

Joint Appraisal Report — 2017

Country	Azerbaijan
Full Joint Appraisal or Joint Appraisal Update	Joint Appraisal Report — 2017
Date and Location of Joint Appraisal Meeting	6-9 June 2017, Copenhagen
Participants / affiliation¹	The list of participants is attached
Reporting Period	January - December 2016
Fiscal period²	January - December
Comprehensive Multi Year Plan (cMYP) Duration	2016 -2020

1. SUMMARY OF RENEWAL AND EXTENSION REQUESTS

1.1. New and Underused Vaccines Support (NVS) Renewal Request(s)

Type of Support (routine or campaign)	Vaccine	End Year of Support	Year of Requested Support	Target Population (population to be vaccinated)	Indicative Amount Paid by Country	Indicative Amount Paid by Gavi
	IPV	2018	2018	150,000	US\$ 0	US\$ TBD

2. CHANGES IN COUNTRY CONTEXT SINCE LAST JOINT APPRAISAL

Changes and Events in the Country since the Last Joint Appraisal in 2016:

- National currency devaluation took place in December of 2015 (manat lost over 50% of its value relative to USD) which caused financial difficulties for execution of the immunization program in 2016 and required receipt of additional funds from the Ministry of Finances.
- The law on value added tax (VAT) was amended in 2016, and these changes had impact on the procurement of vaccines - now they are subject to an 18% VAT.

Country-Level Changes Affecting the Operation of the Immunization Program:

- Transition to self-financing of planned pentavalent vaccine procurements.
- Transition from PCV-10 to PCV-13.
- Elimination of measles and rubella has been certified.
- National action plan against poliomyelitis outbreak has been prepared.
- Joint financing obligations for 2016 have been fulfilled.
- cMYP for 2016-2020 has been completed.
- Unused USD 127,000 grant for the implementation of the PCV vaccine is being returned to the Gavi Secretariat.
- Official transition from triple oral polio vaccine (tOPV) to bivalent polio vaccine (bPV) in April of 2016.
- One dose of IPV has been introduced to the national calendar since February of 2016.

¹ If taking too much space, the list of participants may also be provided as an annex.

² If the country reporting period deviates from the fiscal period, please provide a short explanation.

Joint Appraisal

Important Outstanding Issues:

- Partnership Framework Agreement (PFA) is not signed.
- External HSS audit was not completed.
- Action plan for transition of the country to self-financing was not accepted in the absence of the signed Framework Agreement.

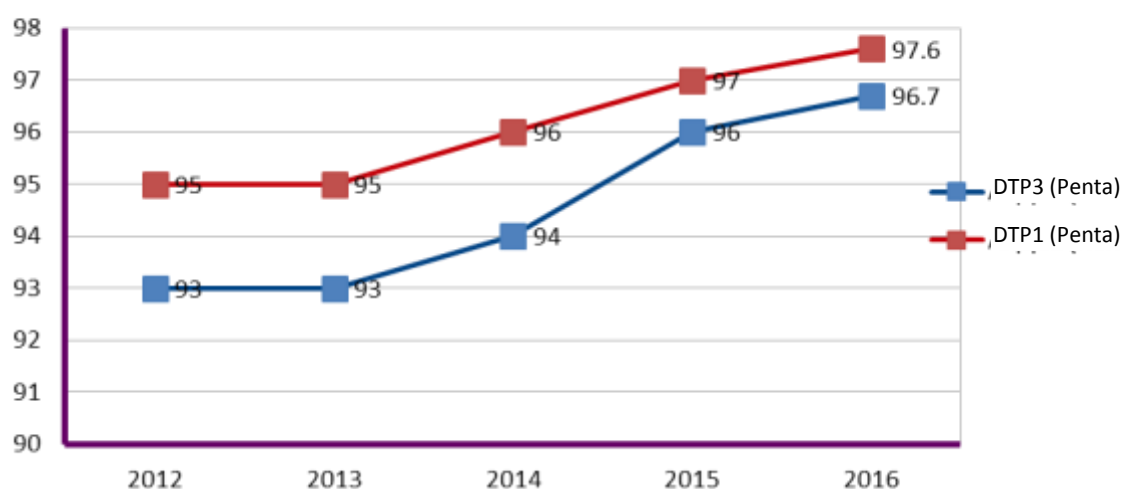
3. PERFORMANCE OF THE IMMUNISATION SYSTEM IN THE REPORTING PERIOD

3.1. Immunisation Coverage and Equity

The country's immunization coverage indicator for almost all antigens exceeds 95%.

The country's immunization coverage indicators have been increasing gradually since 2008, including coverage by recently introduced vaccines. The DTP3 coverage indicators in 2016 have reached 90 - 94% in 14 districts and over 95% in 50 districts of the Republic (out of 64 districts). The vaccine rejection rates and amount of losses are within the limits permitted by WHO and UNICEF; there is a trend of reduction in the DTP1-DTP3 rejection rate compared to the previous years from 2% to 0.98% in 2016.

