THIRD MEETING OF THE REGIONAL WORKING GROUP ON IMMUNIZATION FOR GAVI-SUPPORTED COUNTRIES IN THE WESTERN PACIFIC

13–15 February 2018
Manila, Philippines
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WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

MEETING REPORT

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Convened by:
WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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The views expressed in this report are those of the participants of the Third Meeting of the Regional Working Group on Immunization for Gavi-supported Countries in the Western Pacific and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Third Meeting of the Regional Working Group on Immunization for Gavi-supported Countries in the Western Pacific in Manila, Philippines from 13 to 15 February 2018.
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Immunization / Financing, Organized / Vaccines / Vaccination
SUMMARY

The Regional Working Group (RWG) on Immunization for Gavi-supported countries in the Western Pacific is a platform to coordinate efficient collaboration and monitoring for implementation of Gavi-supported activities in the Region towards achieving regional and global immunization goals. The third meeting of the RWG was held from 13 to 15 February in Manila, Philippines, with the participation of the partners from five countries in the Region that are eligible for funding support from Gavi, the Vaccine Alliance.

The meeting was focused on the implementation of coordinated work plans of Gavi-supported countries with a special emphasis on innovative approaches to accelerate progress towards relevant goals defined in both the Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific and Gavi, the Vaccine Alliance 2016–2020 Strategy.

The RWG discussed problems that are country specific and common across regions regarding uneven immunization coverage, access to immunization, vaccine supply, financial sustainability and coordination. Special attention was given on the ways to overcome issues related to Gavi-supported activities including complexity of annual reporting, funding flow and timelines, and submission of new proposals. An update was given on Gavi’s “vaccine investment strategy” as an evidence-based approach to identify future immunization investments of high public health importance to Gavi-supported countries for inclusion in Gavi’s portfolio in the next five years. Productive discussions were held on implementing identified priority activities in 2018–2020 and partners’ role to support and implement activities at the country level to achieving regional and global immunization goals.

The RWG concluded that closer collaboration between partners at the country level is the most efficient and effective way forward to support countries.
1. INTRODUCTION

1.1 Meeting organization

The Third Meeting of the Regional Working Group on Immunization for Gavi-supported Countries in the Western Pacific was held in Manila, Philippines from 13 to 15 February 2018. There were a total of 37 participants, including the Secretariat of the Regional Working Group (RWG) and staff from the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF), Gavi, the Vaccine Alliance, the World Bank, and the United States Centers for Disease Control and Prevention (US CDC). The list of participants is included in Annex 1 and the programme of the meeting in Annex 2.

1.2 Meeting objectives

The objectives of the meeting were:

1) to review the implementation of the coordinated work plans for 2017 for Gavi-supported countries; and
2) to discuss the coordinated work plans for 2018 by identifying issues, priority activities and the role of partners to support and implement activities at the country level.

The specific objective is to discuss innovative approaches to accelerate progress towards relevant goals defined in both the Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific and Gavi, the Vaccine Alliance 2016–2020 Strategy.

2. PROCEEDINGS

2.1 Opening session

Dr Takeshi Kasai, Director of Programme Management, WHO Regional Office for the Western Pacific, welcomed the participants to the meeting. He underscored the value of the RWG and need for a strong partnership driving real changes. The partnership should lead to a more efficient, effective and accountable coordination. Furthermore, he emphasized responsibility at the country level. The WHO Regional Committee for the Western Pacific in 2017 endorsed the Regional Framework for Action on Transitioning to Integrated Financing of Priority Public Health Services in the Western Pacific, as a means to strengthening domestic financing for public health programmes aimed at achieving universal health coverage (UHC). Dr Kasai added that he was impressed by the framework’s feasibility and gave credit to Gavi for taking up the leadership role and using its leverage, not just within WHO but among the Member States and other stakeholders.

More details on the Regional Framework for Action can be found at http://www.wpro.who.int/about/regional_committee/68/documents/wpr_rc68_8_annex_integrated_financing.pdf
2.2 Global and regional updates linked with the Global Vaccine Action Plan (GVAP), the Regional Framework for Implementation of GVAP in the Western Pacific and Gavi-supported activities

2.2.1 Global progress on implementation of GVAP

Dr Karen Hennessey, Routine Immunization Officer, EPI, WHO headquarters, and Mr Benjamin Schreiber, Senior Health Advisor, UNICEF headquarters, jointly presented the global update on implementation and progress of GVAP. The Plan envisions a world in which all individuals and communities enjoy lives free from vaccine-preventable diseases. On a global scale, GVAP global elimination targets of maternal and neonatal tetanus, measles and rubella remain off track. There has been tremendous success in global polio eradication, with only two endemic countries left. Fifteen countries have yet to achieve maternal and neonatal tetanus (MNT) elimination, and the Philippines just recently became the 44th country to eliminate MNT. Despite having an increase of measles-free countries, there is still a long way to go. Global diphtheria-tetanus-pertussis (DTP) 3 coverage has remained almost the same (i.e. 85%) over the last six years. Since 2015, 99 countries have had new vaccines introduction. The number of countries experiencing vaccine stock-outs and the number of stock-out events continue to rise, requiring more attention. Global supply shortages, procurement and funding delay, and vaccine distribution issues are some of the common reasons behind the high stock-out rate.

Recommendations of the Strategic Advisory Group of Experts (SAGE) on Immunization in 2017 related to this meeting’s discussion include: broadening dialogue to ensure that immunization is fully aligned and integrated with global health and development agendas; costed remediation plans addressing systemic weaknesses; existing knowledge on natural disasters and mobile populations; strategies to increase acceptance and demand for vaccination; and the technical capacity of countries’ immunization programmes to address high turnover of staff.

There are high-level topics regarding transitions that are taking place: countries transitioning from the Global Fund and Gavi health systems strengthening (HSS) funds to self-sustaining fund, and the new vaccines introductions with adolescents as a new target group. The RWG’s use of the term “Gavi Alliance” is important to view it as an alliance that brings together comparative advantages and shares common goals, as well as to avoid the perception of a dichotomy between stakeholders and Gavi. The RWG is accountable for collective impact at the country level by using the partners’ engagement framework (PEF) functions. The PEF functions are a minimum set of outputs and benchmarks that are expected as a result of the support from Gavi core partners. The framework serves the purpose of providing coordinated support, tracking progress, identifying bottlenecks, taking remedial actions and reporting on an annual basis.

The Alliance Health Survey carried out in 2017 and the response rate is low (30% on average). Response rates were higher in the WHO South-East Asia and Western Pacific regions than in the European and African regions and the Region of the Americas. The survey is important as it quantifies trust between partners.

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2 More details on GVAP Secretariat Report 2017 can be found at http://www.who.int/immunization/global_vaccine_action_plan/previous_secretariat_reports_immunization_scorecards/en/
**Discussion points**

- Solomon Islands has an initiative, supported by the Global Fund, to establish a partnership coordination unit. Such a unit would be improved if it could also serve to engage partners.
- Partners in each country are suggested to consider joint reporting, instead of having separate or double reporting. Specific to the RWG context, Gavi not only acts as a donor but also is a partner of the health system.
- Country officers (COs) often play a gatekeeper role, needing to prioritize requests from the regional and global levels. These requests are often not coordinated across partners and risk to overwhelm the government. GVAP and PEF seem to be disjointed; GVAP is organized according to disease areas whereas PEF is seen as a technical enabling framework. The two frameworks need to be more congruent and rational in reaching their objectives.
- Two thirds of Gavi’s HSS funds are given to partners. While this increases quality assurance, it also raises the Gavi boards’ concern since they do not contribute to improving government strategies in budget management.
- There has been discussion about Gavi considering two years of PEF or targeted country assistance (TCA) to partners and compromising the frequency of joint appraisals to minimize additional workloads and due to availability of alternative means for performance evaluation.
- Delays in funding transmitted down to the service delivery level are an issue. Not only do such delays occur within the Expanded Programme on Immunization (EPI) but across the wider health system. HSS is meant to address the health system issues. It is necessary for the upstream alignment to aid the government in budget planning process. If it is not within the budget cycle, it would be difficult for the government to make commitment and to take over funding outside of the budget system.
- On the kinds of support for transitioning countries that the RWG could provide, there are country-specific issues and common issues across the Western Pacific Region. The RWG could agree on 2–3 top priorities common to countries and these could serve as an agenda for the RWG for next 1–2 years.
- It has always been difficult to ensure the funding coordination. Due to poor coordination between partners to provide timely funding, it becomes challenging for countries to carry out a realistic operational plan. There is also little detailed discussion about country capacity to meet partners’ expectations. To match realistic expectations and overcome financial bottlenecks, it is helpful to sit together and clarify. US CDC does not always have ground deployment, whereas the World Bank may not always be present in the EPI meetings and joint appraisals. CO staff are not always fully aware of the scope of technical assistance and lending activities supported by the World Bank at the country level and suggested that, going forward, there is room for improving communications.
- The use and purpose of the comprehensive multi-year plan (cMYP) of immunization is less visible to the countries and as well as to the partners. WHO headquarters acknowledged the complexity of developing budgeting process of cMYP in the current version and need of simplifying it. Countries use cMYPs to look forward and the Joint Reporting Form (JRF) to look backward. It would be useful to try to reconcile the two to assess how good of a planning tool the cMYP is. The World Bank uses the cMYP as a reference document and an entry point to understand immunization coverage by broader health financing context and programmatic issues.
2.2.2 Regional update on implementation of GVAP and Regional Framework for Implementation of GVAP in the Western Pacific

Dr Yoshihiro Takashima, Acting EPI Coordinator, WHO Regional Office for the Western Pacific, presented the update for the WHO Western Pacific Region. In 2014, the Regional Office adopted the Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific. It proposed 36 priority actions to achieve six strategic objectives.

