Joint appraisal report

Country	Azerbaijan
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)	Recommendation	Period	Target	Indicative amount paid by Country	Indicative amount paid by Gavi
PCV	*Extension*	*2017*	*465,500 doses*	*US$ 1,215,000*	*US$ 546,500*
IPV	*Extension*	*2017*	*TBC*	*US$ 0*	*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: July 2015 – February 2016
- HSS grant implemented since 2012 ended in December 2015
- Significant devaluation of national currency in December 2015 (manat lost over 50% against the dollar)
- Change in VAT laws has led to a 18% VAT charged on vaccines
- Full self-financing of pentavalent vaccine – as of January 2016
- Switch from PCV10 to PCV13 – successfully carried out in Q2 of 2016
- Introduction of IPV vaccine - 15 February 2016
- 2016 co-financing commitments have been partially fulfilled
- cMYP 2016-2020 development – programmatic part finalized, costing to be finalized in Q3 2016.

Urgent pending issues:

- Partnership Framework Agreement is not yet signed
- HSS external audit has not been carried out yet (due date 30 June 2016)
- Unspent PCV introduction grant (USD 127,000) has not yet been reimbursed to Gavi
- Transition Action Plan has not yet been validated by the CCM and the Ministry of Health

Key country data (2016):

- 2015 GNI – US$ 6,560 (reported on 1 July 2016). Down from US$ 7,590 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 since 2014.

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

- Address urgent pending issues related to Gavi support to Azerbaijan (PFA signature, Transition Plan validation, reimbursement of unspent funds and proper closure of the HSS grant, including full external audit)

- 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
- Strengthen epidemiological sector in rural areas and continue to build capability of medical and communication staff through trainings at all levels
- Address vaccine hesitancy and refusals through use of qualitative research, and through development and implementation of communication strategies aiming at behavior change; and Continue the work on unification of current reporting system and e-health immunization module (and developing logistics module)

3. GRANT PERFORMANCE AND CHALLENGES

3.1. New and underused vaccine (NVS) support

3.1.1. Grant performance, lessons and challenges

Programmatic performance:

Azerbaijan National Immunization Programme (NIP) continues to be a strong performer in the EURO region, with coverage against most antigens above 95% and continuing to increase, as confirmed by WHO/UNICEF coverage estimates, disease surveillance and epidemiology.

Vaccine coverage in Azerbaijan has been gradually increasing since 2008, including for recently introduced new vaccines. In 2015, DTP3 coverage in 60 out of 64 districts in the country was above 90%, and above 80% in the remaining 4 districts. 57 districts (89% of the total) had measles coverage above 95%. The dropout and wastage rates remained in accordance with the UNICEF and WHO-suggested targets and showed improvement compared to previous years (from over 2% to 1.75% for DTP1-DTP3 dropout).

There is a slight difference in penta3 and PCV3 coverage (96% vs 94%) due to a different calendar for administering the 3rd dose (4 months for penta and 6 months for PCV3), contraindications and some reservations with respect to the PCV vaccine, the latest one to be introduced into the Azerbaijan immunization calendar.

Table 1. Reported Vaccination Coverage, 2010-2015.

Vaccine/coverage	2015 (%)	2014 (%)	2013 (%)	2012 (%)	2011 (%)	2010 (%)
BCG	98	98	98	98	99	98
HepB (birth dose)	99	99	99	99	99	99
DTP1 (pentavalent 1)	97	96	95	95	96	97
DTP3 (pentavalent 3)	96	94	93	93	95	93
Polio3	98	97	96	96	98	96
MCV2	98	98	98	98	98	98
PCV3	94	64				

Source: WHO-UNICEF estimates

During 2015, no outbreaks were detected, even though there were 57 suspected measles cases in 2016. No polio cases have been registered in the country since 1996. In 2002, Azerbaijan received a certificate on polio-free status along with the other countries in the region. This status has been sustained.

