LNCT
Learning Network for
Countries in Transition

MEETING REPORT

Resource Mobilization: Moving Beyond Vaccines

LNCT Network-Wide Meeting

July 3-5, 2019

Tangerang, Indonesia

Contents

Introduction

From July 3-5, 2019, the Learning Network for Countries in Transition (LNCT), in partnership with the Indonesian Ministry of Health, Gavi, and the Bill & Melinda Gates Foundation, held its third network-wide meeting in Tangerang, Indonesia. The meeting brought together country delegates from 14 of the 17 sponsored LNCT member countries. Participants included key representatives from ministries of health, ministries of finance, health policy and planning agencies, and national health insurance agencies in Gavi transitioning countries, as well as global, regional, and country-level partners.

The objectives of the 2019 network-wide meeting were to:

- Position the resource mobilization discussion beyond vaccines to advocate for sufficient operational costs to support high coverage
- Explore common challenges among countries and share good practices and creative solutions
- Develop country resource mobilization strategies for funding operational costs

This report summarizes key discussions and learnings from the meeting. A full list of meeting materials can be found in Annex 5 and on the LNCT website.

Meeting Theme

The theme of this network-wide meeting was: *Resource Mobilization: Moving Beyond Vaccines.* Over the three-day meeting, countries engaged in focused and energized discussions around common budget gaps for immunization programs, strategies for resource mobilization at the national and sub-national levels and effective strategies for engaging the private sector. Participants worked within their country teams and other country participants to identify chronically underfunded components of their immunization programs and develop resource mobilization plans aimed at increasing the availability of funds for priority inputs.

These plans need to be aligned with the country transition plans, serving as a supplement to guide mobilization of resources for underfunded inputs.

Key Lessons and Challenges

The following sections summarize the key lessons and challenges that emerged during meeting activities.

Managing the Gavi Transition

LNCT continued to prioritize Managing the Gavi Transition as one of its focus areas to better understand country challenges and good practices in transition plan development. During the Tangerang meeting, three countries at different stages of transition (preparatory, accelerated and fully self-financing) shared their experiences, highlighting their successes and challenges.

- **Georgia,** which fully self-finances its immunization program, developed a plan for graduating from Gavi support over the course of two years (2016-2018). The transition plan involved key stakeholders in the Ministries of Health and Finance, the National Center for Disease Control, Parliament and other in-country partners. In 2019, Georgia successfully transitioned to fully self-financing its immunization program. By working closely with this range of stakeholders, Georgia increased funding of the National Immunization Programme nearly six-fold, from GEL 4 M (USD 1.4 M) to GEL 22.3 M (USD 7.5 M). Ekaterine Adamia, Head of Public Healthcare and Programs in Georgia, highlighted a number of key achievements including the development of a comprehensive health management information system, a crisis communications plan created with UNICEF for use in advocacy, and a vaccine management assessment completed in 2018 in partnership with WHO and Gavi. In the coming years, Georgia will need to continue strengthening its

monitoring and evaluation system, find ways to increase coverage in target areas and better institutionalize best practices it has developed.

- **São Tomé and Príncipe**, a country in the accelerated transition phase, developed their transition plan with the goal of strengthening five priority areas during their transition: governance, financing, human resource development, vaccine supply, and strengthening health information systems. Hugo Silva, a health systems coordinator in the Ministry of Health, noted that they have worked to achieve these goals with through many health systems strengthening measures, including supply chain equipment upgrades, trainings for EPI staff, and strengthened partnerships with NGOs. The country also implemented EPI staff training to address challenges in planning and coverage equity and has worked to improve partnerships with global organizations like UNICEF and WHO to better align Ministry of Health plans with global partner requirements. Members of the **São Tomé** delegation expressed an interest in learning more from other LNCT countries' experiences implementing their transition, specifically in the areas of health finance modeling, capacity building, and improving data quality.
- **Cote D'Ivoire**, currently in preparatory transition, worked alongside Gavi to develop their transition plan using a new theory of change tool to better define both their immunization program challenges and the activities to achieve a successful transition. While they have had some success engaging the array of stakeholders necessary to implement the transition plan, they are still facing challenges in maintaining regular engagement with government decision-makers. Dr. Mamadou Samba, the Director General of Public Health and Hygiene, indicated that they have worked to resolve this issue by involving higher levels of decision-makers in transition planning to ensure the Gavi transition plan is integrated into other ministerial plans. They are currently in the process of finalizing the transition plan and aligning with the country's other strategic plans.

