Application Form for Gavi NVS support

Submitted by

The Government of

Kyrgyzstan Republic

Date of submission: **8 September 2017**

Deadline for submission:

i. 8 September 2017

Select Start and End Year of your Comprehensive Multi-Year Plan (cMYP)

Start Year	2017	End Year	2021

Form revised in 2016

(To be used with Guidelines of December 2016)

Note: Please ensure that the application has been received by Gavi on or before the day of the deadline.

Gavi
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the Gavi will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the Gavi. All funding decisions for the application are made at the discretion of the Gavi Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the Gavi in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application.The Gavi will document any change approved by the Gavi, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the Gavi all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the Gavi, within sixty (60) days after the Country receives the Gavi's request for a reimbursement and be paid to the account or accounts as directed by the Gavi.

SUSPENSION/ TERMINATION

The Gavi may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any Gavi-approved amendment to the application. The Gavi retains the right to terminate its support to the Country for the programmes described in its application if a misuse of Gavi funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the Gavi shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the Gavi, as requested. The Gavi reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how Gavi funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of Gavi funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the Gavi in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE Gavi TRANSPARENCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the Gavi Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage Gavi cash-based support. The Country confirms that it will take all responsibility for replenishing Gavi cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the Gavi arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the Gavi or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland

. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the Gavi. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The Gavi and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The Gavi will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

1. Type of Support requested

Please specify for which type of Gavi support you would like to apply to.

Type of Support	Vaccine	Start Year	End Year	Preferred second presentation[1]
Routine New Vaccines Support	RV1, 1 dose/plastic tube, liquid	2019	2021	

[1] Gavi may not be in a position to accommodate all countries first product preferences, and in such cases, Gavi will contact the country and partners to explore alternative options. A country will not be obliged to accept its second or third preference, however Gavi will engage with the country to fully explore a variety of factors (such as implications on introduction timing, cold chain capacity, disease burden, etc.) which may have an implication for the most suitable selection of vaccine.

2. Table of Contents

3. Executive Summary

Please provide a summary of your country's proposal, including the following the information:

- For each specific request, NVS routine support or NVS campaign :
  - The duration of support
  - The total amount of funds requested
  - Details of the vaccine(s), if applicable, including the reason for the choice of presentation
  - Projected month and year of introduction of the vaccine (including for campaigns and routine)

- Relevant baseline data, including:
  - DTP3 and Measles coverage data (as reported on the WHO/UNICEF Joint Reporting Form)
  - Target population from Risk Assessments from Yellow Fever and Meningitis A
  - Birth cohort, targets and immunisation coverage by vaccines

- Country preparedness
  - Summary of planned activities to prepare for vaccine launch, including EVM assessments, progress on EVM improvement plans, communication plans, etc.
  - Summary of EVM assessment and progress on EVM improvement plan

- The role of the Coordination Forum (ICC/HSCC or equivalent) and stakeholders' participation (e.g. government, key donors, partners, key implementers, CSOs) in developing this proposal

The Government of the Kyrgyz Republic (GOKR) requests Gavi support for the introduction of the rotavirus vaccine in the national programme of routine immunization. The support is requested for the period of the current comprehensive multi-year plan (cMYP) until the end of 2021. The implementation of the rotavirus vaccine is planned in the entire territory of the country from March 2019, with coverage aimed at 50% in 2019, 75% in 2020, and 97% in 2021. The total amount of funds requested by GOKR from Gavi is 368 017 USD (2019), 495 860 USD (2020), 613 100 USD (2021), with the grant for the implementation of the rotavirus vaccine (VIG) in the amount of 116 257 USD Co-funding by GOKR is 80 767 USD (2019), 123 841 (2020), 181 546 (2021). The target population (children under 1) used for evaluation is the baseline in 2016; 155 411 children and the growth rate of 1.67% a year.