DTP1-DTP3 Coverage in 2012-2016

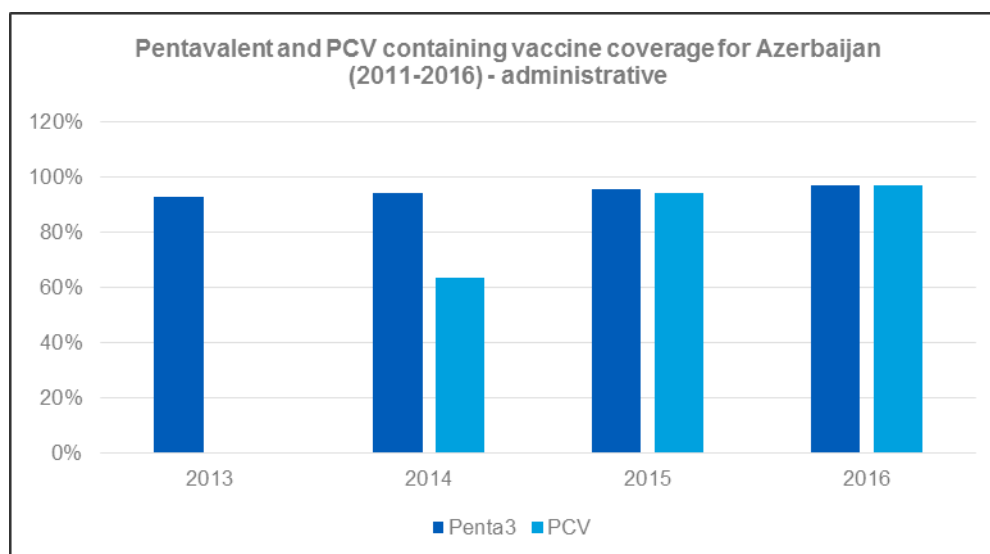


The MMR (measles, mumps, rubella) vaccine coverage rate in 60 districts (93.8% of the total number of districts) exceeds 95%.

Based on the results for 2016, there is no difference in the coverage of Penta 3 and PCV3 (96.7% and 96.8% coverage respectively).

Joint Appraisal

Penta3 and PCV Vaccine Coverage



In the second quarter of 2016 Azerbaijan successfully switched from the PCV 10 vaccine to PCV 13. Medical personnel were well prepared due to the training provided with WHO support. There were no difficulties reported during the transition to PCV 13.

The IPV vaccine was introduced in February of 2016 in the entire country - for 6-month-old children. According to the results for 2016, 133,489 children were covered by IPV vaccination, including 132,988 children under 1 year old, which amounts to 88%. The country had sufficient stock of the vaccine for 2016 (244,000 doses); 89,280 doses of the IPV vaccine were delivered to the country in January 2017.

Transition from tOPV to bOPV took place in April of 2016.

Table 1. Vaccination Coverage Data for 2010-2016.

	2016 (%)	2015 (%)	2014 (%)	2013 (%)	2012 (%)	2011 (%)	2010 (%)
BCG	98,1	98,0	98,0	98,0	98,0	99,0	98,0
Hep B (dose administered at birth)	98,9	99,0	99,0	99,0	99,0	99,0	99,0
DTP1 (pentavalent1)	97,6	97,0	96,0	95,0	95,0	96,0	97,0
DTP3 (pentavalent3)	96,7	96,0	94,0	93,0	93,0	95,0	93,0
Polio3	97,6	98,0	97,0	96,0	96,0	98,0	96,0
MCV1	97,5	98,0	98,1	98,1	97,3	97,8	97,9
MCV2	97,7	98,0	98,0	98,0	98,0	98,0	98,0
PCV3	96,8	94,0	64,0				
IPV	88,0						

There were no outbreaks of infectious diseases registered in Azerbaijan in 2016.

There were no instances of poliomyelitis registered in 1996. In 2002 Azerbaijan received the "poliomyelitis eradication" certificate together with other countries in the region. This status remains valid at present. The high level of coverage with routine immunization from poliomyelitis, measures for early detection, registration and investigation of all instances of AFP, high awareness level of medical workers achieved through systematic education and provision of information is the most important element of the entire AFP epidemiological surveillance system in effect in the Republic since 1997.

Joint Appraisal

There have been no instances of measles registered in the country since 2014.

Also, there have been no instances of rubella in the country since 2008. 111 suspected instances of measles, 64 suspected instances of rubella and 17 instances of CRS were identified, analysed and rejected in 2016.

Incidences of pertussis and mumps in the Republic have been declining over the past years, and there were no instances of pertussis and mumps registered in the country in 2016.

