Joint appraisal report

Country	Armenia
Reporting period	*January – December 2015*
Fiscal period	*January – December*
If the country reporting period deviates from the fiscal period, please provide a short explanation	*N/A*
Comprehensive Multi Year Plan (cMYP) duration	*2011-2015; 2016-2020 cMYP is being finalized*
National Health Strategic Plan (NHSP) duration	

1. SUMMARY OF RENEWAL REQUESTS

Programme (NVS)	Recommen-dation	Period	Target	Indicative amount paid by Country	Indicative amount paid by Gavi
PCV in existing presentation	*Extension*	*2017*	*157,400*	*US$ 411,000*	*US$ 185,500*
IPV – change in presentation requested from 5-dose to 1-dose	*Extension*	*2017*	*TBC*	*US$ 0*	*US$ TBD*

Indicate interest to introduce new vaccines with Gavi support	Programme	Expected application year	Expected introduction year
	HPV Demo	*2016*	*2017*

2. COUNTRY CONTEXT

Key changes and events since the last Joint Appraisal (conducted in June 2015):

- Transition Action Plan developed with partners and country stakeholders: June 2015 – February 2016
- Partnership Framework Agreement signed in August 2015
- PCV PIE conducted in November 2015
- Armenia's Deputy Health Minister elected as Alternate Board Member for EURO/PAHO constituency – December 2015
- Full self-financing of rotavirus and pentavalent vaccines – as of January 2016
- Switch from PCV10 to PCV13 – successfully carried out in Q2 of 2016
- ICC reform carried out with nomination of new ICC members - April-May 2016
- 2016 co-financing commitments fulfilled – June 2016
- Transition Action Plan approved by the Government of Armenia – July 2016
- Introduction of IPV – 1 July 2016
- cMYP 2016-2020 development – programmatic and financial part finalized, final report being prepared.

Key country data (2016):

- 2015 GNI – US$ 3,880 (reported on 1 July 2016). Up from US$ 3,810 in 2014.
- Transition status – accelerated transition phase. End of transition phase – December 2017. Full self-financing of vaccines as of 2018.
- Eligibility status: no longer eligible to apply for new vaccines, with the exception of HPV in September 2016
- No major challenges with respect to coverage and equity
- Continued procurement of Gavi and routine vaccines through UNICEF Supply Division.

Key recommendations for 2017 based on JA Update discussions and review of country performance:

- Continue strengthening resource mobilization capacities to maximize EPI program's ability to be self-sustainable following transition from Gavi support.
- Conduct necessary preparatory activities and analyses to ensure successful introduction of HPV vaccine and its acceptance by parents and medical personnel.
- Address medical workers' concerns about safety of new vaccines and immunization in general.
- Address vaccine hesitancy and refusals through use of qualitative research, and through development and implementation of communication strategies aiming at behavior change.
- Improve data quality and align data systems with international requirements by conducting a data quality review and implementing its recommendations.

3. GRANT PERFORMANCE AND CHALLENGES

3.1. New and underused vaccine (NVS) support

3.1.1. Grant performance, lessons and challenges

Programmatic performance:

Armenian National Immunization Programme (NIP) continues to be one of the best performing programs in the EURO region, with coverage against most of the antigens above 95% and continuing to increase, as confirmed by WHO/UNICEF coverage estimates, disease surveillance and epidemiology.

In 2015, Armenia continued its strong performance in the area of vaccination for 12 antigens administered within the NIP framework, including three vaccines supported by Gavi (PCV, rota, and penta). Coverage rates have been consistently above 90% for both routine and new vaccines and have been gradually increasing since 2008. The only exception is the 3rd dose of PCV vaccine with 44% coverage, due to the fact that the vaccine was introduced in September 2014 and not all of the cohort had reached the required age for the 3rd dose. Coverage with the 1st dose of PC V vaccine in 2015 was 95%.

The dropout and wastage rates are in accordance with the UNICEF and WHO-suggested targets (dropout rates have even been reduced slightly from 2.45% in 2014 to 2.3% in 2015). Data discrepancies recorded between the DHS survey and administrative data system amounted to only 2%.