Financing More than Just Vaccines

There is no single strategy to create long-term, sustainable funding for all components of immunization programs; each country must develop a strategy and activities tailored to its financing context. During the *Financing More than Just Vaccines* session, participants were presented with the current data on immunization program costs and cost drivers from the EPIC and IDCC studies[1]. Beyond the costs of vaccines, delivery cost per dose is on average USD 2.50, approximately 40% of total program costs, and human resources are the major cost driver for delivery costs. There is also significant variation in costs within and between countries due to delivery strategies, rural versus urban point of service delivery, and the positive correlation between a country's income status and provider salaries. Based on information LNCT received from its own members, countries were presented with a synthesis of the funding gaps among member countries as well as the most commonly underfunded immunization program components.

Countries then broke into groups to complete the first step in developing their resource mobilization plans. They identified and prioritized the immunization program components that are consistently underfunded, described the impact of underfunding this component on program performance, and identified potential alternative budget sources for funding these components.

At the end of the session, as a group each was asked to answer a few questions using Poll Everywhere, a live interactive response tool.

1. What underfunded input is the highest priority to your immunization program?
2. What is the current budget source for the highest priority underfunded input?
3. What is a potential new budget source or implementation approach for the highest priority underfunded input?

The Poll Everywhere results can be found in Annex 3.

[1] The EPIC studies, part of the multi-country EPIC initiative, aim to develop updated estimates of routine immunization program costs in six pilot countries, map their funding flows, cost introduction of new vaccines, and develop standardized methodologies to produce comparable results. The Immunization Delivery Cost Catalogue (IDCC) presents the findings of a systematic review of immunization delivery costs.

Mobilizing Resources at the National and Sub-national Levels

Domestic resource mobilization within the current envelope of health sector funding requires identification of under-utilized funding sources, improving funding flows, and targeted advocacy efforts to key budget stakeholders. First and foremost, countries must strategically explore funding sources outside of those allocated to the national immunization program. These may include other health programs such as MCH, integrating immunization into PHC activities and budgets, subnational government resources, and health insurance. Countries can maximize the use of allocated resources by addressing funding flow and budget execution challenges such as delayed and unreliable disbursements, fragmented revenue and funding streams, multiple and misaligned budget processes, difficulties transferring and accessing funds at the subnational level, and, lastly, uneven and unclear guidance on activity budgeting and use of resources at subnational levels. One of the notable challenges that many countries face is varying capacity for budgeting and planning at subnational levels.

Countries once again broke into groups to complete the second step in developing their resource mobilization plans. The goal was to understand the budget formulation process for key budgets that could support immunization activities, critical bottlenecks that impede reliable funding flows, and key decision makers and stakeholders who could influence budget formulation and funding flow.

Three countries presented their creative solutions to mobilize resources across the levels of government.

- **Indonesia** has a government credit card which helps prevent delays in the payment of health services and payment to health workers.
- **Timor Leste** is considering both program-based budgeting and the implementation of a tax on alcohol and/or tobacco with earmarked funding for health.
- **Vietnam** is creating operational cost benchmarks at the provincial level to guide spending decisions.

Vaccine Procurement

Vaccine procurement requires strong coordination across immunization programs, budgeting and finance, vaccine supply and management, and regulatory actors. During the *Vaccine Procurement* concurrent session, participants heard from three countries – Armenia, Georgia, and Uzbekistan - about their experiences and lessons learned with during the European sub-regional procurement workshop, co-sponsored by LNCT and UNICEF, earlier this year.

LNCT countries face a range of procurement issues, such as:

- **Congo** has issues with accurate vaccine forecasting and ensuring timely payment to suppliers.
- **Georgia** has low availability of vaccines due to the limited number of manufacturers willing to enter such a small market; they also find it challenging to respond to outbreaks without the capacity to buy mass quantities of vaccines.
- Those countries procuring vaccines through UNICEF Supply Division (SD) are often faced with challenges such as: misalignment of UNICEF and regulatory requirements; the requirement to pay UNICEF SD in USD or Euros, which causes issues due to the fluctuating exchange rates; and limited control during procurement.
- Delayed budget releases in **Lao PDR** have caused immunization service delivery challenges.
- **São Tomé** must transport vaccines by plane driving up the cost of the vaccine program.