The Region continues its effort to sustain polio-free status. The Lao People’s Democratic Republic was the only country with a polio outbreak in 2016, but it was controlled within 120 days. MNT elimination was achieved in all countries, except for Papua New Guinea. Eight countries and areas are currently verified as having eliminated measles. The 2017 hepatitis B regional control goal of less than 1% among 5-year-olds has been achieved. Since 2010, all Gavi-supported countries have introduced at least one new vaccine and rubella vaccine.

To date, five countries (Cambodia, Lao People’s Democratic Republic, Papua New Guinea, Solomon Islands and Viet Nam) continue to receive support from Gavi, but in different transition stages, whereas Kiribati and Mongolia have already transitioned out from Gavi support. Overall, there is ongoing progress and challenges for improving equity and financial sustainability.

Programme management capacity issues given lack of skilled human resources, decentralization, and countries’ economic and financial instability are still the fundamental challenges for the implementation of Gavi-supported activities. Midway through the second half of the Decade of Vaccines, the Western Pacific Region is steadily making progress towards achieving the regional immunization goals. There is still potential risk of resurgence of vaccine-preventable diseases due to population immunity gaps. The Region needs to intensify all available strategies to strengthen immunization services, including closing existing population immunization gaps by targeting unreached populations and ensuring vaccine availability.

Dr Chris Hirabayashi, Regional Advisor, Health, UNICEF Regional Office for East Asia and the Pacific, presented the UNICEF regional update and highlighted that UNICEF is ambitious in promoting vaccination coverage as a key equity tracker for Universal Health Care (UHC). It is essential that coverage from public health resources protect communities from out-of-pocket (OOP) expenditure. The immunization programme could be viewed as an active advocate of reform and new policy formulation. Rapid urbanization is a concern for immunization as it has consequences such as lack of a village volunteer network, unclear command structure, unreliable denominator and unclear catchment area. There is a potential for immunization to be the champion of social and behaviour change through social data and behavioural science. Since communities generally do not trust health systems due to family or community norm, it is crucial to gather more qualitative insights.

Discussion points

- UHC is a broad concept but has yet to be understood well by many. Nevertheless, the public acknowledges the importance of immunization and that service delivery is complex. It is imperative for partners to seek out strategic interventions that lead to change in perception. Analysing some of the positive behaviours that contributed to improvements in immunization coverage could help partners find out the motivation that leads the local community attending to those healthcare services.
- On the question of challenges faced by country offices in funding delivery, the funding cycles of different partners (Gavi, US CDC and the Global Fund) varied across the year. It is crucial
to plan and align the cycle at the beginning of the year to estimate the available funds and execute planned activities.

- Through Cambodia’s experience, the country office highlighted the two documents (GVAP and the Regional Framework for Implementation of GVAP), which the Ministry of Health National Immunization Programme (NIP) is committed to follow and use. If partners decided to follow specifically these documents, most objectives would be achieved. Without a standardized system, various problems could arise.
- The linkage between UHC and immunization has raised two questions: 1) How could the RWG broaden into the Health Systems Strengthening (HSS) initiatives?; and 2) How could immunization serve as a platform for improving health-care services?
- Presenting a cost–benefit analysis of disease burden elimination to the government could provide a strong push in acceptance of new vaccines and help partners secure funding for the immunization programme. The use of technology should also be encouraged to improve demand and access to integrated health services including immunization among hard-to-reach populations. Some countries have links to or champions of preventive health in national parliaments to advocate immunization. For instance, in the Lao People’s Democratic Republic, the parliament has proposed 10 indicators including immunization to be included under UHC, especially at the provincial level to achieve the Sustainable Development Goals.
- In the context of Viet Nam, three points have been brought up to address the equitable distribution of services. First, as the government has shown strong commitment, the country office is seeking a more integrated approach by tackling primary health care. Second, partners are supporting the government to ensure sustainable financing since there are many competing priorities including the HIV and tuberculosis programmes. Seeking funding through cross-programme areas, such as outreach and surveillance, may be the key to sustainable function through domestic funding. Given that Viet Nam is one of the five vaccine-producing countries in the Western Pacific Region, it is vital to ensure high-quality supply and national regulation.
- A participant commented that immunization coverage may not always be considered an appropriate indicator for equity. Many countries that have experienced an outbreak have high immunization coverage, and a measles outbreak has occurred in a population without services. Aside from coverage, the RWG needs to take into account response capacity during an outbreak.
- Missing the action of tracking those who missed out vaccination while registered users with a unique identifier make up 80% of vaccination coverage in the Region, the rest remains unknown. If unique identifiers were mandated for everyone, children who were missed out during vaccination could be traced via the registry.
- In previous years, the Gavi 2012 business plan stated that WHO will work on coverage and UNICEF will work on equity. Such a separation of roles cannot exist as both elements need to be integrated. A recent global analysis suggested that the poorest population benefits the most from vaccine programmes in terms of relieving mortality and economic burden.\(^4\)

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2.2.3 Gavi strategy and frameworks

Mr Charlie Whetham, Regional Head, Asia Pacific, Gavi, the Vaccine Alliance, presented the Gavi update. The vaccine investment strategy is an evidence-based approach to identify future immunization investments of high public health importance to Gavi-supported countries for inclusion in Gavi’s portfolio in the next five years. Decision-making is done through strategic investment, rather than on a first-come-first-serve basis. There is an increasing need to ensure there is a balance between sustainability and new vaccines introduction.

As of 2018, the Lao People’s Democratic Republic, Papua New Guinea, Solomon Islands and Viet Nam are in the accelerated transition phase. Kiribati and Mongolia are the only two fully self-financed countries. Cambodia will remain in the preparatory transition phase until 2024, as currently forecast.

Two important post-transition engagements were approved by the Gavi Board: 1) the removal of the grace period for new vaccine support during the accelerated transition phase so that countries can apply for new applications throughout the full five years; and 2) for countries that have recently transitioned out, the Gavi Board recognized potential risks that can jeopardise a successful transition and the country’s financial and programmatic sustainability. To mitigate these risks, the Board agreed to consider complementary engagement with countries until 2020, for which funds of a total of US$ 30 million are allocated. From March 2018, Gavi will begin to accept applications for typhoid conjugated vaccine (TCV). The level of Gavi support for new vaccine support applications during accelerated transition depends on how many years are left until they reach the transition.

Currently, two thirds of Gavi cash support goes through partners, rather than the Ministry of Health. Gavi expects partners (WHO and UNICEF) to improve timeliness of submitting financial and management reports. An HSS meta-review suggested that there should be: greater clarity on roles and responsibilities of partners, government and the Gavi Secretariat; specific guidance to avoid conflict of interest; and development of an “exit strategy” for government. The 2016–2020 midterm review detailed promises made to donors in terms of investment opportunity and how to protect past investment and pave the way for sustainability.

Programmatic collaboration between Gavi and the Global Fund is ongoing, including but not limited to knowledge sharing, joint advocacy, policy review and programme coordination. In addition to WHO and UNICEF, the Alliance Health Survey in 2018 has been expanded to US CDC and the World Bank.

Discussion points

- Overall, there is an agreement that the RWG is not moving ahead enough towards addressing fund management issues. Gavi needs to ensure due diligence that countries use the grant appropriately. UNICEF strongly agrees that, by default, the government should be managing the HSS fund, instead of the organization itself. There is a misperception among countries that WHO and UNICEF are claiming ownership of the fund. Understanding on how to transition the fund back to the government is vague and no solution has been proposed.
- In Papua New Guinea, there have been a lot of discussions among the country stakeholders on the modality of implementing the HSS grants. Questions were raised on partner’s role to manage Gavi fund and who is in the best position to manage the grants more efficiently, other than the National Department of Health on the ground.
In the context of Solomon Islands, Gavi’s funds will be integrated into an existing donor partner account within the Ministry of Health and Medical Services during the course of the transition plan. However, in situations where such a system is non-existent, especially at the lower provincial level and rural areas, dispersing funds is challenging. Regarding the change of transition situation, Gavi should promptly share the information with the country so that the Government can better mobilize resources. The Government, with UNICEF and WHO support, would apply for measles–rubella supplementary immunization activities based on the situational analysis in the next application window to catch up on the missed children and avoid a measles outbreak.

- Viet Nam will not introduce new vaccine until 2020 and may consider applying for Gavi support for introduction of new vaccine post 2020. Gavi clarified that Viet Nam will benefit from the US$ 30 million in 2020 as post-transition support to any new vaccines introduction.

- In terms of what the HSS funding to partners looks like if disaggregated (by country or by region), partners in the Lao People’s Democratic Republic are not receiving as much funding as NIP and the majority of the fund is allocated for human resources (headcount, salaries). It is also unclear of what the idea or target is, which is likely dependent on country capacity to manage the fund.

