Joint appraisal report

Country	*Kyrgyzstan*
Reporting period	*Internal appraisal report: 2014* *Joint appraisal report: September, 2015*
cMYP period	*2012-2016*
Fiscal period	*January 1 – December 31*
Graduation date	N/A

1. EXECUTIVE SUMMARY

1.1. Gavi grant portfolio overview

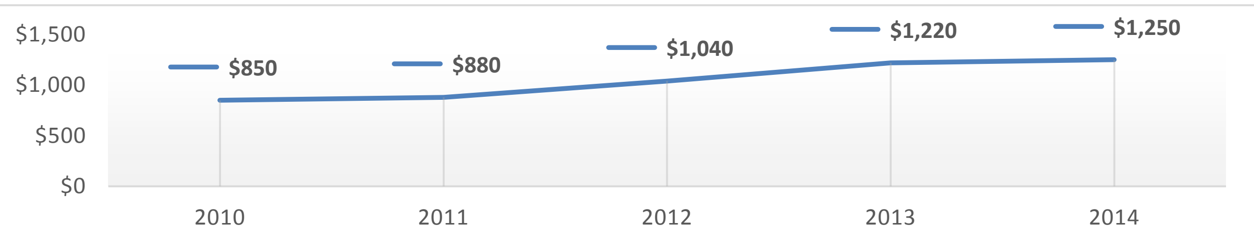
The Gavi Alliance has been supporting the Government of Kyrgyzstan (GoK) by providing New Vaccine Support (NVS) since 2001: for HepB mono (2001-2005 and 2007-2008), IPV (2015-2017), Pentavalent (2009-2015) and PCV (2015-2016). In addition, since 2002 the Gavi Alliance has been supporting the GoK with 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 2015).

Kyrgyzstan does not report on HSS1 as the activities under the proposal were completed. The country submitted a new Gavi HSS2 application which includes lessons learned from the previous implementation. In 2015 Gavi revised the financial management requirements (FMR) of the PFA[1], 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 Kyrgyzstan[2] 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.

Currently Kyrgyzstan is in *Preparatory Transition phase*[3]. However, considering the recent GNI dynamics, the country might approach the *Accelerated transition*[4] 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.

Figure 1 Dynamics of Per Capita GNI - Kyrgyzstan



Source: The World Bank

1.2. Summary of grant performance, challenges and key recommendations

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

[1] Agreement between the Government of Kyrgyzstan and the Gavi Alliance dated 16.04.2014

[2] Decision letter dated 29.01.2015

[3] Former Intermediary phase

[4] Former Graduation phase

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 for 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 implementation of the MR SIA and eliminated outbreak results 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 challenged 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.

One of the most significant challenges of the immunization system is related to the registration and tracking of immunization, especially those from the migrant families. Improvement of new-born registry and other data sources for immunization is considered as one of the most effective strategy for addressing these challenges.

In Kyrgyzstan, gender disparity is not an issue in immunization coverage and in access to health care for immunization services as it was confirmed by the number of studies and surveys carried out in the country.

During the Joint Appraisal, the mission members identified strengths, successes and major challenges of Kyrgyzstan NIP through the extensive consultations with the key stakeholders of the health care sector. High level political commitment to the immunization program and support from development partners contributed into the high coverage rates for all antigens. The country is planning simultaneous introduction of PCV and IPV vaccines by the end of this year that will ensure cost-effectiveness of introduction and management advantages. The country has up-to-standard SOP Manuals on vaccine management and effective cold chain capacity.

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

Following key priority areas were identified for achieving sustainable coverage in Kyrgyzstan:

- Capacity building for budgeting and planning to synchronize the processes
- Advocacy to increase funding for immunization program activities, revision, and implementation of the resource mobilization plan
- Development of new cMYP and inclusion of introduction of new vaccines
- Capacity building for the utilization of the National Immunization Plan and cMYP for better decision making, planning, and management
- Improvement of the performance of ICC through development of SOPs in order to optimize their role and functions, and to strengthen ICC involvement into the planning process
- Capacity building of health staff to minimize false contraindications
- Awareness raising among population on immunization for addressing problems related to the vaccine hesitancy and refusals
- Implementation of the Immunization Communication Plan, including training of staff in communication, elaboration of key messages, and internet based solutions, and development of special packages for target groups, i.e. VHCs, Media, etc.
- Development of crisis communication plan
- Improvement of new born registry and other immunization data sources
- Data quality review for assessment of bottlenecks and areas for improvement
- Improvement of target population estimates
- Exploration of the synergies with RBF, and use Gavi HSS funding as opportunity
- Continuing to benefit from access to vaccine at affordable and optimum prices (Gavi prices procuring through UNICEF SD)

- Strengthening of NRA capacity
- Update of AEFI surveillance system according to the WHO recommendations: improvement of cased definitions, reporting forms, case investigations, reporting of filtering cases, causality assessment, data analysis, and feedback
- Strengthening of laboratory capacity
- Completion of preparations, and introduction of the PCV vaccine
- Carrying out the PCV Post introduction Evaluation
- Implementation of preparation activities for IPV introduction
- Switch from bOPV to tOPV
- Implementation of EVM assessment recommendations

1.3. Requests to Gavi's High Level Review Panel

Grant Renewals

New and underused vaccine support

- Renewal of Pentavalent Vaccine
- Renewal of PCV Support

Health systems strengthening support

- Details on the status of HSS support grant are given in the Section 3.2.2. of this report

1.4. Brief description of joint appraisal process

The Joint Appraisal was conducted from 7 to 11 September 2015 in Bishkek by joint appraisal mission formed by representatives of Gavi Secretariat and WHO Regional Office for Europe. The Mission participants met with the Deputy Minister of Health, Heads of MoH Department of Financing and Policy and MCH working group, as well as the Team for Monitoring of Results Based Funding and National Center for Preventive Medicine and Sanitary-Epidemiological Disease Surveillance. The Mission participants also met with the Senior Management Team of the Republican Center of Immunoprophylaxis (RCI), NITAG and ICC Members, Center for Policy analysis, HSS focal point the World Bank Country Office representatives as well as the representatives of UNICEF and WHO country offices.

This report was drafted by the independent consultant in close cooperation with Gavi SCM, and is based on the desk review of the relevant background documents, and extensive discussions during the mission. The Deputy Minister of Health and ICC members discussed and endorsed final findings and recommendations of the appraisal on September 11, 2015 in Bishkek. The report was shared for feedback with the mission members, regional offices of WHO and EURO for technical components and country counterparts.

2. COUNTRY CONTEXT

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

2.1.1. Leadership, governance and program management

Kyrgyzstan has a track record of health reforms based on consecutive sector programs "Manas", "Manas Taalimi" and "Den Sooluk", spanning over 20 years. This has included introduction of single payer system and output based payment mechanisms as well as work towards reconfiguring service delivery to strengthen comprehensive primary health care based on a family medicine model. Coordination between stakeholders in the sector is facilitated by a SWAp mechanism including annual joint reviews. MCH is one of the four priority areas under the current sector strategy, but still the NIP could benefit from greater exposure and stronger voice for the immunization agenda in discussions at sector level.

Recent Economic Developments and Economic outlook

Growth in the Kyrgyz Republic slowed significantly in 2014, reflecting the deteriorating external environment and supply-side constraints. Real GDP growth fell to 3.6 percent from 10.9 percent in the previous year. Re-export businesses were affected as the Eurasian Economic Union (EEU) began to exercise stricter border control on goods imported from third countries.