Table 2. Rate of Vaccine-Controlled Infections (absolute figures for 2010-2016)

	2016	2015	2014	2013	2012	2011	2010
Diphtheria	0	0	0	0	0	0	0
Measles	0	0	0	164	0	0	0
Mumps	0	6	9	76	126	101	125
Pertussis	0	0	0	4	18	27	15
Poliomyelitis	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	1
Tetanus	13	8	9	5	7	6	3

Rotavirus Surveillance

Azerbaijan conducts sentinel surveillance for rotavirus disease as part of the WHO-coordinated Global Rotavirus Surveillance Network (GRSN). In 2016, 720 children were enrolled in GRSN with 96 (13%) testing rotavirus positive and the most common genotype strains was G4P[8]. In addition, the rotavirus national laboratory passed the external quality assurance (EQA) program coordinated by the Global Reference Laboratory in Atlanta, GA, USA and the external quality control (EQC) program coordinated by the Regional Reference Laboratory in Minsk, Belarus. Rotavirus disease in Armenia occurs in a seasonal cycle with peak occurrence in winter months (December – April).

IB-VPD surveillance

As part of a WHO-coordinated invasive bacterial vaccine-preventable diseases (IB-VPD) surveillance network (GISN) in the region, Azerbaijan performs sentinel surveillance for IB-VPD (*Streptococcus pneumoniae*, *Neisseria meningitidis*, *Haemophilus influenzae*). PCV10 was added to the national immunization program in December 2013; it is scheduled to be given at 2, 3, and 6 months of age.

Based on the (IB-VPD) sentinel surveillance data in 2016, 100 cases of suspected bacterial meningitis were investigated and pathogens were detected in 32 of the cases:

- 13 cases were caused by *Streptococcus pneumoniae*,
- 7 cases were caused by *Neisseria meningitides*,
- 12 cases were caused by *Haemophilus influenzae*.

Both the hospital and the national laboratories participated in and passed the external quality assurance (EQA) program coordinated by Public Health England, London (PHE) in 2016.

3.2. Key Drivers of Low Levels of Coverage and Equity

- The national Immunization Program is being implemented on the basis of the Law of the Republic of Azerbaijan dated 14 April 2000 "Immunoprophylaxis of Infectious Diseases" and the State Program of Immunoprophylaxis of Infectious Diseases adopted by the Cabinet of Ministers in 2015 for the period of 2016-2020.

Joint Appraisal

- As of 01 January 2017, there are 2,265 vaccination centres in Azerbaijan. They have been renamed as healthcare and medical centres, in accordance with the primary health care (PHC) legislation. Each healthcare centre services about 2,000 residents and controls up to 5 medical centres. In 1,777 centres (78.4%), immunization services are provided during the year on fixed days; the target group in these institutions is up to 50 children. In 468 (20.7%) centres, immunization services are provided 6 days per week throughout the year.
The analysis of the absolute number and percentage ratio of medical institutions offering immunization services shows that 1,777 (78%) of immunization centres have one vaccinator. In other 468 (22%) of immunization centres, there are 2 and more vaccinators per target group, and the target group consists of up to 100 children or more.
- The coverage with later doses or vaccines administered after the age of one, and comparison with the coverage with vaccines before the age of one (vaccination incompleteness indicator) ranges from 3.2% (oral polio vaccine - OPV3) to 5.8% (Penta 3).
- According to the current law, vaccines are administered if there are no contra-indications within terms set in accordance with the national vaccination schedule.
- The main reasons for non-immunization are: medical exemptions, false contraindications, parents' refusal due to various reasons, such as insufficient knowledge of adverse events following immunization (AEFI) or reluctance to administer several vaccines in one day, migration of population, as well as problems with personnel (shortage of doctors and vaccinators in some immunization centres, shortage of epidemiologists), insufficient regular monitoring. etc. The Ministry of Health pays serious attention to this problem.
- Vaccination in remote districts with difficult access (winter pastures, etc.) is carried out by mobile groups on fixed days. However, when vaccination is carried out on a fixed date, some parents might not be able to bring their children to be vaccinated for various reasons.
- Immunization services cover the entire Republic evenly, and there are no differences in coverage based on high and low socioeconomic quintiles or gender. Azerbaijan is a secular state, and access to vaccination is equal for children in all regions, regardless of the social status, beliefs or gender. At the same time, accounting of vaccinated boys and girls is carried out in accordance with the current monthly vaccination report form.
- The results of the work of the effective vaccine management (EVM) mission in Azerbaijan in 2014 establish the following: vaccines are purchased through the UNICEF supply department, vaccines are delivered without interruptions. On the central level, in the Innovation and Supply Centre there is sufficient volume of storage of vaccines, the inventory recording system meets the requirements, and the staff working with vaccines on the central level are well prepared. Also, most of the standard work procedures are available at the central warehouse.
- Forecasting the demand for vaccines is carried out by the staff of the Expanded Program of Immunization in the Republican Centre for Hygiene and Epidemiology (RCHE).
- Forecasts of demand for vaccines are prepared on the basis of valid data on the size of the population; vaccination coverage and actual levels of losses are included in the estimations.
- The Innovation and Supply Centre (ISC) procures vaccines in accordance with the forecasts prepared by the RCHE and sends vaccines to the district centres for hygiene and epidemiology (CHE) quarterly, based on the schedule prepared by the RCHE using an "under distribution" system.
- Health care facilities (HCF) receive vaccines in district CHE every month in accordance with their monthly needs, thus using an "on-demand" system.
- Vaccines are distributed among district CHE using 3 refrigerated vehicles.
- Shortage of vaccines and consumables on the central level is not reported, because vaccines are purchased with a 25% reserve; safety of injections is ensured by using only auto-disable syringes, and safety boxes are used for safe disposal.
- The central warehouses maintain a temperature chart for the cold room.
- Vaccine receipt procedures have been improved; additional storage capacity is provided for at the central and district levels.

