Joint Appraisal report — 2017

Country	Tajikistan
Full Joint Appraisal or Joint Appraisal Update	Joint Appraisal Update
Date and Location of Joint Appraisal Meeting	6 - 9 June 2017, Copenhagen
Participants / Organizations	Ministry of Health, Social Protection of People (MOHSPP), the Republican Center of immunization (RCIP), UNICEF and WHO Country Offices, WHO and UNICEF regional offices, CDC, the WB HQ, the Sabin Institute, Gavi Secretariat
Reporting Period	2016
Fiscal Period	1 January - 31 December
Comprehensive Multi Year Plan (cMYP) Duration	2016-2020

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	Rotavirus	2020	2018	274,276	US$140,500	US$ 972,500
Routine	Penta	2020	2018	274,276	US$113,000	US$ 855,000
Routine	IPV	2018	2018	271,234	0	US$ 271,234

1.2. Indicative Interest to Introduce New Vaccines or Request Health System Strengthening Support from Gavi in the Future[1]

Indicative Interest to Introduce New Vaccines or Request Health System Strengthening Support from Gavi	Programme	Expected Application Year	Expected Introduction Year
	Pneumococcal vaccine (PCV13)	2018	2019
	HPV vaccine (HPV)	2020	2021

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

2. CHANGES IN COUNTRY CONTEXT SINCE LAST JOINT APPRAISAL

Since 2001,Gavi has been providing support to Tajikistan including Immunization System Support (ISS from 2001-2005, 2008, 2010, 2012-2013), Health System Strengthening Support (HSS – 2010, 2012, 2014), New Vaccines Support (NVS) for HebB (2001 - 2009), Pentavalent (2008-2015), Rotavirus (2014-2015), IPV (to be introduced in 2018), accompanied by Vaccine Introduction Grants (VIG) (2008, 2014) and Injection Safety Support (2004-2007). To-date, Gavi support provided to Tajikistan totals to US$ 29,342,005 (dated. July 2017).

Tajikistan fully relies on the support from the donors for the Immunization Program. The program is underfunded by the government which leads to shortfalls and requests for support from donors. Gavi has been the main contributor to the Immunization Program since 2001. The country entered into pre-transition phase starting from 2016 as the GNI per capita increased. However the overall economic growth has not been translated into increased funding for health sector.

The country has fulfilled its co-financing obligations for 2016 and never defaulted to-date. Even though the country has increased its budget for vaccine procurement by 4 million Tajik Somoni (approx. US$ 500K) over the last 2 years, the allocated amount is not sufficient to recover the loss due to the devaluation of the national currency. This amount only covers the co-financing of the Gavi supported vaccines.

In 2016, the country received technical support from the UNICEF Supply Division (SD) for the financing of vaccines and immunization materials. Tajikistan was identified as eligible to benefit from the Vaccine Independence Initiative (VII) and the submitted an application for support of the VII in May 2017. Memorandum of Understanding (MoU) was signed between MOHSPP and UNICEF in August 2017.

In 2016, the country developed a new Comprehensive multi-year plan (cMYP) covering 2016-2020 and approved the new National Plan for Immunization (funded by the PEF TCA support).

In April 2016, the country along with other world countries switched from using the trivalent oral poliomyelitis vaccine to using the bivalent oral poliomyelitis vaccine.

3. PERFORMANCE OF THE IMMUNISATION SYSTEM IN THE REPORTING PERIOD

3.1. Immunisation Coverage and Equity

According to administrative data Tajikistan has achieved high level of coverage (over 90%) of the delivery of immunization services in the country. 98.5% cities and regions of the country have achieved >90% coverage from DTP-3 (Pentavalent), compared to 96% in 2014. All cities and regions of the country have reached >90% coverage with the first dose of measles vaccine; losses from DTP3 have decreased from 5% in 2012 to 3% in 2016.

According to the official WHO/UNICEF estimates of vaccination coverage of children under the age of 1, in 2016 the BCG coverage was 98.4%, and it was 96.8% for OPV3. The DTP-3 coverage was 97%. The drop rate between the first and third doses of DTP is less than 2%.

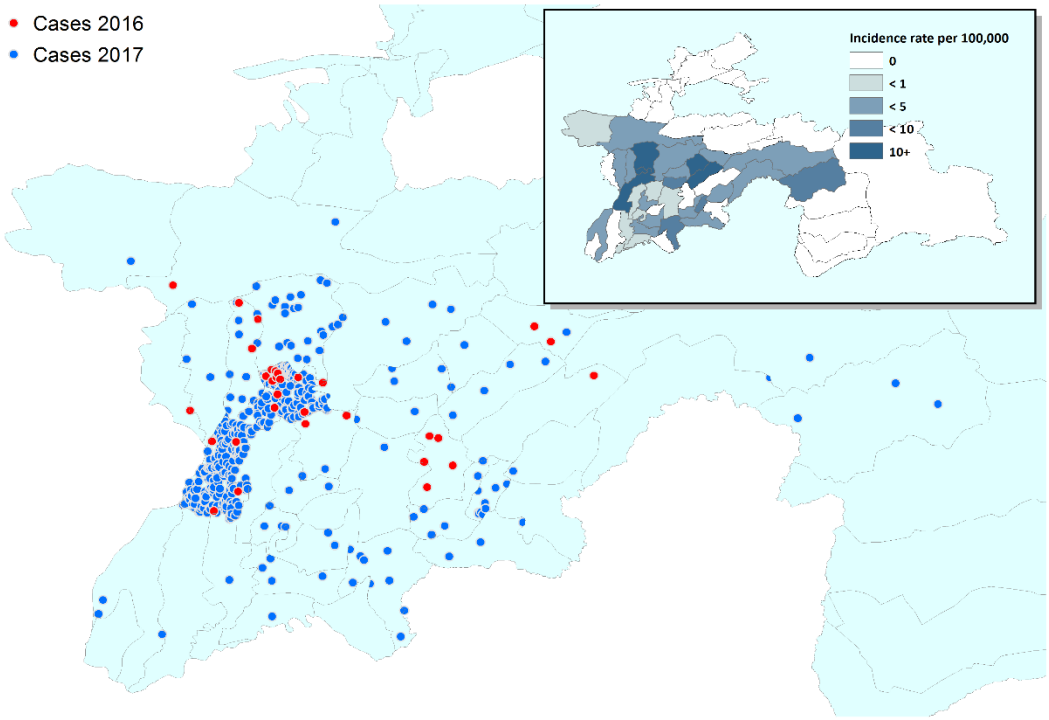
There is no current equity data related to immunization. However, DHS 2017 (funded by USAID) is on-going and preliminary data will be available in early 2018 including equity indicators.

