

## Joint appraisal report

<b>Country</b>	Mongolia
<b>Reporting period</b>	<i>October, 2015</i>
<b>cMYP period</b>	<i>2011-2015</i>
<b>Fiscal period</b>	<i>-Jan to Dec</i>
<b>Graduation date</b>	<i>Only relevant for graduating countries</i>

### 1. EXECUTIVE SUMMARY

(MAXIMUM 2 PAGES)

#### 1.1. Gavi grant portfolio overview

GAVI support for New and underused vaccines (IPV, pentavalent and PCV) for Mongolia provides a significant impact for National Immunization programme implementation and its achievements. Sustainable funding for pentavalent vaccine and other EPI vaccines was reached thanks to GAVI co-financing strategy. Support for IPV introduction and vaccine introduction grant provides an opportunity to implement global initiative in the country through strengthening routine immunization systems along with WHO and UNICEF support. PCV, the most needed vaccine's procurement is made at GAVI price which is a great support for immunization financing particularly during this time of economic downturn.

GAVI support will be more effective to sustain immunization coverage and equity if implemented coherently with other efforts such as development and implementation of communication for immunization strategy strengthening local cold chain system, supportive supervision for field staff and REDS strategy linked with PHC.

#### 1.2. Summary of grant performance, challenges and key recommendations

##### **Grant performance** (programmatic and financial management of NVS and HSS grants)

###### Achievements

- Coverage of DTP3 remains consistently high or above 93% according to SISS 2013. Despite economic downturn Mongolia continues to fulfill its role of co-financing.
- IPV introduction and OPV switch plans are developed and under approval process. All relevant preparatory actions are being undertaken as planned.
- REDS strategy evaluation completed by the MOH. Main conclusion of the evaluation was the strategy is 'a must' strategy for the country at this stage of development. Approximately 40 % of the country's population lives in an area that is or has been covered by REDS. In spite of the lack of commitment at various levels and the many constraints, there are sufficient positive examples showing that reaching the hard-to-reach is possible. Capacity building of Primary Health Care to reach out to hard-to-reach populations is a key element for the future REDS strategy design.
- EVMA conducted in July, 2015, findings of which confirmed that a significant achievement was made since 2012 assessment particularly at national level store.

###### Challenges

- Financing for EPI vaccines and devices are fully paid by the government. Challenges will raise to co-finance new vaccines including IPV and PCV if economic downturn continues. Moreover, financing for operational cost of the immunization programme remains (mainly IEC, training of vaccinator nurses, surveillance and transport cost for outreach activities) challenge.

- Immunization equity remains a challenge. According to the SISS-4 survey (Social Indicator Sample Survey) immunization coverage among children of Western region 86% versus 93%, rural children's coverage is 90% versus 94% coverage of urban peers and poorest children 88% versus richest children 93%. Fully immunized children coverage was 65% among Kazakh children while it is 95% among khalkh ethnic group children. The main reason for these disparities are in rural areas mainly geographical (remoteness, hard to reach and mountain regions) and immunization system challenges including lack of transport and fuel, shortage of trained vaccinator nurse and weak cold chain system. In urban areas, main barriers are poverty related or social determinants to access the immunization services. As long as financial and supervisory REDS support is given to the health centers, reaching the hard-to-reach is effectively done. Once REDS support stops, practical constraints limit the outreach activities and staff turn-over results in a slowly disappearing REDS.
- Measles outbreak occurred in March, 2015 and total case numbers reached 13284 confirmed cases as of end of July, 2015. Feature of the outbreak questions quality of coverage data and its denominator issues, surveillance system, and planning for effective SIA.
- EVM assessment findings emphasized weaknesses of local cold chain improvement such as poor supportive supervision and cold chain maintenance.

**Key recommended actions to achieve sustained coverage and equity** (list the most important 3-5 actions)

- Approve and implement REDS strategy sustainability plan and link with Universal Health care coverage strategy.
- Strengthen local cold chain system and improve supportive supervision for field staff.
- Continue to advocate for increased budget allocation for immunization programme within communication for immunization strategy.
- Address vaccine hesitancy issues and demand generation among ethnic groups with well-designed communication strategy urgently.

