APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by

The Government of Kyrgyzstan

for

HPV routine, with multi-age cohort in the year of introduction

Gavi
The Vaccine Alliance

Reach Every Child
www.gavi.org

1 Gavi Grant terms and conditions

1.2 Gavi terms and conditions

1.2.1 Gavi terms and conditions

The terms and conditions of the Partnership Framework Agreement (PFA) between Gavi and the Country, including those provisions regarding anti-corruption and anti-terrorism and money laundering, remain in full effect and shall apply to any and all Gavi support made pursuant to this application. The terms and conditions below do not create additional obligations or supersede those of the PFA. In the event the Country has not yet executed a PFA, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

GAVI GRANT APPLICATION TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES
The applicant country ("Country") confirms that all funding provided by Gavi will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by Gavi. All funding decisions for the application are made at the discretion of Gavi and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION
The Country will notify Gavi in its Joint Appraisal, or in any other agreed annual reporting mechanism, if it wishes to propose any change to the programme(s) description in its application. Gavi will document any change approved by Gavi according with its guidelines, and the Country's application will be amended.

RETURN OF FUNDS
The Country agrees to reimburse to Gavi all funding amounts that Gavi determines not to have been used for the programme(s) described in its application. The Country's reimbursement must be in US dollars and be provided, unless otherwise decided by Gavi, within sixty (60) days after the Country receives Gavi's request for a reimbursement and be paid to the account or accounts as directed by Gavi.

SUSPENSION/ TERMINATION
Gavi may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programme(s) described in the Country’s application, or any Gavi-approved amendment to the application. Gavi retains the right to terminate its support to the Country for the programme(s) described in its application if a misuse of Gavi funds is confirmed.

NO LIABILITY
The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programme(s) in the Country; and (ii) the use or distribution of vaccines

and related supplies after title to such supplies has passed to the Country.
Neither party shall be responsible for any defect in vaccines and related supplies, which remain the responsibility of the relevant manufacturer. Gavi shall not be responsible for providing any additional funding to replace any vaccines and related supplies that are, or became, defective or disqualified for whatever reason.

INSURANCE
Unless otherwise agreed with Gavi, the Country shall maintain, where available at a reasonable cost, all risk property insurance on the Programme assets (including vaccines and vaccine related supplies) and comprehensive general liability insurance with financially sound and reputable insurance companies. The insurance coverage will be consistent with that held by similar entities engaged in comparable activities.

ANTI-CORRUPTION
The Country confirms that funds provided by Gavi shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

ANTI-TERRORISM AND MONEY LAUNDERING
The Country confirms that funds provided by Gavi shall not be used to support or promote violence, war or the suppression of the general populace of any country, aid terrorists or their activities, conduct money laundering or fund organisations or individuals associated with terrorism or that are involved in money-laundering activities; or to pay or import goods, if such payment or import, to the Country’s knowledge or belief, is prohibited by the United Nations Security Council.

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with Gavi, as requested. Gavi reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.
The Country will maintain accurate accounting records documenting how Gavi funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of Gavi funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against Gavi in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY
The Country and the signatories for the Country confirm that its application, or any other agreed annual reporting mechanism, is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to perform the programme(s) described in its application, as amended, if applicable.

COMPLIANCE WITH GAVI POLICIES
The Country confirms that it is familiar with all Gavi policies, guidelines and processes relevant

to the programme(s), including without limitation the Transparency and Accountability Policy (TAP) and complies with the requirements therein. All programme related policies, guidelines and processes are available on Gavi's official website and/or sent to the Country.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage Gavi cash-based support. The Country confirms that it will take all responsibility for replenishing Gavi cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and Gavi arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either Gavi or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by Gavi. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: Gavi and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

Gavi will not be liable to the country for any claim or loss relating to the programme(s) described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. The Country is solely responsible for all aspects of managing and implementing the programme(s) described in its application.

1.3 Gavi Guidelines and other helpful downloads

1.3.1 Guidelines and documents for download

Please refer to the relevant guidelines concerning your request for support.

Please ensure to consult and download all documents. It is important to note that some documents must be completed offline, and will need to be uploaded in the final steps of your application.

This application form is designed to collect information needed by Gavi to process requests for support, plan procurement of vaccines, plan technical assistance, track data for future reporting, and more.

A key component of the application is a solid operational plan (New Vaccine Introduction Plan for routine support, or Plan of Action for campaign support), explaining how the country will

introduce the vaccine or conduct the envisaged campaign, with a corresponding budget. The New Vaccine Introduction Plan or Plan of Action must be submitted together with this application form and will be considered as the foundation of the support request.

For more information on the documents to submit with your application and what they should contain, please refer to the appropriate guidelines: http://www.gavi.org/support/process/apply/

2 Review and update country information

2.1 Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Preparatory transition

Date of Partnership Framework Agreement with Gavi

No Response

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

No Response

2.1.2 Country health and immunisation data – N/A

2.1.3 National health planning and budgeting cycle, and national planning cycle for immunisation:

The government planning cycle starts on the

1 January

The current National Health Sector Plan (NHSP) is

From	2019
To	2030

Your current Comprehensive Multi-Year Plan (cMYP) period is

2017-2021

Is the cMYP we have in our record still current?

Yes☐	No☒

If you selected “No”, please specify the new cMYP period, and upload the new cMYP in country documents section.

Note 1

From	2022
To	2026

If any of the above information is not correct, please provide additional/corrected information or other comments here:

No Response

2.1.4 National customs regulations

Please describe local customs regulations, requirements for pre-delivery inspection, and special documentation requirements that are instrumental for the delivery of the vaccine.

Kyrgyzstan has been using the opportunity of purchasing all childhood quality-assured vaccines (WHO prequalified) through UNICEF Procurement Services for many years. The procurement and supply mechanism is regulated within the frame of the Memorandum of Understanding (MOU) 2012-2022 between the Government and UNICEF. The Republican Centre of Immunoprophylaxis (RCI) is in charge of the immunization procurement related activities as well as for performing vaccine arrival and customs clearance procedures. When vaccines are ready for the shipment the supplier sends the package of documents to UNICEF Country Office at least two weeks before vaccines arrival: Invoices, Packing Lists, Certificate of Origin, Certificate of Conformity, Free Gift Certificate (by GAVI), transport document. The package of documents is submitted to Ministry of Economics, which issues an Official Taxes Exemption Letter

addressed to custom authorities.

Immediately after arrival in the country vaccines are transported to the national vaccine store in refrigerated vehicles and are accompanied by the RCI Logistician. Vaccines are then kept in the national store under quarantine until the custom clearance procedures are finalized. The RCI Logistician submits a Customs Declaration and package of documents and permit letters to the custom authorities. The Customs inspects documents and release vaccines. The custom clearance documentation is prepared prior to the vaccine arrival and therefore, no major delays in custom clearance have occurred. The RCI verifies that cold chain has been properly maintained throughout the period of transportation by checking the temperature-monitoring devices contained in the shipment. This check is recorded in standard UNICEF Vaccine Arrival Report. All vaccine shipments are transported from the airport to the National Vaccine Store.

2.1.5 National Regulatory Agency

Please provide information on the National Regulatory Agency in the country, including status (e.g. whether it is WHO-certified). Please mention a point of contact with phone number and e-mail address. UNICEF will support the process and may need to communicate licensing requirements to the vaccine manufacturers where relevant.

The Department of Drug Provision and Medical Equipment (DDPME) of the MoH is in charge of registration of pharmaceuticals in the country. However, not all vaccines are registered in the country and import is based on individual waivers issued for importing a particular shipment. The RCI is in charge of the follow-up of the issuance of this waiver, with the support of UNICEF Country Office.
Until recently the Department of Drug Provision and Medical Equipment, although involved in pharmacovigilance issues, did not perform all required functions of post-marketing surveillance for vaccines. The AEFI surveillance was implemented by the RCI in collaboration with regional and district level public health centres. In 2019, the Ministry of Health issued a new National Guidance on AEFI surveillance which defined roles and responsibilities of different organizations in AEFI monitoring. RCI will continue coordinate AEFI reporting, case investigations, causality assessment, data analysis and feedback. DDPME will register AEFIs and will be responsible to reporting them to Uppsala Monitoring Centre. DDPME experts will participate in AEFIs investigation and in the work of the MoH Expert Group on AEFI causality assessment.

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

	2018	2019	2020	2021	2022
Country Co-financing (US$)					
Gavi support (US$)	451,000	517,366	528,032	538,914	530,486

PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	95,321	323,967	699,661	803,353	404,165
Gavi support (US$)	571,500	1,716,500	2,986,056	2,882,681	1,067,103

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	71,874	104,277	228,620	263,865	136,099
Gavi support (US$)	426,500	527,000	966,695	935,724	397,827

Rota Routine

	2020	2021	2022
Country Co-financing (US$)	77,504	180,069	185,433
Gavi support (US$)	296,765	576,067	491,662

Summary of active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US$)	167,195	428,244	1,005,785	1,247,287	725,697
Total Gavi support (US$)	1,449,000	2,760,866	4,777,548	4,933,386	2,487,078
Total value (US$) (Gavi + Country co-financing)	1,616,195	3,189,110	5,783,333	6,180,673	3,212,775

2.3 Coverage and Equity

2.3.1 Coverage and equity situation analysis

Note: If a recent analysis of the coverage and equity analysis is already available, for example as part of a Joint Appraisal report, you may simply reference the report and section where this information can be found.

Describe national and sub-national evidence on the coverage and equity of immunisation in the country and constraints to improvement. In particular, identify the areas and groups of low coverage or high inequity linked to geographic, socioeconomic, cultural or female literacy considerations, as well as systematically marginalized communities. Specify both the areas and/or populations with low coverage (%) and those with the largest absolute numbers of un-/under-vaccinated children. Among data sources, consider administrative data, coverage surveys, DHS/MCS, equity analyses, Knowledge-Attitude-Practice surveys, and patterns of diseases like measles.

Describe the challenges underlying the performance of the immunisation system, such as:

- Health work force: availability and distribution;
- Supply chain readiness;
- Gender-related barriers: any specific issues related to access by women to the health system;
- Data quality and availability;
- Demand generation / demand for immunisation services, immunisation schedules, etc;
- Leadership, management and coordination: such as key bottlenecks associated with the management of the immunisation programme, the performance of the national/ regional EPI teams, management and supervision of immunisation services, or broader sectoral governance issues;
- Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement and execution of resources;
- Other critical aspects: any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports.