A measles outbreak began in May 2016 in the Rudaki district, and it lasted until June 2016 (16 instances of the disease were registered). In November 2016, the measles outbreak resumed in the Rudaki district, City of Dushanbe, and started rapidly spreading in other cities and districts; 36 new measles instances were registered (52 instances in 2016) in the last two months of 2016 (November-December).

However, the numbers started to increase in January 2017. From total number of reported measles cases in 2017, 482 (90%) of cases were not vaccinated against measles, out of which 73 (15%) were children under the age of one year. Also, out of the total reported measles cases in 2017, only 34 (6%) received the first dose and 17 (3%) the second dose of the measles/rubella vaccine.

The outbreak continued in the Rudaki district and City of Dushanbe, and has gradually expanded to other cities and districts of the country. As a result, by May of 2017 measles instances were registered in 31 out

of 66 cities and districts of the country. There was an urgent need to carry out a wide-scale campaign against measles and rubella among the children from 1 to 9 years old inclusively.



In September 2016, the Ministry, with consultation support from the WHO, submitted an application to Gavi for Measles Follow up support. However, as measles outbreak quickly spread in early 2017, the Ministry applied for Measles Rubella Initiative (MRI) and requested assistance for outbreak response which was approved in March 2017. In May 2017, a wide-scale vaccination campaign against measles and rubella was carried out among children aged 1 to 9. Based on micro-plans, 1,969,124 children were targeted, and 2,164,500 doses of MR vaccine was purchased and delivered to the country. Post campaign data (admin) showed total of 1,938,190 (98.4%) children were covered. An independent post campaign survey conducted (as part of the MRI outbreak support) in June 2017 confirmed that the coverage was higher than 95%. There have been 100 cases[2] identified cases until August 2017. There has not been any cases reported since August 2017.

The measles outbreak flagged that there is increased susceptibility over time which program needs to closely follow up with strong surveillance and improved data systems. These areas will be supported under the current HSS2 under the data quality component by WHO (approx. US$ 300K).

The EVM Assessment was conducted in 2015 with WHO support. The results of the EVM assessment were used to develop an EVM improvement plan, but due to lack of finances the plan could not be implemented. The EVM improvement plan includes the procurement of refrigeration equipment, maintenance and personnel training. One cold room and 7 freezers were received in 2016 as part of the "Prevention and Treatment of Children's Diseases" project with support from the Government of Japan. In February 2017, cold chain inventory activities started as part of PEF TCA to support the future application for Cold Chain Equipment Optimisation Platform (CCEOP). The country plans to submit a full application in early 2018. In addition to the CCEOP, current HSS grant has cold chain equipment and support valued around US$1,2 million which will improve the cold chain in the country.

Rotavirus Surveillance

Tajikistan conducts sentinel surveillance for rotavirus gastroenteritis as part of the Global Rotavirus Surveillance Network (GRSN). In 2013 and 2014 among children under 5 years of age hospitalized for

[2] Within children under age of 12 months old.

the treatment of diarrhea, 42% of the children tested positive for rotavirus disease indicating a substantial burden of disease. Rotavirus vaccine was added to the national immunization program January 2015; rotavirus vaccine is scheduled to be given at 2 and 3 months of age.

In 2016, 1072 children were enrolled in GRSN with 295 (28%) testing rotavirus positive and the two most common G2P[4] and G9P[8]. The national rotavirus laboratory at the Tajik Research Institute of Preventive Medicine passed the external quality assurance (EQA) program coordinated by the Global Reference Laboratory in Atlanta, GA, and the external quality control (EQC) program coordinated by the Regional Reference Laboratory in Minsk, Belarus. Rotavirus disease occurs in a seasonal cycle in Tajikistan with the peak being in June through September.

3.2. Key Drivers of Low Levels of Coverage and Equity

As indicated in section 2, Tajikistan's immunization program is fully dependent on donor support. Currently program is funded by the Japanese Government until 2019 for all its EPI vaccines. Given that the country is in the pre-transition phase, lack of financing by the Government is a major threat to the immunization program sustainability. In 2016, WHO provided technical assistance to the country for resource mobilization and advocacy and UNICEF provided support for vaccine procurement and VII eligibility. These activities continue to be built on, the JA discussions highlighted the need for multi-partner engagement for a stronger policy dialogue and advocacy with the Government to ensure political will for the program. Therefore the priority will be given immunization financing activities under the PEF TCA to continue for resource mobilization activities as well capacity building for vaccine forecasting and procurement. In addition, under the current HSS, there are key activities to build evidence base and policy analysis to be used for advocacy.

