI Policy – 2002 - INCOMPLETE ACTIVITY

This was an unfortunate situation where the external consultant recruited did not fulfill his TOR and did not produce the expected outcome. However, the skeleton template of the 5 year EPI plan is available and hopefully government will be able to review and utilize the template. The National EPI Policy was not reviewed.

- Attendance of the national EPI coordinator at the regional EPI meeting in Suva – 2002

The national EPI coordinator attended and participated in the regional EPI meeting in Suva in 02. These annual regional EPI meetings are quite useful for the national EPI coordinator not only in terms of discussion of the regional plan of action, priorities and future directions but also in terms of capacity building of the national EPI coordinator. He has become more confident in his role as the EPI coordinator. For example, he has learned to do EPI coverage surveys from attending the meetings and has conducted these surveys in country.

- An external consultant developed the Pre-Service EPI curriculum for nurses – 2003

This was an outstanding priority activity. The government now has the draft of the pre-service curriculum for nurses that will be reviewed and finalized once the EPI Policy has been reviewed and updated in 2004.

## 2.2 Project Strengths and Weaknesses

2.2.1 The project has been of benefit to the country by:

- Achieving high immunization coverage with mass measles and catch-up campaigns at a time when the country was not able to maintain routine immunization activities.
- Giving immunization a high profile through mobilizing participation from high officials such as the Governor General's wife, private sector, NGOs, churches and government officers, stressing the importance of the rights of the child to receive immunization, at the time of crises. The IEC materials further strengthened public awareness of the importance of making sure that children are fully immunized with potent vaccines.
- Capacity building of the national EPI coordinator, pharmacist, medical science laboratory officer and other personnel.
- Keeping the country in touch with global and regional immunization goals, objectives, priorities, issues and technical updates through regional annual meetings.
- Technical support in important areas such as the Hib disease burden study in the Solomons.

2.2.2 Weaknesses

- Project documentation such as the PDD was not made available to the Ministry of Health and therefore the responsible division was not familiar with the regional project and its activities and was unable to prioritize and plan implementation of its activities in a timely and coordinated manner.
- Project Coordinating Committee (PCC) meetings for this project were infrequent and was not well prepared to inform members of the project, so to monitor and evaluate its progress and contribute to its development.
- Frequent changes of regional and in-country UNICEF staff made communication and continuity of management (including financial management) and implementation of project activities difficult.

2.2.3 Other factors

- The ethnic crisis in the Solomons created an unfavorable environment for expediting implementation of project activities eg delay in getting an external consultant to develop the pre-service nursing curriculum due to safety concerns.

## 2.3. Collaboration with other Projects and Donor Agencies

3.1 There are other related projects that have contributed towards improving the immunization program in the Solomons. Funded by AUSAID is a bilateral project which is assisting Ministry of Health and Medical Services (MHMS) in restoration of health services following the crisis. Purchasing of drugs, medical equipment and supplies, fuel and gas for immunization fridges; improving communication for rural health facilities through VHF two-way radios (solar); providing management and financial trainings for managers at all levels to manage the project; technical support in reproductive and child health; supporting provincial grants to provinces; attempting restructuring of health services, etc. AusAID and Government of Japan currently support vaccine purchase for Solomon Islands on a year by year basis.

3.2 JICA has provided cold chain supplies and equipment (through UNICEF) and transport for the national medical stores since 1999. The cold chain supplies and equipment have been distributed throughout the country to strengthen the cold chain system especially at the peripheral level. Due to funding constraints, there was only one training in the use of the cold chain equipment for national/provincial cold chain and EPI managers, in 2000. Until recently, there had not been a national cold chain policy or a national and provincial cold chain equipment inventory and replacement plan (National cold chain policy currently in draft –Dec 2003).

3.3 *Strengthening RH/SH/FP in Solomon Islands* is a UNFPA funded project executed by WHO and contributes to EPI through in-service training of nurses and nurse aides and supervisory visits to peripheral health facilities through combined supervision using a supervisory checklist which includes specific sections for EPI. The checklist is used by national, provincial, area health centres and zone supervisors on supervisory tours.

3.4 The *Solomon Islands Health Sector Development Project (SIHDP)* is a World Bank funded project which covers MCH/FP, in-country (including midwifery school) and overseas training, malaria program, health promotion and statistics etc. Some immunization activities have been addressed utilizing opportunities where possible eg using project transport during national mass measles and catch-up campaigns in Makira province.

There has been good collaboration and coordination between AusAID, UNICEF and WHO with MHMS in restoring and strengthening the immunization program in the country. This has been possible through an active National EPI Committee in which the three organizations have membership. This committee greatly assists communication and commitment from the partners, minimizing duplication and misunderstanding and fostering good working relationships which facilitate effective implementation of plans and policies. It is hoped that these relationships will continue to be strengthened in the future.

### **3. Future Needs**

- a. Continue support of mass measles and catch-up campaigns.
- b. Support for continued cold chain and other specific immunization training for health workers, such as maintenance of fridges.
- c. Updated information on sharps disposal options including incinerators.
- d. Technical advice for introduction of new vaccines or combination vaccines when the country is ready.
- e. Strengthen capabilities of medical laboratory to assist in disease surveillance through staff training and provision of supportive equipment and supplies as part of strengthening regional disease surveillance.
- f. Continue regional immunization meetings.
- g. For future projects, the project document is made available to country counterparts and appropriate updated information concerning the project be provided from time to time. Timely project work plans be made available to country counterparts so that countries can include it in their overall yearly plans and minimize conflicts with other activities.
- h. UNICEF and WHO to work together in providing or facilitating and supporting progress of in-country activities.
- i. External consultants hired to work closely with local counterparts to develop local skills as much as possible.
- j. UNICEF and WHO to continue providing technical advice and assistance to Ministry of Health and Medical Services eg in disease surveillance, updated technical immunization information, assist the country control and manage vaccine-preventable disease outbreaks, improve cold chain systems, continue supporting and improving the VII, etc
- k. Better coordination and utilization of the JICA cold chain project.

### **4. Conclusions**

It is commendable that the Solomons has passed through this very difficult recent period in its history without major outbreaks of diseases targeted by immunisation, and with

effective use of a campaign approach not only to augment measles control but also to largely fill the gap created by the collapse of routine services during the crisis.

Key factors contributing to this success have been:

- Strong national leadership and management capacity, facilitated by a well-functioning national EPI Committee involving all key stakeholders and partners
- Well integrated health service structure with clear roles and accountability, communication and supervision; within the limits imposed by the crisis and by resource limitations
- Effective use of a campaign or pulse approach to immunisation delivery when routine services could not do the job
- A generally responsive and flexible approach by donors willing to step in and fill the breach
- Active taking advantage of synergies between different projects and programs