Table 2. Reported Confirmed Cases of Vaccine-preventable Diseases

	2015	2014	2013	2012	2011	2010	2000	1990
Diphtheria	0	0	0	0	0	0	7	4
Japanese Encephalitis	0	0	0	0	0	0	-	-
Measles	0	5	164	0	0	210	2,026	-
Mumps	6	9	76	126	101	125	6,817	-
Pertussis	0	0	4	18	27	15	11	63
Polio	-	0	0	0	0	0	-	-
Rubella	0	0	0	0	0	1	219	-
Tetanus (neonatal)	0	0	0	0	0	0	-	-
Tetanus (total)	8	9	5	7	0	0	3	-
Yellow Fever	0	0	0	0	0	0	-	-

Source: WHO

The country did not report any stock-outs in 2016 for any of the vaccines included in the national immunization calendar.

New introductions:

Latest introduction of IPV vaccine (on 15 February 2016) was successful, with vaccine introduced across the country. Vaccine was introduced with a significant delay (initially introduction was planned for July 2015) due to issues with IPV supply availability. The country has sufficient vaccine stock for 2016 and even though there are a number of supply constraints with IPV vaccine in EURO region, Azerbaijan is expected to receive IPV according to schedule in 2017.

In Q2 2016, Azerbaijan successfully carried out the switch from PCV10 to PCV13. Medical staff have been well prepared through trainings provided by WHO. No difficulties during switch process have been reported.

Immunisation financing:

Gavi remains the only source of external funding for Azerbaijan's immunization program, but Gavi support will cease in 2018 following the country's transition to self-financing. Azerbaijan has consistently complied with its co-financing obligations and has never defaulted on its co-payments despite a recent challenging economic situation. 2016 co-financing obligations have been partially fulfilled and will be fully completed by the end of the year.

The government allocates the full amount requested by the National Immunisation Plan (NIP), and no delays or significant reductions of disbursements and total approved envelopes have been observed. In 2015, the amount allocated to the NIP was AZN 3M, and the provisional budget for 2016 is AZN 3,5M progressively reaching 4,8 M in 2018, as shown below, reflecting the government's commitment to ensure stable vaccines funding.

In December 2015, the Azerbaijani manat lost 30% to the US dollar following the central bank's decision to stop protecting its value in the face of falling oil prices. It had a negative impact to the Azerbaijani economy in general and had caused a deficit in health and immunisation budget. Nevertheless, the government identified additional resources to cover this gap and committed to maintain the same level of immunization financing as planned.

Table 3. Committed government budget on health and immunization (AZE manat)

	Central MoH budget	Overall health supplies budget (not limited to vaccines):	Health supplies budget as a % of central MoH budget	Vaccine budget	Vaccine budget as a % of central MoH budget
2013	310 427 632	15 400 000	5,0%	4 500 611	1,4%
2014	336 749 717	15 800 000	4,7%	2 790 364	0,8%
2015	405 286 991	14 800 000	3,7%	3 009 600	0,7%
2016	470 795 446	19 031 000	4,0%	3 459 600	0,7%
2017	541 414 763	21 885 650	4,0%	3 977 100	0,7%
2018	622 626 977	25 168 498	4,0%	4 572 225	0,7%

Table 4. Expenditure on vaccines and routine immunization (AZE manat)

	2015	2014	2013	2012	2011	2010
Amount of government funds spent on vaccines	2,837,419	1,651,083	4,223,240	4,500,000	4,208,345	4,384,617
Total expenditure (from all sources) on vaccines used in routine immunization	4,027,227	3,804,475	4,872,000			
Percentage of total expenditure on vaccines financed by government funds	70%	43%	87%			
Amount of government funds are spent on routine immunization (USD)	2,984,899	1,680,133	4,466,123	4,500,125		5,150,680
Total expenditure (from all sources) on routine immunization	4,196,548	4,243,417	5,193,083			
Percentage of total expenditure on routine immunization financed by government funds	71%	40%	86%	90%	86.7%	99.5%

Source: JRF 2015

Status of implementation of previous HLRP recommendations:

Key recommended actions in 2015 Joint Appraisal were the following:

1. Stay vigilant to increasing financial requirements in coming years;
2. Maintain current procurement modality in accessing to vaccines at affordable prices;
3. Introduce new technologies to supply chain to improve its efficiency;
4. Sustain programme performance level by investing in quality of services (training, supervision);
5. Be proactive in addressing (growing) vaccine hesitancy and refusals; and