The three countries presented potential solutions based on the lessons learned during the workshop.

- **Armenia** is working toward simplifying their vaccine registration process to attract additional suppliers.
- **Georgia** passed legislation allowing for the importation of pre-qualified vaccines; they also have an annual budget line item with advanced payment to UNICEF to avoid cost changes due to currency fluctuations.
- **Georgia** and **Armenia** have started discussions to establish a pooled procurement mechanism.
- **Georgia** proposed the idea of global regional hubs for emergency vaccine stockpiles in case of an outbreak.
- **Uzbekistan** co-developed a vaccine forecasting tool with UNICEF; they are also working to modify their vaccine registration process based on Armenia's experience.

Vaccine Hesitancy

Countries are facing a range of challenges related to vaccine hesitancy and are seeking communications resources and other tools from global partners to help address them. Dr. Duong Thi Hong shared the Vietnam experience which was then followed by a facilitated group discussion that illuminated the diversity of hesitancy challenges. These include managing rumors spread via social media, developing communications strategies for changes in immunization programs, addressing hesitancy in conflict areas, and tackling vaccine safety and religious concerns.

The discussions around hesitancy challenges varied depending on the country context.

- **Indonesia**, **Pakistan**, and **Sudan** had a rich discussion on the challenge of achieving high vaccination coverage when confronted with widespread rumors about whether vaccines are halal.
- **Sudan** is facing vaccine hesitancy and refusal in conflict areas.
- In **Vietnam**, hesitancy challenges decreasing vaccination demand include media coverage of adverse events following immunization (AEFI), rumors on social media, low confidence in health care providers and parent complacency.
- Several countries had questions about how to communicate with communities on issues such as the elimination of vaccine preventable diseases and changes in vaccination programs. On this topic, meeting participants mentioned the perceived absence of recommendations from international organizations.
- Other challenges explored in more detail included conspiracy theories about infertility, trust/distrust in government, lack of confidence in a new vaccine or new product, and accessibility of private versus public vaccines.

Several countries have implemented strategies to address hesitancy and refusal.

- **Pakistan** invites traditional leaders to speak on TV to promote vaccine safety and respond to concerns about whether vaccines are halal.
- **Vietnam** has numerous strategies in place to work with mass media (TV, radio, newspapers), to increase confidence of health care workers and communicate information about vaccines. These strategies included inviting health care specialists on talk shows to discuss concerns with the community; holding workshops with journalists from popular magazines and newspapers to discuss the importance of immunization and how to avoid jumping to conclusions about AEFIs; and refresher communications trainings for health care workers.
- Several countries discussed mandatory vaccination and establishing other such regulations as possible strategies to increase vaccination coverage.

Immunization and National Health Insurance

Many LNCT countries are developing national health insurance (NHI) schemes in their move towards Universal Health Coverage. In response, LNCT organized a one-day workshop prior to the main network-wide meeting on Immunization and National Health Insurance. The seven countries at the workshop included Georgia, Ghana, Indonesia, Lao PDR, Nigeria, Sudan, and Vietnam, all invited because they had identified the issue as a priority topic. This concurrent session presented some of the key takeaways from that workshop for country participants not in attendance at the workshop but interested in this topic. The workshop presented the many models for implementing national health insurance and immunization programs and the many factors to consider with each model. After an overview presentation of the concepts and takeaways from the workshop, delegates from Ghana and Lao presented their reflections on the workshop's learnings.

Key takeaways:

- National health insurance is not a goal in and of itself, there are many ways to organize health financing to achieve Universal Health Coverage.
- There is no "one size fits all" approach to national health insurance, broadly speaking, and to national health insurance and immunization. Some of the questions about immunization and NHI also are relevant to other disease control programs.

