

Joint Appraisal Report — 2017

Country	Kyrgyzstan
Full Joint Appraisal or Joint Appraisal Update	Joint Appraisal Update
Date and Location of Joint Appraisal Meeting	6-9 June 2017, Copenhagen
Participants / Organizations	WHO EURO, UNICEF CIS/CEE Regional Office, CDC, The World Bank (HQ), WHO Country Office, UNICEF Country Office, Sabin Institute, MOH, SES, and Gavi Secretariat
Reporting Period	2016
Fiscal Period	1 January - 31 December
Comprehensive Multi Year Plan (cMYP) Duration	2017- 2021

1. SUMMARY OF RENEWAL AND EXTENSION REQUESTS

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

Type of support (routine or campaign)	Vaccine	End year of support	Year of requested support	Target (population to be vaccinated)	Indicative amount to be paid by country	Indicative amount to be paid by Gavi
Routine	IPV	2020	2018	162,211	US\$ 0	US\$ 451,000
Routine	Penta	2021	2018	165,521	US\$ 72,000	US\$ 462,500
Routine	PCV	2021	2018	165,521	US\$ 95,500	US\$ 571,500

1.2. Indicative Interest to Introduce New Vaccines or Request Health System Strengthening Support from Gavi in the Future¹

Indicative Interest to Introduce New Vaccines or Request Health System Strengthening Support from Gavi	Programme	Expected Application Year	Expected Introduction Year
	Rotavirus vaccine (Rota)	2017 (to be reviewed in Nov 2017 IRC)	2019

2. CHANGES IN COUNTRY CONTEXT SINCE LAST JOINT APPRAISAL

¹ Providing this information does not constitute any obligation for either the country or Gavi, it merely serves for information purposes.

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Since 2001, the Gavi Alliance has provided assistance to the Government of the Kyrgyz Republic (GKR) through the provision of assistance in procurement of new vaccines (NVS): hepatitis B monodose (2001-2005 and 2007-2008), and (2015-2017), pentavalent DTP-Hep-Hib (2009-2015) and pneumococcal vaccine (2015-2016). Moreover, since 2002 the Gavi Alliance has been purposefully providing assistance for immunization system support (ISS), injection safety (INS), and vaccine introduction grants (VIG) for new vaccine introductions and health system strengthening (HSS).

Currently, the total amount of grants provided to the country by Gavi amounts to USD 20,039,693. From this amount, USD 16,023,923 was provided for vaccine support, USD 836,020 was allocated to the government for ISS (in 2006 and 2008-2013), USD 189,168 for INS, and USD 444,500 for VIGs (Penta, PCV and IPV). The total amount of grant provided for HSS1 in 2007-2011 was USD 1,155,000 and for Gavi HSS2 in 2016-2020 USD 4,596,655.

Thanks to the joint investments of all types of Gavi assistance and budget funds of GKR, over the past years the Immunization Program in the Kyrgyz Republic, child mortality reduced due to maintaining 95% immunization coverage. In general, WHO and UNICEF estimates correspond to administrative coverage with a 1-3% difference. According to MICS 2014, over 96% of 12-23 months old children received BCG, OPV1, DTP1 (Penta), MMR1 vaccines, and 98.9% received hepatitis vaccine at birth. In 2016, there were no instances of measles registered in the Republic; the number of pertussis occurrences decreased from 280 (4.7) in 2015 to 195 (3.2) - 32% reduction; rubella instances: 6 instances registered (0.1) versus 100 instances (1.7) in 2015 (-94.1%). The bacterial meningitis rate has reduced by 74.4%; 103 instances registered (1.7) versus 394 instances (6.6) in 2015. The Kyrgyz Republic maintains the status of a polio-free country.

However, the share of children receiving the second and third dose of the poliomyelitis and Pentavalent (DTP-HepB-Hib) vaccine is much lower. The results show that the Penta3 coverage is lower in the cities (92.2%) than in rural areas (96.8%). According to the regional breakdown, City of Bishkek and the Chui region (about 90-91%) have lower coverage compared to other regions, which all are above 95%. However, measles outbreak in 2014-2015 challenged country coverage data. In addition, new emerging challenges are increased vaccine refusals on religious grounds due to rumours and internal migration from rural to urban areas. Immunisation partners are currently assessing the situation and will develop communication and delivery strategies to address these challenges.

Since the last Joint Appraisal (September 2016) the country has improved the regulatory-legal framework and amended some legislative acts of the Kyrgyz Republic. The changes have also affected the main legislative document governing the state immunization policy in the Law of KR "On Immunoprophylaxis of Infectious Diseases"; as of today, the draft has been approved by the Parliament of the Kyrgyz Republic. Due to the expiration of the National Health System Reformation Program of the Kyrgyz Republic (Den-Sooluk) for 2012-2016, an extension until 2018 was signed in April 2017. A resolution of the GKR has approved the Action Plan for Health System Improvement for 2016-2018 (dated 30 June 2016 No. 300). The Ministry of Health has prepared a draft strategic document "Sustainable Development Goals (SDG)", Next Generation Healthcare Strategy. The SDGs include immunization indicators. Since the country has joined the Eurasian Economic Union (EAEU) the legislative legal acts are being continuously brought into conformity with the requirements of EAEU.

In 2016, the country continued the implementation of electronic healthcare and the integration of the existing systems. The existing electronic system "Computer tracking of infectious diseases" was improved, and "Monitoring of infectious and parasitic diseases of the population and safety of food products" program has been functioning online since January 2016.

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Joint national-international overview of the National Immunization Programme in Kyrgyzstan was conducted as part of the TCA activities in 2016. Response measures have been developed and are included in the Republican Center for Immunization (RCI²) Action Plan for 2017.

According to the "Den-Sooluk" and "Immunoprophylaxis" national KR healthcare reform programs, and in accordance with the final stage of the Global Polio Eradication Strategic Plan, the National Immunization Schedule for 2016 was amended - pneumococcal and inactivated polio vaccines were included in it. The Gavi Alliance has provided assistance for the introduction of the two new vaccines in the form of grants for the implementation of PCV and inactivated polio vaccine (IPV) for a total amount of USD 244,500. The implementation of the pneumococcal vaccine started in healthcare facilities across the entire territory of the Republic in March 2016. Based on the results for 2016, coverage of children under 1 with 2 doses of PCV in the Republic was 41.3% and reached the goals set for 2016 (40%). The implementation of PCV has improved the Immunization Program by providing IEC activities, workshops for health workers enhanced awareness of immunization among the population and raised the overall level of knowledge of health care staff (EPI Review, 2016).

As part of the Global Polio Eradication Initiative, Kyrgyzstan switched from the triple oral polio vaccine (tOPV) to the bivalent vaccine (bOPV) on April 2016. IPV introduction is delayed to 2018 due to global supply problems.

