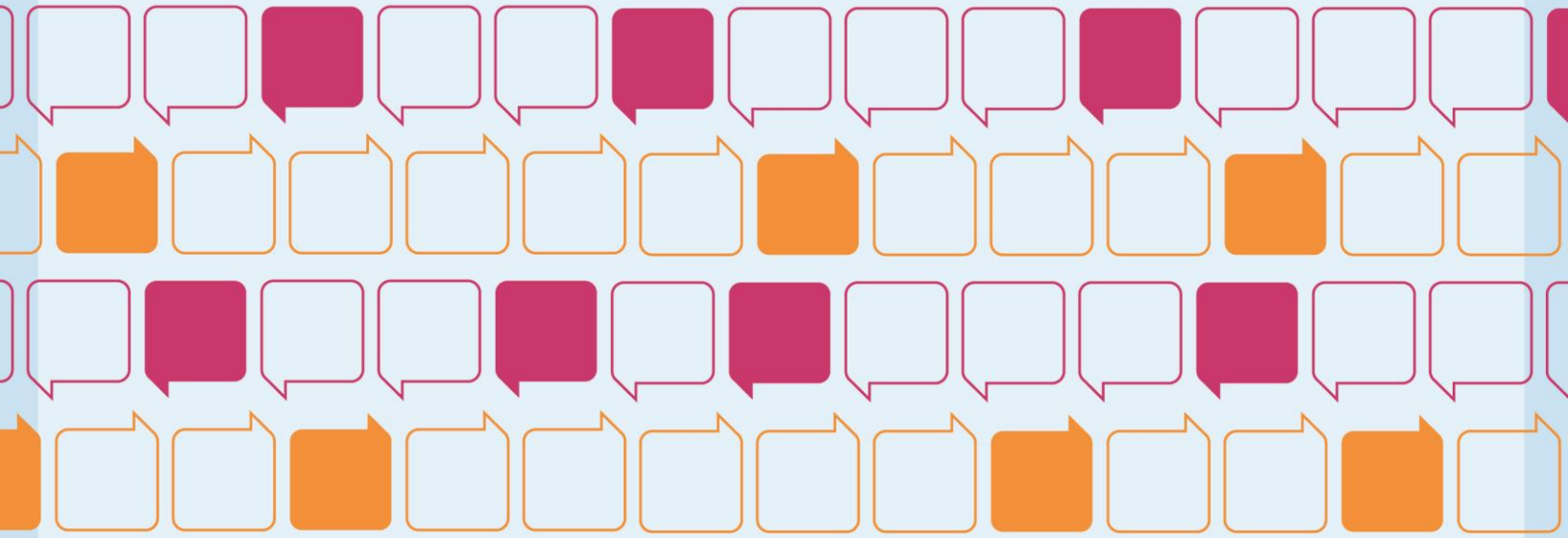
LEARNING NETWORK FOR COUNTRIES IN TRANSITION

REPORT OF THE **SECOND NETWORK ENGAGEMENT MEETING**

HANOI, VIETNAM



DECEMBER 12-15, 2017

LNCT
Learning Network for Countries in Transition

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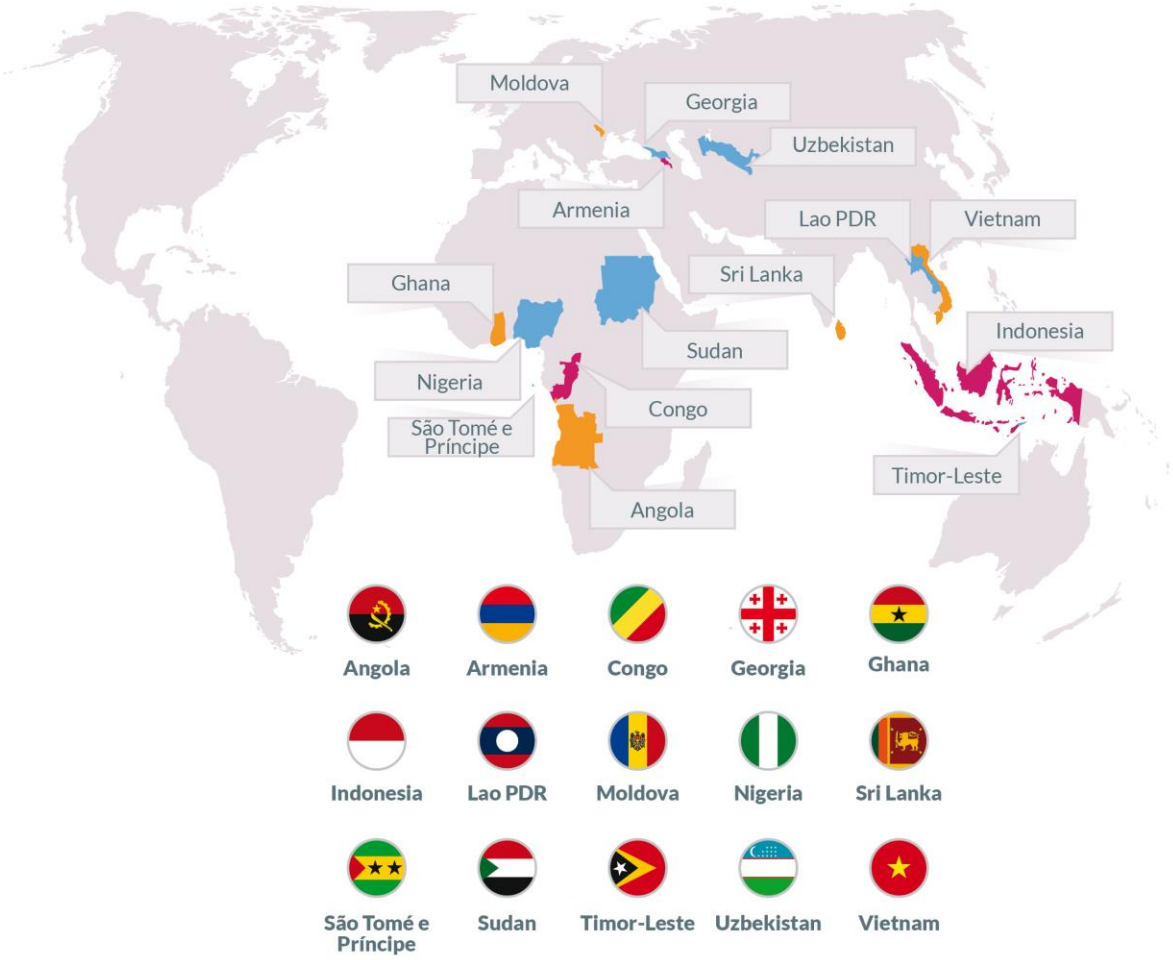
LNCT Member Countries



Introduction

This report summarizes key discussions and outcomes from the second Learning Network for Countries in Transition (LNCT) meeting, which was held December 12–15, 2017, in Hanoi, Vietnam.

LNCT (pronounced “linked”) is a support network for countries in various stages of transition from Gavi support for their national immunization programs. LNCT aims to promote dialogue and shared learning and problem solving so countries can effectively manage the transition and maintain strong and sustainable immunization programs. Specifically, LNCT works to reduce the chances that vaccines will be dropped from a country’s national immunization schedule during or after transition, promote high coverage and equity, and bolster skills and decision-making processes to support future vaccine introductions.

LNCT works toward these objectives using a country-driven model of engagement in which members work together in an ongoing way to:

- Identify and address key challenges in transitioning from Gavi support
- Assess their technical and organizational needs for addressing those challenges
- Share good practices and explore shared challenges

As the LNCT community grows and country engagement deepens, this collaborative learning approach will also help member countries to:

- Co-develop tools and approaches to aid in the transition process
- Adapt these solutions to their own country context
- Initiate collaborative action at the country level

Members of the LNCT community include country immunization practitioners; health and finance policymakers who are involved in financing and managing country immunization programs; partner organizations; technical facilitators; and network coordinators who manage LNCT operations.

