Internal Appraisal 2014

Timor-Leste (East Timor)

1. Brief Description of Process

This Internal Appraisal was conducted for GAVI by independent technical expert Gordon Larsen, in close cooperation with the GAVI CRO for the country, and is based on reports and documentation supplied to GAVI by the national authorities and institutions in the country for the year 2013. It was further revised based on responses from Timor Leste to questions about the APR. It was then circulated to partners for comments, as well as being discussed with the EPI Manager and WHO and UNICEF country staff during a CRO visit to Timor Leste in mid-June 2014.

The Appraisal concerns renewal of Pentavalent vaccine support for 2015 for US$ 98,500, and the second tranche of HSS 2014-18 funds of US$ 334,349 for 2015.

28 July 2014: Please note that the 2013 WUENIC estimates were issued after this Appraisal was completed, but prior to the High Level Review Panel. The DTP3 coverage estimates for 2011, 2012 and 2013 are 67%, 83% and 82% respectively. These are based on coverage reported by the government, since no nationally representative survey has been carried out within the last 5 years. The comment in Section 6 below about substantial differences having been noted between reported administrative coverage and WUENIC estimates is now outdated.

2. Achievements and Constraints

In 2013, Timor Leste met its coverage targets of 80% for 3 key vaccines: BCG (82.1%), OPV3 (81.5%) and Penta3 (81.8%), but not for Measles (69.7%). DTP1 to DTP3 dropout rate was 4.5%. Sex-disaggregated data on immunization is not routinely collected, but the 2010 census shows that no significant discrepancies occurred in reaching boys versus girls.

The main activities which may have contributed to meeting targets in 2013 was support provided to 7 of the country's 13 districts by the USAID Immunization Protects Children (IPL) project, including strengthening micro planning at community health centre level, as well as support provided by the EPI programme to health workers and community leaders to conduct immunization sessions in hard to reach and unreached areas.

Measles coverage has been consistently low over the last five years and has never reached the targeted 80 %. The highest coverage archived was 73 % in 2012. This is an indication that a fair proportion of children completing Penta 3 are not turning up for measles, possibly due to the long gap of 14 weeks to 9 months between Penta 3 and Measles dose. A stockout in 2013 of Measles vaccine at central level due to government delay in renewal of the procurement MoU with UNICEF contributed to the drop in coverage.

Wastage rate for Pentavalent and other vaccines vaccine for 2013 could not be determined due to lack of data at the national level. Up until September 2013, data related to vaccine receipts were not maintained by the Central Vaccine Store. In response, WHO has recruited and trained a central vaccine store manager, and data related to vaccine receipts and issues are now maintained systematically. Hence, vaccine wastage figures will be available from 2014 onwards.

EPI and MCH programme data indicate that some Aldias (villages) are not reached regularly by MCH services due to distance, lack of transport and operational costs. Other challenges identified are lack of human resource capacity at national and district level to regularly supervise the peripheral level, and delayed cash flow into the periphery. The GAVI HSS Project commencing this year has been designed to address many of these issues and may gradually improve coverage over the next few years.

3. Governance

The ICC – which is known as the 'National EPI Technical Working Group' in Timor-Leste, is constituted as a stand-alone committee and was established in 2006. The group is chaired by the National Director of Community Health at the Ministry of Health, with the National EPI Manager as a Vice Chair. The EPI Field Officer from Ministry of Health acts as Secretary and the group includes 8 other members representing partners, NGOs and CSOs. Meetings are usually held 6 times per year although there were 9 in 2013, and for a meeting to approve the APR held on 13 May 2014, the signature list shows 10 attendees. This is considered a very satisfactory frequency of meetings and level of participation. This group also covers NITAG functions.

The HSCC comprises 14 members also representing partners, NGOs and CSOs, and for the meeting to approve the 2013 APR held on 14 May 2014, a signature list shows 12 attendees. The group is chaired by the National Director of Planning Policy and Cooperation. No information is provided on the frequency of meetings for HSCC.

Copies of minutes provided are often very brief, but show conclusions and actions to be taken. There is no way to determine the opinions of members on the effectiveness or otherwise of their roles and actions. There are no provinces or states in this country, and district-level staff would not be appropriate participants CSOs participate actively is as outlined above.

4. Programme Management

A 2-year EPI Plan of Action for 2014-2015 is detailed and costed, and is currently awaiting endorsement by the ICC. Baselines and performance indicators for GAVI grants are specified and being reported against. This management component generally works well in the country, and encourages the EPI programme to regularly review and update its targets, activities, progress and challenges. Activities are generally implemented approximately to schedule and budget, although EPI suffers financial and human resource challenges as outlined in section 2 above.

5. Programme Delivery

The 2011 EVM Improvement Plan spells out the actions, items of equipment and spare parts to be procured, the estimated costs and target timelines for achievement and the locations of cold stores or health facilities where each item is to be installed. GAVI HSS funds will contribute to cold chain improvement activities under the EVM plan.

Vaccine and stock management is weak at all levels, but most critically at the central store. Stock shortages and stock-outs are a frequent and long-running problem, of which the complete absence of measles vaccine nation-wide for around 4 months in 2013 is only one example. This failure was a result of the new Minister of Health requiring re-negotiation of all the existing MoUs for supply of vaccines. The crisis was only resolved when WHO agreed to purchase an emergency delivery of vaccine to cover the immediate national needs, by which time the damage had been done, as the resulting fall in national measles coverage shows. The APR for 2012 describes a nation-wide shortage of BCG vaccine for one month in 2012, due to delay in transfer of funds from MOH to UNICEF for procurement.