Job creation has been stagnant. Poverty remains high: the most recent (2013) national estimates are absolute poverty at 37% and extreme poverty at 2.8%.

Higher spending and the depreciation of the local currency translated into a significant increase in public debt from 46.1% of GDP in 2013 to 53% in 2014. The fall of the Russian Ruble and the Kazakh Tenge led to a significant depreciation of the Kyrgyz Som against the US dollar (approaching 40 % since Jan 2014), which, together with increases in energy tariffs, drove inflation from 4 percent in 2013 to 10.5 percent in December 2014.

Economic growth is projected to be weak in the following couple of years but to recover slowly thereafter. With remittances expected to decline further and external demand to remain weak, real GDP growth is projected to decline to 1.7 percent by the end of 2015. Assuming that external demand for Kyrgyz goods and labor recovers, growth is expected to pick up to 4 percent in 2017. While the deficit is likely to expand to 7.6 percent of GDP in 2015 because of higher public investment, a reduction in non-investment spending should help bring the deficit back to about 4 percent of GDP by 2017.

However, the risks related to this outlook are significant. A protracted slowdown in Russia and in the region will reduce remittances and put further pressures on the exchange rate and prices.

Domestically, political institutions that are still evolving may limit the ability of the government to implement reforms. *The parliamentary elections in October 2015* might also delay implementation of some of the reforms. All together, these factors may cloud the growth outlook, and jeopardize poverty reduction gains.

Political Support

The Government of Kyrgyzstan recognizes National Immunization Program (NIP) as a priority national public health program, as demonstrated by the commitment of the Government to financing of all routine immunization vaccines, 100% execution of approved budgets, and the support to introduction of new vaccines demonstrated by the consistency in meeting Government co-financing commitments for Gavi-supported new and underused vaccines. The Deputy Minister of Health chairs the ICC, and the high level representatives of the Ministry of Health serve as the ICC members.

The Government introduced single payer system with output based mechanisms, facilitating reconfiguration of the services, improved equity and efficiency, and reduction of out of pocket expenditures. The health financing is included in MTEF, and 13% of the Government budget is allocated to the health care sector financing. Immunization financing does not have a dedicated line in the Government budget, however the financing of National Immunization Program is included and separately reflected in the State Public Health Budget.

National level program management

At the national and regional levels the NIP is managed by the Republican Centre for Immunoprophylaxis (RCI) and its 8 regional departments (titled regional and Bishkek city centre of Immunoprophylaxis). At the local level management is performed by epidemiologists and cold-chain managers. Total number of 69 managers and 78 EPI medical professionals are employed in the system.

The Ministry of Health approves the National Immunization Plan. Formally, the strategic function of the NIP planning and coordination had to be facilitated by the ICC activities. However, the ICC potential as a coordinating instrument has not been fully utilized.

ICC

ICC is chaired by the Deputy Health Minister, and consists of more than 22 members. Until now the committee has not been functioning effectively. There has been no practice of regular meetings adopted by the ICC and the meetings have been held either during the visits of donor organizations or for endorsement of various official documents. Overall performance of ICC is sub-standard in meeting its requirements, which calls to immediate action to increase ICC functionality for oversight of the HSS program, as well as for the ICC involvement in decision making process and oversight of the budget and expenditures. The Financial Management Assessment (FMA) carried out in 2014 and concluded in 2015 by Gavi, outlines the detail requirements for Governance of the Health Systems (HSS) Funding including the role of the ICC in oversight of the implementation of the HSS program. Based on the recommendations of FMA, in September 2015 Gavi initiated a technical assistance aimed at optimization and capacity strengthening of the ICC for the purpose of increasing the role and involvement of the committee in oversight of the programmatic and financial management aspects of HSS program implementation through the WB technical assistance facility. The technical assistance will develop detailed workplans, procurement plans, revise M&E framework as needed and train the ICC members on how to utilize the information in hand for monitoring of the HSS implementation.

For the medium term and considering Kyrgyzstan's current status as preparatory transition country ICC capacity should be strengthened to act as a coordination body for development and implementation of immunization policy more broadly rather than as currently where the focus is mostly on coordination of GAVI cash grants

Evidence based medicine and NITAG

In 2014 the composition of NITAG was revised based on availability of previous members and their involvement in the past activities of the group. The new composition was approved by the MoH. Currently, NITAG is recognized by the MoH as operational and effective unit to support the NIP through elaboration and provision of recommendations on various topics such as new vaccine introduction and communication with public for addressing the challenges related to the distrust towards vaccines and the growing number of parents refusing immunization. NITAG was actively involved in planning and implementation of measles outbreak response activities in 2014 and 2015 and was instrumental during the TV debates addressing challenges of anti-vaccination campaign and concerns of religious leaders related to the immunization of population.

Despite its effectiveness in supporting the NIP, the capacity of the NITAG needs to be strengthened for the purpose of better engagement with the MoH, RCI and other relevant stakeholders. Such a development would enable NITAG to be instrumental in increasing credibility of the MoH decisions on immunization policy and practice, as well as in strengthening capacity key policy- and decision-makers of the health sector for evidence based decision making and resisting pressure from specific lobbying groups and anti-vaccination campaigns.

Apart from the work on strengthening evidence for immunization policy Kyrgyzstan has made significant progress on strengthening systems for evidence based medicine (EBM) more generally. This has included development of a national EBM strategy; setting up of a national EBM unit; development and approval of a methodology and process for producing clinical practice guidelines(CPG); clear delineation of roles and responsibilities in the coordination of clinical practise guidelines development and approval; and integration of mandatory EBM training into the medical education curriculum.

A CPG development calendar is coordinated by the Ministry of Health to prioritize topics. All CPG developers must go through training on EBM and CPG development methodology, and the EBM unit ensures that draft guidelines follow the established methodology. They also coordinate external review of the guideline content prior to approval, usually by foreign consultants. Guidelines are now being developed with implementation indicators, which can be used by health facilities to conduct internal audits to promote guideline implementation, and by the MHIF to conduct external quality assurance reviews.

Legislation framework

A number of legal documents were created within the framework of the National Health Reform Program of the Kyrgyz Republic for 2012-1016, "Den Sooluk" and its preceding National Health Reform Programs of Kyrgyzstan – Manas (1996-2005) and Manas Taalimi (2006-2011) in order to cover various immunization related aspects. These legal documents include the Laws of the Kyrgyz Republic "On Single Payer System in the Health Care Financing of the Kyrgyz Republic", "On Health Care Organizations in the Kyrgyz Republic", "On Public Health Protection in the Kyrgyz Republic", "On Public Health", and amendments to the Laws of the Kyrgyz Republic "On the Fundamental Principles of Budgetary Code in the Kyrgyz Republic", "On Health Insurance in the Kyrgyz Republic". The existing legislative basis ensures strengthening of the political commitment of the Government to the National Immunization Program and its financial sustainability.

The current National Program "Immunoprophylaxis" for 2013- 2017 was approved by the Resolution of the KR Government and is synchronized with the National Health Care Reform Program of the Kyrgyz Republic "Den Sooluk" for 2012-2016. Immunization issues are reflected in two components of the program "Mother and Child Health Protection" (MCH) and "Public Health". NHP refers to immunization coverage as one of the key objectives for child health sub-program, under MCH program (table 5 pg.23 of the NHP). The specific objective is to ensure that 95% of children under 2 years of age receive vaccinations that are part of a country's national routine immunization schedule.

