

Gavi 2020 multi-stakeholder dialogue: immunisation planning in light of Covid-19 Tajikistan

Introduction

Starting from 2001, Gavi initiated its support to Republic of Tajikistan by providing various grants such as 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, 2004-2009), Pentavalent (2008-2015), Rotavirus (2014-2015), IPV (2016), accompanied by Vaccine Introduction Grants (VIG) (2008, 2016) and Injection Safety Support (2004-2007).

Tajikistan relies on donor support for immunization program. Although, MOH provides full funding of allocated budget for the National Immunization Program (NIP), the funds do not cover all the needs of the program for reasons which will be further elaborated in this report. Gavi has been a major contributor to the immunization program since its beginning. In 2014, Gavi provided support for Pentavalent vaccine, as well as the vaccine and introduction support for Rotavirus Vaccines and IPV. Tajikistan receives HSS2, HSS Flexibilities, PBF and CCEOP support. Country is planning to introduce PCV vaccine in 2022 with Gavi support as well as support for IPV missed cohorts and measles campaign support (2022).

The country was in preparatory transition until 2018 but due to declining GNI moved back to initial self financing category. For all countries that changed co-financing grouping, the changes in classification applied as of January 1st, 2019, while the new co-financing levels will apply only from 1 January 2020.

Requests

The amount of the last tranche US\$251,336 for CCEOP and Last year of HSS of US\$2,022,655 are requested for approval. Consolidated budget for HSS will be submitted by Dec 28th. CCEOP ODP 2nd year is shared with the UNICEF SD.

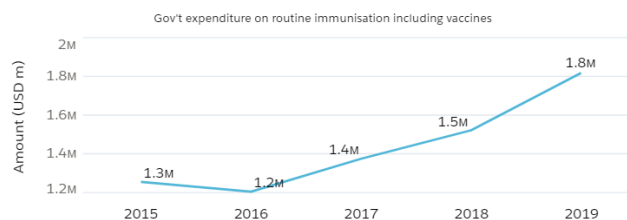
1. Country situation pre-Covid-19, based on information received by Gavi

Contextual Information

PEF Tier: Tier 3 Fragility Status: Non-fragile 1. Initial self-financing

| Indicator Name | Year | Source | Value |
|-------------------------------------|------|------------|-----------|
| GNI per capita | 2019 | World Bank | 1,030 |
| Health Centres per 100k population | 2013 | WHO - GHO | 10 |
| Nurses/Midwives per 1000 population | 2014 | WHO - GHO | 48 |
| Population | 2020 | UNPD | 9,537,642 |
| Surviving Infants | 2020 | UNPD | 270,481 |
| Under-5 mortality (per 1000) | 2018 | UNICEF | 35 |

Health financing (and trends)



1.1. Overview of performance of vaccine support (end of 2019/early 2020; pre-Covid-19)

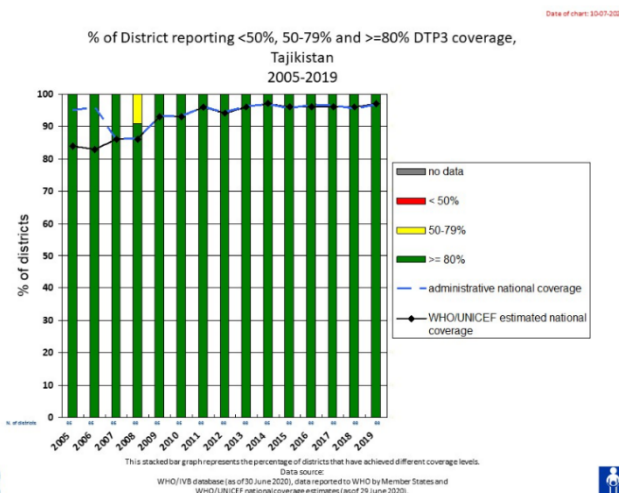
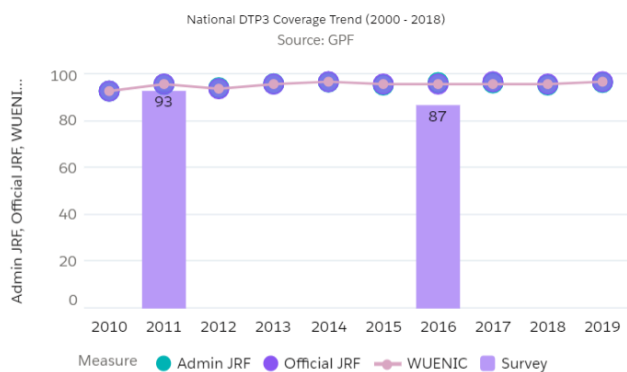
| Vaccine | Introduction Date | 2017 Coverage (%) | 2018 Coverage (%) | 2019 Target |
|---------|-------------------|-------------------|-------------------|-------------|
| PENTA | 08-2008 | 96 | 96 | 95 |
| ROTA | 01-2015 | 97 | 96 | - |
| IPV | 06-2018 | - | 51 | - |

| Vaccine Name | Type | Sub-Type | Status | CP Date ↑ | Phase |
|--------------|----------|-----------|------------|------------|-------|
| IPV | Campaign | Catch-up | Planned | 2020-12-31 | NA |
| MR | Campaign | Follow-up | Forecasted | 2021-12-31 | NA |
| PNEUMO | Routine | - | Forecasted | 2022-12-31 | NA |
| HPV | Campaign | MAC | Forecasted | 2024-09-30 | NA |
| HPV | Routine | - | Forecasted | 2024-09-30 | NA |

Performance against Alliance KPIs

| Indicator | Source Name | Year | Value | Previous Value | Trend |
|--|-------------|------|---------|----------------|-------|
| Measles containing vaccine (second dose) coverage at the national level (MCV2) | WUENIC | 2019 | 97 | 97 | → |
| Pentavalent 3 coverage at the national level (Penta 3) | WUENIC | 2019 | 97 | 96 | ▲ |
| Drop-out rate between Penta1 and Penta3 | WUENIC | 2019 | 1 | 2 | ▲ |
| Difference in Penta3 coverage between children of urban and rural residences | Survey | 2011 | -1.6 | 0 | ▲ |
| Difference in Penta3 coverage between the highest and lowest wealth quintiles | Survey | 2017 | 0 | -11.3 | ▼ |
| Penta3 coverage difference between the children of educated and uneducated mothers/care-takers | Survey | 2017 | 0 | -0.1 | → |
| EVM | EVM | 2015 | 73.7 | 71.3 | ▲ |
| # of Underimmunised Children | Calculated | 2019 | 7287.15 | 9732.96 | ▲ |

Trends and district equity



Progress against indicators and targets achievement

| Process Indicators | | | Intermediate Results | | | |
|--------------------|--|---------------|----------------------|--|---------------|----|
| Indicator name | Value | Rel. % change | Indicator name | Value | Rel. % change | |
| OBJ-1 | Number of staff trained on MLM, VPD, AEFI, EVM, WM and Safe Injection training | 1656 | ↑, 439% | Number of PHC facilities functional in selected areas | 3 | NA |
| | | | | Percentage of districts and cities with functional cold chain stores | 93 | NA |
| | | | | Percentage of districts with a functional waste management system | NA | NA |
| OBJ-2 | | | | Number of mobile teams established and equipped for the selected hard to reach areas/populations | NA | NA |
| | | | | Proportion of PHC workers in the selected districts trained on the defined home visiting service package | NA | NA |
| OBJ-3 | | | | Pentavalent 3 coverage in the target areas (Penta 3) | NA | NA |
| | | | | Percentage of districts with timely immunization reporting | NA | NA |
| OBJ-4 | | | | Percentage of health workers in the selected districts, who acquired communication skills on immunization as a result of capacity building | 0 | NA |
| | | | | Percentage of increase in parents/ caregivers' knowledge about the benefit of timely vaccination for their children in the target areas | NA | NA |
| | | | | Percentage of increase of parents/ caregivers' positive attitude towards vaccination for their children in the target areas | NA | NA |

Relative % change refers to the percentage increase/decrease of the reported value from the year prior.

Value cell color is green if target has been >= 90% met, yellow if 70-90% met, and red < 70% met. There is no color when no target is set in GPF.

1.2. Overview of HSS grant implementation (end of 2019/early 2020; pre-Covid-19)

HSS implementation summary (as of 30 October 2020)

| Recipient | Total grant amount | Approved grant amount | Funds Disbursed | Expenditure | Country cash balance |
|-------------------------------|--------------------|-----------------------|-------------------|---------------------|----------------------|
| WHO (Core grant) | 2,548,582 | 1,984,396 | 1,714,583 | 1,278,197 | 436,386 |
| UNICEF (Core grant) | 3,503,253 | 2,891,237 | 2,541,114 | 2,146,925.92 | 301,188.08 |
| UNDP (Core grant) | 3,608,166 | 2,760,982 | 2,760,802 | 2,015,048.77 | 1,993,846.23 |
| UNICEF (Additional funds) | 331,898 | 331,898 | | 0 | 331,898 |
| UNDP (Additional funds) | 788,113 | 788,113 | 788,113 | 0 | 788,113 |
| World Bank (Additional funds) | 2,700,000 | 2,700,000 | 2,700,000 | 26,000 | 2,674,000 |
| Total | 13,480,012 | 11,456,626 | 10,504,613 | 5,466,171.69 | 5,038,441.31 |

1.3. Overview of other Gavi support, such as VIGs, OPS, PBF, switch grants, transition grants etc. (as applicable)

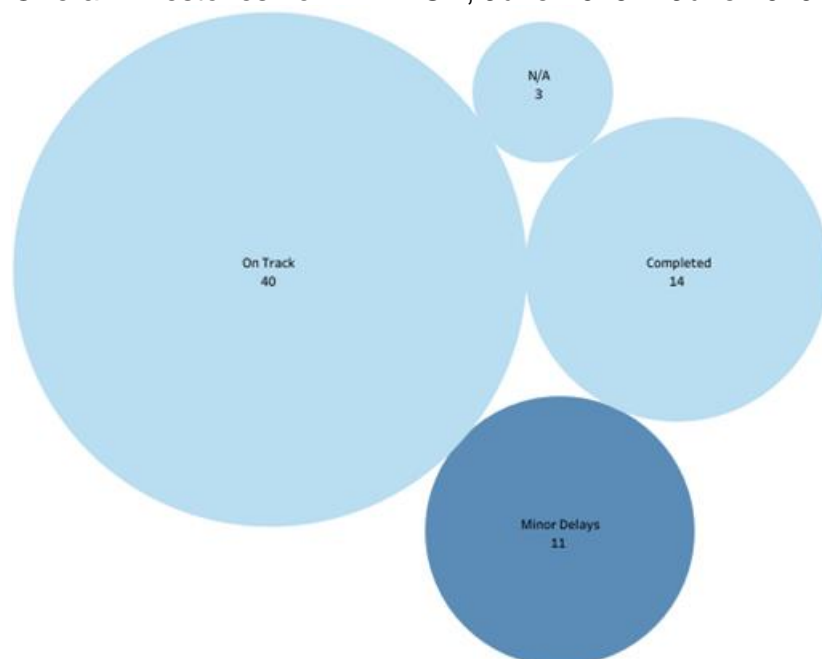
| | Start Date | End Date | In US\$ | | | | Status Update |
|-------------------------------|------------|------------|-------------|------------|-------------|--------------|---|
| | | | Grant Value | Disbursed | Expenditure | Cash balance | |
| <i>PBF (1&2) UNDP</i> | 19.08.2019 | 31.12.2021 | 549,045.48 | 549,045.48 | 89,045.48 | 460,000 | PPE procured and delivered in December Other activities to be conducted in 2021 |
| <i>PBF2 - WHO</i> | 29.06.2020 | 31.12.2021 | 370,058 | 370,058 | 0 | 370,058 | Planned to be conducted at the beginning of 2021 as agreed with the RCIP |

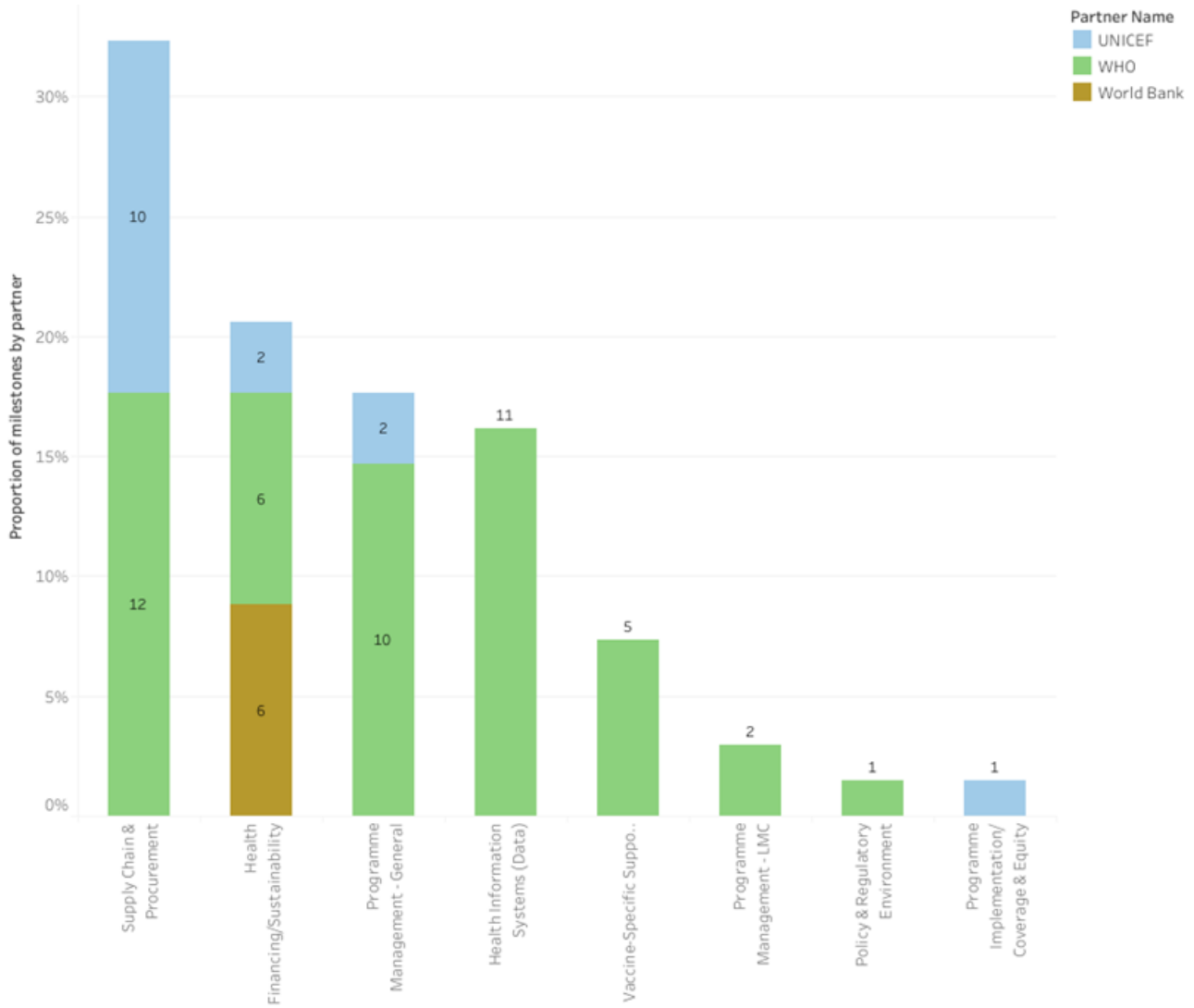
1.4. Compliance, absorption and other fiduciary risk matters

- Due to delays occurred with Covid 19 pandemic, the financial absorption is about 50% for HSS support. Similarly, the PBF funding utilization has been low.
- Tajikistan paid all its co-financing requirements to-date.
- The country complied with all reporting requirements.
- As per FMA and monitoring review, the financial management arrangements remain the same. All cash support is channelled and managed by the Alliance Partners and UNDP.