Cold chain inventory took place in 2016 as part of the EVM improvement plan. Report on the cold chain inventory, including assessment of needs, cold chain rehabilitation and maintenance plan are used for the CCEOP application in 2017 for total of USD 1,658,246. The IRC reviewed and recommended approval of the application. The approval is pending the finalization of the budget revisions. The capacity of the MOH and RCI in the procurement services starting from planning, forecasting, procurement, custom clearance and distribution is quite weak and functional responsibilities are not well defined.

In 2016, USD 856,518.65 was allocated for the procurement of traditional vaccines from the national budget. The Government of the Kyrgyz Republic is fulfilling its obligations to Gavi on the co-financing of the procurements of new vaccines.

National Immunization schedule was revised in February 2016. New pneumococcal vaccine was included into this schedule. Gavi support for Penta and PCV are to continue, and the country is requesting renewal of support for these vaccines for 2018 – 2021 aligned with the new cMYP.

Each year, the Kyrgyz Republic is approaching vaccine independence; therefore, the financial burden on the budget of the Republic for the procurement of vaccine preparations mandatory for the country's population is increasing. Thus, the republican budget is covering 60% of required funds for the procurement of all vaccines and consumables out of the total needs. The difference is covered by Gavi's support for the procurement of pentavalent and pneumococcal vaccines, allowing for partial reduction of the financial burden on the Republic's budget and ensuring uninterrupted supply of pentavalent and pneumococcal vaccines to the Republic.

Currently, the Kyrgyz Republic is in the preparatory stage of transition from Gavi's support. Technical assistance is required (advocacy at the GKR level) to prepare the country for financial sustainability and expand the responsibility of the GKR for the National Immunization Program.

Immunization is supported by the Government and has always been a priority. The Law for immunization against of infectious diseases adopted on 31 May 2001 is the main regulatory legal document governing

² EPI Equivalent in the health governance structures of Kyrgyzstan

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the state policy which aims continuous nation-wide reduction and prevention of such diseases as tuberculosis, diphtheria, pertussis, tetanus, hepatitis B, mumps, polio, measles, and rubella.

As per the law, citizens have the right to:

- receive complete objective information from health care staff on the need for preventive immunization, consequences of refusal from it, possible post-vaccination adverse events;
- select state health care facilities and private health facilities holding a permit from the Ministry of Health of the Kyrgyz Republic;
- free of charge preventive immunization is included in the National Immunization Schedule, and preventive immunization according to the epidemiological indications at state institutions;
- receive preventive immunization that are not included in the National Immunization Schedule in specially organized preventive immunization centers at state institutions for fee.
- free of charge medical examination, and, if needed, medical examination prior to preventive immunization at state institutions;
- free of charge treatment at state health institutions in case of post-vaccination adverse events;
- social protection in case of post-vaccination adverse events;
- refuse preventive vaccination, unless the current legislation stipulates otherwise.

Currently, the routine immunization schedule of the Kyrgyz Republic includes mandatory vaccination against eleven infections: poliomyelitis, tuberculosis, diphtheria, measles, tetanus, rubella, mumps, pertussis, viral hepatitis B, haemophilus influenza, and pneumococcal infection. Due to sustainable financing and uninterrupted supplies of vaccines and consumables, the annual coverage with all types of preventive vaccination within the immunization schedule remains at least 95%.

3. PERFORMANCE OF THE IMMUNISATION SYSTEM IN THE REPORTING PERIOD

3.1. Immunisation Coverage and Equity

According to the data of the National Statistics Committee, including health data, and forecasts of the United Nations Population Fund, the birth rate in 2016 is demonstrating a slight decrease compared to 2015, which was 25.9‰ per 1000 population (2015 – 27.4‰). Infant mortality rate in 2016 was 16.6 per 1000 live-born (2015 - 18.0), corresponding to 7.8% reduction (Source - NSC KR).

2014 MICH data indicates that Kyrgyzstan made achievements towards MDG 4.2, reduction of infant mortality to 23.6 from 66 in 1997³ and MDG 4.1 reduction under 5 mortality to 29.3 from 41.3 in 1990⁴. Vaccination against vaccine-preventable diseases together with an efficient epidemiological surveillance systems contributed to the reduction of the abovementioned indicators in the country.

In 2016, there were no cases of measles registered in the Republic; the number of pertussis cases decreased from 280 (4.7) in 2015 to 195 (3.2) - 32% reduction; rubella: 6 cases registered (0.1) versus 100 cases (1.7) in 2015 (-94.1%). The bacterial meningitis rate has reduced by 74.4%; 103 cases registered (1.7) versus 394 instances (6.6) in 2015.

According to the administrative data provided by all health care facilities (HCF), coverage of children under the age of 1 with immunization in the reporting year was maintained at the 95% level, corresponding

³ DHS 1997

⁴ Baseline indicator, National Statistics Committee 1990

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to the WHO recommended goals. Penta3 coverage has exceeded 80% in 100% districts (40). At the end of 2016, coverage of children under 1 with 2 doses of PCV in the Republic was 41.3% and reached the goals set for 2016 (40%). Percentage of incomplete immunization between BCG and MMR-1 was 5.8%.

In spite of the high national indicator, due to intensive internal and external migration of the population in all regions of the Republic, there is a tendency of increased refusals from preventive immunization. Over 80% of refusals are due to religious considerations. In 15% of cases, refusals are caused by doubts in the safety of immunization. Thus, Penta3 coverage compared to the previous year has decreased and reached 90.5% in Bishkek versus 94.0% (8.8% of refusals among children subject to vaccination). The number of newborns whose parents refuse to receive preventive vaccination against viral hepatitis B and tuberculosis has increased at obstetric facilities.

The official data of the Multiple indicator cluster survey (MICS) conducted by the National Statistics Committee, UNICEF and UNFPA in 2014. In general, corresponds to administrative coverage data for 2013 with a 1-3% difference. The OPV3 coverage is an only exception which is 9.3% lower than the administrative indicator. At the same time, coverage with Penta3 is 93.9%. This can possibly be explained by shortcomings of data registration, since OPV3 and Penta3 were registered in one line in the form. In general, immunization is carried out "on time", in accordance with the terms set in the national immunization schedule. According to MICS, over 96% of 12-23 months old children received BCG, OPV1, DTP1 (Penta), MMR1 vaccines, and 98.9% received hepatitis vaccine at birth. This is also supported by 2016 WUENIC estimates. However, the share of children receiving the second and third dose of the poliomyelitis and Pentavalent DTP-HepB-Hib vaccine is much lower. The results show that the Penta3 coverage is lower in the urban (92.2%) than in rural areas (96.8%). According to the regional breakdown, City of Bishkek and the Chui region (about 90-91%) have lower coverage compared to other regions, which all are above 95%. According to MICS, there is no gender-based inequity in the provision of immunization services (the difference is 1.4%); the Penta3 coverage among girls was 94.7%, among boys - 96.1%. There are no significant differences in the education level of mothers whose children have received Penta3 (the difference is 1.3%). However, the quintile of the index of welfare demonstrates significant differences (difference of 5.6%) in the Penta3 coverage among the richest (90.9%) and middle income (94.6%) quintiles, while among poorest it is higher (96.5%).