Table 1. Reported Vaccination Coverage, 2010-2014.

Vaccine/coverage	2015 (%)	2014 (%)	2013 (%)	2012 (%)	2011 (%)	2010 (%)
BCG	99	99	99	96	96	95
HepB (birth dose)	98	98	98	95	95	94
DTP1 (pentavalent 1)	97	97	97	98	98	98
DTP3 (pentavalent 3)	94	93	95	95	95	94
Polio3	96	95	96	96	96	96
MCV2	97	97	97	97	98	97
Rota2	93	91	33	-	-	-
PCV3	44					

Source: WHO-UNICEF estimates

During 2015, no outbreaks were detected. Polio-free status has been sustained. However, measles-rubella elimination process continues to be challenged by imported cases (33 registered imported cases in 2015 among unvaccinated and under-vaccinated children and adults, with the first of them reported on 6 May 2015). 41 suspected cases were reported in 2016 as of 13 June 2016 (none of them were confirmed).

Table 2. Reported Vaccine-preventable Diseases

	2015	2014	2013	2012	2011	2010	2000	1990
Diphtheria	0	0	0	0	0	0	7	
Measles	33	13	10	0	0	2	15	879
Mumps	4	2	2	6	15	38	3,431	-
Pertussis	27	85	30	8	1	4	10	469

Polio	0	0	0	0	0	0	-	-
Rubella	0	0	4	1	0	0	673	-
Tetanus (neonatal)	0	0	0	0	0	0	0	-
Tetanus (total)	0	1	0	1	0	3	1	-

Source: WHO

New introductions:

Latest introduction of IPV vaccine (on 1 July 2016) was successful, with vaccine introduced across the country. Vaccine was introduced with a significant delay (initially introduction was planned for October 2015) due to issues with IPV supply availability. Current stock will cover the period until March 2017. Due to supply constraints with IPV vaccine, Armenia may experience a stock-out in 2017. To reduce wastage, Armenia expressed interest to switch from the current 5-dose presentation to a 1-dose presentation, if supply availability permits it. According to the most recent information, situation with 1 and 10-dose vials is stabilized, but supply of 5-dose vials continues to present challenges.

Armenia faced a significant challenge with the available packaging of IPV vaccine it received – vaccines arrived in boxes of 280 vials per package (too high a number for a country with a small birth cohort and health facility serving only a small number of children). This packaging is based on the production set up, as approved by WHO prequalification team. Unfortunately, this is not easily changeable and would require a reconfiguration of the manufacturer packaging facility.

Lack of secondary and tertiary packaging presents a significant challenge for the supply chain and distribution, and Armenia requested this issue to be raised with UNICEF SD and Gavi. Considering the Armenia birth cohort, UNICEF SD confirmed that there may be an option to change presentation to the single dose vial, as production of this presentation has now restarted, and the number of doses per box is 360 doses (instead of 1,400 with the current presentation).

Immunisation financing:

Gavi remains the only source of external funding for Armenia's immunization program, but Gavi support will cease in 2018 following the country's transition to self-financing. Armenia has consistently complied with its co-financing obligations and has never defaulted on its co-payments despite a challenging economic situation. 2016 co-financing obligations have already been satisfied.

MoH budget for healthcare programs and specifically for immunization has been fixed since 2015 for the coming years (until at least 2018) despite the projected grown in GDP, and despite the increasing share of co-financing of Gavi-supported vaccines. A slight increase in immunization budget is expected in 2019.

Table 3. Government expenditure on health and immunization

	Government Expenditure (M AMD)	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
1	Nominal GDP	4,000,700	4,276,200	4,528,900	4,720,500	4,918,400	5,292,000	5,725,400
2	GDP growth	7.2%	3.5%	3.4%	1.0%	2.0%	3.5%	4.0%
3	State budget	1,044,200	1,121,000	1,198,800	1,181,300	1,186,300	1,306,400	1,417,500
4	Budget of the Ministry of Health	65,171.2	71,978.8	80,798.9	84,227.4	88,350.9	88,350.0	88,350.0
5	MoH Budget as a % of GDP	1.6%	1.6%	1.8%	1.8%	1.8%	1.7%	1.5%
6	Budget of Health Care Programs	64,127.6	70,808.1	78,970.0	82,184.7	86,401.9	86,401.9	86,401.9
7	Budget Line on Immunization	399.6	465.0	1,386.7	1,890.4	1890.4	1890.4	1890.4