Areas of Focus

The Hanoi meeting, which built on an understanding of shared challenges identified at the LNCT launch meeting in Geneva, Switzerland, in May 2017, refined areas of engagement, strengthened relationships among LNCT members, and allowed them to share their progress toward the Gavi transition and discuss ways to monitor future progress.

The specific aims of the meeting included:

- Launching the LNCT website and member portal
- Sharing experiences and good practices
- Exploring ways to advocate for additional immunization investments
- Learning from Vietnam's practices and commitment to immunization

Country delegates from 14 of the 15 LNCT member countries[1] attended the meeting. Participants included key representatives from ministries of health, ministries of finance, and health policy and planning agencies in Gavi transitioning countries, along with global, regional, and country-level partners (see Annex 1). The meeting was hosted by the Vietnamese Ministry of Health and was opened by Professor Dang Duc Anh, director of Vietnam's National Institute of Hygiene and Epidemiology.

Several themes were addressed at the meeting (see Annex 2), using various modes of collaborative learning (see Box 1). These modes are designed to complement each other and be built on going forward. A full list of meeting materials can be found in Annex 3 and on the LNCT website.

[1] Angola, Armenia, Republic of the Congo, Georgia, Ghana, Indonesia, Lao PDR, Moldova, Nigeria, São Tomé e Príncipe, Sri Lanka, Sudan, Timor-Leste, Uzbekistan, Vietnam. The only LNCT country not represented at the Hanoi meeting was Armenia.

Box 1. Modes of Collaborative Learning

The Hanoi meeting used the following modes of collaborative learning:

ONLINE ENGAGEMENT. The LNCT website was established as the main portal for country engagement, access to resources, and information sharing.

