

ROTARY GIVE EVERY CHILD A FUTURE 2024 ANNUAL REPORT

Introduction of New Vaccines in Pacific Island Countries

As a Comprehensive Package to Improve Child Survival



Cover Photo: Children in Kiribati are undergoing routine vaccinations, following the introduction of life-saving vaccines in the Pacific through a partnership between Rotary International and UNICEF © UNICEF/UNI427939/Lehn.

REPORTING PERIOD: 2019 - 2024

UNICEF PACIFIC, JUNE 2024

SUMMARY OF CONTRIBUTION

Title of the Program	Rotary Give Every Child a Future, Introduction of New Vaccines in Pacific Island Countries as a Comprehensive Package to Improve Child Survival
Country	Pacific Island Countries and Territories
Regions / Locations	Cook Islands, Kiribati, Nauru, Niue, Samoa, Tokelau, Tonga, Tuvalu, and Vanuatu
Focus Population	<p>The original vaccination target for HPV, PCV and Rotavirus was 79,689. The project resulted in a significant overachievement (details in report on subsequent pages). The original vaccination target for HPV, PCV and Rotavirus was 79,689. However, as UNICEF worked directly with respective government ministries across the PICs to strengthen health systems and vaccine efficacy, several PICs decided to expand the age-cohort for HPV, increasing the number of eligible children and thus targets and actual children vaccinated over the course of the program. Additionally, several governments committed to activate catch-up campaigns for PCV, which translated into children eligible in previous years (before this program started) who missed out on receiving PCV vaccines due to lack of access, receiving their PCV vaccine through this program. This explains the overachievement.</p> <p>Funding for the project, outside of the additional HPV Kiribati program, has now been executed.</p>
Strategic Partners	Ministries of Health (financial implementing partners), Ministries of Finance, Ministries of Education, National Rotary Clubs, Asian Development Bank, DFAT, MFAT, Other Regional and Bilateral Donors, World Health Organization, UNFPA, Local NGOs, Local CSO's
Period covered by this report	November 2019 – April 2024

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ACRONYMS AND ABBREVIATIONS

ADB	Asian Development Bank
AEFIs	adverse events following immunization
ARIA	Australian Regional Immunisation Alliance
CCE	cold chain equipment
cIP	continuous improvement plan
CIP	costed implementation plan
DHIS	district health information system
DTP	diphtheria, tetanus, and pertussis vaccine
EPI	Expanded program on Immunization
EVMA	Effective vaccine management assessment
HFSE	Health Facility Solar Electrification
HPV	Human Papillomavirus Vaccine
HTHH	Hunga Tonga Hunga Ha'apai
IEC	information, education, and communication
iSCM	immunization supply chain management
MCV	measles-containing vaccine
MHMS	ministry of health and medical services
MHSWGA	Ministry of Health, Social Welfare and Gender Affairs
MMR	measles mumps rubella
MOH	Ministry of Health
NITAG	National Immunization Technical Advisory Group
NICC	National Immunization Coordination Committee
NDVP	national deployment and vaccination plan
NVI	new vaccine introduction
OPV	oral polio vaccine

PCV	Pneumococcal Conjugate Vaccine
PIAs	Post Introduction assessments
PICTs	Pacific Island countries and territories
RV	Rotavirus vaccine
RI	routine immunization
SAGE	Strategic Advisory Group of Experts on Immunisation
SBC	social behaviour change
SOPs	Standard operating procedures
UNICEF	United Nations Children's Fund
VII	Vaccine Independence Initiative
WHO	World Health Organization

EXECUTIVE SUMMARY

To minimize the heavy burden for pneumonia and diarrhea (among children under five) and cervical cancer in Pacific Island Countries and Territories (PICTs), the project: Rotary Give Every Child a Future, “The Sustainable Introduction of New Vaccines in Pacific Island Countries as a Comprehensive Package to Improve Child Survival” supported the introduction, roll-out and uptake of three new vaccines (pneumococcal conjugate vaccine (PCV), human papillomavirus vaccine (HPV) and rotavirus vaccine (RV)). The project was implemented from November 2019 to December 2023 in nine PICTs: Cook Islands, Kiribati, Nauru, Niue, Samoa, Tokelau, Tonga, Tuvalu, and Vanuatu. This is the summary report of the program to date, including projections for use of vaccinations purchased as part of the original program but to be used in the next two year. The report summarises the achievements, challenges, and lessons learned throughout the project period.

The project coincided with the COVID-19 pandemic. Cases of novel coronavirus (nCoV) were first detected in China in December 2019, with the virus spreading rapidly to other countries across the world. This led WHO to declare a Public Health Emergency of International Concern (PHEIC) on 30 January 2020 and to characterize the outbreak as a pandemic on 11 March 2020 (Organisation, 2024). As many PICTs went into a lockdown in 2021, the project activities were suspended with only planning and virtual training held remotely through digital means until the re-opening of the border and recommencement of project implementation in 2022. The initial four-year project was then extended for one year to catch up with the implementation delays. However, challenges were not limited to the COVID-19 pandemic as PICTs experienced several major natural disasters which diverted the government efforts away from the regular programme implementation.

Despite these challenges, all nine countries successfully introduced and rolled out the three new vaccines, benefiting at over 140,000 children and adolescents by the end of 2025. Vanuatu and Kiribati are the last two countries which introduced HPV in 2023 and the phased rollout is still underway, while Samoa has decided to lower the age of eligibility for HPV vaccines from 13 to 10 years old with imminent catch-up campaign planned for girls aged 10-13.

In making this achievement, UNICEF supported in the following three areas:

- 1) Strengthening national capacities through policies and legislation, as demonstrated in the updated national immunization policy that incorporate new vaccines amongst others.
- 2) Strengthening health system capacity to deliver quality immunization services, as demonstrated in zero stock out of vaccines at national level throughout the project period, 100 per cent of intended health facilities providing immunization services with 3 new vaccines. Training of cumulative total of 1,089 health workers in new vaccine introduction and effective vaccine management (EVM), procurement and distribution/installation of cold chain equipment (e.g., 30 refrigerators, 1 freezer, 39 cold boxes and 125

vaccine careers, etc.,) and effective functioning of Vaccine Independence Initiative (VII) contributed to these achievements. Furthermore, for continuous improvement of immunization supply chain in future, Effective Vaccine Management assessment (EVMA) was conducted in all 9 countries.

- 3) Equipping caregivers with improved knowledge to increase adoption of recommended immunization practices through the development and rollout of the communication strategy/materials, which helped new vaccine uptake.

UNICEF Pacific expresses its sincere gratitude towards Rotary International, the Rotary Foundation and Zone 8 Rotary Clubs of Australia, New Zealand and the Pacific for the generous and long-term contribution supporting the introduction and roll-out of new vaccines in nine PICTs through readiness, vaccine procurement and rollout, and social mobilization, as part of Rotary Give Every Child a Future program. Without this funding support, UNICEF would not have been able to deliver such a comprehensive program in the nine PICT's.

PROGRAM CONTEXT

THE COVID-19 PANDEMIC

The COVID-19 pandemic was the most significant contextual factor that affected the project. While the project started in November 2019, the World Health Organization (WHO) declared the COVID-19 outbreak a public health emergency of international concern (PHEIC) on 30 January 2020, which lasted until 5 May 2023. During the early stages of the pandemic, national governments across the Pacific Island Countries and Territories (PICTs) declared a state of emergency, which involved the closure of borders, enhancing the capacity of the health system and initiating active community surveillance. While the PICTs have managed their COVID-19 responses relatively well, the indirect shock of the pandemic associated with lockdowns and an economic downturn impacted upon public health and people's livelihood. Interruption of essential services, including immunization, and supply chain disruptions were the biggest challenges as far as the new vaccine introduction program is concerned.

Interruption of essential services, including immunization.

Prioritization of the health sector responses to COVID-19 pandemic led to the suspension in the delivery of essential services, including immunization, especially during the early stages of the pandemic. Even after some PICTs had resumed the provision of routine immunization services, uptake remained slow due to a number of factors, including fear of contracting COVID-19, protocols restricting access to health facilities (e.g., appointment-only access) and reduced health facility hours. In 2022, COVID-19 vaccine rollout became the top priority, which put a strain on the already stretched healthcare workers in PICTs. Consequently, many children missed out on basic vaccines through routine immunization programs and countries delayed the introduction of the three new vaccines (PCV, RV and HPV). UNICEF's role in the provision of technical assistance, for the continuation of essential health and nutrition services has been instrumental in responding to this situation. Immunization protocols were tailored to the Pacific context to integrate COVID19 in routine immunization and health services. In 2023, UNICEF has also provided technical and financial assistance in immunization catch up campaigns and demand generation activities to restore routine coverage.

SUPPLY CHAIN DISRUPTIONS

The limited availability of commercial airfreight capacity suitable for the delivery of vaccines during the lockdowns was a major challenge in ensuring the timely delivery of vaccine and vaccine-related supplies. Throughout the pandemic period, UNICEF monitored developments and impact the crisis had had on shipping and logistics, as well as on the sourcing of vaccines and other essential and strategic supplies. UNICEF also worked with global freight forwarders to prioritize shipments of vaccines, including analysis of options to maintain timely delivery.

