

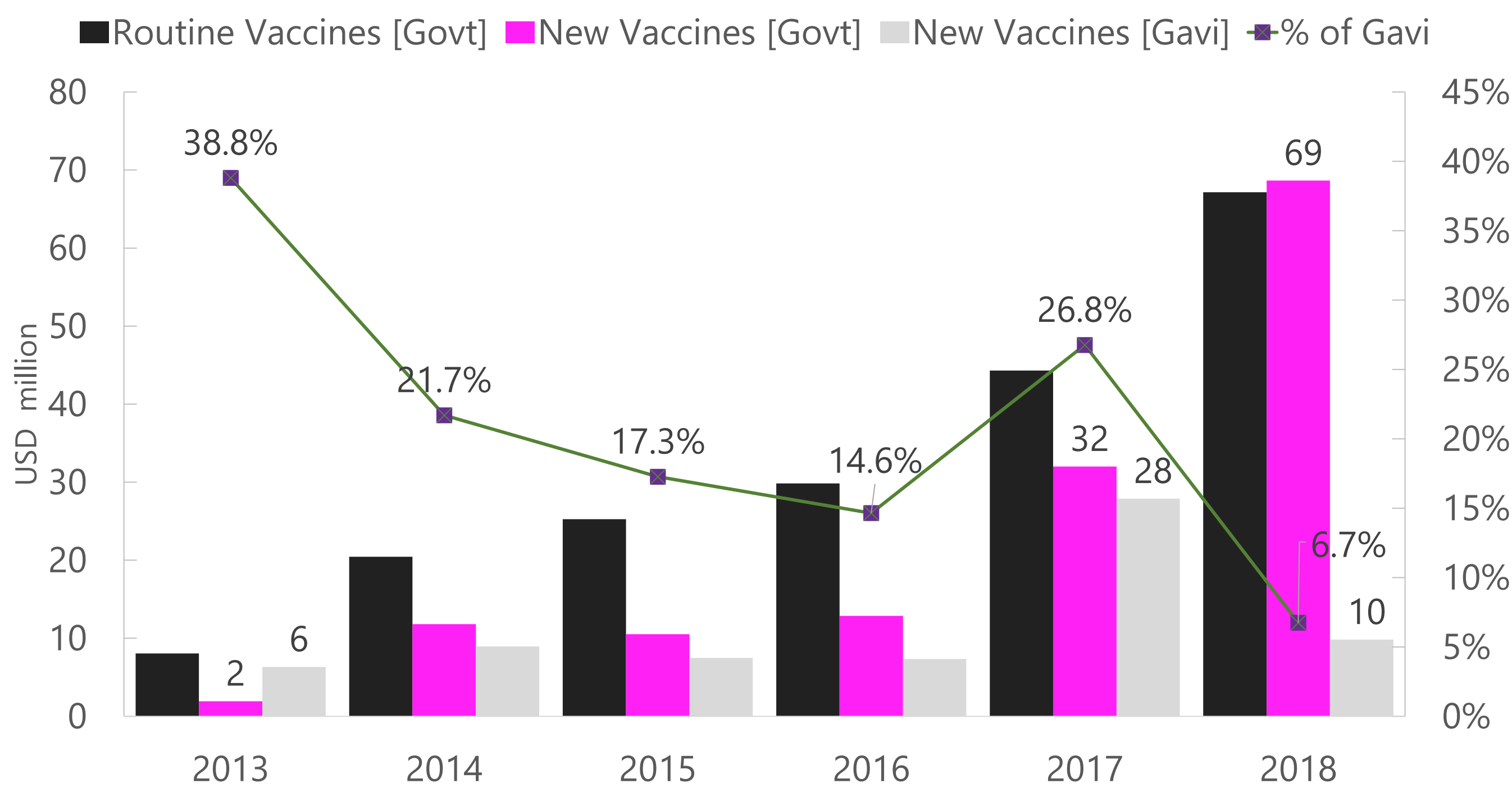
Indonesia's Immunization Financing Landscape during Final Years of Gavi Support

Background: Indonesia transitioned out of Gavi support into fully self-financing status in 2017. Between the year 2000 and 2019, Indonesia received nearly US\$200 million of funding from Gavi. In 2019, Clinton Health Access Initiative (CHAI) supported the government of Indonesia to analyze the immunization financing landscape and assess the risks to immunization program sustainability that comes with Gavi Transition.