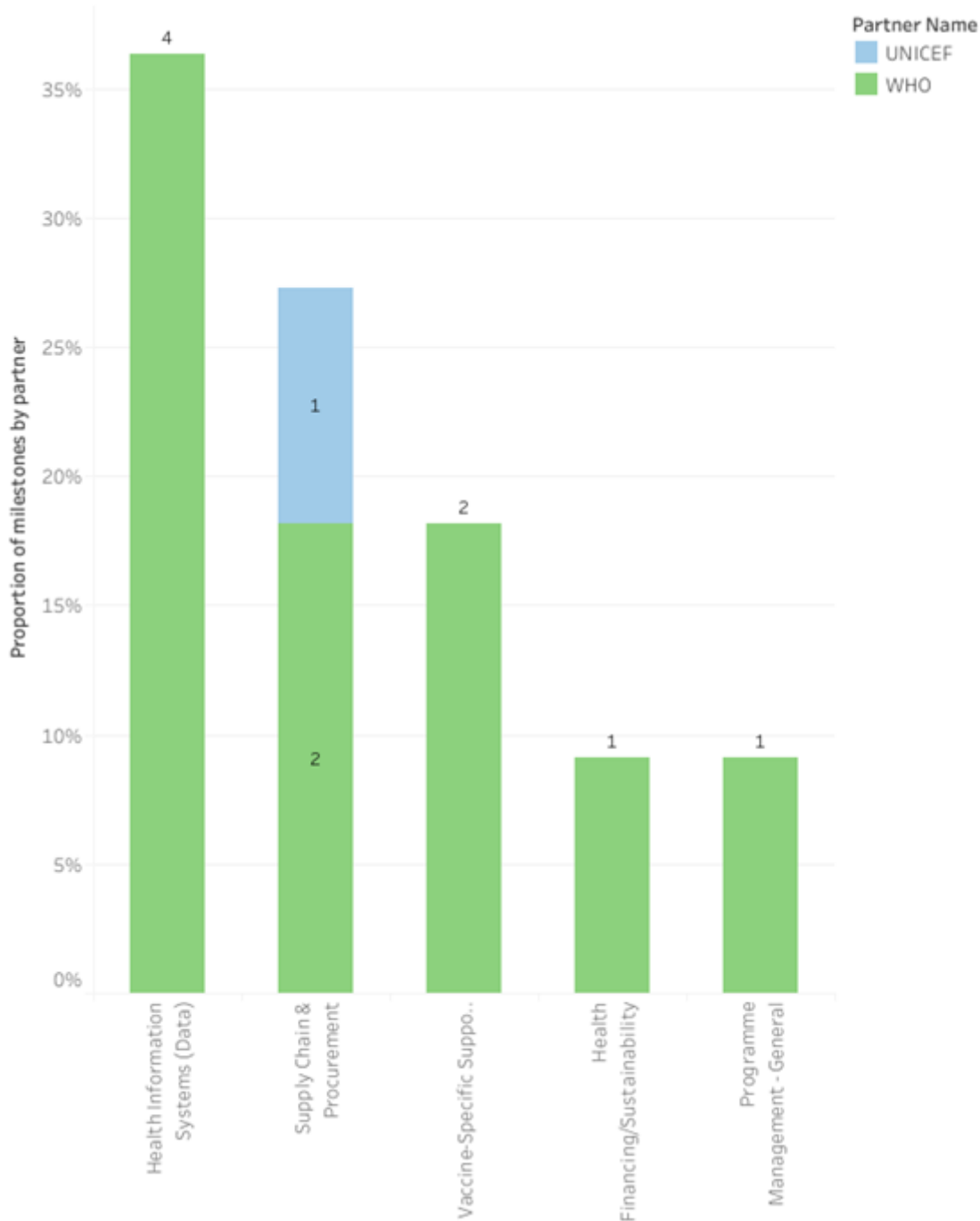
1.5. Overview of PEF TCA progress (end of 2019/ early 2020) (graph provided by the PEF team)

Overall milestones for PEF TCA, June 2019 – June 2020





Delayed milestones for PEF TCA, June 2019 – June 2020



Please provide any additional comments -as relevant- on the implementation of the TCA plan (e.g. progress in key areas, challenges, constraints, reallocations, no-cost extensions)

WHO TCA implementation

Completed tasks:

- **Monitoring of Grant Performance and Immunization Programme Performance** - Quarterly monitoring of grant and programme performance conducted.
- **Annual update and documentation of vaccine expenditures and vaccine resource requirement projections to be used as an input for continued resource mobilization efforts** – Technical assistance on vaccine resource requirements for 2021-25 provided supporting the resource mobilization efforts.
- **Monitoring of Grant Performance and Immunization Programme Performance (MSD)**. To be completed in December 2020.

- **Continue rotavirus surveillance & rotavirus vaccine effectiveness evaluation** - Rotavirus surveillance continued to document impact of vaccination.
- **Continuing support in building NITAG.** NITAG continues its collaboration with regional advisory body to receive updated information about global and regional immunization priorities and provide input in developing recommendations at regional level. Tajikistan NITAG participated in the meeting of European Technical Advisory Group (ETAGE), which was held on 29-30 October 2019. The participation provided an opportunity to share experience in using systematic approach in developing NITAG recommendations for PCV introduction. In addition, Tajikistan NITAG took part on WHO regional activities on prioritization of population groups for Covid 19 vaccination.
- **Assess timeliness of hepatitis B birth dose and develop corrective measures.** The assessment of timeliness of hepatitis B birth dose was conducted by analyzing a database of 2017 Demographic and Health Survey. The analysis revealed a low (71%) coverage of timely hepatitis B birth dose in children at the age 12-23 months. The corrective measure will be developed and implemented in 2021.
- **Support for pneumococcal vaccine to policy and decision makers** - Technical support was provided in preparing a technical brief for the Ministry of Health on NITAG recommendations to introduce pneumococcal vaccine in Tajikistan, including justification for the introduction. As a result, the introduction of PCV was included in the National Immunization Plan. Advocacy support on efficacy and efficiency on PCV vaccine provided to the Ministry of which led to the application for Gavi support for introduction.
- **Technical assistance in the development of electronic routine coverage monitoring tool** - Recommendations for introduction of electronic coverage monitoring has been provided.
- **CCEOP follow up – deployment & maintenance** - Remote support provided to finalize ODP2. Support provided to define the Terms of reference for local company to support development and implementation of the ODP for year 2 and year 3 support and monitor its implementation.
- **Technical assistance to support further operationalization of the national AEFI surveillance guidance to build minimum vaccine safety capacity** - Remote assistance and consultancy support provided to the national working group to finalize defining the structure of the national AEFI reporting system and reviewing roles and responsibilities of various stakeholders in AEFI surveillance and to finalize the national AEFI guidance.

On track tasks:

- **Development of MYP on immunization** -cMYP/NIS development will take place in 2021 due delayed global guidance. In the meantime, support provided to development of the National Immunization Plan for 2021-25, including vaccines and supplies costing exercise to support the Plan.
- **EVM SOPs dissemination** - Activity is ongoing. National SOPs are finalized and endorsed by the MoH. Training activities will be completed by end 2020
- **CCEOP follow up – deployment & maintenance** - Activity is ongoing. Technical assistance provided to use WHO supply chain sizing tool.

Re-programmed tasks:

- **Continuing support in establishing typhoid surveillance to obtain evidence to support decision making on introduction of typhoid vaccine** - Establishment of typhoid surveillance was postponed due to coronavirus pandemic. The funds will be used to conduct trainings for front line medical workers on vaccine safety and contraindications to reduce missed opportunities to timely vaccinate infants due to not justified contraindications. The evaluation of immunization coverage in Tajikistan, which was conducted during WHO consultancy mission in June 2020, revealed high rates of missed opportunities to timely vaccinate infants due to not justified contraindications. Technical support will be provided to the Ministry of Health in conducting a national training of trainers on Vaccine safety and contraindications. The TOT training will be conducted in December 2020. The trainings for front line medical workers will be conducted in 2021 (2020 TCA funds).
- **Support in training medical workers on vaccine safety and contraindications** - The ToT for leading clinicians will be conducted in December 2020 using 2019 TCA funds. The 2020 TCA funds allocated for ToT will be used to conduct training on vaccine safety and contraindications for front line medical workers in 2021.

Tasks with minor delays:

- **Technical assistance (TA) to support further operationalization of the national AEFI surveillance guidance to build minimum vaccine safety capacity** -Technical assistance provided to the national working group to conduct additional review, consultations and finalize the national AEFI surveillance guidelines. Endorsement of the guide by Ministry of health is expected in December 2020. Further training activities are planned in Q1-2021.
- **TA to support AEFI surveillance data management** - To support AEFI surveillance data management in Tajikistan and adapt it to Covid-19 vaccination needs is ongoing; national AEFI guidelines and

reporting forms and mechanisms have been finalized with external support. Two candidate electronic data management platforms have been identified (DHIS2 AEFI tracker and VAEMS); further support will be required through TCA-2021 to support implementation and use of electronic data management platform.

Tasks with major delay:

- **Conducting EVM assessment and development of EVM improvement plan** - EVM assessment in Tajikistan was planned for April 2020, however, its implementation was put on hold due to Covid-19 travel restrictions. Although implementation of preparatory activities (including procurement of equipment) was conducted, the activity cannot be implemented in 2020 and shall be shifted to 2021. The balance of TCA-2019 funds shall be re-programmed and new funds shall be considered for allocation from TCA-2021.

UNICEF

Ongoing tasks (on-track):

- **Scaling up operationalization of supply chain data management and vaccine forecasting** initiative through: i) further capacity building on use of supply chain data (dashboard) for management decisions, ii) strengthening supportive supervision and monitoring of dashboard utilization; iii) supporting EPI center with the implementation of the pilot assessment recommendations.

The TCA compliments to efforts under the HSS for capacity building of health workers on supply chain data management. Due to Covid-19 travel restrictions, the training agenda was simplified focusing on the key areas of supply chain data management. The remaining balance (USD 18,878.24 out of planned USD 37,000) will be used for supportive supervision and monitoring of the use of the dashboard.

- **TA in implementation of operational deployment plan for cold chain equipment.** As complimentary activity to HSS and CCEOP for the development of the cold chain deployment plan (ODP) for year 2 and year 3 was supported. The OPD for year 2 of the CCEOP was developed and submitted to the UNICEF SD to proceed with the shipment. Development of the OPD for year 3 of the CCEOP is ongoing and expected to be finalized by the end of January 2021. All planned amount (US\$ 22,000.00) utilized.

Tasks with minor delays

- **Enhance capacity of national, oblast and district managers on vaccine stock management.**

Training on warehouse management planned under the TCA is shifted for December 2020 -January 2021. The consultancy positioned has been advertised but the deadline for applications had to be extended as a result of the announcement to attract qualified candidates. Due to the ongoing Covid-19 pandemic crisis and travel restrictions, alternative options are considered such as engaging a local consultant using existing training package.

Re-programmed tasks:

- **Grants performance tracing, implementation monitoring.**

The Gavi HSS and TCA grants performance tracing and implementation monitoring is conducted on regular basis. US\$ 10,000 was planned to support travel to the JA and regional meetings. Due to Covid travel restrictions, the planned amount of US\$ 10,000 was reprogrammed for microplanning training for the introduction of the MMR vaccine as agreed with the Gavi Secretariat.

The World Bank

TCA 2019. (On track) There were two main activities supported under TCA 2019. The analysis of per capita financing is nearly finalized and we are now finalizing the presentation for final feedback and dissemination. The second activity was noted originally as a Domestic Resource Use and Mobilization (DRUM)/fiscal space analysis. This was included in a (broader and more in-depth) Public Expenditure Review, with a health focus. A detailed presentation has been developed and presented to Ministries of Health (including the Minister and Deputy Ministers of Health) and Finance, as well as health financing partners. A written version will soon be available, and this will ultimately be published as part of a broader, cross-sectoral review.

TCA 2020. Under TCA 2020, World Bank component is of US\$ 100,000 to cover 6 months of workstream, in order to synchronize with calendar year reporting (Jan-Dec). The work during this was going to contribute to the health sector master plan, particularly the staffing norms at PHC level and the implementation plan (including costing) towards achieving this. A deep dive would have looked at staffing for immunization. These activities have not been commenced, due to Covid-19. We propose to re-purpose this for technical assistance for Covid-19 vaccine readiness in advance of (and to complement) investments under the Tajikistan Emergency Covid-19 (TEC-19)

project. Areas that have been identified as requiring attention, and on which urgent TA may be particularly useful include:

1. The system for monitoring Adverse Effects Following Immunization (AEFI);
2. Enhancements to the system for vaccine supply chain management;
3. Immunization registries (paper based, e-registries, and vaccine certification); and
4. Communications to address vaccine hesitancy.

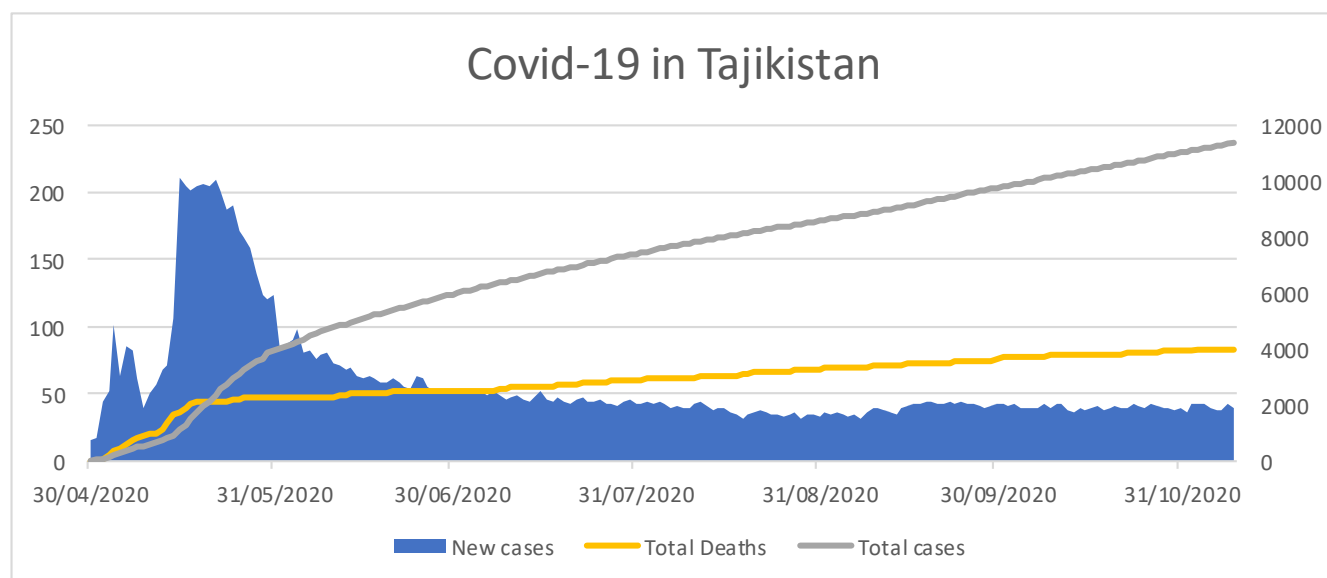
2. Covid-19 impact on immunisation (in 2020): current situation

2.1 Covid-19 cases and deaths (as of 11 November 2020)

At the end of April 2020, the Ministry of Health and Social Protection of Population (MOHSPP) registered and announced 15 Covid-19 cases: 10 cases in Khujand and 5 cases in the city of Dushanbe. In order to prevent the spread of Covid-19, public health measures were introduced: mask regime, the observance of social distance, ban on mass gathering, and institutions such as schools, mosques, markets were temporarily closed (from May to August 2020) By June 2020, some of these restrictions were partially lifted as the epidemic situation was stabilized. In mid-August, restrictions for educational institutions was lifted.

The border crossing points with neighboring countries remain closed for civilians and open for cargo import/export. Markets have been fully operational and staple food commodities have been available in all monitored food markets during the reporting period. The economic indicators were showing downward trend prior to the Covid 19 due to global markets, reduction in remittances from diaspora, weak currency, and inflation. Covid 19 potentially further impacted the socio - economic indicators, particularly those households that are in the lower income category, elderly, migrant families increasing the vulnerability and health risks of these groups.

In July 2020, the President of the Republic of Tajikistan has issued an order on provision of financial support to the socially disadvantaged groups such as veterans, pensioners, people with disabilities, orphans, low income families, migrants families who are left without support; support was equivalent to the minimum monthly wage. Additional financial support was allocated to frontline healthcare workers during the pandemic. To date, 118,810 families have received financial support totaling amount of 47,542,000 TJS (approx. US\$ 3,743,000)². Furthermore, socially disadvantaged families who have children younger than 3-years-old, have received one-time financial support of 500 TJS (approx. US\$44).