### 1.3. Requests to Gavi's High Level Review Panel

#### Grant Renewals

##### New and underused vaccine support

- Change of date of IPV vaccine arrival occurred twice due to global shortage. It was planned in Dec, 2015 and now is postponed till March, 2016. Please kindly consider Mongolia as one of the first priority countries for the next production because we have planned other supportive activities in accordance with vaccine arrival. Training of health workers, provincial level planning and demand generation activities are now started.

##### Health systems strengthening support n/a

### 1.4. Brief description of joint appraisal process

*[More details can be provided in an Annex]*

Under the leadership of EPI team NCCD, MOH, WHO and UNICEF participated in the JA process. Priority issues affecting equity and sustained coverage to be reflected in the report are discussed and agreed first among partners. Health and Immunization NGO contributed to the report.

## 2. COUNTRY CONTEXT

(MAXIMUM 1-2 PAGES)

### 2.1. Comment on the key contextual factors that directly affect the performance of Gavi grants.

*[See guidance document for more details]*

- Leadership, governance and programme management ICC/HSCC

National Immunization Law and National Programme for Communicable Diseases are key legal documents to support immunization service. ICC structure of the MOH for immunization programme remains same as it was before with no change.

- Costing and financing: As of June, 2015 the country reached upper middle income status. ODA has been decreasing since 2002 from 15% to 3.6% in 2014 (World Bank, 2014). This includes GAVI support while immunization system of the country still faces challenges. On the other hand, government budget for immunization is not increasing and kept at stagnant level since 2012 due to economic downturn. Current government budget covers only vaccine cost of EPI. Challenges of current immunization system are 1) limited government funding support for outreach immunization, and 2) lack of government budgeting for training, advocacy and communication activities, and procurement and maintenance of cold chain equipment and 3) no clear guide and standard for conducting supportive supervision and monitoring.
- Although economic downturn has been occurring in the country in 2014 and 2015, the immunization financing situation has not worsen. All EPI vaccines are procured timely with slightly delayed payment by the government for each vaccines. Lump sum payment by the government is encouraged as it will save time and transaction cost.
- Human resource management, (changes in policies and new investment)

Qualification training for vaccinator nurse for 3 months has started as of 2014 in cooperation with the National Center for Health Development. This is a very supportive action by the government to solve barriers faced by health departments of provinces and districts. In total there are 115 nurses trained from all 21 province and districts which is about 10% of total 529 immunization units. Due to high turnover of staff at grass root level it is required to conduct training every year for newly joined staff of 5-10% of total immunization units.

- Cold chain and logistics: EVM assessment conducted in July, 2015 after three years when the 3d EVM conducted in 2012. Thanks to improvement plan approved by the NCCD/MOH significant improvement was made. EVMA findings concluded that "... a dramatic improvement made during the period between two assessments of 2012 and 2015 which is significant...." Most of the recommendations made as the result of the 2012 assessment were implemented. As an example, a new 40 cubic meter walk in cold room was installed in the Central Vaccine Store in 2014 with government budget. Seven out of nine EVM criteria are well above the 80% bench mark and only two criteria are below 80%; one related to cold and dry storage capacity slightly below the bench mark (75%) and the other one rather low at 64% is related to information systems and supportive management functions. EVM report is attached.
- Immunization service delivery: Due to economic downturn the petrol cost for outreach immunization became a scarcity in remote soums. REDS strategy evaluation was

conducted in 2014 with support of WHO, UNFPA and UNICEF. The report is attached in the JA report. Main conclusion of the evaluation was that the strategy is 'a must' strategy for the country at this stage of development. Approximately 40 % of the country's population lives in an area that is or has been covered by REDS. In spite of the lack of commitment at various levels and the many constraints, there are sufficient positive examples showing that reaching the hard-to-reach is possible. As long as financial and supervisory REDS support is given to the health centres, reaching the hard-to-reach is effectively done. Once REDS support stops, practical constraints limit the outreach activities and staff turn-over results in a slowly disappearing REDS. Above REDS is described as a strategy and to some extent it is indeed a strategy as there is one single objective, with a mid-term perspective and several main implementation modalities, that are shared by the MoH and the agencies involved. Capacity building of Primary Health Care to reach out to hard-to-reach populations is a key element.