6. Target unification of current reporting system and e-health immunization module (and developing logistics module)

Azerbaijan started addressing some of these recommendations. Programme staff was trained on resource mobilization at a WHO Regional meeting in November 2015; the government maintained the committed levels of immunization budget despite currency devaluation and approved a 5-year plan for immunization of children under the age of 6, including dedicated budget for purchasing vaccines in 2016-20120; temperature monitoring equipment was procured for the regions; vaccine contraindication trainings were held for medical staff, and supportive supervision activities are regularly conducted in the country's health facilities.

However, to fully address these recommendations, Azerbaijan's EPI Program 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 not yet been formally validated by the country, so its implementation has not yet begun. In order to make progress on 2015 JA recommendations and resolve the challenges behind them, the country needs to ensure that the Transition Action Plan is formally endorsed by the ICC and the Ministry of Health as soon as possible.

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

Azerbaijan implements immunization injection safety policy and has a functional vaccine adverse events review committee (JRF 2015). The country also has an operational national system to monitor adverse events following immunization. In 2015, a total of 6,765 AEFI were reported, representing a significant increase in AEFI cases from the previous years (5,665 in 2014, 2,196 in 2013, and less that 1,000 in the years before that). This significant increase may be explained by a better functioning AEFI reporting system, which allows cases to be picked up and reported. Yet, such high number of cases requires further investigation and significant capacity building efforts among medical staff to ensure that adverse events are correctly diagnosed and reasons behind them understood. This is particularly important in the light of growing vaccine hesitancy and anti-vaccine sentiments in the region, promulgated through social media.

Azerbaijan continues to conduct sentinel surveillance for rotavirus diarrhea, which began in 2006, as part of a WHO–supported rotavirus sentinel surveillance network in the region.

As part of a WHO-supported invasive bacterial vaccine-preventable diseases (IB-VPD) surveillance network in the region, Azerbaijan has conducted sentinel surveillance for IB-VPD (i.e., Streptococcus pneumoniae (Spn), Neisseria meningitidis (Nm), and Haemophilus influenzae (Hi)) since 2009. 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.

Key implementation bottlenecks and corrective actions

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

- Due to a major devaluation of Azeri national currency in 2015, approved health budget became insufficient to cover the purchase of all planned vaccines, drugs and supplies, purchased in dollars in the global market. The country had to reallocate funds from other budget lines to ensure the purchase of full amount of planned vaccines and supplies. In the current financial context, introduction of any new vaccines with government funding is not feasible.
- Recent change in VAT laws requires a 18% VAT payment on vaccines, putting an additional burden on the Azerbaijan's health budget.
- Existence of vaccine hesitancy and anti-vaccine sentiment among parents;
- Lack of qualified epidemiologists;
- Continued gaps in cold chain: need for additional cold chain capacity at national and regional levels; lack of electronic system of vaccine management; need to renew software licenses for existing equipment of the temperature monitoring system at the national level;
- NITAG capacity needs to be strengthened;
- Lack of quality control of new vaccines at the NRA level (quality control is conducted in third countries)
- Delay in the signature of Partnership Framework Agreement makes it impossible for the country to receive additional funding support from Gavi (including new vaccines, such as HPV, and transition grants)
- Lack of adequate technical and managerial capacity among medical staff, especially at the regional level

3.1.2. NVS future plans and priorities

As of 2018, Azerbaijan 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:

- Validation and implementation of the Transition Action Plan;
- Ensuring smooth transition out of Gavi support;
- Successfully integrating HPV 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;
- Continuing supportive supervision activities and medical staff trainings;
- Pursuing sentinel surveillance for rotavirus and IB-VPD (rotavirus – in 2017, government funding will primarily be used for rotavirus surveillance activities; assistance is requested for the cost of specimen transportation to the Regional Reference Laboratory in Minsk and for technical support from partners; IB-VPD - continuous support from technical partners)
- Strengthening NITAG,
- 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
- ensuring availability of functioning cold chain across the country, notably with support of Gavi transition grant
- Improving monitoring systems and continuous supply of vaccines
- Capacity building of EPI and medical staff to ensure adequate transfer of technical and managerial skills;
- Implement data quality improvement plan developed in 2013.
- Operationalize electronic vaccine management system

New introductions and switches:

Azerbaijan has expressed interest in applying for demonstration programme for HPV vaccine. With support from WHO, the country is currently working on its application, to be submitted in September 2016. Introduction is planned for September 2017. Azerbaijan is considering doing a demonstration programme in Baku only to assess communication and delivery strategies prior to a nation-wide introduction.