Graph-1: WHO Covid Sit-rep October 2020

As of October 29, 2020, MoHSP revised Covid-19 ICD coding in-line with the WHO Emergency ICD codes use for Covid-19. Furthermore, MoHSP revised Covid-19 case definition protocols as of November 3, 2020. On 24 November national Covid-19 clinical protocols have been revised and approved; knowledge of health workers is refreshed though on the job training. No changes have been introduced to existing public health measures, which are limited to compulsory “mask regime” and social distancing in public places, as well as a restriction for mass

² Current exchange used 1 USD = 11.30 TJS

gatherings. At all health and educational facilities observance of public health measures is continued. However, in public places such as markets and public transport the observance of public health measures is insufficient. MoHSPP conducts continuous monitoring of public health measures observance among general population and recommends corrective measures to the responsible structures.

As of 10 November 2020, the number of cumulative cases has increased to a total of 11,417. During the reporting period, 6 new deaths attributed to Covid-19 were reported, bringing the total number to 84. The Ministry of Health and Social Protection (MoHSP) reports that 10,763 (94,2%) of infected people have recovered. Cases are being reported from all the regions of the country. The crude cumulative incidence rate is 121.2 per 100,000 population and 8.9 deaths per 1,000,000 population. The 30-day infection average is 40.0, a 1,1% decrease compared to the previous month's period (41.1). Currently 12 laboratories are providing testing services and three more will be operational before the end of 2020. MoHSPP coordinates provision of medical supplies for Covid-19 response, both procured by government of Tajikistan and donors.

Regular flights on the route Dubai-Dushanbe-Dubai and Istanbul-Dushanbe-Istanbul have been operational during the reporting period with some periodic suspension. Despite that, airports remain closed for all other regular flights and serve only repatriation charters and cargo flights. Railway routes remain open for only cargo.

In the early stages of the pandemic, Tajikistan took following key steps as part of the response plan:

- Task force under leadership of Deputy Prime Minister is activated and has assumed leadership role for Covid-19 response with the MOHSP as Technical focal point for all the response activities;
- National Covid-19 testing laboratory established and started testing the samples from quarantined cases;
- Covid-19 isolation facilities have been designated nationwide;
- Special research studies have been undertaken to understand the trends and cluster of atypical pneumonia and influenza surveillance system is being analyzed to assess occurrence of Influenza like cases and/or Severe Acute Respiratory Infections (SARI). Testing influenza negative specimens for Covid-19 is being evaluated as a strategy to detect the silent transmission in the country, if any;
- Points of Entry have been designated for Covid-19 response activities like thermal scanning of incoming passengers, illness history, risk assessment and recommendation of quarantine for possibly exposed persons;
- 14 quarantine facilities have been established; and
- 14 000 beds reserved for Covid-19 cases
- Surveillance system, rapid response teams are being trained for Covid-19 case investigation, contact tracing and containment activities.

The response plan has key priority areas which establishes the fundamentals for Covid 19 management:

- Country-level coordination
- Risk communications and community engagement
- Surveillance
- Points of entry
- Case investigation and rapid response
- National laboratory system
- Infection prevention and control
- Case management
- Multi-sectoral action to mitigate social and economic consequences
- Logistics and supply management

International agencies including USAID, EU, KfW, Islamic Development Bank, World Bank, CDC, ADB, UN agencies provided support towards procurement of PPE, ventilators, medicines, oxygen generators, consumables towards Covid 19 crisis. In addition, international agencies provided technical assistance support for infection prevention training, WASH practices and trainings, communication, testing, and assessment activities.

According to "Covid-19: Mitigating indirect impacts on maternal, child and adolescent health services" survey conducted by WHO Tajikistan to review the disruption caused by Covid-19 to MCH and adolescent health services, the PHC system took a major hit as the major burden for Covid-19 response was on this structure of MoHSPP, where the majority of the population (76%) lives in rural areas, and the resources are limited, essential services disruptions are unavoidable during critical periods such as the Covid-19 outbreak. As a result, PHC system could not provide the routine care to the priority groups for a period of time. The preliminary data collected to assess the situation showed that at the start and peak time of the pandemic, the health system dealt with significant challenges:

- Work overload of health care staff

- Availability of and access to quality testing
- Lack of PPE (at the beginning of the outbreak with improved situation now) but there are shortages in some equipment are on-going.
- Mothers and their newborns were discharged earlier than normal from maternity hospitals in some places.
- Newborns were discharged from maternities without first vaccinations (BCG). They had to catch up it in PHC facilities with delay
- Visits to health care facilities had also reduced due to fear of infections. Hesitancy in some places where people were scared to let health workers into their houses for home visits including antenatal and postnatal visits. Over time the situation reportedly has improved, however the quality, completeness and time allocated for these visits remains a problem – and the services provided limited.
- Adolescents had limited access to health services before the outbreak and the situation may have worsened due to movement restrictions.
- In spring and early summer, essential medicines have not been accessible and affordable for the population and prices are reported to have increased substantially.
- Delay of ambulance services reaching the patients as Covid-19 patients were prioritized and some regions lacked well developed ambulance services already prior to COVID -19 outbreak
- Fear, stress and confusion were reported from both the populations served and the health care personnel

2.2 Disease Surveillance and Incidence

[Information from CCM team and/or https://www.who.int/immunisation/monitoring_surveillance/data/en/]

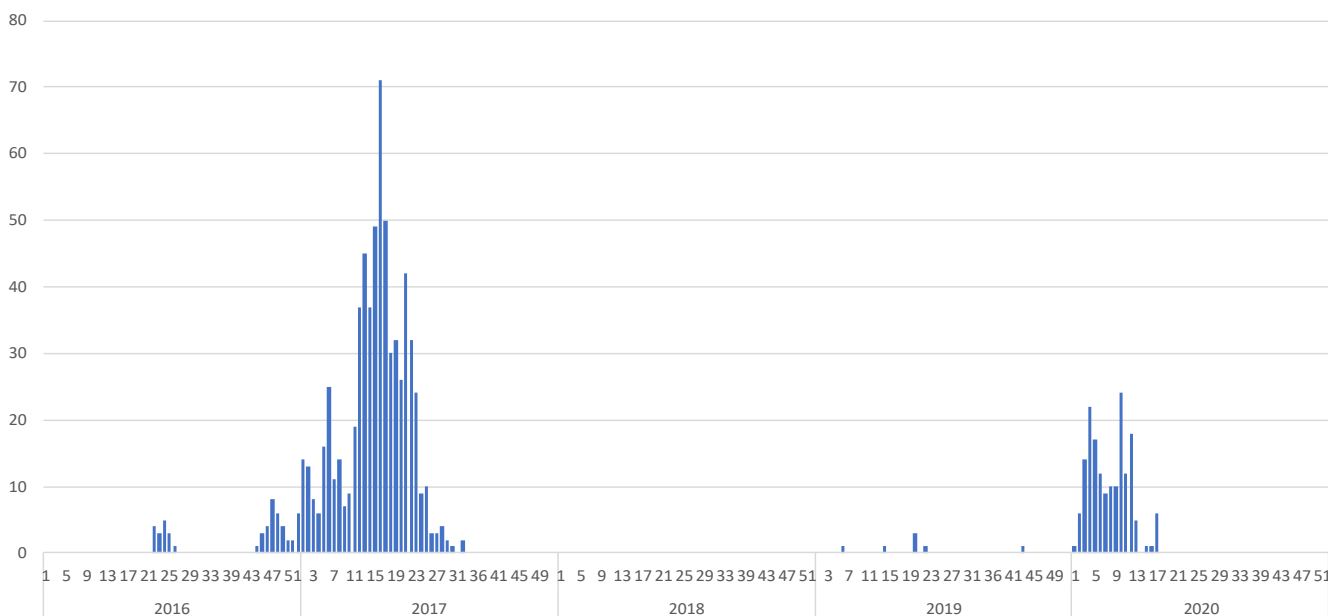
Impact of Covid-19 on disease surveillance and disease cases

Historically Tajikistan has a high coverage with satisfactory program performance. The country is committed to Global and Regional Vaccine Action Plans. As per the Measles and Rubella Elimination Strategic Plan 2012–2020, Tajikistan has been committed achieving and maintaining high vaccination coverage with two routine doses of MMR vaccine. Since 2012, measles and rubella transmission in Tajikistan has been formally considered interrupted by the Regional Verification Committee (RVC). In 2015, The RVC confirmed that measles and rubella elimination has been achieved in Tajikistan. The elimination status has been sustained in the country through 2020.

Over the last thirty years, Tajikistan has experienced a number of large measles outbreaks every 4-5 years. Since 2003, nationwide supplementary immunization activities (SIAs) had been implemented to combat outbreak and improve population immunity. These ones have been effective in 2003-2004, 2009 and 2017 in interrupting measles transmission, however, they didn't prevent accumulation of new susceptible individuals in the subsequent years. Annual evaluation of the national programme efforts revealed some shortcomings in implementing routine immunization led to new clusters of measles cases in 2019-2020 as well.

Graph 2

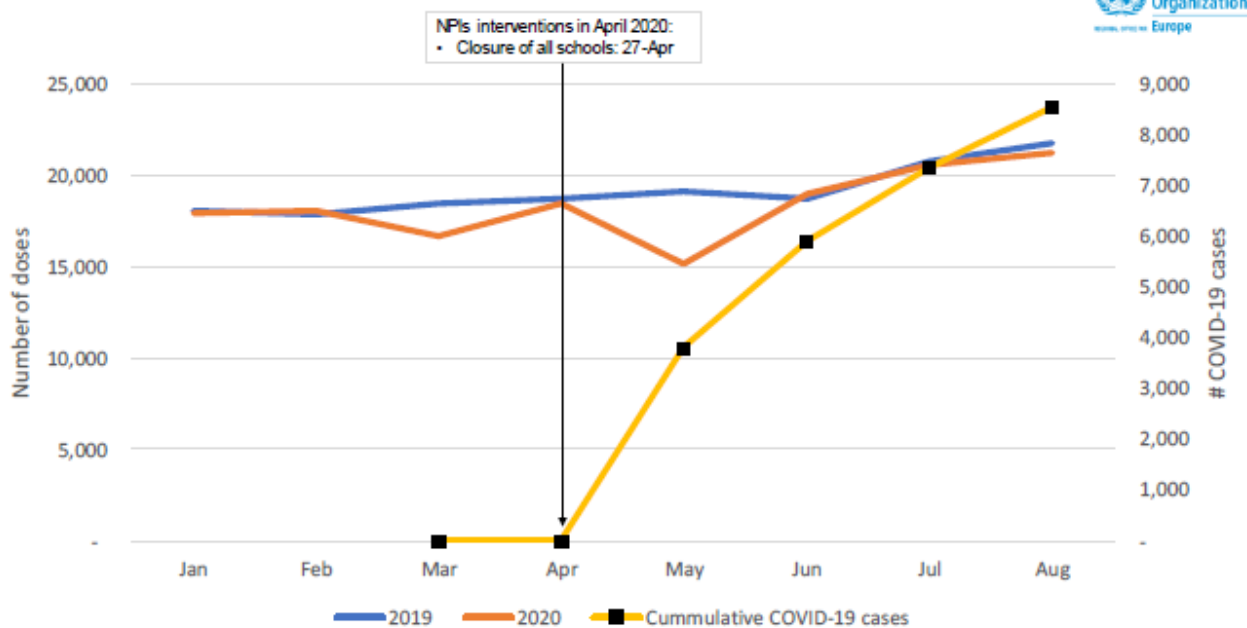
Measles cases by weeks, Tajikistan, 2015-2020 (as of 3 November 2020)



Source: country case-based reports to CISID as of 3 November 2020

In 2019 and early 2020, Tajikistan was experiencing large measles clusters in the Districts of Republican Subordination (predominantly nearby the capital city of Dushanbe) and Sogd region (for the first time in several years) even though limited response measures were implemented selectively among unvaccinated children and close contacts with measles cases. This was mainly due to lack of resources and vaccine for full scale supplementary vaccination among high-risk population groups. These worrisome signs of a new outbreak may affect more territories of the country unless aggressive nationwide campaign is conducted in the nearest future. With Covid 19 pandemic, it is suspected that there will be a surge of cases and increased number of unimmunized children.

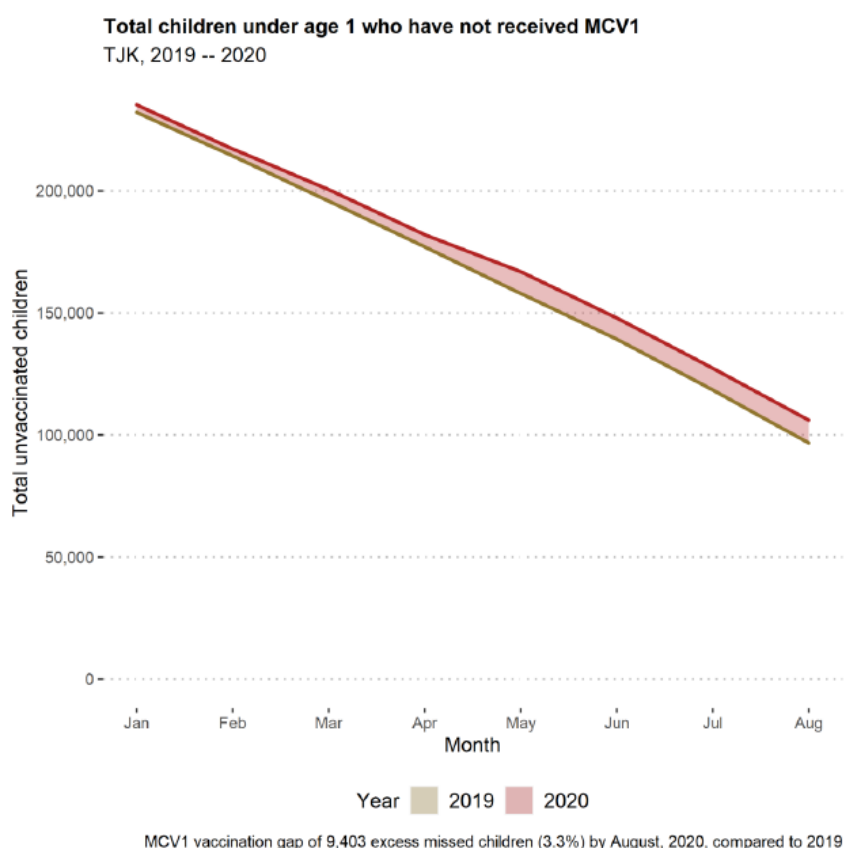
Reported MCV1 doses administered and COVID-19 cases by month, Tajikistan, 2019-2020 (Aug)



Data sources: Monthly coverage data submitted by country;
 COVID : <https://who.maps.arcgis.com/apps/opsdashboard/index.html#/lead3c6475654481ca51c248d52ab9c61> data as of 18 Sep 2020

Graph 3

Unfortunately, the analysis of excess unvaccinated children in 2020 compared to 2019 shows that the reported surveillance data in Tajikistan had minimal information to measure an impact due to Covid 19 limitations (Tajikistan: 9,403 (3.3%) excess unvaccinated with MCV1). The country is planning a SIA with support of Gavi in 2022 to ensure measles elimination status not to be jeopardized.



Graph 4

During 2019, Tajikistan registered 92 cases of AFP; and AFP case rates for 100,000 children at age of below 15 years old was 2.8 cases. All regions reached the indicator of 2 cases per 100,000, which is recommended for countries intermediate risk for polio. Completeness and timeliness of AFP reporting was 81%. Adequate stool samples for laboratory testing were collected in 98% of cases of AFP. In general, epidemiological surveillance index of non-Polio caused AFP was 0.95³.

During the period from January to 10 October 2020, 59 cases of AFP were reported in Tajikistan, with cases registered in all provinces. All cases were classified and polio discarded. As there is no accredited laboratory available in Tajikistan, and all samples from AFP cases are sent to the Regional Reference Laboratory in Moscow. All samples taken from the AFP cases in 2019 were negative for Polio testing.

There were delays recorded with regard to delivery of samples from AFP cases to the WHO Reference Laboratory in Moscow for polio testing. Delay was caused by limits on movement and closure of Dushanbe International Airport due to Covid-19 Pandemic. In addition, there was a decrease hospitalization rates in some healthcare facilities, which was caused by the fact that parents were afraid of contracting Covid-19 in healthcare facilities. These limitations potentially affected the AFP surveillance, case identification and registration. The healthcare workers in hospitals reported zero AFP registration. In addition, staff of immunization centers did not visit the facilities for active detection of cases after receiving information on risk of importing the wild poliovirus from Afghanistan.

High OPV and IPV coverage rates were reported in Tajikistan for the last 5 years. However, there were specific concerns that official data on immunization coverage could inaccurately reflect the immunization status of children due to inaccuracies in registration of vaccines identified in individual healthcare facilities. Increase in measles and

³ WHO Polio Mission report outcomes, June 2020

pertussis morbidities in regions with high immunization coverage rates during the last years also raises concerns regarding the accuracy of reported data.

