

Joint appraisal report

Country	Kyrgyzstan
Reporting period	<i>Joint Appraisal Meeting - September 2016</i>
Fiscal period	<i>1 Jan – Dec 31, 2016</i>
If the country reporting period deviates from the fiscal period, please provide a short explanation	NA
Comprehensive Multi Year Plan (cMYP) duration	<i>2012-16 (expired)</i> <i>2017-2021 (in development)</i>
National Health Strategic Plan (NHSP) duration	<i>Den Soluuk 2012-2016</i>

1. SUMMARY OF RENEWAL REQUESTS

Programme	Recommendation	Period	Target	Indicative amount paid by Country	Indicative amount paid by Gavi
NVS – PCV in existing presentation NVS – <i>E.g.</i>	Extension (Approved in Oct 2016)	2017	157,600	US\$ 281,000	US\$ 2,031,500
NVS – <i>Penta</i> in existing presentation	Extension (approved in Oct 2016)	2017	157,600	US\$133,000	US\$ 872,500
HSS - 2 nd Year Tranche (to be contracted to WHO and UNICEF)	Approval	2017			US\$ 873,311

Indicate interest to introduce new vaccines or HSS with Gavi support*	Programme	Expected application year	Expected introduction year
	<i>Rota Virus Vaccine</i>	<i>2018</i>	
	<i>HPV</i>	<i>Not fully discussed</i>	

The country is planning to apply for rota and HPV vaccines however the potential introductions are to be discussed with all stakeholders during the cMYP development process and costing analysis in late 2016 and early 2017.

2. COUNTRY CONTEXT

The Gavi Alliance has been supporting the Government of Kyrgyzstan (GoK) by providing New Vaccine Support (NVS) since 2001: for HepB mono (2001-2005 and 2007-2008), IPV (2015-2017), Pentavalent (2009-2015) and PCV (2015-2016). In addition, since 2002 the Gavi Alliance has been supporting the GoK with cash-based support on a number of programs including the Immunization Service Support (ISS), the Injection Safety Support (INS), the Vaccine Introduction Grants (VIG), and the Health Systems Strengthening (HSS). As of today, a total amount of US\$14,832,306 was provided to the country out of which US\$12,207,628 was provided for the NVS, and US\$ 2,624,688 has been disbursed to the Government for ISS (in 2006 and 2008-2013), INS (in 2004-2006), VIG (in 2001, 2008-2013) and HSS support (in 2007 and HSS-2 2015).

Currently Kyrgyzstan is in *Preparatory Transition phase*¹. However, considering the recent GNI dynamics, the country might approach the *Accelerated transition*² phase within several years period, which requires preparation of the country for financial sustainability, and enhancement of country's ownership of the National Immunization Program.

Kyrgyzstan has achieved a high level of coverage rates (over 95%) for immunization service provision in the country. According to the WHO/UNICEF data, 100% of the districts achieved more than 80% DTP3 coverage. As per DHS 2012 more than 96% of children age 18-29 months have received vaccinations with BCG, measles or MMR and the first doses of polio and DTP (Penta) and 95% received a vaccination for hepatitis at birth.

However, the proportion of children receiving the second and third doses of polio and Penta are considerably lower. The drop-out rate between the DTP1 and DTP3 is 13% and the corresponding rate for polio is 18%. Overall, 74% of the children aged 18-29 months had received all WHO-recommended vaccinations and only 1% of children age 18-29 months has not received any vaccinations. In 2014-2015 Kyrgyzstan registered a high number of suspected measles cases (698 in 2014 and 21,343 in 2015). The NIP and MoH planned and implemented set of the outbreak response activities, including the MR SIA and stopped outbreak by the end of August demonstrating strong capacity of the EPI in mobilization and addressing existing challenges. However, the measles outbreak challenged validity of vaccine coverage data published by the country. Moreover, the high drop-out rates reported by the DHS 2012 further indicated the need for review of the coverage data and quality of data management.

During the recent years, the vaccine coverage has been challenged further by the refusals, hesitancy and growing anti-vaccination campaigns led by various groups, including religious leaders. Existing anti-vaccination trend requires significant efforts for increasing awareness of the professionals and general public on immunization issues.