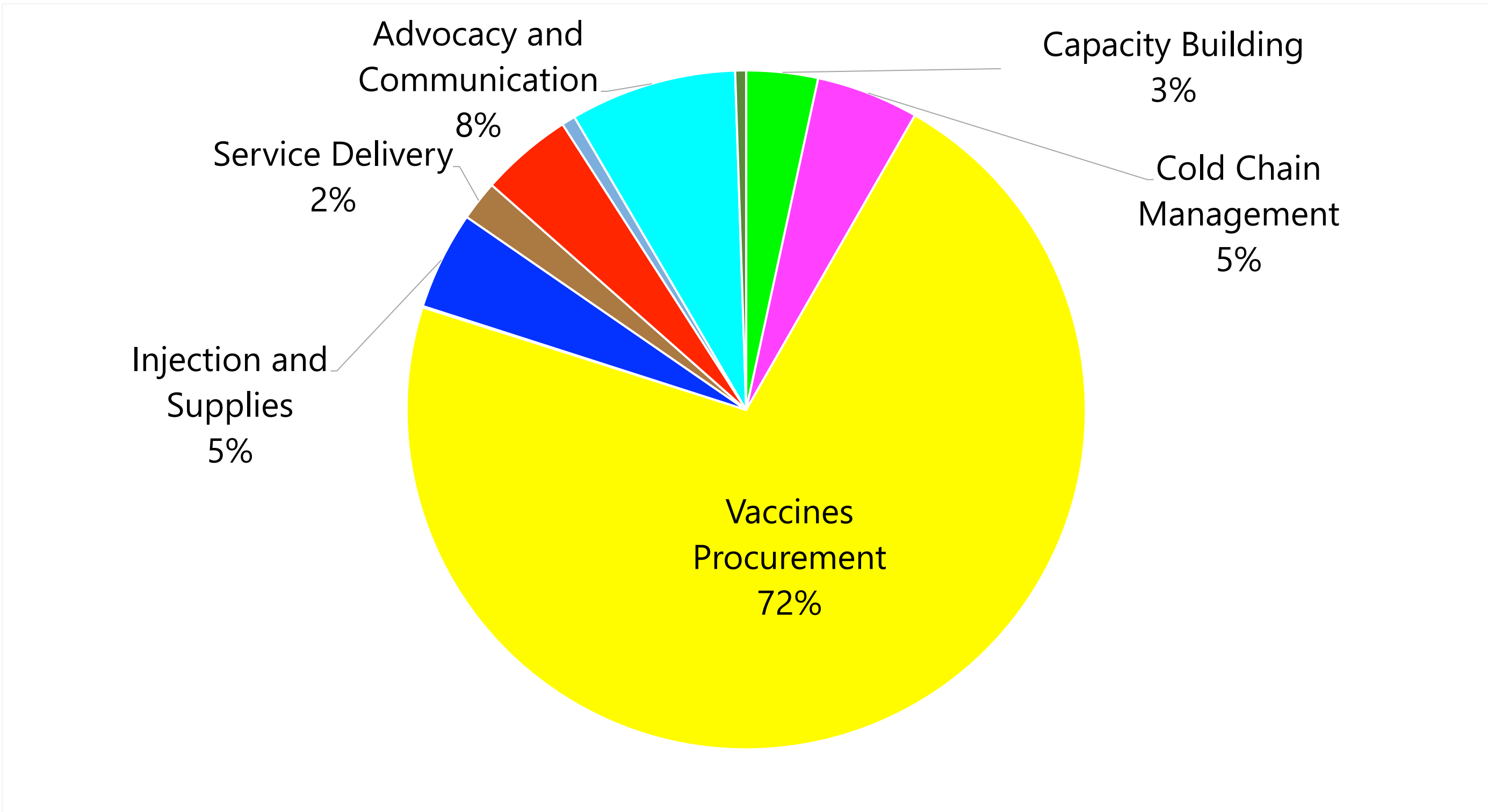
Methods: CHAI mapped immunization expenditure during the final years of Gavi support ("Accelerated Transition" phase, between 2013 and 2018) for both vaccine procurement and programmatic expenses of EPI. Financial mapping was conducted at central and subnational level (across 10 focal provinces with varying fiscal capacity). Expenditures were put against 6 group of activities: vaccine procurement, data management, advocacy and communication, governance and policy formulation, program management, and capacity building.