RECOVERY FROM COVID-19

The 2022 WHO and UNICEF estimates of national immunization coverage (WUENIC), released in 2023, showed promising signs of immunization services rebounding globally but many PICTs were yet to recover to pre-pandemic levels with routine immunization coverage. In the Cook Islands, coverage rates for the first and third doses of the diphtheria, tetanus, and pertussis (DTP) vaccine decreased by 8 and 26 per cent, respectively, between 2019 and 2022. In Vanuatu, coverage rates decreased by 13 and 22 per cent. The issue of inadequate coverage for the first dose of the measles-containing vaccine (MCV) persisted, as half of PICTs had not achieved 90 per cent coverage for the first dose. Even lower rates of vaccination coverage were observed for the second dose: 45 per cent in Samoa and 68 per cent in Kiribati. In 2023, PICTs actively resumed numerous programmes and services to catch up on missed vaccinations and ensure that their populations were protected against preventable diseases. These efforts included implementation of catch-up campaigns and demand generation activities to improve low coverage, strengthening cold chain systems, updating immunization policies and protocols, and integration of COVID-19 in routine health and immunization services. The long-awaited introduction of MCV2 in Vanuatu and the modification of the MCV2 schedule in Kiribati from six years to 18 months were also noteworthy. Catch-up campaign and intensified outreaches led to a reported increase in immunization coverages in multiple PICTs – e.g., Vanuatu (92 per cent MCV1 coverage), Samoa (close to 90 per cent MCV1&2 coverage), while measles catch-up campaign reached 96 per cent of under-five children in Kiribati, according to Ministries of Health administrative data.

NATURAL DISASTERS

During the project period, PICTs faced natural disasters, which temporarily diverted the government efforts and resources from regular program activities / service delivery. Most notable were 2022 volcanic eruption and tsunami in Tonga and 2023 cyclone emergencies in Vanuatu. Apart from these emergencies which required major response operations in the prolonged periods, PICTs experienced many smaller emergencies such as disease outbreaks (diarrheal disease and skin disease outbreaks in Kiribati in 2023, suspected typhoid and dengue outbreaks in Tuvalu in 2023) and drought in Kiribati in 2022.

VOLCANIC ERUPTION AND TSUNAMI IN TONGA

The violent January 2022 eruption of the underwater volcano Hunga Tonga Hunga Ha'apai (HTHH) significantly impacted Tonga, covering the country in volcanic ash, jeopardising the safety of air and water, and causing a tsunami. UNICEF supported government's response, in WASH, health, nutrition, education, and child protection. The intended timeline for the implementation of the HPV vaccine, COVID-19 vaccination, and the continuation of the regular immunisation campaign was impeded as a consequence of prioritising emergency response and recovery efforts. UNICEF collaborated with the national EPI team to recommence regular immunisation programmes, including integrated outreach visits in geographically isolated outlying islands. Activation and preparation efforts were reinstated to proceed with the scheduled launch of the HPV vaccine in the year 2021. UNICEF's efforts to resume regular immunization programs were crucial in ensuring that children in remote areas were not left behind. With reactivation of the HPV vaccination initiative, more young girls had access to this life-saving vaccine. The collaboration between UNICEF and the national EPI team proved to be instrumental in continued prioritization of health and well-being of children and overcoming the challenges presented by the HTHH disaster.

TROPICAL CYCLONES IN VANUATU

In March 2023, two tropical cyclones Judy and Kevin hit Vanuatu in quick succession causing widespread damages to vital infrastructure including communication and food sources across the country, affecting 80 per cent of the population. Farmers lost their fruits, vegetables, and farm produce (with exception of underground roots).

A majority of individuals also experienced lack of access to safe drinking water. The closure of schools and the destruction of health facilities, especially medical supply stores, significantly impacted education and healthcare.

The Government of Vanuatu subsequently declared a State of Emergency on March 2, 2023, in provinces and districts of Mere Lava, Ambrym, Penama, Shefa, and Tafea – later, on March 5 2023, expanding it to the entire country. As a result, all actions undertaken by the Programme, except for the immediate emergency response operation, were given lower priority until the country entered the early recovery phase in June 2023. During this time, efforts were focused on restoring basic services, such as healthcare and education, and providing relief to those affected by the natural disaster. The State of Emergency allowed for mobilization of the resources and funding to support recovery efforts, with international aid organizations also stepping in to assist. Rebuilding of health facilities and medical supply stores became the top priority to ensure well-being of the population and prevent further health crises.

Four-months after transitioning into the early recovery phase, another cyclone hit Vanuatu in October 2023, and a State of Emergency was declared again for affected provinces. Despite these challenges, the country managed to introduce HPV and MR2 introduction along with MR to MMR switch and increased the routine immunization coverage, while delivering life-saving health and nutrition services for children affected by emergencies. This was possible through full integration of routine health and nutrition services as part of the emergency response and recovery plan; con-current and coordinated introduction of all new vaccines for efficiency; and forging strategic local partnership. UNICEF collaborated with Save the Children to provide critical health and nutrition services in an evacuation centre, which not only reached the most vulnerable children but also formed the basis for advocacy to include immunization and nutrition screening as part of the cyclone response, which was later adopted by the MoH. UNICEF also advocated and leveraged the Respond Global HELPR-1 ship services on the inclusion of immunization and nutrition screening as part of the package of care for their emergency outreach services.

OVERVIEW OF ACTIVITIES AND ACHIEVEMENTS

- The first table is the total number of children vaccinated as at December 2023.
- The second table displays the projected forecast for the total number of children who will continue to be vaccinated between 2024 until the end of 2025, based on actual vaccinations purchased under this program funding. This table has been included because vaccines purchased in late 2023 (through this grant) will continue to be used to vaccinate children until the end of 2025.
- The third table is the total number of children (actual achieved as at 31 Dec 2023 and to be achieved by end of 2025) vaccinated through the support of this project.

Table 01	
Total project achieved as at 31 December 2023. Number of children vaccinated for the period 2021-2023	
PCV & ROTAVIRUS	39,327
HPV	22, 530
Total	61,857

Table 02	
Number of children that will continue to be vaccinated in 2024-2025 using vaccines procured in 2023 using funding from this grant.	
PCV & ROTAVIRUS	42, 518
HPV	36, 600
Total	79,118

To note, the number of children to be vaccinated in 2024/25, is reflective of actual vaccines available and purchased as part of this project.

Total (actual achieved as at 31 Dec 2023 and to be achieved by end of 2025)	
PCV & ROTAVIRUS	81, 845
HPV	59, 130
Total	140, 975

Original Project Target for HPV, PCV and Rotavirus: **79,689**

Overachieved explained.

The original vaccination target for HPV, PCV and Rotavirus was 79,689.

1. However, as UNICEF worked directly with respective government ministries across the PICs to strengthen health systems and vaccine efficacy, several PICs decided to expand the age-cohort for HPV, increasing the number of eligible children and thus targets and actual children vaccinated over the course of the program.
2. Additionally, several governments committed to activate catch-up campaigns for PCV, which translated into children eligible in previous years (before this program started) who missed out on receiving PCV vaccines due to lack of access, receiving their PCV vaccine through this program.

This explains the remarkable overachievement.

Rotary Give Every Child a Future project successfully achieved the introduction, roll-out and uptake of new vaccines (HPV, PCV, RV) in nine PICTs through the following three outputs:

1. National capacities enhanced to strengthen immunization policy and legislation
2. Health system capacities strengthened to deliver quality immunization services that are adapted to climate change
3. Caregivers have improved knowledge and skills to adopt recommended immunization practices.

Details of the achievements are provided in the below tables and the subsequent narrative section.

Country	Roll-out PCV/Rota start date	Roll-out HPV start date
Cook Islands	April 2022	Prior to project
Kiribati	Prior to Project	October 2023
Nauru	November 2021	November 2021
Niue	Prior to Project	Prior to Project
Samoa	Rota – July 2021 PCV – October 2021	July 2022
Tokelau	July 2022	July 2022
Tuvalu	July 2021	September 2021
Tonga	August 2021	September 2021
Vanuatu	September 2021	June 2023

The three new vaccines (Rotavirus vaccine, Pneumococcal Conjugate vaccine and Human Papilloma Virus vaccine) were rolled out in all nine countries - Cook Islands, Kiribati, Niue, Tokelau, and Nauru with support from Rotary International, while Vanuatu, Samoa, Tonga, and Tuvalu received main support from Asian Development Bank (ADB) with complementary funding from Rotary International. The annual coverage reports were submitted by the countries for the last three years. A structured Post Introduction Assessment (PIA) for these vaccines is yet to be completed for all nine countries. However, these countries have carried out their Effective Vaccine Management Assessment (EVMA) in 2023, which also provide information about some of the critical areas considered in the PIAs.

