Internal Appraisal 2014

AZERBAIJAN

1. Brief Description of Process

This Internal Appraisal was conducted for GAVI by independent technical expert Zaza Tsereteli, in close cooperation with GAVI CRO for the country Nilgun Aydogan, and is based on reports and documentation supplied to GAVI by the national authorities and institutions in the country for the year 2013. Inputs and updates provided by WHO country office, WHO EURO, UNICEF (including Supply Division) to the review and document.

Immunisation decision support team is drafted the dose calculations for 2015 for all NVS programs using the approved targets (numbers of infants & wastage). The number of doses to be allocated (and planned for shipment) for 2015 for pentavalent, are based on the approved targets (2015) as well reported opening stocks (Jan 2014), shipment plan (2014) and target closing stocks (2015). For other programmes, a stock analysis is carried out to determine the right level of stock to be adjusted for 2015 allocation. Syringes and safety box calculations are derived from dose calculation. All this is done in consultation with the product managers and (if there are any significant changes) the country, and are signed off by the CRO.

2. Achievements and Constraints

Azerbaijan is reporting high coverage rates for all the traditional vaccines included into the routine immunisation. The coverage rates are as following: 98% for the BCG, 96% for the OPV3, 92 for the DPT3. The reported immunisation coverage for DTP-Hib-HepB vaccine is 92.8 %. The country also started co-financing with the introduction of Hib starting 2011. There are no recorded gender coverage differences, and any observations of gender inequality that affecting the access to the health facilities for the immunisation.

The government funded DHS has been published which utilizes 2011 data. According to the data in this DHS the coverage is as follows: 98% for BCG, DPT3 80.7%, OPV 85.2%, MCV 88.6%, and Hep B 80.2%. However, the results of the DHS are yet to be verified by the UN Agencies. As there has been an on-going issue on immunisation data, as well as difference between WHO and UNICEF estimates and country reported coverage. One of the reasons of this difference is due to the utilisation of an older coverage survey figures by WHO and UNICEF. WHO estimates will be revised as soon as new survey data is available. In addition, the electronic immunisation registry is under development in order to improve the data quality and reliability. There has been significant effort made to ensure consistency of figures between State Statistics Institute and newborn registry which the immunisation program relies on. It is expected that the difference in figures will be smaller in coming years with electronic systems and efforts for improvement of data collection and quality.

Azerbaijan worked successfully with collaboration of all country partners with MOH for the programmatic readiness requirements of PCV10. The vaccine was introduced in December 2013 starting from Baku city and scaled up, Nahkchivan introduction took place in 2014 due to vaccine delivery and logistics procedures. The country has agreed to temporarily switch from their PCV13 first choice product to PCV10 due to the vaccine supply shortage as long as they can switch back to their first choice as soon as the supply is available since country is committed and ready to introduce the vaccine as soon as it is available. The post introduction evaluation is planned for October 2014. During a mission conducted in April 2014, the country officials indicated that there have not been any major AEFIs related to PCV10 and parents showed great acceptance to the vaccine.

3. Governance

There is no ICC or HSCC per se in Azerbaijan. By the decision of the MoH, the Country Coordination Mechanism (CCM) was founded in 2008. CCM is stand-alone committee Chaired

by Minister of Health and incorporates members several bodies under MOH, other Ministries, Global Fund, UN organizations, international and local NGOS. CCM has established several Working Groups, including the Working Group on HSS and Working Group on Immunisation (established on August 6, 2012). CCM HSS Working group includes representatives of Sanitary-Epidemiological Department of MOH, Center for Informatisation of Healthcare of MOH, Public Health and Reforms Center of MOH, Center of Hygiene and Epidemiology of MOH, World Bank Country office in Azerbaijan, Rostropovich-Vishnevskaya Foundation (RVF), UNICEF Country Office in Azerbaijan and World Health Organization Country Office in Azerbaijan. Recently it is decided to combine these two working groups and serve as one group to ensure that HSS investment works aligned with immunisation objectives.