The key role in the national immunization program is played by well-trained health care staff. Tajikistan experiences high turnover of health care staff due to migration and low salaries offered in the health sector by the Government, which affects the quality of the health care services provided, including immunization. There is a need for continuous training seminars and capacity building activities on immunization. There are training activities planned under the HSS to retain and strengthen the capacity of the immunization program. These include mid-level managers training, surveillance and micro planning for health workers and program managers at the sub-national levels. In addition, to improve program performance, it would be beneficial to increase management skills of the RCIP staff such as having more strategic linkages with other departments of the MOHSPP, coordinate and facilitate the ICC discussions to create efficiencies for the program. Tajikistan is eligible for LMC embedded program management support which has been introduced to the country in Q3 2017. Working with Dalberg, and partners a tailored support will be developed and implemented in 2018-19.

Although country have high administrative coverage there are measles cases and outbreaks as the administrative data not able to recognize the inequities. There is need more triangulation and define population segment with low coverage to support the surveillance systems. There has been a data quality assessment conducted in 2017 and HSS funds will be used to implement data improvement recommendations and focus on getting more data on equity indicators.

In 2015, an inventory check of the cold chain equipment was carried out with UNICEF support. The results of the inventory check have shown that of all the cold chain equipment in the Republic, 68% are household refrigerators, 38% of the refrigerators did not have thermometers, 9% of the refrigerators were in a non-operational condition, 33% of the refrigerators were in operation for over 11 years, 39% had shortage of cold bags and 70% had shortage of cold packs. The EVM improvement plan was developed but unfortunately was not implemented due to lack of financial support.

HSS2 will address EVM improvements needed. In addition, the country is eligible for CCEOP and about US$ 900K is allocated for application. The country conducted a new cold chain inventory in 2017 using PEF TCA funds to inform the CCEOP application which will be submitted in early 2018. In order to implement EVM improvements and CCEOP plans, there is a need for staff support for UNICEF Country Office to work on operational plans and implementation of CCEOP mid-2018 onwards.

3.3. Data

Data quality assessment of immunization data was carried out in Tajikistan for the first time in March of 2017. Assessment objectives included identification of the major issues and strengths of the immunization data systems, development and prioritization of recommendations for data quality improvement, development an improvement plan.

Some of the preliminary findings/challenges include:

- Different program components of routine immunization exist within several departments of the MOHSPP (RCIP, MCH, SES) with limited coordination;
- At the national level, data is stored in a combination of paper reporting forms in binders (older years in hardbound books) and an Excel database on a single desktop computer at RCIP;
- MOHSPP/Medical Statistics does not include migrants in target population estimates/reports

Later in 2017 the operational action plan for improving immunization data quality in Tajikistan was developed. Data quality improvement plan proposes key short- (1-2 years) and long-term (3-5 years) activities which will address current data quality challenges and contribute to generating nationally comparable data which is needed to collect and report accurate vaccination coverage estimates. Implementation of activities outlined in data quality improvement plan will require additional funding. Based on priority needs, data improvement plan will be supported by HSS funds.

In addition, DHS is being implemented in 2017 with funding provided by USAID and results will be available by early 2018 including equity indicators which will inform the program and Gavi supported activities.

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

National Healthcare Coordination Committee (NHCC)/Health Sector Coordination Committee (HSCC)

There are several committees, subcommittees and work groups participating in the coordination of Gavi grants. The National Healthcare Coordination Committee (NHCC) was created by the Government of Tajikistan in 2010 and is the main coordination authority in the country on the sector level. The Health Sector Coordination Committee (HSCC) was created by the Government in 2007 with the Gavi HSS funds available in 2007. The committee is formed by the heads of the department for providing assistance to mothers and children, family planning and sanitary and epidemiological department of the MOHSPP, as well the RCIP and Family Medicine. The committee was responsible to provide oversight and coordination of Gavi HSS, including coordination with other programmes implemented in the country in the healthcare sector. However, during HSS1 implementation, the HSCC failed its coordination and oversight functions and played a limited role such as reviewing and approving of the annual plans and budgets for the programs on the high level without any discussion on implementation details which would be essential elements for efficient supervision and/or coordination.

Inter-agency Coordination Committee (ICC) consists of 10 members under the chairmanship of the Deputy Minister of Health, the Chief State Medical Officer. The ICC is composed of high-ranking representatives of the MOHSPP[3], UNICEF and WHO.

In general, the role, functions and responsibility of both Gavi support coordination mechanisms (HSCC and ICC) are indistinct and require serious reconsideration of the relevant documents, such as ToR and SOPs related to the functions and accountability to ensure efficient links with the main implementation departments of MOHSPP.

During HSS2 governance and funding modality discussions it has been agreed that NHCC will be retained and strengthened not just for HSS oversight and management, but also play a strategic role for the overall health systems. ICC will be retained for its role of facilitating discussions and planning for the immunization program. To strengthen the role of governance and program management mechanisms, under PEF TCA, the country will be benefiting from LMC support. One23 has been contracted for this work and efforts launched in the country in September 2017.

[3] The heads of the department Maternal and Child Care Services and Family Planning, the department for sanitary and epidemiological safety, emergencies and urgent medical aid, the State Sanitary and Epidemiological Service, the State Institutions "Republican Center for the Development of Healthy Lifestyle", RCIP, and representatives of partner organizations, such as UNICEF, WHO, and JICA.