Immunization coverage and equity. In addition to routine activities, the WHO European Regional Office-sponsored European Immunization Week which is held every year. During this event, mobile and outreach teams of health care staff conduct social mobilization and provide immunization services for internal migrants, the population of geographically remote territories and socially-inaccessible (religious and other beliefs) groups.

The existing anti-vaccination tendency requires significant efforts to increase awareness of the specialists and the general public on immunization issues. The problem of internal migrants creates an additional challenge for the program. First of all, it is related to the provision of immunization services. Although there is a legislative framework for the protection of the right to global health care coverage, including migrants, in reality there are administrative barriers in the form of refusal or redirection to private health care facilities for medical aid. Due to deficiencies in the computer-information form registration program (it does not take into consideration the workload per physician providing services to people that have applied without documents and a registered address). Secondly, lack of knowledge among the migrating population of their rights to medical services. Thirdly, low awareness of the population about the benefits and importance of immunization. HSS2 is geared towards addressing issues around the public awareness on immunization as well as building capacity of the health workers on immunization as well as communication skills.

Measles outbreak in 2014-2015 in the Kyrgyz Republic resulted with 19,305 registered instances due to the accumulation of susceptible population over many years, migrants who were not included in the lists

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and were not vaccinated, mainly in new residential buildings in Bishkek and a number of districts of the Chui region.

The Ministry of Health of the Kyrgyz Republic with support of the Government of RK, WHO, UNICEF and MR Initiative took large-scale response measures in reaction to the measles outbreak. Supplementary immunisation activities (SIAs) among susceptible population groups against measles and rubella were carried out in 2 stages in March and May of 2015. Planning, organization and implementation of the campaign was successful thanks to the strong adherence of the Ministry of Health and the healthcare system, along with the assistance from the development partners. Overall, coverage during SIAs was high, 96% of target groups were administered the rubella-measles vaccine. The response measures in reaction to the measles outbreak were effective, and in August of 2015 the outbreak was on the wane; no instances of laboratory-confirmed measles were registered during 2016.

The evaluation of SIAs against measles and rubella carried out by the WHO European Regional Office in October of 2015 highly rated the campaign: in general, the SIAs helped to establish control of the outbreak by closing gaps in/lack of immunity among the population and enhancing the level of awareness of the need for the NIP in general; strong NIP potential was mobilized to resolve the existing problems. The SIAs reached a high 96% coverage of the target groups with the MR vaccine, but the combined results of the administrative and independent monitoring process during the SIA campaign show that in some districts or age groups the coverage was most likely below 90%.

The results of MICS 2014 and the scale of the registered measles outbreak in Bishkek and Chui region during 2014-2015 outbreak confirm that there are problems with the registration and vaccination of children in these regions largely populated by internal migrants. The measles outbreak contested the reliability of the administrative data on vaccination coverage, and in December of 2015 CDC with support from WHO European Regional Office conducted a rapid data quality assessment (DQA).

Data Quality Assessment (DQA) conducted in December 2015 and the DQA report became available in July 2016. The DQA indicates some strengths on immunization data (i.e. registration and verification of data including organization of data collection, availability of data forms) however, there are significant problems with overall data quality, analysis and use:

The DQA recommendations will be further reviewed and ways to implement some of these recommendations will be included in the Data Quality Improvement Plan which is part of the TCA in 2017 by WHO.

Planned activities for data quality improvement:

- Fulfil the data quality analysis recommendations.
- Develop a denominator planning mechanism; consider the possibility of "mobility" of the target group.
- Develop planning mechanisms and denominator estimation methods taking the data source into consideration.
- Implement an electronic immunization data recording and reporting system (KISI) and ensure integration with upcoming eHealth (HMIS) system
- Conduct an intermediate survey on the attitude toward immunization after the completion of the first stage of the communication campaign (2019).

3.2. Key Drivers of Low Levels of Coverage and Equity

The key reasons for inequities in immunization and low coverage are as follows:

- Inadequate registration children and adult population particularly in newly established areas around Bishkek and some districts of Chui region which are populated by internal migrants

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- Problems with supply chain
- Refusal from preventive vaccination, mainly due to religious beliefs (over 80% out of total refusals), doubts over the safety of immunization (2-15% out of total refusals);
- Problems of access to health care in remote villages due to lack of health care personnel;
- Low level of population awareness (especially among internal migrants) on the need to vaccinate children;
- Underreporting of children and adult population in new residential developments adjacent to Bishkek and in some districts of the Chui region inhabited mainly by internal migrants;

Health care workers:

Immunization is provided by immunologists, family physicians and PHC vaccination nurses.

Availability of health care staff is a serious problem at all levels in the Kyrgyz Republic. Shortage of highly qualified health care staff, high turnover rates, ageing of workforce, low motivation, mainly due to low salaries and lack of incentives, pose a threat to the immunization program (and other health care programs). This is especially relevant for the primary health care (PHC). Also, there are many unfilled vacancies for epidemiologists. In the recent years, the government has created program to retain new graduates and attracting them to serve in the rural areas for 2-3 years by providing incentives however, this initiative is yet to be implemented. Currently, at the PHC level with support of the World Bank there is another initiative being implemented as part of the results based financing (RBF) program, which aims at providing incentives to health care facilities and their staff based on set of indicators. Under the HSS2 discussions, these set of indicators includes immunization related indicators. Within HSS 2 there are planned series of trainings for PHC on immunization in practice. Also, within HSS 2 and routine immunization there are planned activities on reaching underserved areas by establishing mobile teams and outreach teams.

Immunization capacity building among health care staff is carried out mainly during the implementation of new vaccines through educational events. EPI review in 2016 noted that special courses are required, such as Tailoring Immunization Programs (TIP), and Middle Level Management (MLM), since knowledge and skills of family physicians in immunization are not always updated/improved. Under the HSS2 plans, there is a significant training component to improve the knowledge and skills of the health workers on immunization as well as improving skills on communication for immunization. The HSS2 also includes components to improve skills on AEFIs, crisis communication, and surveillance and reduce vaccine refusals.

As far as immunization activities surveillance is concerned, the RIC staff should conduct regular supporting supervisory/inspection trips to regional SSES, including some district SSES (to regions - supposedly 2 times a year). Then, in turn, regional and district SSES employees should visit health care facilities. However, just as in the case with education, operational costs are considered insufficient, especially for transportation (most of the RIC operational costs are covered with funds received from donors), and, therefore, there is no supporting supervisory/inspection control. Under the PEF TCA 2017-18 there are efforts included with the World Bank to conduct a Health Sector Financing Assessment (HSFA). This work aims to build capacity of the RCI for improved budgeting and financing planning to cover the recurrent operational costs such as supervision. The HSFA effort will also contribute to advocacy for funding the EPI program and introduction of new vaccines.