The EPI review was conducted for Kyrgyzstan in July – August 2016, as part of Gavi TCA with participation of partners at regional and country levels as well as US CDC. Major challenges identified in the areas of policy, planning, and service delivery as well as health systems. EPI review also highlighted significant problems around the data management and quality and challenged the country reported high coverage.

HSS2 was approved and in 2015 Gavi revised the financial management requirements (FMR) of the PFA3, and established new financial management and procurement requirements for HSS and for any future cash grants that may be disbursed to the GoK, including requirements for fund disbursement, financial management arrangements, and Terms of Reference for Governance of Gavi HSS in Kyrgyzstan. Revision of the Financial Management Requirements was communicated to the Government of Kyrgyzstan⁴ through the decision letter dated 29.01.2015.

In September 2015, Gavi commissioned a technical assistance via the World Bank in order to provide support to the country for fulfilling critical elements of FMR, and for strengthening capacity of key stakeholders, particularly ICC in monitoring of the HSS implementation. By February 2016, the country received full 1st tranche of the funds, total of US\$ 1,085,684 from Gavi. However, there has been no progress made in terms of implementation which will be further explained in the relevant section of this report.

3. GRANT PERFORMANCE AND CHALLENGES

3.1. New and underused vaccine (NVS) support

3.1.1. Grant performance, lessons and challenges

Kyrgyzstan introduced PCV 13 with a delay due to the measles outbreak in 2014-2015. In February 2016 PCV 13 was officially approved to be part of the immunization schedule and introduction officially commenced in March 2016. PCV vaccine is provided to all children free of charge through fixed clinic sites, vaccine is administered simultaneously with Penta1 at 2 months of age, Penta3 at 5 month of age and MMR at 12 months of age.

¹ Former Intermediary phase

² Former Graduation phase

³ Agreement between the Government of Kyrgyzstan and the Gavi Alliance dated 16.04.2014

⁴ Decision letter dated 29.01.2015

At the time of the EPI review, only four months into introduction, it was too early to assess PCV coverage, particularly with the second dose. Therefore, the review only compared coverage of PCV1 and Penta1, and difference was 2% in April, up to 3-4% in May, and down to 1-2% in June. Healthcare workers reported no problems administering the PCV vaccine, although some additional hesitancy among parents was caused by two injectable vaccines administered in one visit. In most cases, explanation by health worker solved the situation and no PCV refusals were reported

Acceptance of new vaccine was equally good by medical workers and parents, concerns with the need for additional vaccine and with safety of vaccine or multiple injections were limited. The interviewed medical workers were aware of diseases PCV prevents and of benefits of vaccination, knew new immunization schedule and did not have any difficulties with administration of PCV. No AEFIs were reported for any vaccine since the introduction of PCV vaccine, and PCV was generally regarded as very safe vaccine. Immunization forms were updated to include new vaccine, however the reporting form for AEFIs were still entered manually for PCV – the updated form was not provided to the districts at the time of the review.

All sites visited during the EPI review reported that the introduction of PCV was a smooth process and staff of health facilities and SSES felt that the introduction of PCV had improved their immunization programme. Interviewed staff noted that advocacy and communication activities and training sessions prior to PCV introduction boosted immunization awareness in communities and increased overall knowledge of health workers.

IPV introduction, even though already included in the new immunization schedule, was postponed to quarter 4 of 2017 due to global supply problems (current status, the introduction may be delayed even further). Kyrgyzstan was put on hold due to low estimated risk of cVDPV2 emergence in the country, however implementation of risk mitigation measures (strengthening polio surveillance, including supplementary, sustaining high immunization coverage with polio vaccines, update of outbreak preparedness plans) were recommended to the country within the review.

Switch from tOPV to bOPV was implemented smoothly, no problems were reported at national or lower levels. The national switch date was on 30 April 2016, bOPV is used from 2 May. The leftover tOPV was destroyed at every facility level with no centralized collection; reports on disposal were available in all visited sites. Despite smooth implementation of the switch, the knowledge of front-line staff on the rationale of the switch was observed as insufficient, needs to be addressed in further trainings on IPV.

As the global supply situation remains to be resolved, and further postponements, it is important to mention that VIG grants will require replenishment as the initial grants were spent based on the plans and with more than 2 years of delay, the country will require to do more trainings, social mobilization and communication activities particularly for the IPV introduction.