Minutes form the last meeting of the CCM, which discussed the APR for 2013, are available. Documents on 35 technical meetings conducted by the management agency (Public Health Reform Center) around the issues related to the EPI and GAVI supported project, are also presented. However, that reports giving information only about the topics and not the content of the meetings. According to the APR, three CSOs are represented at the CCM. However during the last meeting, when the APR was adopted, none of the representative from the CSOs was presented. Their signatures are also missing from the page of signatures of approval of the APR for 2013. On the other hand it should be noted that CCM working group is co-chaired by RVF and the foundation is an active member of immunisation and health programs.

4. Programme Management

The Ministry of Health coordinates all resources and activities of immunisation. The Ministry does the organization and methodological work, makes sure legal obligations are fulfilled during immunisation activities and issues licenses for vaccination in private sector (maternity houses), and plans for the procurement of vaccines. The Republican Epidemiology and Hygiene Centre (equivalent of EPI department in other countries) supervise the organization and implementation of immunisation activities through the net of city and district centres. The RCHE implements the national communicable disease surveillance at all levels, determination of target groups and annual forecast for vaccines.

Procurement of medications, including medical and biological medications, is conducted by the Center for Innovations and Supply, which is also responsible for its storage and distribution to sub-national store levels.

In order to improve management of immunisation programme at national and sub- national level the Ministry of Health in collaboration with WHO has adopted and officially endorsed for local use the immunisation in practice guidelines. There have been efforts to build capacity of the management in the above institutions to improve immunisation service delivery. As Azerbaijan is a graduating country, there has been technical assistance and trainings for the officials throughout the 2013 by WHO EURO on various key program management issues including vaccine procurement and pricing, developing forecasts and planning for vaccines.

5. Programme Delivery

In 2013, the country had experienced some measles outbreaks similar to many in neighbouring countries such as Georgia and Turkey. MR campaign is planned for September 2014. The country also implemented SIAs for Polio as part of the immunisation week.

The latest EVM took place in 2011. As of 2014, only 39 out of 66 EVM improvement plan recommendations were implemented. Several activities related to the strengthening temperature monitoring at the CVS and at district stores are ongoing in during 2014. Information on the implementation schedule for the 15 out of 66 recommendations is missing.

Vaccines are distributed from the central to the district level by refrigerated trucks on a quarterly basis. Among the major improvements there are procurement of cold chain & temperature monitoring equipment for all district stores through UNICEF SD from DTPHibHepB introduction grant, establishment of new cold store, procurement of refrigerator truck, implementation of the vaccine arrival report to document pre-shipment and arrival procedures, implementation of SOPs,

improving stock management by introduction of a new computerized inventory system at the primary store. Additional improvements took place under the PCV10 readiness. Some training for cold chain staff within the immunisation programme has been conducted as well. A new EVM is planned for August-September 2014.

In order to improve the quality control of vaccines starting from 2014, procurement of the vaccines for the routine immunisation is organized through UNICEF Supply Division.

6. Data Quality

With technical support from the WHO, data quality assessment was carried out in Azerbaijan in 2012. Based on the results of the assessment, the set of the recommendations towards accounting and reporting systems for immunisation were developed. The assessment covered the national, sub- national and local levels. Based on the recommendations the Ministry of Health issued an order "On the preparation and reporting of statistical forms" and develop an action plan to improve the data quality of the immunisation system. Significant efforts made for in cooperation with statics office and the immunisation program has been collecting the data (also using the e-health data) from polyclinics, maternity houses, city hospitals and other delivery points to establish a denominator that is more realistic based on all registered newborns. The changes to improve the data quality on the newborns were introduced in a special registration forms. They have now established a denominator that is much closer to the statistics office. Although there is still some difference, however it is currently articulated that statistics office also gathers the registered Azeri newborns that are outside of the country.

The country is planning to further improve the immunisation data by using the e-health and GAVI HSS data improvement objectives with introduction of immunisation passports. Despite significant improvements on the accurate registration of the surviving children in health facilities, additional measures are needed in order to improve the quality of data. Introduction “Immunisation Passports” through the MOH’s E-health Card Project is planned and is part of the GAVI HSS support. This document will include personalised electronic registration of vaccinations, facilitating the improvement of data quality and vaccination planning and monitoring systems.

7. Global Polio Eradication Initiative, if relevant

The polio immunisation is well integrated into the routine immunisation (RI) program. No polio case has been registered in the country since 1996. In 2002, Azerbaijan had received a certificate on polio free status along with the other countries in the region.