Since 2006, health system reform has been implemented under a Sector Wide Approach (SWAp), which was instrumental to monitoring of the progress of the national program implementation through effective coordination and channeling support to program priorities, by using joint processes and instruments for progress monitoring. The MOH organized annual joint sector reviews twice a year with an in-depth assessment of progress and shortcomings, as well as planning of the future activities.

Partnership framework agreement

The Partnership Framework Agreement (PFA) between the Government of Kyrgyzstan and the Gavi Alliance was signed on 16.04.2014. The Annex 6 of the PFA sets out the Financial Management Requirements governing the management of HSS and any future cash grants that may disbursed to the Government of Kyrgyzstan. These requirements include fund disbursement, financial management arrangements, and Terms of Reference for Governance of HSS in Kyrgyzstan.

National Regulatory Authority (NRA)

The Certification Unit of the Department of Pharmaceuticals of MoH performs some functions of the NRA, and is in charge of registration of pharmaceuticals in country. However, typical functions of the National Regulatory Authority are not in place. The vaccines are not registered in the country, and import is based on the individual wavers issued for importing a particular shipment. For importing vaccines without VAT payment, the NIP secures special letter from the Ministry of Social Development for recognizing vaccine shipments as humanitarian aid.

No expedited procedure for registration of WHO pre-qualified vaccines was adopted by the country. NRA does not perform all required functions such as licensing and post-marketing surveillance. NRA has no involvement to matters in relation to management of AEFIs.

Considering the current performance of the NRA functions, it is important that the NRA's critical regulatory functions for vaccines are assessed and strengthened to update the AEFI system in line with WHO recommendations related to the case definitions, reporting forms, case investigations, reporting of filtering cases, causality assessment, data analysis, and feedback.

Gender and Equity

No gender coverage discrepancies and gender–based barriers in immunization were tracked or registered. The country is planning to introduce new computerized system for data collection, which will produce a sex aggregated data among other issues. This objective will be supported within the framework of the HSS2 program.

2.1.2. Costing and Financing

Fiscal space

The health budget development cycle starts in April of each year, and is based on the Government decree that announces budget development process and sets timelines for development and submission of the mid-term (three year) budget forecasts for all national health programs. The national health programs have to submit the mid-term budget forecasts by June. During the period of June-September the MoH discusses submitted budget forecasts with the key stakeholders of the health sector including the NGOs. In addition, the MoH holds budget negotiations with the Ministry of Finance on funding of all national health programs in order to finalize these budgets. The Government submits the final budget to the Parliament for approval by September 1, and the Parliament approves the budget by the end of the year.

In total, the MoH Kyrgyzstan finances 5 national programs, including the National Program on Public Health. The National Immunization Program is a part of the National Public Health Program and the budget for NIP financing, including the budget for vaccine procurement is reflected separately in the budget of National Program on Public Health.

The EPI develops and submits the budget forecast to the MoH in November of each year. The submitted forecast includes annual requirement for vaccine procurement, staff salaries based on the staff qualification and ranking, and operational costs for epidemiological surveillance. The MoH reviews EPI request and informs EPI on preliminary approval by December 1, and the final approval by the end of the year. The actual transfer of EPI funds is carried out in March of the next year.

Existing asynchrony between the NIP budget and Health Sector Budget planning processes and insufficient linkages between these two processes result in underfunding of recurrent costs of the program and full donor reliance on financing operational costs of the program.

Financial Management:

MoH and RCI are responsible for financial management of Gavi support funds. Financial Management Assessment carried out in Kyrgyzstan set out Financial Management Requirements governing the management of HSS2 and any future cash grants Gavi may disburse to the Government of Kyrgyzstan. On September 11, 2015 Gavi officially submitted the Financial Management Requirement document to the Deputy Minister of Health of Kyrgyzstan. As it is indicated in the document, the requirements will be monitored annually by the Gavi financial teams.

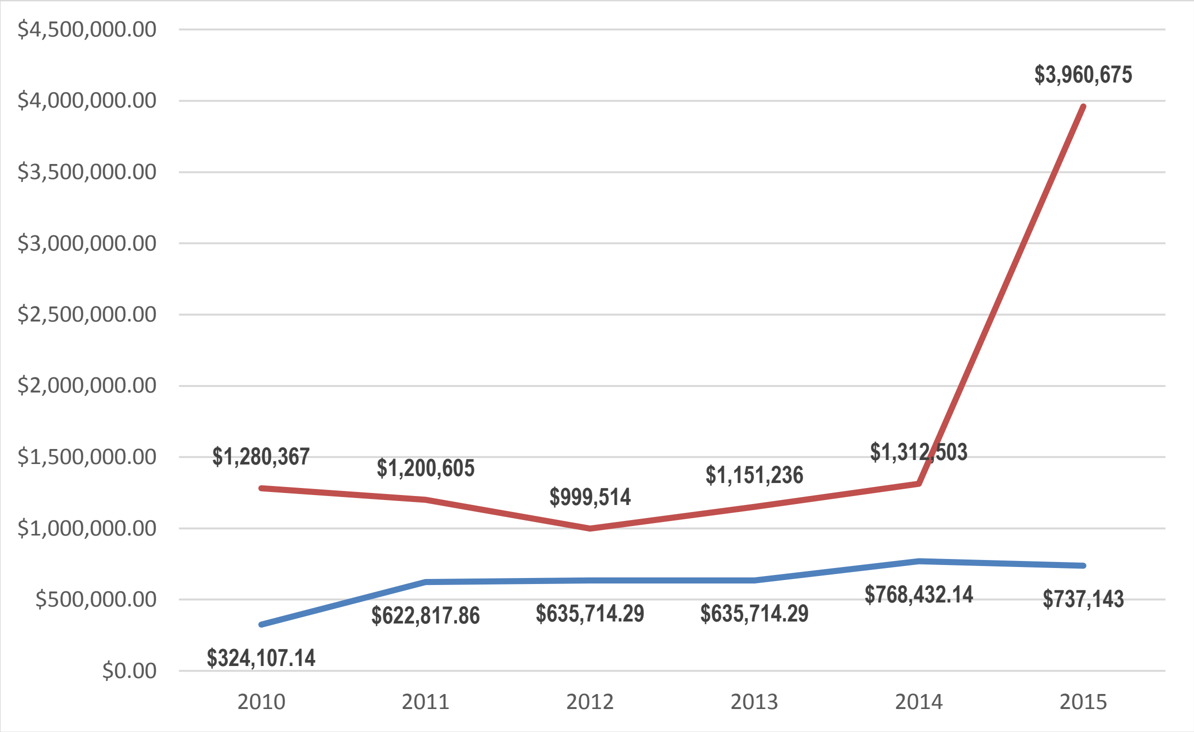
cMYP

Kyrgyzstan's current cMYP covers 2012-2016, and is not harmonized with the national immunization plan that covers period of 2013-2017. Strengthening of National Immunization Plan is required through its harmonization with the next cMYP in order to use these tools for better decision making, planning, and management of the National Immunization Program.

Government and donor funding

Gavi has been one of the primary donors of the programme since its inception in 2000, and has provided ISS, HSS and NVS grants to Kyrgyzstan. The country remains GAVI-eligible and qualified to receive all types of support. In 2015, the country moved to pre transition (formerly knowns as intermediate) country grouping. The details of the funding for routine vaccines are represented in the table below.

Figure 2 ***Government and Gavi Funding for Vaccines -****EPI Annual Progress Report*



Procurement mechanism

Kyrgyzstan procures all routine immunization vaccines through UNICEF Supply Division. The procurement is based on the MoU signed between UNICEF and the MoH Kyrgyzstan. According to the existing regulations, all vaccines imported to Kyrgyzstan for routine immunization purposes must be pre-qualified by WHO.