Vanuatu and Kiribati are the last two countries which introduced HPV in 2023, and the phased rollout is still underway. The governments of Niue and Tokelau administered HPV vaccination to both adolescent boys and girls. A comprehensive HPV vaccination campaign was carried out in Samoa in 2022, targeting several age groups including 13 to 17-year-old girls. Samoa has decided to lower the age of eligibility from 13 to 10 years old. In Tonga, the government expanded the designated age range from nine to 14 years to nine to 17 years. These shifts in vaccination strategies demonstrated a commitment to improving public health outcomes and reducing the burden of preventable diseases in the region. The increased focus on vaccination campaigns targeting a wider age range and both genders helped achieve herd immunity and protect the population from spread of HPV-related illnesses. These efforts highlighted the importance of collaborative efforts among all partners and stakeholders.

TOTAL BENEFICIARIES RECEIVING PCV & ROTAVIRUS VACCINES (ALL AGES) 2021 – DECEMBER 2023

	Cook Is	Kiribati	Nauru	Niue	Samoa	Tokelau	Tonga	Tuvalu	Vanuatu	Total
Target infants to be vaccinated	420	8,852	1302	88	15,396	82	4,550	711	24,533	55,934
Actual Infants Vaccinated	219	9,046	736	83	8,760	57	3,169	649	16,608	39,327
Target Boys	211	4,493	660	32	7,850	26	2,290	340	12,357	28,259
Actual Boys	109	4,561	373	29	4,605	14	957	318	5,023	15,985
Target Girls	208	4,359	641	31	7,546	26	2,260	371	12,176	27,618
Actual Girls	110	4,485	363	29	4,155	13	891	331	4,882	15,259
Target Urban Infants	162	2,390	956	83	973	25	617	373	50,624	56,183
Actual Urban Infants	61	6,385	531	83	1,540	0	0	499	6,304	15,35
Target Rural Infants	57	3,202	n/a*	n/a*	4,149	57	1,953	158	7,103	16,704
Actual Rural Infants	8	2,818	n/a*	n/a*	1,359	57	0	150	3,756	8,173
Target Boys with Disability	2	113	18	2	338	2	162	6	951	1,594
Target Girls with Disability	2	112	17	2	337	2	161	6	948	1,587

Note: Data includes administrative and eJRF data from 2021 – 2023

*Nauru and Niue are single-islands countries which do not apply the distinction between rural and urban due to small size and minor differences

	Cook Is	Kiribati	Nauru	Niue	Samoa	Tokelau	Tonga	Tuvalu	Vanuatu	Total
Target infants to be vaccinated in 2024 (PCV & ROTAVIRUS)	250	3349	380	30	5900	50	2000	300	9000	21,259
Target infants to be vaccinated in 2025 (PCV & ROTAVIRUS)	250	3349	380	30	5900	50	2000	300	9000	21,259
Overall Total Achieved and to be achieved (noting 2024-2025 targets are to be realized over this period)	719	15,744	1,496	143	20,560	157	7,169	1,249	34,608	81,845

To note, the number of children to be vaccinated in 2024/25, is reflective of actual vaccines available and purchased as part of this project.

TOTAL BENEFICIARIES RECEIVING HPV VACCINE (ALL AGES) 2021 – DECEMBER 2023

	Cook Is	Kiribati	Nauru	Niue	Samoa	Tokelau	Tonga	Tuvalu	Vanuatu	Total
Target to be vaccinated	419	6,800	538	112	14,835	318	19,309	322	12,548	55,201
Actual Vaccinated	89	4,849	423	112	10,685	293	4,391	247	1,441	22,530
Target Boys	109	n/a**	n/a**	51	n/a**	162	n/a**	n/a**	n/a**	322
Actual Boys	0	n/a	n/a	39	n/a	150	n/a	n/a	n/a	189
Target Girls	110	6,800	358	70	14,835	156	19,309	322	12,548	51,063
Actual Girls	89	4,849	423	70	10,685	143	4,391	247	1,441	20,844
Target Urban Infants	162	0	358	112	487	25	308	131	861	2,365
Actual Urban Infants	37	0	423	112	0	0	0	80	0	573
Target Rural Infants	57	0	n/a	n/a	2,074	293	977	91	2,451	5,986
Actual Rural Infants	52	0	n/a*	n/a*	0	293	0	88	0	476
Target Boys with Disability	1	n/a**	n/a**	n/a**	n/a**	n/a**	n/a**	n/a**	n/a**	1
Target Girls with Disability	2	0	9	1	151	1	111	2	407	684
Note: Data includes administrative and eJRF data from 2021 – 2023 *Nauru and Niue are single-islands countries which do not apply the distinction between rural and urban due to small size and minor differences **These countries are not vaccinating boys cohort										

	Cook Is	Kiribati	Nauru	Niue	Samoa	Tokelau	Tonga	Tuvalu	Vanuatu	Total
Actual Vaccinated up to 2023	89	4,849	423	112	10,685	293	4,391	247	1,441	22,530
Target to be vaccinated in 2024 (HPV)	200		400		7500		5500	200	4500	18,300
Target to be vaccinated in 2025 (HPV)	200		400		7500		5500	200	4500	18,300
Overall Total Achieved, and to be achieved (noting 2024-2025 targets are to be realized over this period)	489	4,849	1,223	112	25,685	293	15,391	647	10,441	59,130

To note, the number of children to be vaccinated in 2024/25, is reflective of actual vaccines available and purchased as part of this project.

TOTAL CAREGIVERS EDUCATED WITH MESSAGING ON NEW VACCINES 2021 – DECEMBER 2023

	Cook Is	Kiribati	Nauru	Niue	Samoa	Tokelau	Tonga	Tuvalu	Vanuatu	Total
Target Caregivers educated	839	12,207	1,660	192	32,817	400	13,436	1,033	28,025	90,609
Actual	797	14,921	1,897	260	46,254	705	62,094	1,434	138,076	266,438
Target Men	310	4,727	564	66	9,790	111	3,359	175	6,670	25,772
Actual Men	160	2,978	361	65	10,839	176	15,191	336	33,706	63,842
Target Women	529	7,480	1,096	126	23,027	289	10,077	692	20,683	63,999
Actual Women	479	8,936	1,082	195	32,516	529	45,574	1,009	101,118	191,438
Target Urban Caregiver	324	2,420	534	50	2,640	50	3,224	223	6,936	16,401
Actual Urban Caregiver	0	1,345	0	0	1,053	0	559	0	1,767	4,724
Target Rural Caregiver	114	3,083	526	68	20,805	305	10,212	477	19,744	55,334
Actual Rural Caregiver	0	1,711	383	68	9,485	305	1,770	312	5,032	19,066

NB: Cook Islands and Niue lower than planned, as many NZ citizens from Niue and Cook Islands travel to NZ for school, and so expected target is lower, caregivers travel with their children to NZ for school.

ACHIEVED RESULTS AGAINST INDICATORS/ TARGETS

OUTPUT 1: NATIONAL CAPACITIES ENHANCED TO STRENGTHEN IMMUNIZATION POLICY AND LEGISLATION IN NINE PICTS

OUTCOME 1: Children In Nine Pics, Particularly The Most Vulnerable, Increasingly Benefit From Quality And Resilient Health And Nutrition Services And Care Practices					
Indicator	Target / Planned Result		Achieved - Total program		
Outcome 1: Infants receiving new (PCV/Rota) vaccines	Target beneficiaries are a total of 90% of the total birth cohort for Cook Islands, Kiribati, Nauru, Samoa, Tonga, Tuvalu; 80% of the birth cohort for Vanuatu; and 100% for Tokelau and Niue		Original Target: 79,689 <ul style="list-style-type: none">Actual achieved PCV/Rota: 81, 845. <i>This includes targets to be achieved across 2024-2025.</i>HPV, Actual: 59,130. <i>This includes targets to be achieved across 2024-2025.</i> Total of HPV& PCV & Rota: 140,975. <i>This includes targets to be achieved across 2024-2025.</i> Cook Is – 78% Kiribati – 100% Nauru – 73% Niue – 97% Samoa – 76% Tokelau – 86% Tonga – 84% Tuvalu – 95% Vanuatu – 81%		
Output 1: National capacities enhanced to strengthen immunization policy and legislation in nine PICTs					
Indicator	Target / Planned Result (2021)		Achieved Result (2023)	Total Program Target / Planned Result	Total Program Achieved
National EPI policy including new vaccines updated.	Cook Islands	Yes	Yes	Updated and available	Updated and available
	Kiribati	Yes	Yes	Updated and available	Updated and available
	Nauru	Yes	Yes	Updated and available	Updated and available
	Niue	Yes	Yes	Updated and available	Updated and available
	Samoa	Yes	Yes	Updated and available	Updated and available
	Tokelau	Yes	Yes	Updated and available	Updated and available
	Tonga	Yes	Yes	Updated and available	Updated and available
	Tuvalu	Yes	Yes	Updated and available	Updated and available
	Vanuatu	Yes	Yes	Updated and available	Updated and available