- Cambodia commented that delay in funding contributes to challenges in preparation of various concept notes.

2.3 Innovations and innovative approaches across the Western Pacific Region

2.3.1 High tech to low tech: Adapting innovations to improve coverage and equity in the Lao People’s Democratic Republic

Dr Lauren Franzel-Sassanpour, Technical Officer, EPI, WHO Country Office in the Lao People’s Democratic Republic, and Dr Titus Angi, Immunization Specialist, UNICEF Lao People’s Democratic Republic, jointly presented various innovations adopted in the Lao People’s Democratic Republic during the circulating vaccine-derived poliovirus (cVDPV) outbreak response to improve coverage and equity in communities. A pilot study on interactive voice response (IVR) outreach monitoring was held in one province. In the use of interactive voice response for data collection and monitoring of integrated outreach services delivery, the cost of calls is not borne by the person who makes the call; instead expenses go back to the system. Village chiefs and health centre staff would report the results of coverage to a centralized helpline. The message would be delivered directly to a web-based platform, indicating that the outreach is successful. To address language and cultural barriers, the study recorded an audio message and animation using USB or micro SD card, which were inserted in their mobile phones or connected to a portable small projector. This was part of the strategy to maximize outreach for underserved communities. The programme was considered a success with 95% vaccination coverage on average. In January 2016, no new cases of polio transmission were reported. The Lao Women’s Union, which is linked to the Government, had contributed to the campaign reaching everyone including the mobile population.

Other strategies used include: periodic intensification of routine immunization (PIRI) to cover missed immunization, NIP stickers to allow households to better understand the value of immunization and the vaccination schedule, District Health Information System (DHIS2) software implementation to track real-time performance, and an immunization and surveillance data specialist (ISDS) to improve surveillance and data management. It was suggested that, in the future, it is necessary to leverage alliances with mass organizations and emphasize intervention design with a focus on underserved populations.

9
Discussion points

- The Government of the Lao People’s Democratic Republic has acknowledged the use of DHIS2 as the main reporting system, starting from the district level. This has been successful because even though the funding came from a global donor, the system is rolled out across the health sector and is therefore positioned to be sustainable through the transition period. There is also close support from the WHO country office to the Government. In terms of capacity-building, the Ministry of Health is committed to setting up a DHIS academy.

- In Viet Nam, the Government has worked with a government-owned telecommunication company that provides technical support for implementation of the immunization management software. Each child will be identified using their mother’s unique identifier (either mother’s national identity number or health insurance number) and the system will generate a unique code and send the data directly to the national level.

- The World Bank raised the importance of validating the data quality for planning. It uses DHIS2 to measure performances across 14 provinces in the Lao People’s Democratic Republic. If the provinces manage to achieve the target, they will receive a certain amount of funding for next year’s target. There is also an independent agency that helps to validate the data. US CDC’s Stop Transmission of Polio (STOP) team has conducted communication analyses to help shape a better understanding of the type of communication tools in the communities.

- In Papua New Guinea, there is currently a “Digital Health” project being piloted across five provinces supported by the Asian Development Bank and the Department of Foreign Affairs and Trade of Australia. The project provides a tablet computer for each health facility. All data will be delivered directly to the National Department of Health. Other partners also individually support the National Department of Health to improve the existing paper-based methods of national health information systems and to introduce digital approaches as part of the Government’s initiative of establishing and scaling up the electronic Health Management Information System (e-HMIS). This requires coordinated and concerted efforts to avoid redundancies. UNICEF, in collaboration with the Asian Development Bank, the World Bank, Bloomberg School of Public Health and WHO, will organize a digital convergence workshop on improving e-HMIS.

2.3.2 Reaching the final fifth: Service delivery transformation through strengthening primary health care towards universal health care

Ms Anna Maalsen, Technical Officer, HSS, WHO Regional Office for the Western Pacific, presented on the topic of strengthening primary health care service. One in five children globally are still missing out on routine immunizations. In the Western Pacific Region, immunization coverage gaps of up to 30% exist between the highest and the lowest income groups. There are also inequities between those who live in urban and rural areas as well as within urban and rural areas. Migrant, border and remote populations are difficult to reach and face many barriers in accessing services.

Service delivery lies at the core of UHC. The key challenge in advancing UHC is increasing equitable access to quality services. Reorienting people-centred service delivery is essential to meet the needs of the communities. From an equity perspective, four types of countries were identified in the Region: advanced economies, countries in transition to a market-style economy, small Pacific island countries and areas, and extremely decentralized countries such as Papua New Guinea.
Transition planning is an opportunity to have broader discussions with all partners about the functions that need to transition and other support that is available. It has broader implications that extend beyond a single programme. The WHO Regional Framework for Action on Transitioning to Integrated Financing of Priority Public Health Services in the Western Pacific provides guidance to Members States on actions to help secure essential public health functions that can ensure the sustainability and resilience of their health system. Countries in the Western Pacific Region could take lessons from post-transition countries such as Kiribati and Mongolia.

2.3.3 Expression on outside the cold chain (OCC) for hepatitis B (HepB) vaccination in Solomon Islands

Dr Simon Burggraaf, Technical Officer, Regional Maternal Newborn Child, WHO Country Office in Solomon Islands, and Dr Ibrahim Dadari, Programme Officer, UNICEF Solomon Islands, jointly presented and highlighted that hepatitis B birth dose (HepB-BD) is a priority for the country since one in five Solomon Islanders is chronically infected with the hepatitis B virus. Though results show that Honiara had higher HepB-BD coverage than other provinces in 2015, it may not reflect the real situation since 20% of these children are estimated not to be Honiara residents. WHO conducted a six-month pilot study of HepB-BD OCC at several health facilities without cold chain in the country to examine the improved coverage of HepB-BD and vaccine temperature. HepB-BD vaccine coverage within 24 hours increased threefold in the pilot compared to the pre-pilot period. Vaccine wastage within a 28-day limit was 29.9%, but there was incomplete reporting of delivered vaccines. The pilot study recommended the following: more training and education is necessary to address knowledge gaps of health-care workers and parental concerns over the effectiveness of OCC. The high vaccine wastage rate requires further investigation and a standardized delivery process is required to ensure routine vaccine delivery.

Discussion points

- The Lao People’s Democratic Republic was not able to get its NIP interested to scale up a similar pilot study, partially due to the use of OCC and off-label use. WHO clarified that the main difference between OCC and controlled temperature chain (CTC) is that the latter requires labelled and pre-qualified vaccines. At a global level, motivations are necessary for vaccine providers to obtain pre-qualification for a controlled temperature chain product.
- UNICEF recommended the Effective Vaccine Management (EVM) standard operating procedures. There is also an unpublished handbook for stock management and is available internally. As UNICEF is currently gathering information on vaccine wastage, it is useful for Solomon Islands to share more such information between pilot and non-pilot study facilities, particularly on session size, which is a key determinant to study vaccine wastage. The UNICEF country office is still studying forecasting methods and will conduct a vaccine wastage assessment to estimate the realistic amounts as the country’s session size is generally smaller compared to other countries.
- Building up confidence among health-care workers on using OCC remains a priority. A concrete communications plan given to hospital staff is required and raises awareness of appropriate OCC usage on newborn children.

5 More details on Regional Framework for Action can be found at http://www.wpro.who.int/about/regional_committee/68/documents/wpr_rc68_8_AnnaAlexandraMaalsenx_integrated_financing.pdf
2.3.4 Tailored approaches to address data quality issues between innovation and optimization

Dr Roberta Pastore, Technical Officer, EPI, WHO Regional Office for the Western Pacific, underscored some of the common data issues: inaccurate coverage monitoring at both national and subnational levels, data discrepancy between WHO/UNICEF estimates and official estimates of national immunization coverage, and untimely vaccine-preventable disease surveillance data. Information and communications technology (ICT) could be the ultimate solution, only if there is an integrated system beyond pilot studies and a single programme – e-health with emphasis on EPI.

Several country approaches to improve data quality were described as follows:

- In China, the calculation methodologies are unreliable as they are not validated. Upon consultation, it was suggested that there could be a data exchange model across various electronic immunization registries (eIR). A capture–recapture analysis could be conducted using different sources of denominators.
- Mongolia owns a strong e-health system. It was proposed that the electronic immunization registry could be integrated into eHealth National Strategy. The main advantages include long-term sustainability and high flexibility to accommodate changing requirements.
- In Viet Nam, the eIR is a stand-alone system. The country is progressively moving towards the use of electronic case-based data recording. Nevertheless, a unique identifier is yet to be established within the health system.
- The Lao People’s Democratic Republic launched the immunization and surveillance data strengthening (ISDS) project in 2017. The project paired up each national trainee with a trained STOP personnel for two years at one selected province. In the long term, the project will build up local capacity, enabling trainees to support EPI and vaccine-preventable disease surveillance.
- Papua New Guinea has been using the electronic national health information system (eNHIS), with a few pilot demonstrations across provinces since 2015. The system requires tablet computers for data entry, with aggregated data sent from the health facility to a central server and automatically generated dashboards and indicators. However, plans for scale-up and sustainability are unclear.
- The WHO Regional Office for the Western Pacific has developed web-based systems to report measles–rubella, polio, rotavirus and invasive bacterial disease based on demand from countries including the Lao People’s Democratic Republic, Cambodia and Mongolia.