- Surveillance and reporting: Joint team of WHO and CDC assessed Measles outbreak occurred in 2015 concluded that existing surveillance systems for influenza, polio and measles all should be streamlined for the sake of efficiency and effectiveness. Current surveillance system is duplicated.
- Demand generation and communication: Due to vaccine hesitancy issues notified in the country since 2012, UNICEF initiated survey on Vaccine hesitancy. The result of the survey along with IPV introduction effort will lead to development of Communication for Immunization strategy.

Other factors and events: Measles outbreak occurred in March, 2015 and total case numbers reached 13284 confirmed cases as of the end of July, 2015. It reached all province and districts of the country. Thanks to effective strategy of the government, SIA conducted among 371 000 children aged 6 months till 6 years old with coverage of 93.5%.

### 3. GRANT PERFORMANCE, CHALLENGES AND RENEWAL REQUESTS

(MAXIMUM 3-5 PAGES)

#### 3.1. New and underused vaccine support

##### 3.1.1. Grant performance and challenges

Mongolia received GAVI NVS grant for pentavalent vaccine support with coverage of 93% (DTP-3) as per household survey and official coverage reporting of 99%. All province and districts report over 90% of coverage. The year of 2015 is the last year to co-finance pentavalent vaccine by GAVI and Mongolia is successfully fulfilling its duty of co-payment.

IPV introduction grant approved in 2014 with planned introduction in Oct, 2015. However, due to global limited availability of IPV vaccines it was postponed till Jan, 2016 later to March, 2016. IPV introduction plan and OPV switch plans are now under approval process.

PCV vaccine introduction in 2 districts only will be done in 2016 which was planned initially to be introduced in 2015. The introduction is a part of a study which is supported by the WHO and Murdoch Children's Research Institute, Australia. The study is an evaluation of the impact of PCV vaccine and will be conducted in the selected city-districts based on the results of the cost-effectiveness analysis for PCV. Nationwide introduction is planned for 2017 if fiscal space of the government permits.

Equity analysis: Immunization equity remains a challenge. According to the SISS-4 survey

(Social Indicator Sample Survey) immunization coverage among children of Western region 86% versus 93%, rural children's coverage is 90% versus 94% coverage of urban peers and poorest children 88% versus richest children 93%. Fully immunized children coverage was 65% among Kazakh children while it is 95% among khalkh ethnic group children. The main reason for these disparities are in rural areas mainly geographical (remoteness, hard to reach and mountain regions) and immunization system challenges including lack of transport and fuel, shortage of trained vaccinator nurse and weak cold chain system. In urban areas, main barriers are poverty related or social determinants to access the immunization services.

AEFI: During the recent outbreak of Measles there was a microplanning session which includes AEFI and contra-indications to immunizations. It was found that there is a need to streamline an understanding about management of AEFI and clarification on contra-indications to supplementary and routine immunization.

Data quality and survey requirements: Disparity of data between household survey and health administrative statistics remains a challenge. MICS 4 was conducted in 2013. Measles outbreak analysis conducted in August, 2015 concluded that the real vaccination coverage of routine MCV1 and MCV2 has been lower than the officially reported coverage, based on Measles coverage analysis. Moreover, it concluded that vaccination coverage was likely overestimated during the last decade. Last data quality survey was conducted in 2006, thus it is required to repeat the survey.

Key bottlenecks to improve coverage: Some of the recommendations from program reviews and advisory bodies were difficult to implement due to a variety of factors. These include:

Vaccine and cold chain related issues:

Vaccine wastage rate for birth dose of BCG and Hepatitis B within 24 hours is high in the remote areas. Despite improvements, there is still insufficient funding to repair cold chain equipment at all levels, and currently the government tends to rely on international organization's supports to procure some of the equipment. In addition there is only one engineer responsible for repairing cold chain equipment for the entire country level. Two more engineers hired starting 2015. Temperature monitoring during vaccine transport and outreach should be strengthened using mobile technology

Recent EVM assessment recommended series of action to improve local cold chain preventive maintenance and supportive supervision for field staff. Based on the result of the assessment it seems that there is no standard method for estimation of vaccine annual needs (score 36%). Supportive supervisory visits is another major problem in this criteria as the score is 53%. The line of supervision is not clear for the staff at the service delivery points. It is not clear who is responsible for the supervision and what is the standard or acceptable number of supervisory visits per year. It appears that there is a supervisory check list but no records of the supervisory visits. Major recommendations to improve the situation are:

- Develop a standard method for the estimation of annual needs for vaccines and safe injection equipment based on annual target population, wastage factors and coverage data particularly for new vaccine to be introduced.
- Specify the line of supervision (who should be responsible for the supervisory visits to the service point level) and develop a policy for supervision. Review the supervisory checklist and update it with the help of some of the field staff
- Develop a supervisory record book and distribute it all health facilities for recording supervisory comments during the visits.
- Develop a generic preventive maintenance plan for cold chain equipment and send it to all facilities for adoption. In the preventive maintenance plan make sure to reflect the details of PPM checklist that specifies the tasks to be carried out daily, weekly, monthly and quarterly basis in the preventive maintenance plan

- Establish a simple maintenance record for all cold chain equipment at this and all levels. Assign a specific staff member to be responsible for the repair and maintenance of the cold chain equipment in each facility at this level.

Doctors and nurses are having heavy workloads and find it difficult to fulfill all immunization duties at both the primary and secondary level. Additionally, low salaries and lack of incentives have resulted in a high rate of health care worker turnover.

Demand generation and communication. Although overall acceptance of immunization services are high, the strength of the anti-vaccination lobby is increasing which contributes to the increased level of vaccine hesitancy since 2012. Risk communication plan during AEFI needs to be in place which will be developed within Communication for immunization strategy to be developed in 2015 with support of UNICEF.

Key lessons learned to future routine vaccine introductions or campaigns: There is a need to develop a guideline and train health workers to communicate with hesitant mothers and risk communication.

Financial performance challenges: No significant challenges are notified.

### 3.1.2. NVS renewal request / Future plans and priorities

#### **Currently approved vaccines:**

##### Reasonableness of targets for next implementation year

In March, 2016 IPV will be introduced and in May, 2016, the PCV vaccine will be introduced into 2 districts of the capital city among children under 1 and children aged 12-23 months.

o Projected growth by year in coverage performance given recent trend

Coverage target is above 90% in all districts and provinces.

##### Plans for change in any vaccine presentation(s) or type(s) 3

o Issues to be addressed to ensure a successful product presentation/type switch

Switch from tOPV to bOPV is planned in April, 2015. A proposal to change presentation of IPV vaccine from 1 dose to 4 dose was sent to GAVI/SD UNICEF.

Risks to future implementation and mitigating actions

#### **New applications or new immunization programme priorities:**

##### Any expected future applications to Gavi for new vaccine introductions or campaigns (in the next two years)

In order to sustain Measles free status a Supplementary immunization campaign against Measles for adults is planned in May, 2016 in following priorities:

First Priority: born in 1986-1997 (18-29 years old, college-students age + young adults);

Second Priority: born in 1998-2002 (13-17 years old, older school children) and born in 1981-1985 (30-34 years old, older school children)

Emerging new priorities for the national immunization programme based on the latest cMYP and annual work plans

EPI review and cMYPlan development activities are planned in 2016. Moreover, data quality survey is planned in 2016.

### 3.2. Health systems strengthening (HSS) support

#### 3.2.1. Grant performance and challenges

*[Comment on all bolded areas listed in the table in this section of the guidance document]*

Mongolia didn't receive support on HSS during the reporting period.

#### 3.2.2. Strategic focus of HSS grant

*[Comment on the extent to which the HSS grant contributes to improve and sustain coverage and equity in access to immunization. See guidance document for more details]*

Mongolia didn't receive support on HSS during the reporting period.

#### 3.2.3. Request for a new tranche, no-cost extension, re-allocation or reprogramming of HSS funding / Future HSS application plans

*[Indicate request for a new tranche of HSS funds (and the associated amount) or no-cost extension, or any planned changes in terms of re-allocation or reprogramming. Also describe future HSS application plans]*

Mongolia didn't receive support on HSS during the reporting period.