Status of implementation of the previous HLRP recommendations:

Key recommended actions from the 2015 Joint Appraisal were the following:

1. Building and strengthening resource mobilization capacities
2. Updating legislation on vaccine management practices and introducing technology to supply chain

3. Development of specific strategies for reaching those segments of the population who remain unreached by immunization efforts
4. Addressing medical workers' concerns about safety of new vaccines and immunization in general
5. Addressing vaccine hesitancy and refusals through use of qualitative research and through developing and implementing communication strategies aiming at behavior change
6. Improving data quality and aligning data systems with international requirements by conducting a data quality review and implementing its recommendations

The country started addressing some of these recommendations. Programme staff has been trained on resource mobilization at the WHO Regional meeting in November 2015, policy document for 2016/2017 on granting longer term government commitment through UNICEF was approved, national trainings on addressing medical workers skepticism and concerns about safety of vaccines have been conducted, and the government maintained the committed levels of immunization budget.

However, to fully address these recommendations, the country is counting on technical support from Gavi Alliance partners, the majority of which is foreseen to be provided through the Transition Action Plan. This Plan has been formally validated by the country in July 2016, and implementation is expected to begin in September – October 2016.

Status of strengthening surveillance systems (for AEFI and disease surveillance)

Armenia conducts sentinel surveillance for rotavirus diarrhea since 2009 as part of a WHO–supported rotavirus surveillance network in the region. Rotavirus in Armenia occurs in a seasonal cycle with peak occurrence in the winter months (December–March), when it typically accounts for 40%–60% of hospital admissions for diarrhea among children <5 years of age prior to the introduction of rotavirus vaccine. The ongoing implementation of this surveillance provided the country with the opportunity to assess the impact that introducing rotavirus vaccine had on the disease burden and to estimate the effectiveness of the vaccine in Armenia. A paper entitled "Impact and Effectiveness of Monovalent Rotavirus Vaccine in Armenian Children" describing the finding was published in "Clinical Infectious Diseases" journal in 2016. The results of the assessment showed that among infants, rotavirus hospitalizations were reduced by 48% within the first year after rotavirus vaccine introduction and by ≥75% in years 2 and 3 following introduction. Reductions of ≥30% in other young children too old to have been vaccinated suggest additional benefit through indirect protection; overall in year 3, rotavirus hospitalizations were reduced by 69% among children aged <5 years[1].

As part of a WHO-supported invasive bacterial vaccine-preventable diseases (IB-VPD) surveillance network in the region, Armenia has conducted sentinel surveillance for IB-VPD (i.e., *Streptococcus pneumoniae* (Spn), *Neisseria meningitidis* (Nm), and *Haemophilus influenzae* (Hi)) since 2012. At the 10th International Symposium on Pneumococci and Pneumococcal Diseases in June 2016, a poster entitled "Global Pediatric Bacterial Meningitis Disease: Data from 54 Countries Who Report to the Global Sentinel Site Invasive Bacterial Vaccine-Preventable Disease (IB-VPD) Surveillance Network" was presented using pooled data for each WHO region including Europe. One of the key findings was that the highest prevalence of *Neisseria meningitidis* was in the European and African regions. Armenia also continues to conduct intussusception sentinel surveillance.

Key implementation bottlenecks and corrective actions

Despite the continuous strong performance of Armenia's immunization program, a number of challenges and implementation bottlenecks still remain, notably:

- Existence of vaccine hesitancy and anti-vaccine sentiment among parents
- Insufficient knowledge among health care providers, leading to false contraindications
- Lack of adequate advocacy and communication efforts to promote immunization
- Insufficient capacity of the national regulatory agency
- NITAG capacity needs to be strengthened

[1] http://www.ncbi.nlm.nih.gov/pubmed/27059349

- Some gaps in cold chain: need for generators for rural arias, urgent need for renovation of regional stores, lack of electronic system of vaccine management, SOP for vaccine management, temperature mapping.
- Fixed immunization budget makes it challenging to address all NIP's needs, especially in view of potential introduction of HPV vaccine in 2017 and possible switch to hexavalent vaccine in 2018.