POSTERS ON COUNTRY EXPERIENCES. Countries brought posters that described how they are managing and tracking the Gavi transition.

GATHERING AND PRESENTING EVIDENCE. Country teams used LNCT-provided PowerPoint templates to collect and synthesize evidence in support of additional immunization investments.

SMALL-GROUP DISCUSSIONS. This format allowed for in-depth exchange of experiences with peers and technical experts.

PANEL DISCUSSIONS. This format allowed for an exchange of views among diverse parties, including ministry of finance representatives, which set the stage for in-depth discussions within country teams. The panel sessions also demonstrated the value of engaging with the ministry of finance.

SITE VISIT. Visits to Vietnamese commune health centers in two provinces gave participants an in-depth view of Vietnam's transition experience and an opportunity to reflect on how it might apply to their own context.

LNCT Website

The LNCT website was launched as a central portal for members to access information and resources and engage with one another on the discussion forum. The discussion forum will also allow LNCT technical facilitators to better understand country priorities and technical issues. Country teams can share challenges in real time, seek input from peers and partners, and suggest topics for future LNCT events.

Managing the Gavi Transition

The meeting allowed country teams to share their experiences with the transition from Gavi support. Each country team brought a poster describing how their country is managing (or has managed) the transition (see Annex 3). The posters provided key background information on the timing of the transition, new vaccines introduced with Gavi support, vaccine coverage, and the transition plan and graduation grant. They also outlined progress and challenges related to achieving sustainable financing, efficient procurement, a functional national immunization technical advisory group (NITAG), and high coverage

and equity. The posters were displayed during a “gallery walk” session on the first day to provide participants with a detailed understanding of the experiences of other LNCT members and a starting point for more in-depth conversations. This information will be updated periodically, so that country teams can track and share progress.

Clockwise from top: Participants from Indonesia, Nigeria, Sri Lanka, and Georgia present and discuss their posters on their country’s experience with the Gavi transition.

In an overview presentation, Santiago Cornejo, director of Immunisation Financing and Sustainability at Gavi, said that all but a few high-risk counties are on track for a successful transition from Gavi support, but countries still face significant financial and operational challenges. Other sessions echoed this theme, including a panel discussion featuring representatives from Congo, Georgia, Indonesia, and Lao PDR; a session on financing and transition planning for Vietnam’s Expanded Program on Immunization (EPI), led by Dr. Duong Thi Hong, deputy director of the National Institute of Hygiene and Epidemiology; and a panel discussion on a recent EPI “twinning” arrangement between Timor-Leste and Sri Lanka.

The Value of Investing in Immunization

In the first year of LNCT, many participants noted a need for better resources and evidence to support their budget requests for immunization programs. In particular, they asked for strong and concise economic, health, and efficiency arguments to support increased funding for vaccine co-financing during the Gavi transition, supply chain upgrades, new vaccine introductions, expanded coverage (particularly to reach special populations and address growing birth cohorts), and operating costs.

To address this issue, the second day of the meeting focused on making the investment case to ministries of finance and other parties. A former minister of health presented a high-level overview of key messages and approaches, and a panel of finance officials from LNCT countries offered their perspective on effective arguments and supporting analyses. The country teams then created a PowerPoint presentation to apply this guidance to specific investment needs in their own country.

Vietnam's Gavi Transition

At the LNCT launch meeting in Geneva, participants expressed a strong interest in seeing immunization programs in action in other transitioning countries. As part of the Hanoi meeting, the Government of Vietnam hosted a field visit to commune health centers in two provinces, Bac Giang (including commune health centers in Dinh Ke, Dinh Tri, and Xuong Giang communes) and Vinh Phuc (including commune health centers in Tan Phong, Phu Xuan, and Trung My communes). Afterwards, participants convened for a discussion at the Provincial Preventive Medicine Center in Bac Giang. They were particularly interested in learning about the involvement of subnational authorities in funding local operations and about investments made by governments at all levels to improve the health information system and reduce data gaps.

LNCT participants at the Provincial Preventive Medicine Center in Bac Giang Province.

Small-Group Discussion Topics

Five topics were addressed in facilitated small-group discussions. These topics were selected based on country feedback from interviews and surveys following the LNCT launch meeting.

- **Immunization as part of the move to universal health coverage.** The discussion included challenges, experiences, and successes in securing funding and clarifying responsibilities, particularly in countries moving to a mixed funding model (funding from social insurance as well as the ministry of health).
- **Improving efficiency in vaccine choice, vaccine management, and purchasing.** The discussion included experiences with changing procurement methods, understanding vaccine product presentation, and forecasting demand to improve efficiency.
- **Securing sustainable financing in countries that are heavily dependent on natural resources.** The discussion included the impact of drops in oil prices on country revenues and budgets, the implications for health and immunization financing, and strategies to protect vaccine and immunization financing.
- **Legal and regulatory frameworks governing private providers.** The discussion included how private providers of immunization are regulated in different countries.
- **Vaccine hesitancy.** The discussion included challenges, experiences, and successes in addressing hesitancy toward vaccination and refusal of vaccinations among the population and among providers.

