

1. Percent of target population vaccinated, by antigen
(WHO-UNICEF coverage estimates).

Country	Vaccine	2004	2006
Cook Islands	BCG	99	99
	DTP1	99	99
	DTP3	99	99
	HepB3	99	99
	Hib3	-	-
	MCV	99	99
	Pol3	99	99
Fiji	BCG	93	93
	DTP1	75	84
	DTP3	71	81
	HepB3	73	81
	Hib3	71	81
	MCV	62	99
	Pol3	76	83
Kiribati	BCG	94	99
	DTP1	75	98
	DTP3	62	86
	HepB3	67	88
	Hib3	-	-
	MCV	56	61
Marshall Islands	BCG	91	92
	DTP1	71	90
	DTP3	64	74
	HepB3	72	97
	Hib3	46	60
	MCV	70	96
Federated States of Micronesia	BCG	62	55
	DTP1	83	86
	DTP3	78	67
	HepB3	80	84
	Hib3	65	59
	MCV	85	83
Nauru	BCG	92	99
	DTP1	93	98
	DTP3	80	72
	HepB3	78	99
	Hib3	-	-
	MCV	67	99
	Pol3	73	45

Country	Vaccine	2004	2006
Niue	BCG	96	99
	DTP1	99	99
	DTP3	99	99
	HepB3	99	99
	Hib3	99	99
	MCV	99	99
	Pol3		
Palau	BCG	-	-
	DTP1	99	98
	DTP3	98	98
	HepB3	98	98
	Hib3	98	98
	MCV	99	98
Samoa	BCG	93	84
	DTP1	90	80
	DTP3	68	56
	HepB3	70	56
	Hib3	-	-
	MCV	25	54
Solomon Islands	BCG	41	57
	BCG	84	84
	DTP1	82	96
	DTP3	80	91
	HepB3	72	93
	Hib3	-	-
Tonga	MCV	72	84
	Pol3	75	91
	BCG	99	99
	DTP1	99	99
	DTP3	99	99
	HepB3	99	99
Tuvalu	Hib3	-	99
	MCV	99	99
	Pol3	99	99
	BCG	99	99
	DTP1	99	99
	DTP3	98	97
Vanuatu	HepB3	98	97
	Hib3	-	-
	MCV	97	84
	Pol3	98	97
	BCG	64	92
	DTP1	74	90
Vanuatu	DTP3	58	85
	HepB3	56	85
	Hib3	-	-
	MCV	59	99
	Pol3	55	85

**EPI review of each 13 countries and the Pacific region
“Project for Strengthening Expanded Programme on Immunization in the Pacific Region”**

2 Project Outputs (verified in 2004):

Current progress of all 13 countries and each country is reviewed as per the PDM verified in 2004 shown below

	Outputs	Objectively Verifiable Indicators	Source
1	Capacity of the Ministry of Health in the planning and monitoring of the EPI programme performance is improved	By 2010, all the countries have a national EPI Plan of Action that addresses campaigns, self-management of routine EPI activities including measles elimination and hepatitis B control. By 2010, all the countries have immunization policies addressing vaccine management, cold chain management and safe collection and safe disposal. Quality of immunization and disease data at district level is improved in each country.(Difficult to collect data)	J-PIPS Monitoring Document on the Status and Progress of EPI in each Participating Country Immunization Policy, Plan and Guideline in the Pacific Island Countries (No.2), J-PIPS, Feb, 2007
2	The regional training system on vaccine, cold chain and injection safety management is established and is functional within the Pacific.	By 2010, EPI coordinators and cold chain coordinators in the region are trained in the relevant subject areas.	
3	Vaccine forecasting, management and cold chain systems are improved in each country/area	By 2010, vaccine wastage rates due to cold chain failure decreases to <10 in all the countries. (This data is difficult to collect) By 2010, provinces/districts experiencing stock-outs are reduced to zero. (This data is difficult to collect)	
4	Injection safety and waste disposal management capabilities are improved in each country/area	By 2010, all districts implement injection safety and waste disposal management- (This data is difficult to collect)  All the countries have a work plan including injection safety and waste disposal management of used syringes and needles. (alternative for above indicator) By 2010, all countries use AD syringes	WHO-UNICEF Joint Reporting Form
5	EPI outreach activities are improved in each country/area	By 2010, all provinces/districts are reached with scheduled immunization services is decreased to < O (difficult to collect data) By 2010, percentage of drop-outs is decreased to < 10% in each province/district (Dropout rate between DTP1 and DTP3)	J-PIPS Monitoring Document on Immunization Status, Strategies and Policies in the Participating Countries, J-PIPS, Feb 2008