The chosen rotavirus vaccine is Rotarix in a 1-dose package, which is administered orally twice, concurrently with the 1st and 2nd doses of the DTP-HBV-Hib pentavalent vaccine. The choice of the vaccine is primarily justified by a smaller volume of the required cold chain and smaller quantity of the administered doses as compared to Rotateq. Two other rotavirus vaccines are currently not pre-qualified.

It is known that rotavirus is the most widely spread cause of heavy diarrhea in children of early age worldwide, and it represents a considerable problem for the public health in Kyrgyzstan. The implementation of the rotavirus vaccine will reduce the burden of rotavirus gastroenteritis and will also be economically beneficial as shown by two research studies, which have demonstrated that 131 lethal cases of the disease in the country will be prevented annually, as well as 2 917 cases of hospitalization due to rotavirus infection and 17 299 referrals for medical help. Financial savings for the provision of medical help to children with diarrhea will amount to 386 193 USD annually. Taking into account this data, the National Immunization Technical Advisory Group (NITAG) recommended implementing the rotavirus vaccine in 2012 in Kyrgyzstan, which was reflected in the report of the joint international-national review of the Expanded programme on Immunization (EPI) in 2016 and included in the comprehensive Multi-Year Plan (CMYP) on immunization for the period of 2017-2021.

The 2016 EPI review, which evaluated various components of the NIP, confirmed the effective work of the immunization programme in the Kyrgyz Republic. There is an effective system of provision and reporting on immunization as well as on infectious diseases and epidemiological surveillance of adverse events following

immunization (AEFI), and a high coverage rate is maintained at all levels. The key indicators showed that the Penta-3 coverage amounted to 94% in 2016, and the MMR-1 coverage was 96% the same year. The high DTP coverage and good quality of reporting on immunization were confirmed by the Multiple Indicator Cluster Survey (MICS) conducted in Kyrgyzstan in 2014. The high vaccine coverage rate indicators were confirmed by the low indicators of vaccine preventable diseases: diphtheria, tetanus, pertussis, rubella, and epidemic parotitis. Over the past two years, a considerable decrease of measles occurrence has been registered.

Over the last five years, the following vaccines have been added to the national preventive vaccination schedule: pneumococcal vaccine PCV-13 was added to the immunization programme in March 2016. In addition, since 30 April 2016, a transition from the trivalent oral polio vaccine (tOPV) to the bivalent vaccine (bOPV) has been carried out within the framework of the Global synchronized efforts to withdraw the vaccine against poliomyelitis of the 2nd type. Overall, both the implementation of the pneumococcal conjugate vaccine (PCV) and the transition to the bOPV vaccine have been carried out successfully in Kyrgyzstan. In 2016, the 1st-dose PCV coverage was 74.5%, and the 2nd-dose PCV coverage was 41%. Taking into account the fact that PCV was implemented in March and only 83% of newborns born in 2016 could receive the first dose of PCV and only 50% were eligible for the second dose.

The rotavirus vaccine implementation plan will include the following activities: 1) preparation and carrying out coordination and monitoring; 2) procurement planning and distribution of the rotavirus vaccine; 3) increase of the volume and modernization of the cold chain system, logistics and vaccines; 4) planning of increased needs in terms of waste management and provision of vaccine safety; 5) revision of the information system / health care / immunization data management; 6) planning of monitoring and evaluation of the rotavirus vaccine implementation; 7) training of the medical personnel involved in immunization; 8) planning and implementation of social mobilization, communication and advocacy.

Some of these activities have been carried out and/or are currently being implemented with the financial support of Gavi HSS-2 and via the Cold Chain Equipment Optimization Platform (CCEOP). The HSS-2 activities include the following: 1) expanding knowledge, trust and demand for the MCH services among the population; 2) strengthening of primary health care facilities, which ensures better access to basic services of MCH and immunization for city migrants and hard-to-reach rural districts; 3) capacity building of the PHC personnel for the provision of quality child immunization services; 4) strengthening the physical capacity of the cold chain; 5) data collection system upgrade to ensure the availability of timely and accurate information about immunization services; 6) programme management. Therefore, the priority activities will be the revision of the regulatory normative documents, guidelines, and record keeping/reporting forms; training of medical personnel; and communication and social mobilization on specific issues related to the implementation of the rotavirus vaccine. Vaccine safety will be an important area of the rotavirus vaccine implementation.