### 3.3. Graduation plan implementation (if relevant)

*[Comment on all bolded areas listed in the table in this section of the guidance document]*

n/a

### 3.4. Financial management of all cash grants

*[Comment on all bolded areas listed in the table in this section of the guidance document]*

n/a

### 3.5. Recommended actions

Actions	Responsibility (government, WHO, UNICEF, civil society organizations, other partners, Gavi Secretariat)	Timeline	Potential financial resources needed in 2016-2017 and source(s) of funding in USD
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Ensure timely preparation to introduce IPV, PCV and OPV switch and its validation process	MOH, WHO, UNICEF, Health and Immunization NGO	Feb, 2016	WHO 242,000 UNICEF 141,600
Develop and implement Communication for immunization strategy based on findings of vaccine hesitancy survey and IPV introduction process	MOH, UNICEF	Feb, 2016	UNICEF 136 000
Develop REDS sustainability plan as per REDS evaluation recommendation and implement in priority areas	MOH, WHO, UNICEF	Dec, 2016	WHO – 241, 000 UNICEF – 124,000
Ensure timely preparation for Measles adult immunization in May, 2016	MOH, WHO, UNICEF, MRI	March, 2016	WHO – 117,000
Develop IP as follow up of EVM assessment conducted in July, 2016	MOH/NCCD	Jan, 2016	250 000 (unfunded)
Prepare and conduct EPI review, cMYP plan and data quality survey	MOH/NCCD, WHO and UNICEF	Jun-Dec, 2016	50 000 (unfunded)

#### 4. TECHNICAL ASSISTANCE

(MAXIMUM 1 PAGE)

##### 4.1 Current areas of activities and agency responsibilities

#### 1. TECHNICAL ASSISTANCE (MAXIMUM 1 PAGE)

##### 4.1 Current areas of activities and agency responsibilities

*[Comment on technical assistance received and the responsibilities of the different agencies which provided the support. See guidance document for more details]*

#### WHO

WHO has extended its technical support on the immunization programme by strengthening health system at the sub-national level through REDS approach in addition to its traditional areas of support (surveillance for VPDs including laboratory networks, routine immunization, new vaccine surveillance / introduction, M&E etc). Financially, WHO has funded nearly 1 million US\$ for Immunization activities in 2014-15 and the activities are summarized as below:

1. Technical and financial support for measles outbreak containment:
  - Provision of Laboratory diagnostic kits for measles and other rash and fever illnesses
  - Measles refresh training for HCWs
  - Operational support for mass vaccination campaign for child population
  - TA on outbreak investigation, retrospective analysis and response
2. Sub-national HSS
  - REDS strategy implementation in Umnugobi and Songinokhairkhan district



- Community-based activities for the hard-to-reach population in RED-sites.
  - Co-share of national training on SIAs micro-planning as well as local training for selected province and districts;
3. Facilitation of Polio Endgame Strategy implementation by developing national polio switch plan and IPV introduction guideline for HCWs at the end of Polio dry runs exercise;
  4. National and overseas trainings on NRA capacity building;
  5. Effective Vaccine Management assessment in Jun 2015.
  6. National Measles and Poliomyelitis Laboratories were successfully accredited by the Western Pacific Regional VPDs Lab network,
  7. Laboratory-based sentinel surveillance for childhood pneumococcal diseases were enhanced by the X-ray confirmed surveillance in order to obtain country-specific evidence on PCV impact study.
  8. Different types of IEC activities advocating the benefits of Immunization by approaching new partners such as mass media and CSOs etc.

### UNICEF

UNICEF has been strategically focusing on strengthening routine immunization, support on supplementary immunization, advocacy on increased budget allocation for immunization, procurement of routine vaccines, communication for immunization and microplanning to reach the most disadvantaged populations. During the last 2 years: UNICEF supported implementation of Reach Every District and Soum (REDS) strategy in its 2 focus areas, to identify hard to reach children and delivered immunization, health and social services, facilitation and capacity building of procurement of routine vaccines and cold chain, response to Measles outbreak and support for IPV introduction and OPV switch. Activities implemented are summarized in below:

1. Implementation of REDS strategy, building capacity of health workers on vaccine management, microplanning, safe immunization and routine immunization in its 2 focus areas. Evaluation of the REDS strategy implementation conducted in 2014 and support for follow up activities of recommendation is ongoing.
2. Facilitation of procurement of routine vaccine and cold chain equipment using government budget worth of 1.8 million USD.
3. Support for microplanning training in 30 province and districts, and communication for immunization activities nationwide for supplementary immunization against measles for 371 000 children aged 6 months till 6 years old.
4. Contribution to IPV national plan action development and OPV switch plan including their communication plan. Currently the plans are under discussion and approval process of the MOH.
5. Due to increased level of Vaccine hesitancy in the country, UNICEF initiated survey to assess the current situation which is will be completed by the end of 2015.