8. Health System Strengthening

Implementation of the application of the HSS was launched in October 2012 in accordance with an agreement with GAVI. Due to the late start, many planned activities were postponed to 2013. GAVI HSS funds are channelling into the country through MOH’s official account. Auditing procedures applied to MOH are applicable also for the GAVI HSS funds.

The overall health goal of the HSS grant is to prevent better and treat the primary causes of morbidity and mortality amongst infants, children and mothers. It has three objectives:

1. Over the next three years improve the capacity of eight training institutes, 42 educators and 640 mid-level health workers (feldshers, midwives, and nurses) through a strengthened postgraduate education system.
2. Over the next three years strengthen the health information system for better monitoring of child and maternal health services.
3. Over the next three years strengthen the capacity and tools to plan cost and budget for the immunisation program.

In general, the proposed activities are in line with the concept for Health Care Reforms in Azerbaijan.

In total 10 activities were offered in order to meet all three objectives. According the APR for 2013, 65% of all planned activities under objective one were accomplished. Activities such as development of curriculum for midwives and nurses, applying for approval for this new curriculum and its implementation, development of materials and training of master trainers are conducted in 2013. As for objective two, only 48% of planned activities took place such as software development and procurement of some of the equipment. As for the objective 3, the HSCC has decided to give priority to the first two objectives and as a result to postpone the commencement of the sub-activities of Task 3 to later. Starting execution of Task three sub-activities planned from June 2014.

During the implementation of the objective two, delays were reported in the implementation of several activities. Those delays were mainly linked on bureaucratic difficulties in reaching agreements and obtaining approvals from the high level key officials on the proposed activities. Based on the official report, Azerbaijan has already achieved very high results on most of the impact indicators while alternative sources of information (surveys) do not always confirm these levels.

Unfortunately, information on the output indicators is missing. Those indicators are important, as they are the direct immediate term results associated with a project.

International organizations and the CSOs are actively involved in the implementation of the activities under the HSS grant. Their main role is related to the coordination and monitoring of HSS activities, monitoring of the procurement and technical support and consultations.

In accordance with the revised HSS report from 2012, the government is going to cover some expenses such as e-health cards and printing of immunisation passport inserts. According to results of CCM working group meeting conducted on 08 May 2014 implementation of 2.1 sub-task (Immunisation passport) in framework of HSS has been finalised and remaining funding/savings will be used for procurement of additional computers for pregnancy register which country already implemented in late May 2014 and informed the GAVI Secretariat. Details of this decision and discussion are in the minutes of CCM working group.

The country presents a detailed report, with detail description of main achievements and problems faced during the implementation. Unfortunately, as mentioned above the output indicators are missing, however there are indications of stepping up of the implementation in 2014. The master training of trainers for the strengthening of mid-level health workers has been completed. The authorization to increase the hours for immunisation topics under the formal curriculum of nurses and midwives took more than 6 months.

A visit conducted in April 2014 by the GAVI Secretariat to review the status of the HSS implementation. There have been extensive discussions on GAVI HSS flexibilities and reallocation of funds. The questions consisted of the following areas:

- Using savings made for development of new activities or reallocating savings to other activities still serving to the same objective and indicators.
- Shifting activities from 2nd year to 1st year of implementation.
- Making small shift and reallocations that are slightly above the 15% reprogramming benchmark.

Provided that the country maintains objectives and indicators for the final impact, the team felt that the country should be able to make some small revisions and reallocations. These are needed to be discussed at the CCM sub group (equivalent of HSCC) and endorsed by the members and should be justified when informing GAVI either via regular communication or official reporting processes.

In line with discussion took place in April 2014, the country reported more activities being conducted in last 2 months. In 2014, the approval came increasing the hours from 2 to 16 hours to cover all new vaccines, AEFIs, immunisation communication, immunisation record keeping and data collecting. In May 2014, the first training for the nurses is implemented. The next training is scheduled for September 2014.

For e-cards and passports the designs are finalised. 330,000 passport covers that will house the individual e-health cards and immunisation records are printed. In June 2014, 38 new computer equipment bought for the pregnancy register to be distributed clinics. And set of training equipment (projector, screen etc) is being purchased for the training of nurses and midwives.