This problem has been taken up with the Minister. As mentioned in Section 2 above, WHO is providing supportive supervision by recruiting, training and supervising a Central Vaccine Store Manager.

The introduction of Pentavalent vaccine was originally planned for early 2012, but due to the country's presidential elections in March and April 2012, and subsequently, the parliamentary elections in July 2012, the launch was delayed until in October 2012. The vaccine introduction eventually went according to plan and coverage is on track.

6. Data Quality

The quality of immunization coverage data is a concern. For 2012, substantial differences were noted between the reported administrative coverage and those published by WHO/UNICEF. Official country figures were 15-20% higher for measles, OPV3 and Penta3, although there was no difference for BCG. There is a medium (2 star) grade of confidence (GoC) on DTP3 WUENIC estimates for 2012. WHO/UNICEF estimates for 2013 will only become available in July 2014 so a similar comparison cannot yet be made. However, official country figures reported for 2013 are similar to those reported by the country in 2012, and are again significantly above the trend for recent years as published by WHO/UNICEF.

There is no fully functional civil registration system to capture all births taking place in Timor Leste. The number of total births reported in Table 4 of the 2013 APR (43,010) is a projection by the Central Statistics Department of the Ministry of Finance based on the data taken from the 2010 census. In contrast, according to the 2013 Ministry of Health (MOH) official HIMS statistical bulletin, only 25,920 births were reported through HMIS. A National Census is planned for 2015.

The last comprehensive EPI review was done in 2008. The planned EPI review for late 2014 has been postponed until there is more clarity from the government about the census. There are also plans to review the existing data reporting format and to introduce a revised HMIS system known as DHIS2 starting in June 2014. Data quality audits and inputs for supportive supervision under the GAVI HSS 2014-18 Project may further improve the data situation.

7. Global Polio Eradication Initiative, if relevant

The country does not conduct any specific Polio Eradication Initiatives and polio immunization is given only as part of the routine immunization schedule. The last known case of polio in what is now Timor Leste was reported in 1996, when the country was still a province of Indonesia. AFP reporting commenced after the polio outbreak in Indonesia in 2005, but has yet to reach regional target indicators for good surveillance.

8. Health System Strengthening

The GAVI HSS 2014-18 grant aims to improve immunization coverage and equity through development of district level management systems, implementation of community health centre micro-plans and increasing demand through development of community participation. Over 60% of this US$ 3 million grant will be spent at district level. The funds have been included in national health sector plans and budgets.

As the first disbursement was received in March 2014, implementation has only just begun. Procurement of motorcycles and hiring of support staff for EPI is underway, and the MoH is currently awaiting quotes from UNICEF for cold chain procurement.

9. Use of non-HSS Cash Grants from GAVI

Timor Leste is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013, and has not received CSO support. A Vaccine Introduction Grant was awarded for the introduction of Pentavalent vaccine in 2012, but no new VIG was received in 2013.

10. Financial Management

The FMA was finalized in 2013, after some minor clarifications. There are no outstanding financial management issues.

11. NVS Targets

IPV will be introduced in 2015 and addition of booster doses of the current vaccines to the national immunization schedule is planned.

The target for Penta1 2015 is 39,356 infants, versus the 2013 actual number of 33,841. This increase of 16% is above the 10% rule, but given that Timor Leste is still in the second year of its programme, such an increase is acceptable. Wastage is reported in the APR in 2013 is 25%, kept at this level in 2014-15. Consideration of the open vial policy should be prioritised, and use of the single vial and or mixed vials could also be discussed with the country. Note that the high closing stocks for 2013 are being managed down with lower supply in 2014.

Immunization Decision support will draft the dose calculations for 2015 for all NVS programs using the approved targets (numbers of infants & wastage). The number of doses to be shipped in 2015 for the pentavalent programme is based on the approved targets (2015) as well as the reported opening stocks (Jan 2014), shipment plan (2014) and target closing stocks (2015). For all others programmes, a stock analysis is carried out to determine the right level of stock to be deducted from 2015 allocation. Syringes and safety box calculations are derived from dose calculation. This is all done in consultation with the Vaccine Programme Manager and (if there are any significant changes) the country, and signed off by the CRO.

12. EPI Financing and Sustainability

Timor Leste will graduate from GAVI support in January 2018. A graduation assessment mission will be conducted in 2015, in line with the expanded approach to graduation approved last year by the GAVI Board.

The country funds 92% of its traditional vaccines itself (UNICEF and WHO fund around 6% and 2% respectively). The government share of the EPI budget for 2013 was almost 41%, up from around 18% in 2012. It is encouraging that the government has increased its contribution by such a significant margin.

Transfer of resources from national to decentralised levels is often problematic, as noted in section 2 above. One challenge mentioned was the difficulty of establishing bank accounts in some peripheral areas, where even the existence of a functioning bank could not be assured.

EPI performance is likely to continue improving after graduation from GAVI support, as there is a clear commitment from Government to continue and expand its already substantial contributions, and also a clear commitment from the current partners to continue their support.

13. Renewal Recommendations

Topic	Recommendation
HSS	Disburse the second tranche of HSS 2014-18 funds: US$ 334,349 for 2015.
NVS	Renew Pentavalent vaccine without a change in presentation: US$ 98,500 for 2015

14. Other Recommended Actions

Topic	Action Point	Responsible	Timeline
Graduation	Followup with country and partners the timing of graduation assessment mission.	CRO/FS Team	Q1/Q2 2015