**Discussion points**

- WHO highlighted two key points: 1) governance and transparency of any e-health technology are important; and 2) positive results by any health information system are not always immediate and require a long time to develop. Countries should learn from the experience of Papua New Guinea where governance and donor coordination was poor. Moreover, the Lao People’s Democratic Republic’s DHIS2 programme initially started with a small catalytic fund before gaining World Bank support at a later stage. The small technical advisory group has been very engaging.
- Papua New Guinea is a unique case as its digital health pilot study was very expensive. The Department of Foreign Affairs and Trade of Australia and the Asian Development Bank have agreed to provide more funding and will expand the study to five more provinces this year. WHO and UNICEF were requested to consider organizing a coordination workshop in the future, and a cost–benefit analysis could also be beneficial for the country.
Cross-sectoral coordination and collaboration could benefit the immunization programme, in collaboration between the Ministry of Health and the Ministry of Justice leading to a law that all children must be vaccinated and registered before school entry.

2.4 Innovations and innovative approaches across other regions

2.4.1 Understanding innovative approaches across regions

Mr Abu Obeida Eltayeb, Health Specialist, Immunization and Health Security, UNICEF Regional Office for East Asia and the Pacific, presented the approach of the Philippines as an example. It is a middle-income country faced with many immunization challenges. These include, but are not limited to: less optimum third dose of pentavalent vaccine, measles-containing-vaccine first and second dose (MCV1 and MCV2) coverage with high dropout rates, frequent outbreaks of measles, urban immunization inequities, and vaccine procurement and management issues at different levels.

In response to high urban immunization inequities, the Philippines instituted an urban immunization strategy in 2016, with initial focus on Manila and Taguig City. Through the Reaching Every Community (REC) strategy, which gives greater focus on identifying unserved villages/barangays, partners promote demand for immunization services, tighten linkage with communities and track immunization status at the community level. Local communities led the situational analysis and health promotion activities for greater impact. In the intervention areas, the country addressed human resources supply by recruiting non-traditional community volunteers for case monitoring, in addition to nurses deployed by the Philippine Department of Health. The strategy is showing promising results in terms of increased local ownership, increased MCV1 and MCV2 coverage, and decreased dropout rate of DTP1–3 and MCV1–2 from 2015 to 2017. Nevertheless, to ensure continuity and success of the Reaching Every Community strategy, this work will need to be instituted at the health centre level, with a focal point assigned to initiate further advocacy with local government units and improve linkage with communities. There should be regular follow-up with prioritized health centres and improved funding flow to the prioritized centres and communities. Documentation of best practices from these two focus cities should be encouraged and shared with other cities in the country.

Mr Eltayeb also shared experiences from across the region on addressing immunization supply chain bottlenecks and the ongoing work on the Cold Chain Equipment Optimisation Platform (CCEOP) in countries such as Papua New Guinea, Solomon Islands and Viet Nam (and the Lao People’s Democratic Republic in the pipeline) with support from Gavi. With the rollout of the platform in these countries in the next two to three years, it is expected to contribute to improving access to vaccines at the last mile and, hence, coverage and equity.

Discussion points

- The project in the Philippines mainly focuses on urban immunization. However, opportunity of integrating it with other health components should be explored depending on local context.
- There are tools and guidelines that have been developed and used in other countries in this region as part of the High-Risk community approach as well as best practices. Cambodia has done extensive work on this. However, the key is how to operationalize these strategies to address low coverage in the identified communities.
• The Philippines is well known for its conditional cash transfer programme, which involves health education (to households) to encourage timely immunization. It is a nationwide programme started in 2007 and is supported by various development partners.
• In the Philippines, volunteers are the main human resources in the barangays. However, and if necessary, the Department of Health can provide additional nurses from within the Department or other line departments.
• UNICEF Solomon Islands commented that the Government has expressed that the CCEOP application has followed many different templates within a short period. It would be helpful if Gavi could conduct a survey among countries for feedback on the application process.

2.4.2 Emerging lessons on innovations for coverage and equity

Mr Whetham elaborated on Gavi’s private sector engagement approach for 2016–2020, which aims to leverage private sector investments, expertise and innovation to accelerate immunization impact, while delivering enhanced efficiency, permanent progress and sustainable solutions at scale. To match country needs, the private sector will need to show it is prioritizing achievement of the Gavi 2016–2020 strategic goals and to verify country demand.

In an effort to optimize and protect its investments, Gavi launched the Innovation for Uptake, Scale, and Equity in Immunisation (INFUSE) in 2016 to scale up vaccine delivery. In 2017, there were 14 pacesetters leading social innovation. INFUSE 2018 is calling for proven digital technology innovations that provide more effective methods of identity registration and authentication to accelerate and improve immunization coverage and delivery. Pacesetters will be selected in July or August 2018, with prioritization upon country demand.

Discussion points

• It was noted that the Secretariat is endeavouring to match the supply and demand for innovation. Gavi could potentially make available more information through its numerous platforms (HSS, etc.) so that countries can be aware of the opportunities.
• INFUSE appeared to be less meaningful for the Secretariat as results from private sector innovations have not been visible. Most of the private sector is heterogeneous, made up of small-scale enterprises. Low-resourced countries such as the Lao People’s Democratic Republic questioned how far countries should be involved in the private sector engagement since there is limited in-country capacity. It is challenging to see how the private sector operates since the government has the central role in delivering public goods. Countries’ weak governance further undermines the engagement. It is worth noting that many of the countries in the Western Pacific Region are due to transition out of Gavi support soon.
• Countries could express their interest to further discuss some of the selected innovations in the coming joint appraisal. Aside from the pilot study, the fund should be sufficient to document learning and implementation.
• It will be beneficial to propose some of the selected innovations to upper-middle-income countries since they have more financial resources (e.g. China and the Philippines).
• The private sector is demand driven, and the RWG could be in a position to facilitate the communities in technology procurement. Solomon Islands expressed interest in seeking financial support for implementing a range of new technologies. The possibility of using drones in Solomon Islands was raised, with a cost analysis conducted on how to reach the
unreachable. The technology could reduce the overall cost of immunization coverage. Gavi responded that in theory it could potentially fund such a project (e.g. through HSS), depending on the cost–benefit analysis done.

2.5 Sustainability of the National Immunization Programme

2.5.1 Strengthening the supply chain for sustainability

Mr Schreiber of UNICEF HQ, gave a presentation on the importance of sustainable supply chain in the NIP. The supply chain is a key component of the NIP, facilitating new vaccines introduction and increasing access to vaccines and immunization. EVM assessments of many countries revealed that immunization supply chains do not meet WHO standards as expected. In a majority of countries, only storage and transport capacity and buildings and equipment have a median score of 80%. Temperature monitoring, maintenance and stock management are among the weakest areas.

Five fundamentals are essential for an effective immunization supply chain management: leadership management, continuous planning, data for management, CCEOP and system design. UNICEF supports countries to address supply chain personnel in efforts to achieve the Gavi 2020 strategic goals. Presenter highlighted the incorporation of human resources for immunization supply chain management indicators into the comprehensive EVM, the likelihood of building the local capacity with the Regional Asia-Pacific Centre of Excellence (RACE), a resource centre for health and immunization supply chain management in training, and close coordination between national logistics working groups and country stakeholders to strengthen the supply chain.

The new EVM 2.0 tool to be introduced in 2018 will be digital. It assesses bottlenecks and reviews supply chain strengths and weaknesses. Consequently, it leads to operational planning and includes plans in the Country Engagement Framework (CEF)/HSS proposals, linking with CCEOP. ViVa is a stock management tool used to minimize wastage and stock-outs. In order to enable vaccine availability and ensure potency through efficient supply chains, 60% of eligible countries have been approved to set up CCEOP. UNICEF’s vaccine procurement service is an entry point for countries to procure quality-assured vaccines in a timely manner.

Discussion points

- CCEOP was set up to shape the market with less emphasis on sustainability. It is to ensure that the procurement supply is available for the next few years.
- Training for district-level staff in supply chain and logistics expertise is necessary.
- In 2017, WHO integrated EPI review in EVM for the first time in South Africa. It has real benefits since team deployment to field services has always been the most expensive element. The team trained with EVM can run parallel with the EPI review team to conduct assessments.
- There should be follow-up to the EVM assessment improvement plan across countries.

2.5.2 Transition and financial sustainability

Ms Emiko Masaki, Senior Economist, World Bank, presented the health financing perspective. When a country transitions from low-income to low-middle-income, the World Bank tends to observe a sharp decline in external financing, while the OOP share of total health expenditures tends to decline much slower. Health financing transition does not occur in isolation, and countries undergo critical changes at the same time, including epidemiological transition to noncommunicable diseases (NCDs),
decentralization and establishment of social insurance. The ultimate goal for a transitioned country is to accelerate progress towards UHC and be able to implement health programmes independent of external support while ensuring health gains achieved by externally financed programmes.