Describe lessons learned and best practices on the effectiveness of implemented activities to improve coverage and equity; recommendations on changes or new interventions that might be required to accelerate progress (include data to support any findings or recommendations).

Coverage and equity analysis:

The coverage with infant vaccines in Kyrgyzstan has been traditionally high. According to WHO/UNICEF estimates (WUENIC), DTP-3, polio-3, and MMR the first and second doses coverage for the last 5 years were above 90% and in 2019 reached ≥ 95%.

Figure 1. Coverage with selected routine infant vaccines (%), Kyrgyzstan, 2015-2019

Source: WUENIC
For the last three years, high coverage rates (≥ 90%) were reported consistently by all regions except of Bishkek City, the capital of Kyrgyzstan. The immunization coverage at regional level is shown in the Figure 2 below.
Figure 2. DTP3 coverage (%) by regions, Kyrgyzstan, 2017-2019

In 2017, in Bishkek City DPT3 coverage dropped to 87%; it steadily increased in 2018-2019 however, remained lower than in other regions. In 2019, DTP3 coverage decreased in two other regions: Djalal-Abad and Osh City.

The Multiple Indicator Cluster Survey conducted in Kyrgyzstan in 2018 confirmed high immunization coverage among young children. According to the survey results, 86% of children at the age of 12-23 months and 88% of children at the age of 24-35 months received three doses of pentavalent vaccine. More than 74% of children at the age of 12-23 months received all vaccines recommended by the National Immunization Schedule and only 2.4% of them did not receive any vaccinations. The MICS demonstrated that there were no significant differences in vaccination status between boys and girls. The percentage of children at the age of 12-23 months vaccinated at any time before the survey (crude coverage) was 78% in females and 76% in males.

The negative correlation was observed between mothers' education level and children's' immunization status: children born to mothers with higher education had lower immunization coverage. I.e. coverage with basic antigens in children born to mothers with the higher education was 74% versus 81% coverage in children born to mothers with basic secondary education. Similar negative correlation was observed between family income and children's immunization status: children from richest families had lowest immunization coverage rates. I.e. the lowest coverage rates with basic antigens (77%) was in children born to families with the highest income level. There were significant variations in coverage between children residing in urban (67%) versus rural (81%) areas and in different regions of the country. For example, coverage in Bishkek was 54% compared with 90% in Osh.
The National Immunization Programme Review conducted in Kyrgyzstan in 2016 found out that the main reasons for lower coverage in Kyrgyzstan was vaccine hesitancy among parents who refused to vaccinate their children due to vaccine safety concerns. Many medical workers, particularly neurologists, are also not confident in vaccines and provide not justified contraindications, which delay vaccination of infants or leave them not vaccinated.

The observed lower immunization coverage in urban populations, families with higher income, and children born to mothers with higher education level, can be explained by the vaccine hesitancy revealed by the EPI review. Anti-vaccination publications are broadly disseminated in the Internet and social media. The families residing in big cities, better educated, and with higher income have better access to mass media and are more exposed to negative publicity. The children from such families have better access to medical care and more likely to be referred to medical specialists, who often provide not justified contraindications again vaccination. The Knowledge, attitudes and practices towards immunization (KAP) study conducted in collaboration with UNCEF in 2018, demonstrated that the main reasons why children are not vaccinated, or not fully vaccinated, are medical exemption after consultations with a doctor and worries about side effects after vaccination.

Over the past ten years, there has been a large influx of "internal labour migrants" to Bishkek,

Osh, as well as to Alameda and Sokuluk districts of the Chui oblast from the country's rural areas, creating a significant number of unofficial urban poor settlements surrounding the city that are home to as many as 340,000 people. Non-registered internal migrants often have limited access to health services due to knowledge barriers and misconceptions, as well as lack of opportunity to access the services. According to 2018 KAP, only 82% of children under five years of age from families of labor migrants were fully immunized. This was 8% lower than the national average.
Kyrgyzstan has a school-based vaccination programme, which is an integral part of the National Immunization Programme and is run by the Ministry of Health in collaboration with the Ministry of Education.

According to the National Immunization Schedule, the booster doses of Td vaccine are administered to 11 years old and to 16 years old adolescents at schools. School based medical workers and immunization teams from primary health care facilities conduct vaccination at schools twice a year: in April and September.
The school-based vaccination demonstrated proven capacity to achieve high coverage: ≥ 90% coverage rates for Td vaccine were reported for the last three years.
Figure 3. Coverage with Td buster doses in 11- and 16 years old adolescents, Kyrgyzstan school-based immunization programme, 2017-2019.

Experience with implementation of school-based vaccination of adolescents in Kyrgyzstan demonstrated good collaboration between the Ministry of Health and the Ministry of Education. The Ministry of Education and school personnel has provided full support to school-based vaccination programmes. They prepare school registers and send them to health care facilities, arrange meetings with parents to advocate for vaccination, inform adolescents and their parents about vaccination sessions, and provide time for vaccination in school schedule. Parents accept and support school-based vaccination which is confirmed by high TD coverage and low refusal rates.

Challenges underlying the performance of the immunization system:

Incomplete registration of children and adults, especially in new settlements in Bishkek and in certain areas of Chui oblast, inhabited by internal migrants, remains a serious barrier in reaching children from these populations. Many health workers serving urban migrants do not appear to be well-informed on the legal rights of migrants and do not consider that it their esponsibility to facilitate registration of migrants and vaccination of their children. The internal migrants have a low level of public awareness about the vaccination, its benefits and vaccine safety.

The NIP faces a serious challenges in addressing emerging vaccine resistance and/or refusal in the country. There is a growing public mistrust in vaccines, media coverage becoming more negative and some influential stakeholders being actively advocating against immunization. There is lack of information on immunization to public (both printed and web-based) which is a disadvantage in time of increasing mistrust to vaccines. The experiences such as AEFIs after pentavalent in 2011, combined with anti-vaccine groups, showed also that immunization programme and health system could be in fragile status to address risks or crisis communication impacting public confidence.
Immunization programme reviews and evaluations following the introductions of new vaccines revealed that many health care workers have concerns about vaccine safety. Health providers are concerned about vaccine side effects and consider immunization to be safe only for completely healthy children. They use numerous unjustified contraindications to delay or deny

immunizations to infants with mild acute or chronic diseases. False contraindications became one of the main reasons of declining immunization coverage in many countries.
The medical workers concerns are based on outdated or not evidence-based information received during pre- or in-service education. Similar to general public, their attitude towards vaccines is also influenced by anti-vaccination publications in mass media. The new vaccines, especially HPV vaccines, are of their particular concern due to lack of knowledge or mistrust of evidence-based data on HPV vaccine safety.

Health care professionals have a significant potential in influencing vaccination uptake and still considered to be the most trustful source of information in many countries. However, lack of confidence in vaccines negatively influences their capacity to effectively respond to vaccine hesitant parents.
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Due to the COVID-19 pandemic, routine immunization was temporarily suspended throughout the country from 23 March to 26 May 2020, pending stabilization of the coronavirus epidemiological situation. From May 26, 2020, the Ministry of Health resumed routine vaccination and implemented and "catch-up" camping to vaccinate children who missed vaccine doses during the pandemic. In the first six months of 2020 routine immunization coverage declined by % compared with the same period of 2019.

Lessons learned and best practices in improving coverage and equity:

The Ministry of Health has conducted focus group studies among urban migrants in Bishkek and Osh to identify the reasons for low immunization coverage in young children and tailor immunization services to the needs of this population. The studies were conducted with WHO technical support and were financed by GAVI HSS2 grant. In 2019-2020, the RCI conducted supportive supervisory visits to health care facilities in the areas of urban migrants' settlements. The supportive supervision provided an opportunity to strengthen health care facility capacity to deliver high quality immunization services and ensure equitable access to it.
The MoH also established 44 mobile teams, which have provided immunization in 198 settlements, including urban migrants' settlements in 2019. The contribution of Mobile Teams to the national DTP3 coverage in 2019 reached 2.1%. This innovative approach supported by the current HSS2 grant, will be continued in 2021; the corresponding activities were included in the country Full Portfolio Planning.

The Ministry of Health initiated revision of the Legal Regulatory Acts (LRA), which regulates access to health services for the internal migrant groups. These legislation changes will be approved in 2021 through intersectoral interagency cooperation.
The RCI conducted trainings for relevant health care facilities in Bishkek to increase access to immunization services for the families of internal migrants
In 2020, the health care facilities conducted home visits to healthy children to identify not registered and not vaccinated children and invite them for vaccination. These activities were funded by GAVI HSS2 grant. The RCI in collaboration with family doctors, used the integrated management of childhood illnesses as an additional strategy to identify and invite for vaccination under- or not vaccinated children. Both approaches will continue to be implemented in 2021-22.

In 2019, the MoH of Kyrgyzstan with WHO support, conducted a training of trainers and subsequent comprehensive trainings for front line medical workers on vaccine safety and contraindications to increase their confidence in vaccines and reduce missed opportunities to vaccinate children due to false contraindications. The NIP also developed a new guideline on

medical contraindications against vaccination and distributed it during the trainings.

The MoH in collaboration with international partners, conducted trainings for Mid-Level Immunization Programme Managers. In total, 53 immunization managers enhanced their knowledge and skills (including training of trainers) in various fields of immunization. These trainings strengthen immunization programme capacity to deliver high-quality services.

Based on the results of the KAP survey (2018), the MoH developed and implemented the Immunization Communication Strategy 2018-2020, Strategic Plan for Promoting Immunization Online 2019-2020 and Strategy Plan for Social Mobilization 2019-2020. At the national level, one third (2,545 out of the total 7,668) of the health care professionals involved in immunization, have been trained on interpersonal communication with vaccine-hesitant parents. Within the Gavi Additional Funding in 2020, special attention was paid to the cities of Osh and Bishkek where a critical mass of health professionals participated in these trainings. The Immunization in Practice training module was integrated in the post-diploma curriculum for medical workers, which helped to increase the scale and sustainability of capacity building activities.