During the secretariat's visit, it became clear to all stakeholders, that the fund flow and existing Aide Memoire are still valid and the country prefers these to stay in effect. The issue of revising or changing the fund flow mechanisms has been flagged to stakeholders. However the country prefers to keep the existing structures and agreements in place with no change. The MOH also expects no delays of funds from MOH to local account of PHRC in future transfers.

The inspection of accounts by CFO revealed that all records are kept as per rules and legislations and Monitoring Agency indicated that all procurement and training activities are implemented as per agreement and proposal.

There have been discussions with relevant MOH officers on how to take PFA forward. The MOH does not have authority to sign such agreement without review and approval of Cabinet of Ministers. As the PFA includes components and has financial and other governance implications, it seems there is no other way to move the PFA but put into the process for review and approval of Cabinet of Ministers which would take at least a year. In that sense it was useful to have the CFO and Legal representative of GAVI to answer all the questions of the officials of MOH. It was also very beneficial for GAVI legal representatives to hear and understand the lengthy government processes in Azerbaijan.

9. Use of non-HSS Cash Grants from GAVI

There were no non-HSS Cash Grants from the GAVI allocated to the Azerbaijan. The PCV10 introduction grant was sent to country in April 2014 as the country submitted the introduction plans with delay. However existing funds from previous introduction grant were used for EVM improvements such as procurement of fridge tags and monitoring equipment for the central store improvements. Many of the PCV preparation activities are funded by the RVF such as open vial policy stickers, and protocols for PCV10 for the health workers. Trainings on PCV10 introduction and national conference have been conducted by direct technical and financial support of WHO. In addition, WHO provided all required technical support on development of country guidelines and technical documents on PCV10 introduction. Communication strategy and materials developed by consultancy support of UNICEF.

10. Financial Management

There are no outstanding financial issues.

11. NVS Targets

Penta vaccine

Penta vaccine was introduced in July 2011. The APR reported that total doses of 97,300 were received in 2013. The remaining 49,400 doses were postponed for the 2nd quarter of 2014. However, country did not experience a stock out. In 2015, the penta1 target is 157,404 infants. This is an increase over the 2013 actual report 148,048 (an increase of 5%)

The country fulfilled its co-financing requirements for the vaccine for the 2013. For 2015, as graduating country the pentavalent co-financing will be the last year for GAVI support for this particular vaccine.

PCV10 vaccine

In connection with the replacement of PCV13 with the PCV10, the introduction procedures were completed only by the end of the third quarter of 2013. As a result, the actual implementation of the pneumococcal vaccine was held in December 2013. In 2015, the requested number of vaccine is 510,400 doses.

Application to support the introduction of a new vaccine in 2015 in terms of co-financing for PCV10 vaccine need to calculate in terms of updated data on the target group of children - 157,404 people, according to the fourth part of the APR.

The GAVI alliance has allocated also 127,000 US$ for the introduction of the implementation of the pneumococcal vaccine. However, disbursement of those funds was delayed until the April 2014 due to the late submission of the introduction grant budget. The other reason was a delay in signing of Partnership Framework Agreement (PFA). The signing is still pending, and the draft agreement is under consideration in Ministry of Health to be submitted for the review and approval of the Cabinet of Ministers.

12. EPI Financing and Sustainability

The Government is fully financing procurement of all traditional vaccines and performs all obligations under the co-financing of new vaccines. Financing of the national immunisation activities currently comes mainly from public sources; however donors provided some immunisation-related financial and technical support in the past years. A number of the existing cold chain, laboratory and office equipment were provided by UNICEF, WHO, World Bank, and Rostropovich Vishnevskaya Foundation (RVF). Donor support was also channelled to programme activities, surveillance and training.

The government funds oblast and rayon[1] governments participate in the financing of immunisation activities through the regular budgets for health care, covering staff salaries, building maintenance and overheads at the service delivery level.

Vaccination is conducted in primary health care facilities, in village polyclinics and doctors ambulatories, and on the rayon level in the rayon polyclinics and maternity hospital/departments. Payroll and other recurrent costs for the vaccination activities on this level of service delivery come from sub-national governments.