In 2019 and 2020, the Regional Commission for Certification of polio eradication (RCC) assessed Tajikistan as intermediate risk for polio transmission in case of importation of wild virus or emergence of circulating vaccine-derived poliovirus (cVDPV), exactly due to concerns regarding potential immunity gaps. A two-year delay with introduction of IPV has led to a gap of two birth cohorts (2016-2018) against type 2 wild poliovirus, which is particularly worrying in light of reported cVDPV outbreaks in Afghanistan in 2020.

According to the reported data from 2019, the AFP surveillance system in Tajikistan was functioning at satisfactory level. surveyed healthcare professionals from pediatric hospitals did not report any active visits to evaluate completeness of detection and reporting of AFP cases. It is necessary to make additional efforts to improve the sensitivity of surveillance system to detect importing of wild and vaccine-derived polioviruses. In June 2020, it is reported that due to gaps occurred, children might be unprotected against polio due to delays in vaccination, reduction of immunization coverage during Covid 19, as well as internal migration.

2.3 Impact of Covid-19 on immunisation

As indicated in the section 2.1. the health system in Tajikistan had major challenges due to Covid 19. Primary Health Care facilities felt disruptions to service provision for routine activities as all existing resources engaged in Covid 19 response. As the health system in Tajikistan functions in limited resource environment, the Covid 19 impact has been significant. The health staff has been overworked and overburdened with Covid 19 response.

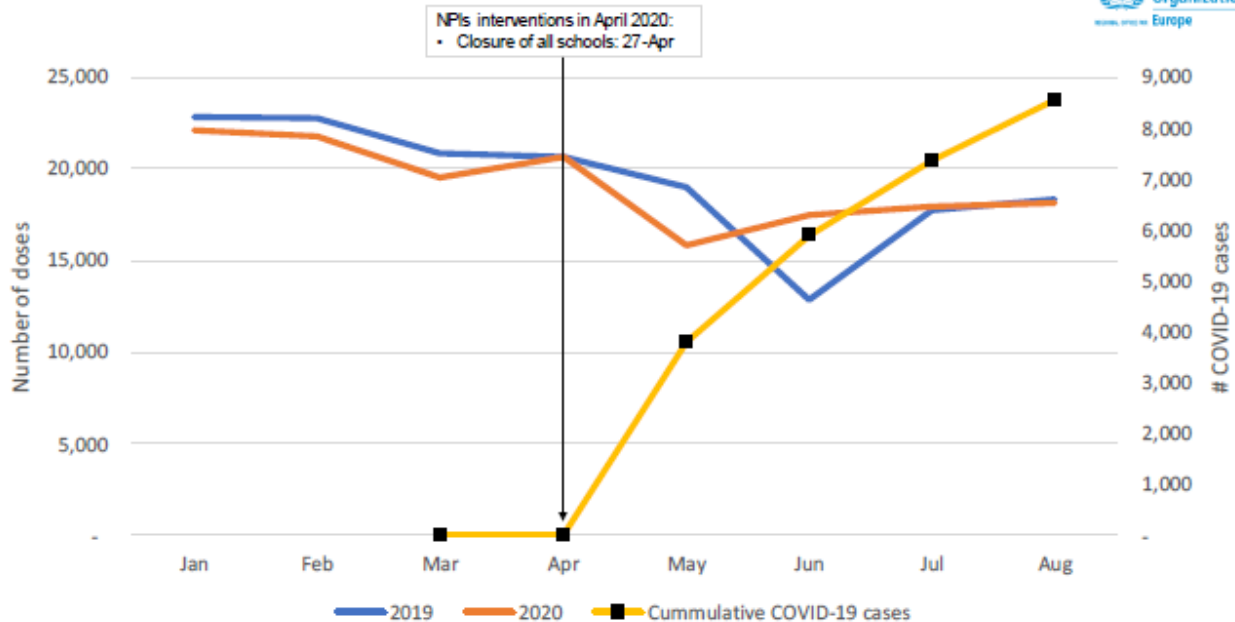
As a result, routine health care services such as family planning, maternal care, immunization services are one of the hardest hit in Tajikistan. In addition service suspension and disruption, there has been increase in hesitancy for the use of health services due to fear. Birth doses (BCG and HepB) could not be implemented as mothers discharged from hospitals earlier following the deliveries, and there were delays or limitation to do catch up for birth doses.

According to the MCH Department of MoHSPP the designated maternities had been established for the management of Covid-19 and suspected to Covid-19 cases among pregnant women at the national and regional levels (Dushanbe, Khujand, Bokhtar, Kulyab). Due to the reorganization of some hospitals for the management of Covid-19 cases alternative hospitals and referral pass ways for the use of existing hospitals for management of non-Covid-19 cases and deliveries. At the district level, in the designated for Covid-19 hospitals four beds were allocated for confirmed or suspected pregnant women. Suspected or confirmed cases amongst children were referred and treated at the Covid-19 designated hospitals.

Other essential mother and child health services such as Vitamin A supplementation, growth monitoring and counselling had been conducted by health workers via home visits to minimise exposure. Provision of therapeutic food for the management of severe and moderate malnutrition shifted from the weekly to the monthly distribution. In May and June 2020 during the peak of Covid-19 wave in Tajikistan some regional and district EPI managers reported that families refrained from the referral to the immunization services.

UNICEF with support of Government of Japan procured and distributed essential medicines for the management of IMCI. Partners also provided support in provision of PPEs, hygiene and sanitation items, essential life-saving medicines and equipment (ventilators, oxygen supplies) for the MoH for the management of Covid-19. MoH with support of partners has revised and distributed clinical protocols for Covid-19 management among children and pregnant women.

Reported DTP3 doses administered and COVID-19 cases by month, Tajikistan, 2019-2020 (Aug)



Data sources: Monthly coverage data submitted by country;
 COVID : <https://who.maps.arcgis.com/apps/opsdashboard/index.html#/eac3c6475654481ca51c248d52ab9c61> data as of 18 Sep 2020

Graph 5

Despite overall Covid-19 situation in the country, MoH/RCIP stayed committed to the planned MR to MMR switch (November 2020), IPV catch-up campaign application and its planning for February 2021; preparation of application for PCV introduction pending for submission in January 2021.

The Covid-19 pandemic flight restriction affected the timely delivery of vaccines, essential lifesaving equipment, and emergency supplies. Due to the Covid-19 flight restrictions, planned shipment of vaccines faced certain challenges. UNICEF explored all possible options to ensure uninterrupted supplies of vaccines in a timely manner. Some vaccines were transported to Tashkent, Uzbekistan via cargo and from Tashkent to Dushanbe by road. Starting from December the challenges of vaccine shipment worsened due to the unavailability of direct flights to Dushanbe. Currently 10 vaccines including seasonal influenza and rotavirus vaccine (RV vaccine stock is very limited) are pending shipment. UNICEF considered charter flight to bring all vaccines to the country. However, this requires transfer of all vaccines via Leipzig which will have cost implications of freight (collection of all vaccines in Leipzig and additional cost of US\$ 137,000 for charter flight to Dushanbe). There also increased costs due to added ground transportation from Uzbekistan.

During the peak of Covid-19 cases in the country in May of this year, in some cities and districts of the country, there were cases of refusal of health services including immunization due to fear of getting infected with the Covid-19. The issue was communicated with the WHO Regional Office for Europe and UNICEF, a series of advisory teleconferences were held on adapting the immunization program to the Covid-19 pandemic.

In order to maintain the provision of immunization services during a pandemic, on May 21, 2020, the Chief State Sanitary Doctor of the Republic of Tajikistan signed a Resolution "On routine immunizations during the period of a new Covid-19 in the Republic of Tajikistan":

- Immunization of the newborns with Hepatitis B, OPV-0 and BCG vaccines were carried out in compliance with the National Immunization Calendar at the maternity hospitals / maternity departments of the Central Oblast / Regional / City / District Hospitals. There has been particular focus on the low coverage areas.
- Immunization sessions conducted at the frequency of once every month at the Primary Health Care Facilities of cities and districts of the country until improvement of epidemiological situation with the Covid-19. Immunization sessions continued to be provided on monthly basis, health workers continue compilation of monthly plans for their respective target populations.
- Mobile immunization teams organized at remote areas according to plans will continue their operations during the Covid-19 Pandemic while ensuring compliance with all safety measures.
- Certain date and time identified to conduct routine immunization sessions (e.g. first half of day). Depending on the size of target groups, immunization sessions may be conducted during the period from 1 to five days;

- Vaccination nurses are assigned as staff responsible solely for immunization and will be to develop temporary schedules of appointments for children with the specified timeslot for every immunization session and invite parents according to these schedules (including visitors). Such schedules designed to mitigate the risk of congregation of parents during and after the waiting periods for immunization.
- Parents were reminded about wearing of protective masks during the visits along with invitation. It has been mandatory to measure temperature of the parent and child and treat their hands with antiseptic solutions prior their entry to the health facility.
- The management of health facilities are required to ensure distancing between the parents during the periods of waiting for immunization. All healthcare workers assigned for immunization are provided with Personal Protective Equipment (PPE), including special protective clothing. Further, they will be required to perform immunization strictly wearing PPE.
- At health facilities with limited number of healthcare workers, according to the WHO recommendations, the same vaccination nurse would be allowed to perform both examination of child, review possibility of immunization considering counterindications, as well as conduct immunization session.
- Immunization of children tested positive for Covid-19 will be postponed, and after full recovery, they will be covered with immunization in compliance with the immunization calendar.

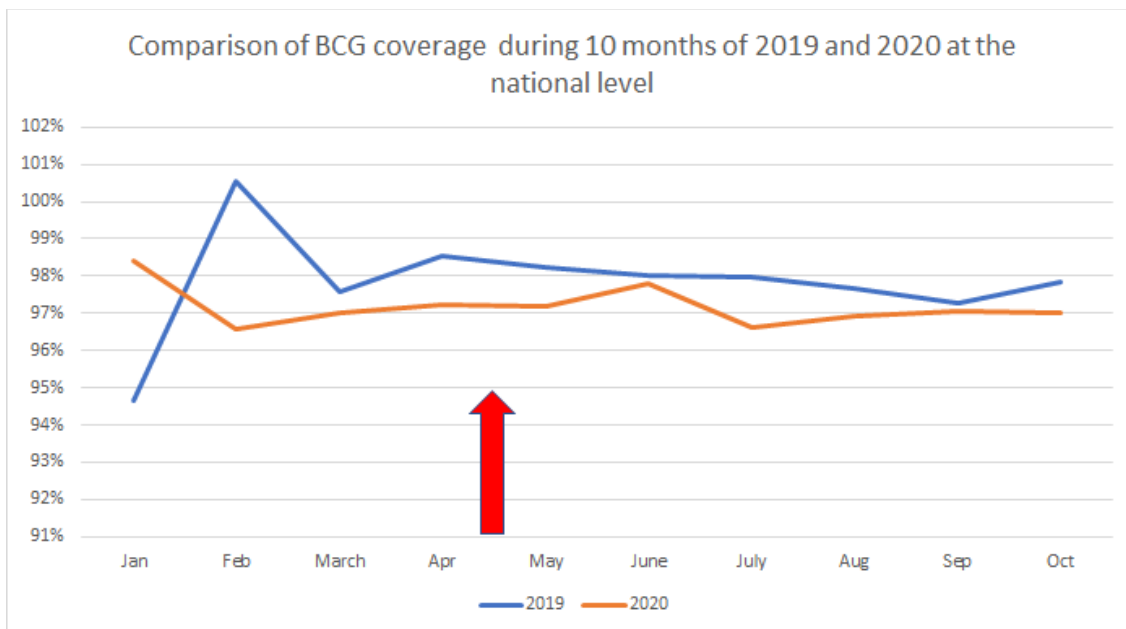
Implementation of the above regulations is on-going. Challenges were observed in May 2020, when population was fearful seeking health services including immunization services. Adjustment of immunization services included shifting from daily vaccination service provision to the fixed days of vaccination, observing public health measures and personal protection, arrangement of safe spaces by the PHC facility managers, strengthening of home visits and promoting continuation of routine vaccination by family nurses. In collaboration with the international agencies including the Alliance partners, RCIP has developed guidance on routine immunization during Covid-19 pandemic for health workers and population. According to their monthly plans' vaccinators developed a specific timetable and contacting/inviting parents and caregivers for the immunization sessions. Compliance with protective mask wearing is reminded during the invitation for the immunization session; mask regime is strictly monitored and controlled at the health facility entrance by designated personnel. Assignment of additional responsibilities on vaccinators such as pre-vaccination check-up didn't have any major impact on service provision as this practice was in place only in remote areas. The implementation of the resolution is monitored by the RCIP, and PHC Department and Sanitary-Epidemiologic Services at all administrative levels.

Immunization coverage

MOHSP/RCIP reported DTP3 coverage for 10 months of 2020 is 78.1% at national level. This coverage is based on cumulative numbers. Taken into consideration of monthly cumulative average of 7.9 % (except BCG, OPV0 and Hepb), current coverage of DTP3 78.1% for 10 months is corresponding to the expected coverage of DTP3 79.2%.

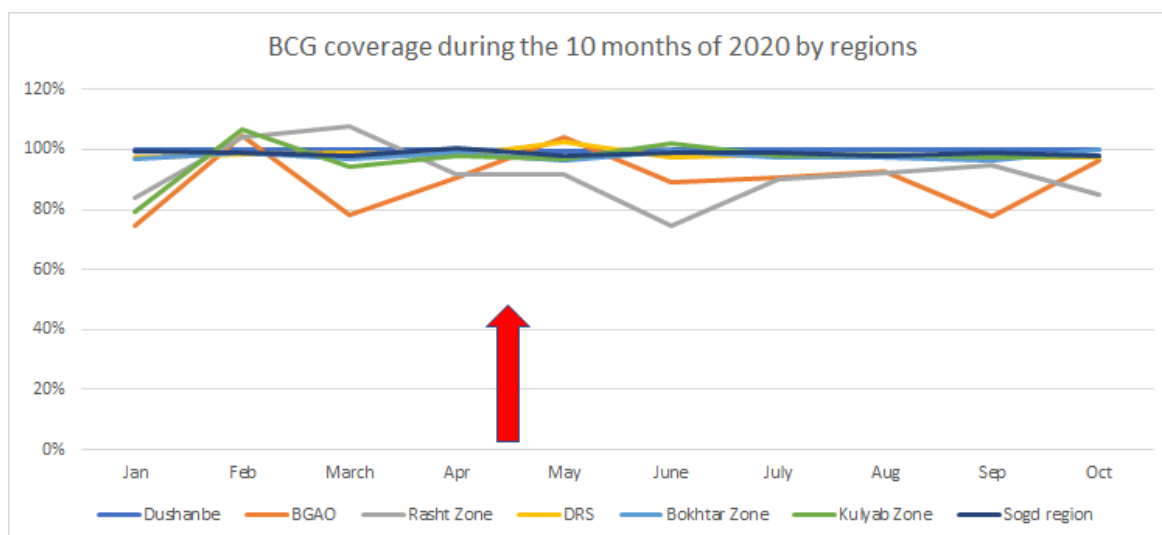
However, despite the high coverage at the national level, the analysis of coverage at the regional and district level shows some disparities. District with lower DTP3 coverage included Rogun city (68%), Nurabad (71%), Farkhor (67.5%), Baljuvon (65.4), Buston city (71.3%). Based on reported immunization coverage the MoHSP management instructed responsible institutions to analyse the reasons behind immunization underperformance, conduct catch-up activities, and report back to MoH on implementation of this instruction till the end 2020.

However, based on comparison of 10 months of 2019 and 2020, shows a slight decrease in May.



Graph 6

Analysis of BCG coverage during 10 months of 2020 by regions shows some decline in coverage in GBAO and Rasht region. The data indicates that despite issues with the maternity clinics, routine services and catch up efforts demonstrate recovery from decline of coverage rates from earlier in the year and impact of Covid-19 on birth doses was addressed with the catch up activities as indicated per the resolution of the MOHSPP.