The RCI established close partnership with non-medical civil society organizations to increase immunization coverage in low performing areas identified by 2018 KAP survey: Chui and Talas oblasts, and Bishkek (including 7 districts for migrants). In addition, 30 UNICEF volunteers with medical education reacted to negative social media posts (at least 50 posts per month) to help parents, including those who were skeptical about immunization, to get full information about the benefits of vaccines.
Information in support to immunization was published on several Internet platforms, frequently used by parents and communities. The updated web-portal www.privivka.kg administered by the RCI, reached more than 385,000 people in September-November 2019. WHO is considering the inclusion of this portal into the list of trusted sources on immunization. Dozens of video clips, video and audio programmes on the vaccination schedule, safety and efficacy of vaccines were prepared and distributed to TV and social media channels. RCI trained on vaccination approximately 50 popular journalists, who now participate in immunization advocacy initiatives.
The MoH Health Promotion and Mass Communication Centre established an online mechanism to support social mobilization through village health committees (VHC). The VHC members can now receive updated information about vaccination, including communication materials for community work and can provide a regular feedback on public vaccine safety concerns.
The NIP participates annually in European Immunization Week by implementing additional social mobilization and communication activities and conducting immunization campaigns for children from internal migrant groups and in geographically remote territories.
To restore the coverage declined during the pandemic, the MoH, with the technical support provided by the development partners (WHO and UNICEF) and funds from the HSS2 Gavi project carried out the following activities:
● To increase capacity of PHC health workers, developed specific guidelines, based on WHO recommendations for resuming routine immunization and implementation of “catch-up” campaigns in the context of COVID-19 and a clinical protocol on organizing and conducting home visits to healthy young children in the context of the COVID-19 pandemic, with a focus on immunization (MoH);
● To improve access to immunization services and increase the coverage of preventive vaccination, mobile and outreach teams have been set up to cover the needs of routine immunization under conditions of temporary suspension (MoH, WHO).

2.4 Country documents

2.4.1 Upload country documents

Please provide **country documents** that are relevant for the national immunisation programme and for multiple vaccines, to be taken into account in the review of your application. If you have already provided one or more of these country documents, you do not need to upload it/them again unless the document version changed. If documents cannot be provided, please use the comment functionality to explain why, or by when they will be available.

Note that only general country documents are uploaded here; at the end of section 3 (sub-section “Upload new application documents”) you will be required to provide those documents that are specific to the support requested (for example the new vaccine introduction plan and/or campaign plan of action, new budget, application endorsements etc.)

Country and planning documents

✓	**Country strategic multi-year plan** Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	KGZ Costing and Financing SectionX1GziroIII_19-01-21_13.36.40.pdf KGZ cMYP 20172021 Kyrgyzstan Update21Feb2017_19-01-21_13.36.17.pdf
✓	**Country strategic multi-year plan / cMYP costing tool**	KGZ20172021Scenario BX1GziroIII_19-01-21_13.37.17.xlsx
✓	**Effective Vaccine Management (EVM) assessment**	3EVMreportKGZ_19-01-21_13.40.30.pdf
✓	**Effective Vaccine Management (EVM): most recent improvement plan progress report**	3EVMimprovementplankyrgyzstan_19-01-21_13.40.51.xls
✓		4KGZ DQA_19-01-21_13.42.20.pdf

	Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators	
✓	**Data quality and survey documents: Immunisation data quality improvement plan**	4DQIP_19-01-21_13.42.43.xlsx
	Data quality and survey documents: Report from most recent desk review of immunisation data quality	**No file uploaded** The desk review has not been conducted
	Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation	**No file uploaded** DQA report is attached
✓	**Human Resources pay scale** If support to the payment of salaries, salary top ups, incentives and other allowances is requested	526201_19-01-21_13.46.07.PDF

Coordination and advisory groups documents

✓	**National Coordination Forum Terms of Reference** ICC, HSCC or equivalent	Doc 12 ICC ToRs and composition MoH order no 218 of 31.03.16 on stregthening ICC_19-01-21_13.53.25.pdf
✓	**National Coordination Forum meeting minutes of the past 12 months**	2ICC 04.09.2020_19-01-21_13.50.24.pdf 2ICC 06.05.2020_19-01-21_13.50.03.pdf

Other documents

Other documents (optional) **No file uploaded**

Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge-Attitude-Practice surveys or other demand-related surveys, if available.

3 HPV routine, with multi-age cohort in the year of introduction

3.1 Vaccine and programmatic data

3.1.1 Choice of presentation and dates

For each type of support please specify start and end date, and preferred presentations.

Note 3

HPV routine

Preferred presentation	HPV4, 1 dose/vial, Liquid
Is the presentation licensed or registered?	Yes ☐ No ☒
2nd preferred presentation	HPV2, 2 doses/vial, Liquid
Is the presentation licensed or registered?	Yes ☐ No ☒
Required date for vaccine and supplies to arrive	4 July 2022
Planned launch date	1 September 2022
Support requested until	2026

HPV multi-age cohort vaccination (MAC)

Preferred presentation	HPV4, 1 dose/vial, Liquid
Is the presentation licensed or registered?	Yes ☐ No ☒
2nd preferred presentation	HPV2, 2 doses/vial, Liquid
Is the presentation licensed or registered?	Yes ☐ No ☒
Required date for vaccine and supplies to arrive	4 July 2022
Planned launch date	1 September 2022
Support requested until	2022

3.1.2 Vaccine presentation registration or licensing

If any of the selected presentations are not yet licensed or registered, please describe the duration of the registration or licensing procedure, whether the country's regulations allow the expedited procedure for national registration of WHO-pre-qualified vaccines, and confirm whether the licensing procedure will be completed ahead of the introduction or campaign.

The Department of Drug Provision and Medical Equipment (DDPME) of the MoH is in charge of registration of all pharmaceuticals in Kyrgyzstan. Currently, not all vaccines are registered in the country and WHO prequalified vaccines imports are based on individual waivers issuance. The RCI team is in charge of the follow-up of the issuance of this waiver, with the support of UNICEF Country Office. The process of receiving of the waiver takes approximately two weeks and no delay has been observed. The same regulation procedures will apply to HPV prequalified vaccines.

3.1.3 Vaccine procurement

Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund.Does the country request an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or Gavi)?

Yes☐ No☒

If you have answered yes, please attach the following in the document upload section:* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

3.2 Target Information

3.2.1 Sources

For HPV, Gavi supports the vaccination of girls aged 9-14 years (as For the text on data source - Countries are encouraged to work with their national statistical office, the Ministry of Education and refer to additional sources of data (e.g. UNPOPULATION (WHO), UNPD, UNESCO data estimates) for assistance in estimating the size of the national target population. In case of significant differences between estimates, countries should take the estimated average of a national and a UN data source (e.g. UNPD) to avoid underestimation as well as overestimation.

Source 1 : e.g. Ministry of Education

Kyrgyzstan plans to vaccinate 11 year-old girls who attend 4-5 grades of secondary school. The target population will be defined as a one-year birth cohort (girls who turned 11- years of age in the calendar year). The first dose of HPV vaccine will be delivered in October and the second dose in April together with Td booster dose. This age group was selected as the main target group for HPV vaccination because of the following:
• HPV vaccination is the most effective when administered to teenage girls at the age before sexual debut.
• Possibility to integrate HPV vaccination into school immunization programme and administer HPV vaccine to teenage girls together with Td booster dose, which is recommended by the National Immunization Programme
• High attendance rates of secondary schools among 11-year old teenager
• High coverage rates with Td booster dose in 11-year old teenagers
The country has a high quality data on the size of the target population generated by the National Bureau of Statistics.

Source 2 : e.g. UNESCO

Na

Source 3 : e.g. UN Population estimates (WHO)

NA

3.2.2 Phasing

If the country is not doing a phased introduction, then kindly fill out the multi age cohort targets in the Targets for multi-age cohort vaccination table, only for the year of introduction.

Will the country do a phased introduction?

Yes☐ No☒

3.2.3 Targets Information

For HPV, Gavi supports the vaccination of girls aged 9-14 years (as recommended by WHO), based on the following cohorts:Routine cohort - countries are required to identify a single year cohort of girls to be immunised on a routine basis. (e.g. 9 years old)Additional multi-age cohort – in the first year of routine introduction (or initial year of each phase, if the country chooses a phased introduction), countries also have the option to immunise additional girls within the recommended age groups (e.g. 10-14 years), that are older than the routine cohort.Note: Countries may choose proxy age of girls based on a school grade (e.g. grade 5 corresponds to approximately 10 year olds). However, grades usually have a range of different aged girls so it is important to keep in mind that girls under 9 years should not be vaccinated, and doses for girls older than 14 years are not provided by Gavi.The base year information should be completed for the year in which the application is being completed.

3.2.4 Targets for routine vaccination

Please describe the target age cohort for the HPV routine immunisation:	11

	2022	2023	2024	2025	2026
Population in the target age cohort (#)	68,837	69,800	70,772	71,768	74,542
Target population to be vaccinated (first dose) (#)	48,186	52,350	56,618	61,002	67,087
Target population to be vaccinated (last dose) (#)		45,370	49,540	53,826	59,633

Estimated wastage rates for preferred presentation (%)	5	5	5	5	5

3.2.5 Targets for multi-age cohort vaccination

Please describe the target age cohort for the additional multi-age cohort in the year of introduction. Keep coverage estimates high if you choose to continue vaccinating in the subsequent year.