Joint Appraisal

- Standard inventory accounting forms have been developed for the district level and for the immunization service level.
- Standard forms have been developed for forecasting the demand for vaccines and management of inventory at the district level and at the immunization service level.
- Continuous temperature recording devices have been purchased for the national/central warehouse and are being used, 30-day electronic temperature recording devices for district warehouses, as well as freezing indicators; personnel was trained in proper use of such devices.
- Standardized reporting forms on fulfilment of immunization programs (form No. 5) are being continuously updated and widely used.
- One of the decisive factors for the efficiency of the healthcare system is a high level of workforce capacity. Ensuring the optimal balance of staff quantity and quality renewal and retention, in accordance with the demand of the organization in the healthcare system of the Republic, follows the requirements of the current legislation based on higher and specialized medical education facilities.
They include:
Azerbaijan State Medical University,
8 secondary medical schools (2 in the capital + 6 city and district),
Institute for Doctors' Qualifications Improvement,
Advanced training courses at Secondary Medical School No. 2
Every year, Azerbaijan State Medical University trains over 1000 medical workers of different specialization, secondary medical schools - about 2000 certified specialists.
- Vacancies at state institutions located in Baku are practically fully filled. Towns and districts of the Republic experience demand for doctors and medium-level health care professionals, and the Ministry of Health is implementing a policy to eliminate the deficiency of local personnel. For this purpose, the official website of the Ministry of Health and "Medical Newspaper" regularly publish information on job opportunities for all specializations.

3.3. Data

Data quality assessment for the national immunization data (which collected via parallel system) was not carried out. The last immunization coverage data was collected in 2010-2011 as part of the "Demography and Health" project. The Ministry of Health would like to conduct a new DHS study in 2018, but take into consideration current financial situation in the country, it will be depend on the availability of the financial resources of the Ministry of Health.

New-borns in the country are registered electronically (form No. 103), therefore the same data is used by all structures.

There is a gradual transition of the registration of vaccinated children from paper form (No. 5) to electronic form (since September 2016).

Electronic system of monitoring of all infections (including vaccine preventable infections (VPI)). A new manual on adverse event following immunization (AEFI) is being developed.

Procurement of vaccines is carried out through the UNICEF Supply Division. On the central level, in the Innovation and Supply Centre there is sufficient volume of storage of vaccines, the inventory tracking system meets the requirements, and the staff working with vaccines on the central level are well prepared. In addition, most of the standard work procedures are available at the central warehouse.

3.4. Role and Level of Engagement of Different Stakeholders in the Immunisation System

Immunization Program Coordination

- Between 2006 and 2011, the coordination of the Immunization Program was carried out by the Inter-agency Coordination Committee on International Projects. In order to achieve sustainable cooperation, in 2012 at the initiative of the Ministry of Health and partners (WHO and Rostropovich-Vishnevskaya Foundation) it was agreed to include the immunization program in the functions of the NCM (National

Joint Appraisal

Coordination Mechanism for HIV, Tuberculosis and Malaria, which also includes several NGOs), which has subsequently changed its name to the National Coordination Mechanism for International Programs in Azerbaijan, and was supported by the Global Fund administrator and its secretariat, and was unanimously approved by the NCM Council on the 22nd Assembly of the Coordination Mechanism. Later, during implementation of the Health System Strengthening project, a Task Group was formed within the ICC to coordinate the immunization program and the HSS project.