Key Lessons and Challenges

The following sections summarize lessons and challenges shared during the meeting.

> *"This meeting gave us the opportunity to get to know the experience of other countries. We have been surprised by the experiences of the involvement of the private sector in Georgia. We have been impressed by the implementation of the NITAG in Moldova. The field visit allowed us to understand the need for real discipline in vaccination activities and procedures. The reporting system for data in Vietnam is very impressive. The participation of the local government needs to be stressed. The local authorities are very involved in financing activities. We got to see decentralization in progress."*
>
> **—LNCT PARTICIPANT FROM CONGO**

Procurement

Almost all LNCT member countries are using UNICEF Supply Division for traditional and co-financed vaccines. A rich discussion of country procurement experiences raised the following key points:

- Many LNCT countries need greater capacity for procurement planning and demand forecasting—particularly countries where partners have historically taken responsibility for these tasks.
- Countries need better access to information on procurement tradeoffs and on vaccine markets, prices (during and after transition), and procurement options and methods. Much of this information is available from the Gavi Secretariat, UNICEF Supply Division, and the World Health Organization (WHO), but barriers to access remain, including lack of proficiency in online research and lack of time.
- Countries need more detailed examples of good procurement practices during the transition. For example, national procurement regulations have been a frequent impediment to using UNICEF Supply Division.

Participants learned about two effective solutions:

- Some LNCT countries can use UNICEF Supply Division by negotiating for exceptions to national procurement rules. For example, prepayment in Georgia requires a financial guarantee from a bank, but Parliament grants an annual waiver to the immunization program to procure from UNICEF and prepay without a bank guarantee.

- Timor-Leste transferred full responsibility for procurement from the Ministry of Health to the public central pharmacy. This required agreement from the ministry and a special memorandum of understanding between the central pharmacy and UNICEF.

Teams from Indonesia and São Tomé e Príncipe, among others, found these experiences to be instructive. Indonesia is at the early stages of exploring the use of UNICEF Supply Division for the first time, and São Tomé e Príncipe is planning to continue with UNICEF in the post-transition period.

Effects of Health System Transitions on Key Immunization Functions

LNCT country teams expressed interest in learning how broader reforms such as expansion of social health insurance or fiscal decentralization might affect key immunization functions in their country. Many of these countries are actively expanding, revising, or improving existing social health insurance schemes.[2]

The following key items emerged from a discussion on **health system transitions**:

- Countries want to understand how health system transitions might affect key immunization functions, and many participants requested more information on how countries such as Estonia and Thailand have maintained high immunization coverage during the move to health insurance schemes. Questions included:
    - What costs of immunization services should be included in insurance reimbursement rates?
    - How might claims data and modeling be used to show how immunization investments can lead to cost savings for the national health insurance scheme or ministry of health?
    - What are the implications of a shift to mixed financing (funding from social insurance as well as the ministry of health) for different immunization functions, such as cold chain and outreach, which insurance schemes generally don't cover?
    - How can health insurance schemes create incentives for governments to invest in prevention? For example, investing in preventive services can prevent deficits, but decision-makers must understand the benefits.

[2] Existing social health insurance schemes in LNCT countries include the National Health Insurance Scheme in Ghana, Jaminan Kesehatan Nasional (JKN) in Indonesia, the National Health Insurance Scheme (NHIS) and state national health insurance schemes in Nigeria, and Vietnam's Compulsory Health Insurance.

- How can greater autonomy and incentives encourage providers to focus on prevention rather than just curative services? For example, poorly designed insurance schemes can lead to overprovision of curative services if they reimburse based on the quantity and intensity of services.

- Participants learned about relevant experiences in LNCT countries:
  - In Indonesia, the national health insurance scheme Jaminan Kesehatan Nasional (JKN) includes routine immunization in the benefits package. However, there is still some confusion among subnational governments and providers about JKN financing and immunization. Additionally, a portion of the JKN capitation payment is meant for operational support at the health facility, but the exact amount used for improving immunization services is not easy to compute. Explicitly integrating immunization functions into JKN is a high priority for the government, which is committed to 100% universal health coverage by 2019.
  - Ghana is working to refine and formalize immunization financing through the National Health Insurance Scheme (NHIS). The team shared details on how NHIS is affecting the immunization program and learned how integration has been managed in Estonia, Indonesia, and Thailand.

Country teams were also interested in how key immunization functions fit into **fiscal decentralization**. Initial conclusions included the following:

- Gavi provides support to health systems strengthening, which is sometimes used for operational support. Managing the Gavi transition requires focusing on not just vaccines and devices, but also maintaining service delivery.
- Countries are interested in sharing strategies on increasing subnational support for immunization service delivery. Vietnam's experience is particularly relevant (see Box 2).
- In Indonesia, a decentralization policy dictates that operational costs are borne by subnational governments; Sudan is exploring taxes to help fund EPI operational costs.