Results

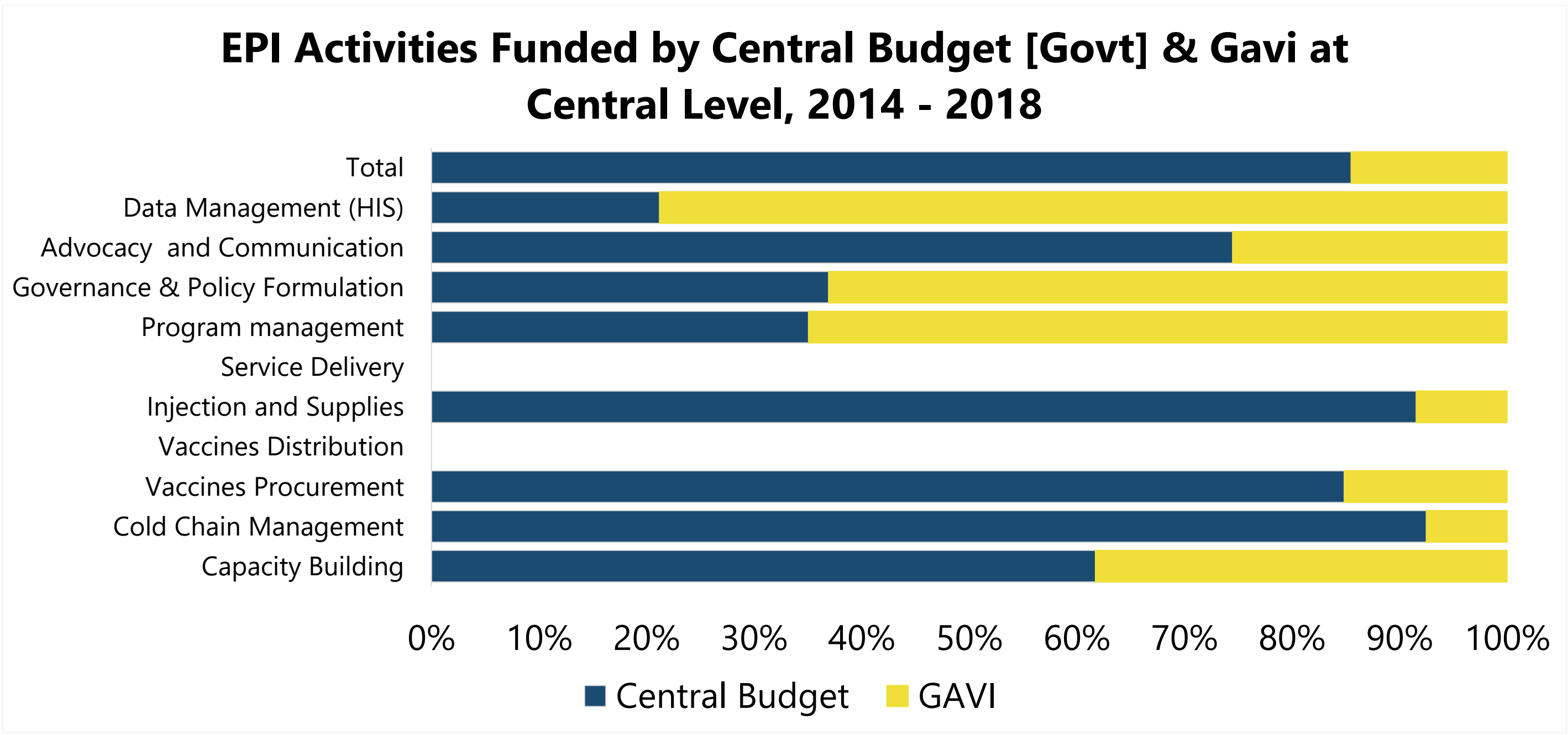
1 Procurement for new vaccines (introduced in selected districts) caused a significant increase in the country's immunization spending during the five years of Accelerated Transition.