The RCI and MoH are responsible for all operations related to the fund transfers. The funds for procurement of vaccines and injection equipment are transferred from RCI special account, and include costs of vaccines, transportation, UNICEF service fee, and insurance costs. Insurance costs are paid from the EPI budget, and cover the risks related to the damage of vaccines and injection equipment at the central level. The staff of RCI is responsible for identification of the technical requirements for vaccines and injection equipment, and for definition of annual need for vaccines.

No expedited procedure for registration is adopted by the country, and vaccines are imported based on the individual wavers for each shipment and registered as humanitarian aid at the Ministry of Social Development and the Certification Unit of Department of Pharmaceuticals of the MoH. The Certification Unit issues certificate of recognition, and confirms technical requirements and specifications of the product. Vaccines imported are free of VAT as the essential product for the country and the VAT is imposed only to the government share of co-financing of Gavi supported vaccines.

RCI insures all vaccines that arrive to the central storage. The insurance covers only the central storage and vaccines that are stored at any given time. A private company is engaged and premiums are around 15,000 - 20,000 Kyrgyz Soms per annum which is budgeted under cost of vaccines.

Immunization Service Delivery and Human resources

In Kyrgyzstan, the immunization services are integrated into the PHC services, and are provided by the Family Medicine Centers, Groups of Family Doctors and Medical Aid Units staffed with Family doctors, nurses and paediatrician-immunologists. Vaccination sessions are carried out by the 1785 certified nurses/vaccinators, based on the vaccination schedule through the consultations with Paediatrician-Immunologists. The vaccination sessions are provided in the special vaccination rooms equipped for this purpose. The functions of vaccine management, monitoring of service delivery and certification of vaccinators were assigned to the regional Sanitary Epidemiological Services (SES), staffed by epidemiologists and cold-chain specialists who are responsible for monitoring of service provision and ensuring effective vaccine management practices.

The country experiences shortages of health professionals in PHC facilities, and therefore, the immunization program experiences lack of skilled human resources trained in immunization at the local level. Skills and knowledge of Family Doctors and Specialists (of other specialties apart from the pediatricians but still work under the PHC system) in immunization issues is sub-standard. In addition, there is a lack of the training opportunities at the local level to increase knowledge of health workers about the new vaccines. All these challenges cause multiple concerns related to the wide range of false contraindications given to the patients contributing in the growing anti-vaccination campaigns and therefore require more targeted trainings on immunization for various types of health workers and specialists.

Cold chain and logistics

Kyrgyzstan has well-functioned cold-chain capacity that was confirmed by the recent EVM assessment. This is the result of investments made in last a few years to upgrade the system as per previous EVM assessment and lessons learned. The Manuals of the Standard Operations Procedures are up-to-date. Most cold stores conduct physical inventory and record the inventory results. EPI staff at all levels follows the latest guidelines for vaccine transportation. No stoke outs have been faced by the country.

The following main recommendations were provided to EPI for strengthening maintenance, stock management, and supportive functions of the vaccine management and logistics systems.

- Development of the preventive and breakdown maintenance plans for buildings, equipment and vehicles are needed at all levels;
- Written comprehensive contracts are required for outsourced maintenance services;
- Cold chain training is needed for CFC free equipment;
- Preventive and breakdown maintenance plans for buildings, equipment, and vehicles are needed at all levels
- Written comprehensive contracts required for outsourced maintenance services
- Usage of wastage levels for vaccine forecast is required
- Cold chain inventory requires regular update
- Strengthening of the supportive supervision in the cold-chain operations

To address the issues around the maintenance, in 2015, Gavi secretariat initiated a technical assistance to initiate a pilot project with public and private sectors. The project aims to train technicians in the private sector for cold chain to provide maintenance and repairs. Gavi collaborated with UNICEF country office on this project in order to provide spare-parts and technician tool kits. In addition, Gavi engaged a cold chain expert to steer and implement the work in the country. UNICEF is in the process of procuring the needed materials. Following are the main steps of the activities planned:

- Updating cold chain equipment inventory in public immunisation service delivery facilities and stores (Completed). This will include collecting initial failure reports and service requests.
- Preparation of spare parts list and stockpiling (Completed)
- Assessing candidates for private companies and contracting (On-going)
- Technician training on CFC free ice lined refrigerator maintenance
- Establishing an equipment failure reporting system
- Adapting RCIs SOPs manual for new maintenance model

It is planned that under the new HSS funding this initiative will transition to government to secure the maintenance of the system.

AEFI reporting & Disease surveillance

The AEFI reporting system is in place[5] The AEFI surveillance function is performed by the National Center of Preventive Medicine[6]. All AEFI cases are reported to district SESs within 24 hours after detection of the suspected case. The cases are then investigated by the SES staff at district, regional or national level. In 2014, the Department of the Medical Supply of the MoH established the new "Yellow Card" system for sending notifications to the central level and ensure national level control of all AEFI cases. The AEFi monitoring system should be further strengthened with regards to NRA involvement, building capacity in conducting AEFI investigation and causality assessment, and building capacity of immunization staff and healthcare professionals in AEFI communication.

Communication

The NIP faces a number of serious challenges in terms of communication. As indicated in previous section, there is lack of information on immunization among the health workers, particularly the specialists that are functioning in the PHC levels. There is also lack of information on immunization to public (both printed and web-based) which is a disadvantage in growing distrust to vaccines. This results in growing number of parents refusing immunization, fueled by active involvement of religious leaders in anti-vaccination campaigns. In addition there is lack of basic knowledge on immunization among the migrant population which results in drop outs or missed opportunities for timely vaccination.

In 2015 UNICEF and WHO provided technical assistance to NIP for development of "Communication and Advocacy Plan for Introduction of IPV and PCV Vaccines" and "Assessment immunization communication, development and implementation of communication strategy and plan". No crisis communication plan was developed in the country. There are Village Health Committees, formal community level structures, which are underutilized for communication. For addressing these challenges, the NIP is planning scale-up its communication and social-mobilization strategies through i) development of the crisis communication plans consisting of effective key messages, and utilizing internet-based solutions, ii) further training of the professional staff on communications, iii) development of communication packages for various groups such as village health committees, media, and iv) development and implementation of the of crisis communication plan.

Polio eradication

Kyrgyzstan sustained Polio-free status. The country started developing the plan for switching from tOPV to bOPV within the framework of the global polio eradication end-game strategy.

According to the WHO and Global Polio Eradication Initiative recommendations the country is planning the introduction of IPV, and is currently implementing preparation activities for the IPV introduction. EPI is planning to conduct Post Introduction Evaluation of IPV introduction in six months after the introduction.

Measles Outbreak

During both 2014 and 2015, Kyrgyzstan registered a high number of measles cases (698 in 2014 and 21,343 suspected cases in 2015), most of them among the age groups of 1-21. To address this issue, the MoH and NIP involved NITAG to plan and implement the outbreak response activities, conducted the MR SIA in 2014 and 2015 targeting 1-21 year olds. Phased campaigns to-date covered 2,045,513 individuals that represented 96.1% of the target group. Preliminary results show that these strategies had some success, as of 30 July 2015 the number of registered cases was 30, and in August of the same year no measles case was detected.