Supply chain:

In 2016, Cold chain inventory and needs assessment conducted to support the CCEOP application process. The assessment revealed that a large network of various facilities is involved in vaccine distribution and delivery of immunizations in Kyrgyzstan; about 92 percent of them are rural medical offices.

The results showed that 13 percent of facilities lack any active refrigeration equipment; domestic refrigerators account for 52 percent of the equipment in use; 85 percent of PQS vaccine freezers and 32 percent of ILRs are older than 10 years.

The needs assessment also indicated that maintenance of cold chain equipment represents an important problem: 10 percent of refrigerators and freezers were not working (including 14 percent ILRs and 34 percent freezers); 6 cold rooms had single functional cooling units; maintenance by a qualified technician

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was available only in about 7 percent facilities; and no stock of spare parts were available to address the maintenance and repair needs of PQS equipment.

Weak stock management: about 85 percent of facilities reported stock outs; no safety stock policy exists to address demand and supply variations.

Geographical access challenges: about 18 percent of health facilities are remote (more than 50km from district stores) and health workers must travel long distances to collect the vaccine from their district store.

Inequities related to grid power supply: although access to reliable power supply is almost universal in Kyrgyzstan (about 95% facilities had access to grid power supply more than 16 hours a day) the 62 rural facilities clustered in few districts were lacking access to reliable grid power supply.

The limitations in the supply results in limited access to continuous immunization services: About 25 percent of rural medical offices (FAPs) conduct one immunization session per month only.

The country applied for the CCEOP support in 2016 to address some of these challenges along with investments in HSS2. To ensure smooths implementation of CCEOP the weakness in the capacity of the MOH and RCI in the procurement services starting from planning, forecasting, procurement, custom clearance and distribution should be addressed and functional responsibilities to be defined.

Generation of demand/demand for vaccines:

Within HSS2 UNICEF is responsible for Objective 1 (1,012,928 USD): Increase knowledge, trust and demand for MCH services among the population. This objective will tackle the problem with increasing refusals to vaccinations due to lack of knowledge, misconceptions and anti-vaccination propaganda. Within HSS 2 Objective 1 is aiming at increasing of knowledge, trust, and demand for MCH including immunization services by the population. This objective will tackle the issues related to increasing vaccination refusals due to lack of knowledge, wrong perceptions and anti-vaccination sentiments.

Despite high levels of the immunization coverage in the country, there is increasing number of refusals, hesitancy and negative attitudes towards vaccination. These are partly due to the fact that medical workers ineffectively counsel parents and their inability to provide them with sufficient information on the benefits of vaccination. In addition, the vaccine coverage has been challenged further by the growing anti-vaccination sentiments led by various groups.

Hence, the Ministry of Health with UNICEF and partners lead a continuous interventions to increase knowledge, trust and demand for vaccination among the population in general, and, in particular, among hard to reach groups. Using the HSS funds, a comprehensive communication strategy will be developed to address vaccine refusals, vaccine hesitancy, rumors and misconceptions that affect routine immunization uptake in the country. The strategy will include the plan for an integrated health communication campaign on routine immunization reaching out to all audiences, including internal migrants. Prior to the development of the strategy, MOH and UNICEF have been implementing quantitative and qualitative nationally representative surveys to assess knowledge, attitudes and practices of the audiences as well as gain a better understanding on reasons behind refusals and immunization associated behaviors, and also to collect insights about approaches and actions to generate demand for immunization services.

Management and Coordination

ICC's terms of reference was updated in 2016 as part of the GMR process. Renewal of its composition was recommended by the international consultants, in particular - by the Gavi Secretariat. ICC meetings are held as scheduled and extraordinary meetings, to review immunization issues. Each ICC member is assigned their functional duties depending on the applicable sector: coordination, technical and social mobilization sector. 6 Committee meeting were held in 2016.

However, ICC functions remain weak and oversight duties are not performed at the optimal levels. To improve ICC's role and its functions Leadership Management Coordination (LMC) support is allocated for Kyrgyzstan and this support is launched in July 2017.

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There immunization program, namely RCI, management has been weak, particularly in the areas of planning, budgeting and coordination with major stakeholders in the sector. Though HSS2 and PEF TCA via Gavi partners are to contribute to the capacity building of RCI; for 2017-18 additional LMC support for embedded program management planned for Kyrgyzstan to further support the program.

It is planned that LMC support for ICC and immunization program team will increase the capacity and program management skills for effective coordination, and strategic relationship building between the agencies and have more effective and holistic way of program implementation.

3.3. Data

As mentioned section 3.1., there are problems with the provision of immunization data, and the current administrative data was contested by the large scale measles outbreak. In addition, the data from SIA measles monitoring indicated that coverage in some regions is around 70%. The EPI Review in 2016 also indicated that administrative expectations for the achievement of a result and punitive measures from the government result in the reporting of unrealistic coverage indicators. Also, there are discrepancies and questions regarding the precision of denominator from various sources (medical census data and maternity hospital data).

Main challenges identified by the assessment of data quality assessment conducted in December 2015 are as follows:

1. Lack of methodology for calculating target group for immunization because data of the national Statistics Committee differ from data obtained during medical registration of served population by health facilities.
2. Inconsistency in usage of data sources for the denominator (medical registration by health facilities, Republican medical-information center data, and national statistics data).
3. Registration of immunization among migrant population was not standardized in health facilities.
4. Limited use of monitoring of effectiveness data of lower levels for provision of support from higher levels and focusing of resources at non-vaccinated children.

With regards to data quality improvement, based on recommendations of DQA, within HSS2 it was included into plan of activities Revision, update in 2017 of software on immunization (KISI) and installation in health facilities in 2018. Printing of reportin forms on immunization and conducting of trainings for PHC health workers (September, October 2017) is planned by ISS GAVI funds.

In order to develop a methodology of calculation of denominator, the Working group will be established consisting of leading specialists of the ministry of health, RMIC, National Statistics Committee and relevant institutions.

Current system of collection and analysis of data on immunization in Kyrgyzstan is integrated with Unified Health Information System. At the national level Republican Medical-Information center under the Ministry of health is responsible institution. At district and oblasts levels immunization data management is carried out by Centers Disease Prevention and State Surveillance Centers (SDP&SSESC). National Statistics Committee manages statistical data and official analysis of the population data. The National Statistics Committee approved state statistical reporting forms: No5 "Report on immunization work" (monthly basis) and form No6 Report on children, adolescents and adults vaccinated against infectious diseases" (annual basis). These reports are provided by every health facilities with set timeline to report to the district CDP&SSESC. This data then aggregated on a monthly basis at each level of health service and accumulated data then reported to RCI, Annual data by oblast is submitted to the Republican Medical-information center and further to the National Statistics Committee according to established timeline (in March 2018 for next reporting period). Reporting in Kyrgyzstan currently is on a paper format.