- Currently, the Gavi Alliance is the only external source of financing for the Immunization Program in Azerbaijan. Azerbaijan observes all its obligations related to joint financing, and fulfilment and financing of the Immunization Program.
- Azerbaijan is continuing with the implementation of the injection safety policy. The country has a functional committee for AEFI monitoring and has a national AEFI monitoring system.
- 4,348 instances of adverse events following immunization were registered in 2016. There were no serious reactions and complications.
- The country is experiencing growth of private services provision, including immunization services. The services are provided at 14 private health care facilities mainly located in Baku (10 out of 14). Private health care facilities submit reports on vaccinations to district Hygiene and Epidemiology Centres (HEC). There were 18,503 children born in at private health care facilities in 2016, which amounts to 12.1% of the total number of newborn children in the country (153,006 children). Children born in private health care facilities are covered with BCG, OPV0 and Hep B vaccines, according to the National Preventive Vaccination Calendar. Vaccination in the private sector is carried out in accordance with the national vaccination schedule; requests for vaccines are submitted to the RCHE at the end of the year. Additional immunization is conducted in accordance with the current laws and regulatory documents.

4. PERFORMANCE INDICATORS OF GAVI GRANTS IN THE REPORTING PERIOD

4.1. Program Efficiency Indicators (IPV Grant)

Within the IPV grant 4 expanded conferences related to the implementation of the IPV vaccine (2 at the national level, 2 at the regional level) organized by the Republican Center for Hygiene and Epidemiology of the Ministry of Health of the Republic of Azerbaijan and conducted in 2015. A total of 350 immunization specialists participated in the conferences.

4.2. Sustainability and Planning of Transition.

Since 2016, the country started self-financing the procurement of the Penta vaccine and in 2018 it will switch to self-financing of the PCV vaccine procurement.

Therefore, the share of government financing of the procurement of Gavi-supported vaccines in 2018 will reach 100%. The IPV vaccine will be an exception, as it is provided by the Alliance free of charge, and if the humanitarian supplies are not extended until 2020 as stated during the June meeting in Copenhagen, in 2019 the country will start 100% financing for the procurement of vaccines for RI.

Immunization of children under the age of 6 in Azerbaijan is a state-run program financed on the basis of a five-year action plan approved by the Cabinet of Ministers, which includes the calculation of all the costs the country will have to cover in 2016-2020. Along with the costs associated with vaccines, the action plan includes the costs of the improvement of the immunization system and the Cold Chain, procurement of refrigeration equipment at the national and subnational levels, as well as the necessary supplies for primary health care, strengthening the laboratory potential, conduction of surveys, assessments, monitoring related to coverage, training and HR strengthening and preparation, as well as issues related to social mobilization (visual aids and work with mass media).

Pilot studies of electronic form No. 5, which have recommended themselves positively, are nearing completion; this form was developed for continuous monitoring of the target group coverage at all levels. Its gradual implementation was started at health care facilities responsible for the immunization of

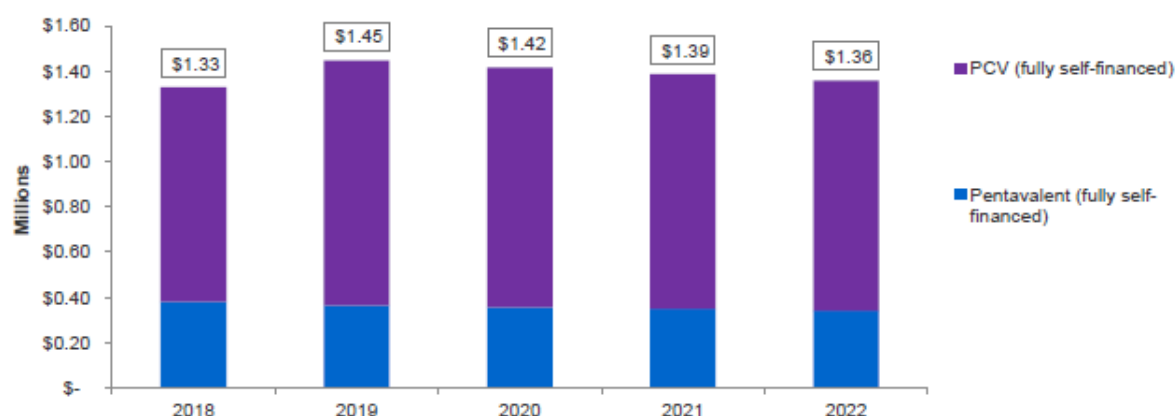
Joint Appraisal

children. This will allow approaching 100% reliability of the information on target groups coverage at each immunization centre.

Some of the challenges related to the sustainability of the programme: transition activities that were planned under the transition plan are not fully implemented; only two Gavi-supported vaccines have been introduced by Azerbaijan and the country has never benefitted from HSS investments; further strengthening of NITAG is needed; devaluation of local currency will continue to impact the immunization budget.