> *"From Vietnam, we have learned about sustainable financing and how they have gone through the three levels of government. This is not how it is in Nigeria, but we are already thinking of going through subnational levels. This is one big thing we have learned and are taking away from the meeting."*
>
> **—LNCT PARTICIPANT FROM NIGERIA**

In a discussion about regulating private providers of immunization, countries outlined their experiences with **private-sector engagement**:

- Many governments provide vaccines for free to the private sector but have limited ability to ensure practices such as maintaining the cold chain.
- In Sri Lanka and Sudan, the growth of the small private sector may outpace the development of legal and regulatory frameworks, creation of systems for monitoring and supervision, and integration of private-sector data into critical immunization functions such as surveillance.
- In Georgia, immunizations are delivered by the private sector. All private institutions are certified, licensed, and contracted by government agencies, which provide oversight. Performance-based payments are being considered to facilitate additional performance monitoring and promote higher coverage.

Box 2. Legal and Regulatory Support for Immunization Commitments in Vietnam

Vietnam's immunization program benefits from strong political commitment, including increasing central government commitments as the country plans for the Gavi transition; coordination among health, financing, and planning officials in the multi-year planning process; and risk mitigation strategies such as early budget allocation for vaccine procurement and logistics (in January instead of March, as for other programs).

In mid-2017, the prime minister approved the 2016–2020 health population target program (Decision No. 1125/QD-TTg), which aims to prevent and control communicable and noncommunicable diseases. The program includes expanded vaccination efforts and defines budgeting and responsibilities at the central and local levels for immunization investment.

The central government is responsible for costs associated with vaccines and logistics, management (including software, compensation, and activities at the central level), and operations (including outreach for some difficult and hard-to-reach areas). Local governments are responsible for the remaining operational costs (such as outreach, training, and surveillance), maintaining the cold chain, and other costs to maintain EPI activities. Support from the central level will help the EPI units plan for these costs. For example, at the time of the Hanoi meeting, workshops were being planned to build the capacity of provincial-level staff to advocate for funding from Provincial People's Committees.

Sustainable Financing

The Investment Case for Immunization

On the second day, teams were given a PowerPoint template for developing key messages and presenting data to make the case for increasing or maintaining immunization funding (see Annex 3).[3] They tailored the template to make the case for a specific immunization financing need in their country (or, in one case, to argue for a different procurement approach) and presented the deck to their peers for feedback. The topics were as follows.[4]

Country Team	Topic
Angola	Investing in vaccine procurement to meet the needs of the national development plan
Congo	Vaccine financing
Ghana	Eliminating Measles- The case for investment to improve MCV2 coverage
Indonesia	Introducing pneumococcal conjugate vaccine (PCV) to reduce child deaths
Lao PDR	Increasing government financing for the immunization programme
Moldova	Investing in human papillomavirus (HPV) vaccine introduction
Nigeria	A case for increasing funding for immunization in Nigeria following Gavi transition
São Tomé e Príncipe	Increasing government co-financing
Sri Lanka	Justification for national introduction of HPV vaccine
Sudan	Why investing in immunization is a priority for Sudan
Timor-Leste	The investment case for introducing rotavirus vaccine
Uzbekistan	Resource mobilization plan
Vietnam	Increasing funding for surveillance of vaccine-preventable diseases

One finding from the session was that while the ministry of finance is an important audience for such presentations, the case often needs to be made first within the ministry of health. Participants stressed the importance of knowing the target audience and keeping the messages concise and free of jargon.

The PowerPoint templates are available on the LNCT website (and via links in Annex 3) in English, French, Portuguese, and Russian. LNCT facilitators will periodically update them. Country teams can ask other

[3] These activities drew heavily on work by WHO Europe on resource mobilization for immunization, led by Niyazi Cakmak and Katrine Habersaat. Some session content was adapted, with permission, from a workshop in November 2017 in Copenhagen.

[4] The Georgia team had recently done this exercise in another venue, so they helped other teams and then presented their PowerPoint deck to the other teams for feedback.

teams and the network facilitators for help in developing related materials—for example, as they prepare budget submissions for 2019.

In related discussions, country teams expressed a need for robust analysis on the costs and benefits of immunization investments in their particular context. One participant stressed the importance of having advocacy tools and support to compete against powerful interest groups that profit from curative care. Another said that more analysis on the costs of inaction would be helpful. Other helpful information would include guidance on how to increase public funding for immunization at all levels of government and on how funding responsibilities might be best divided in a decentralized context.