Indicator	Target / Planned Result (2021)		Achieved Result (2021)	Total Program Target / Planned Result	Total Program Achieved
Costed implementation plan for introduction of new vaccines available	Cook Islands	Yes	Yes	Updated and available	Updated and available
	Kiribati	Yes	Yes	Updated and available	Updated and available
	Nauru	Yes	Yes	Updated and available	Updated and available
	Niue	Yes	Yes	Updated and available	Updated and available
	Samoa	Yes	Yes	Updated and available	Updated and available
	Tokelau	Yes	Yes	Updated and available	Updated and available
	Tonga	Yes	Yes	Updated and available	Updated and available
	Tuvalu	Yes	Yes	Updated and available	Updated and available
	Vanuatu	Yes	Yes	Updated and available	Updated and available
Indicator	Target / Planned Result (2023)		Achieved Result (2023)	Total Program Baseline	Total Program Achieved
VII ceiling increase	Cook Islands		Overall, VII ceiling was increased for USD 190,000 under Rotary grant in 2023	USD 20,000	USD 65,000
	Kiribati			USD 110,000	USD 185,000
	Nauru			USD 30,000	USD 80,000
	Niue			USD 10,000	USD 20,000
	Tokelau			USD 10,000	USD 20,000
	Samoa		Overall, VII ceiling was increased for USD 1,765,000 under the ADB NVI support in 2020	USD 200,000	USD 803,000
	Tonga			USD 90,000	USD 369,000
	Tuvalu			USD 20,000	USD 53,000
	Vanuatu			USD 175,000	USD 1,025,000

NARRATIVE DESCRIPTION

NARRATIVE OUTPUT 1

National EPI policy was updated to incorporate new vaccines and other changes in all nine countries, though the revised policy in Tuvalu is still pending endorsement from the Government. Prior to new vaccine introduction (2021), costed implementation plans were developed in all countries, which were instrumental in sustainably introducing these vaccines. To accommodate the increase in vaccine procurement costs due to new vaccine introduction, the ceilings for Vaccine Independent Initiative (VII) ion was raised from USD 180,000 to USD 370,000 in 2023, with support from Rotary Give Every Child a Future funding. This will allow the countries to continue procuring the vaccines including the newly introduced, using their domestic resources, through the cost-effective, pooled procurement mechanism. This followed the earlier increase in ADB-supported countries (Samoa, Tonga, Tuvalu, and Vanuatu) in 2020.

KIRIBATI

With the support of our partners, the national immunization and cold chain policies were reviewed and updated to include the three new vaccines.

SAMOA

With the support of our partners, the national immunization policy and the child health card was updated in 2020 to include the new vaccines. The content of the child health book, reviewed and revised with technical inputs from relevant stakeholders including UNICEF, was endorsed by technical experts, and subsequently approved by the Director General, MOH, in second half of the year 2021.

In 2023, after consultation with the Samoan Ministry of Health (MoH), a Standard Operating Procedures (SOPs) for cold chain management was developed rather than developing a separate Cold Chain Policy. SOPs and a set of job aids for routine immunization (RI) based on EVM guidelines were developed, piloted, and finalized, currently pending endorsement. In 2023, upon request from the MoH, UNICEF also provided support in redesigning and printing of the child health handbook.

TONGA

The national immunization and cold chain policies/standards were updated to include adverse event reporting, inventory management, and gender considerations amongst others. They were approved by the National Immunization Technical Advisory Group (NITAG).

The NITAG also provided technical support for introduction of the new vaccines, and standardization of vaccination handbooks, immunization reporting and recording formats. This national level coordinating body meets regularly and discusses key technical areas related to vaccine supply chain, immunization, and other operational support for the wider EPI portfolio. The NITAG reports to the National Health Development Committee and provides recommendations to ensure the EPI portfolio is implemented soundly and based on the agreed upon plan.

TOKELAU

Our partners supported the country with the review of the Well Child Health Book at the time of launch of the three vaccines in 2021. UNICEF also provided technical support in finalizing of the PCV, HPV and RV guidelines for rollout.

TUVALU

The national immunization policy which had been developed in 2015 was revised with UNICEF support to include the latest international guidelines with sex disaggregated data and gender inclusions as suitable for the Tuvaluan context. A cold chain policy was also developed, and both were shared with Ministry of Health, Social Welfare and Gender Affairs (MHSWGA) for review and endorsement. Following the due process, consultations with stakeholders, and submission to the General Administration Committee of Tuvalu, the policies were then tabled to cabinet for endorsement. The cabinet approval is still pending.

VANUATU

In 2022, a National Immunization Coordination Committee (NICC) in Vanuatu was established, enabling the creation of a favorable environment for legislative and regulatory decisions for new vaccine introduction processes. Following the joint recommendation issued by UNICEF and WHO in 2021, NICC approved the national deployment and vaccination plan (NDVP) as basis for the roll-out of a new national immunization schedule, and action plans to introduce childhood vaccines including PCV and RV. The NDVP includes essential life-saving childhood vaccines such as PCV, RV, a second dose of measles vaccines for children under 2 years, and HPV vaccine as recommended for girls from 9 to 13 years.

The NICC also officially endorsed the new immunization schedule (detailed below), marked by the national launch and comprehensive rollout of both HPV and MMR vaccines in 2023.

Table 2: New immunization schedule for children aged 0 – 24 months (changes marked with *)

Age of the Child	Vaccine			
Birth	Hep B	BCG		
6 weeks	OPV1	Penta1	RV1*	PCV1*
10 weeks	OPV2	Penta2	RV2*	PCV2*
14 weeks	OPV3	Penta3	IPV	PCV3*
12 months	MMR			
18 months	MMR*			

Table 3: New immunization schedule for school-age children (changes marked with *)

Time at school	Vaccine		Out-of-school children
Primary school, class 1	Td1	OPV4	Age 6
Primary school, class 4, girls	HPV*		Girls, age 9-13*
Primary school, class 6	Td2	OPV5	Age 12

UNICEF provided technical support to MOH to review and develop HPV guidelines, contingency plan guidelines and Pikinini booklets (child health card). The capacity development process for new vaccine introduction consisted of a series of activities:

- Development of national guidelines for PCV, RV and HPV and update of cold chain guidelines.
- Development of training presentations and practical sessions suitable for local context and health workers' capacity.
- Development of job aids to suit health workers' ability and pre-test.
- Delivery of actual training at national and provincial levels.

All training materials and guidelines were developed in accordance with WHO recommendations. UNICEF developed the multiple training materials on PCV, RV and HPV vaccine introduction, and cold chain management. These were endorsed by MOH, printed, and distributed to all six provinces. In 2023, a diligent review and update of the recording and reporting tools took place to ensure alignment with the DHIS 2 platform. Furthermore, in adherence to WHO guidelines and active contributions to the EPI policy and strategy document, plans are underway to update the immunization schedule for school-going children. Notably, this update will specifically involve the exclusion of the OPV booster in school-going children.

OUTPUT 2

Output 2: Health system capacities strengthened to deliver quality immunization services that are adapted to climate change in nine PICTs					
Indicator	Target / Planned Result (end of project)		Achieved Result (since 201- 2023)	Total Program Target / Planned Result	Total Program Achieved
Zero stock-outs reported for new vaccines at national level	Cook Islands	0 for all years	0 for all years	0 for all years	Achieved
	Kiribati	0 for all years	0 for all years	0 for all years	Achieved
	Nauru	0 for all years	0 for all years	0 for all years	Achieved
	Niue	0 for all years	0 for all years	0 for all years	Achieved
	Samoa	0 for all years	0 for all years	0 for all years	Achieved
	Tokelau	0 for all years	0 for all years	0 for all years	Achieved
	Tonga	0 for all years	0 for all years	0 for all years	Achieved
	Tuvalu	0 for all years	0 for all years	0 for all years	Achieved
	Vanuatu	0 for all years	0 for all years	0 for all years	Achieved
% of health facilities reporting no stock-outs of new vaccines	Target / Planned Result (end of project)		Achieved Result (every year 2021)	Total Program Target / Planned Result	Total Program Achieved
	Cook Islands	100%	100%	100%	100%
	Kiribati	100%	100%	100%	100%
	Nauru	100%	100%	100%	100%
	Niue	100%	100%	100%	100%
	Samoa	100%	100%	100%	100%
	Tokelau	100%	100%	100%	100%
	Tonga	100%	100%	100%	100%
	Tuvalu	100%	100%	100%	100%
	Vanuatu	100%	100%	100%	100%
Number of children vaccinated with new vaccines (PCV/Rota)	Target / Planned Result (2023)		Achieved Result (2023)	Total Program Target / Planned Result	Total Program Achieved
	Cook Islands	201	150	420	719
	Kiribati	3349	2983	8,852	15,744
	Nauru	600	No data	1,302	1,496
	Niue	38	38	88	143
	Samoa	3934	3934	15,396	20,560
	Tokelau	27	27	82	157