Without any doubt, support from Gavi and partners during the transition to full self-financing of the Immunization Program would greatly help the Republic in many RI areas, but, nevertheless, although the country does not have a plan for transition, the Republic, even if left alone with its problems, will continue fulfilling its obligations in full to reduce vaccine-preventable diseases among children, and develop the potential under the EPI to the maximum possible extent.

Projection of government expenditures on previously co-financed routine vaccines 2018-2022



	2018	2019	2020	2021	2022
Pentavalent (fully self-financed)	\$ 382,788	\$ 365,847	\$ 358,241	\$ 350,752	\$ 343,673
PCV (fully self-financed)	\$ 946,360	\$ 1,079,463	\$ 1,057,251	\$ 1,035,382	\$ 1,014,375
Total	\$ 1,329,148	\$ 1,445,310	\$ 1,415,492	\$ 1,386,135	\$ 1,358,048

• Projections are based on Gavi's operational forecast version 14.

4.3. Financial Management Efficiency (IPV Grant)

In 2015, the Ministry of Health of the Republic of Azerbaijan received USD 131,000 for the introduction of the inactivated polio vaccine (IPV).

The same year, USD 25,000 was transferred to the RCHE account.

In 2015 the legislation of the Republic has changed, and according to these changes all grants received by the country had to be registered with the Ministry of Justice.

Lack of agreement between the Ministry of Health and the Gavi Alliance made it impossible to register the grant and use the remaining amount of USD 105,618.49 for the Republic's needs. Moreover, in spite of the Alliance's request, the Ministry of Health was unable to transfer the amount of 5000 manat (USD 2,945) to the account of an auditing firm to complete the HSS audit at the Centre of Public Healthcare and Reforms.

As of today, a letter was from the Gavi Alliance requesting a return of the remaining amount of the grant for the IPV implementation. The Ministry of Health has started the return procedure, and the remaining USD 105,618.49 will be returned to the Alliance's account before mid-August 2017.

Joint Appraisal

4.4. Technical Assistance (TA)

Rotavirus Surveillance

- WHO EURO Regional Office (RO) continued to provide technical assistance for rotavirus surveillance, procured the WHO recommended enzyme immunoassay (EIA) kits to detect the rotavirus antigen, and provided logistics assistance for the external quality assurance (EQA) and external quality control (EQC) programs. In 2016, the rotavirus national laboratory passed both the EQA program overseen by the Global Reference Laboratory at CDC, Atlanta and EQC program overseen by the Regional Reference Laboratory in Minsk, Belarus. See section 3.1 for summary of rotavirus surveillance data.
- WHO EURO RO created practicums on analysis and presentation of rotavirus surveillance data. Standard rotavirus surveillance outputs, general data analysis tips, and data cleaning and validation rules were presented at the regional rotavirus surveillance meeting. Specific analysis topics included filtering data, creating analysis variables, and generating summaries using pivot tables. Participants practiced producing the standard outputs using case-based rotavirus surveillance data.
- WHO EURO RO coordinated the regional rotavirus surveillance meeting in June 2017. Country-level, regional, and global updates on Global Rotavirus Surveillance Network (GRSN) activities and updates on epidemiology and laboratory topics were presented. Countries engaged in discussions about sustainability of rotavirus surveillance. Participants from each country participated in the workshop on rotavirus surveillance data analysis and presentation techniques.

IB-VPD Surveillance

- WHO EURO RO provided technical assistance for IB-VPD surveillance, procured rapid diagnostic test kits (RDT) (i.e., Latex agglutination kits and Binax kits), and provided logistics assistance for the external quality assurance (EQA) and external quality control (EQC) programs. In 2016, the laboratory at the sentinel hospital and the national laboratory passed the EQA program overseen by the Public Health England, London (PHE). See section 3.1 for a summary of IB-VPD surveillance data.
- WHO EURO RO coordinated a regional hands-on training workshop to improve capacities to detect the causes of bacterial meningitis. The workshop was on the use of new, direct real-time PCR method for detection and molecular characterization of molecular agents (*Streptococcus pneumoniae*, *Neisseria meningitidis*, *Haemophilus influenzae*); this method does not require DNA extraction. The workshop facilities were kindly provided by the R.G. Lugar Centre for Public Health Research, National Centre for Disease Control and Public Health of Georgia. A representation from the national laboratory in Azerbaijan participated in the workshop conducted by staff from the Global Reference Laboratory in April 2017. This method has several advantages compared to conventional multiplex PCR, as it reduces the risk of contamination, requires a lower volume of CSF, saves processing time, and results in cost savings. (A detailed description of the workshop is provided at <http://www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/news/news/2017/05/training-of-lab-experts-improves-capacities-to-detect-causes-of-meningitis> and at <http://www.who.int/immunization/gin/en/>).