Setting Budget Priorities

Ministry of finance representatives from Georgia, Ghana, Moldova, and São Tomé e Príncipe spoke about their experience with setting budget priorities, including investments in health and in immunization within health. Highlights included the following:

- Georgia's system is based on program-based budgeting, so the Ministry of Finance pays particular attention to results. Key results indicators, such as cost-effectiveness and lives saved, are important in arguing for increased immunization funding.
- In Ghana, the Ministry of Finance is looking to the Ministry of Health to understand how the health sector prioritizes immunization and takes that prioritization into consideration during budgeting. The Auditor General audits all ministries, and those that can demonstrate efficient spending are more likely to receive additional funding.

Ministry of finance panelists, from left: Ana Ambrosii, division head, Department of Finance in Health and Social Protection, Moldova; Irine Javakhadze, chief specialist, State and Consolidated Budget Formulation Division, Georgia; Collins Suntaa Kabuga, senior economic officer, Ghana; Carlos Alberta Joaquim da Costa, Department of Budgetary Management, São Tomé e Príncipe.

- Moldova works with three-year plans and budget projections and annual budgets. The Ministry of Health and Social Security receive funds and allocate them in accordance with their priorities. The national immunization program is a priority for the government, so the Ministry of Health can ask for additional funds for immunization.

- In São Tomé e Príncipe, education and health are key priorities for the government. Ministries are given budget ceilings and are expected to determine their priorities within those limits. However, these budgets are highly dependent on external aid, which can be unpredictable.

Key points from the discussion that followed included:

- Earmarking doesn't necessarily raise more resources. A sector earmark may prompt other sectors to say, "We also want that." The approach to priority setting must be collaborative.
- Having a line in the budget does not ensure funding. You might not ultimately receive that money.
- Politicians often have a brief time in office, so they may look for quick wins. The arguments for investing in immunization can be compelling to them if you describe the costs of inaction and point to the benefits for future generations.
- Global targets, such as the commitment in the Abuja Declaration to spend at least 15% of a country's budget on health, may be helpful for advocacy but are less useful for planning at the country level.

Delayed Funding

The topic of delayed budget releases emerged throughout the meeting. Delayed funding can lead to programmatic challenges and unexecuted budgets. In Georgia, funds at the end of the budget year are sometimes transferred to the UNICEF account for vaccine purchases in the following year. In Nigeria, partially in response to delays in budget releases, vaccines were moved to the capital budget, which is typically released earlier in the year than for goods and services in the recurrent budget.

Vaccine Hesitancy

WHO defines vaccine hesitancy as a "delay in acceptance or refusal of vaccines despite availability of vaccination services" due to factors such as complacency, inconvenience, and lack of confidence in vaccination.[5] Two small-group sessions on vaccine hesitancy were facilitated by Dr. Pauline Paterson, a research fellow and co-director of the Vaccine Confidence Project at the London School of Hygiene & Tropical Medicine.[6] The goal of the sessions was to share experiences and identify areas for further support and learning.

[5] www.who.int/immunization/programmes_systems/vaccine_hesitancy/en/

[6] The Vaccine Confidence Project conducts global research on vaccine confidence, examining local and global dynamics that influence vaccine decision-making. See www.vaccineconfidence.org.

Key discussion points included the following:

- Teams from Angola, Lao PDR, Nigeria, São Tomé e Príncipe, and Vietnam described issues of access, including for hard-to-reach populations.
- Moldova, Sri Lanka, and Timor-Leste have seen recent increases in vaccine refusal associated with international influence and the rapid spread of misinformation through social media and text messaging. In these contexts, vaccine refusal is a new challenge.
- Vaccine safety concerns were raised as a component of vaccine hesitancy in Lao PDR, Moldova, Nigeria, Sri Lanka, São Tomé e Príncipe, Timor-Leste, and Vietnam.
- Other vaccine hesitancy issues included the use of porcine components in vaccines in Indonesia, unaddressed health needs in Nigeria, lack of awareness among some population groups in Angola, and some population groups (including health professionals) questioning the value of vaccines due to a reduction in vaccine-preventable diseases.

> *"This is exactly why this meeting is extremely important—to hear examples from other countries in order to develop strategies in our own country, particularly on the subject of myths and rumors and considering religious and ethnic leaders in the process of communication."*
>
> **—LNCT PARTICIPANT FROM SÃO TOMÉ E PRÍNCIPE**

Strategies for addressing these issues included the following:

- Indonesia engaged the Islamic Council as an important influence in the Muslim community's acceptance of new vaccines such as HPV.
- Lao PDR passed a law that regulates the composition of the vaccination team and responses to adverse events following immunization and also mandates inclusion of immunization in health care and medical school curricula, development of communications in local languages, and training of health care workers in immunization and managing and investigating adverse events.

Similarities between Vietnam and Lao PDR in addressing vaccine hesitancy among ethnic minorities led to suggestions of a possible twinning arrangement or learning exchange between the two countries.