The CCE platform will provide an important opportunity for the rehabilitation (restoration) of the cold chain in Kyrgyzstan. Appropriate CCP equipment will be used to satisfy the needs in the cold chain capacity at the district levels of immunization services, while the HSS-2 funding will be focused on the improvement of the storage and vaccine transportation systems at the national, regional (province), and district levels. As for vaccine management, between 2013 and 2016, technical assistance was provided and in September 2015, the assessment of effective vaccine management (EVM) was carried out with the following conclusion: "The EVM assessment results have showed the existence of high quality methods of vaccine management, especially at the central level". "Besides that, the 2016 EPI review have showed that the majority of the monitored vaccines were in good condition without any serious breach of VVM (vaccine vial monitor).

Conducting the key activities before and during the implementation of the rotavirus vaccine will give an opportunity to expand knowledge and skills of the medical personnel as well as improve the immunization programme and the overall health care system. Besides that, the implementation of the rotavirus vaccine will be an opportunity to upscale and expand the implementation of other activities aimed at the prevention and combating diarrhoeal diseases.

The Republican Centre of Immunoprophylaxis of the Ministry of Health of the Kyrgyz Republic (RCIP MH KR) shall be the institution responsible for planning, coordination, and monitoring of the rotavirus vaccine implementation. The Inter-agency Coordination Committee (ICC) shall carry out the surveillance over the overall preparation and implementation. The key partners (for example, WHO and UNICEF) will also provide support in the implementation of the rotavirus vaccine, and Gavi will provide for joint funding of the vaccine for 5 years.

The RCIP with the WHO technical support and active participation of the relevant stakeholders developed this proposal in July and August 2017. After that, the proposal was discussed at the meetings of the National Immunization Technical Advisory Group (NITAG, on 16 August 2017) and the Inter-agency Coordination

Committee for immunization (ICC, 17 August 2017). The ICC approved the recommendations of the NITAG on the rotavirus vaccine implementation in 2019. The NITAG and ICC meeting minutes are enclosed.

4. Signatures

4.1. Signatures of the Government and National Coordinating Bodies

4.1.1. Government and the Inter-Agency Coordinating Committee for Immunisation

The Government of Kyrgyzstan Republic would like to expand the existing partnership with the Gavi for the improvement of the infants routine immunisation programme of the country, and specifically hereby requests Gavi support for:

RV1, 1 dose/plastic tube, liquid routine introduction

The Government of Kyrgyzstan Republic commits itself to developing national immunisation services on a sustainable basis in accordance with the Comprehensive Multi-Year Plan presented with this document. The Government requests that the Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

Table(s) **6.2.3, 6.2.4** in the Routine New Vaccines Support of this application shows the amount of support in either supply or cash that is required from the Gavi.Table(s) **6.2.3, 6.2.4** of this application shows the Government financial commitment for the procurement of this new vaccine (NVS support only).

Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of **June**.

The payment for the first year of co-financed support will be around **June 2019** for RV1, 1 dose/plastic tube, liquid.

Please note that this application will not be reviewed or recommended for approval by the Independent Review Committee (IRC) without the signatures of both the Minister of Health and Minister of Finance or their delegated authority. These signatures are attached as DOCUMENT NUMBER : 1 and 2 in Section 10. Attachments.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Batyraliev T.A.	**Name**	Atakulov M.M.
Date		**Date**	
Signature		**Signature**	

By signing this application form, we confirm that the requested funding for salaries, salary top-ups/allowances, per diems and incentives does not duplicate funding from other sources (e.g. from other donors).