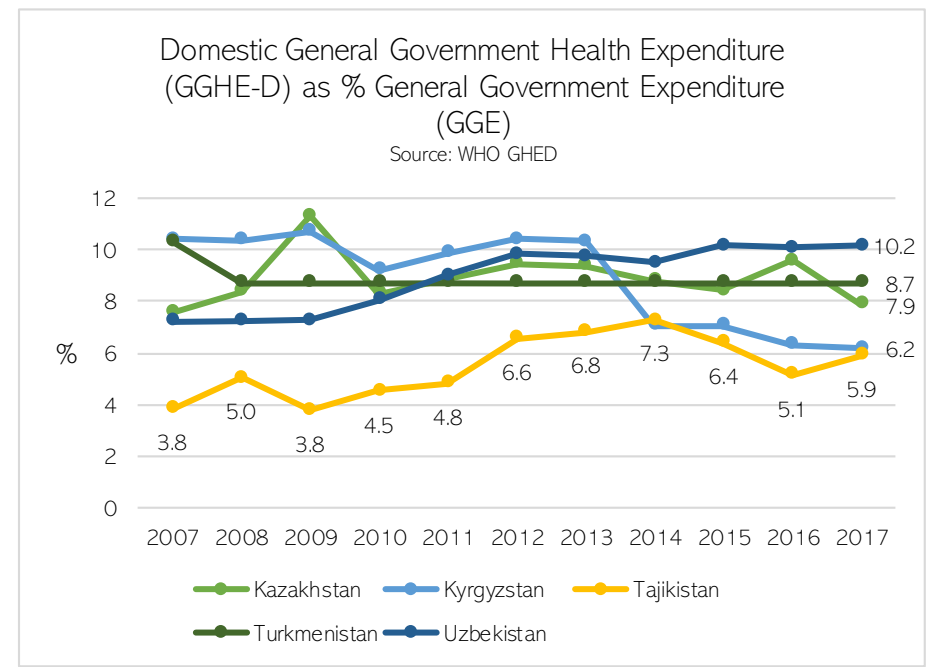
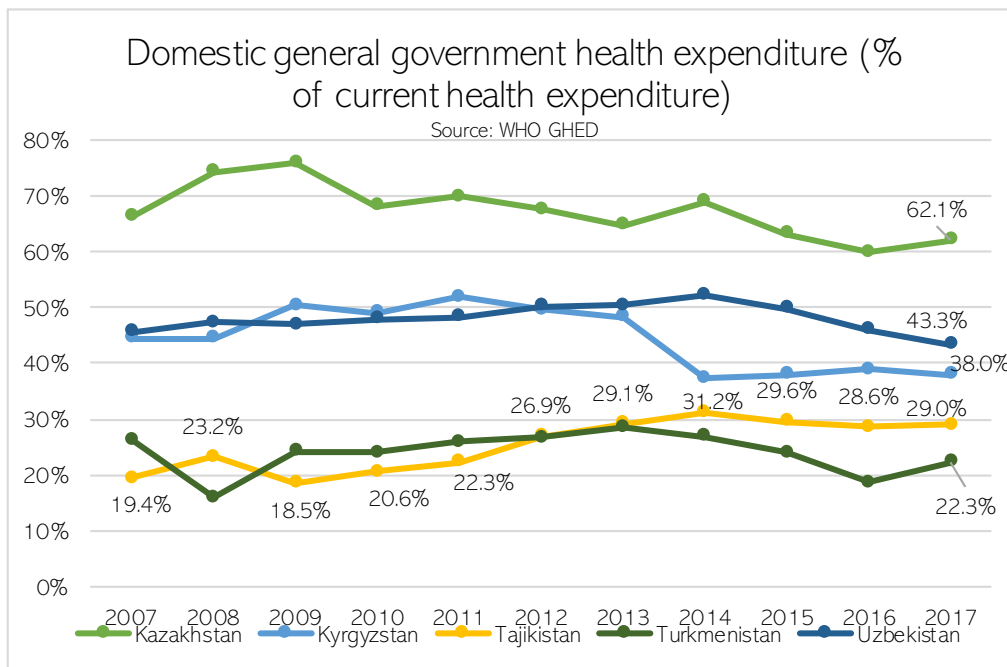
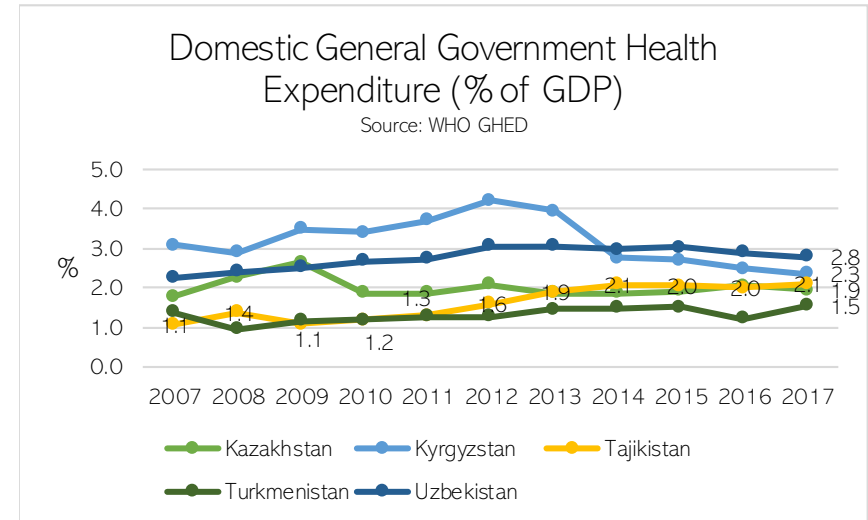
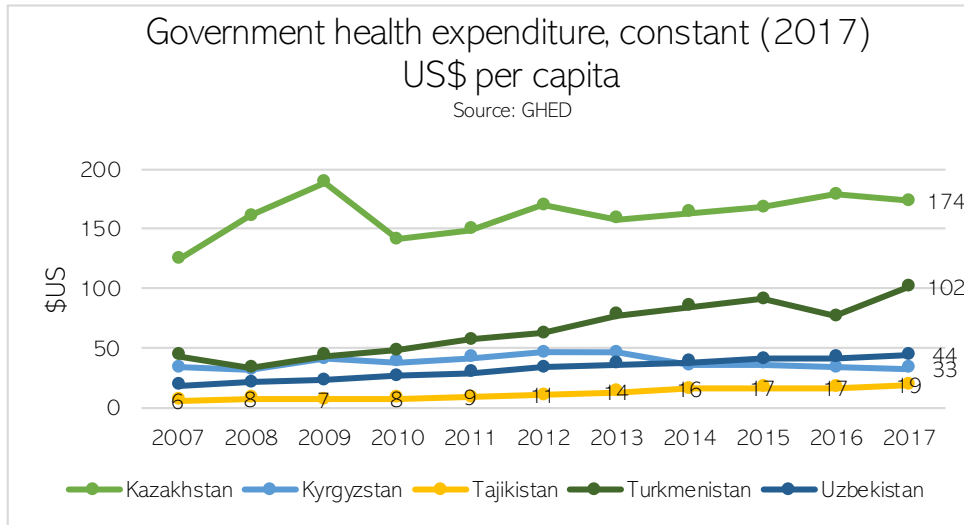


*Red arrow indicates the time of declaration of first cases of Covid-19 by the government of Tajikistan
Graph 7

Data quality remains challenging in the country. Even those districts reporting high coverage have issues with unregistered children, internal/urban migration, false contraindications and quality of reporting. These were proved by the results of recent monitoring and supervisory visits in 35 districts including HSS priority districts. Challenges related to the specific districts were discussed with EPI and PHC managers and recommendations are provided. The results of monitoring and supportive supervision visits highlighted the importance of prioritizing data quality throughout the country. Recommendations from DQA 2017 and improvement plan items are continued to be implemented with the support of the Alliance partners.

Immunization financing

As per the WB analysis (2017), Tajikistan Public Health Expenditure per capita remains low. However, there is an upward trend in Government General Health Expenditure of GDP. Despite the trend, General Government Health Expenditure is low in terms of % to Domestic General Government Health Expenditure.



Graphs 8-12

Despite the Government's commitment to provide free basic services including immunization services to the population and to maintain achievements of the immunization program; the financial allocation for the program has faced some challenges. Tajikistan has been reliant on donor support for immunization program.

Although, MOH provides full funding of allocated budget for the program, the funds do not cover all the needs of the program. Global economics and Covid 19 crisis along with local currency depreciation further impacted the existing funding issues for availability of resources for vaccine procurement and for delivery of immunization services without interruption. The country moved to pre-transition category in July 2015 as per increasing GNI figures, however moved back into initial self-financing category in 2018 with decline of economic indicators. Tajikistan currently categorized as LIC with GNI per capita US\$1,030 (GDP per capita US\$ 870.78) announced by the World Bank. These figures are likely to be impacted further due to global and regional economic impact of Covid 19.

Tajikistan procures all its routine and Gavi supported vaccines through UNICEF Supply Division. The procurement relationship is regulated within the frame of the international agreement between the country and UN, and Memorandum of Understanding between the government and UNICEF. Until 2020, Japanese Government has been supporting the program for procurement of all traditional vaccines. As Japan's contributions transitioned out, Gavi new vaccine support is the major source of funding covering IPV, Pentavalent, Rota vaccines. Starting from 2022, with introduction of the PCV vaccine, Gavi will be driving majority of the new vaccine costs. Starting from 2021, there is no major external donor support secured for the traditional vaccines with the exception of MMR vaccine which will be supported by the World Bank in 2021. This would mean that Government of Tajikistan will have to take over the cost of the financing of the routine traditional vaccines. With the Covid 19 impact on the economy, there is a need for assurance from the Government to cover the vaccine and supply costs.

The total resource requirements were estimated at US\$ 37.2 million US (excluding operational and health system costs) for the 2021-2025 projection period as shown in table below:

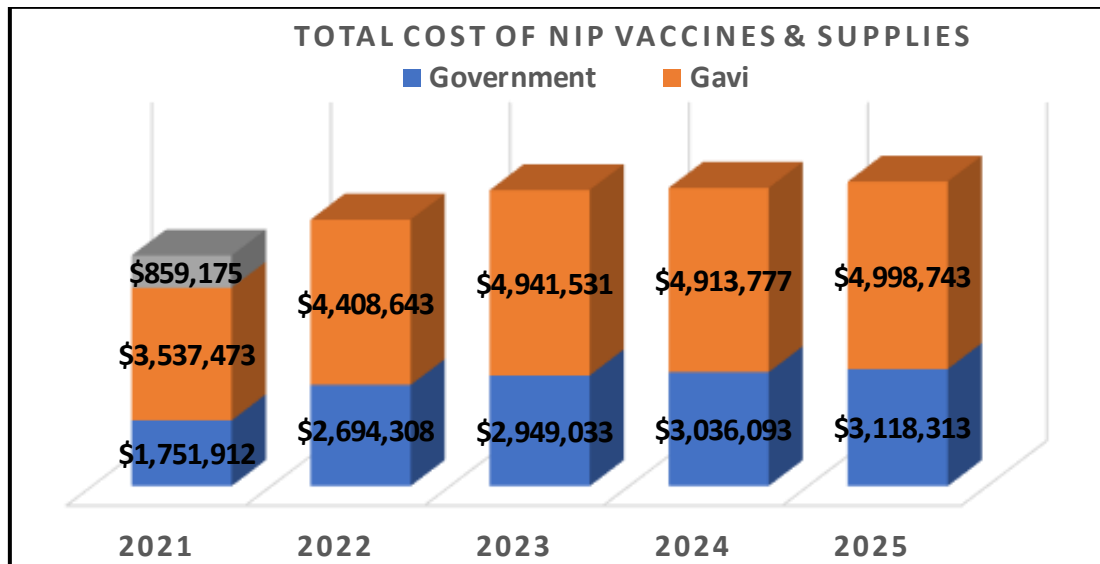
| | Vac. Cost | Vac. Other | Total Vx+ oth | Supplies | Sup. Other | Total Sp+oth | Total Vx+Sp |
|--------------|---------------|--------------|---------------|--------------|------------|--------------|---------------|
| 2021 | \$ 5,428,036 | \$ 503,592 | \$ 5,931,628 | \$ 158,436 | \$ 58,496 | \$ 216,932 | \$ 6,148,560 |
| 2022 | \$ 6,188,728 | \$ 604,424 | \$ 6,793,152 | \$ 226,321 | \$ 83,479 | \$ 309,800 | \$ 7,102,952 |
| 2023 | \$ 6,914,923 | \$ 667,934 | \$ 7,582,857 | \$ 221,643 | \$ 86,063 | \$ 307,706 | \$ 7,890,563 |
| 2024 | \$ 6,940,274 | \$ 677,501 | \$ 7,617,775 | \$ 237,898 | \$ 94,197 | \$ 332,095 | \$ 7,949,870 |
| 2025 | \$ 7,075,414 | \$ 692,322 | \$ 7,767,736 | \$ 249,651 | \$ 99,670 | \$ 349,321 | \$ 8,117,057 |
| Total | \$ 32,547,375 | \$ 3,145,773 | \$ 35,693,148 | \$ 1,093,949 | \$ 421,905 | \$ 1,515,854 | \$ 37,209,002 |

Table 1

The above projections are based on vaccine price estimates provided by the UNICEF Supply Division and includes UNICEF handling fee and fee for freight, insurance and inspection as well as costs to the Government with custom clearance and other expenses such as bank and administrative fees. The projections use current vaccine prices based on currently utilized product choices by the NIP.

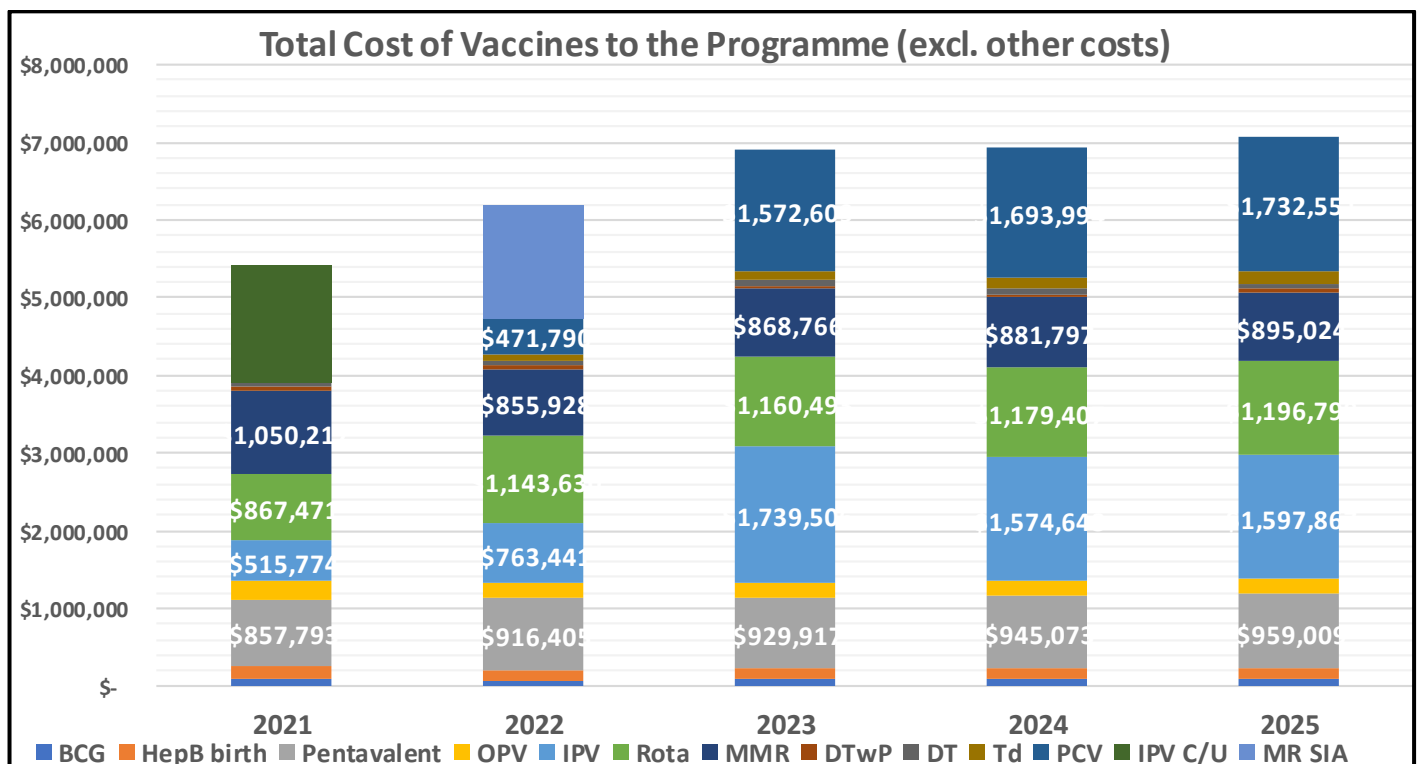
Following assumptions are used for the vaccine and vaccine related supply cost projections for the next 5 years:

- No operational costs such as staff, cold chain maintenance, training are included. Majority of program improvement costs comes from Gavi HSS, PBF, PEF TCA and CCEOP support.
- WHO target estimates are used for calculation of individual target groups of specific vaccines as per national immunization schedule.
- The PCV introduction to take place in July 2022 (assuming application in January 2021 to Gavi will succeed).
- Td re-vaccinations to be re-introduced starting from 2022
- IPV catch up to be implemented in 2021 (Fully supported by Gavi)
- Measles campaign to be implemented in 2022 (Fully supported by Gavi)
- Government portion of vaccine costs includes the Gavi co-financing shares in addition to the traditional vaccines.