3.5. National Immunization Technical Advisory Groups (NITAG)

The creation of NITAG was first discussed in mid 2014, between WHO EURO, MOHSPP and the RCIP. The discussion focused on how the NITAG can help the MOHSPP with the optimization of the current program and making informed decisions for introduction of the new vaccines and technologies. NITAG was created in September 2016 with the support of WHO funded by the Gavi. WHO provided technical assistance in defining the NITAG composition and development of NITAG Regulations. In October 2016, the WHO EURO also facilitated participation of selected members of the NITAG to the Regional WHO Meeting on NITAG and the European Regional Technical Group of Experts (ETAGE) meeting held in Copenhagen. The first NITAG meeting was scheduled for August of 2017, and the agenda included a discussion on the replacement of the rubella vaccine with the measles-mumps-rubella vaccine.

Main challenges of NITAG in Tajikistan are related to the limited capacity of its members in the development of evidence-based recommendations, which consequently brings to low demand for utilization of NITAG capacity by the MOHSPP. NITAG function should be further strengthened through regularly conducted meetings, active secretariat and working groups support.

4. PERFORMANCE INDICATORS OF GAVI GRANTS IN THE REPORTING PERIOD

4.1. Programme Performance Indicators

The national immunization schedule was updated in January 2015 to include rotavirus and IPV vaccines. In June 2016, the WHO EURO employees and the US Center for Disease Control and Prevention (CDC) carried out an evaluation after the implementation of the rotavirus vaccine. The results of post introduction evalution (PIE) showed that the rotavirus vaccine was successfully introduced in the country. Health care staff noted a decrease in the number of patients with complaints of diarrhoea.

It should be noted that the country is concerned with a late delivery of the IPV vaccine to the country, which was originally scheduled for September 2015. It should also be noted that all training seminars were held in 2015 and early 2016. Since then, some of the health care staff covered by the training seminars on the IPV vaccine have changed their places of employment. Therefore, there is an acute need for repeated training of the health care staff on the IPV vaccine and other preparation activities.

It is also necessary to consider the issue of replacing the measles-rubella vaccine with the measles-mumps-rubella vaccine. The country intends to draw Gavi's attention to the replacement of the measles-rubella vaccine with the measles-mumps-rubella vaccine in the country and provide support.

HSS2 financing amounts to US$ 9,660,000 for a five-year term with higher attention to increasing the coverage in areas where coverage is low, including some urban population.

In February 2016, Gavi conducted a Program Capacity Assessment (PCA) to review both programme and vaccine management capacities. The PCA assessed the most suitable financing and implementation modalities and other structures for use of Gavi support provided in the form of cash grants, vaccines and vaccine related devices.

While the MOHSPP and its agencies lead the program and the coordination on the implementation of the HSS2 support, the findings of the PCA indicated that the fund management for the HSS2 should be undertaken by partners: the World Bank (WB), UNICEF and WHO. This was communicated to the country and partners in September 2016.

April 2017, the WB has, however, communicated that it is not in a position to undertake the implementation of previously assigned components within given budget and timeframe.

In order to expedite the funding for implementation, discussions took place with WHO and UNICEF to review and revise their budgets, objectives and activities. For the construction and renovation of selected primary health care facilities, initially to be undertaken by the WB, the Gavi secretariat has identified UNDP Country Office as the new fund manager for these activities in May 2017. These discussions and revisions has resulted in the following final allocations:

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	Agency Total	Y1	Y2	Y3	Y4	Y5
WHO	2,548,581	581,286	278,649	856,567	263,758	568,321
UNICEF	3,503,253	1,451,019	411,782	618,249	467,709	554,495
UNDP	3,608,166	267,695	1,149,569	365,184	1,108,534	717,184
Total	**9,660,000**	**2,300,000**	**1,840,000**	**1,840,000**	**1,840,000**	**1,840,000**

In terms of the technical areas roles and responsibilities are divided as follows:

Program Areas	Activities
Cold Chain Upgrades and maintenance (UNICEF)	Procure necessary cold chain equipment and spare parts
	Install new cold chain equipment
	Train technical personnel and develop a sustainable mechanism for the maintenance/repair of cold chain equipment
EVM capacity building (WHO)	Train all staff of immunization services in EVM at the national and regional levels
	Train all staff of immunization services in EVM at the district level
PHC transport upgrade (UNDP)	Procure necessary vehicles and spare parts
	Optimize the use of transport to benefit PHC and preventive services
Maternal Health Care facility upgrade (UNDP)	Rehabilitate selected existing PHC facilities
	Construct new PHC facilities
	Procure and install necessary equipment and furniture
Waste management (WHO)	Update regulatory mechanisms for waste management in PHC facilities
	Procure incinerators and other equipment for waste management
	Train PHC personnel in using waste management equipment
	Train and certify PHC medical staff in safe injection practices
Mobile teams for outreach (UNDP and UNICEF)	Assess annual needs in mobile services
	Establish and equip mobile teams (UNDP)
	Procure vehicles for mobile teams (UNDP)
	Support mobile team's operation (UNDP)
	Assess performance and quality of mobile team services
Primary Health Care infrastructure upgrade (UNDP)	Refine PHC infrastructure improvement plan for selected districts
	Construct new and rehabilitate existing PHC facilities in selected areas
	Select, recruit and train staff (mobile/new facilities) for selected medical facilities
Home visits, delivery to strengthening immunization (UNICEF)	Revise the regulatory framework for the provision of vaccination at home at birth (in the first 24 hours)
	Assess needs for patronage/home visiting for vaccinating newborns
	Establish and/or strengthen home visiting teams for attending deliveries and providing vaccination to newborns
	Support home visiting services including supportive supervision
Primary Health Care, Mid Level Managers (MLM)Training (WHO)	Update the regulatory framework of the management of PHC facilities (including existing PHC management guidelines)
	Assess management knowledge and skills among middle level managers of PHC facilities
	Train PHC managers in selected (priority) areas
	Revise in service training program to reflect needs for MLM training on immunization
	Introduce regular attestation of managers on immunization