This report has been compiled by (these persons may be contacted in case the Gavi Secretariat has queries on this document):

Full name	Position	Telephone	Email
Zhumagulova G.Zh.	RCIP Specialist	996(312)323011	gjj69@mail.ru
Ishenapysova G.S.	RCIP Director	996(312)323011	ishenapysova@mail.ru

4.1.2. National Coordination Forum (Interagency Coordinating Committees (ICCs), Health Sector Coordinating Committees (HSCCs), and other equivalent bodies)

To be eligible for support, Gavi asks countries to ensure a *basic* functionality of their Coordination Forum (ICC/HSCC or equivalent body). Countries can demonstrate this by adhering to the requirements listed in section 5.2 of the General Guidelines. The information in this section and a set of documents submitted along with this application will help the Independent Review Committee (IRC) to assess adherence.

Profile of the Coordination Forum

Name of the Forum	Inter-agency Coordination Committee (ICC)
Organisational structure (e.g., sub-committee, stand-alone)	The ICC composition and Terms of Reference were considered in the Annex of MoH No. 218 "On the Improvement of the ICC Activities" (March 2016). M

The Terms of Reference for the Coordination Forum is attached as DOCUMENT NUMBER : 4. The Terms of Reference should include all sections outlined in Section 5.2 of the General Guidelines..

Please describe the role of the Coordination Forum and stakeholders' participation (e.g. government, key donors, partners, key implementers, CSOs) in developing this proposal:

1. Integration of the governmental and international structures for establishing strong partnership via the coordination of contributions and resources provided from internal and external sources;
2. Facilitation of the development and endorsement of the National Policy on Immunization, multi-year work plans on immunoprophylaxis;
3. Coordination of technical and financial support from the existing partners, development of the key principles of cooperation of international organizations to ensure the most effective utilization of resources, as well as mobilization of resources for the support and improvement of the immunization services;
4. Monitoring and evaluation of the economic effectiveness and feasibility of the activities carried out for the improvement of the implementation of the targeted immunization programmes;
5. Discussion of the issues reflecting the state of the immunprophylaxis in the country alongside the development of the recommendations on the improvement of the situation;
6. Identification of the necessary resources and providing assistance to strengthen the immunization

service for the implementation of the National Immunization Programme as well as control over and elimination of certain infections;

1. Coordination of funding in the field of immunization among the existing

ICC partners to ensure appropriate support.

The Republican Centre of Immunoprophylaxis (RCIP) with the WHO technical support and active participation of the relevant stakeholders developed this proposal in August 2017. Meetings were organized to obtain information, opinions, and comments of the stakeholders from the National Immunization Technical Advisory Group (NITAG), Inter-agency Coordination Committee (ICC), Ministry of Health, Ministry of Finance, State Sanitary and Epidemiological Surveillance, and major partners, such as WHO and UNICEF.

After that, the proposal was discussed in detail at the meeting of the National Immunization Technical Advisory Group (NITAG) on 16 August 2017, and then at the meeting of the Inter-agency Coordination Committee (ICC) on 17 August 2017, where the proposal and the recommendation of the NITAG on the implementation of the rotavirus vaccine in 2019 were presented and approved.

4.1.3. Signature Table for the Coordination Forum (ICC/HSCC or equivalent body)

We the members of the ICC, HSCC, or equivalent committee *[1]* met on the **17/08/2017** to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached. The minutes from the meeting endorsing the proposal and of the meetings of the past 12 months are attached as Document number 5. The signatures endorsing the proposal are attached as Document number 7 (please use the list for signatures in the section below).

Function	Title / Organisation	Name	Please sign below to indicate the attendance at the meeting where the proposal was endorsed	Please sign below to indicate the endorsement of the minutes where the proposal was discussed
Chair	Ministry of Health of KR/ Deputy Minister of Health	Gorin O.V.		
Secretary	RCIP, MoH KR/ Doctor Pediatrician-Immunologist	Plotnikova O.D.		
Members	Director/ Republican Centre for Health Improvement	Aytmurzaeva G.T.		
	Head of the City Centre for Immunoprphylaxis of Bishkek City / CSSES	Asykbekova B.Sh.		