KISI software was developed and piloted within project "Mother and child health integrated program) that was funded by USAID. This project was aiming at implementation of electronic registration of data, reporting and use of data by RCI. Software has capability to develop micro-planning (perspective

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plan), enter data that are based on available reporting forms and present this data to all administrative levels. KISI works on SQL-server and focuses on monitoring and reporting on immunization, vaccine supply, cold chain. This KISI software was piloted only in some health facilities in Bishkek, Issyk-ata district of Chui oblasts. This software will be updated taking into account new antigens into National immunization schedule such as PCV and IPV and will be installed in all health facilities of the country. Within HSS 2 on Objective-5, introduction of KISI will strengthen the data collection system for timely and correct information on immunization.

Under PEF TCA, DQA was completed in 2016, and in 2017 PEF TCA will take on the fulfilment of certain key recommendations for the improvements of data quality, such as the introduction of "home cards" for vaccination of children.

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

In the Kyrgyz Republic, there are advisory bodies and committees on immunization and fight against vaccine-preventable infections:

- Inter-agency Coordination Committee on Immunoprophylaxis
- Sector-wide Approach in Healthcare (SWAp)
- Inter-agency Cooperation (MSO; Ministry of Interior, AF, ERM)
- Scientific and technical group of experts on immunization (STGEI)
- National Certification Committee for Poliomyelitis Eradication (NCCPE)
- National Verification Committee on Measles and Rubella Eradication (NVCMR)
- Republican Committee on Immunization (RCI)
- Permanent partners: providing assistance to NIP: WHO, UNICEF
- Other NIP participants providing powerful support in social mobilization of the population are mass media, Administration for Spiritual Matters, OO Mutakalim, local self-governance bodies, Rural Healthcare Committees (RHC).

The Health Sector is supported by the Sector Wide Approach (SWAp) in Kyrgyzstan. KfW, Swiss Government and the World Bank support to the health sector is pooled in the SWAp and managed by the World Bank. Agencies such as Global Fund, Gavi support the health sector plan as parallel funders and there is an active Development Partner commitment. Development Partners coordination is managed by the WHO Country Office. Under the SWAp total of 13,381.7 thousand som (US\$ 48.8 thousand) was received in 2016; from this amount, 13,264.6 thousand som (US\$ 47.1 thousand) was used in the centralized activities of the Ministry of Health (SWAp) for the procurement of special refrigeration equipment HBC-70 for storage of vaccines with stabilizers in the quantity of 216 pcs., which were delivered to regional Family Practice Centers (FPC) (and subsequently to district FPCs, FDGs and FAS) according to the distribution plan approved by the Ministry of Health of KR. These contributions are taken into consideration in HSS2 as well as new CCEOP plans.

4. PERFORMANCE INDICATORS OF GAVI GRANTS IN THE REPORTING PERIOD

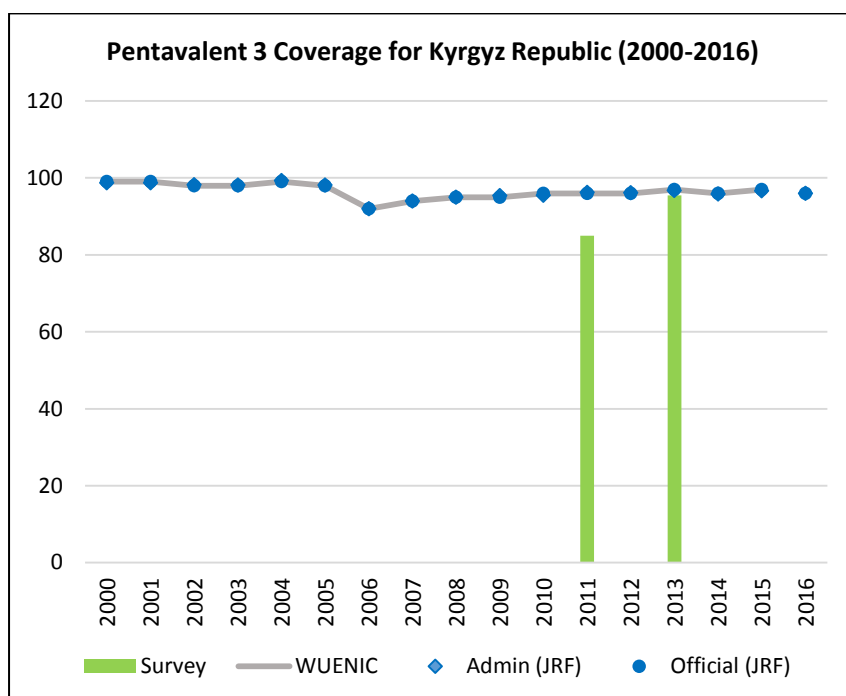
4.1. Program Performance Indicators

Grants for Introduction of New Vaccines (pneumococcal vaccine and inactivated polio vaccine).

As per the recommendations of NITAG and the decision of the ICC, MOH approved to introduce the pneumococcal vaccine (PCV) to immunization calendar. The application for support of the new vaccine introduction was submitted by the country and approved by the Gavi Secretariat in 2014. Due to a complicated epidemiological situation with measles in 2014-2015, the vaccine implementation was postponed to 2016. In early 2016, both PCV and IPV were officially put into the immunization calendar. PCV introduction took place in March 2016. Based on the results for 2016, coverage of children under 1 with 2 doses of PCV in the Republic was 41.3% and reached the goals set for 2016 (40%). Information-education and communication (IEC) activities, workshops before the implementation of PCV financed by the Gavi PCV VIG and have enhanced awareness of immunization among the population and raised the

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overall level of knowledge of health care staff. The implementation of PCV was equally well accepted by health care staff and parents (EPI Review, 2016).