3. Review of 13 PICs

	Outputs	Achievements verified by indicators	Issues																								
13 Pacific Island Countries	1	<p>“Planning and Monitoring of EPI”</p> <ul style="list-style-type: none"> ◆ 10/13 countries have EPI plan of action on measles elimination ◆ 8/13 countries have EPI plan of action on Hep B control ◆ 11/13 countries have immunization policy 	<ul style="list-style-type: none"> ✓ The following three countries need to develop EPI plan of action on measles elimination <ul style="list-style-type: none"> ➢ Nauru, Solomon Islands, and Vanuatu ✓ The following five countries need to develop EPI plan of action on Hep B control. <ul style="list-style-type: none"> ➢ Fiji, Marshall Islands, Federated State of Micronesia, Solomon Islands and Vanuatu ✓ The following two countries need to develop immunization policy <ul style="list-style-type: none"> ➢ Federated State of Micronesia and Tuvalu 																								
	2	<p>“Organize training on EPI”</p> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th colspan="4">Overview of Training</th> </tr> <tr> <th rowspan="2">EPI Management</th> <th>A</th> <th>B</th> <th>C</th> </tr> </thead> <tbody> <tr> <td>4 countries attained sufficient level</td> <td>145</td> <td>48</td> <td>D</td> </tr> <tr> <th rowspan="2">Cold chain maintenance</th> <th>A</th> <th>B</th> <th>C</th> </tr> <tr> <td>4 countries attained sufficient level</td> <td>33</td> <td>33</td> <td>D</td> </tr> <tr> <td></td> <td></td> <td></td> <td>12</td> </tr> </tbody> </table> <p>A: Total number of candidate trainers from a questionnaire given to all countries B: Total number of trainers trained by the J-PIPS Regional Training of Trainers in 2005, 2006 and 2007 C: Capacity level attained by the Regional trainings as trainers for participants D: The number of candidate trainers to be trained</p> <p>In-country training: 11/13 started in-country training for EPI</p>	Overview of Training				EPI Management	A	B	C	4 countries attained sufficient level	145	48	D	Cold chain maintenance	A	B	C	4 countries attained sufficient level	33	33	D				12	<p>(1) Regional training</p> <ul style="list-style-type: none"> ✓ There seems to be difficulties in ensuring self-sustaining travel expenses by participants' side in seven countries (Kiribati, Niue, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu). ✓ Regarding EPI management training course, there is high demand for J-PIPS' continued technical support in Fiji, Kiribati, Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu. ✓ Regarding cold chain management training course, there is high demand for J-PIPS' continued technical support in Fiji, Kiribati, Micronesia, Palau, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu. ✓ The needs of regional training may have diversified since the beginning of the project. The purpose of regional training may need to be redefined based on the changing needs of J-PIPS partners. Regarding EPI management course, in Fiji, Kiribati, Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu, there is high needs for continuous technical support from J-PIPS.
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	3	<p>“Vaccine management”</p> <ul style="list-style-type: none"> ◆ 5/13 countries have no experience of vaccine supply interruption 	<ul style="list-style-type: none"> ✓ A planning and monitoring system to estimate and quantify vaccine requirements should be developed at both country/area and province/district levels. 																								

	<p>◆ In all 13 countries, cold chain inventory sheet is prepared.</p> <p>◆ “Injection safety and EPI waste management”</p> <p>✓ In 8 / 13 countries, work plan on injection safety was developed</p> <p>✓ In 8 / 13 countries, work plan on waste management was developed</p> <p>✓ In most countries, AD syringes have been procured and distributed.</p>	<p>✓ Five countries (Kiribati, Micronesia, Samoa, Tuvalu and Vanuatu) need to develop work plan on injection safety.</p> <p>✓ Five countries (Kiribati, Micronesia, Nauru, Tuvalu and Vanuatu) need to develop work plan on EPI waste management.</p>
4	<p>◆ “Out reach and Drop-out Rate”</p> <p>◆ In Samoa, Nauru, Marshall Islands and Kiribati have rather high drop-out rates.</p> <p>◆ It became clear that many participating countries have hard-to reach areas for immunization activities.</p> <p>◆ Six countries (Kiribati, Niue, Samoa, Solomon Islands, Tuvalu and Vanuatu) have outreach national guidelines.</p>	<p>✓ In most of J-PIPS countries, there are difficulties in conducting outreach activities. The lack of transportation is the most frequently cited problem.</p> <p>✓ National guidelines for outreach activities are needed to be developed. The following five countries are prioritized as requiring assistance in developing their national guidelines.</p> <ul style="list-style-type: none"> ➤ Cook Islands, Fiji, Marshall Islands, Federated States of Micronesia and Tonga.
5		

4. Review of each countries

Country	Outputs	Achievements and Current Situation	Issues																																											
Cook Islands	1	<p>1) The following EPI plan of action was developed</p> <table border="1"> <tr> <td>Measles elimination</td> <td><input type="radio"/></td> </tr> <tr> <td>Hep B control</td> <td><input type="radio"/></td> </tr> <tr> <td>Immunization policy</td> <td><input type="radio"/></td> </tr> </table> <p>2) Immunization policy</p> <p>○ : the plan was developed, × : the plan has not yet been developed</p>	Measles elimination	<input type="radio"/>	Hep B control	<input type="radio"/>	Immunization policy	<input type="radio"/>																																						
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¹ Source: WHO-UNICEF Joint Reporting Form

² Source: Injection Safety and EPI Waste Disposal Management in the Pacific Island Countries, J-PIPS, 2005

³ Source: Report on Assistant Plan for Outreach Activities in the Pacific Island Countries, J-PIPS, June 2007



For a better tomorrow for all.
Japan International Cooperation Agency

		Hard -to-reach areas ⁴	Exisl	
		Outreach coverage ⁵	Minimal. 5-20%	
		Problems and Constrains of Outreach	Transportation	

⁴ Source: Report on Assistant Plan for Outreach Activities in the Pacific Island Countries, J-PIPS, June 2007

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