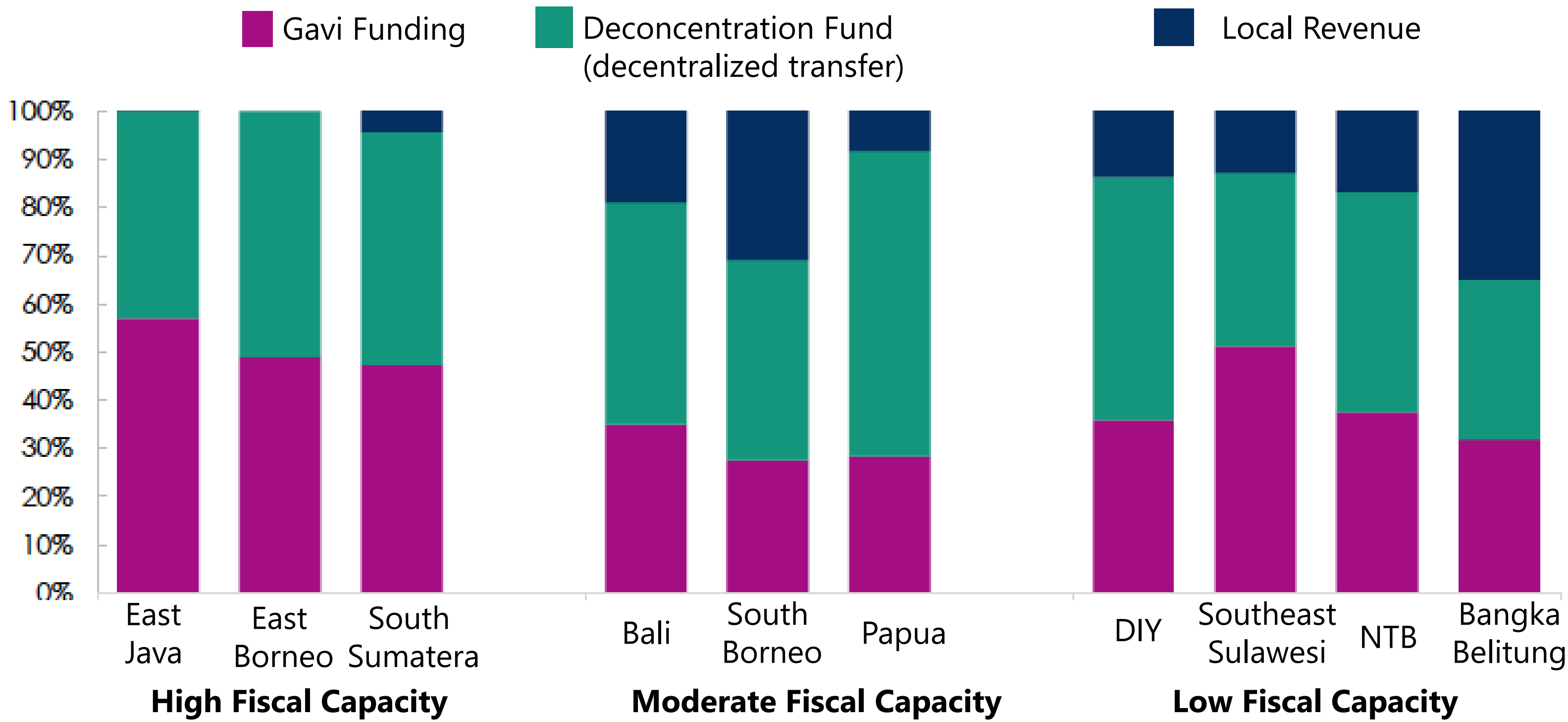
2 About 72% of Gavi support during the period went to vaccines procurement. Within it, new vaccines ("NVI" includes IPV, MR, PCV, HPV, JE)* made up 63% of total.



3 Some key EPI activities at central level were heavily funded by Gavi (vs. its domestic financing contribution). These are on data management, governance and policy development, as well as HR capacity building— hinting at risks of programmatic dependency post-Transition.



4 At subnational, Gavi shares ranged from 30% to 50% of EPI spending at province level, irrespective of local fiscal capacity and its allocation for immunization program,



Conclusion:

- 1** Gavi provided significant financial and programmatic support to immunization program in Indonesia. It was critical to identify risks to EPI sustainability ahead of Transition. New vaccines procurement were the biggest driver of immunization spending, whereas some key non-procurement activities relied heavily on Gavi funding at central and subnational level.
- 2** At central level, recommendation was for Indonesia to accurately quantify and forecast the financial need of EPI, strengthen multi-stakeholder coordination, optimize NVI decision-making, and ensure high coverage of these new vaccines.
- 3** At subnational level, there was a need to improve institutional capacity to plan and budget critical activities according to local needs, as well as advocate and articulate funding gap where central and external support would be needed. This has led CHAI to provide subnational support on costing, planning, budgeting to counter historical-based planning practice.

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* Inactivated Polio Vaccine, Measles-Rubella Vaccine, Pneumococcal Conjugate Vaccine, Human Papillomavirus Vaccine, Japanese Encephalitis Vaccine.