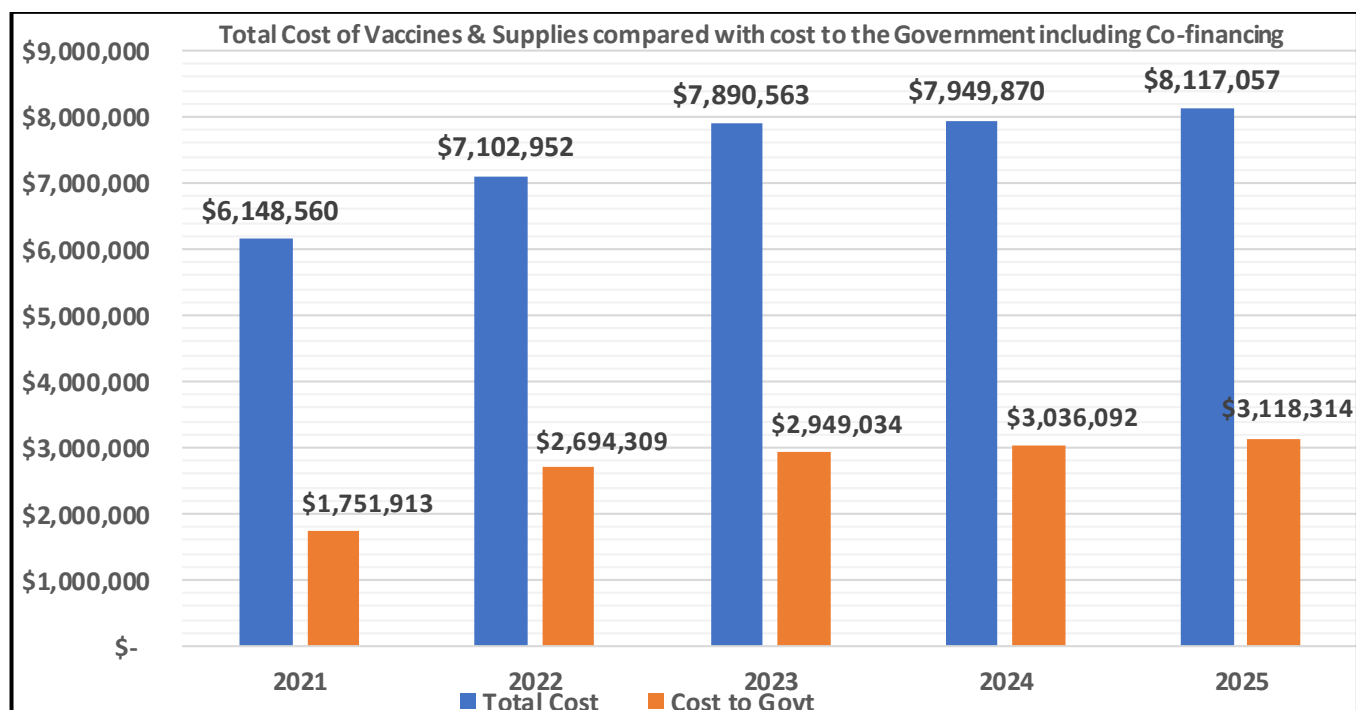


Graph 13

For 2021, the funding gap amounts to approx. US\$ 1,5 million. With the resource mobilization efforts, the World Bank subsidy has been secured for the MMR vaccine for 2021 implementation. This reduced the funding gap for 2021, however, there are further gaps projected for the following years, excluding the Gavi new vaccine support.



Graph 14

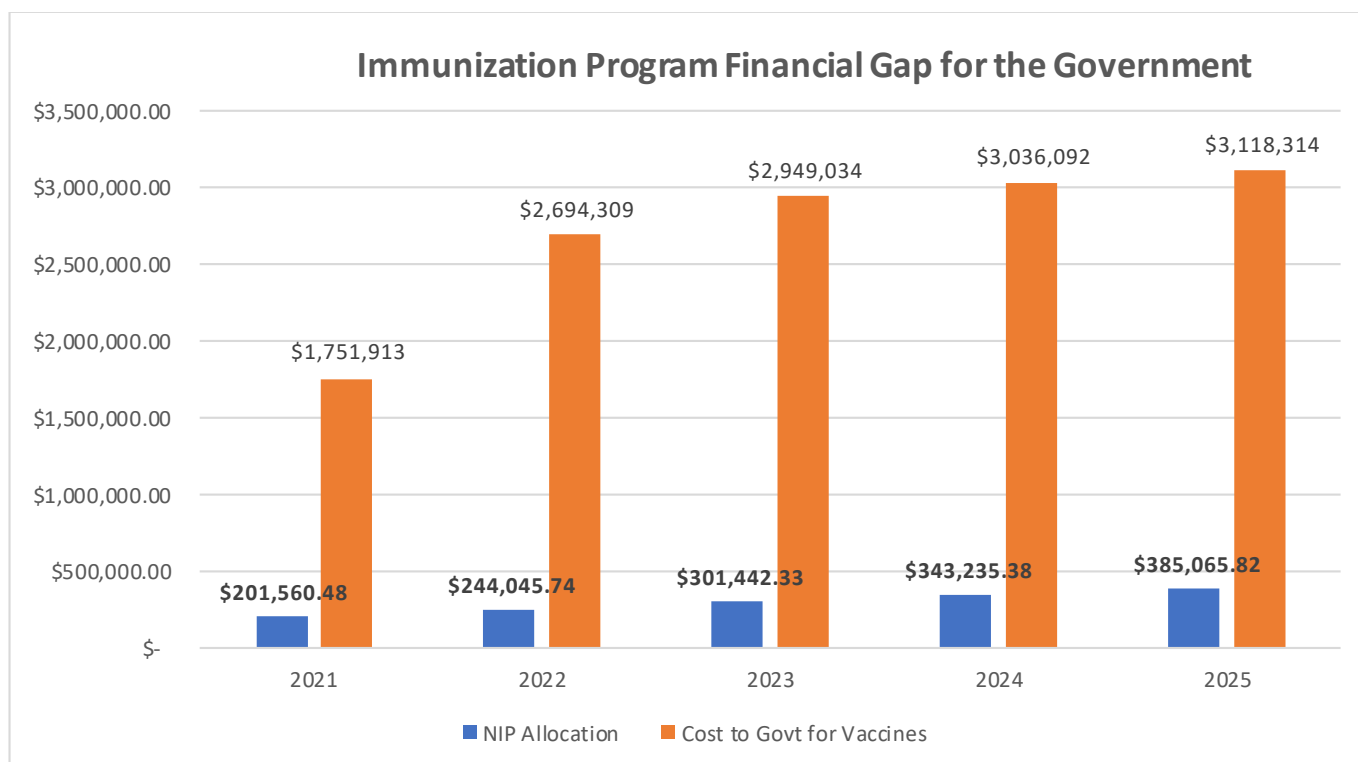


Graph 15

The funding from the Government for the immunization program has been increasing over the years however, the gap for immunization program remains. Current projected allocations for next 5 years covers only co-financing leaving no funding for procurement of traditional routine vaccines (For calculations of the MOH funding current exchange rate 1 US\$ = 11.30 is used). As economic figures impacted by Covid 19 at the global levels, there might be further negative impact to the immunization program budget in coming years.

| | 2021 US\$ | 2022 US\$ | 2023 US\$ | 2024 US\$ | 2025 US\$ |
|---|-------------------|-------------------|-------------------|-------------------|-------------------|
| Health Sector Budget | 18,188,475.80 | 20,371,092.90 | 22,204,491.23 | 23,980,850.52 | 25,779,414.23 |
| Immunization Programme Budget | 201,560.48 | 244,045.74 | 301,442.33 | 343,235.38 | 385,065.82 |
| Vaccine & supply procurement allocation | 170,572.60 | 209,339.24 | 263,612.36 | 302,379.00 | 341,145.20 |

Table 2



Graph 16

As per projections indicated in above graph, the financial gap for 2021 is US\$1.5 million for the MOHSPP for the immunization procurement and this amount will increase in the following years. The cost of program to Government as it stands is much higher than what has been allocated. The projections indicate that budget allocated to the immunization program will only cover co-financing for current vaccines. The current allocation to program by the MOHSPP will not cover other operational expenses including fuel for transport, training, maintenance, monitoring. Majority of these needs will be coming from Gavi and Alliance partners injecting funding from cash grants to cover key elements of the program.

This financial gap might further increase as the program's allocation potentially might have less purchasing power as the allocation in Tajik Somoni might be impacted by the global economic trends. In addition, with introduction of the PCV in 2022, the co-financing requirements will increase leading to further increase in the financial gap for the Government portion of the immunization financing.

| Co-financing Projections | Pentavalent | Rota | PCV subject to successful application process | Total Annual |
|--------------------------|-------------------|-------------------|---|-------------------|
| 2021 | \$ 142,329 | \$ 134,442 | \$ - | \$ 276,771 |
| 2022 | \$ 182,273 | \$ 209,742 | \$ 47,179 | \$ 439,194 |
| 2023 | \$ 184,961 | \$ 212,834 | \$ 157,261 | \$ 555,056 |
| 2024 | \$ 187,975 | \$ 216,303 | \$ 169,399 | \$ 573,677 |
| 2025 | \$ 190,747 | \$ 219,493 | \$ 173,255 | \$ 583,495 |
| Total | \$ 888,285 | \$ 992,814 | \$ 547,094 | |

Table 3

Despite challenges Tajikistan has several opportunities around the financing and increasing domestic financing:

- 1- Covid 19 brought more focus to public health which should help for Government to prioritize health sector and resourcing.
- 2- Tajikistan is one of the countries in Global Financing Facility which contributes to resource mapping and prioritized operational plan development
- 3- Can contribute to Health Sector Planning for Health Financing Chapter.
- 4- WHO pilot of health insurance scheme

5- Public Health Expenditure Review and its findings.

There is a need to increase and have more systematic effort to advocate with domestic funding for resources as well as donor community to ensure that immunization program remains in Tajikistan.

Gavi Support Update:

Objective 1: Strengthened capacity of PHC with focus on immunization service quality and safety.

- 1. Training of healthcare workers who provide immunization services on EVM.** To build capacity of the healthcare workers on EVM at the service delivery level, the cascade training courses on MLM/IIP have been launched in April 2019 at the district level to cover 1,656 PHC staff. In the first quarter of 2020 about 598 healthcare workers from 13 districts and cities of the Bokhtar region were covered by the cascade training courses on MLM/IIP. The level of knowledge of the trainees based on pre-test was about from 40-45% and to the end of the course it reached 96-100%. Overall, in two consecutive years about 2,254 (75%) healthcare workers at PHC level from 56 districts and cities of the country were covered.

During the reporting period, the share of doctors and mid-level medical personnel covered by trainings to ensure the provision of safe immunization services is about 75% of the total number of medical workers at the level of service provision. It is planned that at the end of 2020 and beginning of 2021, to conduct the final round of the cascade training courses on MLM and IIP at the PHC facilities of the 2 remaining districts of Khatlon region), 7 Districts of Republican Subordination and Dushanbe city to cover 694 healthcare workers. According to the project implementation plan, after completion of the final round of the cascade trainings at the beginning of 2021, representatives of all districts in all regions of the country will be covered by trainings.

To ensure further sustainability, the WHO Modules on MLM and IIP have been institutionalized into curriculum of the State Institution "Republican Teaching and Clinical Center for Family Medicine (RTCFCM)" which has a mandate to implement and coordinate the development of family medicine in the Republic of Tajikistan, train family medicine professionals to improve quality of family medicine services and to ensure equitable access to health services at the PHC level. Within the framework of the HSS project, training courses on MLM and IIP were conducted for 85 academic staff members of the RTCFCM in June-July 2019 to support a comprehensive integration of safe immunization principles into the training program of RTCFCM both at the national and regional / district levels.

The implementation of activities related to safe injection practices, was delayed due to the Covid-19 restriction to travel and unavailability of initially considered consultants being now deployed to the pandemic response activities.

- 2. Supportive supervision.** In order to introduce the supportive supervision practice in the country, in September 2019 a national training on Supportive Supervision was conducted by the specialists of the International Children's Fund (ICC), as result 27 national specialists were covered with the training.

The first round of the supportive supervision was conducted from April to June 2020 in 6 selected districts of Tajikistan, visiting totally 242 of health care facilities. The subsequent round of supportive supervision was initiated and conducted in 8 bordering districts of Tajikistan with Afghanistan in response to identified new WPV1 positive cases, providing an opportunity to strengthen AFP surveillance. As a result, 255 healthcare workers from health facilities were covered with supportive supervision, which in return, helped to identify gaps in level knowledge of healthcare workers including AFP surveillance.

- 3. Introduce modern practices of waste management at the PHC level.** As part of the implementation of modern medical waste management and injection safety practices at the PHC level, in 2017 WHO supported an analysis of existing policies and environmental requirements with a set of recommendations for the revision and update the regulatory framework for the health care waste management (HCWM) of PHC facilities in relation to immunization. As part of this work, criteria have been developed to identify PHC facilities for potential installation of HCWM equipment including the technical specifications of the equipment to be procured.

The PHC facilities for installation of HCWM equipment were identified and technical specifications were finalized. According to the initial project plan, procurement of 45 incinerators has been envisaged, however, due to limitation with the budget approved to accomplish this activity, the number of incinerators was reduced. The allocated budget will be sufficient to procure only 14 incinerators (8 items with the capacity of 20 kg and 6 items with the capacity of 5 kg) as the cost for incinerators went up with the current Covid-19 pandemic. To cover the financial gap for activity 1.12, it was requested from Gavi SCM to approve the deficient amount to be topped using funds from the following activities:

3.15 “Conduct evaluation of immunization coverage” as this activity is not the priority based on the discussions held and decision made during last HSS retreat in CPH and JA in 2019 when the results of coverage surveys were discussed (\$39,800);

3.21 “Support organization of national conference on the performance of immunization system including MCH services” cannot be implemented due to Covid-19 (\$27,075).

To promote the introduction of modern practices of waste management and injection safety at PHC level in Tajikistan, the draft “Sanitary Protection of Soil Rules of Collection, Storage and Disposal of Health Facility Waste” and SOPs have been developed, and the final document was submitted to MoH SPP for approval.

The implementation of training activities related to safe injection practices, is delayed due to the Covid-19 restrictions to travel and unavailability of consultants. Assessing the scope of work, it was agreed to postpone its implementation to Q1-2021. Furthermore, as part of the country Covid-19 vaccine introduction, it is also planned to implement activities related to injection safety, and partners expressed interest in combining these activities.

Objective 3: Improving implementation of the National Health Strategy “Population Health of Tajikistan 2010-2020” with focus on immunization

Objective 4: Improving readiness of population to immunization and MCH services.

1. **Improve quality/reliability of routine data collection and reporting:** The last reviews of national immunization programme and data quality assessments revealed the need to optimize data collection processes and enable systems to monitor national and subnational data. Following the assessments several recommendations were made including having an electronic system such as DHIS2 to manage immunization data. In August 2019, follow up activities conducted to establish an electronic system for immunization within the existing Health information management system in the country.
2. **Health information management system.** The District Health Information System (DHIS2) is operational in Tajikistan since 2015 for collection, analysis, and presentation of aggregate health data. In September and October 2019 on Immunization Data Quality Improvement activities implemented to define a data governance structure to operationalize DHIS2 for EPI data collection and use from rayon to national level. This plan would build upon the strengths of the established work processes with DHIS2 in the country and but would be on a separate platform. However, after working on form development for this platform, following the management changes in the MoHSPP, it was decided that DHIS2 will not be replaced with a new platform and will be used as a source of data for decision making.

Within the immunization data improvement component of the HSS2, integration of the immunization module into the DHIS-2 is envisaged which will follow by strengthening the capacity of the national, regional and district level immunization centres with procurement of IT equipment (computers) and provision of corresponding trainings.

