

Indonesia

Learning Forum: Middle-income Countries New Vaccine Introduction Experiences Geneva, Switzerland, 23-25 April 2024

Coverage & Key Indicators

	HPV	Rota	PCV
Introduction Status	Nationwide	Nationwide	Nationwide
If Yes, from which year	2023 (piloted in 2016 and slowly expanded to other districts)	2023 (piloted in 2022)	2022 (piloted in 2017, and slowly expanded to other districts)
For HPV:			
Target group: age and sex	Girls aged 11-12, 15 yo catch-up in planning		
Delivery mode: Facility, School-based, Mixed	Mixed		
Dose schedule: current and year if one-dose switch is planned	Two-dose schedule with one-year interval; No recommendation from NITAG for one-dose switch yet		

Key Challenges and Strategies

Achievements/Strengths	<ul style="list-style-type: none"> High level political commitment from all stakeholders Strong school-based immunization programme In-country manufacturer' support in provision of HPV vaccines Integrated HPV vaccine delivery system within existing immunization and wider health system 	<ul style="list-style-type: none"> High level political commitment from all stakeholders Established standardized technical guidelines Mature routine immunization system within the Primary Health Care, including the supply chain system Potential integration of routine immunization within stunting framework 	<ul style="list-style-type: none"> High level political commitment from all stakeholders Established standardized technical guidelines Mature routine immunization system within the Primary Health Care, including the supply chain system Potential integration of routine immunization within stunting framework Available access to advance Market Commitment (AMC) scheme - yielding in more affordable price for PCV
Challenges	<ul style="list-style-type: none"> Newly introduced electronic recording and reporting system requires more familiarization from the HW. Program fatigue – COVID-19 vaccination and the concurrent PCV/HPV/RV introductions may have pushed health workforce bandwidth to the limit and impact performance across all antigens Limited dedicated subnational funding towards new vaccine intro e.g., for local social mobilization, cascade training, etc Various VPD outbreaks throughout the country due to immunity gap caused by COVID-19 pandemic steal urgently needed attention on NVI 		
Partner Support	<ul style="list-style-type: none"> WHO: Support in the development of cMYP & NIS, technical guidance, and job aids, HW orientation, M&E, tools (including for Supportive Supervision, PIE, BeSD survey), and surveillance strengthening UNICEF: Development of IEC material, technical guideline development and advocacy & socio-mobilisation. Training support in familiarising the HWs for ASIK utilisation. Assessment of the nationwide vaccine storage capacity. For PCV: advocacy efforts, affordable nationwide PCV vaccines through the AMC mechanism. Nationwide PCV vaccine procurement, UNDP: TA for immunisation digitalization system through the SMILE application to support recording and reporting on vaccine logistics management CHAI: HPV – support on OOS identification and reach; refinement of technical guidelines; planning, implementation and monitoring in focal provinces' development of NVI strategy including HPV within the NIS; and support for evidence review for OOS and one-dose policies; Rota – national-level decision making and planning support towards nationwide scale up; support for planning, implementation and monitoring in pilot- focal provinces including direct TA support and coverage data validation; readiness assessment and post-launch assessment; forecasting, costing, budgeting, and resource mobilization support; PCV – evidence generation/ documenting learnings from pilot provinces, national-level decision making and planning support towards nationwide scale up, support for planning and implementation in pilot- focal provinces, including direct TA support and coverage data validation; readiness assessment and post-launch assessment, forecasting, costing, budgeting, and resource mobilization support 		
Gaps	<ul style="list-style-type: none"> Political commitment of the subnational governments needs to be reflected in ensuring sufficient subnational funding for routine immunization and NVI Competing priorities due to emerging VPD outbreaks requiring immediate responses, creating competing priorities Limited resource for development partner in supporting country/ providing TA during critical period post COVID-19 with concurrent NVIs, due to Gavi transition affecting partners' funding also, while Gavi is traditionally main funders on VPD and immunization for development partners Sub optimal EIRs (through ASIK) implementation to support reporting and recording immunisation service at PHC particularly areas with limited access to internet 		
Possible Strategies	<ul style="list-style-type: none"> Strengthen the roll-out of electronic recording and reporting system through continued training including on-the-job support and targeted subnational TA, also funded through Gavi MICs Strengthen the vaccine storage capacity, i.e. total Cold Chain Equipment improvement to support access new vaccine introduction Strengthen the vaccine and cold chain management across the country. Strengthen subnational planning, budgeting and resource mobilization for NVI, TA also funded through Gavi MICs 		