	Update, publish and distribute practical guidelines for PHC managers and practitioners on integrated micro-planning
Community and NGO engagement for immunization (UNICEF)	Run consultations with local governments and communities to identify their readiness for and a format of their engagement in MCH/immunization service organization
	Identify and award a grant to a NGO to support engagement of local communities and governments in the implementation of MCH/immunization related components of the national health strategy
	Assess lessons learned and develop roll out plan
Data quality improvement (WHO).	Conduct DQA and update/improve the methodology for collection of primary data and internal quality controls
	Assess the feasibility of integration of immunization related data flow in national HMIS and develop corresponding instruments
	Train personnel in data quality control, processing, digitalization and reporting
	Train PHC medical personnel in surveillance of VPD and AEFI
	Train PHC medical personnel in surveillance of VPD and AEFI
Immunization system and performance improvement (WHO and UNICEF)	Conduct evaluation of immunization coverage
	Support the analysis of accuracy of routine information collection and reporting at PHC level
	Conduct population (KAP) surveys (nationwide and/or targeted) on immunization related issues (UNICEF)
	Conduct assessments of immunization service delivery (and system barriers)
Evidence based decision making (WHO)	Prepare analytical reports on PHC performance (including immunization) and distribute among donors, international organizations and civil society
	Support development of policy briefs and evaluation/analytical reports on MCH/immunization related issues
	Support organization of national conference on the performance of immunization system or MCH services
Communication for immunization and Maternal Child health (UNICEF)	Assess needs in changing knowledge and attitudes toward immunization among selected groups of population
	Develop long and medium term communication and social mobilization strategy
	Design and develop key communication materials
	Support implementation of the national communization and social mobilization strategy

The grant agreements and disbursement of 1st tranche with UNICEF and WHO finalised for the agreed components. UNDP agreement is finalized in September 2017 and disbursement initiated at the time of finalization of this report.

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

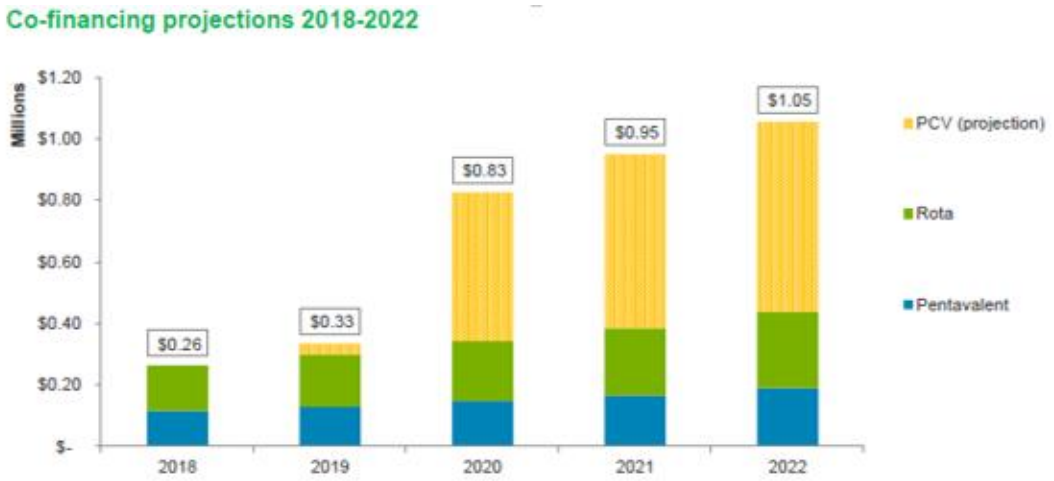
The detailed plan and budget were reconsidered with inclusion of the IPV introduction. However, later, due to the global limitations in the IPV supply, the IPV implementation was postponed.

US$ 222,000 was allocated for the implementation of the rotavirus vaccine and the inactivated polio vaccine, which funds were used for training of health care staff, the procurement of refrigerators and the transportation of vaccines. As the IPV vaccine was not delivered to the country, and the VIG support is spent, the country requires new funding for IPV introduction which is expected to take place in 2018.

The audit report and financial reporting of the grant for the rotavirus vaccine and IPV vaccine introduction were submitted to Gavi in a timely manner.

4.3. Sustainability and (if applicable) Transition Planning

Transition planning is not applicable to the country. Tajikistan entered the preparatory transition phase in 2016, which was the 'grace year' when the co-financing requirements were still calculated as in the previous phase (the initial self-financing grouping). Passed the grace year, from 2017 onwards rules from the new grouping apply to Tajikistan's co-financing requirements: the co-financing share is now dependent on the (unloaded) weighted average price (WAP) per dose of the chosen presentation and this share is increasing by 15% each year. Changes in the country's co-financing grouping in the nearest future are not expected, as per the latest World Bank's Gross National Income (GNI) per capita estimates.