Presence of such measles outbreak since 2014, challenges the coverage data provided by the country. DHS 2012 suggests that there are major gaps in the immunization coverage and that coverage is around 70% for all antigens. There is a need to improve the tracking of immunization information of children, currently the immunization records only kept at the health facility level. This creates problems for follow up as families migrate for seasonal labour or other employment opportunities. The country needs technical assistance on improving its immunization data by introducing electronic data collection measures at the facility level and vaccine cards for families.

2.1.3. Other factors, events

Meningitis A outbreak

In addition to the measles outbreak, meningococcal infection is on the rise in Kyrgyzstan. Laboratory confirmation when available is based mostly on culture of CSF and/ or blood. However, the country does not have good

[5] AEFI system was established based on the Order of the Ministry of Health # 829 in 2014

[6] The full title of this institution is "National Center of Preventive Medicine and Sanitary-Epidemiological Disease Surveillance"

laboratory capacity and surveillance and case management are weak making it challenging to characterize or appropriately respond to the outbreak.

In 2014, there were 273 cases of bacterial meningitis reported in the country (national incidence: 4.7/100,000) based on the limited testing capacity in Bishkek laboratory. During the first 7 months of 2015, 338 cases of meningitis were reported (national incidence 5.8/100,000).

59 % and 73% of meningitis cases occurred in children ≤ 14 years in 2014 and in 2015 respectively. 37 deaths were reported (case fatality rate: 6 %)[7].

Approximately 80% of cases were classified on the basis of clinical criteria alone. However, among those which were laboratory confirmed, meningitis serogroup A was most frequently identified etiology, followed by serogroups C and B[8]. Despite huge challenges in the epidemiological classification and the laboratory confirmation processes, the results point out to a major MenA epidemic in the country. Mass vaccination is being considered pending more detailed analyses with the support of WHO. During the joint appraisal, ICC requested Gavi to provide MenA vaccine support for campaign. Improvement of laboratory capacity is needed at all levels.

[7] WHO EURO document- Egorova, E.A., Moscow G.N. Gabrichevsky Research Institute for Epidemiology and Microbiology , Moscow, RF, Otorbaeva, D.S. , Department of Disease Prevention and Sanitary Epidemiologic Control, Bishkek, Kyrgyzstan, Ronveaux, O. , WHO HQ, Geneva, Switzerland, Wasley, A. , World Health Organization Regional Office for Europe, Copenhagen, Denmark

[8] WHO EURO document- Egorova, E.A., Moscow G.N. Gabrichevsky Research Institute for Epidemiology and Microbiology , Moscow, RF, Otorbaeva, D.S. , Department of Disease Prevention and Sanitary Epidemiologic Control, Bishkek, Kyrgyzstan, Ronveaux, O. , WHO HQ, Geneva, Switzerland, Wasley, A. , World Health Organization Regional Office for Europe, Copenhagen, Denmark

3. GRANT PERFORMANCE, CHALLENGES AND RENEWAL REQUESTS

3.1. New and underused vaccine support

3.1.1. Grant performance and challenges

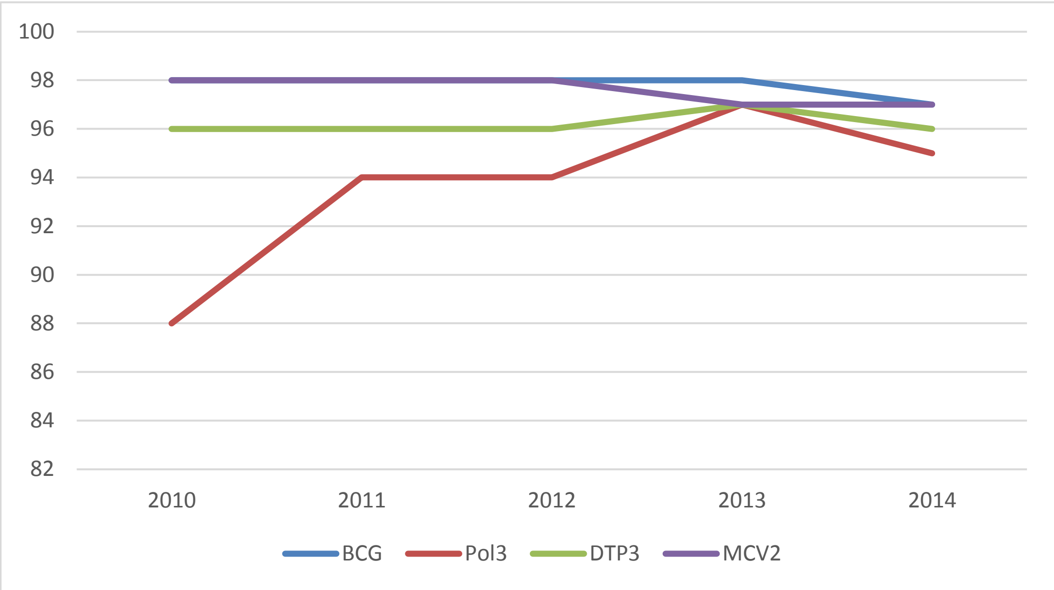


Figure 3 Immunization Coverage in Kyrgyzstan *WHO/UNICEF estimate 2010-2014*

In 2014, Gavi provided support for Pentavalent vaccine, as well as for vaccine and introduction support for PCV Vaccine totaling 2,542,931 USD. In 2015 Gavi disbursed 1,033,421 USD for Penta, 37,632 USD for PCV and 155,858 USD for IPV support. In addition, in the same year Gavi provided ISS 82,380 USD and 244,500 VIG.

New Vaccine Introduction – IPV and PCV

KGZ's application for PCV13 introduction was approved. Although UNICEF SD informed the country on availability of vaccine from November 2014, the introduction was postponed for late 2015 due to the measles outbreak in 2014-2015. NITAG discussed implications of introducing two injectable vaccines during one year and recommended the MOH to consider simultaneous introduction of both PCV and IPV. Rationale for simultaneous introduction is purely programmatic for achieving stronger momentum with combined trainings for vaccination staff, and communication efforts for health professionals and public that would contribute to increasing efficiency of grant introductions. The NIP proposed modification of the National Schedule of Immunization to inclusion of the new vaccines into the schedule. The proposed schedule is not in line with WHO recommendations on PCV and IPV schedules therefore WHO strongly recommends to revise it as following: PCV 1 and PCV 2 doses should be administered together with Penta 1 (DTP/HepB/Hib) and Penta 2 doses. The PCV 3 should be administered at the age of 12 months together with MMR vaccine. IPV should be administered with Penta 3 dose and OPV 3 dose.

However, due to supply constraints, the country will be introducing IPV later in 2016, so the country is planning to introduce PCV13 sooner. However, the new immunization schedule is yet to be approved and trainings for PCV13 yet to be implemented. For IPV, no activity reported for introduction at the time of the joint appraisal.

Table 1 Current and Proposed National Immunization Schedule

Current Immunization Schedule

Timing	*Vaccine*	*Comment*
0-24 hrs	HepB-1	1 injection
Maternity (0-3 days)	BCG, OPV-0	1 injection
2 months	DTwP-1+HepB-2+Hib-1; OPV-1	1 injection
3.5 months	DTwP-2+HepB-3+Hib-2; OPV-2	1 injection
5 months	DTwP-3+HepB-4+Hib-3; OPV-3	1 injection
12 months	MMR	1 injection

24 months	DTwP	1 injection
6 years	DT; MR	2 injections
11, 16, 26, 36, 46 years	tD	

Proposed schedule

Timing	Vaccine	Comment
0-24 hrs	HepB-1	1 injection
Maternity (0-3 days)	BCG, OPV-0	1 injection
2 months	DTwP-1+HepB-2+Hib-1; **PCV13 – 1**; OPV-1	2 injections
3.5 months	DTwP-2+HepB-3+Hib-2; **PCV13-2;** OPV-2	2 injections
5 months	DTwP-3+HepB-4+Hib-3; **IPV;** OPV-3	2 injections
6 months	PCV13-3	1 injection
12 months	MMR	1 injection
24 months	DTwP	1 injection
6 years	DT; MR	2 injections
11, 16, 26, 36, 46 years	tD	

The country did not have an EPI review more than 10 years. Given that there are issues on coverage data and there are new investments in the pipeline, it is vital to implement an EPI review in 2016 to review the strengths and weaknesses of the system in detail.