The World Bank’s transition support focuses on the broader country context by looking at health financing and UHC. The Bank’s comparative advantages include strong analytics and knowledge focus as well as leveraging engagement with stakeholders by providing co-financing, technical assistance and capacity-building.

The World Bank has been providing transition support to 10 countries in the East Asia Pacific Region under the multi-donor trust fund. In these countries, NCDs remain the largest issue compared with communicable diseases and injuries. Many East Asian countries rely on OOP health expenditures, whereas Pacific countries rely on domestic public sources as the main source of health financing. The World Bank provides funding, loans and grants to these countries depending on country eligibility for funds from the International Development Association (IDA)/International Bank for Reconstruction and Development (IBRD).

The World Bank uses some of the available tools to identify bottlenecks, which include public expenditure review (PER), public expenditure tracking survey (PETs), service availability and readiness assessment (SARA)/quantitative service delivery survey (QSDS), and health financing system assessment (HFSA). This system is being used in nearly all 10 countries in its East Asia Pacific Region to better understand efficiency and effectiveness of spending and inform the Gavi transition plan. These include the Lao People’s Democratic Republic, Papua New Guinea and Indonesia.

During the transition phase, the Lao People’s Democratic Republic also receives support from new external partners such as the Clinton Health Access Initiative and the World Bank. Country partners support the Ministry of Health in mobilizing domestic resources for health by defining fiscal space for health. The country’s economic growth massively determines how much funding the government can allocate for health and immunization needs.

**Discussion points**

- Participants raised concern if there has been any form of research or survey on OOP costs. In the context of the Lao People’s Democratic Republic, the insurance scheme does not fully capture all marginalized families or communities.
- From the World Bank’s perspective, it assesses the overall health system and its sustainability instead of assessing the sustainability of programmes. Integration between programmes to avoid duplication or overlaps of funding across programmes as well as internal funding competition (e.g. maternal and child health (MCH) vs. EPI). Having clarity on the timeline of the donor funding of each country is necessary to smoothen the transition process. In the Lao People’s Democratic Republic, the Gavi transition has prompted more discussion within countries. From the health financing perspective, despite having an increase in government expenditure, OOP expenditure has not declined in the last three years in the Lao People’s Democratic Republic. The World Bank further remarked that in terms of financial sustainability, extensive discussion with the Ministry of Finance is mandatory.
2.6 Planning, implementing and reporting on CEF and PEF functions

Gavi stated that PEF replaced the business plan model applied in 2011–2015. It is a new model to leverage country-level reporting and planning of TCA. There are three components within the model: 1) findings of joint appraisals to identify priority needs; 2) a partner portal, which shares objectives, milestones and performances; and 3) the “One TA” (technical assistance) plan. In support of PEF, the RWG plays a role in strengthening the framework’s accountability, sharing feedback and meeting minutes within the PEF management team.

The 2017 PEF budget allocation for TCA further categorized countries into three tiers. WHO still has the largest share across all countries in the Region, followed by UNICEF, the World Bank, US CDC and expanded partners (e.g. PATH and Dalberg).

The 2017 PEF/TCA reflects positive improvements in terms of real-time access to data, enhanced subnational engagement, increased focus on equity, improved engagement in financial sustainability and strengthened collaboration at the country level. However, there are still ongoing challenges. On a global context, challenges included poor quality applications from countries, EPI managers holding partners to account and inadequate coordination between different levels of core partners.

In the 2018 PEF tentative budget allocation for TCA, there is no budget allocated for the Lao People’s Democratic Republic due to its transition plan. PEF will endorse the plan and disbursement is expected by the end of March. Papua New Guinea has the largest increase of funding among all countries between 2017 and 2018 funding periods. There is also an increase of funding in Solomon Islands on the basis of its status as a fragile state.

The current trend implies that Gavi may not be able to achieve its coverage and equity strategic goal (i.e. reach the DTP3 coverage target by an increase of at least 5 percentage points from the baseline by 2020). Since the current equity indicators have various methodological limitations and may fail in measuring true progress, a new set of proposals to refine the methodology will be discussed in May.

Discussion points

- Via TCA, the Gavi, WHO and UNICEF secretariats at the headquarters level would share a report comparing country performance. Ideally, the secretariats have concrete plans and strategies to provide with the technical support required by countries and oversee countries’ progress.
- Partners’ presence at the country level is crucial, especially during the TCA discussion. The need for the Ministry of Health to approve TCA is not a healthy practice as it implies a trust issue between Gavi and partners. In Cambodia, human resources require more fund allocation to support implementation. It was also suggested that Gavi could come up with a mechanism to allow the Ministry of Health partial accountability for the HSS fund.
- Participants voiced concern regarding skills transfer as there is no adequate capacity for partners to transfer skills to the countries. Additional staffing and human resources are extremely necessary to enhance skills transfer and capacity-building, especially at the subnational level. However, some countries are alarmed by the budget ceiling during the TCA planning. Despite an overall 15% rise in WHO and UNICEF staff, staff allocation at the country level ranged from 25% to 1% or even zero percent. Gavi will further study how Tier 3 countries are working towards Gavi strategies and find the right balance for this issue.
2.7 Wrap-up and way forward

All countries presented posters highlighting key achievement in immunization, innovations in 2017 and priority areas of work for 2018–2020. Participants had the opportunity to discuss the content of each poster with the respective country office team and allowed deeper understanding at the country level. At the end of the poster session, participants provided feedback to each country on how to encounter key challenges or mitigating risks in implementing the upcoming activities in 2018–2020. Participants also gave suggestions on support expected from regional offices, headquarters and other partner organizations.

2.7.1 Country key achievements and priority action areas in 2018-2020

The feedback summaries for suggestions to address countries’ top three problems are included in Annex 3.

Cambodia
During the RWG meeting in 2017, Cambodia identified four main issues: inadequate/less social mobilization activities, poor quality of supportive supervision, inadequate routine outreach services at communities, and poor quality of data. The country also shared some of the best practices for other countries’ reference. These include: systematic screening of children under the age of 5 years, conducting workshops to discuss missed opportunities for vaccination, technical support in cold chain equipment maintenance at the subnational level and revision of the measles–rubella vaccination schedule.

After the workshop on missed opportunities for immunization in Cambodia, country partners will work closely with NIP to develop the annual national operational plan using national budget and the HSS fund. Based on the joint appraisal, there will be frequent and regular discussion between UNICEF and WHO on the TCA’s milestones. Country partners intend to develop concept notes for each activity proposed in the TCA. There are discussions in Cambodia to look at collaboration between HepB-BD and other programmes such as MCH and reproductive health. Cambodia’s UNICEF country office further remarked that the country is developing its CCEOP proposal, based on EVM assessment findings, while the Gavi HSS fund has been used for procurement of cold chain equipment and some key activities of the EVM Improvement Plan.

Lao People’s Democratic Republic
The top issues in the Lao People’s Democratic Republic covered in the previous RWG meeting were: the need to strengthen financial management, inequitable service delivery and quality of data management. The country shared some best practices, including: integrated EPI/MCH service delivery, use of the immunization law as an advocacy tool, communication, and social mobilization during outbreak response, use of DHIS2 as a reporting tool, high- and low-technology innovations, as well as transition plan and financial sustainability.

Leadership management in the Lao People’s Democratic Republic is challenging, especially at a subnational level given the limited capacity. Nevertheless, partners remain hopeful with the commitment shown by the provincial level down to health facilities. The country team will continue to play a central role in capacity-building of local counterparts. The fact that being transitioned out from Gavi support implies that the Lao People’s Democratic Republic will not be eligible for TCA application led to further questions of how the country could receive support to establish CCEOP and conduct more EVM assessment. More review is necessary.
**Papua New Guinea**
At the 2017 meeting, Papua New Guinea identified three top issues: weak leadership and management in the National Department of Health, inadequate and irregular mobile and outreach clinics due to poor transportation, and inadequate cold chain capacity. The country shared best practices including: integrated EPI, MCH, and other public health programmes; one-stop service; advocacy at the provincial level; use of other strong programme platforms (e.g. tuberculosis) to improve service delivery for immunization; and deployment of trained STOP personnel.

The HSS focal point of WPRO will be working on partnership engagement and coordination in Papua New Guinea soon. There is existing collaboration with the Asian Development Bank on strengthening the financial flow. The team will also work closely with the World Bank to establish a joint working group to analyse health sector budget. The group will comprise staff from the national planning agency, the treasury, National Department of Health and the Ministry of Finance. There is also a role for the integrated financial management system in the public sector. The Asia-Pacific Economic Cooperation forum will be an opportunity to highlight primary health care and UHC.

**Solomon Islands**
Solomon Islands is developing a transition plan by 2021. Following the last RWG meeting, preparations have been ongoing for HSS-2 funding, CCEOP and new vaccines introduction such as measles second dose, human papillomavirus (HPV) vaccine and rotavirus vaccine. The country has recently completed an EVM and data quality audit (DQA), with technical support also ongoing for financial management strengthening, as well as CCE procurement and maintenance. OCC expenditure for HepB-BD was highlighted as a best practice to scale up vaccine coverage in provinces with low CCE capacity.

There are many activities to be implemented in 2018-19 for Solomon Islands. Therefore, the country team needs to plan and align activities with care. Since MCV1 and MCV2 target two different age cohorts, there is ongoing discussion with the Ministry of Health to carefully plan the introduction strategy of MCV2, to ensure timely immunization and achieve highest possible coverage.