Health System Strengthening (HSS2) for 2016-2020 was approved by the Gavi Secretariat in January of 2015. (Decision-letter on Gavi HSS financial support in the KR dated 29.01.2015. Program Grant Number: 1418-KGZ-10a-Y.). The total grant amount for the Kyrgyz Republic for 5 years is USD 4,596,655:

	2016	2017	2018	2019	2020	Total
Program budget, USD	1,085,684	873,311	879,269	879,657	878,734	4,596,655

In 2015, in cooperation with the World Bank office, technical assistance was provided and completed in November 2015 for the finalisation of the annual work plans, budget, and procurement plans for the HSS grant as part of the grant requirements. Upon completion of this work, the Gavi Secretariat already disbursed the first instalment of funds under the HSS grant, in the amount of USD 1,085,684 to kick start implementation in February 2016. However there has been no progress made by the MOH due to administrative and programmatic barriers. As per the new law in Kyrgyzstan, there was a lack of clarity about the status of the Gavi Partnership Framework Agreement (PFA) which resulted activities to be on hold for a long time. The MOH worked on the issue internally with the Ministry of Justice and Foreign Affairs and only in November 2016, got a clearance that the Gavi PFA is valid. In addition to the status of PFA, other administrative barrier encountered that hindered the implementation. The Gavi Financial Management Requirements (FMR) document stipulates that the World Bank procedures are required to be followed by the Ministry of Health for the use of HSS grant funds. In mid-2016, the WB indicated that WB procedures cannot be used for Gavi HSS funded programs despite the fact this was initially a condition for the health sector procurement, including services, and was reflected in the FMR for all procurement, except cold chain related items procured by UNICEF. This development affected the procurement and contracting of services, works and goods apart from the cold chain related equipment which FMR indicates use of UNICEF SD. Another issue on operational level is the weak capacity of supply staff of the MOH in

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facilitation procurement related to cold chain and vaccines, as before this supply was procured by RCI directly, particularly by one person only, which is currently dismissed.

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

In November 2016, following September 2016 JA discussions, a joint mission conducted to review the HSS governance and fund management with all Alliance partners as well as MOH teams, ICC members and EPI as well as country partners on roles and responsibilities and coordination of the work in alignment for successful implementation of HSS activities. A consensus reached for Gavi Alliance partners (WHO and UNICEF) to be directly contracted by the Gavi Secretariat to accelerate implementation of technical assistance and support. Under the new fund management structure, lead agencies for implementation will be MOH, UNICEF and WHO; and funds are divided as follows:

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

The MOH of Kyrgyzstan will continue to play a central and critical day to day coordination role in the implementation and of the HSS support. The established coordination and governance mechanisms for oversight are with the Inter-agency Coordination Committee (ICC) who plays key role in the monitoring of performance and addressing bottlenecks. To support ICC in this role, the Gavi Secretariat is in the process of recruiting technical assistance which will be available to Kyrgyzstan in 2017 through the LMC support as indicated in section 3.2.

The programmatic division of roles for the HSS implementation has been agreed based on each agency's expertise and resources, while the Ministry of Health assures day to day coordination of activities and continued alignment with other activities.

- Objective 1 - Increase knowledge, trust and demand for MCH services among the population. This objective will address the problem of increasing refusals to vaccinations due to lack of knowledge, misconceptions and anti-vaccination sentiments. (lead agency UNICEF)
- Objective 2 - Strengthen selected primary health care facilities to increase access to basic MCH services and immunization for urban migrants and hard-to-reach rural areas. This objective will tackle problem areas in certain pockets in the country that have lower access to PHC and immunization services (lead agency WHO)
- Objective 3 - Increase capacity of PHC workers to provide quality child immunization services. This objective aims to improve the quality of immunization services through updating of guidelines and training (lead agency WHO)
- Objective 4 - Strengthen physical capacity of cold chain. This objective tackles deficiencies in the cold chain (MOH in the lead).
- Objective 5 - Strengthen the data collection system to ensure timeliness and accuracy of information on immunization services. (Lead agency WHO)

Cold chain equipment procurements will remain in the budget of the Ministry of Health, since procurements will be carried out by the GKR through UNICEF mechanisms (the cost is approximately 1.7 million USD).

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Grant for Cold Chain Equipment Optimization (CCEOP)

- Vaccines and cold chain

The EPI Review has shown the Gavi investments have improved the cold chain system at the central and regional level of the supply chain. The Standard operational procedures (SOP) for vaccine management are well known to the majority of staff at all levels of the supply chain. However, there are areas requiring improvement at all levels. Some health care facilities are lacking means for the transportation of vaccines, refrigerators that meet quality standards, and in some cases those that passed the WHO prequalification - many facilities do not have generators. Some of these needs are included in HSS-2, and a significant part - in the new Gavi Cold Chain Equipment Optimization Platform (CCEOP). Planning of cold chain equipment procurement in HSS 2 and CCEOP are based on inventory of CCE and needs assessment conducted in 2016 with support from WHO (PEF TCA 2016). To ensure timely and appropriate distribution of cold chain equipment according to plan, it will be needed to improve capacity of supply staff from the MOH and technical staff from the RCI to manage process based on procedures.

The following equipment will be procured under CCEOP:

- 36 SSD refrigerators (up to 30 lt.) to equip facilities with power supply available less than 8 hours per day (of them 18 as new equipment, and 18 to replace outdated and inadequate equipment);
- 870 intra-reactor ILR (up to 60 lt.) to equip PHC facilities offering immunization services. Of them 16 will equip PHC facilities with power supply 8-16 hours per day (of them - 1 as new equipment, and 15 to replace outdated and inadequate equipment, and the rest - to equip facilities with power supply > 16 hours per day, with >15 children under one of them - 211 as new equipment, 209 to replace outdated ILR and 424 to replace household refrigerators);
- 30 built-in ILR (up to 100 lt.) to equip the district vaccine stores - all of them have power supply > 8 hours (to upgrade the storage capacity and replace outdated and inadequate equipment)
- 50 intra-reactor ILR (up to 130 lt.) to equip the district vaccine stores - all of them have power supply > 8 hours (to upgrade the storage capacity and replace outdated and inadequate equipment)
- 61 in-grid freezers (up to 300 lt.) to equip the district and regional vaccine storages - to replace outdated equipment)
- 1,140 voltage regulators will be provided (including 129 for existing equipment and 1,011 together with new equipment)
- 3100 30-day continuous temperature monitoring instruments (for new and existing equipment) to restore continuous temperature control and replenish stock of instruments every 3 years;
- 1 set of remote equipment for temperature monitoring (24 sensors) for the central vaccine storage facility
- 9 sets of remote temperature control equipment (4 sensors) for subnational vaccine storages facilities
- 75 sets of spare parts for the CCEOP equipment for create a stock of spare parts for all types of the supplied CCEOP equipment.

The CCE that will be covered by additional HSS funds:

- 4 cold rooms - 10 m³, and 3 cold chambers - 30 m³ (including three-phase voltage regulators) to upgrade the capacity of regional vaccine storage facilities;
- 1 walk-in cold room - 40 m³ (including three-phase voltage regulators) to upgrade the capacity of the national vaccine storage facility;
- 1 refrigerator 30 m³ for the national vaccine store;
- 7 refrigerators (5 x 6-9 m³ and 2 x 15 m³) for regional vaccine storage facilities (to collect vaccines from the national vaccine store and distribute vaccines at the district level);
- 1 pickup/minivan vehicle to support monitoring and control of equipment deployment;
- 1 50 kW power generator (in standby mode) to equip national vaccine storage facilities.

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4.2. Financial Management Performance (for all cash grants, such as HSS, vaccine implementation grants, campaign operational cost grants, transition grants, etc.)