3.1.2. NVS renewal request / Future plans and priorities

In 2016 Kyrgyzstan requested renewal of Gavi support for Pentavalent and PCV vaccines.

3.2. Health systems strengthening (HSS) support

3.2.1. Grant performance and challenges

Gavi HSS1 is implemented and completed. The country is approved for HSS2 and FMA was conducted in 2014. However, it took about 1 year to work out the HSS2 governance details. In September 2015, the agreed FMR document is shared with the MoH. The FMR sets out roles and responsibilities of various committees (including ICC) MOH agencies and officers. As per the FMR, the 25% of the 1st tranche of HSS2 (approx. 250K USD) is to be transferred to the country (October 2015) and the country is expected to develop detailed activity and procurement plans. Once these plans are shared with Gavi, the remainder of 1st tranche will be sent to the country.

For detailing activity plans and developing procurement plans, a consultancy has been engaged utilizing the WB HSS technical facility which will be finalized by the end of 2015.

3.2.2. Strategic focus of HSS grant

Kyrgyzstan was approved for its second GAVI HSS grant totaling 4.596mUSD/5years in May 2014. Following approval the secretariat carried out a financial management assessment. Transfer of funds was initiated in Q3 of 2015 and 25% of the 1st tranche of the HSS funds sent to country in October 2015 as indicated in the financial management requirements agreed between Gavi and the country.

The overall goal for these funds is to reduce child mortality through ensuring that no less than 95% of children below 2 years of age receive vaccinations that are part of the country's national routine immunization schedule. To achieve the following four objectives are outlined.

Objective 1 (1,012,928 USD): Increase knowledge, trust and demand for MCH services among the population. This objective tackles the problem of increasing vaccination refusals due to lack of knowledge, misconceptions and anti-vaccination propaganda. The problem can be broken down to at least two major areas firstly lack of communication, skills and knowledge among health workers and secondly low awareness, beliefs and attitudes among the population.

Activities include staff trainings, information education and media campaigns as well as scaled up education and involvement of religious leaders and Village health committees.

Objective 2 (406,125USD): Strengthen primary health care facilities to increase access to basic MCH services and immunization for urban migrants and hard-to-reach rural areas. While overall coverage is high in Kyrgyzstan pockets of lower access to PHC and immunization services exist. This objective will tackle this problem specifically focusing on geographical access and urban migrants.

Activities include support to mobile teams and development of financial incentive schemes targeting improved immunization coverage amount urban migrants and hard to reach populations, as well as incentives to make legal counselling available to urban migrants, thereby facilitating their improved enrolment at PHC facilities.

Objective 3 (674,361 USD): 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 mainly focusing on adverse effects following immunization (AEFI).

Activities include revision of case definitions, protocols, guidelines for diagnosis and treatment of AEFI as well as staff trainings and support to a national review committee and supervisory visits on immunization performance and MCH services more broadly.

Objective 4(1,806,022 USD): Strengthen physical capacity of cold chain. This objective tackles deficiencies in the cold chain related to needed expansion in capacity for introduction of Rotavirus, pneumococcal and pentavalent vaccines and includes both investment in equipment and support to maintenance.

Objective 5 (587,106 USD): Strengthen the data collection system to ensure timeliness and accuracy of information on immunization services. Good information systems are essential for sustaining good immunization coverage; this objective aims to tackle weaknesses in the information system for immunization building on work that started under the prior GAVI HS grant.

Activities include support to tailoring and scaling up use of immunization software developed under the first GAVI HS grant, enabling electronic registration of different immunization parameters, as well as linkage of this information to the newborn registry that already exists. Purchase of computers, training of staff and support to management and trainings.

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

N/A

3.3. Graduation plan implementation *(if relevant)*

N/A

3.4. Financial management of all cash grants

No HSS funds has been disbursed in 2014

NVS Grants: Balance on the account as for 01.01.2014 - 13,130,342 Som

Gavi requests clarifications from Kyrgyzstan:
Gavi requested to provide the bank statements missing in Annual Progress Report 2014. (Provided and submitted to PFA team for review).

3.5. Recommended actions

Actions	**Responsibility** (government, WHO, UNICEF, civil society organisations, other partners, Gavi Secretariat)	**Timeline**	**Potential financial resources needed and source(s) of funding**
• Capacity building in budgeting and planning to synchronize the processes (health budget development vs. EPI budget development)	WHO	2016	PEF
• Early engagement on immunization financing, management of immunization budget, and building capacity for financial sustainability	WHO	2016-17	PEF
• Development of the cMYP and capacity building to use cMYP and National Immunization Plan for better decision making, planning, and management	WHO	2016	PEF
• Assess possible benefits of greater linkage of NITAG to other work done on improving evidence based medicine in Kyrgyzstan	WHO	2016-17	PEF
• EPI Review to identify strengths and weaknesses in the NIP and develop plans for improvement	UNICEF	2016	PEF
• Raising awareness among population on immunization and capacity building of the health staff	WHO	2016-17	PEF and HSS2
• Data quality review and improvement of the new born registry and other data sources for immunization program	WHO	2016-17	PEF with limited contribution from HSS2

4. TECHNICAL ASSISTANCE

4.1 Current areas of activities and agency responsibilities

In 2014 Kyrgyzstan received following technical support from the Gavi Alliance partners:

WHO EURO

- Support in development and implementation of pneumococcal vaccine and IPV introduction plans
- Support in conducting vaccine management assessment
- Assessment of immunization communication and development and implementation of communication strategy and plan
- SWAP Joint annual review November 2014

UNICEF

- Consultancy on operationalization of SmartView
- LogTag model TRIX
- Capacity building on EVM (national and 1 zone training)
- Capacity building on introducing SOPs on immunization
- II phase consultancy on immunization
- Cold Chain Equipment procurement – (for measuring temperature);
- Journal for record of used vaccines
- Journal for vaccine release

In addition the Gavi Alliance partners planned to implement the following activities in 2015:

WHO

- Support in conducting trainings for medical workers on introduction of IPV vaccine
- Support in investigating outbreak of bacterial meningitis
- Support in investigating the measles outbreak and planning the response activities
- Support to SWAp processes and thematic meetings and reviews.
- MR Campaigns
- Joint Annual Review November 2015

UNICEF

- EVM Assessment
- Cold Chain equipment inventory and procurement

4.2 Future needs

The following are the most critical needs of Kyrgyzstan in the future:

- 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
- Development of the cMYP and capacity building to use cMYP and National Immunization Plan for better decision making, planning, and management;
- Evidence based medicine strategy, evidence based medicine unit, methodology, and system to update clinical guidelines;
- EPI Review in 2016
- Raising awareness among population on immunization and capacity building of the health staff;
- Data quality review and improvement of the new born registry and other data sources for immunization program