- National health insurance offers some opportunities, such as more options for purchasing services strategically, but there are also some risks, particularly for priority public health programs such as immunization. Achieving the benefits and minimizing the risks requires strong NHI policy design and implementation, with engagement from stakeholders including immunization policymakers and program managers.
- When thinking about financing immunization within national health insurance, it is important to recognize this does not need to be an all-or-nothing decision. Certain functions may shift to health insurance, while other functions could remain covered by the MOH, such as policy setting, norms, and standards for quality services.
- In some countries, national health insurance has co-pays. If immunization is included in the benefits package, and co-pays are applied, it could discourage immunization.
- Even where immunization services have been included in the national health insurance benefits package and there is strong commitment to immunization (such as in Georgia), program elements can get lost in the transition, especially for elements such as communications and advocacy.
- Immunization is a public good and governments seek very high coverage. The coverage of national health insurance needs to be considered in evaluating whether immunization services should be in the benefits package. The risks to immunization programs are greater (and probably outweigh the benefits) at low levels of national health insurance coverage.
- National health insurance may not actually lead to significantly more resources for health. It could be risky to make immunization dependent on a scheme that may have increasing budget constraints over time. That said, if immunization is outside of the insurance scheme, remaining with the MOH, it could still be impacted if the MOH budget is cut to reallocate resources to the insurance scheme.
- Information systems and data are critical for monitoring intended and unintended impact and guiding policy decisions.

Effective Engagement of the Private Sector

LNCT member countries continue to express an interest in methods for engaging with the range of private sector actors, from private providers delivering services to civil society actors working closely with communities. The session began with a presentation of the models for private sector engagement in varied country contexts. Participants then learned about Indonesia's experience with the private sector from a moderated panel featuring six private sector organizations. These representatives from faith-based organizations, professional associations, and service providers discussed their roles in supporting the immunization program, ranging from social mobilization to advocacy to service delivery.

Key takeaways:

- Ignoring the private sector is not an option. In most countries, the private sector is a key actor in the health sector, including in immunization.
- Not-for-profit providers are able to reach the most vulnerable populations to improve coverage in many countries, particularly for refugees and internally displaced persons.
- For-profit providers and hospitals could also reach poorer populations if the public sector were to provide financing (or vaccines, at the very least). And private clinics have the potential to relieve some of the burden on crowded public clinics.
- To improve coverage and equity, governments could choose to either contract with private providers, particularly NGOs, to reach underserved populations and/or to provide free vaccines to the NGOs with clear contractual arrangements.
- To ensure the quality of services, the government could require private providers to use recommended vaccines, standard immunization cards, appropriate cold chain, and to report on immunization doses provided, adverse events following immunization (AEFIs) and vaccine preventable diseases (VPDs).
- The private sector could be involved in immunization not only as service providers but also as champions of vaccinations - conducting resource and social mobilization for immunizations, as well as, promoting the integration of immunization services.

Development of Resource Mobilization Strategies

Country teams leveraged what they learned during the meeting to develop resource mobilization strategies. These strategies and activities need to be aligned with the country transition plans, serving as a supplement to guide mobilization of resources for underfunded inputs.

To develop the plans, countries used the outputs from the previous country breakout sessions in which they prioritized the underfunded components of their immunization program and identified potential alternative budget sources. The resource mobilization plans translate the discussions and learnings from the meeting into specific objectives for mobilizing additional resources for immunization and improving the flow of funds for priority inputs and define the in-country activities to achieve those objectives. After the development of their priority strategies, participants were grouped into 2-3 countries for peer review, where discussions helped to further refine planned mobilization activities. The LNCT Network Coordinators will regularly follow-up with countries on the implementation of their action plans.

Site Visits

Meeting participants were offered the choice between two site visit options. The first option was a visit to the South Jakarta Branch Office for Badan Penyelenggara Jaminan Sosial (BPJS) to learn more about Indonesia's national health insurance program, Jaminan Kesehatan Nasional (JKN). The visit to BPJS offered an overview into how the health system is financed in Indonesia with a presentation on JKN and a tour of BPJS, including the enrollment center.

Key takeaways:

- JKN enrollees include both subsidized and non-subsidized members. Subsidized membership is available for the poor and indigent populations and is paid by the government. Non-subsidized membership is available for the remainder of the population and premiums are based on wage class.
- Over the course of five years, JKN expects to double the percentage of the population covered (from 49% in 2014 to a target of 100% in 2019). In 2018, the population coverage was 84%. Today, JKN provides benefits to 275.5 million people.
- With this large increase in coverage, ensuring that the health system infrastructure can provide sufficient access and high quality has been a challenge. Higher income individuals often prefer to seek care from the private sector.
- In 2018, member premiums totaled IDR 81.97 trillion (USD 5.7 million) while JKN expenses were IDR 94.2 trillion (USD 6.6 million) – a deficit of IDR 12.23 trillion (USD 0.85 million). The government currently covers this deficit, but JKN is under pressure to become financially solvent.