3.1.2. NVS future plans and priorities

As of 2018, Armenia will transition to full self-financing of its traditional and new vaccines, with Gavi support continuing only for IPV (until 2018) and HPV demonstration programme (for 24 months after introduction in 2017). The key plans and priorities, as communicated by country representatives, are thus the following:

- ensuring smooth transition out of Gavi support,
- successfully integrating new vaccines (HPV and hexavalent) into the national immunization calendar,
- securing sufficient government funding for immunization program,
- promoting vaccine demand,
- continuing to address vaccine hesitancy and knowledge gaps among medical personnel,
- pursuing sentinel surveillance for rotavirus, including continuation of the case-control study for vaccine effectiveness to assess the durability of protection in older children, and IB-VPD to monitor the etiology and circulating serotypes/serogroups of IB-VPD
- strengthening NRA and NITAG,
- ensuring availability of functioning cold chain across the country, notably through replacement of older fridges and providing generator power at regional and facility level
- ensuring daily monitoring of coverage with new vaccines (IPV) during 6 months after the introduction
- social media monitoring to understand behavior attitudes of population, and provide rapid response to parents' needs
- conducting a pre-transition EVM assessment, as 2017 will be the last opportunity for the country to benefit from WHO support for this activity prior to transition.

New introductions and switches:

Armenia has expressed interest in applying for demonstration programme for HPV vaccine. The country is currently working on its application, to be submitted in September 2016. Introduction is planned for September 2017. As HPV is very different from other vaccines administered in country (more expensive, different age group, potential controversy over possible side effects fueled by social media, examples of communication crises and failed uptake in other EURO countries, etc.), Armenia will require significant technical support to ensure successful introduction and rollout of the vaccine. TA will be specifically required for cost-effectiveness analyses, Knowledge, Attitudes, Practices and Beliefs (KAPB) study, and for communication materials and strategies, including building preparedness for vaccine safety events.

Armenia has also expressed potential interest to switch to hexavalent vaccine starting in 2018. Due to significant financial implications of such switch (hexavalent vaccine is currently not available through UNICEF Supply Division and there is no low negotiated Gavi price for it), the country will conduct cost-effectiveness and financial sustainability analyses before making a final decision on the switch.

Finally, Armenia wishes to switch to 1-dose presentation of IPV vaccine. Currently, the country is receiving a 5-dose presentation, but because the country's birth cohort is very small (45,000) and many health centers only vaccinate a few children, wastage of 5-dose presentation is likely to be high. For cost reasons and with the aim to reduce wastage, Armenia wishes to receive 1-dose presentation in 2017, if supply of this presentation is available.

Achievement of set targets:

Even though the targets set by the country with respect to its immunization programme are ambitious, they are reasonable in Armenia's context. As confirmed by Armenia's EPI program,

vaccine coverage is expected to grow by approximately 1 percentage point per year in the coming years, and wastage is expected to be further reduced, notably with the increased use of 1-dose vials.

Risks to future implementation and mitigating actions

Withdrawal of Gavi support from Armenia, especially technical support from Alliance partners, presents a major risk to successful operations of Armenia's immunization programme, especially with respect to areas of communication and advocacy and disease surveillance.

Future need for technical support:

- Support for introduction of HPV vaccine (communication, advocacy, cost-effectiveness, KAPB study, building preparedness for vaccine safety events, demand generation, medical staff training, etc.)
- Further support for disease surveillance, and expansion of IBD surveillance
- Support for data quality assessment to identify data-related gaps and needs
- Impact study for PCV vaccine
- Renovation of regional stores to allow installment of new cold rooms (suggested funding – through the Transition Plan)
- Strengthening of temperature monitoring
- Trainings for medical staff across the country on vaccine contraindications and vaccine safety
- Continuing to address vaccine hesitancy and knowledge gaps among medical personnel
- Strengthening the country's self-procurement capacity in view of transitioning of Gavi support and potential self-procurement of some vaccines (e.g. hexavalent)

3.2. Health systems strengthening (HSS) support

Not applicable – the only HSS grant provided to Armenia by Gavi ended in 2012. Funds remaining unspent at the end of HSS grant term (US$ 18,551) were reprogrammed by EPI program for other interventions linked to the introduction of PCV and rotavirus vaccines, and have been reported on in Annual Progress Reports together with VIG funding.

