

Global Vaccine Action Plan

Secretariat Annual Report 2016

Priority Country report on progress towards

GVAP-RVAP goals

INDONESIA

A. Progress towards achievement of GVAP goals

1. Summary

This summary table describes the current situation in Indonesia regarding achieving the GVAP goals. Data used to assess progress towards achievement of GVAP goals can be found in the annex.

Area	Indicator	Indonesia
7. Introduction of new vaccines	New vaccines introduced	Hib (pentavalent) in 2013-2015; introducing MR and JE in SIAs in 2017; HPV: introduction in one province in 2016 and demonstration project in 2017

3.4 Introduce new and improved vaccines and technologies

The introduction of new vaccines has been slower in Indonesia than in many other GVAP priority countries, a key reason being the country's dependence on Bio Farma to produce vaccines for the national immunization program. The introduction of Hib vaccine – by replacing DPT-Hepatitis B vaccine with the pentavalent (DPT-HepB-Hib) – did not begin until 2013, once Bio Farma received market authorization by the NRA for its vaccine. The rollout of pentavalent – supported by GAVI – took place in five phases (by province) over a year and a half period, from mid-2013 to early 2015. According to the 2015 Joint Appraisal report, the introduction of the vaccine went smoothly, with health staff well trained, a well-planned communications and social mobilization strategy that engaged all sectors of society and pre-empted serious opposition from anti-vaccine groups, and no serious AEFI cases reported.

GAVI's co-financing of the vaccine ends in December 2016 when the country graduates from GAVI support.

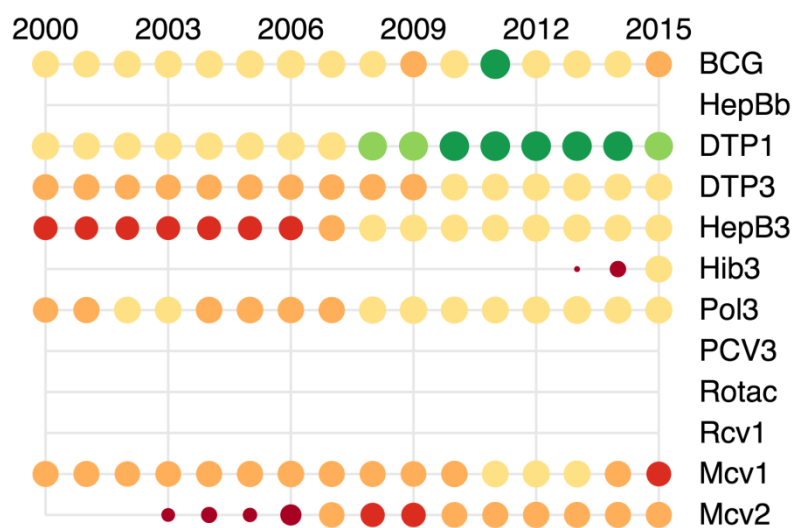
The Government's policy of linking the introduction of new vaccines with Bio Farma's R&D agenda and production plans has begun to change. The country – with three years of support from GAVI – introduced IPV in July 2016 before the Bio Farma-produced vaccine was available. A stepped approach is being used, in which the vaccine is initially supplied by Sanofi, then Bio Farma will fill-finish sanofi's bulk vaccine, and finally, Bio Farma will produce its own vaccine. Several other new vaccine introductions are also planned for the next few years:

- Measles-rubella vaccine is being introduced with one-time financial support from GAVI in national catch-up campaigns that will take place in 2017 and 2018. As mentioned above, the vaccine will then be introduced into the routine immunization schedule, replacing the monovalent measles vaccine. Indonesia will use imported vaccine until Bio Farma obtains licensure of its own MR vaccine, expected around 2018.
- Japanese encephalitis vaccine is being introduced in campaigns in Bali (a high-risk area) in 2017, with GAVI supported, using the Chinese vaccine. The vaccine will be incorporated into the routine immunization schedule in Bali and other high-risk provinces (determined by epidemiological research) after that.
- A demonstration of HPV vaccine will take place in two districts in Yogyakarta province in 2017 and 2018, with GAVI support, using imported vaccine. In addition, the Government will introduce the vaccine in 2016 in the city of Jakarta, with central and local government funding.
- Pilot introductions of PCV and rotavirus vaccines are being planned with government funding (for 2017 in the case of PCV). The demonstrations will evaluate the impact and cost-effectiveness of the vaccines to inform government decisions about their introduction nation-wide. Both vaccines are in development at Bio Farma, with the rotavirus vaccine further advanced. Rotavirus surveillance is currently on-going in four sentinel hospitals in different parts of the country.

ANNEXES

1. Coverage and Equity

Indonesia



Legend