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.), Azerbaijan will require significant technical support to ensure successful introduction and roll-out 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.

Azerbaijan has not expressed an interest in introducing rotavirus vaccine in the coming years.

Achievement of set targets:

Even though the targets set by the country with respect to its immunization programme are ambitious, they are reasonable in Azerbaijan's context. As confirmed by Azerbaijan's EPI program, vaccine coverage will remain above 90% for all program vaccines 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 Azerbaijan, especially technical support from Alliance partners, presents a major risk to successful operations of Azerbaijan'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, communication and training materials, cold chain capacity assessment, etc.)
- Further support for disease surveillance, notably IB-VPD surveillance (rotavirus surveillance activities will be covered primarily by the government starting in 2017; however, assistance is requested for the cost of specimen transportation to the Regional Reference Laboratory in Minsk and for technical assistance from partners)
- Trainings for medical staff across the country on vaccine contraindications and vaccine safety
- Improvement of supportive supervision and vaccine monitoring activities;
- Implementation of EVM recommendations and support for conducting an EVM Assessment in 2017
- NITAG capacity-building (NITAG was created in 2014 and has not yet reached full capacity)
- Support for participation of NITAG members in WHO meetings on immunization-related issues, ETAGE meetings, and various training workshops.
- Capacity building of program staff on technical and managerial issues
- National trainings for cold chain experts
- Trainings for communication staff of the Ministry of Health to improve communications with the population, mass media and other stakeholders in the event of crisis situations related to immunization
- Advocacy support at the Parliament level to guarantee a special procurement status for vaccines (without a 18% VAT)
- Development and implementation of the AEFI action plan
- Cold chain upgrade (through Transition grant funding)
- Implementation of data quality improvement plan developed in 2013
- Operationalization of electronic vaccine management system

3.2. Health systems strengthening (HSS) support

The first and only HSS grant for Azerbaijan was approved by Gavi in 2008. The grant activities started in October 2012 with only US$403k expended by July 2015, out of a total approved HSS grant amount of US$ 1,182,500. The grant ended in December 2015. Azerbaijan is no longer eligible to request new HSS funding from Gavi.

Out of the three objectives of the grant, only one has been effectively executed, covering activities planned for Year 1 of the grant. Most of the activities under objectives 2 and 3 in the meantime are no longer relevant in the country context.

The first audit of the program was carried out in August 2015 by a local audit firm. Even though the auditors provided an unqualified opinion, there are significant concerns about the value-for-money of executed activities and significant overspending of original budget on salaries and other administrative costs.

End-of-program external audit report was requested to be done upon the end of the Program, and an international audit firm was identified to conduct the audit. However, the audit contract has still not been signed, as the HSS implementing unit does not have sufficient cash balance in its bank account to cover the audit due to the devaluation of local currency in December 2015. Gavi Secretariat requested that the gap be covered by unspent IPV VIG, but the Ministry of Health has still not transferred the required funds to the HSS bank account despite multiple communications and reminders.

Azerbaijan provided the final HSS grant closure report in April 2016 in line with grant closure guidelines. The closure report confirmed that at the end of the 3rd year of the grant only activities planned for the first year and several activities for the year 2 under Objective 1 have been implemented. Activities planned under Objective 2 for the year 1 and year 2 have been implemented partially. Some of the originally planned activities lost their initial relevance and strategic importance during program implementation.

HSS activities that were still considered relevant at the end of the HSS grant were included in the Transition Action Plan for Azerbaijan, to be implemented through technical support from WHO and UNICEF.