**Viet Nam**
Following the RWG meeting in 2017, some of the top issues identified in Viet Nam include: delay of inactivated polio vaccine (IPV) introduction, immunization safety, increasing the immunization coverage in hard-to-reach areas, implementation of CCEOP and improving timely vaccine procurement. Viet Nam shared its nationwide implementation of the National Immunization Information System (NIIS), developing an immunization tracking system for mobile populations and migrants, as well as rapid assessment of vaccine hesitancy study.

### 3. CONCLUSIONS AND RECOMMENDATIONS

#### 3.1 Conclusions

WHO valued the significant role at the regional and global level since 2006 by the RWG and Gavi and hopes to scale up the momentum. UNICEF is positive that the RWG is adding values this year and will conduct an assessment soon about the functionality of the RWG. Although the World Bank has not been one of the traditional partners for immunization in many countries in the region, in certain countries it has been long engaged in addressing bottlenecks in MCH service delivery, including immunization. There is a lot of potential collaboration between the World Bank, WHO,
UNICEF and others – more broadly in health systems strengthening. It is useful to share different perspectives on transition and sustainability. At the system level, the World Bank can contribute in public financial management and facilitate the dialogue between the Ministry of Health, the Ministry of Finance, and the treasury. US CDC will continue to support and participate proactively with the RWG.

The discussions of the RWG concluded the following:

- In 2018, the Lao People’s Democratic Republic, Papua New Guinea, Solomon Islands and Viet Nam entered the accelerated transition phase. Mongolia and Kiribati are the only two fully self-financed countries in the Region. Cambodia remains in the preparatory transition phase until 2024.

- Two important post-transition engagements were approved by the Gavi Board: 1) the extension of the grace period for new vaccine introduction during the accelerated transition phase from one year to the full five years, if vaccine introductions effectively contribute to increasing coverage and equity; and 2) when requested by fully self-financed countries, Gavi will allocate funds up to US$ 30 million until 2020 under PEF.

- Transition planning is an opportunity to have discussions with all partners not only about the priority functions that need to transition and available support, but also about the broader implications to Members States and actions to help secure essential public health functions that can ensure the sustainability and resilience of their health system.

- Gavi’s PEF and CEF serve the purpose of: providing coordinated support, tracking progress, identifying bottlenecks, taking remedial actions and reporting on an annual basis. The 2017 PEF budget allocation for TCA further categorized countries into Tier 1, 2 and 3. WHO still has the largest share across all countries in the Region, followed by UNICEF, US CDC and expanded partners (e.g. PATH and Dalberg).

- The 2017 PEF technical assistance reflected some positive improvements in terms of real-time access to data, enhanced subnational engagement, increased focus on equity, improved engagement in financial sustainability and strengthened collaboration at the country level. However, there are still ongoing challenges. In a global context, poor-quality applications from countries, EPI managers holding partners to account and inadequate coordination between different levels of core partners contribute to these challenges.

- There have been many delays in funding delivery. These occur not only within EPI, but across the board in the health system. Therefore, delay in funding delivery affects the not only EPI but the entire health sector. HSS is needed to address this issue, as is aiding governments in the budget planning process. It is difficult for governments to commit to timely utilization of external funding if they are not in line with the fiscal year of the budget cycle.

- The EVM assessments revealed that immunization supply chains do not meet WHO standards in some countries, particularly in stock management and maintenance. It will also be useful in operational planning and in the CEF/HSS proposals, linking with CCEOP to strengthen the countries’ good practices in cold chain and vaccine management, ensuring vaccine security.

- Overall, the countries suggested regional issues to which the RWG could provide guidance and support. These include: timely funding flow to countries; equity focus; development of a transition plan and role of stakeholders after transition; assistance in identifying competent technical assistance in priority areas; improving harmonization of technical assistance support including programme planning and monitoring, transition from Gavi accounts to development
partners’ accounts, and maintaining quality financial oversight; finalization of grant management requirements; potential programme management gaps in the absence of a national EPI manager or focal point; sharing investment plans in other countries for new vaccine introduction; and advice on anti-vaccine movements.

3.2 Recommendations

3.2.1 Recommendations for Member States

All Member States are encouraged to use the available strategies (e.g. periodic intensification of routine immunization, minimizing missed opportunities for vaccination, Reaching Every Community/District and reaching the final fifth) as well as innovative approaches (new technologies, electronic immunization registers, etc.) to improve immunization coverage and to reach targets and goals specified in the Regional Framework for implementation of the Global Vaccine Action Plan in the Western Pacific.

Based on TCA/PEF in 2018, specific priority areas for Member States to consider are as follows:

1. **Cambodia:** data quality management, assessment on immunization service delivery, supply chain management and communication strategy. These activities need to be carried out using both Gavi funds (TCA and HSS) and government funds identified under national operational plans for NIP.

2. **Lao People's Democratic Republic:** EPI review and cMYP revision, NIP leadership management, preparation for new vaccines introduction in 2019, health promotion for vaccination, and data quality improvement plan (DQIP) implementation.

3. **Papua New Guinea:** formation of a provincial EPI programme management committee, implementation of the Special Integrated Routine EPI Strengthening Program (SIREP) in eight low-performing provinces, organizing EPI refresher trainings, EPI coverage survey in four provinces, finalization of the Integrated Disease Surveillance and Response (IDSR) policy and guidelines, initial discussion to establish a National Immunization Technical Advisory Group (NITAG), formation of a national Adverse Event Following Immunization (AEFI) Surveillance Committee, measles and rubella risk assessment, formation of a national logistics management committee, expansion of CCE with HSS-1 funds, urban immunization, and development of a communication plan.

The RWG stressed that Government commitment is necessary to carry out the above recommended activities and as a first step to appoint a full-time NIP Manager at the earliest possible time.

4. **Solomon Islands:** support for EPI management and Gavi transition planning, new vaccine introductions for MR2 and HPV, vaccine wastage assessment, and implementation of CCEOP.

5. **Viet Nam:** rollout of a web-based module for vaccine/syringes management in EPI nationwide; geographic information system (GIS) mapping to identify hard-to-reach areas with low immunization coverage and cold chain supply gap; inactivated poliomyelitis vaccine (IPV) introduction; CCEOP deployment and new CCEOP application; support for the National Regulatory Authority for timely procurement of vaccine to avoid stock-outs; and securing government funding.

3.2.2 Recommendations for the RWG partners

The RWG partners are requested to do the following:

1. Support Member States to implement Gavi-funded activities under TCA/PEF/CEF in a timely and
efficient manner.

(2) Provide technical support to Member States in developing Gavi applications on new vaccine introduction, HSS, CCEOP and the timely submission for Gavi approval.

(3) Manage and utilize funds in a timely manner given that currently two thirds of Gavi cash support goes through partners (i.e. WHO and UNICEF).

(4) Support Member States in mobilizing domestic resources for NIP and HSS by defining the fiscal space for health. Although many beneficial facts of NIP are known by the ministries, impact could be increased if the developed advocacy materials include key messages to sensitize authorities at the respective finance ministry and/or national planning committee.

(5) Hold more frequent and regular discussions among partners at country levels on TCA milestones and implementation of PEF/CEF.

(6) Conduct regular joint calls between headquarters and regional teams of UNICEF, WHO and Gavi (including the senior country managers) to identify priority regional common issues on an ongoing basis.
ANNEXES

Annex 1. List of participants

SECRETARIAT

WHO REGIONAL OFFICE FOR THE WESTERN PACIFIC

Dr Mark Jacobs, Director, Communicable Diseases, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, 1000 Manila. Tel: +632 528 9701 | Fax: +632 521 1036 | E-mail: jacobsma@who.int

Dr Yoshihiro Takashima, Acting EPI Coordinator, Expanded Programme on Immunization, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, 1000 Manila. Tel: +632 528 9746 | Fax: +632 521 1036 | E-mail: takashimay@who.int

Dr Ananda Amarasinghe, Technical Officer Expanded Programme on Immunization, World Health Organization Regional Office for the Western Pacific United Nations Avenue 1000 Manila. Tel: +63 2 528 9032 | Fax: +63 2 521 1036 | Email: amarasinghea@who.int

Dr Roberta Pastore, Technical Officer, Expanded Programme on Immunization, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, 1000 Manila. Tel: +632 528 9018 | Fax: +63 2 521 1036 | E-mail: pastorero@who.int

Dr James Heffelfinger, Technical Officer, Expanded Programme on Immunization, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, 1000 Manila. Tel: +632 528 9033 | Fax: +63 2 521 1036 | E-mail: heffelfingerj@who.int

Ms Anna Alexandra Maalsen, Technical Officer, Health Systems Strengthening, World Health Organization Regional Office for the Western Pacific United Nations Avenue 1000 Manila. Tel: +632 528 9898 | Fax: +63 2 521 1036 | Email: maalsena@who.int

Dr Jinho Shin, Medical Officer, Essential Medicines and Technology, World Health Organization Regional Office for the Western Pacific United Nations Avenue 1000 Manila. Tel: +63 2 528 9057 | Fax: +63 2 521 1036 | Email: shinj@who.int