	Tonga	1,412	1,410	4,550	7,169
	Tuvalu	233	233	711	1,249
	Vanuatu	9,056	6,593	24,533	34,608
					Total = 81,845
% of health facilities providing immunization services with new vaccines	Target / Planned Result (2023)		Achieved Result (2023)	Total Program Target / Planned Result	15,396
	Cook Islands	80%	100%	80%	100% (12/12)
	Kiribati	80%	100%	80%	100% (120/120)
	Nauru	80%	100%	80%	100% (1/1)
	Niue	80%	100%	80%	100% (1/1)
	Samoa	80%	100%	80%	100% (14/14)
	Tokelau	80%	100%	80%	100% (3/3)
	Tonga	80%	100%	80%	100% (33/33)
	Tuvalu	80%	100%	80%	100% (9/9)
	Vanuatu	80%	100%	80%	100% (131/131)
				Total Target overall = 215 Health Facilities	Total = 312 Health Facilities/ 100% of those targeted Health Facilities providing immunization services with new vaccines
Healthcare workers training	Target / Planned Result (2023)		Achieved Result (2023)	<u>Total program</u> Target / Planned Result	<u>Total Program</u> Achieved
	Cook Islands	No planned targets	NVI – 15 (2021) EVM – 10 (2023)	No planned targets	25
	Kiribati		NVI – 84 (2023) EVM (complementary funds) – 25 (2023)		109
	Nauru		NVI – 23 (2021, 2023) EVM – 4 (2023)		27
	Niue		NVI – 5 (2021) EVM (complementary funds) – 3 (2023)		8
	Samoa		NVI (complementary funds) – 329 (2021, 2023) EVM – 18 (2023)		347
	Tokelau		NVI – 24 (2022) EVM – 2 (2023)		26

	Tonga		NVI – 207 (2021, 2023) EVM – 8 (2023) AEFI – 157 (2023)		372
	Tuvalu (complementary funds)		NVI – 52 (2021, 2022) EVM – 4 (2023)		56
	Vanuatu (complementary funds)		NVI – 126 (2021) EVM – 17 (2023)		143
					Total = 1,113

NARRATIVE OUTPUT 2

In addition to the tailored training on new vaccine introduction (NVI), UNICEF supported health ministries in nine countries in the training and implementation of EVMA. The criteria for effective vaccine management are assessed every 3 to 5 years to evaluate the performance of immunization Supply Chain Management (iSCM) and vaccine management process. The assessment also identifies gaps and recommends a comprehensive improvement plan to reach the recommended performance scoring. Samoa, Kiribati, Tonga, Vanuatu, and Tuvalu have completed the assessment, while data collection is currently underway in the Cook Islands, Nauru, Niue, and Tokelau.

There was an opportunity in Fiji to share practice and experiences and build capability in microplanning and networking to discuss immunisation changes since covid and how it impacted the program etc., Also shared EVM assessment sharing data, and sharing guidance on developing improvement plans, and new vaccines available.

UNICEF Presented on new vaccines available in region and data management. 18 countries rep, x 2 = total attended. UNICEF and WHO from regional attended the event.

When comparing the EVM scores of 2023 with the previous EVM assessment in Vanuatu and Kiribati, we see a significant improvement for Vanuatu but a stagnation in Kiribati, the reason for this was due to the lack of capacity and resources to implement the first country continuous improvement plan (see pg.27 on how UNICEF plans to work with government to improve this going forward). The remaining countries have done this assessment for the first time. All EVM assessed countries have developed or are in the process of developing a continuous improvement plan (CIP) to address identified weaknesses in the vaccine supply chain system.

UNICEF provided technical assistance to Kiribati, Vanuatu, and Samoa in building the capacity of national and sub-national managers responsible for cold chain and vaccine management. This included training them on installing, maintaining, and forecasting vaccine supplies, including cold chain equipment, monitoring temperature, and managing vaccines. UNICEF also supported the health ministries in developing SOPs for vaccine management, equipment inventory, and Health Facility Solar Electrification (HFSE) assessments in Kiribati and Tuvalu among other PICTs to evaluate energy and infrastructure requirements of primary healthcare facilities.

A key component of preparing countries to receive new vaccines was increasing the cold chain capacity within countries. The table below summarizes overall cold chain infrastructure support provided by this grant:

Table 1 Cold Chain Strengthening per country (number of unites procured during the course of project)

Country	Vaccine refrigerators	Freezer	Cold boxes	Vaccine carriers	Ice packs	Fridge & Freeze tags	Remote temperature monitoring devices (RTMD)	Maintenance toolkit	Voltage stabilizers
Cook Islands	3		5	20	295				
Kiribati	6		5	80	735				
Nauru	10	1		15	32		5		
Niue	3								
Samoa			27		702				35
Tokelau	3		2	10	520	70			
Tonga							10	2	
Tuvalu					520	70			20
Vanuatu	10					301			20
Total	35	1	39	125	2804	441	15	2	75

COOK ISLANDS

Despite the challenges posed by COVID-19, the PCV and rotavirus vaccines were successfully launched in April 2022 (HPV had already been introduced into the country prior to the project commencement). To support the roll out of the three vaccines, funds from this grant were used to procure 1,600 vials of PCV, 500 vials of HPV bivalent, and 1,400 vials of RV monovalent for the life of the project.

In parallel, UNICEF also procured cold chain equipment and supplies (as detailed in the above table) to increase country storage capacity and strengthen the immunization supply chain in preparation for the new vaccines roll out.

To facilitate conducting EVM assessment in the country, ten health workers attended the EVMA training, conducted in Samoa in 2023. The training focused on improving immunisation supply chain management (iSCM) and ensure that potent vaccines are available for the target population. The Cook Islands EVM assessment began in the second week of July 2023 and planned to cover 16 sites/health facilities and the national vaccine store. However, due to the cyclone season and unfavorable weather conditions, the assessment was delayed but due to be completed in August 2024.

KIRIBATI

Due to the Rotary Give Every Child a Future project, six vaccine refrigerators were procured to expand cold chain capacity to safely store the new vaccines (as specified in the above cold chain table). This grant also allowed the procurement of 7,200 vials of Rotavirus to benefit more than 3,249 children. UNICEF provided technical support in-country to MOH for the continuation of routine immunization amid COVID-19 response and vaccination. Technical assistance is also provided in terms of vaccine forecasting, training, and waste management.

The HPV vaccination was launched as the start of the HPV campaign on October 13, 2023, at Rurubao Primary School, Bairiki. During the launch, sixty-one girls aged 9–14 were vaccinated. The campaign is being implemented in phases and still ongoing.

Although the vaccination is primarily school-based, there is also a community-based vaccination to ensure all girls who are not enrolled in school are captured. This involves community leaders being part of the vaccination teams together with community volunteers living in each health facility catchment area. By the end of 2023, 3,098 girls of the target age group had been vaccinated from both schools and communities, with minimal challenges on the vaccine acceptance.

As part of the project, UNICEF supported the MOH with the conduct of an EVMA in-country to improve immunisation supply chain management and ensure that potent vaccines are available to reach the target population. An EVM training was completed with 20 assessors and five managers trained and the data collection was completed by July 2023. The EVMA was completed with a sample space of 22 sites (26% of HFs) and the national EVM score for Kiribati was found to be 46%. EVM recommends a minimum score of 80% for all aspects of the immunization supply chain, so there is ample scope for improvement. As per the heat map (please refer to Annex 3) the strongest criteria are E9 Waste Management (67%) with the weakest criteria being M1 Annual Needs Forecasting (11%). The results of the Kiribati EVM will inform the development of the country's continuous improvement plan (CIP) for the period 2023 – 2027. It was noted that there was a stagnation in the country's EVM scores when comparing the first and second EVM assessments. The reason for this was due to the lack of capacity and resources to implement the first country CIP.

As a way forward, UNICEF will support the MHMS to hold a cIP workshop coordinated by the Director General of MHMS Kiribati with all stakeholders involved in Immunization to ensure everyone's involvement and ownership by the Ministry to ensure accountability. UNICEF also plans to support the MHMS to set up a monitoring unit (NLWG/TWG) to ensure the implementation of the planned actions.

NAURU

The three new vaccines (PCV, RV, HPV) were successfully launched on 26 November 2021. As part of the Rotary Give Every Child a Future project, UNICEF procured 1,350 vials of PCV, 300 vials of HPV bivalent and 1,500 vials of RV monovalent throughout the project lifespan.

To strengthen the cold chain capacity in country in anticipation of the three new vaccines, UNICEF procured five vaccine refrigerators and associated supplies to expand cold chain capacity to safely store the new vaccines and computer tablets to facilitate immunization data collection as part of Nauru's electronic immunization registry and logistics management information system. The electronic immunization registry enables complete and timely data for decision making, particularly with defaulter tracing, facility-level supply visibility, specifically for vaccine stocks and vaccine utilization. In June 2023, eight health workers from Nauru participated in a refresher training for the three new vaccines facilitated by UNICEF. UNICEF also supported the country with the conducting of an EVM assessment for which the draft report is now awaited.

UNICEF provided technical assistance for the Immunization In Practice (IIP) training for health workers in October 2023. The training is in-line with the on-going plan to build the capacity of the health workforce in the national and service delivery levels with the aim to improve the delivery of basic healthcare services, particularly immunization. The training was primarily intended to frontline health workers who are implementing the immunization programme and providing immunization services in the Public Healthcare Centre, as well as to other Government servants who engage in vaccine logistics, storage, and handling. Similarly, the training was conducted to provide as a refresher course to in-service healthcare workers to update their knowledge and skills on management of immunization services including cold chain equipment and vaccine handling. A total of 23 health workers were trained including one officer from Nauru Airlines who manages vaccine shipments. Following the training, UNICEF conducted a joint visit and facility assessment with MHMS Nauru resulting in the additional procurement of cold chain equipment to strengthen existing capacity, accommodate the opening of three new wellness centers and to replace one non-functioning freezer.