3.1.2. NVS future plans and priorities

In 2017, Kyrgyzstan requested renewal of Gavi support for Pentavalent and PCV vaccines. The new cMYP development is underway and discussions for new vaccine introductions will take place for rota virus and HPV vaccines. It is expected to complete the new cMYP in Q1 2017.

The EPI review was conducted for Kyrgyzstan in July – August 2016, as part of Gavi TCA with participation of partners at regional and country levels as well as US CDC. Major challenges identified in the areas of policy, planning, and service delivery as well as health systems.

The review comprised major technical areas of immunization system and delivery and findings are summarized as follows:

I. Planning and management, immunization policies and strategies

Major challenges

- Insufficient interactions between Public Health Unit and Department of Organization of Health Care & Drugs Policy (MoH) and Republican Center for Immunization (RCI), in the area of policies and strategy development for immunization
- Health work force is a major issue at all levels – Shortage of qualified health staff, high turnover, aging work force, and low motivation, mainly due to low salaries and no incentives

Main recommendations

1. Ensure the immunization program continues to be of a high priority program – Advocate with the Parliament and Government about immunization
2. MoH Public Health Unit to assure a stronger role in immunization policies & strategies and assign a person, ensuring interactions with RCI and other Departments of MoH with appropriate decision making and approval capability and authority

Under the PEF TCA, Gavi will continue to work with Alliance partners and the MOH to ensure that immunization remains as priority. Gavi will continue to engage in health strategy dialogue and be part of the engagement with other development partners for the development of new health strategy in Kyrgyzstan in 2017-18.

II. Service delivery, immunization schedules, new vaccine introduction

Major challenges

- Supervision from all levels (MoH, RCI, SSES, oblasts and rayons) not sufficient enough to ensure full quality and required standards of an immunization program
- Training of health staff insufficient (done mainly ad hoc and with new vaccine introduction)

Main recommendations

3. Strengthen capacity building for health staff (managerial, technical, communication) at different levels
4. Further develop and implement strategies to reach migrants and remote/hard-to-reach populations – and develop system of tracking children not enrolled with territorial health facilities

Both under the PEF TCA and Gavi HSS health worker training on immunization is a major component. These include management of AEFIs, program planning and management, management and understanding of contraindications related to immunization. Communication is a key component in the HSS and under the PF TCA development of home based vaccination cards will be supported to improve the tracking of immunization records of children.

Immunization coverage and monitoring, program performance

Major challenges

- The extent of the measles outbreak (2014/15) and survey data (DHS 2012, MICS 2014) indicate a lower vaccination coverage
- Administrative expectations to meet the goals and punitive actions sometimes lead to unrealistic coverage rates
- While reviewing coverage, the denominator obtained from medical census raised the question about its accuracy

Main recommendations

5. Encourage realistic reporting of target population and vaccination coverage, avoid punitive action of staff for low coverage
6. Introduce child vaccination card and establish electronic immunization registry

Under the HSS there is a component for improvement of immunization data which will be managed by WHO. In addition, under the PEF TCA there will be support for child vaccination cards which would improve data but also provide means for data validation.

III. Immunization quality and safety, AEFI surveillance, regulation

Major challenges

- In some health facilities, no vaccine carriers, no WHO prequalified equipment (mainly domestic refrigerator), lack of generators
- Vaccine stock management practices outdated at national level and not always reflecting SOPs

Main recommendations

7. Continue procuring and distributing WHO prequalified cold chain equipment
8. Improve vaccine stock management practices by implementing standard operating procedures

Through Gavi HSS there is support to improve the cold chain. The country is also eligible for CCEOP support which would improve the cold chain in the sub-national levels. Under PEF TCA the country has received support for development of SOPs for vaccine management and in 2017 this work will continue.

IV. VDP surveillance and diseases control (polio, measles/rubella)**Major challenges**

- Huge measles outbreak with cases reported from all over the country in 2014-2015 – no post measles outbreak evaluation following the outbreak
- Surveillance gaps at the subnational level – declining stool adequacy rate, insufficient documentation of active case searches and knowledge gaps in surveillance among health staff.