From	12
To	14

	2022
Population in target age cohort (#)	186,984
Target population to be vaccinated (first dose) (#)	130,889
Target population to be vaccinated (last dose) (#)	121,539
Estimated wastage rates for preferred presentation (%)	5

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US$) - HPV routine

	2022	2023	2024	2025	2026
1 dose/vial,liq	4.5	4.5	4.5	4.5	4.5

Commodities Price (US$) - HPV routine (applies only to preferred presentation)

	2022	2023	2024	2025	2026
AD syringes	0.036	0.036	0.036	0.036	0.036
Reconstitution syringes					

Safety boxes	0.005	0.005	0.005	0.005	0.005
Freight cost as a % of device value	1.13	1.13	1.13	1.13	1.13

Price per dose (US$) - HPV multi-age cohort in the year of introduction

	2022	2023	2024	2025	2026
1 dose/vial,liq	4.5	4.5	4.5	4.5	4.5

Commodities Price (US$) - HPV multi-age cohort in the year of introduction (applies only to preferred presentation)

	2022	2023	2024	2025	2026
AD syringes	0.036	0.036	0.036	0.036	0.036
Reconstitution syringes					
Safety boxes	0.005	0.005	0.005	0.005	0.005
Freight cost as a % of device value	1.13	1.13	1.13	1.13	1.13

3.3.2 Country choice of co-financing amount per vaccine dose

The table below shows the estimated financial commitment for the procurement of vaccines and supplies for the country, and the portion of Gavi support.
Please note that the values represented in this table do not account for any switches in co-financing group. The calculations for the entire five year period are based on the countries co-financing group in the first year.

Note 4

	2022	2023	2024	2025	2026
Country co-financing share per dose (%)	28.22	32.44	37.33	42.89	49.33
Minimum Country co-financing per dose (US$)	1.27	1.46	1.68	1.93	2.22
Country co-financing per dose (enter an amount equal or above minimum)(US$)	1.27	1.46	1.68	1.93	2.22

3.3.3 Estimated values to be financed by the country and Gavi for the procurement of supply

HPV routine

	2022	2023	2024	2025	2026
Vaccine doses financed by Gavi (#)	45,800	79,000	72,100	71,300	70,400
Vaccine doses co-financed by Country (#)	17,500	36,700	41,600	51,600	65,800
AD syringes financed by Gavi (#)	48,500	83,200	75,700	74,900	74,000
AD syringes co-financed by Country (#)	18,500	38,700	43,600	54,100	69,000
Reconstitution syringes financed by Gavi (#)					
Reconstitution syringes co-financed by Country (#)					
Safety boxes financed by Gavi (#)	550	925	850	850	825
Safety boxes co-financed by Country (#)	225	450	500	600	775
Freight charges financed by Gavi ($)	2,598	4,476	4,092	4,045	3,994
Freight charges co-financed by Country ($)	992	2,082	2,355	2,921	3,728

	2022	2023	2024	2025	2026
Total value to be co-financed	80,500	169,000	191,000	237,500	302,500

(US$) Country					
Total value to be financed (US$) Gavi	211,000	363,500	332,500	328,500	324,500
Total value to be financed (US$)	291,500	532,500	523,500	566,000	627,000

HPV multi-age cohort vaccination (MAC)

	2022
Vaccine doses financed by Gavi (#)	265,100
AD syringes financed by Gavi (#)	277,700
Reconstitution syringes financed by Gavi (#)	
Safety boxes financed by Gavi (#)	3,075
Freight charges financed by Gavi ($)	15,027

	2022
Total value to be financed (US$) Gavi	1,219,500
Total value to be financed (US$)	1,219,500

3.3.4 Co-financing payment

Please indicate the process for ensuring that the co-financing payments are made in a timely manner.

Kyrgyzstan has been using the opportunity of purchasing all childhood quality-assured vaccines (WHO prequalified) through UNICEF Procurement Services for many years. The procurement and supply mechanism is regulated within the frame of the Memorandum of Understanding (MOU) 2012-2022 between the Government and UNICEF. RCI is currently in charge of the immunization procurement related activities. Every year, RCIP makes an estimation of needs

(considering the vaccines stock balances and wastage rates), then the request for vaccines takes place in October to UNICEF Procurement Services, with 100% pre-payment (funds are allocated by Government in April; 5-7% financial buffer is deposed in RCI).
The funds allocated by GAVI in support for the HPV vaccine introduction will be transferred to the bank account of RCIP, and will be used for disbursement for the activities listed in the "Detailed activities and budget for VIG / Operational costs" provided as an attachment. The utilization of funds will have been discussed and agreed with the Inter-Agency Coordination Committee (ICC). The Deputy Minister of Health and the Head of the RCI will be responsible for the use of the GAVI funds. The Finance Department of the Ministry of Health will monitor the compliance with the national requirements placed to medical equipment procurement using the GAVI funds. The reports on GAVI funds utilization will be discussed every year at the ICC meetings and submitted to GAVI together with an annual report.

If your country is in the accelerated transition phase for Gavi support, please answer the following question:

Please provide evidence that the co-financing obligations for the new introduction have been budgeted for, and elaborate on how the country plans to pay for the fully self-financing amounts. Please discuss the extent to which medium-term immunisation/health plans and medium-term expenditure frameworks incorporate the additional costs associated with this introduction. Discuss any co-financing defaults that may have happened in the last five years.

n/a

Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of:	February

The payment for the first year of co-financed support will be made in the month of:

Month	December
Year	2022

3.4 Financial support from Gavi

3.4.1 Routine Vaccine Introduction Grant(s)

HPV routine

Number of girls in the target population

68,837

Gavi contribution per targeted girl (US$)

2.4

Total in (US$)

165,208.8

Funding needed in country by	31 March 2021

3.4.2 Multi-age cohort operational costs support grant(s)

HPV multi-age cohort vaccination (MAC)

Population in the target age cohort (#)

Note 5

186,984

Gavi contribution per girl in the target age cohort (US$)

0.55

Total in (US$)

102,841.2

Funding needed in country by	31 March 2021

3.4.3 Operational budget

Please complete the Gavi budgeting and planning template to document how the **Gavi Vaccine Introduction Grant** and the **MAC Operational Costs support** grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the MAC and the introduction of the HPV vaccine. Please ensure to upload the completed budgeting and planning template as part of this application.

If Gavi’s support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template. In the following fields please provide an overview of your request.

Budget for the vaccine introduction activities

Total amount - Gov. Funding / Country Co-financing (US$)

6500

Total amount - Other donors (US$)

0

Total amount - Gavi support (US$)

165186

Amount per girl - Gov. Funding / Country Co-financing (US$)

0.1

Amount per girl - Other donors (US$)

0

Amount per girl - Gavi support (US$)

2.4

Budget for the MAC operational costs support

Total amount - Gov. Funding / Country Co-financing (US$)

2509

Total amount - Other donors (US$)

0

Total amount - Gavi support (US$)

102799

Amount per girl - Gov. Funding / Country Co-financing (US$)

0.01

Amount per girl - Other donors (US$)

0

Amount per girl - Gavi support (US$)

0.55

3.4.4 Key Budget Activities

List the key budgeted activities to be undertaken in implementing the requested support. Please provide details on the key cost drivers, inputs and assumptions required for these activities.

Preparedness, coordination, monitoring
• Conduct regular meetings of the MoH Working Group on HPV Vaccine to coordinate and monitor implementation of preparatory activities prior to the introduction of HPV vaccine and coordinate evaluation after the introduction.
• Develop HPV vaccine Introduction Guidelines and Issue the MoH order; revise relevant regulatory documents related to vaccination to incorporate HPV vaccine
• Update immunization guidelines, including national Immunization Schedule, Immunization in Practice, Vaccine Management
• Print and disseminate updated regulatory documents and immunization guidelines to all oblast and rayon public health centers and health facilities

HPV vaccine procurement

• Update the joint MoH and UNICEF 5-year Vaccine Forecast Tool to include HPV vaccine requirements
• Procure HPV vaccine according to national regulations
• Distribute HPV vaccine to regional and district level vaccine store in line with national vaccine management requirements
• Inform the National Regulatory Authority about planned introduction of HPV vaccine

Cold Chain

• Continue procurement, supply and installation of cold chain equipment as part of implementation of new GAVI HSS and CCEOP support

• Continue trainings for vaccine store staff at national, regional, and district levels as part of implementation of GAVI HSS and CCEOP support

Immunization reporting and electronic immunization registry

• Revise immunization recording and reporting forms, including immunization cards, immunization certificate, monthly and annual reporting forms;
• Print and disseminate updated immunization recording and reporting forms to all health care facilities and public health centres

Education of medical workers
• Develop a training plan with strategy, number and type of healthcare workers to be trained, duration and content of training, materials to be developed, monitoring and evaluation
• Develop training and educational materials for health care workers, teachers, parents, girls
• Conduct a national conference for leading clinicians, medical academia, regional and district level clinicians and immunization programme staff on comprehensive prevention and control of cervical cancer and HPV vaccines.
• Implement cascade training, from national level to oblast/rayon/ health facility level, with an initial training of trainers for national and oblast epidemiologists

Communication and social mobilization
• Conduct a behavioural research study to better understand their knowledge, attitude, perceptions, and behaviour with regards to cervical cancer and HPV vaccines.
• Develop tailored communication strategies and develop main communication messages and communication and social mobilization plan
• Implement communication plan with focus on the following target groups: school teachers, health care workers, including school-based nurses, parents, teenage girls, community leaders
• Conduct meetings with school teachers and parents of teenage girls

Supportive supervision and evaluation

• Conduct supportive supervision visits to districts and health facilities shortly after the introduction of HPV vaccine
• Conduct HPV vaccine post-introduction evaluation

3.4.5 Financial management procedures

Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including any procurement to be incurred.

Kyrgyzstan has been using the opportunity of purchasing all childhood quality-assured vaccines (WHO prequalified) through UNICEF Procurement Services for many years. The procurement and supply mechanism is regulated within the frame of the Memorandum of Understanding (MOU) 2012-2022 between the Government and UNICEF. RCI is currently in charge of the immunization procurement related activities. Every year, they make an estimation of needs (considering the vaccines stock balances and wastage rates), then the request for vaccines takes place in October to UNICEF Procurement Services, with 100% pre-payment (funds are allocated by Government in April; 5-7% financial buffer is deposed in RCI).
The funds allocated by GAVI in support for the HPV vaccine introduction will be transferred to the bank account of RCI, and will be used for disbursement for the activities listed in the

"Planning and budgeting template" provided as an attachment. The utilization of funds will have been discussed and agreed with the Inter-Agency Coordination Committee (ICC). The Deputy Minister of Health and the Head of the RCI will be responsible for the use of the GAVI funds. The Finance Department of the Ministry of Health will monitor the compliance with the national requirements placed to medical equipment procurement using the GAVI funds. The reports on GAVI funds utilization will be discussed every year at the ICC meetings and submitted to GAVI together with an annual report.