NIUE

In Niue, to boost in-country cold chain capacity and storage, through the funding of the Rotary Give Every Child a Future, UNICEF procured three vaccine refrigerators and associated supplies to expand cold chain capacity to safely store the new vaccines (as specified in the CCE procurement table). Although the targeted three new vaccines had already been introduced prior to the project period, a refresher training was conducted in December 2021, in which 5 health workers were trained. Since then, UNICEF support has been technical assistance in the planning and administering of the new vaccines including TA for EVM assessment, training, and implementation.

SAMOA

The country rolled out HPV vaccine in July 2022 and by end 2023 had achieved 86% coverage of the target population of girls aged 13 – 17 years. In 2023, as per the advice of the National Technical Working Group on Immunization, the government of Samoa made the decision to lower the target cohort for HPV vaccination from 13 to 10 years old. Therefore, beginning 2024, adolescent girls aged 10-13 years will be vaccinated as part of another catch-up campaign.

An EVMA training was held in Samoa for three countries (Samoa, Cook Islands and Tokelau). The training was attended by 30 assessors, who are health workers from these countries (18 Samoa, 10, Cook Island and 2 Tokelau). The purpose of the training was to improve immunisation supply chain management and ensure that potent vaccines are available to reach the target population. Following the training, the National Vaccine Store and 13 health facilities were assessed, and data was collected using a mobile app. Data cleaning was completed, and a scorecard was generated based on the final dataset, presented in the corresponding heat map (please refer to Annex 3). Details of the findings were compiled into the Final EVM Assessment report. Based on these findings, a provisional improvement plan was developed and will be discussed with stakeholders for finalization and implementation. This is estimated to be completed by Q2-2024.

TOKELAU

MOH rolled out the PCV and Rotavirus vaccines (RV) in July 2022 and HPV in September 2022. UNICEF supported the annual micro-planning workshops, as well as development, updating and printing of the PCV, HPV and RV guidelines for use in health facilities across Tokelau.

Two health workers participated in an EVMA training held in Samoa. They conducted EVMA in the two of three health facilities on the island. The assessment is expected to be in Q2 2024 as the team was faced with difficulties accessing the 3rd health facility.

TONGA

UNICEF worked with MOH Tonga to strengthen the HPV vaccination coverage through the introduction of a school-based immunisation programme. 40 healthcare workers were trained in June 2023 where they developed the school-based immunisation strategy and completed microplanning to cover all schools on the mainland and outer islands. In addition, the country dedicated the month of August as the school-based immunisation month. The HPV vaccination programme, launched nationwide on 15 November 2022, aimed to vaccinate 9,012 girls (aged 10 to 17 years) of which 1,781 girls (19.76%) received the HPV vaccine in the first year of implementation.

A review conducted in February 2023 identified two significant reasons for the high refusal rate. Firstly, there was a lack of full understanding about HPV and the HPV vaccine, leading to vaccine hesitancy. Secondly, the timing of the campaign coincided with the end of the school year, competing with preparations for final examinations and important end-of-year activities. This resulted in weak support from both teachers and parents. In response to these challenges, MoH with support from UNICEF, relaunched the HPV vaccination programme in 2023. This involved providing orientation and refresher training on HPV, cervical cancer, and the HPV vaccine.

Administering PCV to older children during the national introduction accelerates both direct and indirect protection, expediting the overall impact of PCV. In March 2023, a catch-up vaccination campaign for PCV was conducted, specifically targeting children under the age of 5, as well as older adults and special populations. UNICEF played a supportive role by assisting MoH in the development and dissemination/orientation of policies and guidelines related to PCV. As reported by MoH Tonga, 4,583 children and older adults (aged >55 years) received the PCV during the campaign. However, a detailed age and sex disaggregated final report is not yet available.

In the reporting period, UNICEF supported the country with conducting its first ever EVMA. Using complementary funding, UNICEF trained eight EVM assessors in May 2023 to conduct EVMA in-country. Tonga currently has four hospitals: one national referral hospital, three hospitals, 14 health centres and 34 reproductive and child health clinics. Approximately 90 per cent of health services are provided at hospitals. Tonga has a strong child immunization programme which delivers near-universal coverage through integration of the vaccination programme into all health centres, reproductive health clinics and outreach programmes.

The Tonga National Immunization Policy is accompanied by the Cold Chain Policy. The Cold Chain Policy details the requirements for an optimally functioning vaccine supply chain. It provides guidance on cold chain management, vaccines storage and transport management, from the national level to remote hospitals and clinics. It also provides guidelines for contingency planning during unforeseen events, to safeguard temperature-sensitive vaccines. The EVMA was completed with a sample space of 11 Health facilities (33% of HFs) and the national EVM score for Tonga was found to be 57%. EVM recommends a minimum score of 80% for all aspects of the immunization supply chain, so there is ample scope for improvement. As per the heat map (please refer to Annex 3) the strongest criteria are E8 Vaccine management (74%) and E3 Storage and transport capacity (73%) with the weakest criteria being E6 Stock management (44%).

TUVALU

The operational guidelines for the three vaccines were developed and endorsed by MOH with support from UNICEF. RV and PCV vaccines were launched on 13 July 2021 and HPV was launched on 10 September 2021. UNICEF also provided technical assistance towards strengthening the cold chain system including the procurement of ice packs and fridge tags.

UNICEF conducted a refresher training on NVI in November 2022 for 26 health workers. The training included vaccine administration, supply chain management and a reorientation on the basics of routine immunization. In June 2023, UNICEF conducted EVMA training for four assessors. Assessment was completed in the same month.

VANUATU

UNICEF procured 10 vaccine refrigerators and associated supplies to expand cold chain capacity to safely store the new vaccines. MOH has started PCV and Rota roll-out. UNICEF has been working with MOH to roll out HPV in Q4 2022 and supporting readiness assessment (ongoing). In addition, UNICEF provided technical assistance towards strengthening the cold chain system. In collaboration with the Vanuatu EPI team, vaccine introduction guidelines and training packages were also developed for PCV and RV.

MOH introduced PCV and Rota vaccines in Q4 of 2021. In 2022, the reported coverage was 76% and 42% for PCV1 and PCV3 respectively while RV1 and RV3 was reported as 73% and 53% respectively. HPV vaccine introduction has taken off with the launch in Malampa on 15 June 2023 with 96 girls vaccinated on the first day. Remaining provinces are planned to introduce the vaccine before 2023 end. All training packages for new vaccines were developed, printed, and distributed to health care workers.

With complementary funds, HPV national training was completed for approx. 100 health workers across 3 provinces, as the Ministry of Health prepare to rollout HPV vaccine for girls. More than 150 faith and community leaders, teachers, principals, received orientations based on the HPV modules developed. To date, HPV vaccines was delivered in schools reaching 1,345 girls aged 9- to 14-year-old.

REGIONAL

The Mezzanine floor in the regional vaccine warehouse was successfully repaired in July 2023.



Figure 1 the repaired mezzanine floor in the regional vaccine warehouse ©UNICEF Pacific/CCaloy

OUTPUT 3

Output 3: Caregivers In Nine Picts Have Improved Knowledge And Skills To Adopt Recommended Immunization Practices					
Indicator	Target / Planned Result (2023)		Achieved Result (2023)	Total Program Target / Planned Result	Total Program Achieved
Communication and social mobilization plan for the introduction of new vaccines exist	Cook Islands	yes	yes	yes	Yes (draft)
	Kiribati	yes	yes	yes	Yes (draft)
	Nauru	yes	yes	yes	Yes (draft)
	Niue	yes	yes	yes	Yes (draft)
	Samoa	yes	yes	yes	Yes (draft)
	Tokelau	yes	yes	yes	Yes (draft)
	Tonga	yes	yes	yes	Yes (endorsed)
	Tuvalu	yes	yes	yes	Yes (draft)
	Vanuatu	yes	yes	yes	Yes (draft)
<i>The above target is completely achieved, as the indicator was for the plans to be developed- rather than plans being approved by the respective governments. The endorsed plan in Tonga, is an over achievement.</i>					
Number of mothers and caregivers receiving messages on IMCI including new vaccines	2023 Target		2023 Achieved Result	Total Program Target / Planned Result	Total Program Achieved
	Cook Islands	401	639	79,689 by end project	797
	Kiribati	6,704	8,858		14,921
	Nauru	600	1,060		1,897
	Niue	74	192		260
	Samoa	6,346	32,817		46,254
	Tokelau	45	400		705
	Tonga	No data	58,436		62,094
	Tuvalu	333	1,033		1,434
	Vanuatu	1,345	128,025		138,076
					Total = 266,438

NARRATIVE OUTPUT 3

Through the funding of the Rotary Give Every Child a Future program, UNICEF worked with Ministries of health to develop their draft communication strategies addressing vaccine hesitancy and benefits of immunization. These were used in the rollout, but they are yet to be officially endorsed by government except for Tonga. UNICEF will continue to encourage countries to endorse them. These strategies equip the health care workers in correcting false beliefs, rumors and concerns that prevent people from getting immunized thereby potentially increasing vaccination. In Nauru, Niue, Tokelau and Cook Islands, UNICEF developed the training materials and supported training to build the capacity of health care workers, community, and religious leaders on communication for immunization focusing on interpersonal communication and community mobilization. Health care workers used the knowledge and skills learnt to communicate effectively with caregivers and communities about childhood immunization during campaigns and the administering of new vaccines.