Main recommendations

9. Consider national workshop to discuss data obtained during measles outbreak, lessons learnt and strategies to prevent next VPD outbreak
10. Continue to strengthen AFP surveillance and monitor the subnational performance to ensure that cases are identified in a timely manner and investigated

WHO and UNICEF will continue to surveillance and disease control activities, provide support on strengthening surveillance activities in Kyrgyzstan.

V. Advocacy and communication**Major challenges**

- Growing trend of vaccine refusals and lack of behavioural study about anti-immunization groups and reasons for refusals
- Lack of a comprehensive communication plan for immunization, including crisis communication for all levels

Main recommendations

11. Conduct monitoring and behaviours study
12. Draft a comprehensive communication plan with stakeholders coordination and implementation plan, including specific strategies into communication plan to address the refusals and anti-immunization sentiments

Communication and advocacy on immunization is the main focus of Gavi HSS activities. Under the plans, UNICEF is to conduct the KAP study and also develop comprehensive communication plan for immunization program. WHO will also work on development of strategies and building capacity of health staff on addressing vaccine refusals and anti-immunization propaganda.

VI. Health system strengthening, financial sustainability**Major challenges**

- Weak management at the Governmental level to implement SWAp, RBF, GAVI HSS leads to difficulty for alignment and harmonization of Partners initiatives
- Distribution of funds by MoH under the SWAp mainly focuses to curative services which are directed to primary care facilities hinders the preventive service provision

Main recommendations

13. Partner engagement for technical assistance on immunization financing including fiscal space analysis, management of immunization budget, and building capacity for financial sustainability
14. Provide for earmarked budget for training, supervision and operational recurring expenses for immunization, specified in national planning documents

These are priority activities identified as part of the PEF and it is planned to build the capacity of the immunization program management on the areas of planning, and budgeting. As part of early engagement with the country it is planned to provide support to country on immunization financing and helping immunization program to synchronize its processes with the country fiscal cycle.

Further technical and topic-specific recommendations can be found in the review report (Full report link). MOH will be working on actions to address these issues. The secretariat is working with the MOH and partners to support key interventions to address critical areas utilizing HSS2 funds as well as PEF TCA.

3.2. Health systems strengthening (HSS) support

3.2.1. Strategic focus of HSS grant

The EPI review conducted in 2016 revealed that HSS2 is still valid as it addresses the key weaknesses of the immunization program:

- Equity & Coverage:

The measles outbreak in recent years challenges the country reported data as well as DHS 2012 data which indicated coverage in some regions as low as 70%. EPI review revealed that administrative expectations to meet the goals, and punitive actions by the government lead reporting of unrealistic coverage rates. In addition, there is discrepancy and questions about the accuracy of denominator from various data sources (medical census vs. maternity hospital data). Under 2016 PEF TCA, DQA has been conducted and PEF TCA in 2017 will take on implementation of some key data quality improvement recommendations such as introduction of home based vaccination cards for children. Some populations are not reached such as urban migrants, and moving populations also problem to have timely vaccinations. HSS2 aims to increase the coverage in low coverage areas particularly targeting the migrants in both urban and rural settings as well as those living in hard to reach areas using incentives scheme.

- Immunization Service Delivery & Communication

EPI review showed that there are weaknesses in the system as there is need for advanced immunization communication activities for health staff and public in light of increased anti-vaccine and vaccine hesitancy sentiments. There is a need to improve immunization knowledge of health workers and supportive supervision as the only technical training support health received is limited to those that are Gavi supported vaccine introductions. There is also lack of a comprehensive communication plan for immunization, including crisis communication for all levels. These areas are the major objective of the HSS2 where majority of the investment is allocated.

- Vaccine Management & Cold Chain

EPI review also showed that Gavi investments to date improved the vaccine management and cold chain capacity especially at the central and provincial levels. Vaccine management standard operating procedures (SOPs) are well known by most of the staff at all levels. However there are still areas that need improvements at all levels. In some health facilities, no vaccine carriers, refrigerators not of quality-standard and some cases non WHO prequalified – lack of generators in many facilities. Some of these needs are included in HSS2 as well as recently developed CCEOP application as follows:

Equipment to be covered by CCEOP

- 36 SDD refrigerators (up to 30Lt) to equip facilities with power supply less than 8 hours a day (of them 18 newly equipped and 18 replacing obsolete and inadequate equipment);
- 870 on-grid ILRs (up to 60Lt) to equip PHC facilities providing immunization services. Of them 16 units to equip PHC facilities with power supply 8-16 hours a day ((of them 1 newly equipped and 15 replacing obsolete and inadequate equipment) and remaining – to equip facilities with power supply >16 hours a day having > 15 children under one (of them 211 newly equipped, 209 replacing obsolete ILRs and 424 replacing domestic refrigerators);
- 30 on-grid ILRs (up to 100Lt) to equip District vaccine stores – all have power supply >8 hours (to expand storage capacity and replace obsolete and inadequate equipment)
- 50 on-grid ILRs (up to 130Lt) to equip District vaccine stores – all have power supply >8 hours (to expand storage capacity and replace obsolete and inadequate equipment)

- 61 on-grid freezers (up to 300Lt) to equip District and Regional vaccine stores – to replace obsolete equipment)
- 1,140 voltage regulators to be provided (including 129 to the existing equipment and 1011 bundled with new equipment)
- 3,100 30-day continuous temperature monitoring devices (for new and existing equipment) to re-establish continuous temperature monitoring and replenish the device stock every 3 years;
- 1 set of remote temperature monitoring equipment (24 sensors) for central vaccine store
- 9 sets of remote temperature monitoring equipment (4 sensors) for sub-national vaccine stores
- 75 sets of spare parts for CCEOP equipment to establish a stock of spare parts for all types of the supplied CCEOP equipment.

CCE needs that will be covered additionally by HSS funds:

- 4 cold rooms – 10 m3 & 3 cold rooms – 30 m3 (including 3-phase voltage regulators) to expand storage capacity of regional vaccine stores;
- 1 cold room – 40 m3 (including 3-phase voltage regulators) to expand storage capacity of the national vaccine store;
- 1 refrigerated truck 30m3 for national vaccine store;
- 7 refrigerated trucks (5 x 6-9m3 and 2 x15m3 for regional vaccine stores (to collect vaccines from the national vaccine store and provide vaccine distribution to district level);
- 1 Pickup/Minivan vehicle to support equipment deployment monitoring& supervision;
- 1 Power generators 50kW (standby) to equip the national vaccine stores;

- Data Quality

As indicated in the equity and coverage section above, there are issues about the reporting of immunization data and current administrative data is challenged by measles outbreak. All data at sub national levels are managed manually at the facility levels and there is no vaccination cards for families to use for verification. HSS2 aims to introduce electronic immunization registry. In addition, through HSS2, there is opportunity to align with WB managed RBF to improve immunization data as well as have contribution immunization service improvement in the primary health care facilities. The secretariat is working with the WB for better alignment of investments. As stated under the equity and coverage section, there will be follow up to DQA improvement plan in 2017 under the PEF TCA.

- Program management and service improvement

There are weaknesses in the program management for better planning, budgeting, and capacity building. Gavi HSS contributes towards capacity building however there is additional needs which will have to be addressed via PEF TCA. In addition, Kyrgyzstan is listed as part of the RFP to receive support for ICC under the LMC support.

3.2.2. Grant performance and challenges

As indicated in the section 2 of this report, in cooperation with the World Bank office, technical assistance was provided and completed in November 2015 for the finalisation of the annual work plans, budget, and procurement plans for the HSS grant as part of the grant requirements. Upon completion of this work, the Gavi Secretariat already disbursed the first instalment of funds under the HSS grant, in the amount of USD 1,085,684 to kick start implementation in February 2016. However there has been no progress made by the MOH due to administrative and programmatic barriers. As per the new law in Kyrgyzstan, there was a lack of clarity about the status of the Gavi Partnership Framework Agreement (PFA) which resulted activities to be on hold for a long time. The MOH worked on the issue internally with the Ministry of Justice and Foreign Affairs and only in November 2016, got a clearance that the Gavi PFA is valid.

In addition to the status of PFA, other administrative barrier encountered that hindered the implementation. The Gavi Financial Management Requirements (FMR) document stipulates that the World Bank procedures are required to be followed by the Ministry of Health for the use of HSS grant funds. In mid-2016, the WB indicated that WB procedures cannot be used for Gavi HSS funded programs despite the fact this was initially a condition for the health sector procurement, including services, and was reflected in the FMR for all procurement, except cold chain related items procured by UNICEF. This development affected the procurement and contracting of services, works and goods apart from the cold chain related equipment which FMR indicates use of UNICEF SD.

