

Joint appraisal report

Country	Uzbekistan
Reporting period	<i>Previous appraisal: September 2015</i> <i>Current appraisal: September 2016</i>
Fiscal period	1 January- 31 December
If the country reporting period deviates from the fiscal period, please provide a short explanation	NA
Comprehensive Multi Year Plan (cMYP) duration	2016-2020
National Health Strategic Plan (NHSP) duration	2010-2020

1. SUMMARY OF RENEWAL REQUESTS

Programme	Recommendation	Period	Target	Indicative amount paid by Country	Indicative amount paid by Gavi
NVS – PCV in existing presentation	<i>Renewal</i>	2017-2019	723,777	US\$ 3,292,000	US\$ 5,485,000
NVS – Pentavalent in existing presentation	<i>Renewal</i>	2017-2018	723,777	US\$ 2,190,000	US\$ 795,000
NVS – Rotavirus in existing presentation	<i>Renewal</i>	2017-2018	723,777	US\$ 2,142,000	US\$ 1,210,500

Indicate interest to introduce new vaccines or HSS with Gavi support*	Programme	Expected application year	Expected introduction year

2. COUNTRY CONTEXT *(maximum 1 page)*

Uzbekistan has been eligible for Gavi funding since 2000 and received both vaccines/injection supplies and vaccine introduction grants from Gavi. It currently receives Gavi support for Hib containing pentavalent (2009-2015), rotavirus (2014-2015), IPV (as included in the Polio End Game strategy), and PCV (introduced in November 2015) vaccines, and has been approved for HPV vaccine introduction. The country also have been approved for HSS in early 2014 and based on FMA outcomes funding was agreed to be disbursed to Gavi Partners. 1st Tranche of the UNICEF portion was disbursed to country in October 2016. WHO portion remains to be disbursed pending the signing of the grant agreement by WHO EURO.

The country successfully introduced rota virus (2014) and PCV vaccines (2015). HPV vaccine was to be introduced in 2015 however, with IPV coming into the schedule the country preferred to postpone the introduction to 2016. During 2015 JA mission, it became apparent that the country does not have the needed storage, particularly at the central level to manage all new vaccines. The new HSS grant has substantial cold chain improvement investment (about 4,5 million USD) to upgrade the cold chain, however as HSS fund disbursement was delayed, the country requested HPV vaccine introduction to be further

postponed to late 2017 as there is no storage capacity. This request was approved in October 2015 HLRP review.

3. GRANT PERFORMANCE AND CHALLENGES *(maximum 3-4 pages)*

3.1. New and underused vaccine (NVS) support

3.1.1. Grant performance, lessons and challenges

According to national reporting, Uzbekistan has achieved a high level of coverage rates (over 99%) for immunization service provision in the country. The country data is limited on equity, however overall there are no indications that suggest gender barriers for children under 1 for health. In terms of wealth quantiles and coverage, there is no verified data available. During 2016, no outbreaks were reported by the country and the MOH keeps surveillance as one of the important elements of the program which requires further support and improvement. The Government of Uzbekistan recognizes NIP as one of the priority national public health programs. Immunization is provided to all citizens free of charge. New Law on Sanitary-Epidemiological Welfare of Population was adopted in 2015 with a separate immunization-related chapter and takes steps towards clarifying organizational structure for vaccine management with defined roles and responsibilities. MOH, MOF, and Cabinet of Ministers become responsible for reporting to the parliament for planning and execution of immunization budget.

The country did not have any census data since 1989 which results in concerns on up-to-date data on development indicators, leads to data reliability issues and concerns around the denominators, and challenges the coverage data. These issues create instability for the program to manage the vaccine forecast each year and planning processes. Other area of concern is the lack of gaining formal recognition of need for buffer stocks for vaccines which again has implications on forecasting and planning for immunization program.

Uzbekistan is projected to transition by the end of 2020.

Programmatic readiness for HPV is the key concern as the lack of cold chain for HPV is yet to be addressed, and more importantly no preparatory activities for HPV took place to-date. Last but not least, currently there is no approval from MOH to introduce the vaccine in 2017 to the immunization program and vaccine schedules. There are potential concerns around financial burden of HPV to the already increasing immunization budget with addition of other new vaccines such as PCV and Rota as well as lack of cold chain to store the high volumes of new vaccines. Therefore, it is unlikely that the country would be ready to introduce late 2017.