The other half of the meeting participants visited two different health facilities following an introduction from officials from the Banten Provincial Health Office and the South Tangerang District Health Office. The two health facilities visited were a public health center, also known as a puskesmas, and a private hospital.

Key takeaways:

- Indonesia uses national health insurance funds and provincial and district funds to cover maintenance, cold chain, staff incentives, clinical training, monitoring, cold chain, and cold room costs not included in the national budget. This mix of funding helps cover important service delivery costs post-transition.
- Maintaining immunization coverage requires sustained commitment, advocacy and efforts to build support at the community and governmental level.
- Challenges at the provincial and district level include vaccine refusal, low coverage (partly due to population mobility), and differences in reporting between health facilities.
- Puskesmas rely upon engagement and volunteer support from the community to effectively deliver services.
- The private hospital adopted an Electronic Immunization and Logistics Monitoring System (SMILE) with the UNDP to better monitor vaccines and "facilitate the process of [procuring]…vaccines". This system gives real time updates on vaccine availability and cold chain use and is being piloted in 54 puskesmas[2].

> *"[The site visit] gave us an opportunity to see how the private sector is engaged in immunization services."- LNCT member country*

Getting Started with the LNCT Website

LNCT Network Coordinators held a session on *Getting Started with the LNCT Website* to: (1) help LNCT members understand the basics of navigating the different sections of the site; and (2) illustrate the major additions and improvements that have been made to the site throughout 2019. These improvements include:

- Reorganized homepage visibly featuring new resources, discussion threads, and news announcements
- Addition of focus area webpages with integrated transition dashboards, enabling countries to explore various indicators to see how the compare to other LNCT countries
- Enhanced 'Updates' webpage with new blog section allowing members to post a question or comment directly on each individual blog
- Redesigned resource and discussion filters making it easier to filter resources and discussion posts by topic, type, or country
- Launched 'Getting Started Guide' instructing members on how to navigate the various features and sections of the site

Participants appreciated the guidance to help them access the website and make best use of its resources, as well as its discussion function. During and after the session, LNCT Network Coordinators provided live support to help

[2] http://www.id.undp.org/content/indonesia/en/home/operations/projects/democratic_governance/the-access-and-delivery-partnership1.html

participants register for the LNCT website and change their passwords. The session generated over 20 new member accounts and garnered positive reactions from participants who felt they were now better equipped to find resources and materials on the site.

Next Steps and Future Focus Areas

The focus areas and technical workstreams of LNCT are defined by its country members. With that goal, on the final day of the meeting, countries were presented with several current and potential focus areas for LNCT to engage in over the next year. Countries were then able to cast three votes for the focus areas of the most interest to them. With 14 countries in attendance and voting, the top five priorities based on total number of votes are highlighted in the table below.

	Forecasting/ budgeting	Strategic procurement	Immunization & health Insurance	Private providers	Private sector advocacy & social mobilization	Preventing & managing vaccine hesitancy	Measuring & monitoring hesitancy	Resource mobilization in decentralized systems	Integration with PHC
Armenia	X					X	X		
CIV			X	X				X	
Congo	X				X			X	
Ghana			XX			X			
Georgia		X			X	X			
Indonesia		X	X					X	
Lao PDR							X	X	X
Nigeria			X					X	X
Pakistan	X				X			X	
Sao Tome	X		X		X				
Sudan					X			X	X
Timor Leste					XX			X	
Uzbekistan	X		X			X			
Vietnam						X		X	
TOTAL	***5***	***2***	***7***	***1***	***7***	***5***	***2***	***9***	***3***

These country-identified priorities were then reviewed and accepted by the LNCT Steering Committee and will be further refined by the Network Coordinator during one-on-one calls with each country to better understand country needs within each of these focus areas.

LNCT Governance

Steering Committee

The LNCT Steering Committee is the country-led governing body which leads the strategic direction and vision for the network. It provides input on how activities are prioritized, ensuring activities address member country identified needs, and facilitates relationships with partners to maximize collaborative efforts. The Steering Committee will meet bi-annually with one virtual and one in-person meeting linked with the network-wide meeting. The Steering Committee is currently chaired by Irine Javakhadze from Georgia.