In the absence of clarity on fund management for the existing funds in the MOH account, technical assistance and related activities could also not be initiated by the Gavi partners.

Though the administrative barriers hindered the utilization of funds, it also became apparent that the ICC and program management capacity of the MOH do not meet the expected standards to implement the HSS2. To date, there has not been clear planning around the activities and Gavi Partners are not appropriately consulted or included into the HSS processes. Particularly in the areas of institutional expertise such as updating protocols and guidance for AEFIs and reporting cases, surveillance, study on coverage and reasons for refusals, etc. WHO and UNICEF were not included to the initial discussions, nor were they approached for review of information or documents that were compiled by the MOH. Given that there is no expertise within MOH or RCI on such technical issues and these were part of the critical findings of the EPI review, it is very important that efforts for HSS2 are better orchestrated and linked to the EPI review findings.

3.2.3. Describe any changes to HSS funding and plans for future HSS applications

During the September 2016 JA update discussions, it was agreed to revise the structure of the HSS2 programming to bring the implementation back on track and initiate the key activities planned by the Alliance partners such as communication and data improvement activities. It was proposed that the workplan and budget are to be revised to allow allocation of these funds directly to each of the partners, rather than through the Ministry of Health. This revision or division of roles will not affect the HSS objectives, activities or budget, but changes the formal implementation arrangements.

This proposal was further discussed at the country level with partners during a joint visit (included both regional and country offices of WHO and UNICEF) in November 2016, following key issues of concerns that were discussed and agreed in relation to HSS2:

- Gavi Alliance partners (WHO and UNICEF) shall be directly contracted by the Gavi Secretariat to accelerate implementation along with systematic technical assistance required. Upon approval of this report, grant agreements with the agencies will be issued.
- Under this new fund management structure, lead coordination agencies for implementation will be MOH, UNICEF and WHO; and funds will be divided as follows:

Lead coordination agency for implementation	Overall funding for 5 years (USD)
MOH	1,830,433
WHO	1,913,828
UNICEF	852,395
TOTAL	4,596,655

- Programmatic division of roles of the HSS implementation has been agreed based on each agencies expertise and resources. It is ensured that responsibility stays with one agency to keep the integrity and accountability for each of the objectives of HSS plans:
 - Objective 1 - Increase knowledge, trust and demand for MCH services among the population. This objective will tackle the problem with increasing refusals to vaccinations due to lack of knowledge, misconceptions and anti-vaccination sentiments. (UNICEF)
 - Objective 2 - Strengthen primary health care facilities to increase access to basic MCH services and immunization for urban migrants and hard-to-reach rural areas. This objective will tackle the problem with pockets in the country with lower access to PHC and immunization services (WHO)
 - Objective 3 - Increase capacity of PHC workers to provide quality child immunization services. This objective aims to improve the quality of immunization services through updated guidelines and training (WHO)

- Objective 4 - Strengthen physical capacity of cold chain. This objective tackles deficiencies in the cold chain (MOH).
 - Objective 5 - Strengthen the data collection system to ensure timeliness and accuracy of information on immunization services. (WHO)
- The procurement of cold chain and other related equipment will stay within the Ministry of Health budget as this was stipulated to be procured by the Government through UNICEF in the financial management requirements and is not affected by the situation (valued around 1,7 million USD).
 - The MOH will continue to play a central and critical role of the implementation and performance of the HSS support. Established coordination and governance mechanisms for oversight will remain with Inter-agency Coordination Committee (ICC) playing a key role on monitoring performance and making decisions to steer the implementing agencies. To support ICC in their role, the Gavi Secretariat is in the process of developing a new technical assistance which will be available to Kyrgyzstan in 2017 (under the LMC).

3.3. Transition planning (if relevant)

N/A

3.4. Financial management of all cash grants (e.g. HSS, VIG, campaign operational cost grant, transition grant)

IPV introduction delayed significantly due to global supply shortage and the country utilized about US\$37,080 (Exchange Rate – 1 USD – 68.73, September 23, 2016) and country has approx. US\$84,134 (KZS 5,841,341) remaining in the account. The country might need additional funds due to loss of value in local currency and top up to conclude the planned IPV introduction activities.