HSS and CCEOP are aimed to address the cold chain issues, however delays in HSS disbursement requires rescheduling of HSS activities particularly the construction of a central level cold room facility. Uzbekistan applied for CCEOP and was recommended for approval with comments in November 2016 by the Gavi IRC.

As these two supports will have direct implications on preparedness for the HPV introduction (currently there is no space in the cold chain for HPV vaccine), there is a need to have Alliance-wide discussions to develop solutions to support the country.

The country experienced some delays with co-financing payments in 2016. As the program costs increase each year, it is evident that the country is increasingly having difficulties with forecasting, planning and budgeting as well as providing justification to MOF for co-financing allocations. This situation is jeopardizing the successful transition experience as well as timely introduction of HPV vaccine in Uzbekistan before fully transitioning out of Gavi. The ramp up from 2018 will be high for UZB with full financing of Pentavalent and Rota vaccines, further increase of financing PCV in 2019. Addition of the HPV vaccine might further strain the financing of the immunization program that fully finances its routine vaccines.

Issues around the expedited review procedures for registration of WHO pre-qualified vaccines remain to be addressed. Although there is support by the MOH to the issue, there is more advocacy needed around the

issue with the NRA. Should the issue is not addressed, it would remain as bottleneck for Uzbekistan to have new vaccines to be registered in the country.

Additional TA will be focused on ICC strengthening. Transition plan and grants are developed and will be finalised in collaboration with the partners in Q1 2017.

IPV introduction is significantly delayed due to global level supply shortages. As per current forecast, the expected introduction date is end of 2017 or early 2018 subject to change as the global supply situation is still evolving.

3.1.2. NVS future plans and priorities

Renewal of 2017 doses for Pentavalent, PCV13, Rota Virus vaccines. (Approved during October 2016 MD review)

Uzbekistan's President Karimov passed away in September 2016 after 25 years of leadership. Following his death, there has been elections for a new president, and Shavkat Mirziyoyev elected for presidency. Since then, there has been changes in the overall administration including the Ministry of Health. This requires a focused engagement with the new officials that are taking the positions including Ministry of Health officials and Finance Department of MOH. It is planned to have an Alliance visit the country in March 2017 (subject to country confirmation) and orient the officials to Gavi support, policies and critical issues for Uzbekistan such as immunization financing and new vaccine introduction. During the visit it is planned to initiate targeted support to improve decision making and planning processes with authorities ie. MOH and MOF.

Particularly, there needs to be clarity on introduction status. The date for the country to achieve full financing will be the beginning of 2021. In the event that Uzbekistan postpones the introduction of HPV vaccine to a date that is beyond 2017, the country might miss the opportunity to introduce the HPV vaccine with Gavi support.

3.2. Health systems strengthening (HSS) support

3.2.1. Strategic focus of HSS grant

Uzbekistan's HSS proposal for 17,218 m USD for 5 years was approved in March 2014. As per Gavi's Transparency and Accountability policy, prior to the disbursement of any cash grant, the Gavi Secretariat conducted a financial management assessment (FMA) in May 2014. However, due to resource limitations in the Gavi Secretariat, the FMA process was only concluded by February 2016.

The findings of the FMA report indicated the following key issues in relation to management of Gavi HSS funds by the government:

- Proposed plan and budget estimates are not robust and need revision and refinement;
- The proposed PIU as the main institutional setting needs reconsideration and revision;
- The national internal controls are generally robust, but too cumbersome making them ineffective and difficult to comply with and delay or prevent the Gavi HSS programme from achieving its objectives against set timelines
- There is no Internal Audit
- The Chamber of Accounts, which is the external auditor of government funds, focuses on aggregate numbers and the monitoring of budget execution is too limited in scope to meet Gavi requirements;
- Procurement arrangements are complex and lengthy and a series of measures would require to be implemented to reduce operational and fiduciary risks;
- The oversight provided by the ICC is very limited as the ICC does not meet regularly. Its membership is also expected to be expanded to include other Ministries and in-country partners' representatives

In December 2015, the Gavi Secretariat conducted a follow-up visit to review if the above stated issues had evolved. It was concluded that since the majority of the issues had not yet been addressed, alternative funding modalities required to be reviewed. The review concluded that the Gavi HSS funds can be efficiently and rapidly activated by using existing structures and systems of the Gavi Alliance partners, WHO and UNICEF. It was agreed that the Alliance partners to administer the funds, supporting implementation of the HSS grant by the Ministry of Health, Department of State Sanitary-Epidemiology Surveillance.