Ms Varja Grabovac, Scientist, Expanded Programme on Immunization, World Health Organization Regional Office for the Western Pacific United Nations Avenue 1000 Manila. Tel: +632 528 9747 | Fax: +63 2 521 1036 | Email: grabovacv@who.int

Dr Nyambat Batmunkh, Technical Officer, Expanded Programme on Immunization, World Health Organization Regional Office for the Western Pacific United Nations Avenue 1000 Manila. Tel: +632 528 9741 | Fax: +63 2 521 1036 | Email: batmunkhn@who.int

Dr Santosh Gurung, Technical Officer, Expanded Programme on Immunization, World Health Organization Regional Office for the Western Pacific United Nations Avenue 1000 Manila. Tel: +632 528 9704 | Fax: +63 2 521 1036 | Email: gurungs@who.int
Dr Jose Hagan, Medical Officer, Expanded Programme on Immunization World Health Organization Regional Office for the Western Pacific United Nations Avenue 1000 Manila. Tel: +63 2 528 9034 | Fax: +63 2 521 1036 | Email: haganj@who.int

WHO CAMBODIA

Dr Md. Shafiqul Hossain, Technical Officer, Expanded Programme on Immunization, WHO Representative Office in Cambodia, No. 61-64, Preah Norodom Blvd. (corner St. 306) Sangkat Boeung Keng Kang I Khan Chamkamorn Phnom Penh. Tel: +855 23 216610 | Fax: +855 23 216211 | Email: hossains@who.int

Dr Kumanan Rasathanan, Coordinator Health System Development, WHO Representative Office in Cambodia, No. 61-64, Preah Norodom Blvd. (corner St. 306) Sangkat Boeung Keng Kang I Khan Chamkamorn Phnom Penh. Tel: +855 23 216610 | Fax: +855 23 216211 | Email: rasanathank@who.int

WHO LAO PEOPLE’S DEMOCRATIC REPUBLIC

Dr Lauren Franzel-Sassanpour, Technical Officer, Expanded Programme on Immunization, WHO Representative Office in the Lao People's Democratic Republic 125 Saphanthong Road, Unit 5 Ban Saphangthongtai, Sisattanak District Vientiane Capital. Tel: +856 21 353 902 | Fax: +856 21 353 905 | Email: franzell@who.int

Dr Monica Fong, Coordinator Health System Development, WHO Representative Office in the Lao People's Democratic Republic 125 Saphanthong Road, Unit 5 Ban Saphangthongtai, Sisattanak District Vientiane Capital. Tel: +856 21 353 902 | Fax: +856 21 353 905 | Email: fongm@who.int

WHO MONGOLIA

Dr Sodbayar Demberelsuren, National Professional Officer, Expanded Programme on Immunization, WHO Representative Office in Mongolia Ministry of Health Government Building No. 8 Ulaanbaatar, Mongolia. Tel: +976 11-327870 | Fax: +976 11-324683 | Email: demberelsurens@who.int

WHO PAPUA NEW GUINEA

Dr Mohammad Salim Reza, Technical Officer, Expanded Programme on Immunization, WHO Representative Office in Papua New Guinea 4th Floor, AOPI Centre Waigani Drive Port Moresby. Tel: +675 325 7827 | Fax: +675 325 0568 | Email: rezam@who.int

Ms Deki, Technical Officer, Health Systems Strengthening, WHO Representative Office in Papua New Guinea 4th Floor, AOPI Centre Waigani Drive Port Moresby. Tel: +675 325 7827 | Fax: +675 325 0568 | Email: deki@who.int

WHO SOUTH PACIFIC

Dr Jayaprakash Valiakolleri, Technical Officer Expanded Programme on Immunization, WHO Representative Office in the South Pacific Level 4 Provident Plaza One Downtown Boulevard, 33 Ellery Street Suva. Tel: +679 3304 600 | Fax: +679 3234166 | Email: valiakollerij@who.int
WHO SOLOMON ISLANDS

Dr Sevil Huseynova, The WHO Representative in Solomon Islands, Ministry of Health Bldg. Chinatown Honiara. Tel: +677 23406, 20016  Fax: +677 21344  Email: huseynovas@who.int

Dr Simon Burggraaf, Technical Officer, Reproductive Maternal New born Child Health and Nutrition, WHO Representative Office in Solomon Islands, Ministry of Health Bldg. Chinatown Honiara. Tel: +677 23406, 20016  Fax: +677 21344  Email: burggraafs@who.int

WHO VIET NAM

Dr Nihal Singh, Medical Officer, Expanded Programme on Immunization, WHO Representative Office in Viet Nam, 304 Kim Ma Street Hanoi. Tel: +84(0) 4 38 500 100  Fax: +84(0) 4 37 265 519  Email: singhn@who.int

Dr Momoe Takeuchi, Team Leader, Health Systems Development, WHO Representative Office in Viet Nam 304 Kim Ma Street Hanoi. Tel: +84(0) 4 38 500 100  Fax: +84(0) 4 37 265 519  Email: takeuchim@who.int

WHO HEADQUARTERS

Dr Karen Hennessey, Routine Immunization Officer, Expanded Programme on Immunization Plus, WHO Headquarters Office in Geneva, Avenue Appia 20 1211 Geneva 27 Switzerland. Tel: +41 22 791 4895  Email: hennesseyk@who.int

GAVI, THE VACCINE ALLIANCE

Mr Charlie Whetham, Regional Head Asia Pacific Gavi, the Vaccine Alliance, 2 Chemin des Mines 1202 Geneva Switzerland. Tel: +41 22 909 7162  Fax: +41 22 909 6550  Email: cwhetham@gavi.org

Ms Alexa Reynolds, Senior Country Manager Asia Pacific, Gavi, the Vaccine Alliance, 2 Chemin des Mines 1202 Geneva Switzerland. Tel: +41 79 429 59 777  Fax: +41 22 909 6550  Email: areynolds@gavi.org

UNICEF EAST ASIA AND PACIFIC REGIONAL OFFICE

Dr Kunihiko Chris Hirabayashi, Regional Adviser, Health, UNICEF Regional Office for East Asia and the Pacific, 19 Phra Atit Road Chanasongkram, Phra Nakorn Bangkok 10200 Thailand. Tel: +66 02 356 9499  Fax: +66 02 280 3563  Email: khirabayashi@unicef.org

Mr Abu Obeida Eltayeb, Health Specialist, Immunization and Health Security, UNICEF Regional Office for East Asia and the Pacific, 19 Phra Atit Road Chanasongkram, Phra Nakorn Bangkok 10200 Thailand. Tel: +66 02 356 9468  Fax: +66 02 280 3563  Email: aeltayeb@unicef.org

UNICEF CAMBODIA

Dr Etienne Poirot, Chief, Child Survival and Development Integrated Early Childhood Development, UNICEF Cambodia Exchange Square, 5th floor, No. 19&20, Street 106 Sangkat Wat Phnom, Khan Daun Penh Phnom Penh. Tel: +855 (0) 23 260 604 ext 400  Email: epoirot@unicef.org

Dr Aun Chum, Health Officer, UNICEF Cambodia Exchange Square, 5th floor, No. 19&20, Street 106 Sangkat Wat Phnom, Khan Daun Penh Phnom Penh. Tel: +855 23 426 214 ext. 645  Fax: +855 23 426 284  Email: achum@unicef.org
UNICEF LAO PEOPLE’S DEMOCRATIC REPUBLIC
Dr Titus Angi, Immunization Specialist, UNICEF Lao People’s Democratic Republic, Wat Nak Quarter Km 3, Thadeua Road Vientiane. Tel: +856 21 315 200 | Fax: +856 21 314 852 | Email: tangi@unicef.org

UNICEF PAPUA NEW GUINEA
Dr Md. Monjur Hossain, Chief, Young Child Survival and Development, UNICEF Papua New Guinea, Level 4, The Tower, Douglas Street, Port Moresby, National Capital District 121. Tel: +675 321 3000 | Fax: +675 321 1372 | Email: mhossain@unicef.org

UNICEF SOLOMON ISLANDS
Dr Ibrahim Dadari, Programme Officer, Expanded Programme on Immunization, UNICEF Solomon Islands Field Office ANZ Haus, Kukum Highway Ranadi, Honiara. Tel: +677 28002 | Mobile: 677 7834623 | Email: idadari@unicef.org

UNICEF VIET NAM
Dr Nguyen Huy Du, Maternal and Child Health Specialist, UNICEF Viet Nam, The Green One UN House 304 Kim Ma, Ba Dinh District Hanoi. Tel: +84 24 38500211 | Email: nhdu@unicef.org

UNICEF HEADQUARTERS
Mr Benjamin Schreiber, Senior Adviser, Health, UNICEF Headquarters UNICEF House, 3 United Nations Plaza 44th Street between 1st and 2nd Avenues New York, New York. Tel: +1 212 326 7000 | Fax: +1 212 887 7465 | Email: bschreiber@unicef.org

THE WORLD BANK
Ms Emiko Masaki, Senior Economist, The World Bank, Vientiane Office Xieng Ngeun Village Chao Fa Ngum Road Vientiane Lao People's Democratic Republic. Tel: +856 21 266 206 | Fax: +856 210266 299 | Email: emasaki@worldbank.org