3.3. Transition planning

Transition Assessment in Armenia was conducted in June 2015, and Transition Action Plan, covering the period of 2016-2017, was finalized by Gavi Alliance Partners and shared with the country for final validation and endorsement in February 2016. Following discussions with country stakeholders, several adjustments and revisions were proposed to the Transition Action Plan to reflect current priorities and changes in country needs since the Transition Assessment was conducted in 2015. The final version of the plan was endorsed by the ICC on 29 July 2016.

The total proposed budget for implementation of Transition Activities is US$ 525,000, to be channeled primarily through WHO (US$ 350,000) and UNICEF (US$115,000). US$ 60,000 is proposed to be disbursed directly to the Ministry of Health for renovation of regional cold stores to allow installation there of recently purchased cold rooms.

Transition grants will target the following strategic areas: vaccine management and immunization logistics, communication and advocacy (including advocacy for resource mobilization), evidence-based decision-making (including strengthening of the NITAG), data quality, and strengthening pharmacovigilance function of the NRA.

Implementation of the Transition Action Plan will be monitored on quarterly basis by in-country partners, Gavi Secretariat and WHO EURO, and will be aligned with Gavi's monitoring processes.

The signature of Transition Grants with implementing partners and the disbursement of funds for implementation of activities is expected to take place in September - October 2016.

3.4. Financial management of all cash grants

In 2015, Armenia has not received any cash support from Gavi (IPV introduction grant was disbursed directly to UNICEF Supply Division for procurement of cold chain equipment in July 2015). No FMA has been conducted in Armenia during the years of Gavi support. There were also no audits of previously disbursed cash grants due to their amounts being below the established threshold.

Funds previously disbursed by Gavi for the NVS and ISS support are held in the same bank account, with US$ 42,015 available in cash balance as of 31 December 2015.

In 2015, Armenia used a total of US$ 97,741 of the remaining NVS/ISS funds as follows:

Table 4: 2015 expenditure of Gavi funds remaining in country

	Budget in AMD	Budget in USD	Actual in AMD	Actual in USD
Trainings				
Administrative expenditures (including training fees)	5,700,000	13,862	3,800,000	9,241
Per diems	3,025,000	7,356	2,756,600	6,704
Other expenditure				
Information-related expenditure (including printing)	12,000,000	29,182	10,284,800	25,035
Monitoring and fuel	5,280,000	12,840	4,920,000	11,965
Computers for Immunization staff	6,300,000	15,321	5,720,530	13,911
Procurement of cold chain equipment (refrigerated truck)	13,500,000	32,830	12,700,000	30,884
Total for 2015	45,805,000	111,391	40,191,930	97,741

US$ 97,741 was spent for IPV introduction activities: training (trainers' fee - US$9,241 and per diem payment US$6,704), printing (information booklet for parents, vaccination cards, posters on vaccination contraindications) - US$ 25,035, monitoring /fuel for supportive supervisions - US$ 13,911 and procurement of refrigerated truck - US$30,884.

As a result of successful tenders, as of 1 January 2016 Armenia had US$ 42,015 of savings from available funds. These funds were forwarded to 2016 accounts and are planned for additional IPV-related activities: consultation meetings and refreshment trainings among Health Care Professionals, monitoring and supportive supervision, printing of revised immunization guidelines and posters of vaccination schedule.

4. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

The table below presents a list of high-level findings from 2015 Joint Appraisal. A detailed list of findings and progress on their implementation can be found in Annex C to this report.