UNICEF also built the capacity of ministries of health to develop and implement social mobilization and public communication messages for the new vaccines. This has equipped health care workers in building trust in the new vaccines among those who still experience vaccine hesitancy.

COMPLEMENTARY ACTIVITIES WITH COMPLEMENTARY FUNDS

UNICEF worked with ministries of health to conduct a rapid formative assessment on routine immunization in eight countries: Vanuatu, Samoa, Tonga, Tuvalu, Cooks islands, Nauru, Niue, and Tokelau. These assessments provided feedback to health care workers allowing them to understand the barriers to routine immunization and mitigate these with their health care approach.

COOK ISLANDS

UNICEF provided technical assistance in developing the communication strategy for the introduction of new vaccines and the strengthening cold chain system. UNICEF supported Te Marae Ora Cook Islands Ministry of Health with the development of visibility materials and information, education, and communication (IEC) materials for the three new vaccines. These were used during the launching of the PCV and Rota vaccine in April 2022 and have since been distributed to health facilities and communities.



*Some of the communication materials developed in time for the launching of PCV and Rota vaccine in Cook Islands.
Photo: UNICEF/Pacific/Te Marae Ora*

KIRIBATI

UNICEF supported the Health Promotion Unit of the MOH to develop community engagement strategies for access and utilization of HPV and other routine vaccines. This was integrated in the HPV introduction and deployment plan which was implemented in the third quarter of 2023.

NAURU

UNICEF provided technical assistance in developing the communication strategy for the introduction of new vaccines. In addition, Rotary branded assets were produced and distributed for Nauru's launch of new vaccines. These materials were distributed to 454 mothers/caregivers during the launch and roll-out of the vaccination campaign.

SAMOA

UNICEF provided technical assistance in developing the communication strategy for the introduction of new vaccines and a draft is now available. Two family engagement sessions were held In the aftermath of two AEFIs reported. UNICEF will continue to hold follow-up consultations for endorsement with the ministry.

TOKELAU

UNICEF supported the Department of Health in Tokelau with the development of information, education, and communication (IEC) materials for the three new vaccines. These materials were translated to the local language and distributed in-country.



TONGA

UNICEF provided technical assistance to MOH in conducting community conversations in catchment areas of health facilities or outreach sites. In each session, community members (women, youth, men) asked questions and actively participated in the discussion. An estimated total of 45,000 people (50 per cent women and girls) were reached through community conversations as well as messages disseminated via mass media. People reached included 1,329 caregivers who received messaging on new vaccines. Religious leaders participated in awareness raising sessions and provided platforms for community conversations at churches.

A total of 157 health workers (151 women, six men) were trained on crisis and risk communication related to AEFI. This included a session on monitoring and reporting of AEFI in the community. In addition, UNICEF conducted a separate training on community engagement for HPV in which 8 health workers from MOH's Health Promotion Unit participated.

UNICEF supported the training of Health Promotion leads from the Tonga MOH on Social and Behaviour Change (SBC) in Fiji in 2023. The workshop aimed at identifying needs and strengthening skills in SBC theory and its application; using epidemiological data and behavioural sciences to inform SBC/Risk Communication and Community Engagement activities, accountability and feedback through social listening and community feedback mechanisms and management of SBC interventions (budget, HR planning and training, M&E, and partner coordination). These leads will be the focal persons in the social mobilization activities which are currently ongoing. UNICEF also deployed an SBC Specialist (using complementary funds) within the Health Promotion Unit who provided strategic guidance and support to the ministry in its vaccine demand generation interventions. In multiple ways including rapid assessments and monitoring, UNICEF identified successes, gaps, and challenges in vaccine service delivery. Based on responses from the public, the demand generation and service delivery strategies were modified and re-shaped to ensure that vaccines reach their target and eligible people.

TUVALU

UNICEF provided technical assistance in developing the communication strategy for the introduction of new vaccines and a draft is now available. In addition, information, education, and communication (IEC) materials were developed by MHSWGA's Health Promotion Unit, Red Cross, and UNICEF, including posters, banners, pamphlets, radio, and TV messages. The material developed was translated into Tuvaluan and endorsed by MHSWGA. The posters, banners, and leaflets were distributed in the streets and during house-to-house visits.



Posters and leaflets distributed in Tuvalu. © MHSWGA

UNICEF plans to support the country with additional personnel through the recruitment of a local social behaviour change specialist using complementary funds. This person will provide technical SBC/RCCE support to the Tuvalu Ministry of Health for demand creation activities relevant to routine immunization and support in the conducting a rapid formative research (data collection and analysis) to inform and routine immunization activities.

VANUATU

In 2021, UNICEF commissioned a rapid formative assessment undertaken by the Australian Regional Immunization Alliance (ARIA) in partnership with the Vanuatu Ministry of Health. The assessment was aimed to gauge the perceptions of two target groups: health workers and caregivers on the barriers to the enablers and barriers of routine vaccine service delivery. It also aimed to develop recommendations on what could be done to optimise vaccine acceptance for the upcoming introduction of new vaccines and the COVID19 vaccine. Key recommendations and findings from the assessment are summarised in the infographic below:

Additional vaccine intentions in Vanuatu

This document reports a study of vaccine awareness, attitudes, and intentions among 564 Ni-Vanuatu caregivers of children in December 2020. Overall, there was high support for routine childhood vaccines and the proposed new vaccines to be introduced, pneumococcal conjugate vaccine (PCV) and oral rotavirus vaccine, and moderate support for human papillomavirus vaccines (HPV). Willingness to receive the impending COVID-19 vaccines was lower but similar to other countries.

Routine immunisation

Among caregivers of children aged 0-5 years, 86% reported that their children received all vaccines recommended for their age; 3% were unsure and 11% reported their child receiving no vaccines.



Of the 11% reporting their child received no vaccines, 26% were concerned about vaccine safety, and 32% reported it was hard to get the vaccine. 42% cited other reasons such as transport.

Of caregivers of children aged 0-5 years, 23% reported any barriers to vaccination, the most common, being distance to a clinic (11% of total sample), waiting time (7%) & others (5%).

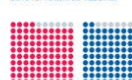


The main sources of routine child immunization related information were:

- HEALTHCARE WORKERS 96%
- RADIO 96%
- FAMILY, FRIENDS & NEIGHBOURS 32%

Additional vaccines

Among caregivers of children aged 0-5 years, 84% were willing to receive a pneumonia vaccine for their children and 92% for rotavirus vaccine.



Of caregivers of children aged 6-12 years, 50% were willing to receive the HPV vaccine for their child; 11% were unsure, and 39% were planning not to.



- Caregivers were more likely to intend to receive the PCV vaccine for their children if they perceived pneumonia as a very serious disease & when they received advice from healthcare workers about immunization.

- Caregivers were more likely to intend to receive the ORV vaccine for their children if they'd received all existing routine vaccines for their age, & when they perceived diarrhea & vomiting as a serious disease.

- Caregivers who had heard about HPV vaccine were 3.54 times more likely to intend for their children to receive the HPV vaccine.

Covid 19 vaccination

All but 2 of the caregivers had heard about COVID-19. 88% agreed COVID-19 was a very serious disease.



78% were very concerned about getting the COVID-19 infection.



87% intended to receive it, 22% were unsure and 11% did not intend to.



The dominant sources of COVID-19 information were:



People were more willing to receive a COVID vaccine if they...



Figure 2 Infographic summarizing key findings from Vanuatu Rapid Formative Assessment

In partnership with MOH, UNICEF Pacific trained 25 health workers from six provinces in Vanuatu on community engagement. Participants were oriented on key messages on all three vaccines to be delivered to caregivers, potential side effects, and key role of the vaccinator during crisis communication and AEFI. Ongoing community engagements were key in increasing awareness and engagement of stakeholders (including schools) prior to the HPV introduction in 2023. Following the COVID-19 pandemic and hesitancy against vaccine use, continued engagement and communication was required to restore vaccine confidence.

UNICEF, together with the Vanuatu Health Promotion Unit, VDI Team and Ministry of Education, developed HPV information materials including comic books, an educator's guide, wristbands, and radio ads. HPV demand generation training module for healthcare workers was also developed highlighting key messages and communications for different audiences to engage parents, teachers, adolescents, and other key stakeholders.

To heighten public awareness, six radio ads were broadcasted on national radio stations, reaching 100,000 people. 23,000 HPV comic books for adolescents were procured, to be used by educators, along with 23,000 educator's guides to engage adolescents and parents in dialogues around HPV, cervical cancer, and vaccination. 10,000 HPV wristbands for vaccinated girls were also produced. Materials were distributed at schools at scale alongside vaccination rollout. SMS blasts were also used to communicate with the target audience, reaching an estimated 250,000 people. The RI poster was updated, redesigned and 600 copies printed for all health facilities. UNICEF has been actively supporting MoH in organizing social mobilization workshop in Tafea, Shefa, Sanma and Penama provinces with faith-based groups and leaders, community leaders, members of the LGBTQI groups, and school principals and teachers. These stakeholders were oriented on effective demand generation for vaccines including HPV. Through these orientation and workshops, they developed a better understanding of vaccines and were able to draw up a plan for target audience engagement. The approach required has already been deemed a regional best practice for promoting HPV vaccine for adolescents, both in and out of school.