Finalized summary in US\$ (KGS69.3=US\$1 according to UNORE on 31.12.2016)

Grant	Opening Balance 1 Jan 2016, US\$	Income 2016, US\$	Expenditure 2016, US\$	Closing Balance 31 Dec 2016, US\$
ISS	218,956	-	42,718	176,239
PCV VIG	28,273	-	2,085	26,188
IPV VIG	84,291	-	-	84,291
HSS	277,862	838,938	10,750	1,106,050
Total	609,382	838,938	55,553	1,392,767

In 2016, PCV VIG was utilized for the introduction activities and some of the IPV activities were integrated into the PCV. The following PCV and IPV implementation activities were performed with Gavi financing in 2016:

- Training events on the implementation of PCV and IPV in all regions of the Republic;
- Preparation and replication of information and education materials in Russian and Kyrgyz;
- Creation of videos and their translation by the national TV and radio broadcasting companies;
- Round table discussion and press conferences;
- Preparation and replication of PCV implementation manuals.

It should be noted that IPV VIG remains unutilized due as introduction delayed significantly due to the global supply constraints. IPV introduction plans will have to be reviewed and planned in alignment with supply availability to country for introduction in 2018.

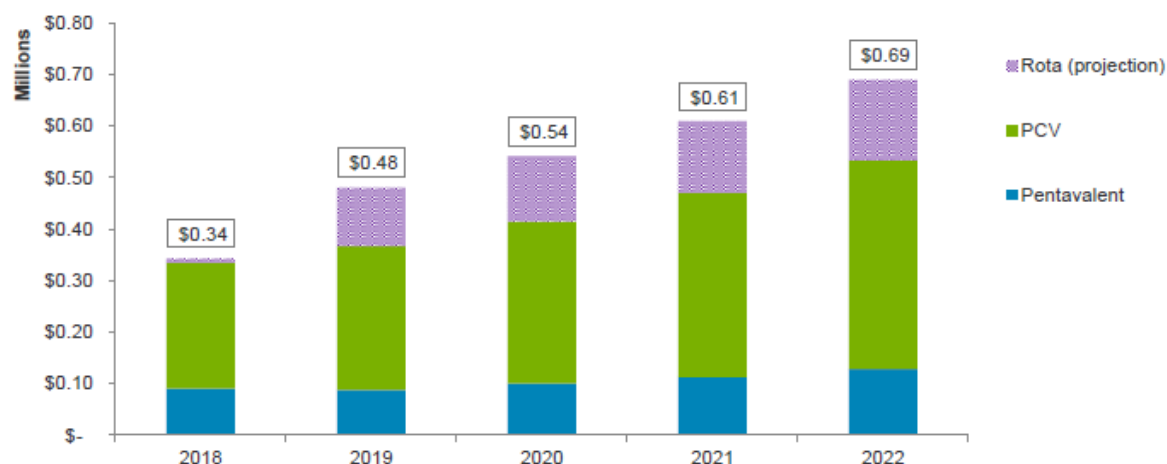
5. Sustainability and (if applicable) Transition Planning

Currently, the Kyrgyz Republic is in the preparatory transition phase as per Gavi groupings.. Technical assistance is required (advocacy at the GKR level) to gradually prepare the country for self-financing in the future, build immunization sustainability and expand the responsibility of the GKR for the National Immunization Program.

In 2016, USD 856,518.65 was allocated for the procurement of traditional vaccines from the national budget. The Government of the Kyrgyz Republic is fulfilling its obligations to Gavi on the financing of the procurements of new vaccines.

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Co-financing projections 2018-2022



	2018	2019	2020	2021	2022
Pentavalent	\$ 89,975	\$ 88,322	\$ 99,960	\$ 113,289	\$ 128,479
PCV	\$ 244,369	\$ 278,309	\$ 315,034	\$ 357,122	\$ 404,823
Rota	\$ 8,751	\$ 113,487	\$ 126,038	\$ 138,287	\$ 156,492
Total	\$ 343,095	\$ 480,119	\$ 541,032	\$ 608,698	\$ 689,794

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

6. Technical Assistance (TA)

PEF TCA in 2016 activities completed

WHO:

- Cold chain inventory (May 2016) and development of rehabilitation plan
- Development of the Gavi CCEOP application and supporting package (Aug-Nov 2016)
- Development of cMYP for 2018-2021 (December 2015-- January 2016);
- Workshops on MR and Polio surveillance (December 2016)
- Switch from tOPV to bOPV (May 2016) and related follow up and studies
- NITAG Capacity building
 - Participation of the Chair and Secretary of NITAG in the meeting of European Technical Advisory Group was held in October 2016
 - NITAG evaluation was conducted in September 2016 and the results were discussed at WHO Regional Meeting for NITAGs was held on 12-13 October 2016
- Strengthening AEFI surveillance:
 - Representatives of the immunization programme, national drug regulatory authority and the national expert committees reviewing AEFIs causes participated in the WHO workshop on AEFI monitoring, causality assessment and communication (Nov 2016). Participation involved self-assessment of the national AEFI surveillance system, reviewing WHO recommendations and global resources in the area of work and developing a national plan of action to strengthen the AEFI surveillance system in Kyrgyzstan.
 - In country TA was further provided by WHO to support developing the national AEFI surveillance guidelines (Dec 2016).

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- Strengthening immunization safety policy
In-country TA was provided by WHO to developing the national immunization safety guidelines (Apr 2017)
- WHO EURO coordinated a training at the national level on PCR methods to detect *Streptococcus pneumoniae* (Sp), *Haemophilus influenzae* (Hi) and *Neisseria meningitidis* (Nm) and a bacteriology training for participants from Bishkek, Osh, and Jalal-Abad in September 2016. A staff member from the Regional Reference Laboratory conducted the training.
-
- WHO EURO coordinated a regional hands-on training workshop to improve capacities to detect the causes of bacterial meningitis. The workshop was on the use of new, direct real-time PCR method for detection and molecular characterization of molecular agents (Sp, Hi, Nm); this method does not require DNA extraction. The workshop facilities were kindly provided by the R.G. Lugar Center for Public Health Research, National Center for Disease Control and Public Health of Georgia. A representation from the national laboratory in Kyrgyzstan participated in the workshop conducted by staff from the Global Reference Laboratory in April 2017. This method has several advantages compared to conventional multiplex PCR, as it reduces the risk of contamination, requires a lower volume of CSF, saves processing time, and results in cost savings. (A detailed description of the workshop is provided at <http://www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/news/news/2017/05/training-of-lab-experts-improves-capacities-to-detect-causes-of-meningitis> and at <http://www.who.int/immunization/gin/en/>).