AEFI surveillance

- Representatives of the immunization programme, national drug regulatory authority and the national expert committees reviewing AEFIs causes participated in the WHO workshop on AEFI monitoring, causality assessment and communication. Participation involved self-assessment of the national AEFI surveillance system, reviewing WHO recommendations and global resources in the area of work and developing a national plan of action to strengthen the AEFI surveillance system in Azerbaijan.
In country TA was further provided by WHO to support developing the national AEFI surveillance guidelines.

Joint Appraisal

5. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised Activities from Previous Joint Appraisal	Current Status
<p>1. Support for the introduction of HPV vaccine (communication, propaganda, cost-effectiveness, KAPB study, improvement of readiness for vaccines safety events, creation of demand, medical personnel preparation, etc.)</p>	<p>Consultancy support was provided to the NIP in making decision on introduction of HPV vaccine. The representatives of NITAG and NIP participate in the Regional meeting on HPV vaccine introduction, which was held in March 2016. WHO EURO RO sent a letter to the MoH advocating for using an opportunity of GAVI support to introduce HPV vaccine. Technical support was provided in preparing application to GAVI for the support with introduction of HPV vaccine. The Introduction Plan was developed, HPV delivery strategy was defined, and the preliminary communication strategy was prepared. The application was submitted to GAVI Secretariat but was withdrawn due to lack of the signed Framework Agreement.</p>
<p>2. Ensuring gradual transition from Gavi support through activation of efforts aimed at mobilizing resources and providing sufficient government financing for the Immunization Program.</p>	<p>The plan for transition to self-financing was not approved by Gavi due to lack of the signed Framework Agreement.</p> <p>Technical assistance from WHO in 2016-2017 was not provided.</p>
<p>3. Training of health care staff all over the country on contraindications to vaccination and safety of vaccines.</p>	<p>The trainings on vaccine safety and contraindications was conducted for front line health workers in 2017 with the support from WHO.</p>
<p>4. Continued review of uncertainty in vaccines and gaps in knowledge of health care staff.</p>	<p>The Ministry of Health is running a continuous information and awareness campaign against anti-vaccination mood using mass media.</p> <p>Work with journalists and press-conferences were conducted in 2016-2017 during the immunization week with WHO support.</p>
<p>5. Encouraging demand in vaccines.</p>	<p>The 2014 decision of the Ministry of Health to procure vaccines through the UNICEF Supply Division shall not be reconsidered.</p> <p>There was no any additional assistance in creation of demand for vaccines provided by WHO/UNICEF in 2016-2017.</p>
<p>6. Continued supplementary surveillance and preparation of health care staff.</p>	<p>Supervisory work is conducted by the staff of the Republican Centre for Hygiene and Epidemiology on a continuous basis.</p> <p>Training was provided in 2016 with WHO support for the health care staff involved in the EPI on "Strengthening of the system of surveillance of measles and rubella and the congenital rubella syndrome".</p>

Joint Appraisal

<p>7. For the purposes of sentinel surveillance over rotavirus infection and ID-VPI (rotavirus infection - state financing in 2017 will mainly be used for rotavirus surveillance activities), request for assistance with the cost of transportation of samples to the Regional Reference Laboratory in Minsk and for technical assistance from the partners; ID-VPI - continuous support from technical partners.</p>	<p>-Surveillance for rotavirus disease is ongoing. Stool specimens are being collected, demographic, clinical, and laboratory data are collected and shared with the Global Rotavirus Surveillance Network (GRSN) as requested.</p> <p>-Surveillance for IB-VPD is ongoing. Cerebrospinal fluid (CSF) specimens are being collected, demographic, clinical, and laboratory data are collected and shared with the Global IB-VPD Surveillance Network (GISN) as requested.</p>
<p>8. Strengthening of the National Immunization Technical Advisory Group (NITAG).</p>	<p>With support from the WHO, the NITAG Members participated in the 16th Meeting of European Technical Advisory Group of Experts on Immunization (ETAGE). The evaluation of NITAG was conducted using standardized questionnaire. The results of the evaluation, including recommendations on the NITAG strengthening were discussed with the NITAG Chair and Secretary at Regional Meeting for NITAG in 2016.</p>
<p>9. Conduction of EVM appraisal before transition, since 2017 will be the last possibility for the country to use WHO support for this activity before transition.</p>	<p>Planned with support from the WHO for 2017-2018.</p>
<p>10. Ensuring availability of functioning cold chain all over the country, especially under support with the Gavi transition grant.</p>	<p>The Ministry of Health did not receive the Gavi grant for transition period due to lack of the signed Framework Agreement.</p>
<p>11. The EPI and health care staff capacity building to ensure proper transfer of technical and managerial skills.</p>	<p>With support of the WHO, national specialists of the Ministry of Health and the EPI are participating in international training events, meetings and conferences on immunization, laboratories, etc.</p>
<p>12. Fulfilment of recommendations from the EVM appraisal plan and improvement of data quality.</p>	<p>In progress.</p>
<p>13. Commissioning of the electronic immunisation management system.</p>	<p>The Ministry of Health is working on the creation of an electronic vaccine management system.</p> <p>Technical assistance from WHO in 2016-2017 was not provided</p>
<p>Additionally: significant recommendations of the IRC or the HLRP (as applicable)</p>	<p>Current Status</p>
<p>Not applicable for Azerbaijan</p>	