RESULTS FRAMEWORK, CUMULATIVE RESULTS

RESULTS FRAMEWORK - CUMULATIVE TOTALS AGAINST PLANNED INDICATORS				
		INDICATORS	TARGET	ACTUAL ACHIEVED 2018 vs 2022
IMPACT	UN Pacific Strategy Outcome: More people in 9 PICs, particularly the most vulnerable have increased equitable access to and utilization of inclusive, resilient, and quality basic services.	Under-5 Mortality Ratio (per 1,000 live births) has decreased based on the latest available data	<25	Cook Is: 7.9 / 6.94 Kiribati: 60.1 / 56.44 Nauru: 30.1 / 26.49 Niue: 28.2 / 24.82 Samoa: 17.8 / 16.11 Tonga: 12 / 10.93 Tuvalu: 23.3 / 20.37 Vanuatu: 20 / 18.17 (Source: 2022 UN IGME)
OUTCOME	UNICEF MCH & Nutrition Outcome: Children in nine PICs, particularly the most vulnerable, increasingly benefit from quality and resilient H&V services & care practices.	Infants receiving new (PCV/Rota) vaccines	Target beneficiaries are 90% of total birth cohort for Cook Islands, Kiribati, Nauru, Samoa, Tonga, Tuvalu; 80% of birth cohort for Vanuatu; and 100% for Tokelau & Niue	Cook Is – 78% Kiribati – 100% Nauru – 73% Niue – 97% Samoa – 76% Tokelau – 86% Tonga – 84% Tuvalu – 95% Vanuatu – 81%
PROJECT OUTPUT 1: KEY RESULT 1	National capacities enhanced to strengthen immunization policy and legislation in 9 PICs	National EPI policy including new vaccines updated	1/ Country	9 out of 9
		CIP for introduction of new vaccines available	1/ Country	9 out of 9
		VII ceiling increase	5 Countries: Cook Islands, Nauru, Tokelau, Niue, Kiribati	5 out of 5
PROJECT OUTPUT 2: KEY RESULT 2	Health system capacities strengthened to deliver quality immunization services that are adapted to climate change	Zero stock-outs reported for new vaccines at national level	No national stock out	No national stock out
		% of health facilities reporting no stock-outs of new vaccines	80%	100%
		No. of children vaccinated with new vaccines	79,689	(PCV/Rota) Actual: 81, 845 <i>This includes targets to be achieved across 2024-2025.</i> (HPV) Actual: 59,130. <i>This includes targets to be achieved across 2024-2025.</i> Total of HPV& PCV & Rota Actual: 140,975.

				<i>This includes targets to be achieved across 2024-2025.</i>
		% of health facilities providing immunization services with new vaccines	70% (215 HFs)	100% (312 Health Facilities).
PROJECT OUTPUT 3: KEY RESULT 3		INDICATORS	TARGET	ACTUAL ACHIEVED
	Caregivers in nine PICs have improved knowledge and skills to adopt recommended immunization care practices	Communication and social mobilization plans for introduction of new vaccines exist	1/ country	8 in draft 1 endorsed (Tonga). <i>* The above target is completely achieved, as the indicator was for the plans to be developed- rather than plans being approved by the respective governments. The endorsed plan in Tonga, is an over achievement.</i>
		No. of mothers and caregivers receiving messages on IMCI including new vaccines	79,689	266,438

VISIBILITY

SOCIAL MEDIA

NAURU

- [NVI Launching](#)
- [Milca, 11, receives her first dose of the human papillomavirus vaccine \(HPV\) !\[\]\(1a4acf473171943dce648052d3e007b3_img.jpg\) in Nauru](#)
- [Three-month-old Jeffrey receives his first dose of the rotavirus vaccine during the launch of three new vaccines for children in Nauru.](#)
- Mentioned by the Government: [Launching of vaccines](#)

COOK ISLANDS

- [Every child deserves a safe and healthy life !\[\]\(efe5af7848f44261c6e35f511bdd5a4c_img.jpg\)](#)
- [Ake, a public health nurse in the Cook Islands, prepares to transport vaccines in these vaccine carriers.](#)
- [Take a quick break from your timeline with this smile!](#)
- [Congratulations to Te Marae Ora Ministry of Health Cook Islands on the launch of the pneumococcal conjugate and rotavirus vaccines.](#)
- [9-month-old baby Ngaoa is all smiles !\[\]\(bd19108bb0e07507ea11fb07a17d8b8f_img.jpg\) as she gets vaccinated against pneumococcal disease](#)
- [Health workers like Ake Teiotu are the backbone of communities.](#)

KIRIBATI

- [Mereari, 11, received her Human Papillomavirus Vaccine \(HPV\) in Kiribati.](#)
- [A world with vaccines is a healthier world.](#)

TUVALU

- [Supporting to strengthen Tuvalu's vaccine cold chain to ensure health workers like Tilesa can reach children in remote communities with life-saving vaccines.](#)
- [Baby Rosalia is now safe and protected after getting vaccinated against rotavirus in Tuvalu](#)

ANNEX ONE – HUMAN INTEREST STORIES

- [Teio, the caring nurse who ensures children don't miss their vaccinations | UNICEF Pacific Islands](#)
- [Every child deserves a safe and healthy life !\[\]\(34a67c5ef51b5eba22c6fbaefc4aa82f_img.jpg\)](#)
- [Children across the Pacific to be given life-saving vaccines](#)
- [Ibrahim dives through deep waves for the better health of i-Kiribati children](#)

ANNEX TWO – MATERIAL SAMPLES PRODUCED

1. TUVALU NVI LEAFLETS AND POSTERS



Figure 3 Posters and leaflets distributed in Tuvalu. © MHSWGA

A. NAURU BRANDED VISIBILITY ITEMS



Figure 4 Branded visibility items produced for NVI launch in Nauru. © UNICEF Pacific

B. COMMUNICATION MATERIALS



Figure 5 Communication materials on display at the Nauru baby clinic

TOKELAU



Figure 6 Posters that was developed with UNICEF support, English and translated version, ©UNICEF/Pacific/HDatt

C. ADDITIONAL NOTES IN REFERENCE TO THE PROGRAM;

DISABILITY

- Funding from this project allowed all eligible children to receive the vaccine regardless of economic status i.e., vaccines were provided free.
- Eligible children who were out of school or had difficulty in accessing health facilities due to disability; received vaccines through outreach programs that also targeted remote and hard to reach communities.

EQUITY

- In all nine countries, the introduction of the three new vaccines were done on a national scale to include all eligible boys and girls in urban and rural communities.
- Funding from this project allowed all eligible children to receive the vaccine regardless of economic status i.e., vaccines were provided free.
- Eligible children who were out of school or had difficulty in accessing health facilities due to disability; received vaccines through outreach programs that also targeted remote and hard to reach communities.

SUSTAINABILITY

- Governments demonstrate strong commitment to maintain availability of vaccines and immunization supplies. In 2023, the VII ceiling was increased for Cook Islands, Nauru, Tokelau, Niue, Kiribati for the additional amount of US\$ 190,000. Every two years, UNICEF is renewing letter of guarantees from the Ministries of Finance in each country which ensures that annually domestic resources are allocated for the purchase of vaccines.
- The three new vaccines have been successfully integrated into existing country Immunization schedules making it mandatory for age-appropriate vaccination.
- The commitment of governments to conduct refresher trainings will enable the continuous updating of knowledge and skills in the provision of new vaccines.
- Countries have realized the importance of community engagement and are committing resources through their costed annual workplans for community engagement initiatives.
- The new vaccine introduction was used as an opportunity to strengthen immunization supply chain and cold chain systems through significant cold chain investment backed up by policies for vaccine/cold chain management and continuous improvement plan as a result of EVMA.

GENDER

- Gender-disaggregated reporting for routine immunization was initiated in 2022 and the systems will be further strengthened going forward. Disaggregated data reporting is still a challenge in the nine countries and UNICEF will continue to support and advocate for quality data collection and recording.
- Gender sensitive social mobilization activities and community engagement activities such as caregiver advocacy sessions and targeted community awareness to boost the uptake of the HPV vaccine and address vaccine hesitancy are planned especially in the introduction of HPV introduction among adolescents.

ENVIRONMENT:

- In the context of mainstreaming climate resilience throughout UNICEF's programming, the use of environmentally friendly supplies and equipment has been initiated. One such initiative is the replacement of conventional

electricity- and gas-powered cold chain units for vaccines by solar direct drive fridges, which was supported by this contribution provided by UNICEF Australia.

- Trainings supported by UNICEF include a waste management component where health workers are trained on the safe disposal of expired vaccines and/or used syringes etc., contributing to the prevention of biohazards and environmental pollution.