UNICEF:

Implementation of EVM Improvement Plan;

- monitoring of the implementation of the Standard Operating Procedures for EVM (July 2016);
- training events (master-classes) with the specialists from vaccine warehouses and technical specialists in maintenance, operation, and repair of specialized refrigeration equipment in the immunization service (July 2016)
- A round table discussion in the southern and northern parts of the Republic for HO managers based on the results of the EVM appraisal study in the Kyrgyz Republic (July 2016);
- Conduct EPI review (July-August 2016)
- procurement of specialized refrigeration equipment for PHC(using SWAp funds)

In 2016, the Mayor's Office of Jalal-Abad with support from UNICEF engaged representatives of the local self-governance bodies, international organizations and civil society organization to expand their potential in communication issues for the development and strengthening of social mobilization in immunization. A long-term strategy of social mobilization of the population was developed at the local level and adopted by the Mayor's Office for further implementation together with the partners to improve the immunization level in Jalal-Abad, which will inform the development of the national communication strategy to improve population's demand to vaccination services.

In 2017, UNICEF continues to support the Ministry of Health in increasing demand for immunization services among the population, including the most vulnerable groups. To assess Knowledge, Attitudes, Practices (KAP) towards vaccination and get the baseline data for key target groups - mothers, including internal migrants; health worker; religious leaders; influencers - the Ministry of Health with UNICEF support has been rolling out qualitative and quantitative surveys. Following the development of the Terms of Reference in consultation with national and international counterparts, an open tender was conducted and the contract was signed with a local research company. The Ministry of Health established the communication working group on immunization issues, overseeing and advancing the KAP survey (funded

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through the Gavi HSS), which will be used to design a comprehensive communication strategy to address vaccination hesitancy in Kyrgyzstan.

7. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised Activities from Previous Joint Appraisal	Current Status
1. The EPI overview for the identification of strengths and weaknesses of the immunization program and the development of improvement plans	In June-July 2016, UNICEF with support of TCA funds and jointly with WHO, the Centre for Disease Control and Prevention/CDC USA and national specialists carried out a joint national-international overview of the NIP. The appraisal recommendations are included in the RIC Action Plan for 2017. The HSS-2 grant will facilitate the improvement in some key areas, such as data quality improvement, study and development of strategies for immunization coverage improvement among vulnerable population groups.
2. Improvement of the population awareness of immunization and medical staff capacity building	Support was provided to the country under TCA in 2016. Further support was also provided to the partners to improve awareness of the measles SIAs. Need to continue work in this area. Support was allocated under HSS-2 and TCA in 2017, and for promotion of this
3. Data quality analysis (DQA) and improvement of registers of newborn and other data sources for the immunization program	Data quality assessment was carried out in December 2015 as part of WHO TCA. The evaluation report was received in April 2017. The appraisal recommendations are included in the RIC Action Plan. Part of the activities will be financed by HSS-2.
4. The development of the cMYP and capacity building for the utilization of the cMYP and the National Immunization Plan to improve decision making, planning and management.	The CHMP development was initiated under WHO TCA in the fourth quarter of 2016; currently, it is in the final stage. A complete document with translation has not been received yet.
5. NITAG strengthening	NITAG evaluation was conducted; the evaluation findings and recommendations for NITAG strengthening were discussed at WHO Regional NITAG Meeting

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

Overview of Key Activities Scheduled for 2018:

Key Finding 1	Making evidence based decision on HPV introduction vaccine
Agreed activities in the country	<ul style="list-style-type: none"> - Review fiscal space for HPV on affordability and financial sustainability - NITAG Capacity building
Relevant schedule	2018

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Technical assistance needs	Consultation and technical assistance from WHO
Key Finding 2	Improvement of the population awareness of immunization and medical staff capacity building
Agreed activities in the country	1. Engaging international expert resources on issues related to the use of communication to change the attitude towards vaccination among vulnerable population, and for capacity building of health care staff to inform of the benefits of vaccination. 2. Carrying out an intermediate study on issues related to the sensitivity of information and communication activities.
Relevant schedule	2018
Technical assistance needs	Consultation and technical assistance from UNICEF
Key Finding 3	Introduction of the rotavirus vaccine
Agreed activities in the country	Preparedness for the introduction of the rotavirus vaccine and post introduction evaluation
Relevant schedule	Preparation - Q3 2018, implementation – Q1, Q2 2019
Technical assistance needs	Consultation and technical assistance from WHO Immunization officer to continue (WHO)
Key Finding 4	Vaccine management
Agreed activities in the country	Technical assistance to conduct EVM assessment and development of EVM improvement plan
Relevant schedule	2018
Technical assistance needs	Consultation and technical assistance from WHO
Key Finding 5	Development of operational plan for CCEOP and implementation in collaboration with all stakeholders
Agreed activities in the country	Provision of support to RCI and MOH in implementation of Deployment plan and Procurement services Provision of support to RCI and MOH in development and operationalization of deployment plan of CCEOP and HSS2 related to the procurement and logistics of supply (cold chain equipment, vaccines)
Relevant schedule	2018 – 2019
Technical assistance needs	Consultation and technical assistance from UNICEF & WHO Staff cost of Supply coordinator for UNICEF
Key Finding 6	Improving injection safety practices
Agreed activities in the country	Technical assistance for capacity building on injection safety practices and material development

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Relevant schedule	2018 – 2019
Technical assistance needs	Consultation and technical assistance from WHO

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

The draft joint report was discussed with the partners and approved at the ICC meeting on 12 May 2017. The draft was reviewed and discussed with the Alliance partners during the JA update meeting held in Copenhagen in June 2017. In July and August new versions were developed, alliance partners contributed to report by August 2017. Alliance priorities and technical assistance needs discussed in September 2017 and report is finalized in October 2017 for final approval of ICC (11 October 2017) .

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10. ANNEX

Compliance with Gavi Reporting Requirements

Please confirm the status of reporting to Gavi, indicating whether the following reports have been uploaded to the country portal.

It is important to note that delayed reporting may impact the decision by Gavi to renew its support.

	Yes	No	Not applicable
Grant Performance Framework (GPF) Reporting on all indicators due to have been completed	X		
Financial Reporting	X		
Periodic financial reporting	X		
Annual financial statement	X		
Annual financial audit report			Audit reports requested by the end of the year for closure of HSS1, ISS, and HSS2 MoH
End of year stock level report	X		
Campaign reporting			NA
Immunisation financing and expenditure information			
Data quality and survey reporting	X		
Annual desk review	X		
Data quality improvement plan (DQIP)		X	
If yes to the DQIP item, report on its progress			
In-depth data assessment (conducted in the last five years)	X		
Nationally representative coverage study (conducted in the last five years)		X	
Annual progress update on the Effective Vaccine Management (EVM) improvement plan		X	
Post Introduction Evaluation (PIE)			X
Measles and rubella five-year plan			X
Operational plan for the immunisation program	X		
HSS end of grant evaluation report			X

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HPV specific reports			X
Transition Plan			X