Site Visit

Participants identified several lessons from their visit to commune health centers in two provinces:

- In Vietnam, data and information on vaccinated and unvaccinated populations have been essential to achieving consistently high performance.
- The credibility of the system in Vietnam depends on respect for commitments on the consistency and quality of services provided. Immunization services are delivered reliably on the same day every month, even if that day falls on a holiday or a weekend.
- Incidents and mistakes (such as adverse events after pentavalent vaccinations in 2013, leading to withdrawal of the vaccine and cessation of vaccinations for more than 3 months) can be learning opportunities that lead to improvements and new ways of working.
- Technology alone does not solve problems, and it can even amplify them. The computerized system for registration, information, and monitoring at all levels of the Vietnamese health system has succeeded because it reflects and amplifies the quality and discipline of the existing organization.
- Communication is critical for a successful immunization program—with the community, the various teams and levels of the health system, the media, and all parties that may influence the system.

Lessons from Vietnam Experience

Data and Information on the target population, vaccinated population, and population still needing to be vaccinated

Communication is clear and consistent from the center to the provinces and districts, to the communes and to the villages

- Sustainable financing prioritized
- High coverage rates sustained
- Trust in immunization nurtured

Technology is used to amplify a stong system—technology alone will not solve problems

Services provided **consistently** and **quality** is assured

Responsibility for financing is shared and decided in advance of Gavi transition

Next Steps

The following next steps and future topics of engagement emerged from the Hanoi meeting and earlier LNCT exchanges.

Website and Online Engagement

The LNCT website was well received, with more than 90% of the meeting participants creating an account after the meeting. Continued technical assistance will be needed to register new members and troubleshoot any challenges that arise as members use the site. Next steps will include using feedback from the Hanoi meeting to refine the LNCT virtual engagement strategy, with a focus on supporting online engagement (including on the discussion forum), identifying online content posted by LNCT members that should be further explored and developed with the technical team, and identifying potential new features to improve the user experience.

Key Topics

The LNCT Network Coordination and Technical Facilitation teams will work with the Curatio International Foundation and other key partners—such as UNICEF Supply Division, WHO, and the World Bank (often with these groups in the lead)—to address the following topics:

Improving vaccine procurement skills, especially among EPI staff. Areas of emphasis will include:

- Improving procurement planning, particularly vaccine demand forecasting.
- Clarifying procurement roles and responsibilities among government actors (EPI, national regulatory authority, ministry of health, ministry of finance) and with partners.
- Understanding procurement tradeoffs to support vaccine introduction and product decisions. Countries need information on vaccine markets, procurement options and methods, and prices during and after the Gavi transition.

Building a community dedicated to addressing vaccine hesitancy. Areas of focus will include:

- Assessing and documenting vaccine hesitancy determinants and strategies in different countries.
- Hosting updated data and case studies of country experiences online, including negative and positive lessons learned.
- Tailoring resources to specific vaccine hesitancy factors in LNCT countries, such as issues of access, convenience, or complacency.

Minimizing negative effects of health reforms on immunization. Areas of emphasis will include:

- Analyzing how different health system reforms (such as social health insurance, fiscal decentralization, and changing roles for the private sector) might affect key immunization functions.
- Learning from countries that have addressed immunization functions during major health system transitions.
- Building skills to assess options, develop arguments, and make the case for immunization with policymakers.

To support discussion on these topics, LNCT technical facilitators will continue to monitor how countries are managing the Gavi transition. They will also support country requests for key messages and data to argue for specific immunization investments and support discussions and processes within each country. LNCT Country Core Groups (CCGs) will also convene virtually to discuss how best to engage on these topics.[7]

[7] Each member country has a CCG that supports LNCT activities within the country and determines who will participate in LNCT events. The CCG is typically composed of high-level decision-makers from the ministry of health and ministry of finance who have insight into the challenges associated with transitioning from donor-financed health programs, especially those related to the Gavi transition and immunization program sustainability.

Reflections

The Hanoi meeting marked the end of the first year of LNCT and the beginning of a phase of deeper engagement. A number of conclusions about the content and structure of the meeting emerged:

- Holding the meeting in a LNCT member country was valuable and gave participants a close-up look at a successful transition.
- New member countries (Angola, Nigeria, and São Tomé e Príncipe) have integrated smoothly into LNCT, added value, and found the network useful.
- Ministry of finance representatives were important contributors to discussions on the Gavi transition. Seven countries—Georgia, Ghana, Moldova, Nigeria, São Tomé e Príncipe, Vietnam, and Indonesia—sent a representative from their ministry of finance.
- Country-level partners are playing a critical role in facilitating communication between LNCT network coordinators and government teams. They will be crucial to activities at the country level as technical engagement deepens.
- The network is an especially useful opportunity for countries in the early phase of Gavi transition. These countries can benefit from earlier planning and learning about countries later in the process.
- Providing sessions and materials in four languages (English, French, Portuguese, and Russian) was time consuming but essential for productive engagement.
- Preparing posters in advance of the meeting helped participants prepare to discuss and share their experiences.
- The field visit was engaging and a great counterbalance to the discussions.
- Large meetings are important, but more time for in-depth discussions would be valuable.