3.4.6 Compliance with guidelines for use of Gavi financial support for human resources (HR) costs

Does the submitted application and budget comply with existing guidelines, criteria and requirements for use of Gavi financial support for human resources (HR) costs?

Yes☒ No☐

Please provide further information and justification concerning human resources costs, particularly when issues and challenges have been raised regarding the compliance with Gavi guidelines.

n/a

3.4.7 Fiduciary management

Please indicate whether funds for operational costs should be transferred to the government or WHO and/or UNICEF and when funding is expected to be needed in country. Attach banking form if funding should be transferred to the government. Please note that UNICEF and WHO will require administrative fees as follows.

- **UNICEF Tripartite Agreement: 5%**
- **UNICEF Bilateral Agreement: 8%**
- **WHO Bilateral Agreement: 7%.**

n/a

3.4.8 Use of financial support to fund additional Technical Assistance needs

Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the "One TA plan") with a view to assess that required support for the implementation of the new vaccine support is contained in the approved technical assistance plan. If gaps in technical assistance are identified for the new vaccine support, the additionally required technical assistance may be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template.

In addition, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance (if already identified) below.

Note 7

No Response

3.5 Strategic considerations

3.5.1 Rationale for this request

Describe the rationale for requesting these new programme(s), including the burden of disease. If already included in detail in the Vaccine Introduction Plan or Campaign Plan of Action, please cite the sections only.

Рак шейки матки является проблемой общественного здравоохранения в Кыргызской Республике. За 10 летний период в стране с 2009-2018 гг. было зарегистрировано 4655 случаев рака шейки матки. Среднегодовой интенсивный показатель заболеваемости за 10 лет составил 15,9%00000 (на 100000 населения).

Рак шейки матки по КР распространен неравномерно: высокие показатели установлены в Чуйской, Нырынской и Иссык-Кульской областях и г.Ош. В остальных регионах интенсивный показатель заболеваемости ниже республиканского. Наиболее высокие показатели заболеваемости зарегистрированы в возрастной группе 55-59 лет и 50-54, самый низкий уровень в группе до 30 лет.

Рис. 2. Интенсивные показатели заболеваемости РШМ в КР за 2009-2018 гг.

Рис. 3. Возрастные показатели заболеваемости РШМ в КР, 2018 г.

Среднегодовой показатель смертности от рака шейки матки в 2018 году составил 7,9. Самые высокие показатели зарегистрированы в 2014 и 2015 гг. Предполагается, что рост показателей смертности в эти годы могли быть вызваны отсутствием аппарата для близкофокусной лучевой терапии. В этот период больные получали только химиотерапию и симптоматическое лечение. Высокие показатели смертности зарегистрированы Нырынской, Иссык-Кульской областях.

Рис. 4. Смертность РШМ в КР в КР, 2018 г.

Рак шейки матки относится к наружным локализациям опухоли, при котором выявление на III –IV стадиях расценивается как поздно выявленный или запущенный. В КР запущенные случаи составили 40,9%. Среднегодовой показатель одногодичной летальности составил тесно связан с поздней дианостикой. В 2018 году одногодичная летальность составила 29%.

Согласно отчету Информационного центра ВОЗ / ICO по ВПЧ и раку шейки матки (опубликованном в 2010 году), в стране ежегодно происходит 559 новых случаев рака шейки матки. Уровень заболеваемости РШМ составляет 20,4, что является самым

высоким показателем среди стран Центральной Азии и в 1,3 раза выше, чем в среднем в мире (15,8). Рак шейки матки занимает третье место среди всех раковых заболеваний в стране и второе место после рака молочной железы среди женщин. Две трети новых случаев заболевания происходит в возрасте от 15 до 44 лет, и 280 женщин ежегодно умирают от рака шейки матки.

НИКГИ в соответствии с утвержденными критериями, НТКГИ принял решение рекомендовать внедрение ВПЧ вакцины в Республике Кыргызстан. Решение НТКГИ основано на следующих заключениях:
• Высокое бремя заболеваемости раком шейки матки в Республике Кыргызстан
• Наличие высокоэффективных и безопасных вакцин для профилактики инфицирования высоко-онкогенными типами ВПЧ и защиты девочек-подростков от рака шейки матки на протяжении их жизни
• Рекомендации ВОЗ по внедрению ВПЧ вакцин для иммунизации девочек-подростков в возрасте 9-14 лет во всех странах
• Опыт успешного внедрения ВПЧ вакцин в других странах
• Наличие финансовой поддержки ГАВИ, которая делает внедрении ВПЧ вакцин в Республике Кыргызстан высоко экономически эффективным
• Наличие успешно функционирующей системы вакцинации подростков в школах, которая способна включить ВПЧ вакцину в дополнение к другим вакцинам, используемым в программе школьной иммунизации

3.5.2 Alignment with country strategic multi-year plan / comprehensive multi-year plan (cMYP)

Please describe how the plans and key assumptions in this request align with the most recent country strategic multi-year plan (cMYP) and other national health and immunisation plans.

Kyrgyzstan has adopted a 12-year state strategy for the development of public health including health systems. Tagged “Healthy person – prosperous country”, the new health strategy for 2019–2030 aims to protect health, ensure access to essential quality services, strengthen primary health care and decrease financial hardship for all people and communities, in pursuit of universal health coverage (UHC) by 2030. The introduction of HPV vaccine, which will help to protect generation of teenage girls against cervical cancer and finally reach elimination of this disease as a public health threat is fully in line with the National Strategy Goal and objectives. The introduction of HPV vaccine was included in the cMYP 2017-2021 but was not implemented due to competing public health priorities (introduction of one dose of IPV, responding to measles outbreak) and delayed introduction of rotavirus vaccines due to vaccine supply constraints. The introduction of HPV vaccine will be included in the new cMYP for 2022-2027, which will be developed in 2021.

3.5.3 Coordination Forum (ICC, HSCC or equivalent) and technical advisory committee (NITAG)

Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request.

If any of Gavi's requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the reasons and the approach to address this. Requirements can be found in the general application guidelines.
In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG.

The National Integrated Coordination Committee coordinates implementation of GAVI support in Kyrgyzstan. Its functional responsibilities are as following:
1. Integration of the governmental and international structures for establishing strong partnership via the coordination of contributions and resources provided from internal and external sources;
2. Facilitation of the development and endorsement of the National Policy on Immunization, multi-year work plans on immunoprophylaxis;
3. Coordination of technical and financial support from the existing partners, development of the key principles of cooperation of international organizations to ensure the most effective utilization of resources, as well as mobilization of resources for the support and improvement of the immunization services;
4. Monitoring and evaluation of the economic effectiveness and feasibility of the activities carried out for the improvement of the implementation of the targeted immunization programmes;
5. Discussion of the issues reflecting the state of the immunprophylaxis in the country alongside the development of the recommendations on the improvement of the situation; 6. Identification of the necessary resources and providing assistance to strengthen the immunization service for the implementation of the National Immunization Programme as well as control over and elimination of certain infections;
6. Coordination of funding in the field of immunization among the existing ICC partners to ensure appropriate support.

The Kyrgyz Republic National Immunization Technical Advisory Group (Technical Advisory Group of Immunization Experts or TAGIE) was established by a Ministry of Health Regulation document on 14 February 2014 to provide advisory support and recommendations to the government health care organs in terms of policy making, introduction of new standards and practical approaches related to immunization.

The Regulation document identified functions and activities of the TAGIE based on cooperation and collaboration with government organs of Kyrgyz Republic, local authorities of Kyrgyz Republic, local social organizations, citizens and legal entities, as well as various departments and divisions of the Ministry of Health of Kyrgyz Republic.

The main objectives of TAGIE are to: 1) provide independent advisory support to the government health care organs and develop evidence based-recommendations related to immunization based on principles of evidence-based health care; 2) minimize the possibility of conflict of interests during the decision-making process aimed at changing national immunization policy; and 3) carry out independent assessments of projects related to changing the national immunization policy.

TAGIE implements the following functions of: 1) providing technical support during development of new directions in immunization policy; 2) collecting data, conducting analysis and developing recommendations for resolving issues related to the introduction of new vaccine(s) into the vaccination schedule; 3) conducting literature reviews related to topical issues of immunization;

4) co-operating and collaborating with leading research institutes on issues related to upgrading and improvement of immunization policy; 5) cooperating and sharing of information with independent expert immunization committees of other countries; 6) cooperating with international organizations, which provide support to the immunization program of Kyrgyz Republic; 7) using principles of evidence-based health care for developing recommendations aimed at improving existing immunization policy; and 8) determining cause-effect relationships in case of post vaccination adverse events, providing independent advice to immunization decision-makers. Specific terms of reference, including the definition of a direct reporting relationship to a position within the Ministry of Health, were not established; neither were standard operating procedures.

Kyrgyzstan TAGIE meets all six WHO criteria of well-functioning NITAG, including the provision of a legislative basis for the NITAG, the availability of written terms of reference, representation of at least five disciplines within NITAG members, conducting annual NITAG meetings, advance sharing of the meeting agenda and documents, and declarations of interest by NITAG members.