	2018	2019	2020	2021	2022
Pentavalent	$ 115,779	$ 129,827	$ 148,444	$ 166,719	$ 190,257
Rota	$ 147,542	$ 169,764	$ 194,162	$ 218,290	$ 249,020
PCV (projection)	$ -	$ 35,065	$ 482,616	$ 563,960	$ 615,116
Total	$ 263,321	$ 334,656	$ 825,222	$ 948,968	$ 1,054,393

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

However, the immunization financing for the country remains a challenge as the immunization program funds are not sufficient. The country relies on donor support for the vaccine procurement for both traditional and new vaccines. The current funding environment is very challenging for sustainability and reduces the likelihood of new vaccine introductions in the new future.

4.4. Technical Assistance (TA)

Gavi TCA 2016 – UNICEF

Within the 2016 Gavi PEF TCA, UNICEF Tajikistan worked together with UNICEF Supply Division to assess the supply financing options available in the country, including a feasibility and suitability assessment of a subscription to the Vaccine Independence Initiative (VII) to address their issues related to the timely release of budget for vaccine procurement and decrease the probability of vaccine stock outs. The subscription to the VII was discussed with the key partners, and following the assurance of their readiness expressed by the technical experts at MOHSPP and the Ministry of Finances to participate in VII, UNICEF provided further support to Government in the development of the application to the VII (including the VII Plan) which was submitted by MOHSPP to UNICEF in May 2017. The application was subsequently approved by UNICEF. As a last step in the subscription process (which is currently ongoing), the relevant VII legal documentation must be duly signed (VII Memorandum of Understanding - by the MOHSPP and UNICEF, and the Letter of Guarantee – by the Ministry of Finance).

Since access to VII is not meant to be permanent and is granted with consideration that Tajikistan will eventually move to full self-financing / towards financial sustainability, UNICEF technical assistance in 2016 also included the following areas: a) support in development of 2017-2021 vaccine budget projection; b) revision of Standard Budgeting Template; c) development of Vaccine Budget Availability Tracking Tool (per funding source), and d) development of the action plan for transition out of the VII (as part of the VII Plan).

With assistance from Gavi, UNICEF also engaged an international consultant to improve the quality and use of data of the immunization procurements network. This included: 1) rapid assessment of the data quality and use, and method for the provision of electronic reports; 2) identification of key performance indicators and improvement of Excel spreadsheet used for simple analysis of collected data; 3) development of standard operating procedures (SOP) to improve reporting, use and quality of the supply chain data; 4) evaluation of the relevance of the implementation of electronic stock management system. The rapid assessment has shown an overall internal conformity and concurrence of vaccine introduction, data on the use and consumption in the district, regional and republican reports of the RCIP discrepancies were identified between the different levels (for example, a trend of aggregated indicators in the RCIP 6-9% higher than the indicators calculated from the regional branches), which requires further studying. Although the use of Excel for data estimation and reporting can improve reporting precision, only about 30% of surveyed districts stated that they are using Excel for combined immunization data reports due to lack of functioning computers and personnel skills. Another finding was a lack of standardization of Excel databases and reporting models at offices.

The assessment also recommends the RCIP to finally review the electronic logistic management information system (LMIS) borrowed from the current Tajik LMIS, which registers monthly use and condition of stock. This should be used if the implementation environment (i.e. Electricity, computer and network availability) and finances allow it, and with participation of the senior management of MOHSPP. A stock management module can be included in the electronic LMIS, if such is being developed, but a separate stock management system is currently not required.

Based on the evaluation results, UNICEF provided further assistance to MOHSPP in the development of SOPs for the management of the vaccine procurement network and provision of reports along with regulated tools and models of the control panel to simplify and improve the analysis and visual appearance. The availability of a standard set of indicators with correlated data collection definitions, goals and processes simplifies and supports managers in the use of data and creates a visual image for making data-driven decisions. Thus, the key performance indicators of the supply network on the national, regional and district levels were proposed and agreed with the colleagues from the RCIP.

The priorities for 2017 include testing and the operationalization of the SOPs for supply data management, standardized data collection / reporting tools, and Dashboard for key performance indicators, along with the capacity building of national, regional and district EPI managers. At the time of writing this report, the consultant is already on board to work on these priorities. Capacity building on bottom-up forecasting / micro-planning at primary health care (PHC) level will also start shortly in 10 selected districts. Regarding financial management, in order to create common understanding about immunisation financing / budgeting among all stakeholders, an advocacy workshop with Ministries of Health and Finance stakeholders with introduction of a standard budgeting template for EPI programming is being planned in Q3 2017.

To build on those ongoing efforts, it is proposed that the technical assistance in 2018 consider: i) follow-up support for operationalization of supply chain data management initiative through rapid assessment of system performance and gaps for further improvement of the practices, supportive supervision, and further capacity building on use of supply chain data for management decisions; and ii) follow-up support to the VII Action Plan implementation, including further streamlining forecasting / budgeting of vaccine

procurement through implantation of / training in the use of the unified budgeting template along with the continued advocacy for sustainable immunisation financing. Furthermore, additional technical assistance should be set aside to support smooth start-up of CCEOP (Cold Chain Equipment Optimization Platform, please refer to 3.2. of this report).

Gavi TCA – WHO

Activities are focused on key strategic areas to support the programme in alignment with strategic functions:

Decision-Making for Immunization program management

Activities related to the establishing of NITAG in Tajikistan: meeting were held with MOHSPP representatives in June 2016, technical assistance was provided in defining the NITAG composition, and development of NITAG Charter. The NITAG was officially established on 29 September 2016. Please see section 3.5 for activities took place under PEF TCA.