The LNCT Network Coordination and Technical Facilitation teams want to thank all participants for their hard work and dynamic engagement during the meeting and look forward to the growth and evolution of LNCT.

Annex 1. Meeting Participants

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Annex 2. Condensed Agenda

Tues Dec 12	Day 1: Managing the Gavi Transition	Location
8:00-9:00	Arrival and check-in	Westlake Room
9:00-10:00	Welcome, opening remarks and icebreaker	19th Floor
10:00-10:30	Managing the Gavi transition, part I: Framing presentation	
10:30-11:00	Coffee break	
11:00-12:00	Country spotlight: Vietnam	
12:00-1:00	Lunch	Pacifica Restaurant
1:00-2:00	Managing the Gavi transition, part II: Country panel session	
2:00-3:30	Poster gallery walk	
3:30-4:00	Coffee break	
4:00-5:00	Managing the Gavi transition, part III: Small-group discussion	Breakout Rooms
5:00	Synthesis and closing	Westlake Room
6:00	Welcome dinner	Pacifica Restaurant
Wed Dec 13	**Day 2: Value of Investing in Immunization**	
8:30-9:00	Arrival and check-in	Westlake Room
9:00-10:00	Overview of key messages for different investment needs	
10:00-10:30	Overview of identifying and understanding decision-makers	
10:30-11:00	Coffee break	
11:00-12:00	Ministry of finance panel: Presenting evidence for investment needs	
12:00-1:00	Lunch	Pacifica Restaurant
1:00-3:30	Presenting evidence: Country teams develop “pitch decks”	Breakout Rooms
3:30-4:00	Coffee break	
4:00-5:30	Country teams finalize and present pitch decks	
5:30	Synthesis and closing	Westlake Room

Thurs Dec 14	**Day 3: Site Visit**	
6:30-1:00	Site visit	
1:00-2:30	Lunch	Pacifica Restaurant
2:30-3:30	Debrief on site visit	Pacific 3 Room
3:30	Synthesis and closing	(2nd Floor)
	Country team focal point debrief; additional side meetings as needed	
Friday Dec 15	**Day 4: Synthesis and Closing**	
8:00-8:30	Arrival and check-in	Westlake Room
8:30-9:00	Country spotlight Q&A: Timor-Leste and Sri Lanka EPI twinning	
9:00-9:15	LNCT website review	
9:15-10:00	Virtual Q&A: Countries and partners	
10:00-11:00	Small-group discussions: Topic 1	Breakouts
11:00-12:00	Small-group discussions: Topic 2	
12:00-1:00	Next steps: Country team groups	
1:00	Synthesis and closing	Westlake Room
1:30	Lunch	Pacifica Restaurant

Annex 3. Meeting Materials on the LNCT Website

Day 1: Managing the Gavi Transition

- Vietnam country spotlight presentation – Associate Professor Duong Thi Hong
- Gallery walk posters
  - Angola: English, French, Portuguese, Russian
  - Congo: English, French, Portuguese, Russian
  - Georgia: English, French, Portuguese, Russian
  - Ghana: English, French, Portuguese, Russian
  - Indonesia: English, French, Portuguese, Russian
  - Lao PDR: English, French, Portuguese, Russian
  - Moldova: English, French, Portuguese, Russian
  - Nigeria: English, French, Portuguese, Russian
  - São Tomé e Príncipe: English, French, Portuguese, Russian
  - Sri Lanka: English, French, Portuguese, Russian
  - Sudan: English, French, Portuguese, Russian
  - Timor-Leste: English, French, Portuguese, Russian
  - Uzbekistan: English, French, Portuguese, Russian
  - Vietnam: English, French, Portuguese, Russian

Day 2: Value of Investing in Immunization

- Telling the Story: Why Investing In Immunization Is a Priority for Our Country – Part 1 Examples of key messages and supporting data for different investment needs: English, French, Portuguese, Russian
- Telling the Story: Why Investing In Immunization Is a Priority for Our Country – Part 2 Identifying decision-makers and structuring effective messages: English, French, Portuguese, Russian

Day 3: Site Visit

Day 4: Synthesis and Closing

- Small-group discussion: Immunization in the Move to UHC
- Small-group discussion: Improving Efficiency in Vaccine Choice and Purchasing
  - Vaccine Procurement (PowerPoint)
- Small-group discussion: Securing sustainable financing in countries that are heavily dependent on natural resources
  - Synthesis of Economic Data for LNCT Countries (Excel file)
  - Data on Natural Resources in LNCT Countries (Excel file)
- Small-group discussion: Legal Regulatory Frameworks for Private Providers
- Small-group discussion: Vaccine Hesitancy