Joint Appraisal

6. ACTION PLAN: SUMMARY OF FINDINGS, ACTIONS AND TECHNICAL ASSISTANCE NEEDS IDENTIFIED AND AGREED UPON DURING THE JOINT APPRAISAL

Overview of Key Activities Scheduled for Next Year:

1. Appraisal of the burden of disease for enteric infections of unidentified aetiology and rotavirus infection among children under five.
2. Assessment of effective vaccine management (EVM).
3. Inventory taking of the cold chain, assessment of needs and reconstruction plan.
4. Activities for the adaptation of operational procedures in vaccines management.
5. Continued epidemic surveillance of rotavirus infection and bacterial meningitis.

Key Finding 1	Appraisal of the burden of disease for enteric infections of unidentified aetiology and rotavirus infection among children under 5.
Agreed activities in the country	The Ministry of Health will engage the necessary specialists and assist with conducting joint monitoring and assessment.
Relevant schedule	March - April 2018
Technical assistance needs	Technical assistance from the WHO is needed
Key Finding 2	Assessment of effective vaccine management (EVM)
Agreed activities in the country	The Innovation and Supply Centre and the Republican Centre for Hygiene and Epidemiology will assist the mission.
Relevant schedule	May 2018
Technical assistance needs	Technical assistance from the WHO is needed
Key Finding 3	Inventory taking of the cold chain, assessment of needs and reconstruction plan
Agreed activities in the country	The Innovation and Supply Centre and the Republican Centre for Hygiene and Epidemiology will assist the mission.
Relevant schedule	February 2018
Technical assistance needs	Technical assistance from the WHO is needed
Key Finding 4	Activities for the adaptation of operational procedures in vaccines management
Agreed activities in the country	The Republican Centre for Hygiene and Epidemiology will provide assistance to the mission
Relevant schedule	June 2018

Joint Appraisal

Technical assistance needs	Technical assistance from the WHO is needed
Key Finding 5	Continued epidemic surveillance of rotavirus infection and bacterial meningitis
Agreed activities in the country	<p><i>Rotavirus and IB-VPD sentinel surveillance support</i></p> <ul style="list-style-type: none"> ● Ensure continuous and sustainable disease surveillance for rotavirus and IB-VPD ● For rotavirus surveillance, need for financial support for diagnostic kits and laboratory supplies and shipment of samples to Regional Reference Laboratory in Minsk, Belarus for the external quality control program and genotyping. ● For IB-VPD surveillance, need for financial support for rapid diagnostic kits and laboratory supplies and transportation of cerebrospinal fluid specimens to RRL in Moscow for pathogen detection and serotyping/serogrouping by PCR.
Relevant schedule	During 2018
Technical assistance needs	Technical assistance from the WHO is needed
Key Finding 6	NITAG strengthening
Agreed activities in the country	Participation of NITAG members at regional meetings, trainings, and study tours to well-functioning NITAGs
Relevant schedule	March - April 2018
Technical assistance needs	Technical assistance from the WHO is needed

7. JOINT APPRAISAL PROCESS, ENDORSEMENT BY THE NATIONAL COORDINATION FORUM (ICC, HSCC OR EQUIVALENT) AND ADDITIONAL COMMENTS

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Joint Appraisal

8. ANNEX

Compliance with Gavi Reporting Requirements

	Yes	No	Not applicable
Grant Performance Framework (GPF) Reporting on all indicators due to have been completed	YES		
Financial Reporting	YES		
Periodic financial reporting		NO	
Annual financial statement	YES		
Annual financial audit report		N.A	
End of year stock level report	YES		
Campaign reporting	YES		
Immunisation financing and expenditure information	YES		
Data quality and survey reporting	YES		
Annual desk review		NO	
Data quality improvement plan (DQIP)	Yes		
If yes to the DQIP item, report on its progress		NO	
In-depth data assessment (conducted in the last five years)	YES		
Nationally representative coverage study (conducted in the last five years)		NO	
Annual progress update on the Effective Vaccine Management (EVM) improvement plan	YES		
Post Introduction Evaluation (PIE)	YES		
Measles and rubella five-year plan			Not applicable
Operational plan for the immunisation program			Not applicable
HSS end of grant evaluation report	NO		
HPV specific reports			Not applicable
Transition Plan			Not applicable