Meeting participants were able to meet the current LNCT Steering Committee members during a short session on the second day of the meeting to learn more about how the committee serves the network. The members of the Steering Committee include three country representatives (Irine Javakhadze (Georgia), Ganiyu Salau (Nigeria), Alexis Mourou-Moyoka (Congo) and partner representatives from Gavi, BMGF, the WHO and UNICEF. The LNCT Network Coordinator (Results for Development) supports the Steering Committee by coordinating meetings and providing materials and notes. Steering Committee minutes are available to members on the LNCT website.

LNCT continues to solicit nominations for additional country representatives, especially from SEARO/WPRO region to participate in the LNCT Steering Committee. Participants interested in a position on the Steering Committee were asked to contact the LNCT Network Coordinator (info@lnct.global) with the nominee's name and title, along with more information on what they hope to contribute to the Steering Committee and how they hope the Steering Committee will serve the network.

Country Core Group (CCG) Effectiveness

LNCT CCGs serve as the locus for network activities within each country by identifying areas in which LNCT can support the country's transition and providing additional information to the Network Coordinator on the country's experiences, challenges, and lessons learned. The CCG is appointed by the country when it joins the network with the recommendation that it is comprised of a mix of stakeholders from the Ministry of Health, Ministry of Finance, NITAG, EPI teams and other agencies involved in supporting the immunization program. It is important that the CCG include a balance of technical level staff and 1-2 senior level champions who can elevate challenges and advocate for the immunization program's needs.

During the network-wide meeting, each country met to reflect on the functioning of their CCG and to consider recommending any changes to their CCG to maximize the benefits of LNCT. Countries were placed in groups of two to share their reflections and potential recommendations on their CCG membership with each other.

Reflections

The third network-wide meeting provided a valuable opportunity for members to engage in focused exchanges within their country groups and with participants from other countries.

Several themes and lessons emerged throughout the meeting.

- Successful Gavi transition requires resource mobilization beyond vaccines. Countries also need to find sustainable and sufficient funding for key components of immunization service delivery
- Many transitioning countries have increasingly decentralized health systems and recognize a need to involve subnational levels in transition discussions and planning
- Countries recognize the importance of working closely with other agencies, ministries, and sectors to integrate Gavi transition planning into larger health and budgetary planning processes.
- Many LNCT countries have successfully engaged the private sector. Besides playing a role in service delivery, these organizations may also have roles in supporting advocacy, demand generation, management of vaccine hesitancy, workforce training, logistics, etc.

Indonesia provided an excellent backdrop for discussions around the Gavi transition, allowing members a glimpse into the country's wealth of experience engaging non-traditional stakeholders in immunization, confronting challenges related to vaccine hesitancy, and building a strong national health insurance system. Participants were engaged and willing to share their experiences and challenges to provide a rich learning experience for all countries.

Annex 1. Meeting Participants

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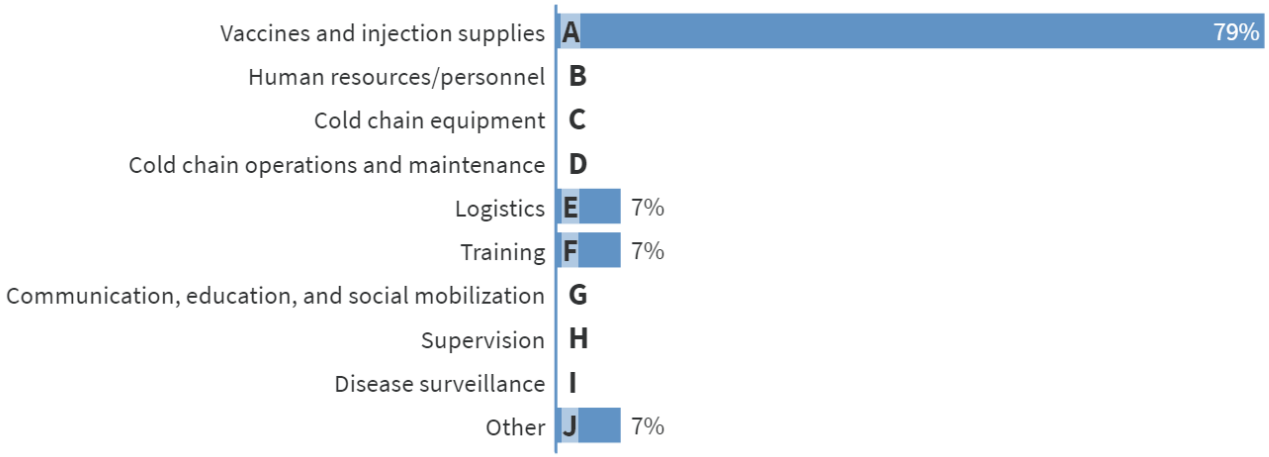
Annex 2. Agenda