3.3. Transition planning

Transition Assessment in Azerbaijan was conducted in July 2015 together with 2015 Joint Appraisal. 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 is expected to be endorsed by Azerbaijan's Ministry of Health and CCM committee on immunization in August 2016.

The total proposed budget for implementation of Transition Activities is US$ 770,000 (excluding the PSC), to be channeled through WHO (US$ 570,000) and UNICEF (US$ 200,000).

Transition grants will target the following strategic areas: evidence-based decision making support to the NIP and strengthening the NITAG, communication and advocacy (including advocacy for resource mobilization), strengthen vaccine management and immunization logistics, vaccine procurement, programme performance and data quality, and strengthening pharmacovigilance function (AEFI surveillance system) of the National Regulatory Authority.

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, Azerbaijan received a cash grant for IPV vaccine introduction in the amount of US$ 131,000. Previous NVS cash grant was received by the country in 2013 for PCV introduction (US$ 127,000). The last disbursement to the HSS program (US$ 582,000) was made in 2012, and no additional disbursements were made since due to significant delays in grant implementation and funds execution.

NVS cash support:

At 1 January 2015, a total of US$ 126,993 was available at the MoH bank account as part of Gavi NVS grants remaining in country.

During 2015, Azerbaijan EPI Program spent US$ 25,000 of the US$ 131,000 IPV VIG on communication, social mobilization, and training activities. The remaining amount has to be spent by the end of 2016 and the country would like to use it to upgrade cold chain equipment. No formal request for reprograming has been submitted to Gavi.

PCV VIG funding was not used in 2015, and the full grant amount remained unspent, as confirmed by country representatives. Gavi requested that the full amount of PCV VIG be reimbursed to Gavi, but the funds have not yet been returned.

HSS cash support:

After two years of very low spending (US$118k spent in total in 2012-2013 vs. US$ 800k approved budget), the grant increased its financial execution to US$273k in 2014. In 2015, an additional amount of US$ 86,527 was expended as demonstrated in Table 5 below.

The grant was not audited until 2015 despite a formal requirement to do so every year, as stated in the signed Aide-Memoire. An audit by the local audit firm took place in August 2015 and did not find any evidence of fraud or misuse of funds. An external audit of the entire program duration, including analysis of the value-for-money and programmatic implementation, was commissioned by Gavi in 2016, but has not yet been launched, as the HSS implementing agency has not yet signed a contract with the auditor due to lack of sufficient funds to cover audit costs in their bank account. Gavi formally requested that required funds be transferred from the IPV VIG to cover the gap and allow the audit to begin as soon as possible.

Table 5: 2015 expenditure of Gavi HSS funds

	Budget in AZN	Budget in USD	Actual in AZN	Actual in USD
Trainings				
Administrative expenditures (including training fees)	16,784	10,763.11	16,784	10,763.11
Per diems	4,403.41	2,823.78	4,403.41	2,823.78
Other expenditure				
Trainings	57,875.77	37,144.12	57,875.77	37,144.12
Equipment	20,565	13,187.76	20,565	13,187.76
Fuel	320	205.2	320	205.2
Bank fees	226.95	145.53	213.31	136.79
Other expenses	48,220.61	30,922.55	34,768.61	22,296.15
Total for 2015	148,395.74	95,162.05	120,28.91	86,526.91

4. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

The table below presents a list of high-level findings from 2015 Joint Appraisal.

Prioritised strategic actions from previous joint appraisal / HLRP process	Current status
1. Stay vigilant to increasing financial requirements in coming years	**In progress.** National Plan for Immunoprophylaxis 2016-2020, 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 despite the challenging financial situation caused by the recent currency devaluation. Overall vaccine budget is expected to increase by 70% by 2020. 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.
2. Maintain current procurement modality in accessing to vaccines at affordable prices	**Completed.** Azerbaijan continues to procure vaccines through UNICEF Supply Division.
3. Introduce new technologies to supply chain to improve its efficiency	**In progress.** Temperature monitoring equipment for the regions and cold room alarm systems have been procured. Software license for existent temperature monitoring equipment needs to be renewed.
4. Sustain programme performance level by investing in quality of services (training, supervision)	**In progress.** Refresher trainings of medical staff and supervision activities continue to be carried out. Additional trainings have been planned under the Transition grants in 2016-2017.
5. Be proactive in addressing (growing) vaccine hesitancy and refusals	**In progress.** Trainings on contraindications have been carried out in Baku and Ganja with technical support from the WHO. Additional trainings have been planned under the Transition grants in 2016-2017.
6. Target unification of current reporting system and e-health immunization module (and developing logistics module)	**In progress.** A special electronic module for immunization has been designed. However, Transition funding support is necessary to improve it, develop additional modules, and synchronize the existing module with the e-health system.