The NITAG considered introduction of HPV vaccine in Kyrgyzstan at its meeting on … and recommended the following:
Заслушав и обсудив доказательные данные , собранные и проанализированные Секретариатом НИКГИ в соответствии с утвержденными критериями, НТКГИ принял решение рекомендовать внедрение ВПЧ вакцины в Республике Кыргызстан. НТКГИ рекомендует внедрение ВПЧ вакцины для девочек-подростков в возрасте 11 лет.
В первый год при внедрении ВПЧ вакцины, НТКГИ рекомендует провести вакцинацию множественных возрастных когорт девочек-подростков в возрасте 10-14 лет в дополнение к основной целевой группе. Вакцинация более старших возрастных когорт позволит ускорить создание коллективного иммунитета, а также достигнуть воздействия вакцинации на заболеваемость и смертность от рака шейки матки в более ранние сроки.
При разработке этой рекомендации НТКГИ принял во внимание возможность получения бесплатной вакцины и дополнительной финансовой поддержки ГАВИ для вакцинации дополнительных возрастных когорт девочек-подростков
НТКГИ рекомендует использовать 2-х дозовую схему вакцинации против ВПЧ с интервалом 12 месяцев между дозами. Согласно проанализированным доказательным данным а также рекомендациям ВОЗ, 2-х дозовая схема вакцинации против ВПЧ создает достаточную и продолжительную защиту от инфицирования высоко-онкогенными типами ВПЧ. Помимо этого, использование 12 месячного интервала между первой и второй дозами вакцины позволит достигнуть более высокого иммунного ответа, а также снизить стоимость внедрения ВПЧ вакцины.
НТКГИ рекомендует внедрить девятивалентную ВПЧ вакцину, поскольку она защитит девочек-подростков от 90% всех раков шейки матки и от заболевания генитальными кондиломами на протяжении их жизни. В случае проблем с поставками этой вакцины, вакциной выбора должна стать четырехвалентная вакцина, которая обеспечивает защиту от 85% всех раков шейки матки.
Учитывая высокую дополнительную нагрузку на программу школьной вакцинации в связи с внедрением ВПЧ вакцины и вакцинацией множественных возрастных когорт девочек-подростков, НТКГИ рекомендует, чтобы в период подготовки к внедрению, РЦИ провел оценку готовности программы школьной вакцинации, разработал план по ее укреплению, и обеспечил выполнение запланированных мероприятий.
НТКГИ заслушал информацию о массовых стрессовых реакциях среди подростков на введение ВПЧ вакцины, а также других вакцин, которые наблюдались в некоторых странах. НТКГИ рекомендует РЦИ предпринять исчерпывающие меры по предотвращению возникновения подобных реакций в Республике Кыргызстан, включая

мероприятия по организации прививок подросткам в школах и учреждениях здравоохранения, а также обучение медицинских работников по вопросам выявления, дифференциальной диагностики и оказания медицинской помощи подросткам в случае стрессовых реакций на вакцинацию.
НТКГИ обсудил опыт стран, которые столкнулись с негативным отношением населения к ВПЧ вакцинам в связи с необоснованными опасениями по поводу их безопасности. С целью обеспечения доверия к ВПЧ вакцинации среди населения Республики Кыргызстан, а также создания спроса на вакцинацию, НТКГИ настоятельно рекомендует РЦИ выполнить следующие мероприятия в период подготовки к внедрению вакцины:
• Провести формативное исследование с целью изучения отношения к ВПЧ вакцине в Республике Кыргызстан
• Разработать стратегию коммуникации о ВПЧ вакцине для каждой целевой группы
• Разработать и реализовать План мероприятий по коммуникации в связи с внедрением ВПЧ вакцины и План по кризисной коммуникации.
Учитывая время необходимое для выполнения всех подготовительных мероприятий, НТКГИ рекомендует внедрение ВПЧ вакцины в 2022 году.

3.5.4 Financial sustainability

Please discuss the financing-related implications of the new vaccine programs requested, particularly how the government intends to fund the additional co-financing obligations. Please mention if any defaults occurred in the last three years and, if so, describe any mitigation measures that have been implemented to avoid future defaults. Additionally has the country taken into account future transition from Gavi support?

According to IMF, World Economic Outlook, October 2020, the projected economic growth in 2000-2025 has a positive trend. The GDP per capita increasing, indicating the increasing Government's capacity to pay more for public services. There is a decline in GDP per capita in 2020 due to implications of the COVID-19 pandemic. However, this decline is expected to be transient; GDP per capita is expected to start increasing in 2021-beyond. The GDP per capita, current prices for the period 1993-2025 are provided in Table below.

The Current Health Expenditure per capita is estimated at US$85.7 in 2019 and has been steadily increasing from US$72 since 2016 . The Domestic Health Expenditure per capita also has been increasing which currently estimated at US$ 36.7 .
KGZ National Immunization Programme has met co-financing requirements successfully in past and fully covered cost non-Gavi (traditional) vaccines without any shortage due to financing constraints and/or reliance to other donor funding. The Government was able to increase domestic financing to meet the vaccine resource requirements of the Programme, as shown in below table.
The Government expenditures for immunization has been steadily increasing in the last three years (provided in the table below):
Year Total Government expenditures for immunization including procurement of vaccines (US$)
2020 1,223,368
2019 1,051,021
2018 964,917
2017 922,418

The future resource requirements for procurement of vaccines and supplies for the period 2021-2025 is provided in the table below.

	Vaccines Cost	Vaccine Other Cost	Supplies Cost	Supply Other Costs	Total
2021	$ 4,349,974	$ 342,386	$ 152,782	$ 64,612	$ 4,909,755
2022	$ 6,020,820	$ 594,098	$ 228,580	$ 86,862	$ 6,930,360
2023	$ 4,215,062	$ 487,090	$ 141,315	$ 58,810	$ 4,902,277
2024	$ 4,506,998	$ 516,589	$ 142,471	$ 94,197	$ 5,260,255
2025	$ 4,597,547	$ 550,986	$ 143,525	$ 62,469	$ 5,354,526
Total	$ 23,690,402	$ 2,491,148	$ 808,673	$ 366,951	$ 27,357,173

The total resource requirements were estimated at US$ 27.3 million US (including introduction of HPV vaccine) for the 2021-2025 projection period. The present projections are based on vaccine price estimates provided by the UNICEF Supply Division and includes UNICEF handling fee and fee for freight, insurance and inspection as well as costs to the Government with custom clearance and other expenses such as bank and administrative fees. The projections use current vaccine prices based on currently utilized product choices by the NIP. The projected sources of funding for procurement of vaccines and supplies for 2021-2025 are shown in the table below:

	Government	Gavi	Other donor/source	Total
2021	$ 1,330,982	$ 3,578,773	$ -	$ 4,909,755
2022	$ 2,293,382	$ 5,829,703	$ -	$ 8,123,085
2023	$ 2,339,853	$ 2,768,030	$ -	$ 5,107,883
2024	$ 2,533,921	$ 2,691,609	$ -	$ 5,225,529
2025	$ 2,774,040	$ 2,580,486	$ -	$ 5,354,526

Gavi is the major source of financing of Kyrgyzstan National Immunization Program. GAVI funds approximately 50% of vaccines cost, including pentavalent vaccine, IPV, rotavirus vaccine and PCV. GAVI also provides financial support in strengthening health care system and improving cold chain and vaccine managements through HSS and CCEOP platforms. The increase in GAVI contribution for procurement of vaccines in 2021 -22 related to GAVI support in conducting national measles-rubella follow-up immunization and IPV catch-up campaigns.
Government is the second major source of National Immunization Program funding. The Government contributes to approximately 50% of the vaccine costs. The dedicated line is allocated in the MoH budget for procurement of vaccines and medical devices. The Government also funds vaccination services and other recurrent and capital costs.
The development partners, such as WHO, UNICEF, USAID, US CDC, provide financial support to the MoH in conducting trainings for medical workers, improving vaccine management and cold chain, strengthening immunization information systems, promoting demand for immunization, carrying on supportive supervision, implementing surveillance for vaccine-preventable diseases, and strengthening evidence-based decision making on immunization.
The incremental (vaccine) cost of HPV vaccine introduction is calculated at the amount of US$2,916,000. The projected GAVI and Government expenditures for procurement of vaccines and supplies for the period 2021-2025 are provided in the Table below:

	Government (US$)	Gavi (US$)	Total (US$)
2022	80,500	211,000	291,500
2023	169,000	363,500	532,500

2024 191,000 332,500 523,500
2025 237,500 328,500 566,000

Estimated HPV vaccine introduction costs include costs of vaccines and injection supplies procurement for the main target group (11 years old girls). In Addition, Gavi will finance the procurement of vaccine for multi-age cohort (12-14 years old girls) in the amount of US$678,000. HPV introduction brings in approximately 10% increase to annual vaccine costs (in addition to the incremental Gavi co-financing increases).
Based on the experience with introduction of other new vaccines in past, the country has been successful in utilization of the vaccine introduction grants to cover the operational expenses related to the new vaccine introductions. Therefore, the Government will use HPV vaccine introduction grant and GAVI support for multi-year cohort vaccination to cover the cost of preparatory activities and additional costs related to vaccination of multi-year cohort. The Government will cover costs related to HPV vaccine vaccination of main target group after the introduction. The Government does not expect significant increase in recurrent immunization programme costs after the introduction because HPV vaccine will be integrated into existing school-based vaccination programme and will be administered together with Td vaccine.
The Government will provide co-financing payment of HPV vaccine & supplies and will use VIG and Gavi support for multi-age cohort to cover operational activities related to HPV vaccine introduction. The development partners will provide technical and limited financial support in implementation of preparatory activities, i.e., advocacy and communication campaign, training of medical workers etc. The corresponding funds were requested through Gavi 2021 TCA.
In summary, the financial sustainability analysis revealed the following findings:
- Considering the amount of financial resources required for years, the macro-economic data and economic growth projections support the likelihood of financial affordability of the incremental cost associated to HPV vaccine financing payment, as Government’s capacity to pay will increase in upcoming years;
- Government expenditures on immunization has been gradually increased in the last three years from 922,418 US$ in 2017 to 1,051,021 US$ in 2019 and remained at the level 0.0001 US$ per capita, which indicates availability of fiscal space to accommodate the incremental cost of HPV vaccine co-financing payment (as the Government expenditures on routine vaccines will stay far below the threshold of US$ 1.0 per capita);

- Considering the cost of Government expenditures for procurement of vaccines (3-year average is $4,861,952 per year) and the gradual increase in financial resources required for HPV vaccine co-financing payments by years, starting from US$ 80,500 in 2022 and reaching US$237,500 in 2025, the incremental cost of introducing HPV vaccine constitutes 10% of total expenditures on procurement of vaccines. This incremental cost of HPV vaccine is within financial affordability range and is in line with the current high-level commitment to immunization in Kyrgyzstan;
- Strong Government commitment to protect current and future generations of teenage girls against cervical cancer through introduction of HPV vaccine in the national immunization schedule and vaccinating multiple cohorts, will facilitate mobilization of additional domestic resources required starting from 2022. The commitment of the Ministry of Health and the Ministry of Finance are reflected in this request form by their signatures.