Sustainability:

- Technical support was provided in the budgeting of the comprehensive multi-year plan.
- Training was carried out in for resource mobilization.

AEFI Surveillance:

National experts participated in an integrated sub-regional seminar on AEFI surveillance, cause-effect assessment and communications (November, 2016). Instruments for self-evaluation and the plan for strengthening the AEFI surveillance were developed. It is necessary to plan further support (TCA) in 2018 for the development/updating the national manuals, as well as for ToT training on updated manuals. There is additional support for AEFI surveillance strengthening under the HSS which WHO will manage and implement.

Cold Chain Equipment:

Technical assistance to support the development of the application to Gavi for the Cold Chain Equipment Optimization Platform (CCEOP) began in February 2017; however, subsequent steps were postponed in light of other competing priorities of the country (response measures to a measles outbreak and detection of polio occurrences in Afghanistan). During the mission in February 2017, it was discovered that the inventory check of refrigeration equipment carried out in 2015 does not meet the requirements for submission of the CCEOP application in terms of the covered health care facilities and collected data. It was recommended to carry out a comprehensive cold chain equipment assessment, which would contribute to the development of the cold chain equipment rehabilitation plan, as well as in preparation of CCEOP application. CCEOP-related activities were resumed in June 2017 had been provided to the Ministry of health in preparation of CCEOP application to Gavi.

Participants from the national and regional level of RCIP were trained on data collection methods, data entry and data analysis. Training activities were cascaded further to the district level in end of July-August. Upon completion of training the cold chain equipment assessment was conducted in all health facilities providing immunization services (August). As a part of cold chain assessment the new software - Cold Chain Equipment Manager (CCEM) had been introduced and further used by responsible staff at MOHSPP/RCIP. Cold chain equipment assessment served as an exercise which both assisted in assessing cold chain system and also built capacity of responsible staff at different administrative levels to enhance knowledge and skills for better cold chain management. Activities will continue on development and implementation of standard operating procedures (SOPs) for effective vaccine management in 2018.

Rotavirus Surveillance:

Joint Appraisal

WHO EURO continued to provide overall technical assistance for rotavirus surveillance, procured the WHO recommended enzyme immunoassay (EIA) kits to detect the rotavirus antigen, and provided logistics assistance for the external quality assurance (EQA) and external quality control (EQC) programs. In 2016, the national rotavirus laboratory at the Tajik Research Institute of Preventive Medicine passed the EQA and EQC programs.

WHO EURO assessed rotavirus surveillance activities, assessed the Ministry of Health's interest in conducting a rotavirus vaccine effectiveness (VE) evaluation, assessed the feasibility of conducting a VE evaluation, and began preparations for participation in the Global Paediatric Diarrhoea Surveillance Network (GPDS); the visit was in December 2016. For the January 2017 implementation of paediatric diarrhoea surveillance, discussions included expansion of the case definition for enrolment to include chronic diarrhoea cases, training of hospital staff on the expanded case definition, and revision of EuroRota database to capture information on presence of blood in the stool. The case report form was revised for the GPDS and the vaccine effectiveness evaluation. WHO EURO assessed the implementation of GPDS and provided technical assistance for implementation of the of vaccine effectiveness (VE) evaluation in June 2017. Criteria for inclusion in the VE evaluation and the optimal design for the VE evaluation were determined and training on the vaccine evaluation protocols occurred.

WHO EURO provided technical assistance to leverage the existing rotavirus surveillance platform to monitor over 20 enteric pathogens. Tajikistan began participating in the Global Pediatric Diarrhea Surveillance Network (GPDS) in January 2017.

WHO EURO created practicums on analysis and presentation of rotavirus surveillance data. Standard rotavirus surveillance outputs, general data analysis tips, and data cleaning and validation rules were presented at the regional rotavirus surveillance meeting. Specific analysis topics included filtering data, creating analysis variables, and generating summaries using pivot tables. Participants practiced producing the standard outputs using case-based rotavirus surveillance data.

WHO EURO coordinated the regional rotavirus surveillance meeting in June 2017. Country-level, regional, and global updates on Global Rotavirus Surveillance Network (GRSN) activities and updates on epidemiology and laboratory topics were presented. Countries engaged in discussions about sustainability of rotavirus surveillance and countries with relevant partners engaged in discussions about the next steps in the implementation of the Global Pediatric Diarrhea Surveillance (GPDS) Network. Participants from each country participated in the workshop on rotavirus surveillance data analysis and presentation techniques.

5. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised Activities from Previous Joint Appraisal	Current Status
1. Immunization support as a priority	The government together with the development partners is taking all measures to ensure uninterrupted delivery of vaccines. The Ministry of Health and Social Protection of Population and UNICEF have made efforts to get financial support from the Government of Japan for the procurement of routine vaccines (BCG, OPV, hepatitis B and measles-rubella vaccine) and cold chain equipment for 2016-2019.

2. The country does not have sufficient capacity for planning and coordination of efficient mobilization of financial resources to fill the existing gaps in financing of the Immunization Program and the procurement of vaccines.	The assessment of the supply financing options available in the country, including feasibility assessment of subscription to Vaccine Independence Initiative (VII) was conducted by UNICEF in 2016. In May 2017, the country officially applied for the access to VII (the application was approved and the VII legal documentation is in the signing process)
3. Promoting funding immunization at the Government and the Ministry of Finances through the preparation of justification of the value and advantages of immunization.	Work on promoting funding immunization at the Government of RT and the Ministry of Finances will continue in 2018.
4. There is a demand for long-term potential of human resources at the country's WHO office to support the RCIP efficient management and activity planning program.	The staff has been hired in WHO Country office for both immunization program (PEF TCA) and HSS (funded via HSS) in 2017.