Immunization financing &	• Develop resource mobilization plan – (WHO TA)

resource mobilization	• Develop advocacy materials (for resource mobilization)– (WHO TA) • Train relevant staff for resource mobilization – (WHO TA) • Develop a cMYP for the period 2017 onwards • Early engagement with capacity building for financial sustainability
Vaccine procurement	• Participate in procurement-related WHO training workshops – (WHO TA)
Evidence-based decision-making	• Discuss introduction of new vaccines with GAVI support at NITAG meeting and make recommendations for inclusion of new vaccines in cMYP (WHO TA) • Continued WHO support to the NITAG (building capacity through participation in Regional meetings and trainings, ETAGE meeting) (WHO TA) • Support in preparing applications to GAVI for the support with introduction of rotavirus and HPV vaccines (WHO) • Costing HPV vaccine introduction and conducting cost-effectiveness evaluation (WHO) • Technical assistance in defining HPV delivery strategy and assessment of school readiness for HPV introduction (if relevant); (WHO) • Support in development of national plan on comprehensive cervical cancer prevention and control (WHO) • Technical support to strengthen capacity to identify and monitor invasive bacterial disease preventable by PCV or other new vaccines. (WHO TA)
Programme performance	• Conduct EPI review (UNICEF) • Conduct PCV post-introduction evaluation (WHO) • Implement recommendations of PCV post-introduction evaluation to be conducted in November 2016 – (WHO TA) • Continue trainings of medical workers on immunization (using MLM and IIP modules) at district and health facility levels – (WHO TA) • Further strengthening of supportive supervision through development of SOPs – (WHO TA) • Technical support in switching from tOPV to b-OPV - (WHO TA) • IPV vaccine post-introduction evaluation (WHO) • Support to preparation for introduction of rotavirus or HPV vaccines (WHO) • Development of a P4P pilot for PHC to target improved immunization outcomes in hard to reach groups, including urban migrants • Sero-survey to measure an impact of hepatitis B vaccination and validate administrative coverage with routine vaccines
Data quality	• Conduct data quality assessment (WHO) • Support in improvement of immunization coverage monitoring system based on the results of assessment (WHO) • Start planning for introduction of vaccine cards for families (WHO)
Communication & social mobilization	• Technical assistance in implementation of immunization communication strategy and plan (WHO) • Develop a crisis communication plan (WHO) • Educate health care professionals on vaccine safety and contraindications (WHO and HSS) • Increase awareness of populations about immunization (WHO and HSS)
Vaccine management & logistics	• Support implementation of recommendations of vaccine management assessment (WHO and HSS for upgrades)
Vaccine regulations &	• Support AEFI surveillance system evaluation and implementation of its recommendations - (WHO TA)

AEFI surveillance system	• Develop an AEFI monitoring and response guidelines in accordance to evaluation recommendations - (WHO TA) • Conduct trainings of medical workers on AEFI monitoring and response • Support introduction of collaborative procedure for registration of WHO pre-qualified vaccines – (WHO TA)

5. ENDORSEMENT BY ICC, HSCC OR EQUIVALENT & ADDITIONAL COMMENTS

The findings of the Joint Appraisal have been presented to the Deputy Minister of Health and in-country partners (UNICEF, WHO, WB country offices) and selected members of ICC on September 11, during a debriefing presentation. The findings and recommendations of the joint appraisal was agreed by the meeting participants and the Deputy Minister. The full presentation of Joint Appraisal Mission is included in the Annex F of this report.
Any additional comments from • Ministry of Health: • Partners: • Gavi Senior Country Manager:

6. ANNEXES

Annex A. Key data

Country hub ▾ Kyrgyzstan

Kyrgyzstan

Total population (2015)	5,939,928
Birth cohort (2015)	153,977
Surviving Infants (surviving to 1 year per year, 2015)	151,310
Infant mortality rate (deaths < 1 year per 1000 births, 2013)	22/1000
Child mortality rate (deaths < 5 years per 1000 births, 2013)	24/1000
World Bank Index, IDA (2012)	3.65
Gross Nation Income (per capita US$, 2013)	1,210
No. of districts/territories (2014)	40

Non-vaccine support	Vaccine support
18%	82%
$2,624,687	$12,214,717

Gavi support for Kyrgyzstan

Type of support	Approvals 2001-2020 (US$) (31 Jul 2015)	Commitments 2001-2020 (US$) (31 Jul 2015)	Disbursements 2000-2015 (US$) (31 Jul 2015)	% Disbursed (31 Jul 2015)	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Health system strengthening (HSS 1)	$1,155,000	$1,155,000	$1,155,000	100%																		
Health system strengthening (HSS 2)	$1,958,995	$4,596,655																				
HepB mono (NVS)	$963,267	$963,267	$963,267	100%																		
Hib mono (NVS)				N/A																		
Immunisation services support (ISS)	$836,020	$836,020	$836,020	100%																		
Injection safety support (INS)	$189,168	$189,168	$189,168	100%																		
IPV (NVS)	$603,000	$1,050,000	$162,958	27%																		
Penta (NVS)	$7,813,971	$7,813,971	$8,463,261	108%																		
Pneumo (NVS)	$2,927,000	$4,565,000	$2,625,232	90%																		
Vaccine Introduction Grant (VIG)	$444,500	$444,500	$444,500	100%																		
Total	**$16,890,920**	**$21,613,580**	**$14,839,406**																			

Red line on table indicates duration of support based on commitments.
Commitments: Multi-year programme budgets endorsed in principle by the Gavi Board. These become financial commitments upon approval each year for the following calendar year.
Approvals: Total Approved for funding

- **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
Program management: Need for detailed analysis on vaccine refusals in order to prepare a comprehensive plan for communication strategy Capacity building for improved implementation of open vial policy.	WHO and UNICEF provided a technical assistance and developed plans. No crisis communication plan developed which is needed by the country. Further support needed on communication for increasing immunization knowledge among the health professionals and public. Open vial policy is not implemented, there is a need to build capacity in the country.
Immunization Financing: There is a need to build capacity on program planning and management to analyse financial needs and gaps.	No activity but TA is recommended for 2016
Financial Management: Budget execution and program management issues to be clarified and finalized for the new HSS proposal to conclude the aide memoire. *For previous HSS records* - Country to fill out APR HSS table. *For ISS* - Country to revise application of exchange rates in APR for expenditure and closing balance to reflect consistency between FS and APR. Currently the expenditure in APR is US$ 212,088, in FS – US$ 236,139. The closing balance in APR is US$ 368,487 and in FS – US$ 333,029. At the end of year rate of 1 USD = 54 SOM, the ending balance of SOM 16,151,915 should equal approximately US$ 299,110.	The financial management requirements (FMR) document (formerly known as aide memoire) is concluded with details including HSS fund governance and the document officially shared with the country in September 2015. The country provided clarifications for the accounts in 2014.

Annex C. Description of joint appraisal process

Main institutions and persons visited:

Joint Appraisal was conducted in Bishkek from September 7 to September 11 in 2015, and was built upon information submitted in 2014 APR, Financial Management Assessment, and other background documentation (such as JRF, cMYP and etc.). In this perspective, the main objective of the mission was to assess the conditions of continuous performance of the Kyrgyzstan immunization program, which up to now has been one of the most stable programs among the WHO EURO region.