3. Within the framework of HSS implementation, WHO has provided support to the Government of Tajikistan in the **Development of National Health Strategy for 2021-2030** (NHS-2030). Over the course of the reporting period, the draft of the Strategy was developed and was challenged to reflect the concept Covid-19. It is planned to incorporate Covid-19 into the National Health Strategy for 2021-2030 (NHS-2030). Currently, it is under revision and expected to be finalized and approved by the beginning of 2021.
4. Activities planned under **PBF** have not been initiated due to Covid-19 pandemic and planned to be implemented at the beginning of 2021 (Approval from Gavi has been received for extension of fund utilization until the end of 2021).

WHO has received funds from Gavi to carry out following activities under PBF support:

- Support of operational costs for providing supportive supervision services to PHC facilities – US\$ 137,361;
- Training on surveillance of AFP and polio, measles, rubella and congenital rubella syndrome in Tajikistan – US\$199,142;
- Support for the implementation of the National Plan for Preparedness and Response to Covid-19: IPC training for health professionals – US\$ 9,346

1. **Enhanced cold chain capacity.** UNICEF has initiated the shipment of five 30m3 cold rooms and two 10 m3 cold rooms which were procured in April 2019 and were put on hold until the completion of the construction of the regional warehouses which is anticipated to take place between May and July 2021. Based on the monitoring results and request from the RCIP, UNICEF procured spare parts and a cold chain monitoring system and provided to the RCIP.

In February 2020, 542 ice line refrigerators procured and distributed them to health facilities across the country based on the approved deployment plan under the CCEOP. UNICEF jointly with the representative of supplier “Haier” conducted training for 32 national, regional, and district EPI managers on proper use and maintenance.

Development of the cold chain deployment plan (ODP) for year 2 and year 3 of the CCEOP and monitoring and maintenance of cold chain equipment initiated. The OPD for year 2 of the CCEOP was developed and submitted to the UNICEF SD to proceed with the shipment. The experts of the company jointly with the RCIP team developed a monitoring checklist for monitoring and maintenance of cold chain equipment. Between August - October 2020, the monitoring team visited 164 health facilities and 65 district vaccine storages (8 in DRS and Dushanbe, 18 districts of Sogd, 25 districts in Khatlon, 8 districts in GBAO, and 6 districts in Rasht valley). Functional conditions and proper use of 401 refrigerators and freezers procured in 2018 were checked.

The monitoring also covered 420 refrigerators and freezers between 2 and 10 years of usage in 59 district vaccine storages and 174 health facilities across the country. In total, 821 refrigerators and freezers were assessed, 46 refrigerators were repaired, and 43 old equipment were recommended to discard. Out of 778 functional equipment, voltage stabilizers were not found in 197 cases (25%) and fridge-Tag 2 were absent in 383 cases (49%) (Table 4).

Monitoring of cold chain equipment usage and mainframe, 2020

| Description | | GBAO oblast | | Sogd oblast | | Bokhtar region | | Kulob region | | Rasht valley | | Dushanbe /RRS | | Total |
|-------------|------------------------------|-------------|-----|-------------|-----|----------------|-----|--------------|-----|--------------|-----|---------------|-----|-------|
| | | old | new | old | new | old | new | old | new | old | new | old | new | |
| # | | | | | | | | | | | | | | |
| 1 | Number of health facilities | 13 | 25 | 72 | 52 | 88 | 76 | 59 | 20 | 35 | 8 | 66 | 48 | 562 |
| 2 | Total number of equipment | 15 | 39 | 81 | 102 | 99 | 121 | 79 | 51 | 48 | 15 | 79 | 92 | 821 |
| 3 | Number of equipment assessed | 15 | 39 | 81 | 102 | 99 | 121 | 79 | 51 | 48 | 15 | 79 | 92 | 821 |
| 4 | Number of repaired | 0 | 0 | 7 | 0 | 10 | 0 | 8 | 0 | 6 | 0 | 15 | 0 | 46 |
| 5 | No equipment grounding | 15 | 39 | 81 | 102 | 99 | 121 | 79 | 51 | 48 | 15 | 79 | 92 | 821 |
| 6 | No SOPs | 12 | 25 | 51 | 47 | 77 | 61 | 56 | 20 | 34 | 8 | 60 | 44 | 495 |
| 7 | No Stabilizers | 9 | 2 | 40 | 2 | 70 | | 31 | | 16 | | 27 | | 197 |
| 8 | No thermo indicators | 15 | | 77 | 2 | 95 | | 74 | | 48 | | 72 | | 383 |
| 9 | Low voltage | | 2 | 4 | | 4 | 12 | 4 | 3 | | | 3 | 11 | 43 |

Table 4

2. **Strengthened capacity of health workers on supply chain data management and vaccine microplanning**

Training on supply chain data management. In June 2019, an assessment was conducted to pilot implementation process and updating training materials and tools for successful national implementation of supply chain data management. The results of the assessment concluded that there is a need for simplification of SOPs and job aids, imbalance of computers vs number of participants, need to introduce on-job-training session following official training, weaknesses in indicator calculation, visualization, and interpretation of data and lack of regular review of immunization supply chain performance. Following the assessment recommendations, SOPs and job aids were simplified, and 726 district level EPI managers/ PHC workers in the remaining 15 districts of Khatlon oblast were trained on the revised tools.

In April 2020, the training sessions covered the remaining regions of the country. Around 1,855 including 72 national, regional, and district EPI managers 1,783 PHC workers in GBAO, Sogd, RRS and Dushanbe have been trained on the revised supply chain data management tools.

Training on vaccine microplanning as part of the preparation for the introduction of MMR. In November 2020, the country introduced MMR vaccine with the vaccine procurement support from the Government of Japan for 357,000 doses. For MMR support Gavi HSS and TCA (US\$ 10,000) support were utilized for training of 3,104 health workers.

3. Implementation of Immunization Program Communication Strategy

With Gavi support in 2019, the communication strategy for increasing the uptake of and demand for vaccination services for children through empowering and engaging caregivers, communities, and medical workers in the 12 HSS targeted districts was developed and approved by MOHSPP.

Capacity building of media and health workers on immunization. The media play a vital role in the public's perception of immunization series of media trainings conducted which covered 50 journalists, representing national and regional TV, radio, and newspapers in Dushanbe, Khujand, and Bohtar. The media representatives jointly with the experts developed a plan to develop and broadcasting immunization-related topics on local media (TV, newspapers, and radio). As a result of the training of journalists in Khujand, three local TVs with the coverage of the Sougd region had prepared and broadcasted a TV program about immunization.

A media skills orientation workshop organized to support MOHSPP, RCIP, and Republican Health Lifestyle Center (RHLSC) to improve their skills in the presentation of information on vaccine-preventable diseases and vaccines to media. The workshop created a platform for 46 key spokespersons representing national and regional levels to discuss and plan joint communication interventions. As a result of training, participants had developed a plan of communication activities on routine immunization, including European Immunization Week at national and regional levels to reach out to the population.

Interpersonal Communication (IPC) Module on Immunization. UNICEF supported the technical working group of the MOHSPP on the adaption of the Interpersonal Communication (IPC) Module on Immunization for medical workers. An exchange visit for MoHSPP, RCIP, and RHLSC representatives (seven experts) was arranged to Bishkek, Kyrgyzstan in February 2020. The exchange study visit had enabled the working group member to learn from the experiences of immunization communication and engaging parents in Kyrgyzstan and participate in the training conducted for PHC workers in Kyrgyzstan. This had supported the substantive engagement of working group members in the adaptation of the IPC Module on immunization and its further approval by MoHSPP. The approved module is integrated into the in-service training curriculum of Republican Family Medicine along with Homevisiting Package. A TOT activity took place and 42 local trainers were trained which followed by cascade trainings in targeted districts.

Design and development of communication materials. "Lifesaving vaccines" booklet was adapted and translated into Tajik and was made available for the health care workers as an additional resource during the training. The booklet provides simple and clear instructions on how to communicate information on vaccines to parents. Considering the Covid-19 situation the training also covered the communication with parents/caregivers to address their fears and concerns related to infection prevention interventions to retain immunization during the pandemic.

A multimedia company contracted to support RCIP in designing and developing communication materials and job-aids on immunization. Around 3,500 posters and 50,000 booklets on the new MMR vaccine were printed and disseminated, 1 TV spot, an electronic billboard, and two radio spots were developed and shared with MoHSPP for broadcasting on national TV. Development of parent-friendly communication materials (immunization calendar, infographics end, etc) is ongoing. Design of a new RCIP website where all the e-resources will be compiled and create an e-hub for parents/caregivers and healthcare workers. The mobile application of the website will ease the use and dissemination.

Introduction of Home visiting Package. To promote optimal childcare practices at the household level, comprehensive Home Visiting Package (18 modules) which includes a module on immunization was adapted to the country context, translated to Tajik, and integrated to the in-service training curriculum of family doctors/nurses by the Republican Family Medicine Center. 58 healthcare workers from 12 HSS targeted districts on the adapted Home Visiting Package. The training modules focused on improved home visiting practices by family doctors/nurses and provide continuous support for parents on early childhood care and development.

Focus group discussion among families with migrant caregivers and Roma population. Based on the recommendations provided in the KAPB study on immunization, focus group discussions conducted among migrant caregivers, caregivers of children left by migrant parents, Luli (Roma) caregivers, and caregivers in urban areas and healthcare workers to inform the development of District-based Social Mobilization and Outreach Action Plans.

The preliminary results of the focus group discussions identified that, the internal migrant families in Dushanbe experience challenges in getting their children immunized as they are not registered in the polyclinic of their living area. Most of the caregivers in the discussion stated that their children are in districts (such as Hamadoni) and are not aware of their children's immunization status. Focus group discussions with the Luli population identified that there is established communication between healthcare workers and parents/caregivers, and parents are aware of

immunization schedule and up to date. However, focus group discussion in Gisar with the Luli population had identified mothers practice home delivery, children are unimmunized, they don't have immunization passports and that there are no visits from healthcare workers. The detailed report with the recommendations will be available by the end of December 2020.

4. Supportive supervision. Supportive supervision guidelines were developed for the immunization program. Following the approval of the guidelines, RCIP conducted supportive supervision in 14 districts (including Gavi HSS districts) of the country. In total, 723 primary health care facilities were visited. The supportive supervision focused on all aspects of the immunization program, particularly the vaccine introductions, injection safety practices, open vial policy, immunization waste management, cold chain, and continuous temperature monitoring, use of dashboards, and the implementation of Reach Every District Strategy.

5. Covid-19 Communication and Social Mobilization

Following the decision of the Gavi, 10% of the available funds under the HSS were allocated for Covid-19 management. The key achievements under this component are the following.

- A 2-day media training conducted in April for 40 journalists from across the country around key Covid-19 information to leverage their platform for developing key risk communication materials. During April – June selected journalists received support (funding and mentoring), and developed around 20 pieces of content covering key elements of Covid-19 and informing the public on key prevention measures around Covid-19. Materials reached around 1.5 million people across the country through different mediums – TV, Radio, social media, and newspapers (including newspaper websites).
- Supported the development of key information about Covid 19 in the Tajik language (symptoms, impact on health, key prevention measures), how to wear masks, how to social distance, keeping workplaces safe, that became a base for developing key materials (posters, video clips, articles) that have been further shared with local authorities, media and other relevant stakeholders. In collaboration with RCIP, booklets and digital packages were developed on immunization during Covid-19.
- As part of strengthening immunization communication efforts, it was aimed to increase the outreach capacity of key MOHSP departments and agencies. Support is provided to build capacity of the MOHSPP Press Team to elevate their external communication. By March 2020, the Press Team improved and strengthen their digital presence, produced key relevant materials for the public, and made use of innovative digital tools to keep the public informed on Covid-19 and other areas of work.
- A [digital package on immunization](#) developed on vaccination during Covid-19. These materials were shared with key partners and also activated using social media platforms.
- Videoconference equipment and installed for RCIP to facilitate meetings and coordinate activities remotely.

In addition, Tajikistan is included to a regional initiative of UNICEF on conducting Social Media Listening tools along with other countries to better understand key insights and conversations coming from the popular social media platforms around vaccine hesitancy. The activity will help the country to better understand and address vaccine hesitancy issues which would be beneficial prior to Covid-19 vaccine introduction.

Implementation of Independent Data Verification (IDV) of the Result Based Financing (RBF) project planned under the additional was delayed as the agreement between the WB and the Government has not been ratified yet. Once the agreement is ratified, the RBF guidelines will be developed by UNICEF, and MOU should be signed with MoHSPP and implementation will commence. The WB/GoT project is expected to commence in January 2021 consequent upon ratification of the agreement. The first round of IDV will be conducted after the first six months of the project implementation, which would be around the second half of 2021. UNICEF already obtained a grant no-cost extension from the Gavi Secretariat.

UNDP (HSS, HSS Flexibilities, PBF)

Construction of PHC facilities: In 2019, UNDP completed the construction of 9 Medical Houses in target districts under HSS core grant.

| District | Number of constructed PHC facilities in 2019-2020 |
|-----------|---|
| Sangvor | 1 |
| Khovaling | 1 |
| Dusty | 1 |

| | |
|--------------|-----------|
| K. Mastchoh | 2 |
| Penjikent | 1 |
| Vanj | 1 |
| Tajikabad | 1 |
| Lyakhsh | 1 |
| Sh. Shohin | 1 |
| Baljuvon | 1 |
| Total | 11 |

Table 5

In 2020, it was planned to construct 6 PHC facilities under HSS core grant and 7 under HSS Flexibility grant in GBAO. In March 2020, UNDP initiated the process of coordination the areas and sites for construction with the MHSPP and with the local authorities of target districts. Due to Covid 19, the processes were postponed to September 2020. Finally, processes were completed for 13 sites in September. However, Covid 19 restrictions also impacted delivery of construction materials which caused further delays.

Despite these challenges, construction of Medical Houses in K. Mastcho and Penjikent were completed using the HSS core funds and construction works in 4 districts of GBAO: Darvoz, Shugnan, Vanj and Rushan are initiated. Efforts for remainder of 3 sites will start in February 2021 as the sites are located in remote areas which are challenging to access due to winter conditions (HSS Flexibilities).

As per the review of current status, unspent funds of 2020 shifted to the next year. It is expected to complete all construction efforts by August 2021.

Rehabilitation of PHC facilities

In 2019 and 2020, rehabilitation of 8 PHC facilities in target district completed (5 in 2019 and 3 in 2020).

| District | Number of rehabilitated PHC facilities in 2019 and 2020 |
|-----------------|--|
| Sangvor | 2 |
| Khovaling | 1 |
| Dusty | 1 |
| K. Mastchoh | 1 |
| Penjikent | 3 |
| Total | 8 |

Table 6

In 2020, it was planned to rehabilitate 10 PHC facilities. Due to Covid 19, only rehabilitation of 2 PHS facilities in Penjikent and 1 in Kuhistoni Mastcho were completed. As the Covid 19 situation evolved, it was decided to shift rehabilitation efforts of 5 Medical Houses to 2021. Rehabilitation works of another 3 PHC facilities started this year: Medical House in Sh.Shohin district (the company contracted) and 2 Medical Houses in Dusty district. UNDP agreed with RCIP and MHSPP to have a joint engineering review of existing PHC facilities to be selected for rehabilitation.

It is worth to mention that in the current year the cost of construction works increased for at least 10% due to economic impact of Covid 19. The increase in cost could affect the achievement of project indicators for the rehabilitation of PHC facilities. According to the latest updated indicators, 52 PHS facilities are to be renovated within the project: 8 already renovated and another 8 to be renovated in 2021. The remaining 36 facilities are to be renovated within the last year of the project implementation. UNDP will monitor the situation with cost of construction works and review the impact of changes in costs in 2021 with Gavi and partners.

Procurement of furniture and medical facilities for Medical Houses. In 2019, UNDP procured furniture and medical equipment for 7 PHC facilities constructed under the HSS grant.

Procurement of vehicles under HSS grant. In 2019, UNDP procured 5 vehicles for regional centers of RCIP.

Construction of warehouses - HSS Flexibility grant. Under HSS Flexibility grant UNDP received funds for construction and rehabilitation of warehouses in Dushanbe, Bokhtar, Rudaki and Khorog. Obtaining permission for the constructions initiated in collaboration with RCIP. UNDP and RCIP approved 3 projects, permissions for construction received and process started. A company for construction of warehouse in Khorog contracted and construction works started. UNDP is completing the tender for the construction of warehouses in Rudaki and Bokhtar. The final evaluation is in process and company to be contracted by the end of December.