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

Overview of Key Activities Scheduled for Next Year:

Key Finding 1	Advocacy on mobilization of resources for the Immunization Program and procurement of vaccines in particular.
Agreed activities in the country	Technical assistance on issues related to the provision of documents on economic justification and introduction of new vaccines to enhance sustainable financing of the program Provision of support to build capacity for vaccine forecasting, planning and budgeting.
Relevant schedule	Continuation in 2017 and 2018
Technical assistance needs	Consultation and technical assistance (WHO and UNICEF)
Key Finding 2	Program management strengthening
Agreed activities in the country	– Carrying out a comprehensive overview of the Immunization Program (EPI Review); – Immunization policy: Manual, methodology – Program management support (LMC)
Relevant schedule	2018
Technical assistance needs	Consultation and technical assistance from WHO Immunization officer position to continue (WHO)

	Program management support (LMC - Dalberg)
Key Finding 3	Carrying out educational training on IPV introduction
Agreed activities in the country	Training of vaccinators and family physicians in IPV introduction
Relevant schedule	2nd, 3rd quarters of 2018
Technical assistance needs	Consultation and technical assistance from WHO
Key Finding 4	Strengthening of supply chain and vaccine management systems
Agreed activities in the country	Development of operational plans for CCEOP following the application CCEOP deployment plan Training in SOP for Data collection, reporting and use: ● Finalization and Pre-testing of SOP Manual and dashboard template ● Development of iSC data use training material ● Conducting trainings on SOP manual (with all relevant forms) and use of Dashboards. Development of SOP for EVM (Q2-2018) and implementation Training in microplanning and forecasting at the PHC level: ● Identifying training needs for forecasting/micro-planning ● Development of forecasting/micro-planning training material ● Conducting Trainings in forecasting and microplanning at the PHC level. Follow-up support for operationalization of supply chain data management initiative through rapid assessment of system performance and gaps for further improvement of the practices, supportive supervision, and further capacity building on use of supply chain data for management decisions(UNICEF): • Implementation of data quality assessment procedures • Development of a tool/manual on supporting supervisory work.
Relevant schedule	2018
Technical assistance needs	Consultation and technical assistance from WHO and UNICEF Initiate staff support for UNICEF CO (Mid 2018) to support the in-country processes and planning
Key Finding 5	Strengthening of the NITAG capacity.
Agreed activities in the country	Strengthening of the NITAG potential through the provision of evidence-based materials and participation in regional meetings
Relevant schedule	2018
Technical assistance needs	Consultation and technical assistance from WHO
Key Finding 6	Carrying out training seminars on AFP surveillance and AFP differential diagnostics for physicians (neuropathologists, infectious disease specialists, and family physicians)

Agreed activities in the country	Strengthening AFP epidemiologic surveillance and improvement of AFP differential diagnostics
Relevant schedule	1st, 2nd quarters of 2018
Technical assistance needs	Consultation and technical assistance from WHO
Key Finding 7	New Vaccine surveillance
Agreed activities in the country	Rotavirus Surveillance and Rotavirus Vaccine Effectiveness Evaluation Country requests continued support for rotavirus surveillance and rotavirus vaccine effectiveness evaluation including assistance for diagnostic kits and laboratory supplies, shipment of samples to RRL for external quality control (EQC) and genotyping, logistics assistance with external quality assurance (EQA), and laboratory and hospital staff. Other vaccine-preventable diseases Development of the AEFI manual.
Relevant schedule	1st, 2nd, 3rd quarters of 2018
Technical assistance needs	Consultation and technical assistance from WHO Country requests technical assistance for rotavirus surveillance and rotavirus vaccine effectiveness evaluation.
Key Finding 8	Enhancement of the country coordination forums
Agreed activities in the country	Revise and update the ICC and NHCC composition taking into consideration the changes in the country and needs
Relevant schedule	(Q4) 2017 – 2018
Technical assistance needs	LMC (One23)

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

The country started its process with reviewing guidelines for the JA in May 2017 and drafting documentation for the JA update meeting held in Copenhagen in June. The first draft was discussed with partners and approved at the ICC meeting on 21 June 2017. In July and August new versions were developed, alliance partners contributed to report by August 2017 and report is finalized In September 2017 for final approval of ICC. ICC reviewed and endorsed the report on 3 October 2017.

8. ANNEX

Compliance with Gavi Reporting Requirements

	Yes	No	Not applicable
Grant Performance Framework (GPF) Reporting on all indicators due to have been completed	X		HSS is yet to start
Financial Reporting			
Periodic financial reporting			
Annual financial statement			
Annual financial audit report			
End of year stock level report	X		
Campaign reporting			NA
Immunisation financing and expenditure information			
Data quality and survey reporting			
Annual desk review			DQA is conducted in 2017 will be submitted in 2017 reporting
Data quality improvement plan (DQIP)			Will be developed in 2018
If yes to the DQIP item, report on its progress			NA
In-depth data assessment (conducted in the last five years)			DQA is conducted in 2017 will be submitted in 2017 reporting
Nationally representative coverage study (conducted in the last five years)			DHS is being conducted in 2017
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
HPV specific reports			X
Transition Plan			X