UNITED STATES CENTERS FOR DISEASE CONTROL AND PREVENTION
Mr Gabriel Anaya, Acting Chief, Strategic Information and Workforce Development Branch, US Centers for Disease Control and Prevention, 1600 Clifton Road Atlanta, GA 30329-4027. Tel: +1 404 229-4310 | Email: gda1@cdc.gov
## Annex 2. Programme of activities

<table>
<thead>
<tr>
<th>Activity/agenda item/subject of presentation</th>
<th>Presenter</th>
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</thead>
<tbody>
<tr>
<td><strong>Day 1 – Tuesday, 13 February 2018</strong></td>
<td></td>
</tr>
<tr>
<td>08:00–08:30 Registration</td>
<td></td>
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<tr>
<td>08:30–09:00 Opening session</td>
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<tr>
<td>• Welcome remarks</td>
<td>Dr Yoshihiro Takashima</td>
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<tr>
<td>• Opening speech</td>
<td>Dr Takeshi Kasai</td>
</tr>
<tr>
<td>• Self-introductions</td>
<td>Participants</td>
</tr>
<tr>
<td>• Administrative announcements</td>
<td>Dr Yoshihiro Takashima</td>
</tr>
<tr>
<td>• Group photo</td>
<td></td>
</tr>
<tr>
<td>09:30–09:40 1. Meeting objectives</td>
<td>Dr Yoshihiro Takashima</td>
</tr>
<tr>
<td>2. Global and regional updates linked with Global Vaccine Action Plan (GVAP), Regional Framework for Implementation of GVAP in the Western Pacific and Gavi-supported activities</td>
<td></td>
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<tr>
<td>09:40–10:10 2.1 Global progress on implementation of GVAP</td>
<td>Mr Benjamin Schreiber</td>
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<td></td>
<td>Dr Karen Hennessey</td>
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<tr>
<td>2.2 Regional update on implementation of GVAP and Regional Framework for Implementation of GVAP in the Western Pacific</td>
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<tr>
<td>• WHO WPRO update</td>
<td>Dr Yoshihiro Takashima</td>
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<tr>
<td>• UNICEF EAPRO update</td>
<td>Dr Kunihiko Hirabayashi</td>
</tr>
<tr>
<td>10:10–10:20 Discussion</td>
<td></td>
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<tr>
<td>10:20–11:20 2.3 Gavi strategy and frameworks</td>
<td>Mr Charlie Whetham</td>
</tr>
<tr>
<td>11:20–11:30 Discussion</td>
<td></td>
</tr>
<tr>
<td>11:30–12:00 3. Innovations and innovative approaches across the Western Pacific Region</td>
<td></td>
</tr>
<tr>
<td>12:00–12:15 Discussion</td>
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<tr>
<td>13:15–14:00 3.1 High tech to low tech: Adapting innovations to improve coverage and equity in the Lao People’s Democratic Republic</td>
<td>Dr Lauren Franzel-Sassanpour</td>
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<td></td>
<td>Dr Titus Angi</td>
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<tr>
<td>14:00–15:00 3.2 Reaching the final fifth: Service delivery transformation through strengthening Primary Health Care towards Universal Health Care</td>
<td>Ms Anna Maalsen</td>
</tr>
<tr>
<td>15:30–16:15 3.3 Expression on OCC (out of cold chain) for hepatitis B vaccination in Solomon Islands</td>
<td>Dr Ibrahim Dadari</td>
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<td></td>
<td>Dr Simon Burggraaf</td>
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<tr>
<td>16:15–17:00 3.4 Tailored approaches to address data quality issues between innovation and optimization</td>
<td>Dr Roberta Pastore</td>
</tr>
</tbody>
</table>
### Day 2 - Wednesday 14, February 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30–09:15</td>
<td>4. Innovations and innovative approaches across other regions</td>
<td>Mr Abu Obeida Eltayeb</td>
</tr>
<tr>
<td>09:15–10:00</td>
<td>4.1 Understanding innovative approaches across regions</td>
<td>Mr Charlie Whetham</td>
</tr>
<tr>
<td>09:15–10:00</td>
<td>4.2 Emerging lessons on innovations for coverage and equity</td>
<td>Mr Charlie Whetham</td>
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<tr>
<td>10:30–11:00</td>
<td>5. NIP Sustainability</td>
<td>Mr Benjamin Schreiber</td>
</tr>
<tr>
<td>11:00–12:30</td>
<td>5.1 Strengthening the supply chain for sustainability</td>
<td>Dr Lauren Franzel-Sassanpour</td>
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<tr>
<td>11:00–12:30</td>
<td>5.2 Transition and financial sustainability</td>
<td>Ms. Emiko Masaki</td>
</tr>
<tr>
<td>13:30–15:00</td>
<td>6. Country Poster Presentation</td>
<td>WHO and UNICEF CO technical officers and all</td>
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<tr>
<td>13:30–15:00</td>
<td>6.1 Country presentation</td>
<td>WHO and UNICEF CO technical officers and all</td>
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<tr>
<td>13:30–15:00</td>
<td>• Cambodia</td>
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<td>13:30–15:00</td>
<td>• Lao People’s Democratic Republic</td>
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<td>13:30–15:00</td>
<td>• Papua New Guinea</td>
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<td>• Solomon Islands</td>
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<td>13:30–15:00</td>
<td>• Viet Nam</td>
<td>WHO and UNICEF CO technical officers and all</td>
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<tr>
<td>15:30–16:00</td>
<td>6.2 Country poster feedback</td>
<td>WHO and UNICEF CO technical officers</td>
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<tr>
<td>16:00–17:00</td>
<td>6.3 Group work: developing country way forward presentations</td>
<td>WHO and UNICEF CO technical officers</td>
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</tbody>
</table>

### Day 3 - Thursday, 15 February 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30–09:30</td>
<td>7. Planning, implementing and reporting on CEF and PEF functions</td>
<td>Mr Charlie Whetham</td>
</tr>
<tr>
<td>08:30–09:30</td>
<td>8. Wrap-up and way forward</td>
<td>Mr Charlie Whetham</td>
</tr>
<tr>
<td>09:30–10:00</td>
<td>8.1 Country presentation and discussions</td>
<td>Mr Charlie Whetham</td>
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<tr>
<td>10:30–11:00</td>
<td>• Cambodia</td>
<td>Mr Charlie Whetham</td>
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<td>Mr Charlie Whetham</td>
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<tr>
<td>12:00–12:30</td>
<td>• Viet Nam</td>
<td>Mr Charlie Whetham</td>
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<tr>
<td>12:30–13:00</td>
<td>Closing remarks</td>
<td>Dr Yoshihiro Takashima</td>
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</tbody>
</table>
## Annex 3. Feedback summary by RWG for country key problems

<table>
<thead>
<tr>
<th>Country</th>
<th>Three top issues/challenges</th>
<th>Suggestion to address issues/challenges</th>
</tr>
</thead>
</table>
| Cambodia         | • Reduction in numbers of outreach  
• Issues on falling back on some basic areas of support such as demand generation, supply chain  
• Data quality: use of data | • Obtain better data of outreach “conducted vs Planned” in each district to advocate for policy decision makers  
• Desk review  
• Roll out SOP  
• Consider introduction of e-immunization registry, and schedule school entry check  
• Data quality review with Improvement Plan, DQA |
| Lao PDR          | • Immunization financing (delays in release of funds, ability to co-finance)  
• Resource availability for key activities (EVM Assessment, CCEOP application)  
• Low and inequitable coverage in some districts | • Expand VII line of credit if necessary  
• Ensure operational costs for NIP service delivery are reflected in the budget and available at district/HC level  
• Consider reprogramming TP monies  
• Need clarity on process for re-programming HSS money for NIP ($2.1M)  
• Focus on RI before introducing new vaccines  
• Strengthen quality and frequency of microplans, monitoring & supportive supervision |
| Papua New Guinea | • Lack of good governance  
• Limited human resources  
• Many challenges and ambitious plans | • “High level” partner mission to Ministry of Health  
• Mobilise the funds  
• Appoint international EPI Manager  
• Best use of Provincial level dedicated staff  
• Incentive system at subnational level  
• Prioritise intervention  
• Evaluate critically the introduction of new approaches/technologies |
| Solomon Islands  | • High reliance on external financing linked with declining expected donor funds  
• Ensuring service delivery / High cost of service delivery for immunization in country / unplanned or off plan activities  
• Limited Human Resources and lack of supportive evaluation/supervision | • Declining donor funds as an opportunity to review current service delivery model  
• Identify greater efficiencies and integration with other programs/ Explore alternate options to complement MHMS programme, such as outsourced immunization services/ private provider options  
• Improved use of subnational resources through capacity building and further responsibility delineation/ periodic reviews at subnational level |
| Viet Nam         | • HIS system not fully connected to each other  
• Access to sufficient funds to sustain EPI  
• Challenges found in Gavi’s HSS | • Harmonize NIIS and web-based vaccine stock and syringe management module  
• Cost-benefit analysis (eg MR elimination)  
• Advocacy for Ministry of Health and Ministry of Foreign and local governments  
• Financial sustainability assessment  
• Include the issues in the Gavi’s MTR |