Prioritised strategic actions from previous joint appraisal / HLRP process	Current status
1. Building and strengthening resource mobilization capacities, including diversifying funding sources and reaching out to potential internal and external donors	**In progress.** Country representatives attended WHO Regional Workshop on resource mobilisation in November 2015. In-country work on resource mobilization is scheduled to take place in Q3-Q4 of 2016 with technical support from WHO. National Immunization Strategy, cMyP (which is currently being finalized) and the MT Expenditure framework have specific provisions on resources for immunization. In the current government budgets, allocations for immunisation have not been reduced.
2. Updating legislation on vaccine management practices and introducing technology to supply chain;	**In progress.** 2016/2017 policy document on the issue of exploring policy and legal opportunities to grant longer-term government commitment through UNICEF was approved. However, legislative basis for immunization has not yet been updated and quality management system has not yet been established (to be supported in 2016-2017 through the Transition Plan)

3. Development of specific strategies for reaching those segments of the population who remain unreached by immunization efforts;	**In progress.** Quarterly supportive supervision is ongoing. Specific strategies to be developed through the Transition Plan.
4. Addressing medical workers' concerns about safety of new vaccines and immunization in general	**In progress.** Some trainings for medical staff have been conducted, but the bulk of the work is projected to be financed through the Transition grants (finalization of the communication strategy, vaccine safety risk and crisis communication plans; ensuring trainings to media and medical staff on crisis communication**,** continued trainings to medical personnel, etc.)
5. Addressing vaccine hesitancy and refusals through use of qualitative research and through developing and implementing communication strategies aiming at behavior change	**Not started.** Relevant Activities to be funded through the Transition Plan.
6. Improving data quality and aligning data systems with international requirements by conducting a data quality review and implementing its recommendations	**Not started.** Data quality review is budgeted under the Transition Plan.

5. PRIORITISED COUNTRY NEEDS

Prioritised needs and strategic actions	**Associated timeline for completing the actions**	**Does this require technical assistance?*** *(yes/no)* If yes, indicate type of assistance needed
Support for HPV vaccine introduction (communication, advocacy, cost-effectiveness, KAPB study, building preparedness for vaccine safety events, demand generation, medical staff training, etc.)	**2017**	**Yes – WHO/UNICEF TCA**
Further support for rotavirus disease surveillance including continuation of the case-control study to assess the durability of protection in older children, and expansion of IBD surveillance	**2017**	**Yes – WHO TCA**
Support for data quality assessment to identify data-related gaps and needs		
Trainings for medical staff across the country on vaccine contraindications and vaccine safety	**2017**	**Yes – WHO TCA**
Strengthening of temperature monitoring	**2017**	**Yes – WHO TCA**
Renovation of regional stores to allow installment of new cold rooms (suggested funding – through Transition Plan)	**2016-2017**	**Transition Plan**
Impact study for PCV vaccine	**2017**	**Yes – WHO TCA**
EVM Assessment (last opportunity pre-transition)	**2017**	**Yes – WHO TCA**

Continuing to address vaccine hesitancy and knowledge gaps among medical personnel	**2016-2017**	**Yes – WHO/UNICEF TCA**
Strengthening the country's self-procurement capacity	**2017**	**Yes – UNICEF TCA**

6. ENDORSEMENT BY ICC AND ADDITIONAL COMMENTS

Brief description of how the joint appraisal was endorsed by the relevant national coordination mechanism	ICC reviewed and endorsed the JA Update report on 29 July 2016.
Issues raised during debrief of joint appraisal findings to national coordination mechanism	N/A
Any additional comments from: • **Ministry of Health** • **Gavi Alliance partners** • **Gavi Senior Country Manager**	N/A

7. ANNEXES

Annex A. Description of joint appraisal process

In 2016, Gavi Alliance partners took a joint decision to conduct a Joint Appraisal Update instead of a full Joint Appraisal exercise for all countries in EURO region, including Armenia. The Joint Appraisal update was carried out through a Regional Meeting organized by WHO EURO in Copenhagen on July 5-6, with four EURO countries in presence (Armenia, Georgia, Moldova and Azerbaijan).