The main strategy to ensure sufficient immunization financing of the National Immunization

Program during the period 2021—2025 will be directed towards securing probable funds and mobilizing additional financial resources through accelerating fundraising activities, which could include following:
1. Increasing state funding for national immunization program for meeting Gavi co-financing requirements for introduction of HPV vaccine during the cMYP 2022-2026 period;
2. Providing evidence-based information and strong justification of the need in implementation of all planned program activities over the course of cMYP 2022-2026 to policy and decision makers.
3. Advocating for sufficient allocations in the State, MoH budget for the immunization program especially for funding for recurring system costs;
4. Advocating for diversifying financing sources within the Government to ensure future vaccine procurement is secured
5. Using ongoing programmatic support from technical partners to benefit from technical/programmatic efficiency gains.

3.5.5 Programmatic challenges

Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address the barriers identified in the coverage and equity situation analysis section, and include vaccine supply chain, demand generation/ community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.

According to the recently conducted quantitative and qualitative studies, there are three main groups at risk of not receiving childhood vaccinations: families that have not been included in the state registries, children of vaccine hesitant parents and caregivers who refuse to vaccinate and don't bring their children for vaccination, children who were brought to vaccination by their parents but missed opportunity to get vaccination due to not justified contraindications, and children from families of urban migrants.
In order to address these barriers to reach high coverage with HPV vaccines, the NIP plans to develop training materials and conduct comprehensive trainings for medical workers involved in school immunization programme. The training materials will include information about value and benefits of vaccines, including HPV vaccine, contraindications and interpersonal communications. These trainings will help to increase medical workers confidence in vaccines and their capacity to effectively communicate with vaccine hesitant parents. The trainings will also contain a topic of identifying missed opportunities and providing immunization services to not vaccinated children. These trainings will be conducted in 2021 using future GAVI health system strengthening support received through full portfolio planning.
The MoH plans to develop and implement updated evidence-based demand generation strategy to address parental concerns about safety of vaccines. With the support of international partners, the MoH will design and implement targeted social mobilization activities, organize a system/mechanism for continuous social listening, and will develop, implement and evaluate social media activities / campaigns and strengthen digital sources of information. These activities will be implemented in 2021-2022 with future Gavi HSS support and will help to improve trust to and generate demand for all vaccines.
Taking into account challenges in introduction of HPV vaccine in other countries of the region and acknowledging the existing anti-vaccination groups in Kyrgyzstan, the MoH anticipates challenges related to HPV vaccine safety concerns among the public and among health care professionals, particularly in urban areas. These concerns may be caused by anti-HPV

information available on the Internet and may be disseminated via mass media and social networks. In order to address these anticipated challenges, the NIP plans to develop and implement robust communication strategies prior to the introduction of HPV vaccine. The NIP will conduct a formative research of knowledge, attitudes and practices study targeting specific groups of interest (girls, parents, teachers, healthcare workers, opinion leaders, including academics, and frontline clinicians). The NIP will tailor the communications strategies to the findings of the study.

HPV vaccine is going to be integrated into existing school-based immunization programme to achieve high coverage. The first does of HPV vaccine will be administered to 11 years old teenage girls together with Td booster dose in April and the second dose will be administered in September. The HPV vaccine performance may be negatively influenced by the lack of capacity of school immunization programme to accommodate new vaccines. In order to address this challenge, the NIP will conduct assessment of a school-based programme readiness and develop and implement an improvement plan prior to the introduction of HPV vaccine. Implementation of planned activities allows opportunity to prepare for introduction of HPV vaccine but also to improve existing vaccination of adolescents against diphtheria and tetanus. Close coordination with the Ministry of Education will be maintained to support preparedness for and implementation of HPV vaccination.

Cold chain readiness

The NIP with the support of international partner conducted three assessments of the vaccine and cold chain management process: 2015 Effective Vaccine Management (EVM) Assessment, 2016 Cold Chain Inventory and 2018 Immunization Coverage and Equity Improvement Plan for CCEOP. The major challenges in vaccine management and cold chain identified by these assessments, are listed below:

• Insufficient cold chain volume to store routine and new vaccines that were going to be introduced in the country (IPV, rotavirus and HPV vaccines), including for transportation of vaccines form national to regional and district levels.

• High proportion of sub-optimal or outdates cold chain equipment, which need to be replaced in vaccine stores and health care facilities.

• Frequent interruptions of electricity supply in remote areas and lack of generators and voltage stabilizers in health facilities.

In order to establish adequate vaccine storage capacity to address future programme needs at the national vaccine store, sub-national and district level stores, the MoH developed cold chain rehabilitation plan. The plan serves as the foundation for the national immunization supply chain improvement through various funding opportunities, including Gavi HSS and CCEOP projects, which have been aligned accordingly to address identified issues. The Gavi HSS and CCEOP implemented in 2018-2020, helped to significantly increase the volume of cold chain at all levels, solve the problems with vaccine transportation, and secure safe storage of vaccines in remote areas.

With the Gavi support in 2021, the NIP is planning to construct a new vaccine warehouse at national level and renovate vaccines stores in 8 regions. The new cold rooms and generators were installed in 6 regional vaccine stores. 822 refrigerators were procured and distributed to district level vaccine stores and health facilities. The NIP assisted in repairing 200 refrigerators in health facilities and provided spare parts for refrigerators maintenance. More than 2000 fridge tags were procured and distributed to regional and district level vaccine stores. The regional level vaccine stores and health facilities were provided with voltage stabilizers. All regional level vaccine stores are planned to be provided with refrigerated tracks to transport vaccines from national to regional level and further to district vaccine stores.

The upgrade to cold chain volume implemented in 2018-2020, helped to reach the required storage volume per Fully Immunized Child (FIC) for vaccines requiring storage at +2 +8 C^{o}: 383 cm^{3} at central, 396 cm^{3} at regional levels. The cold chain volume requirements estimate includes future introductions of IPV and HPV vaccines as well as expanding non-routine

vaccines (influenza and rabies vaccines). The cold chain volume in the country is sufficient now to accommodate HPV vaccine at all levels.
The new EVM assessment, which was planned in Q1 2020 was postponed due to COVID-19 pandemic and will be conducted as soon as travel restrictions are removed.

Data quality
The EPI review conducted in Kyrgyzstan in 2916 with the support from international partners. Revealed the following issues related to immunization data quality, which may negatively affect monitoring coverage with HPV vaccine:
• the immunization information system is manual, and quite laborious particularly at the health facility level where staff has to enter the same data into several places;
• the system did not allow easy data sharing between different health facilities, or tracing the previous vaccination history of migrants who are not registered, therefore may led to duplicate vaccination;
• the NIP did not provide a home-based vaccination record (vaccination card) to the caregivers. The lack of a home-based record was a missed opportunity to educate the parents about the immunization calendar and to ensure better follow-up of subsequent vaccine doses from the caregiver side.
In order to address these challenges, in 2018-2020 the MoH has been undertaking efforts to establish an electronic immunization registry in Kyrgyzstan. This activity is financed by GAVI HSS funds. With WHO support, the NIP conducted an in-depth review to optimize data collection on immunization. Based on review finding and recommendations a demo version of integrated electronic immunization information system platform DHIS-2 was developed. It will integrate all major components required for an immunization programme, such as a) the electronic immunization registry (EIR), which works on individual immunization data and data management components b) vaccine supply and logistics management c) disease surveillance and d) post immunization side effects (AEFI). The system should also be fully integrated into the e-health framework. Data should be collected at the level of the health facility where it is actually generated.
The MoH procured necessary server and data storage equipment and conducted the baseline assessment of internet connection and availability of a trained data entry staff at health facilities. The NIP developed the "Operational plan for DHIS2 implementation for immunization data management in Kyrgyzstan" and implemented Phase 1, which included the deployment of DHIS2 at the national and regional levels of the immunization programme in the country. Further expansion of DHIS2 to district and health facility levels will be supported by Gavi HSS3 funds.
The integrated electronic immunization registry will allow significantly improve the quality of immunization data as well as strengthen data analysis capacity at all levels. The HPV vaccine will be incorporated into the electronic registry, which will be used to monitor HPV vaccine coverage and track and follow-up not- and under-vaccinated teenage girls.
AEFI monitoring
The 2016 EPI review revealed the following challenges in AEFI surveillance, which may negatively affect monitoring of adverse events following immunization with HPV vaccine:
• AEFI surveillance system is not sensitive enough to detect and report all adverse events following immunization
• The national AEFI monitoring guidelines lacked standardized AEFI case definitions
The NIP undertook significant efforts to improve monitoring and response to AEFIs in 2017-2020. The RCI developed a new National Guidance on AEFI surveillance which described AEFI reporting, case investigations, causality assessment, data analysis and feedback and defined roles and responsibilities of RCI and NRA in implementing AEFI surveillance. The RCI conducted trainings for regional and district level immunization staff and medical workers throughout the country to present the new guidelines and increase their capacity in its

implementation. HPV vaccine will be incorporated into existing AEFI surveillance and has been already included in the new AEFI Surveillance Guidelines.
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3.5.6 Improving coverage and equity of routine immunisation

Explain how the proposed NVS support will be used to improve the coverage and equity of routine immunisation, by detailing how the proposed activities and budget will contribute to overcoming key barriers.

The NIP will implement broad communication and social mobilization activities prior to the introduction of HPV vaccine, including conducting a behavioural research study and developing tailored communication strategies, main communication messages and communication and social mobilization plan. The NIP will use all relevant means of communication and social mobilisation to deliver messages to target groups, focusing on social media playing an important role in disseminating rumours and misinformation about vaccines. This will allow to address parents' and medical workers' concerns and increase their confidence in all vaccines, including HPV vaccine.
The RCI will establish a communication working group to coordinate implementation of crisis communication plan which will help the NIP, MoH, RCI and all relevant stakeholders to be prepared and timely respond to safety events related to all vaccines, including HPV vaccine. The plan includes a mechanism to monitor the internet, mass media, and social networks in order to timely identify and address rumours and vaccine safety concerns. The plan defines the roles of relevant stakeholders in the communication-related response during a crisis.
The NIP will conduct comprehensive trainings for medical workers on HPV vaccine, which include information on contraindications and adverse events following immunizations. These trainings will help to increase medical workers confidence in vaccines and reduce missed opportunities to vaccinate children due to false contraindications. The training will also include interpersonal communication component, which will help to improve medical workers capacity to communicate with vaccine hesitant parents.
The meetings with parents of teenage girls at schools, which will be conducted prior to the introduction of HPV vaccine will be used as an opportunity to communicate values and benefits of other teenager and childhood vaccines. The messages to parents of schools located in areas with urban migrant settlements, will include information about rights of migrant populations in receiving health care, advice to register their children in relevant health facilities and together with GPs, ensure that they received all vaccination according to National Immunization Schedule.
The supportive supervisions visits to districts and health care facilities, which will be conducted

shortly after the introduction of HPV vaccine will help to improve immunization programme performance and strengthen school-based vaccination in general.