	Research Assistant of the Perinatal Pathology Department	Babadjanov N.D.		
	Chief Medical Officer / CSSES Bishkek City	Buyuklyanov A.I.		
	Head of the Department of Prophylaxis of Diseases and State Sanitary Epidemiological Surveillance /DPD and SSES	Zhoroev A.A.		
	Member of the Public Surveillance Board	Zhumagulova B.T.		
	RCIP, MoH KR/ Doctor Pediatrician-Immunologist	Zhumagulova G.Zh.		
	Technical Coordinator of HSS-2 Gavi in KR (upon agreement)	Imakeev A.K.		
	UNICEF Health and Nutrition Programmes Specialist in KR	Imanalieva Ch.A.		
	Ministry of Health of KR/Chief Specialist of the Public Health Department	Ismailova B.A.		
	RCIP MoH KR/ Director	Ishenapysova G.S.		
	Deputy Director/ DPD and SSES	Kundashev K.U.		
	WHO Public Health Officer in KR	Monolbaev K.M.		
	Director /Centre of Epidemic Diseases MoH KR	Murzakrimova L.K.		
	Head of the Republic Research and Practice Center for Viral Infections Control NGO “PM”	Nurmatov Z.Sh.		
	Health Care Specialist of the World Bank (upon agreement)	Sargaldakova A.Z.		
	Head of the Pharmaceutical Surveillance Sector/ Drug Procurement and Medical Equipment MoH KR	Suleimanova G.T.		
	Ministry of Health of KR/ Chief Specialist of the Public Health Department	Esengulova N.Sh.		

By submitting the proposal we confirm that the quorum has been met. **Yes**

The minutes from the meeting endorsing the proposal and of the meetings of the past 12 months are attached are attached as DOCUMENT NUMBER : 6.

4.2. National Immunization Technical Advisory Group (NITAG)

Has a NITAG been established in the country ? **Yes**

We the members of the NITAG met on the **16/08/2017** to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation describing the decision-making process through which the recommendations were reached, attached as Document number 31.

4.2.1. The NITAG

Profile of the NITAG

Name of the NITAG	Scientific and Technical Expert Group on Immunoprophylaxis
Year of constitution of the current NITAG	2012
Organisational structure (e.g., sub-committee, stand-alone)	Permanent structure
Frequency of meetings	Biannually

Function	Title / Organisation	Name
Chair	Research Assistant of the Perinatal Pathology	Babadjanov N.D.

	Department /NCMCP	
Secretary	Epidemiologist Doctor/ RCIP MoH KR (upon agreement)	Sheysheeva N.A.
Members	Head of the Health Protection Chair, with a course of the Kyrgyz State Medical Institute for Retraining and Qualifications Improvement	Altymysheva N.A.
	Chief Specialist/ Department of Evidence Based Medicine	Baryktabasova B.B.
	Deputy Chief Medical Officer of City Hospital of Urgent Medical Help, Bishkek City	Janabilova G.A.
	Head of the Clinical Diagnostic Department of the National Motherhood and Childhood Protection Centre	Dyuyshembieva K.D.
	Head of the Republican Communicable Disease Control Centre NGO “PM”	Kravtsov A.A.
	Deputy Director of Family Medicine Centre No. 19 Bishkek City	Kushbakeeva A.K.
	Deputy Director / NCMCP	Maymerova G.Sh.
	Head of the Microbiology, Virology and Immunology Chair of the KSMA	Niyazalieva M.S.
	Head of the Republican Scientific-Practical Centre for Viral Infections Control of NGO "PM"	Nurmatov Z.Sh.
	Head of the Epidemiology Department /DPD and SSES MoH KR	Otorbaeva D.S.
	Chair of the Bioethics Committee of MoH KR/ Doctor of Medicine, Professor	Tilekeeva U.M.
	Head of the Microbiology, Virology, Immunology and Epidemiology Chair of the KSMA	Toygobaeva V.S.
	Deputy Chief Medical Officer /RCIH	Uzakbaeva A.Z.
	Associate Professor of the Children's Infections Chair of the KSMA, Candidate of Medical Science	Chynyeva D.K.
	Head of the Children's Diseases Chair of the Kyrgyz State Medical Institute for Retraining and Qualifications Improvement	Shukurova V.K.