Organizations met during the JA mission:

- **Ministry of Health and Social Protection of Population of Tajikistan**
    - Deputy Minister
    - EPI/RCIP Manager
    - Department of Financing Policy;
    - MCH Working Group;
    - National Center of Preventive Medicine and Sanitary-Epidemiological Disease Surveillance;
    - Focal point of HSS program
- **State Mandatory Health Insurance Fund**
- **ICC**
- **NITAG**
- **Centre of Policy Analysis**
- **UNICEF Country Office**
- **WHO Country Office**
- **WB Team for Monitoring of Results Based Funding**

  Discussions and technical meeting with individuals and organisations listed above took place during the Joint Appraisal mission. The findings of these discussions, as well as the recommendations and proposed activities to be implemented in addition to the activities included in the framework of ongoing programs as additional technical assistance, have been presented to the MOH, WHO, and UNICEF country representatives.

Annex D.

Technical assistance for 2016 - 2017					
Programme component (or strategy)	Activity (that requires TA)	Intended outcome/s	Provider (potential)	Modality	Source of funding
Immunization financing & resource mobilization	• Develop resource mobilization plan	Plans to be used for improved immunization financing	WHO	In-country TA	PEF
	• Train relevant staff for resource mobilization	Increased in-country capacity	WHO	In-country TA	PEF
	• Develop advocacy materials (for resource mobilization)	Materials and tools available for national staff	WHO	In-country TA	PEF
	• Develop a cMYP for the period 2017 onwards	cMYP for planning	WHO	In-country TA	PEF
	• Early engagement with capacity building for financial sustainability	Increase awareness and capacity of the relevant MoH departments on financial sustainability and eventual Gavi transitioning	WHO	In-country TA	PEF
Vaccine procurement	Participate in procurement-related WHO training workshops	Increase capacity of the national staff on vaccine procurement	WHO	Regional and sub-regional training	PEF
Evidence-based decision-making	• Discuss introduction of new vaccines with GAVI support at NITAG meeting and make recommendations for inclusion of new vaccines in cMYP • Continued WHO support to the NITAG (building capacity through participation in Regional meetings and trainings, ETAGE meeting)	Improved strategic guidance to the Programme	WHO	Sub-regional workshop, study tours, in-country TA	PEF
	• Costing HPV vaccine introduction and conducting cost-effectiveness evaluation (WHO) • Technical assistance in defining HPV delivery	Evidence on readiness for HPV vaccination Comprehensive approach for cervical cancer	WHO	In-country TA	PEF

	strategy and assessment of school readiness for HPV introduction (if relevant); • Support in development of national plan on comprehensive cervical cancer prevention and control	prevention and Successful Gavi application			
	Technical support to strengthen capacity to identify and monitor invasive bacterial disease preventable by PCV or other new vaccines.	Increased country capacity	WHO	In-country TA	PEF
Programme performance	• Conduct EPI review • Conduct PCV post-introduction evaluation (WHO) • Implement recommendations of PCV post-introduction evaluation to be conducted in 2016	Document current status of the NIP and PCV implementation and identify weaknesses and strengths. Improvements in coverage and service delivery	UNICEF WHO	in-country TA	PEF
	• Continue trainings of medical workers on immunization (using MLM and IIP modules) at district and health facility levels • Further strengthening of supportive supervision through development of SOPs • Country level staff support for program management and capacity building (either housed in WHO or RCI). • Support the country to access MenA stockpile for campaign to respond to the outbreak	Improved program management	WHO	In country TA	PEF

	• Technical support in switching from tOPV to b-OPV • IPV vaccine post-introduction evaluation	Smooth transition from tOPV to bOPV Improvement of NIP implementation	WHO	In-country TA and training	PEF
	Support to preparation for introduction of rotavirus or HPV vaccines	Successful vaccine introductions	WHO & UNICEF	In –country TA and training	PEF
	Development of a P4P pilot for PHC to target improved immunization outcomes in hard to reach groups, including urban migrants	Increased vaccination coverage in identified target groups.	WHO	In-country TA and financial support	PEF and Gavi HSS grant
	Sero-survey to measure an impact of hepatitis B vaccination and validate administrative coverage with routine vaccines	Data quality improvement plan developed to address weaknesses	WHO	In country TA	PEF
Data quality	• Conduct data quality assessment (WHO) • Support in improvement of immunization coverage monitoring system based on the results of assessment • Start planning for introduction of vaccine cards for families	Improved data for decision making Improved coverage Improve coverage estimates and program planning	WHO	In-country TA	PEF
Communication & social mobilization	• Technical assistance in implementation of immunization communication strategy and plan • Increase awareness of populations about immunization	Improved communication on immunization to parents and health care professionals	WHO	In-country training and TA	PEF and Gavi HSS grant
	• Develop a crisis communication plan	Increased capacity of the program	WHO	In-country training and TA	PEF
	• Educate health care professionals on vaccine safety and contraindications	Improved knowledge on vaccine safety and reduced false contraindications amongst the healthcare staff	WHO	In-country TA and training	PEF

Vaccine management & logistics	• Support implementation of recommendations of vaccine management • Proposal development support for Gavi's cold chain optimization platform opportunity	Improved supply chain Successful application to Gavi	UNICEF WHO	In-country TA, sub-regional workshop, in-country training In-country TA	PEF and HSS for upgrades PEF
Vaccine regulations & AEFI surveillance system	Support AEFI surveillance system evaluation and implementation of its recommendations	Improved vaccine safety procedures and AEFI systems	WHO	In-country TA, Regional level training	PEF
	Develop an AEFI monitoring and response guidelines in accordance to evaluation recommendations	Improved AEFI system and built capacity in country	WHO	In-country TA	PEF
	Conduct trainings of medical workers on AEFI monitoring and response	Improved management of AEFIs and reporting of cases	WHO	In-country TA, Regional level training	PEF
	Support introduction of collaborative procedure for registration of WHO pre-qualified vaccines	Improved vaccine safety and registration of vaccines	WHO	In-country TA, Regional level training	PEF

Annex E. HSS grant overview

General information on the HSS grant – Kyrgyzstan							
1.1 HSS grant approval date	29/01/2015						
1.2 Date of reprogramming approved by IRC, if any	N/A						
1.3 Total grant amount (US$)	4,596,655						
1.4 Grant duration	2014 – 2018						
1.5 Implementation year	October 2015 - 2018						
(US$)	**2014**	**2015**	**2016**	**2017**	**2018**		
1.6 Grant approved as per Decision Letter	1,085,684	873,311					
1.7 Disbursement of tranches		271,421 (October 2015)					
1.8 Annual expenditure							
1.9 Delays in implementation (yes/no), with reasons	FMA processes delayed the disbursement to 2015.						
1.10 Previous HSS grants (duration and amount approved)	2007-2011 - USD$ 1,155,000						
1.11 List HSS grant objectives Objective 1: Increase knowledge, trust, and demand for MCH services among the population. This objective will tackle the problem of increasing refusals to vaccinations due to lack of knowledge, misconceptions, and anti-vaccination propaganda. Objective 2: Strengthen primary health care facilities in order to increase the access to basic MCH services and immunization for urban migrants and hard-to-reach rural areas. This objective will tackle the problem of pockets in the country with lower access to PHC and immunization services. Objective 3: Increase capacity of PHC workers to provide quality child immunization services. This objective aims at improving the quality of immunization services through updated guidelines and training. It will emphasize detection, diagnosis, and treatment of adverse effects following immunization (AEFI). Objective 4: Strengthen physical capacity of cold chain. This objective tackles deficiencies in the cold chain and improves maintenance. Objective 5: Strengthen the data collection system to ensure timeliness and accuracy of information on immunization services. Existing paper-based system contributes to low quality of immunization services.							
1.12 Amount and scope of reprogramming (if relevant) N/A							