3.5.7 Synergies

Describe potential synergies across planned and existing Gavi support, including planned introductions, campaigns and HSS support. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions. Furthermore, how is the requested support complementary and creating synergies with the support of other Global Health Initiatives, such as the Global Fund and GFF?

Note 8

In Kyrgyzstan Gavi support is provided through a number of different grants that are aligned with the comprehensive multi-year plan for immunization and the overall health strategy of the country: Health System Strengthening Cash Support (HSS2 and Additional HSS investment) aiming at improvement of the service delivery, human resource capacity, management capacity and information systems management; HPV Vaccine Introduction grant (NVS) aiming at supporting the country in introduction of the new HPV vaccine, strengthening school-based immunization programme in general, and generating demand for HPV and other adolescent vaccines; Cold Chain Equipment Optimization Platform (CEEOP) for upgrading cold-chain equipment and significantly improving effectiveness of vaccine management. All these activities contribute in various components of the national immunization program, which further contributes in achievement of the main goal and objectives of comprehensive Multi-Year Plan for Immunization (cMYP) – “to achieve immunization coverage target of 95% at the national level and the sub-national level target set at 90% at the sub-national level”.
All types of support to Gavi are in line with the national health reform strategy (PHC, public health service, maternal and child protection, pharmacovigilance of medicines).
The Interagency Coordination Committee chaired by the Deputy Minister of Health coordinates implementation of different types of Gavi support in Kyrgyzstan to ensure that all NIP and related health system needs are addressed and to create synergies. The ICC participated in all stakeholder discussions for developing this proposal.
Gavi HSS, CCEOP and TCA support will be used to address immunization programmatic challenges, that may negatively affect introduction of HPV vaccine. In particular, HSS funds will be used to develop and implement updated evidence-based demand generation strategy in the country, which will contribute to address public and medical workers concerns about vaccine safety and generate demand for all vaccines, including HPV vaccine. HSS and CCEOP funds will be used to further improve cold chain and vaccine management as well as to extend the national electronic immunization registry on entire territory of the country. The registry will include HPV vaccein and will contribute significantly to the improving quality of HPV vaccination data.
The activities implemented prior to PCV introduction will also contribute towards reaching the goals and objectives of HSS and CCEOP support. The trainings for medical workers on HPV vaccine introduction will contain refresher trainings on immunization information, vaccine management and cold chain, and AEFI monitoring. These trainings will help to improve medical workers capacity to provide immunization services to adolescents and will contribute to strengthening school-based vaccination programme. The trainings on interpersonal communication conducted prior to the introduction of HPV vaccine, will contribute to increasing medical workers’ confidence in all vaccines and improve their capacity to effectively communicate with vaccine hesitant parents.

3.6 Report on Grant Performance Framework

3.6.1 Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate targets were calculated (where applicable). These appear as “calculated targets”. If you wish to revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

Required

1. In addition to the calculated targets, country targets are required to be submitted for outcome indicators. These targets should align to those in your cMYP or NHSP. If these targets are not in your cMYP or NHSP, or are the same as the calculated targets, please enter “NA” for each target value.
2. Additional indicators that appear in the Performance Framework that are not included in the application form. Please enter targets for these indicators.
3. For many indicators, reporting dates have been pre-populated. For those that have not yet been pre-populated, please add reporting dates.

Optional

1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.
2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

Please note that the GPF is filtered by default to only show indicators that are relevant to the specific types of support contained in the application. You may view the entire GPF by using the “Grant Status” filter. Please ensure your pop-up blocker is disabled when launching the GPF.

If you have any questions, please send an email to countryportal@gavi.org.

3.7 Upload new application documents

3.7.1 Upload new application documents

Below is the list of **application specific documents** that must be provided with your application.

In the case a document cannot be provided, please use the comment box to explain why, or by when it will be available.

Application documents

HPV implementation plan

Replaces the NVIP for the HPV vaccine application

HPV Implementation Plan KGZ 11072019Rus_19-01-21_15.20.47.pdf

Gavi budgeting and planning template

Budgeting and Planning Template KGZ Final_19-01-21_15.38.56.xlsm

Endorsement by coordination and advisory groups

National coordination forum meeting minutes, with endorsement of application, and including signatures

Протокол МКК_19-01-21_21.34.11.pdf

NITAG meeting minutes

with specific recommendations on the NVS introduction or campaign

лист голосования Рекомендации ВПЧ_19-01-21_15.24.22.PDF

проект рекомендаций ВПЧ скан_19-01-21_15.23.49.PDF

Vaccine specific

HPV region/province profile

No file uploaded

Not relevant; country applies for nation-wide introduction

✓ **HPV workplan** HPVworkplan KGZ Final_19-01-21_15.25.23.xlsx

Other documents (optional) **No file uploaded**

Kindly upload any additional documents to support your HPV application

4 Review and submit application

4.1 Submission Details

Country vaccine funding summary

Please review the estimated projections for new vaccine programmes included in this application.

Active Vaccine Programmes

Note 9

IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)					
Gavi support (US$)	451,000	517,366	528,032	538,914	530,486

PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	95,321	323,967	699,661	803,353	404,165
Gavi support (US$)	571,500	1,716,500	2,986,056	2,882,681	1,067,103

Pentavalent Routine

2018	2019	2020	2021	2022

Country Co-financing (US$)	71,874	104,277	228,620	263,865	136,099
Gavi support (US$)	426,500	527,000	966,695	935,724	397,827

Rota Routine

	2020	2021	2022
Country Co-financing (US$)	77,504	180,069	185,433
Gavi support (US$)	296,765	576,067	491,662

Total Active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US$)	167,195	428,244	1,005,785	1,247,287	725,697
Total Gavi support (US$)	1,449,000	2,760,866	4,777,548	4,933,386	2,487,078
Total value (US$) (Gavi + Country co-financing)	1,616,195	3,189,110	5,783,333	6,180,673	3,212,775

New Vaccine Programme Support Requested

HPV routine, with multi-age cohort in the year of introduction

	2022	2023	2024	2025	2026
Country Co-financing (US$)	80,500	169,000	191,000	237,500	302,500
Gavi support (US$)	1,430,500	363,500	332,500	328,500	324,500

Total country co-financing (US$)	
Total Gavi support (US$)	

Total value (US$) (Gavi + Country co-financing)	

Total Portfolio Overview – Existing Programs + New Vaccine Support Requested (US$)

	2018	2019	2020	2021	2022
Total country co-financing (US$)	167,195	428,244	1,005,785	1,247,287	806,197
Total Gavi support (US$)	1,449,000	2,760,866	4,777,548	4,933,386	3,917,578
Total value (US$) (Gavi + Country co-financing)	1,616,195	3,189,110	5,783,333	6,180,673	4,723,775

Contacts

Person(s) who should be contacted in case Gavi needs to ask for more information in regard to the application.

Name	Position	Phone Number	Email	Organisation
Гульнара	Заместитель директора	996 709 563062		Республиканский центр иммунопрофилактики

Comments

Please let us know if you have any comments about this application

No Response

Government signature form

The Government of Kyrgyzstan would like to expand the existing partnership with Gavi for the improvement of the immunisation programme of the country, and specifically hereby requests Gavi support for:

HPV routine, with multi-age cohort in the year of introduction

The Government of Kyrgyzstan commits itself to developing national immunisation services on a sustainable basis in accordance with the national health and immunisation strategic plans. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

The co-financing commitments in this application include the amount of support in either supplies or cash that is requested from Gavi, and the financial commitment of the Government for the procurement of this new vaccine.

Please note that Gavi will not review this application without the signatures of both the Minister of Health and Minister of Finance (and Minister of Education, if applicable) or their delegated authority.

We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds and any needed vaccine co-financing will be included in the annual budget of the Ministry of Health.

We, the undersigned, further affirm that the requested funding for salaries, salary top-ups/allowances, per diems and incentives does not duplicate funding from other sources (e.g. from other donors).

We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this application.[1]

Minister of Health (or delegated authority)	**Minister of Finance (or delegated authority)**
Name	Name
Date	Date
Signature	Signature

For countries requesting HPV support, with a school linked strategy, the signature of the Minister of Education (or delegated authority) is also required.

Minister of Education (or delegated authority)

Name

Date

Signature

[1] *In the event the Country has not yet executed a Partnership Framework Agreement, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.*

Appendix

NOTE 1
The new cMYP must be uploaded in the country document section.

NOTE 2
The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates. Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.

NOTE 3
* For more information on the vaccine presentations available, please refer to the detailed product profiles available here: http://www.gavi.org/about/market-shaping/detailed-product-profiles/

* Please note Gavi may not be in a position to accommodate all countries first product preferences. In such cases, Gavi will contact the country and partners to explore options.

* Due to a variety of factors, the launch date may vary compared to the date stipulated in the application. Gavi will work closely with countries and their partners to address these issues.

* For routine vaccine introduction, support is usually requested until the end of the country's valid cMYP, as per the guidelines and may be extended in the future. If you wish to request Gavi support for a shorter time period than the end of your cMYP you may do so.

* For campaigns the "support requested until" field will normally be one calendar year from the launch date, but can be extended for a phased campaign.

NOTE 4
Co-financing requirements are specified in the guidelines.

NOTE 5
Note: The population in the target age cohort used here is the number you entered for year one in the target information section.

NOTE 6
https://www.gavi.org/support/process/apply/additional-guidance/#leadership

NOTE 7

A list of potential technical assistance activities in each programmatic area is available here: http://www.gavi.org/support/pef/targeted-country-assistance/

NOTE 8

E.g. if two introductions are planned in the same year, there should be synergies at least in training and social mobilisation events.

NOTE 9

The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates. Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.