DAY ONE Wednesday July 3rd	DAY TWO Thursday July 4th	DAY THREE Friday July 5th
8:30-9:00 Check-in and registration	***BPJS: Assemble in hotel lobby at 7:45 AM (Bus C)*** ***DHO: Assemble in the ballroom at 8:00 AM (Bus A- Private Hospital | Bus B- Puskesmas)*** **8:00-2:30** Session 6 – Field visits • Travel to BPJS and Tangerang DHO • Tour and meetings • Lunch on site • Travel back to hotel	**8:30-9:00** Check-in
9:00-10:30 Session 1 – Welcome and Introductions: Opening Remarks *Santiago Cornejo, Grace Chee*		**9:00-10:30** Session 8 – Engaging with Private Sector *Miloud Kaddar*
10:30-11:00 Coffee/tea break		**10:30-11:00** Coffee/tea break and gallery walk
11:00-11:30 Session 1 – Welcome and Introductions: Key note speaker *Dr. Anung Sugihantono*	**2:30-3:00** Report-out from field visits	**11:00-12:30** Session 9 – Development of Resource Mobilization Priorities *Grace Chee*
11:30-12:30 Session 2 – Better, and Better-executed, Transition Plans: Gavi Vision for Transition Planning and Lessons Learned about Transition Planning *Santiago Cornejo*		
12:30-1:30 Lunch	**3:00-3:45** Session 7 – Concurrent Thematic Discussions (1) • Vaccine hesitancy *Emilie Karafillakis* • Vaccine supply & procurement *Miloud Kaddar* • Immunization & health insurance *Helen Saxenian*	**12:30-1:30** Lunch
1:30-3:00 Session 3 – Financing More than Just Vaccines: Gavi Presentation of Co-financing Ramp-ups, Overview of HSS funding *Santiago Cornejo, Logan Brenzel, Leah Ewald*	**3:45-4:00** Coffee/tea break	**1:30-3:00** Session 10 – Peer Review of Resource Mobilization Priorities
3:00-3:30 Coffee/tea break and gallery walk	**4:00-4:45** Session 7 – Concurrent Thematic Discussions (2) • Vaccine hesitancy *Emilie Karafillakis* • Vaccine supply & procurement *Miloud Kaddar* • Immunization & health insurance *Helen Saxenian*	**3:00-3:30** Coffee/tea break and gallery walk
3:30-5:00 Session 4 – Mobilizing Resources at National and Sub-national Levels *Grace Chee*	**4:45-5:15** Meet Your Steering Committee Representatives *Logan Brenzel, Irine Javakhadze, Ganiyu Salau, Alexis Mourou-Moyoka*	**3:30-4:30** Session 11 – Plenary Presentation of Resource Mobilization Priorities
	5:15-5:45 Getting Started with the LNCT Website *Christina Shaw*	
5:00-5:45 Session 5 – Improving CCG Effectiveness *Grace Chee*	*****6:30 PM: Assemble in hotel lobby***** **7:00 -9:30** Welcome Dinner at Kayu-kayu	**4:30-5:30** Wrap-up *Acep Somantri*

Annex 3. Poll Everywhere Results

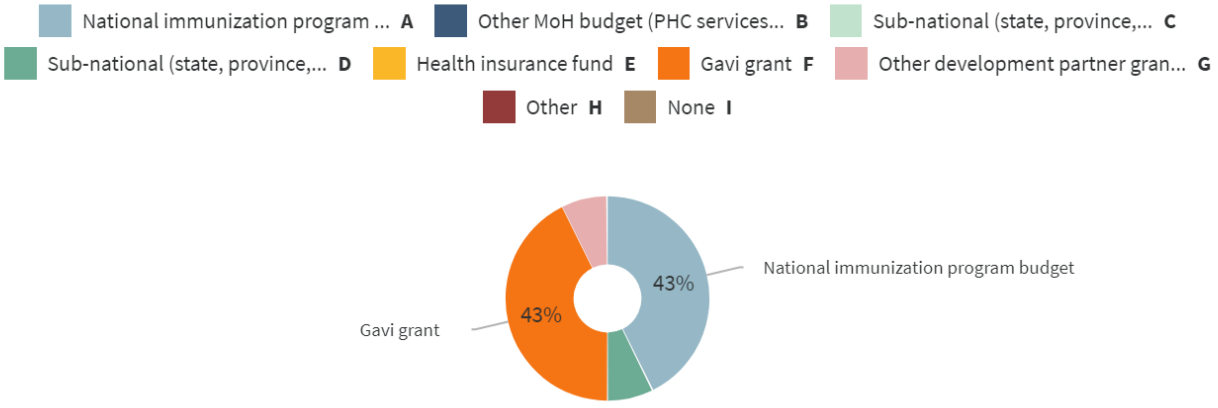
What underfunded input is the highest priority to your immunization program?