Participants from Armenia included:

- Gayane Sahakyan, EPI Manager
- Svetlana Grigoryan, Head of the Department of Immunoprophylaxy and Epidemiology;
- Almast Aroyan, Head of the Department of medical immunobiological products, MoH
- Manya Mhitaryan, Head of MoH Accounting department
- Aram Eritsyan, epidemiologist, head of IBD surveillance
- Liana Hovakimyan, UNICEF CO

Representatives from UNICEF Supply Division, UNICEF Regional Office, and technical officers from WHO EURO also participated in the Joint Appraisal update discussions.

Countries worked in groups to discuss various areas to be covered in the Joint Appraisal Update report, notably 2015 performance against immunization targets, progress on signature and implementation of the transition plans, progress on completing 2015 HLRP recommendations and addressing 2015 JA findings, and key priorities and TA needs for 2017.

Presentations from group work, as well as additional data and documentation shared by countries (PIE reports, 2015 JRF date, etc) were used to complete the JA Update report, which was shared with country stakeholders and Gavi Alliance partners for feedback and endorsement.

Annex B: Changes to transition plan

Changes proposed	Rationale for changes	Related cost (US$)	Source of funding for amended activities	Implementation agency	Expected result
A new activity is included "Procure cold chain equipment (5 generators)".	The activity "Procurement of cold chain equipment (IRLs, cold box) at amount of 50,000 USD was reprogramed to support purchase of 5 generators as country has already procured cold chain equipment (IRLs, cold box).	50,000	Transition grant	UNICEF	
A new activity is included "Renovate 5 rooms to install purchased cold rooms"	The rooms where cold chain equipment need to be installed should be renovated following WHO standards for cold rooms. The following activities were reprogrammed: i) "Procure cold chain equipment (refrigerated track)" at amount of 40,000 USD. This activity was implemented by government ii) "ToT (national & marz level) on using electronic temperature monitoring devices" at amount of 15,000 USD. The activity was implemented with WHO support iii) "TA to conduct cold chain inventory and needs assessment" at amount of 5,000 USD. The government has already initiated or procured the equipment thus the need assessment is not relevant any more.	60,000	Transition grant	MoH	
A new activity is included "Conduct training on contraindications targeting new vaccines"	Armenia is planning to implement HPV demo programme and this activity should support it. The 10,000 USD was reprogramed from activity "Conduct immunization in practice training to facility level staff (including training on contraindication) and activity "Establish an AEFI electronic database to facilitate notification, access to and use of case based data" at amount of 20,000 USD was reprogramed to support this activity.	30,000	Transition grant	WHO	

Annex C: Progress on implementation of HLRP detailed recommendations

	Action	Status	Responsibility	Timeline	Comment	Funding
1	Sustained current political commitments	Ongoing	MoH	2015/17	High priority for country – sustainable	MoH
2	More efficient implementation of health and immunization resources	Ongoing	MoH, WHO	2016/17	National Immunization Strategy, cMyP, MT Expenditure framework – immunization included. Budget wasn't cut.	Transition plan
3	Absorb operational activities funded by Gavi.	Not started	MoH	2015/17	Training, Surveillance, monitoring, supervision, cold chain maintenance Challenge; there is no immunization budget line for operational activity	NCDC
4	Train programme staff on resource mobilisation	Not started	WHO	2015/17		Business Plan/ Transition grant
5	Develop advocacy material for resource mobilization	Not started	WHO/UNICEF	2015/17		Transition grant