## 4.2 Future needs

*[Comment on all bolded areas listed in the table in this section of the guidance document]*

### WHO

EPI programme has been selected by GoM as one of the top ten priority programmes for the national health agenda in 2016-17. In the biennium of 2016-17, WHO Mongolia will

focus on delivering three regional outputs on Immunization that contributes into global outputs and impact as a results-based management system.

**Output 1:** Implementation and monitoring of the global vaccine action plan, with emphasis on strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines.

Funding: US\$ 241,000

Activities:

- HSS at sub-national level: REDS strategy expansion into more provinces and districts
- Establishment of national immunization registry
- Capacity building on different aspects of EPI programme (surveillance, cold chain, coverage monitoring and M&E etc.)

Justification: HSS will be fundamental basis to reach DoV goals.

**Output 2:** Intensified implementation and monitoring of measles and rubella elimination strategies facilitated

Funding: US\$ 117,000

Activities:

- Revision of national measles strategy as a national strategy on measles and rubella
- Establishment of surveillance for CRS
- Enhancement of case-based active surveillance for measles by linking with EWAR surveillance system
- Support for National Measles and Poliomyelitis Laboratories
- Technical and operational support for MR-SIAs for young adults if indicated

Justification: To support country on maintaining measles-elimination status

**Output 3:** Target product profiles for new vaccines and other immunization-related technologies, as well as research priorities, defined and agreed, in order to develop vaccines of public health importance and overcome barriers to immunization

Funding: US\$ 242,000

Activities:

- Continuation of sentinel surveillance for rotavirus diarrhea and invasive bacterial diseases (IBDs) at pediatric hospitals in the capital city
- PCV impact study in Mongolia by piloting 2 districts with PCV vaccination
- Support for laboratory surveillance for rotavirus diarrhea and IBDs
- IPV introduction and Polio Switch activities

Justification: Support country for evidence-based introduction of new vaccines

## UNICEF

In 2016-2017, UNICEF will continue focusing on advocacy for increased budget allocation, microplanning for disadvantaged population, support for communication for immunization strategy and new vaccine introduction.

As of June, 2015 the country reached upper middle income status. ODA is decreasing since 2002 from 15% to 3.6% in 2014 (World Bank, 2014). This includes GAVI support while immunization system of the country still faces challenges. On the other hand, government budget for immunization is not increasing and kept at stagnant level since 2012 due to economic downturn. Current government budget covers only vaccine cost of EPI. Challenges of current immunization system are 1) limited government funding support for outreach immunization, and 2) lack of clear strategy and government budgeting for training, advocacy and communication activities, and procurement and maintenance of cold chain equipment.

UNICEF country office is slightly downsized due to Mongolia's middle income status and partially attributable to UNICEF E&E initiative since 2012. UNICEF will continue to provide technical assistance in immunization mainly in the following areas in 2016 and 2017:

1. Securing essential human resource in place to assist government EPI team on daily basis in improving routine immunization systems. A national officer at NOB level will assist in mainly new vaccine introduction.

Funding: 68,400 USD for a national immunization post at NOB level in 2016 and 68 400 USD same in 2017.

Activities: Overall coordination and management of the program and support MoH in planning and implementation of GAVI supported activities (demand generation (C4D) Immunization equity and coverage; iSCM; and finance)

Justification: Currently all health programmes are managed by one specialist who needs support to implement regional and global priorities of immunization. National officer at NOB level is responsible for immunization and community based activities.

Deliverable: 90% of the outputs are achieved by the end of 2016 including:

- 1) REDS strategy sustainability plan is developed by the MOH and relevant Ministries and implemented key 3 major activities to reduce supply and demand barriers for disadvantaged through building an enabling environment.
- 2) Communication for immunization strategy implemented at nationwide and 3 priority actions are implemented to reduce demand barriers.
- 3) By the end of Dec, 2017 communication and operationalization capacity to introduce PCV is built at the NCCD.

2. Implementing REDS strategy in UNICEF focus areas and regularly monitor its progress.

Funding: 64,000 USD in 2016, and 60,000 in 2017

Activities: Identify disadvantaged children, deliver services, remove bottlenecks, advocacy for decision makers using local evidences, implement REDS strategy sustainability plan.