As for construction of a warehouse in Dushanbe, there is a delay with getting permission documentations from the Local Authority of Dushanbe due to Covid 19 issues. UNDP and RCIP expecting to receive documents in January 2021 in order to initiate the works.

PBF-1

UNDP is also implementing construction and rehabilitation of warehouses under PBF-1 grant in Dushanbe (rehabilitation), Kulyab (rehabilitation), Rasht (construction) and Khujand (construction).

UNDP and RCIP coordinated the process of getting permission documents. In frame of the activity UNDP developed project design for Rasht, Kulyab, and Khujand. Currently, rehabilitation of Kulyab warehouse has started. Remainder of warehouses are under final evaluation and construction works will start in January 2021. It is expected to complete the construction and rehabilitation of these warehouses by July 2021.

UNDP and RCIP are closely working with the local authorities of Dushanbe to obtain permission for the works of warehouse. It is expected that the documents will be received by the end of January 2021, which will allow UNDP to start.

PBF-2

PBF2 funds were reprogrammed to procure PPE for the country. PPEs will be used during the immunization campaign to be held in February 2021.

The World Bank

Government of Tajikistan-executed activities. The grant included US\$ 2 million for activities to be implemented by the Ministry of Health and Social Protection as part of the Health Services Implementation Project (HSIP). The Grant Agreement for this portion of funding was only recently signed by Government of Tajikistan counterparts, on 16 November 2020, along with the Finance Agreement for World Bank's Additional Finance of US\$ 10 million to the HSIP. Both documents are now awaiting parliamentary ratification, after which activities under HSIP can be implemented. The Government of Tajikistan has indicated that ratification is expected by early January 2021.

World Bank executed activities. Activities to be performed under this portion of the grant are to include: (i) enhanced implementation support for the PBF⁴ component of HSIP, including supporting the transition from Health Results Innovation Trust Fund (HRITF) financing to a new streamlined model; (ii) capacity assessment for scaling up PBF; and (iii) PHC productivity analysis or Human resources for Health (HRH) labor market analysis. However, with the government bandwidth on Covid-19 response and potential Covid-19 vaccine introduction, this component might be repurposed or reframed these tasks while maintaining our objective of strengthening primary care financing.

An extension of the Gavi HSS financing, both activities to be implemented by the Government of Tajikistan and the World Bank, has already been provided, until 31 December 2021.

2.4 Already agreed budget reallocations of HSS grant for Covid-19 response

[Please complete table to reflect any budget reallocations already approved – example below]

| | Covid-19 activity | Amount reallocated | Status of implementation |
|--|-------------------|--------------------|--------------------------|
| | | | |

⁴ This refers to results based funding of the WB not the PBF of Gavi support.

| | | | |
|------------|---|-------------|---|
| Activity 1 | Support for the implementation of the National Plan for Preparedness and Response to Covid-19: IPC training for health professionals | US\$15,994 | WHO: Upon agreement with RCIP, the training is planned to be conducted at the beginning of 2021 |
| Activity 2 | Support for the implementation of the National Plan for Preparedness and Response to Covid-19: Provision of Personal Protective Equipment (PPE) | US\$130,048 | UNDP |
| Activity 3 | Development of Communication and Social mobilization Strategy | US\$59,339 | Ongoing. UNICEF was in charge for Covid-19 communication and social mobilization related activities. Detailed report on the activities is listed in the under UNICEF Gavi support update, |

2.5 Already agreed modifications in Technical Assistance (if applicable)

[This refers to modifications already agreed as part of the Covid-19 emergency response, graphs are provided by the PEF team]

2.6 Unspent funds and savings from Gavi support, available for re-allocation

The World Bank – HSS - With the government bandwidth on Covid-19 response and potential Covid-19 vaccine introduction, the World Bank executed component of the funds can be repurposed or reframed these tasks while maintaining our objective of strengthening primary care financing.

UNDP- Procurement of PPE - HSS. In 2020, UNDP planned to procure of PPEs using the HSS grant for the amount of US\$ 41,003 USD. Based on analysis made by the project staff there is lack of budget for rehabilitation and project management costs. Based on the analysis UNDP proposes to re-programme the amount of US\$41,003 USD from PPE to rehabilitation of PHC facilities to ensure all costs are covered for the rehabilitation works.

UNICEF – HSS Flexibilities. Training on the best practices and modern methods for monitoring the immunization service delivery process was planned under the HSS additional funds. RCIP planned to have capacity building/study visits to Russia. However, due to the travel restrictions and work overload of Covid 19, RCIP is requesting Gavi to reprogram the funds allocated for this activity to supportive supervision and monitoring of the immunization program.

3. Discussions on priorities, action plan and technical assistance needs; Roadmap for further re-allocation/planning

Tajikistan does not have an established long-term plan for recovery. However, there is an on-going humanitarian assistance to the country and managed by the Donor Coordination Committee (DCC) that provides updates to the on-going support. Since the beginning of the pandemic, agencies such as WHO, UNDP, UNICEF, EU, the WB and ADB has been providing funding and technical assistance to the country. Bilateral support such as China, India, and Russia also included in the coordination efforts. Much of this support has been provision of test kits, equipment, consumables and PPE procurement.

Some of this international support ended however, support from UN Agencies, ADB, EU, Aga Khan, WB, and Islamic Development Bank are on-going. The on-going support still mostly focusing on response to the pandemic by providing technical support on guidance and protocols, improving country's capacity for preparedness, laboratory assistance, infection prevention training and procurement of tools/equipment including PPEs. There is supported to increase testing and treatment capacity with diagnostic and treatment equipment such as ventilators.

Substantial support comes from the WB with total of US\$ 27.5 million which includes social support to vulnerable households as well as secondary and tertiary care capacity improvements. Other substantial contribution comes from the Islamic Development Bank about US\$ 9.5 million which is focused on procurement of equipment for Covid 19 response. ADB allocated about US\$ 3.5million for response, and US\$ 2.5 million of this amount is to be utilized for equipment and consumables for polymerase laboratory and retro active financing.

There is no official plan for recovery of the immunization program as well as sustaining the achievements to date. As indicated in Section 2.3. measures put in place in May 2020 to re-instate the immunization services. These measures were reported to Deputy Health Minister/Chief Sanitary Doctor on weekly basis. All Regional and District EPI Directors, the central level management of RCIP hold weekly based meetings to discuss challenges and address them.

During MSD discussion, several donors provided updates on current assistance to Tajikistan as relevant to child health and immunization services. Following are highlights of the presentations:

- **Aga Khan Health Service:** Operating in GBAO, Khatlon, and Rasht focusing on capacity building on infection prevention, provision of medical supplies (including PPEs), community mobilization on Covid 19 and using mobile networks for Covid 19 prevention messages. AKHS will continue to support GBAO region during Covid 19 vaccine introduction.
- **GIZ** with support from BMZ provides support to Khatlon region targeting 10 districts for promotion of MNCH. Program has 3 main areas of intervention: HR planning and development, quality improvement, strengthening the efficiency and transparency of the health care system. The program is piloting introduction of mother child passports. The program also has a component that aims to provide guideline for a referral system for pregnant women and children. Another component is to develop new treatment standards for public health services (neo, pre and antenatal care) in accordance to WHO guidelines. GIZ also working on supportive supervision in collaboration with Medical Accreditation Center. Final aspect of the system support is area of maintenance and repair of medical equipment and will support this work with guideline and on the job training.
- **Islamic Development Bank** has ongoing MCH Improvement efforts in 4 districts of Khatlon region totaling US\$ 26.87million which includes US\$ 9.4 million for Covid 19 support. The MCH work is to be implemented in collaboration with UNICEF, UNFPA and WHO and aims to contribute towards the goals of the National Health Strategy. The main components are increasing access to MCH services in target districts, capacity building, awareness raising and establishment of a functional referral system.
- **JICA** has ongoing in efforts in the country contributing towards MCH services in Khatlon region with equipment support, improving service delivery, capacity building, and establishment of a referral system for MCH. Duration of the implementation is extended beyond mid 2021 due to Covid 19 pandemic.

JICA has plans to invest in improvement of PHC services in Tajikistan which is to be further detailed after the Covid 19 pandemic.

During the MSD, JICA noted that there has been discussions with the MOHSPP about vaccine procurement as JICA transition out their support. JICA representative indicated that JICA might provide support for immunization financing provided that MOHSPP significantly increase their domestic funding for vaccine procurement.

- **USAID** has an investment in Tajikistan called Feed the Future Zone that uses evidence-based health interventions for women and children in 12 districts of Khatlon. The efforts aim to improve quality health and nutrition services for mothers, newborns and children. The 5-year activity will work in building capacity, leadership, management and policy areas. The activities will integrate IMCI, social mobilization, training, mother-child passports, supportive supervision, nutrition and immunization. The project duration established for October 2020-September 2025.
- **The World Bank (WB)** has an investment of US\$ 16.2 million which includes US\$ 3million Covax AMC through UNICEF SD, This investment also to cover the US\$ 860K of MMR procurement and US\$ 160K Flu vaccine procurement for 2021. US\$ 150K is reserved for Covid 19 capacity strengthening, and another US\$ 150K for Covid 19 RCCE materials. Another investment of the WB is an Early Childhood Development (ECD) work to develop a basic package of health and preschool services. This investment is in the form of a loan in the amount of US\$ 73million which will be implemented nationwide and cover 0-3 years old children. WB has another investment that totals US\$ 12 million for improvement of primary health care services which Gavi HSS PBF funds are also to contribute for selected components. This cooperation is scaling up WB's performance based efforts to improve service delivery in the country.

The discussions revealed that there is a need for mapping the donor activities in the country to improve coordination and avoid duplication of efforts as several agencies and donors are working in the similar regions on similar activities. This is noted as paramount for Covid 19 management and future Covid 19 vaccine implementation in the country.

During discussions it was emphasized that going forward there is a need to bring more equity focus to plans and tailor the on going HSS, PBF and TCA activities in low coverage areas. There is need to deep dive to subnational differences and bring evidence on inequities forward to improve program sustainability. Based on the

current situation following areas can be highlighted for Tajikistan as critical. It was also highlighted it would be important to extend the data analysis to cover all 2020 to see the impact of Covid 19 and plan the activities for 2021 to do catch up for missed immunizations.

Below are highlighted at the MSD for immunization program components:

Human Resources

The human resources in health remains an on-going challenge in Tajikistan due to low salaries and brain drain from the country. This results in high turn-over of staff and constant need for trainings for the newly appointed staff.

Under the Gavi support TCA and HSS, capacity building activities as well as supportive supervision efforts for PHC and immunization managers at the subnational levels will continue in 2021. Activities will include:

- surveillance of vaccine-preventable infectious diseases
- safe immunization practices
- side effects after immunization
- cold chain maintenance
- effective vaccine management (EVM)
- basic computer literacy

As indicated above, the activities will have to be further tailored to target low coverage areas or areas impacted by Covid 19 in particular.

Potentially these needs will extend to next funding cycle. There will be a need to adapt materials, checklists, trainings and supervision activities to cover Covid-19 vaccine and related infection prevention practices. To create efficiencies for future, immunization program trainings should be included to the formal education of medical workers. This will require technical assistance to create evidence (both financial and programmatic), advocacy, and support for multi-disciplinary and intersectoral coordination efforts.

Cold Chain and Vaccine Supply Management

In 2021 and 2022, the cold chain enhancements will continue as planned per ODP under the CCEOP and HSS.

Planned procurement activities will continue as well as distribution, and installation of the additional cold chain equipment with capacity building on use and maintenance as planned under the HSS and CCEOP as well as training on cold chain maintenance. Purchase of bicycles for vaccinators, incinerators (waste management), and generators (6.5 - 7 cubic meters) for regional centers of immunization are planned. Recent monitoring activities indicated gaps and procurement needs which should be addressed:

- refrigerators for medical institutions,
- thermo containers of 7 litres and 20 litres,
- thermal bags 1.7 litres,
- electronic thermo-registers and freeze indicators for vaccine storage facilities.

The efforts on electronic database for vaccines and supplies will continue under the current Gavi support. These efforts might require additional technical assistance to adapt potential Covid 19 vaccine introduction to the plans.

Covid 19 vaccine will bring additional needs to the system, therefore there is a need for an EVM assessment which should include the Covid 19 needs for capacity. As part of the preparation for next cycle of funding as well as support to Covid 19 vaccine introduction efforts, a new cold chain inventory needs to be conducted with focus on regions/areas with immunization coverage gaps

The long-term needs include construction of inter-district vaccine warehouses, vaccine warehouses for hard-to-reach areas and procurement of smaller refrigerated vehicles for subnational levels to increase the efficiency of the logistics and distribution system. The planned EVM assessment will need to take these needs into consideration and provide basis for long term planning.

Vaccine implementation and Service Delivery

As indicated in Human Resource sub-title above, training needs require constant support. These activities will have to be supported with TA to adapt protocols, materials, and tools to include Covid 19 vaccine.

The country will need TA for PCV introduction as well as Measles SIA planned for 2022 which can be covered by the operational support and vaccine introduction support.

An assessment might be needed prior to Covid vaccine introduction to identify specific needs for vulnerable groups such as migrants and hard to reach areas to ensure effective Covid 19 introduction as well as further strengthening routine services.

Demand Generation/Communication/Vaccine Hesitancy

The Alliance partners will continue to support to MoHSP and its relevant agencies Interpersonal Communication training for health workers and Immunization Communication Strategy as planned under the HSS, and TCA with focus on low coverage areas identified during the Covid 19 pandemic.

There might be a need to expand the risk communication strategies and plans to further address the vaccine safety and hesitancy issues include new vaccines such as PCV, Covid 19 in the mentioned plans and ensure there is alignment and synergies in plans considering the subnational inequities.

Immunization Data Quality

The Covid 19 experience once again demonstrated the importance of data quality for effective decision making and efficient planning. Some of the DQA 2017 recommendations are being implemented under the HSS and TCA support. Efforts to scale up the use of DHIS2 and integration of immunization module are on-going.

Covid 19 crisis and following interventions revealed problems in data collection and indicated inaccuracies in some reports. The issues around measles, appearance of pertussis in some regions challenges the data and reporting. In medium and long term, there is a need for technical assistance to strengthen the immunization information system to improve the data quality in the country.

Surveillance and Outbreak Preparedness

Support planned under the HSS and TCA on disease surveillance and AEFI surveillance will continue.

The Covid 19 pandemic demonstrated the need for improved outbreak preparedness in many countries including Tajikistan. The country requires a long term technical assistance to review the gaps for outbreak assistance in more comprehensive manner and develop plans as appropriate. Technical Assistance might need to be supported with simulation exercises to ensure that plans are feasible and responsive to the needs in such situations.

Decision Making and Program Management

The support on NITAG strengthening will continue under the TCA. NITAG will need technical assistance prior to Covid 19 vaccine introduction.

Technical assistance will be provided for the implementation of dashboard for management of immunization data and supply chain management.

In long term, program management capacity is critical and it would be important to review the PHC system integration issues. There is a need to review and develop an long term plan to strengthen program management and decision making processes including NITAG.

Immunisation financing

As indicated in Section 2, Tajikistan Immunization Program is dependent on donor support. Until 2020, Government of Japan provided funds for routine program vaccine procurement. For new vaccines, Gavi has been the source for funding. For cold chain, and operational support, HSS and vaccine introduction support has been utilized to inject funds for the program.

As Japan's support came to an end, the Government of Tajikistan will need to raise domestic funding for the program. Current projections for next 5 years indicate that projected funding from the Government might only cover co-financing costs for new vaccines, leaving no funding for procurement traditional routine vaccines. There is a major risk for financial and programmatic sustainability of the immunization program.

There is a need to review potential additional financial burden which Covid 19 vaccine will add to the program. It might be beneficial to conduct an analysis to quantify the needs and budget for how Covid vaccine will further impact the immunization program financing in Tajikistan.

In addition, more targeted resource mobilization activities should be planned and advocated for domestic funding as well as donor funding to secure funding for vaccine procurement starting from 2021 as calculations indicate financial gap reaches to US\$ 1.5 million. Without funding the routine vaccines such as BCG, Hep B, OPV will not be available starting from 2021.

Other

- DHIS2 AEFI tracker and VAEMS - further support will be required through TCA-2021 to support implementation and use of electronic data management platform in light of Covid 19. (WHO)
- The assessment of timeliness of hepatitis B birth dose was conducted by analyzing a database of 2017 Demographic and Health Survey. The analysis revealed a low (71%) coverage of timely hepatitis B birth dose in children at the age 12-23 months. Develop and implement plans based on the outcomes of the assessment. (WHO)
- A follow up assessment to support DHIS2 use for immunization data in Tajikistan (WHO – to align with HSS)