Major functions and responsibilities of the NITAG

Regulations

on the Scientific and Technical Expert Group on Immunoprophylaxis of the Ministry of Health of the Kyrgyz Republic

The Scientific and Technical Expert Group on Immunoprophylaxis (STEGI) under the Ministry of Health of the Kyrgyz Republic shall be created as an independent expert group providing state structures of health with consultative support and recommendations on the issues of policy, implementation of new standards and practical approaches in the field of immunization.

I. General Provisions

These regulations on the Scientific and Technical Expert Group on Immunoprophylaxis have been developed on the basis of the international experience and recommendations of WHO.

In its activities, STEGI is guided by the Laws and other regulatory normative acts of the Kyrgyz Republic, orders and directives of the Ministry of Health of the Kyrgyz Republic as well as by these Regulations.

STEGI organizes its work in conjunction with the state authorities of the Kyrgyz Republic, local state administrations of the Kyrgyz Republic and authorities of local self-governance, non-governmental organizations, citizens and legal entities as well as in collaboration with the structural, departmental and territorial subdivisions of the Ministry of Health.

In its activities, STEGI reports to the Ministry of Health of the Kyrgyz Republic.

STEGI decisions are of advisory nature and can be used by the Ministry of Health as evidentiary basis for the

implementation of new projects in the immunization programme.

STEGI activities are carried out on a voluntary basis. The activities performed by its members are regarded as part of their job responsibilities.

II. STEGI Objectives and Functions

The main objectives of the STEGI are as follows:

- provision of independent consultative support to the governmental structures of healthcare and development of scientifically grounded recommendations in the field of immunoprophylaxis in accordance with the principles of evidence based medicine;
- minimization of the possibility of conflict of interests in the decision-making process on changing the national policy of immunization;
- conducting independent technical assessment of projects aimed at changing the national policy of immunization.

For the implementation of the aforementioned objectives, STEGI shall fulfill their following functions:

- provision of technical assistance in the development of new directions in the immunization policy;
- data collection, analysis and development of recommendations in decision making on the implementation of new vaccines in the immunization schedule;
- conducting literature reviews on topical issues of immunoprophylaxis;
- interaction with the leading world scientific research institutes on issues of immunization policy improvement;
- collaboration and information exchange with independent expert committees on immunization in other countries;
- cooperation with the international organizations providing support to the immunization programme in the Kyrgyz Republic;
- utilization of the evidence-based medicine principles in the development of recommendations on the improvement of the current immunization policy;
- identification of cause-effect relations in cases of postvaccinal complications.

