



Timor-Leste

Managing the Transition from Gavi Assistance Manuel Mausiry, Miguel Maria, Nilton S. Cruz, Triana Oliveira

1. Background Information

- In terms of timing, Timor-Leste is now under transition of GAVI support until the end of 2018. The country has a plan to revise the fiscal year from starting from July to June. If the new fiscal year is implemented next year, the transition plan funding might be extended to mid-2019.
- GAVI has been fully supporting Inactivated Polio Vaccine (IPV) since 2015.
- GAVI is co-financing support for Pentavalent Vaccine-- Introduction started in October 2012 and concluded in 2016.

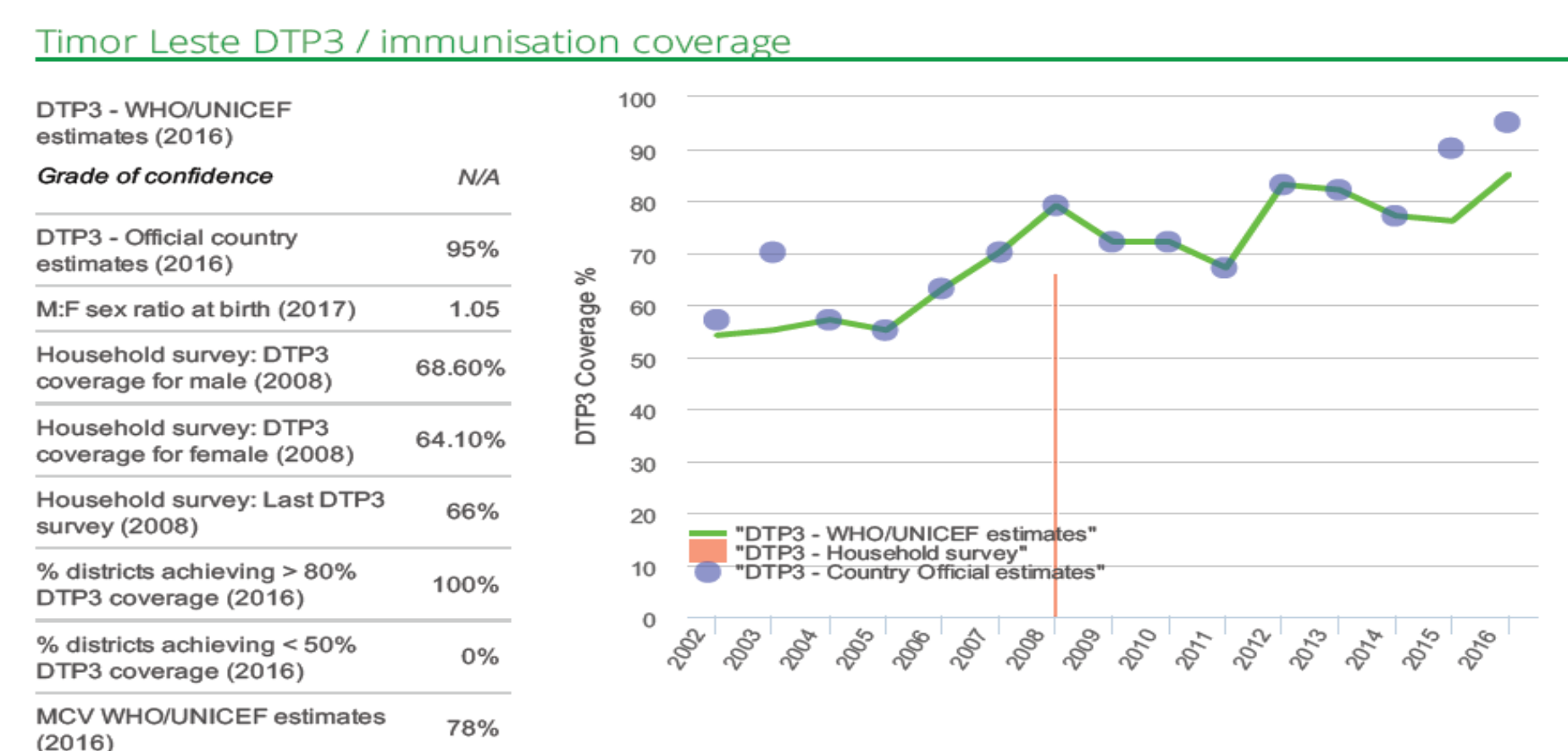
HSS Grant:

- GAVI support to Timor-Leste through HSS grant started in 2014.
- IPV Introduction Grant (US \$100,000) under execution
- The GAVI-HSS grant continued benefits:
 - Reaching children who live in very remote villages to conduct outreach sessions based on identification and mapping of low-coverage villages by micro-planning
 - Quarterly micro-planning meetings for coverage monitoring, together with local authority leaders and religious leaders, and community volunteers and other community organizations
 - Supporting advocacy meetings with educational sector school immunization
- GAVI Transition Plan implementation for 2017 to 2019 is ongoing. The transition plan covers 70 activities and all those activities are on relevant aspects of immunization
- The 3 main implementers of GAVI-TP: Ministry of Health, WHO, and UNICEF

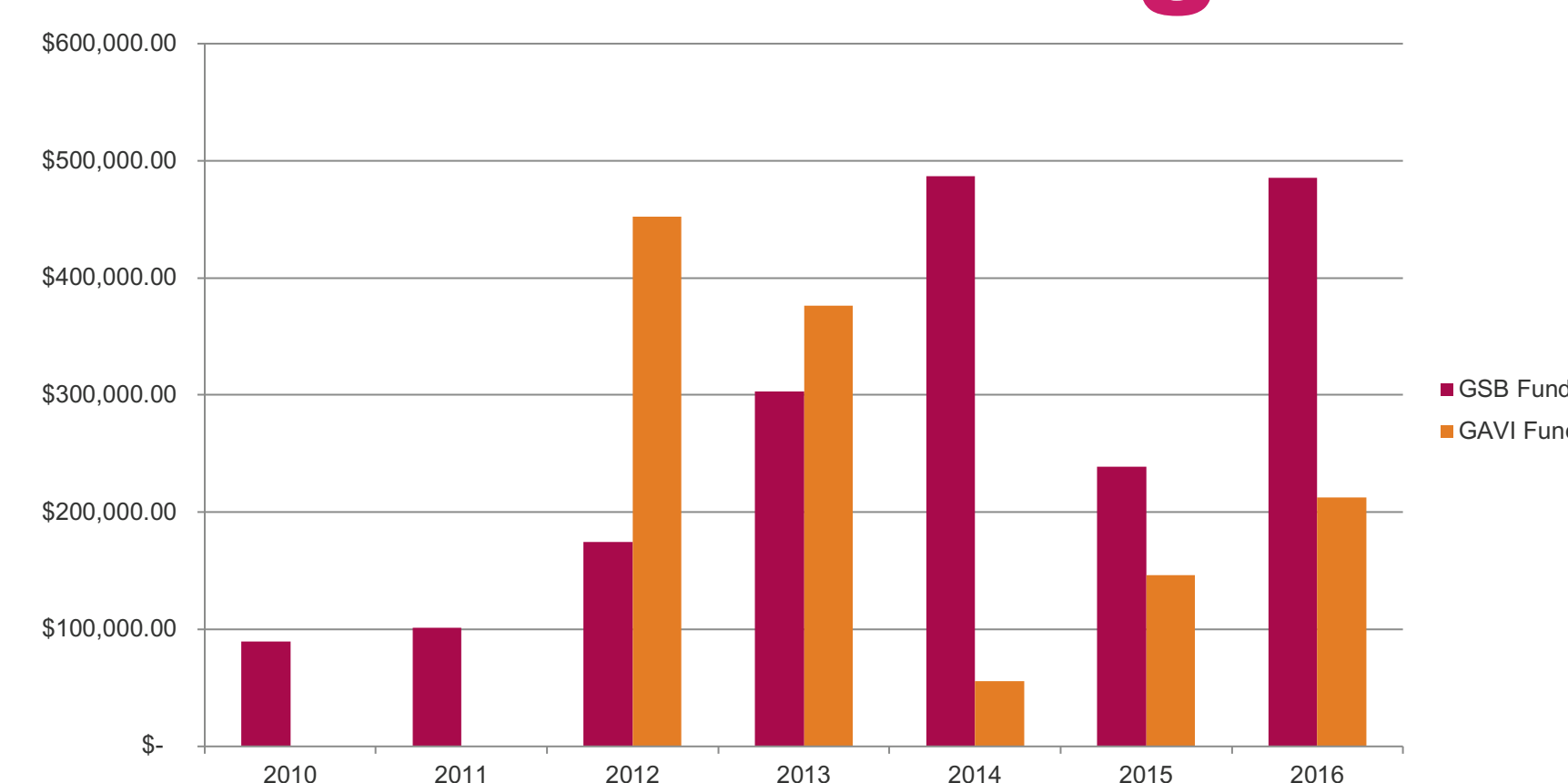
New Vaccine Introductions with Gavi Support:

- Pentavalent vaccines were introduced in 2012
- Inactivated Polio Vaccine (IPV) was introduced in 2015
- Timor-Leste has a plan to introduce Rotavirus vaccine, Japanese Encephalitis (JE), Human Papilloma Virus (HPV), and Pneumococcal vaccine (PCV).
- At the moment Timor-Leste is not eligible to apply for GAVI support for introduction of any new vaccines; however, Timor-Leste is eligible to procure vaccines with GAVI's prices.
- Rotavirus- is ongoing process. A study on rotavirus has been conducted, and will be soon included in routine immunization schedule (2018)

Trends in DTP3 coverage, 2010-16 (WHO, UNICEF and National estimates)



2. Financing



Some Key Challenges for Securing Financial Sustainability

- For vaccines, acquisition is not a burden for the State Budget due to the political commitment to immunization for healthy children, and to the future of the nation; however funding of other aspects of the immunization program such as operational costs, training costs are provided by GAVI and other partners. On GAVI transition in 2019, it is more likely the Ministry of Health will absorb these costs gradually. Logistics supply will be standardized with the government policies and procedures
- Forecasting of vaccine stocks and price variation

Disbursement of Funds from the Budget

- Disbursement of funds for vaccine procurement are channeled to UNICEF PS through SAMES without issue
- Bureaucracies and financial management procedures in Ministry of Health cause some delay of budget realization which affects the operational management of EPI program
- Possible solutions: Strengthening public financial management systems

3. Procurement

- Currently, all vaccines are procured through UNICEF procurement service using government funds
- Timor-Leste is a small country. Annual requirement of vaccines are very small compared to large countries; hence, vaccine manufacturers are reluctant to participate in government annual tender process. Furthermore, TLS will not be in a position to obtain the low vaccine prices secured by UNICEF with its large global tender.

UNICEF Vaccine Independence Initiative:

- Ministry of Health Timor-Leste is not using UNICEF's Vaccine Independence Initiative as they are procuring the vaccine on their own. Vaccine security is ensured in the 12 small Pacific Islands through the Vaccine Independence Initiative (VII). The VII is structured around a revolving fund which acts as a line of credit for the government, allowing the government to pay for vaccines at a later time, after receipt of the order.

Procurement Continued

Key Challenges:

- Addressing local legal barriers to UN procurement service (Government regulations require international competitive bidding)
- Mobilizing more funds for additional new vaccines (Rotavirus, HPV, PCV, JE)
- The national regulatory authority remains weak and requires further improvements.
- High transportation and administrative costs in comparison to small quantities of vaccines received in the country

4. NITAG

- It has been established since 2015, through Dispatch Letter issued by Honorable Minister of Health
- Established to advise the Ministry of Health on policy-related issues related to immunization
- Areas of expertise are: Pediatrics, Internal Medicine, Infectious Disease, Public Health Specialist, Biologist
- According to NITAG Internal Procedure, a minimum of 2 meetings must be conducted each year
- The NITAG Secretariat will distribute the agenda and background documents of the meeting to all the members a minimum of 1 week prior to meeting.
- All NITAG core members have an obligation to sign a conflict of interest document soon after appointed by the Honorable Minister of Health

5. Coverage and Equity

Main Challenges:

- Reaching hard-to-reach villagers due to remote mountainous terrain
- Low community awareness of the importance of immunization
- Lack of adequate staff and capacity, at national and district level, to conduct regular training and supportive supervision
- State budget allocation especially operational costs and training for the immunization program
- Less involvement of the private sector and NGOs in immunization

Coverage and Equity Continued

Steps Taken to Address these Issues

- National immunization and health plans built in an inclusive and collaborative manner
- Strengthen maternal and child health, and primary health care as a platform for service delivery
- Effective public-private partnerships for equitable coverage
- Strengthen the role of community, NGOs, religious groups, and private sectors on the value of immunization
- Incentives and motivations for all stakeholders
- Supportive supervision and information sharing
- Good reporting
- Collaborate with Ministry of Education on reaching school-age children

6. Transition Plan

Other Steps have been taken to support Transition plan:

- Decentralization of financial and administrative authority to municipalities
- Implementation of "Saude na Familia"- Community/domiciliary based care towards universal health coverage
- Shifting from traditional budgeting to program-based budgeting

7. Graduation Grant

- US \$ 4 million
- Managed by: Ministry of Health, WHO and UNICEF
- Timeline: June 2016 – June 2019

8. Lessons Learned

- Specific activities with defined budgets and timelines
- Involvement of all relevant departments of the Ministry of Health and partners in assessment, planning and execution of the project
- Execution of some Ministry of Health activities delayed due to government financial procedures
- Close monitoring of implementation progress by Ministry of Health and GAVI



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