HSS – Please see section 3.2.3

4. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised strategic actions from previous joint appraisal / HLRP process	Current status
1. EPI Review to identify strengths and weaknesses in the immunization program and develop plans for improvement	Conducted by UNICEF. There is a need to follow up to the recommendations by MOH and Gavi Alliance. As indicated above the HSS2 will contribute to some key areas such as improving data quality, study and develop strategies to improve immunization coverage among vulnerable populations or where there is low coverage, etc. There is need to provide support on improvement of AEFI reporting and surveillance as well as healthcare staff practices.
2. Raising awareness among population on immunization and capacity building of the health staff	Under PEF there has been support provided to the country in 2016. Further support also provided by the partners to raise awareness around the measles SIAs. There is a need to further work on this area. Support is allocated under the HSS2 and PEF TCA in 2017 as well to advance this work.

3. Data quality review (DQR) and improvement of the new born registry and other data sources for immunization program	DQR is completed in 2016 by WHO. Support is allocated under the HSS2 and PEF TCA in 2017 as well to advance this work.
4. Development of the cMYP and capacity building to use cMYP and National Immunization Plan for better decision making, planning, and management	Development cMYP is initiated in Q4 2016 by WHO and will be completed by Q1 2017.
5. NITAG strengthening	Support provided by the WHO and will continue in 2017

6. PRIORITISED COUNTRY NEEDS⁵

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
Assessment of immunization communication and development and implementation of communication strategy and plan	2017	PEF (UNICEF) and HSS2
Coverage study for low immunization/vulnerable populations (ie urban migrants)	2017	HSS2
Support for development of home based immunization cards	2017	PEF (In country support by WHO)
Capacity building on EVM, SOPs for vaccine management	2017	PEF (In country support by WHO)
Support for HPV and rota introduction decision making processes	2017	PEF (In country support by WHO)
NITAG strengthening	2017	PEF (In country support by WHO)
Support for NUVI application development	2017	PEF (In country support by WHO)
Support for CCEOP application development	Q2 2017	PEF (In country support by WHO)
Program management support (WHO National Staff to support the immunization program)	2017	PEF (In country support by WHO)
Support to reduction of missed opportunities by avoiding false contraindications	2017	PEF (In country support by WHO)
Resource mobilization for immunization financing support (advocacy and communication)	2017	PEF (In country support by WHO)
Support to update AEFI guidelines	2017	PEF (In country support by WHO)

⁵ Subsequent planning and discussions on Targeted Country Assistance will take place - detailed guidance on the process will be shared in May 2016.

<p>Capacity building in budgeting and planning to synchronize the processes (health budget development vs. EPI budget development) Early engagement on immunization financing, management of immunization budget, and building capacity for financial sustainability</p>	<p>2017</p>	<p>In country support (potentially by the WB and WHO)</p>
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7. ENDORSEMENT BY ICC, HSCC OR EQUIVALENT AND ADDITIONAL COMMENTS

<p>Brief description of how the joint appraisal was endorsed by the relevant national coordination mechanism</p>	<p>Not applicable as this is a JA update report. However, SCM visited the country several times throughout 2016 to have discussions with partners and country stakeholders including ICC. EPI review conducted in August 2017 which ICC was debriefed on the results as well as the Minister of Health. EPI review utilized for the JA discussion and formulation of Gavi support. JA update meeting conducted in Copenhagen with participation of country offices as well as focal persons of EPI and HSS of the MOH to review and agree on prioritization of TCA and alignment of the HSS and other Gavi support.</p> <p>Alliance visit conducted in November 2016 to further discuss the HSS component with all stakeholders. During this visit, HSS funding modality is extensively discussed and agreed with ICC, and Minister of Health along with Alliance partners.</p> <p>Finally the JA update report was endorsed by the EPI manager (Dr. Kalilov) and HSS Technical Coordinator of MOH (Mr. Imakeev) on 12 February, 2017.</p>
<p>Issues raised during debrief of joint appraisal findings to national coordination mechanism</p>	
<p>Any additional comments from:</p> <ul style="list-style-type: none"> • Ministry of Health • Gavi Alliance partners • Gavi Senior Country Manager 	