Justification: Inequity of child health outcome is high which is partially attributable to low immunization coverage. As of 2013 child mortality is twice as high in rural areas and three times higher in poor families. Main bottlenecks are a long distance in rural areas and social determinants or poverty in urban areas. REDS strategy produces strong evidences for policy/decision makers to strengthen local health system and remove social barriers.

Deliverables: REDS strategy sustainability plan is developed by the MOH and relevant Ministries and implemented key 3 major activities to reduce supply and demand barriers for disadvantaged through building an enabling environment.

2. Support for capacity building for implementation of Communication for Immunization strategy to address vaccine hesitancy.

Funding: 56 000 USD in 2016 and 80 000 in 2017.

Activities: Build capacity of NCCD and its communication unit to address vaccine hesitancy issue and involve NGOs in demand creation activities (social network and movie making) and disseminate positive messages on immunization.

Justification: Communication for Immunization will be developed in 2015, for implementation of which the government would need a support for capacity building

in particular to address vaccine hesitancy as well as NGOs for demand creation efforts.  
Deliverables: Communication for immunization strategy implemented at nationwide and 3 priority actions are implemented

3. Support for New Vaccine introduction.  
 Funding: 61 600 USD in 2016 and 80 000 in 2017.  
Activities: Monitoring and documentation support for new vaccine introduction and demand creation.  
Justification: The MOH planned to introduce PCV vaccine as of May 2016 and 2017  
Deliverables: By the end of Dec, 2017 communication and operationalization capacity to introduce PCV is built at the NCCD.

## 2. ENDORSEMENT BY ICC, HSCC OR EQUIVALENT & ADDITIONAL COMMENTS

(MAX. 1 PAGE)

Brief description of how the joint appraisal was endorsed by the relevant national coordination mechanism:
Issues raised during debrief of joint appraisal findings to national coordination mechanism:  Meeting minutes of National Verification Committee of Mongolia on verifying Regional goals on vaccine preventable diseases surveillance, held on 30 October 2015:
<ul style="list-style-type: none"> <li>Issue discussed at the meeting: The joint appraisal report</li> </ul> <p>O. Dashpagam, who is head of immunization dept, gave a presentation on the joint appraisal (JA) report.</p> <p>Q&amp;As:</p> <p>Q 1. Can you clarify reporting period of JA report? It includes 2015 or not?          A1: Reporting period of JA is 2011-2015. We reported activities which have been conducted in 2015.</p> <p>Q2. Head of National Verification Committee: According to the report, we can see that GAVI supports a new vaccine introduction very much in our country and we hope that this kind of support will continue. Furthermore what vaccines will be supported by GAVI?          A2.EPI team: GAVI is helping to support IPV introduction, as well PCV price reduction</p> <p>Q3. Head of National Verification Committee: We know that GAVI had supported Penta vaccine introduction very much. We are very glad to GAVI support for IPV introduction. And I agree to submit the JA report to GAVI.</p> <p>Finally, we are pleasure to express that GAVI not only supports to introduce new vaccine, but also to implements immunization period successfully, on behalf of the government of Mongolia.</p>
Any additional comments from
<ul style="list-style-type: none"> <li>Ministry of Health:</li> <li>Partners:</li> <li>Gavi Senior Country Manager:</li> </ul>

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### 3. ANNEXES

*[Please include the following Annexes when submitting the report, and any others as necessary]*

- **Annex A. Key data** (this will be provided by the Gavi Secretariat)
- **Annex B. Status of implementation of the key actions from the last joint appraisal and any additional High Level Review Panel (HLRP) recommendations**

Key actions from the last appraisal or additional HLRP recommendations	Current status of implementation

- **Annex C. Description of joint appraisal process** (e.g. team composition, how information was gathered, how discussions were held)
- **Annex D. HSS grant overview**

General information on the HSS grant							
1.1 HSS grant approval date							
1.2 Date of reprogramming approved by IRC, if any							
1.3 Total grant amount (US\$)							
1.4 Grant duration							
1.5 Implementation year				month/year – month/year			
(US\$ in million)	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>

1.6 Grant approved as per Decision Letter							
1.7 Disbursement of tranches							
1.8 Annual expenditure							
1.9 Delays in implementation (yes/no), with reasons							
1.10 Previous HSS grants (duration and amount approved)							
1.11 List HSS grant objectives							
1.12 Amount and scope of reprogramming (if relevant)							

- **Annex E. Best practices (OPTIONAL)**