Respond at **PollEv.com/lnctn329** Text **LNCTN329** to **22333** once to join, then **A, B, C, D, E...**



What is the current budget source for the highest priority underfunded input?

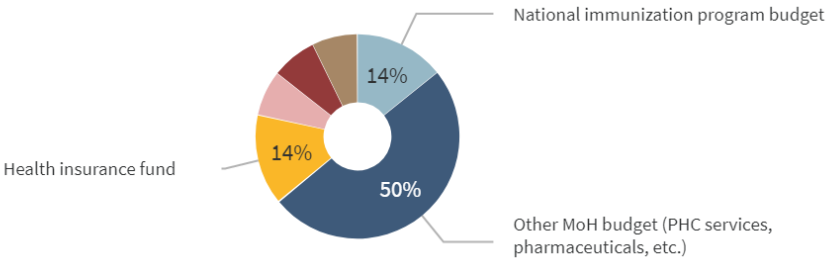
Respond at **PollEv.com/lnctn329** Text **LNCTN329** to **22333** once to join, then **A, B, C, D, E...**



What is a potential new budget source or implementation approach for the highest priority underfunded input?

Respond at **PollEv.com/lnctn329** Text **LNCTN329** to **22333** once to join, then **A, B, C, D, E...**

National immunization program ... **A** | Other MoH budget (PHC services... **B** | Sub-national (state, province,... **C**
Sub-national (state, province,... **D** | Health insurance fund **E** | Better integration with PHC **F** | Gavi grant **G**
Other development partner gran... **H** | Other **I** | None **J**



Annex 4. Links to Meeting Materials

Day 1

- **Session 1: Welcome and Introductions – Opening Remarks** – Video 1 | Video 2
- **Session 2: Better and Better-executed Transition Plans** – English | Français | Português | русский | Video
- **Session 3: Financing More than Just Vaccines** – English | Français | Português | русский | Video
- **Session 4: Mobilizing Resources at National and Sub-national Levels** – English | Français | Português | русский | Video
- **Session 5: Improving Country Core Group (CCG) Effectiveness** – English | Français | Português | русский
- **Poster gallery walk:**
    - Armenia – English | Français | Português | русский
    - Congo – English | Français | Português | русский
    - Cote d'Ivoire – English | Français | Português | русский
    - Georgia – English | Français | Português | русский
    - Ghana – English | Français | Português | русский
    - India – English | Français | Português | русский
    - Indonesia – English | Français | Português | русский
    - Lao PDR – English | Français | Português | русский
    - Nigeria – English | Français | Português | русский
    - Pakistan – English | Français | Português | русский
    - São Tomé and Príncipe – English | Français | Português | русский
    - Sudan – English | Français | Português | русский
    - Timor Leste – English | Français | Português | русский
    - Uzbekistan – English | Français | Português | русский
    - Vietnam – English | Français | Português | русский

Day 2

- **Site Visits:**
    - District health office (puskesmas and private hospital)
    - BPJS – English | Français | Português | русский
- **Session 7: Concurrent Sessions**
    - Vaccine Procurement – English | Français | Português | русский
    - Vaccine Hesitancy – English | Français | Português | русский

Day 3

- **Session 8: Effective Engagement of the Private Sector** – English | Français | Portugués | русский | Video
- **Getting Started with the LNCT Website** - Video
- **Session 9: Resource Mobilization Priorities** – English | Français | Portugués | русский
- **Session 12: Wrap-up – Future LNCT Focus Areas** – English | Français | Portugués | русский

Other Materials

- **LNCT blog** - Takeaways from the Third LNCT Networkwide Meeting: Tangerang, Indonesia (July 3-5, 2019)