WHO, GAVI, UNICEF and RVF provided a significant support in the conducting of immunisation campaigns, supplying Hepatitis B and MMR vaccines. The vaccine procurement costs were significantly high in Azerbaijan due to self-procurement of vaccines. As the country started to use UNICEF SD for procurement of all EPI vaccines, there has been significant savings and co-financing contribution planned by the RVF for PCV is no longer needed for this vaccine as the Government can pay the co-financing component.

The country has a number of scenarios for the future financing developed in the cMYP, and there are appear to be no major problems with future funding or sustainability for the immunisation programme.

There has been a graduation assessment for Azerbaijan in July 2013. Based on the analysis Azerbaijan compared to other graduating countries of the region, was not considered as a high priority country for partners support in advocating for increased domestic funding for the immunisation. In other words, Azerbaijan was expected to sustain investments in immunisation without much threat to financial sustainability. Therefore, Azerbaijan was ranked with a lower risk profile compared to Republic of Moldova and Georgia. Main reason for that was the rapid economic growth due to oil production and moderate political commitment to the immunisation program.

However, by 2013, country co-financing for Pentavalent vaccine accounted 44.9% of budget allocated for vaccines. Taking into consideration linear ramp up country co-financing levels starting from 2012 and reaching 100% in 2016, the program was at the edge of being severely affected from unit price and total amount paid to self-procured Hib containing pentavalent vaccines, if budget allocated for vaccine procurement is not increased significantly or price paid for Hib containing vaccines cannot be optimized and decreased to an affordable amount.

Besides PCV introduction, Azerbaijan is interested in introducing HPV vaccine. Azerbaijan is no more eligible for further GAVI new vaccines support, therefore the Government should bear the full cost of introducing HPV vaccine. Total resource requirements needed for Hib containing

[1] Oblast (= province), rayon(=district)

pentavalent, PCV and HPV vaccines is below $ 4 million. A modest increase in budget for vaccines (up to $ 7 million) during the next few years will be able to cover all resources requirements for vaccines in the schedule including PCV and HPV vaccines[2]. Financial sustainability of the program in Azerbaijan is mainly challenged by inefficiency of the procurement system, rather than the amount allocated for procurement of vaccines. Therefore, this graduation assessment mainly focused on challenges that lead to high prices paid to vaccines compared to competitive prices at global level. As result in 2014, the country switched to UNICEF SD as procurement agent for the vaccines as supposed to self-procurement which resulted in initial savings of 2.5 million Euros (estimated figure in April 2014).

In order sustain the immunisation investments and maintain the excellent programme performance, the main recommendations on vaccine procurement and immunisation financing related issues of the graduation assessment were as follows:

- Advocate for and mobilise additional resources (from Government budget) to meet increasing financial need (due to increasing country co-financing);
- In order to use allocated resources efficiently, start considering alternative procurement modalities to access quality-assured vaccines at an optimum and affordable price (to meet programme needs);
- Define and alleviate practices leading to inefficiencies in accessing to vaccines at an optimum price;
- Plan and negotiate funds for operational activities (training, supervision, monitoring, etc).

13. Renewal Recommendations

Topic	Recommendation
NVS	<u>Penta vaccine</u> Approve 2015 NVS support based on country request target. <u>PCV10</u> Approve 2015 NVS support based on country request target. • Country to provide a realistic drop out rate for PCV.

14. Other Recommended Actions

Topic	Action Point	Responsible	Timeline
Cold Chain	To intensify the follow up on the EVM recommendations and provide an update to GAVI		
HSS Grant	To speed up processes of grant implementation. In addition, Azerbaijan is requested to report on output indicators and related results, with submission of a completed M&E framework. As there have been reallocations, it would be useful to clarify budget and workplan for remaining funds to GAVI Secretariat, including any reallocation of funds, with approval by CCM sub-group for HSS.		
EPI financing and sustainability	A graduation assessment was conducted in 2013 and there is an agreed report and plan with key recommendations. As per the GAVI Alliance board decision of November 2013, there will be another assessment by the Alliance to further detail the graduation process and develop a costed plan which may be partially supported by GAVI.		

[2] Based on GAVI projected prices