### OBJECTIVES OF THE PROGRAMME:

National Immunization program in Indonesia has been established since 1956. In 1977, Expanded Program on Immunization (EPI) has been established to prevent Vaccine Preventable Disease (VPDs). The EPI program included Tuberculosis, Diphtheria, Pertussis, Measles, Polio, Tetanus and Hepatitis-B. New vaccines have also been introduced in Indonesia such as HPV, JE, rubella, and PCV since 2016.
Basic Health Research (*Riset Kesehatan Dasar/RISKESDAS*) 2018 showed 57.9% of fully immunized children compared to 92.04% of administrative data in 2017. While the Indonesia Health and Demographic survey 2017 showed 59.4% fully immunized children, slightly decreased from the RISKESDAS 2013. This situation poses Indonesia at risk for VPD cases and outbreak. Immunization service delivery become challenging in the decentralization. Although, central government provided all the vaccine and logistics, sub-national level needs to provide additional fund to implement the program such as operational cost for vaccinator, maintenance of the cold chain equipment, monitoring and evaluation program. EPI Policy namely *Peraturan Menteri Kesehatan (PERMENKES)* no. 12 year 2017 regarding Immunization Delivery has been disseminated in Indonesia.

The current immunization policy did not include the issue such as multi-dose vial policy, Universal Child Immunization (UCI), two doses of measles rubella vaccination, rubella vaccine introduction and other new vaccine introduction. The gaps in its implementation as well as the other policies may be hamper the implementation. Therefore, policy review on immunization will be conducted to strengthen EPI program. This review will also be useful for the comprehensive Multi Year Plan (cMYP) 2020-2024 and Medium Term National Development Plan (*Rencana Pembangunan Jangka Menengah National/RPJMN*).

**SUMMARY OF ASSIGNED DUTIES:**

**Objectives**
1. Review the legislation in place to support immunization and ensure national budget resource allocations at national and sub-national level (province and district) i.e. *PERMENKES, PERDA*, and Minimum Standard Service (*Standard Pelayanan Minimum/SPM*).
2. Review the other program and other sector policy which may be linked with immunization program such as RMNCH, Health promotion, National Health Insurance, Ministry of Religious Affairs, Ministry of National Education, and private sectors such as IDAI, IDI, IBI and PPNI.
3. Review any legislation which might negatively impact the implementation of immunization program at all level i.e. decentralization.
4. Proposed best way for EPI related law enforcement at all level (reward and punishment) and in comparison, with other country lesson learnt.

**Scope of work**
1. Situational analysis of EPI legislation in Indonesia at national and sub-national
2. Mapping of others program and another sectors policy which enabled or hamper the implementation of EPI program
3. Gather the lesson learnt from other country to strengthen routine EPI program
4. Provide final recommendation and conclusion

**Expected outputs**
The deliverables of this consultancy are to produce documents which include:

1. Situational analysis of EPI legislation in Indonesia at national and sub-national
2. Map of others program and another sectors policy which enabled or hamper the implementation of EPI program  

3. Documentation of lesson learnt from other country to strengthen routine EPI program  

4. Final recommendation  

Methods / work process  
- Desk review  
- Discussion with relevant key stakeholders  
- Need based travel to selected provinces/districts  

Official Travel Involved  
The APW needs to travel to selected priority areas to get better understanding on the existing polices and implementation.  

EDUCATIONAL QUALIFICATIONS, EXPERIENCE, ETC.  

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<tr>
<th>Competencies:</th>
<th>1. Teamwork</th>
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<tbody>
<tr>
<td></td>
<td>2. Respecting and promoting individual and cultural communication</td>
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<tr>
<td></td>
<td>3. Communication</td>
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<td>4. Producing results</td>
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<td>5. Moving forward in a changing environment</td>
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**Functional Knowledge and Skills:**  
Managerial and good communication skills; analytical skills to identify critical issues and good writing skills; knowledge and skills in immunization and VPD surveillance program; expertise in data management, ability to work independently and in team setting  
High level of ability to negotiate and enhance strategic partnerships  
Report writing and documentation skills.  

**Education Qualifications:**  
**Essential:** University degree in medicine or communicable disease-related subject from a recognized university or its equivalent qualification  

**Desirable:**  
Master’s degree in public health especially communicable disease
Experience:

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<th>Essential:</th>
<th>At least ten years’ experience in public health program implementation</th>
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Desirable:

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<th>Working experience communicable diseases program at national and subnational level</th>
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Languages:

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<th>Fluent in Bahasa Indonesia and English</th>
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Other Skills (e.g. IT):

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<th>Computer literacy: Proficient in use of Microsoft Office applications and email</th>
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LATE APPLICATIONS WILL NOT BE ACCEPTED

Note:

1. The applicants should submit one copy of WHO Personal History Form (PHF) available on [https://www.who.int/hac/about/personal_history_form.pdf?ua=1](https://www.who.int/hac/about/personal_history_form.pdf?ua=1) and provide a Brief Summary giving details of relevant work experience and qualifications. Vacancy Notice number should be mentioned on the application and separate applications are required for more than one vacancy.

2. Applications should be submitted electronically by email seinorecruitment@who.int stating in the subject the vacancy number and title. For information on WHO's operations please visit: [http://www.searo.who.int/indonesia](http://www.searo.who.int/indonesia)

3. A written test may be used as a form of screening for the short-listed applicants. The performance in written test will decide on applicant’s eligibility to appear in the interview. *WHO does not cover any expenses related to participation in tests and/or interviews*

4. Only candidates under serious consideration will be contacted.

5. WHO is committed to workforce diversity

6. WHO has a smoke-free environment and does not recruit smokers or users of any form of tobacco.

7. Only applications from nationals of INDONESIA will be accepted. Applicants who are not nationals of INDONESIA will not be considered.