6	Develop integrated national regulation on storage and cold chain	Not started	MoH, WHO	2015/16		Transition Plan
7	Update legislative basis and establish quality management system	Not started	MoH, WHO	2015/16		Transition Plan
8	Explore policy and legal opportunities to grant longer term government commitment through UNICEF	Completed	MoH		Approved policy document for 2016/17	
9	Review legal provision on immunization and advocate for introduction of consolidated provisions	Ongoing	MoH, Sabin	2015/16		MoH, Transition grant
10	Integrate EVM assessment recommendation into annual and MyP and budgeting and establish a formal procedure to review the progress	Ongoing	MoH UNICEF WHO	2015-2017		MoH Transition Plan
11	Continue providing training to rayon and facility level	Not started	MoH	2016/17		Transition grant
12	Continue quarterly supportive supervision and increase collaboration between inspectorate and NCDD	Ongoing	MoH	2016/17		MoH/ Transition Grant
13	Assess exiting immunization delivery systems to potential accommodate HPV vaccine and develop the communication strategy	Started	MoH, WHO, UNICEF	2016/2017	Proposal is under development	MoH/ Transition grant
14	Finalize communication strategy, vaccine safety risk and crisis communication plan; ensure trainings to media and medical staff on crisis communication	Not started;	MoH, UNICEF	2015-2017		Transition plan
15	Conduct qualitative studies to better understand reasons of refusals and use WHO tool on Tailoring Immunization Programme	Not started	MoH WHO	2016-2017		Transition plan
16	Restore the Immunization website aimed at providing information and clarifying concerns	Not started	MoH UNICEF	2016		Transition plan
17	Conduct communication activities aimed at addressing vaccine hesitancy and refusals	Not started	MOH UNICEF	2016-2017		Transition plan
18	Conduct specific trainings to address medical workers scepticism and concerns about safety of vaccines	Ongoing	MoH WHO	2015-2016	National trainings conducted, regional trainings are planned; Transition plan contains activity on training on immunization in practice, it will be challenging because of different training audience	WHO funds were used for national trainings, Transition Plan

19	Assess and revise medical and nursing curricula according to NIP needs	Not started	MoH WHO	2017		Transition plan
20	Address false contraindications and hesitation to administer vaccines simultaneously through capacity building activities	Not started	MoH WHO	2017	Will be addressed during contra--indications training	Transition plan
21	Conduct a data quality review in 2016 to assess bottlenecks and areas for improvement	Not started	MoH WHO	2016-2017		Transition plan
22	Conduct capacity building in improving target population estimates	Not started	MoH WHO	2017		Transition plan
23	Provide technical support to introduce electronic immunization registries and review immunization module of the e-health (under design)	Not started	MoH WHO	2016		Transition plan

Annex D: Progress on implementation of technical support by Alliance partners

WHO:

1. HPV:
    a. WHO Regional workshop on Vaccination against Human papillomavirus (HPV): Decision making and preparing for introduction for NIP Managers, Chairs of National Immunization Technical Advisory Groups (NITAGs), and national experts in cervical cancer screening from Armenia, Azerbaijan, Belarus, Georgia, Moldova, and Uzbekistan was held in Copenhagen, Denmark on 16-17 March 2016
    b. Armenia's application preparation started
2. cMYP: programmatic part finalized, costing to be finalized before September 2016
3. Resource mobilization: regional training conducted in November 2015; in-country process ready to take off, as soon as the costing and financing components of the cMYP are done (resource mobilization plans will be based on identified funding gaps).
4. Surveillance:
    a. rotavirus case control study in Armenia, results published in May 2016.
    b. Pooled invasive bacterial vaccine-preventable disease (IB-VPD) surveillance results from the European region were presented at the 10th International Symposium on Pneumococci and Pneumococcal Diseases in June 2016

UNICEF Supply Division:

Armenia National Immunization Programme Manager was invited and participated in UNICEF's inaugural Vaccine Procurement Practitioners Exchange Forum (VPPEF), which was hosted by Supply Division on 19-21 May 2015.

The main goal of VPPEF was to bring together relevant stakeholders of vaccine procurement and form a ground for constructive debates and discussions; exchange of theoretical and practical knowledge as a unique opportunity for joint learning and problem solving by building on the experience of the different countries and experts.

Sabin:

1. Materials for advocacy are developed (2015): Desk review, literature review on immunization legislation, budget process review, legislation analysis, and stakeholder analysis.
2. Advocacy meetings with the Ministry of Health of Armenia were held in 2015 and 2016.
3. Meetings with the National Assembly were conducted in 2015 and 2016 to develop a national-level parliamentary network for advocacy; the National Assembly and Sabin plan to conduct joint meeting to discuss the immunization article of the drafted Public Health Law.
4. Delegation of Armenia, represented by MOH, MOF and National Assembly, joined the other 17 SIF countries in Kathmandu to participate in the Third Colloquium on Sustainable Immunization Financing (19-21 July).