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 introduction of HPV vaccine (communication, advocacy, cost-effectiveness, KAPB study, building preparedness for vaccine safety events, demand generation, medical staff training, etc.)	**2017**	**Yes – WHO/UNICEF TCA**
Ensuring smooth transition out of Gavi support through greater resource mobilization efforts and securing sufficient government funding for immunization program	**2016- 2017**	**Yes – WHO TCA**
Trainings for medical staff across the country on vaccine contraindications and vaccine safety	**2016- 2017**	**Yes – WHO Transition grants**

Continuing to address vaccine hesitancy and knowledge gaps among medical personnel	**2016- 2017**	**Yes – WHO/UNICEF TCA and Transition grants**
Promoting vaccine demand	**2016- 2017**	**Yes – WHO/UNICEF TCA**
Continuing supportive supervision activities and medical staff trainings	**2016- 2017**	**Yes – WHO TCA**
Pursuing sentinel surveillance for rotavirus and IB-VPD (rotavirus – in 2017, government funding will primarily be used for rotavirus surveillance activities; assistance is requested for the cost of specimen transportation to the Regional Reference Laboratory in Minsk and for technical assistance from partners; IB-VPD - continuous support from technical partners)	**2016- 2017**	**Yes – WHO TCA**
NITAG Strengthening	**2016- 2017**	**Yes – WHO TCA**
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	**2016- 2017**	**Yes – WHO TCA**
Ensuring availability of functioning cold chain across the country, notably with support of Gavi transition grant	**2016- 2017**	**Yes – UNICEF Transition grant**
Capacity building of EPI and medical staff to ensure adequate transfer of technical and managerial skills	**2016- 2017**	**Yes – WHO TCA**
Implement recommendations of the EVM assessment and data quality improvement plan	**2016- 2017**	**Yes – WHO TCA**
Operationalize electronic vaccine management system	**2016- 2017**	**Yes – WHO Transition grant**

6. ENDORSEMENT BY ICC AND ADDITIONAL COMMENTS

Brief description of how the joint appraisal was endorsed by the relevant national coordination mechanism	ICC validation is not required for JA Update. EPI Manager reviewed the Joint Appraisal update and provided comments, which have been incorporated into the final version of the report
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, Azerbaijan conducted a Joint Appraisal Update instead of a full Joint Appraisal exercise. 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 Azerbaijan included:

- Afaq Aliyeva, Deputy Director of National Coordination of Immunisation programme, Republican Center of Hygiene end Epidemiology
- Oleq Samilov, Advisor of Sanitation-epidemiological sector, Ministry of Health
- Azad Valiyev, Head of Financial department, Ministry of Health

- Natik Umarov, UNICEF Azerbaijan
- Javahir Suleymanova, National Professional Officer, WHO Country office, Azerbaijan

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
Develop guidelines and train field staff on implementation of WHO Open Vial Policy.	The activity already exists in the transition plan. The budget for this activity was increased from 20,000 to 30,000 USD.	10,000	Transition grant	WHO	Reduced missed opportunities.
Conduct external review of vaccine procurement system and practice to identify areas for improvement.	The activity was reprogrammed to the activity above. During the JA meeting it was concluded that this activity wasn't country's priority.	10,000	Transition grant	WHO	n/a
Study tour to Georgia to observe Georgian health information system and its immunization modules	The activity was cancelled as this is not priority and can be done with other source of funding.	10,000	Transition grant	WHO	n/a