As a next step, in line with the FMA findings, Gavi initiated a technical assistance support to Uzbekistan to revise and finalize the Gavi HSS workplan and budget to determine division of activities and budget to be managed by each agency. This assistance provided the opportunity to ensure alignment with CCEOP proposal development processes. The country applied for the CCEOP support in September 2016 and was approved by the November IRC with comments.

The grant agreements were issued in September 2016 and first tranche for UNICEF was disbursed in October 2016. WHO portion of the 1st tranche is pending as the grant agreement is still to be signed by WHO EURO. There has been a significant delay due to internal processes of the WHO and this is pro-actively being followed up on.

3.2.2. Grant performance and challenges

The implementation of Gavi HSS started with very significant delays, the WHO portion is expected to start in early 2017. The delay has impact on the cold chain improvement, a critical component of the HSS, which directly impacts the immunization program and country's ability to introduce new vaccines.

Change of leadership in Uzbekistan after passing of the president Karimov in September 2016 impacted the HSS dialogue and slowed down the startup of activities as administrative changes are still on-going in the MOH and key positions.

Given that Uzbekistan is in accelerated transition phase, such delays might have implications on the duration of HSS i.e. shortened implementation time, subsequently potential reductions in performance payments in coming years.

The ICC in Uzbekistan is not fully functional and requires more formal and systematic engagement. The roles of ICC is critical for country ownership and oversight of the HSS funding. To strengthen the ICC, Gavi is engaging a technical support to country under the LMC efforts. The objective of the support will be re-formulate the membership of ICC and terms of reference. It is planned that support will be long term to assist the country on developing capacity for management and performance improvement of the ICC.

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

N/A

3.3. Transition planning (if relevant)

Since January 2014, Uzbekistan entered the accelerated transition (formerly known as graduating) phase from Gavi support. Initial graduation assessment was done in September 2013, and in line with November 2014 Gavi Board decision a new graduation assessment was conducted in conjunction with the joint appraisal mission in 2015. The plans and budget were worked on in 2016 and will be approved by the country and partners in early 2017.

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

The PCV VIG was channeled to UNICEF as per the proposal. As of December 2016– remaining funds are USD 2,565.14

About 8.2% of the IPV grant has been utilized to date (as per May 2016 PF reporting) for some global level training activities and initial authorization activities. The remainder of funds are still with the WHO and pending the solution on supply situation to re-initiate the activities. However, at the time of the introduction, it might be important to review the plans and budget based on new introduction date as there might be a need to top up the introduction grant.

4. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritized strategic actions from previous joint appraisal / HLRP process	Current status
1. NITAG Strengthening	On-going
2. Training of health care workers on false contraindications	Completed. Requires further follow up and support.
3. CCEOP proposal development	Completed. Country submitted the application in September 2016. IRC recommended approval with comments.
4. Vaccine procurement support	Initial work and analysis are completed. The country is eligible for VII and dialogue with the authorities took place. The follow up activities and training will follow in 2017.
5. Vaccine legislation support	Areas for improvements identified. Action plan on legislative changes for financial sustainability is developed. European Regional Workshop on Immunization Legislation has been postponed to March 2017.

5. PRIORITISED COUNTRY NEEDS

Prioritized needs and strategic actions	Associated timeline for completing the actions	Does this require technical assistance?* (yes/no) If yes, indicate type of assistance needed
1. Support to HPV introduction preparedness	Q3	In country support by WHO
2. Support to develop a detailed CC equipment deployment plan aligned with CCEOP application	Q4	In country support by WHO
3. Support to adopt vaccine management SOPs	Q4	In country support by WHO and UNICEF
4. cMYP costing update exercise through recalculation of 2018 vaccine procurement budget using the unified budgeting template; Capacity building of relevant stakeholders for both MoH and MoF on use of unified budget template for vaccine calculation	Q4	In country support by UNICEF
5. Building capacity of MoH and MoF on procurement (including procedures of procuring through UNICEF SD) to support proper planning of immunization related supplies	Q4	In country support by UNICEF

6. Vaccine Legislation Support	Q1	European Regional Workshop on Immunization Legislation
--------------------------------	----	--

6. 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 in 2016 to have discussions with partners and country stakeholders including training the EPI and SES departments on Performance Framework Platform.</p> <p>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>Finally the JA update report was endorsed by the EPI manager (Dr. Dilorom Tursunova) on May 3, 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 	