III. STEGI Management

1. The composition of STEGI shall be approved by the order of the Ministry of Health. When necessary, the composition of STEGI can be reviewed in terms of increasing or decreasing the number of members.
2. STEGI can include leading specialists of scientific medical organizations of the republic holding a candidate or doctoral medical research degree, as well as representatives of non-governmental organizations, practical health specialists in neurology, allergology, pulmonology, epidemiology, immunology, family medicine, communicable diseases, phthisiology, and representatives of the ethics committee. In certain cases, STEGI may engage specialists in gynecology, oncology, surgery, etc.
3. Each STEGI member shall familiarize themselves with the regulation on the STEGI activities and ensure the fulfillment of the responsibilities undertaken within the framework of these regulations, eliminating any possibility of lobbying their own interests or abuse of their position, and observe the confidentiality of information discussed in the STEGI meetings if deemed necessary.
4. The Chairperson and Secretary shall be elected by voting from the specialists members of STEGI.
5. STEGI members fulfill their responsibilities on a voluntary basis. For carrying out the tasks requiring distraction from their primary professional activities, STEGI members shall have their wages preserved at the place of their primary employment.
6. STEGI activities are carried out on a scheduled basis. STEGI meetings shall be conducted at least once every six months or more often if necessary.
7. STEGI work plan is elaborated at the beginning of the year and reviewed at the general meeting. After the approval by all STEGI members, the plan is endorsed by the STEGI Chairperson.
8. The time and venue of a STEGI meeting convention is defined by the Chairperson; the Secretariat is permanently located at the RCIP.
9. The preparation procedure for conducting scheduled as well as extraordinary meetings of STEGI is assigned to the STEGI Secretary upon agreement with the STEGI Chairperson.
10. The main problematic issues for STEGI consideration can be initiated by the Ministry of Health, Department of SSES, Republican Centre of Immunoprophylaxis and other healthcare organizations engaged in the immunization services as well as by any STEGI member upon condition that such issues should be motioned at least two weeks prior to the meeting.
11. A STEGI meeting shall be considered valid if half of its members are present.
12. STEGI decisions are adopted and become valid if more than half of its members vote in favour of a decision. Each STEGI member has one vote. If the number of votes in favour or against is equal, the Chairperson’s vote is considered the deciding vote.
13. Meeting minutes, including recommendations on the issues discussed, are kept by the STEGI Secretary, approved by the Chairperson and stored by the Secretary.
14. Dissemination of the STEGI recommendations is carried out by sending the decisions made and the meeting minutes to the interested parties via courier or email.

In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG. This document is attached as **(Document Number: 8)**

5. Immunisation Programme Data

5.1 Background information

Please complete the table below, using the most recent data from available sources. Please identify the source of the data, and the date and attach the source document, where possible. The following documents should be referred to and/or attached:

- Comprehensive Multi-Year Plan for Immunisation (cMYP) (or equivalent plan). Please attach as DOCUMENT NUMBER 9.
- New Vaccine Introduction Plan(s) / Plan of Action. Please attach as DOCUMENT NUMBER 12.
- New Vaccine Introduction Checklist, Activity List and Timeline. Please attach as DOCUMENT NUMBER 12.
- Effective Vaccine Management (EVM) assessment. Please attach as DOCUMENT NUMBER 20.
- Two most recent annual WHO/UNICEF Joint Reporting Forms (JRF) on Vaccine Preventable Diseases.
- Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.
- In the case of Yellow Fever and Meningitis A mass preventive campaigns, the relevant risk assessments. Please attach as DOCUMENT NUMBER 24 and DOCUMENT NUMBER 25.

Please use the most recent data available and specify the source and date.

	Figure	Year	Source
Total population	6,140,200	2016	National Statistical Committee (NSC) http://www.stat.kg/en/statistics/naselenie
Birth cohort	158,032	2016	National Statistical Committee (NSC) http://www.stat.kg/en/statistics/naselenie
Infant mortality rate (per 1000)	17	2016	National Statistical Committee (NSC) http://www.stat.kg/en/statistics/naselenie
Surviving infants*[1]*	155,411	2016	National Statistical Committee (NSC) http://www.stat.kg/en/statistics/naselenie
GNI per capita (US$)	1,100	2016	The World Bank http://data.worldbank.org/country/kyrgyz-republic
Total Health Expenditure (THE) as a percentage of GDP	6.5	2014	UNDP http://www.kg.undp.org
General government expenditure on health (GGHE) as % of General government expenditure	8.8	2016	National Statistical Committee (NSC) http://www.stat.kg/ru/statistics/finansy/

[1] Surviving infants = Infants surviving the first 12 months of life

5.1.1 Lessons learned

Routine New Vaccines Support

If new or under-used vaccines have already been introduced in your country, please give details of the lessons learned from previous introduction(s) specifically for: storage capacity, protection from accidental freezing, staff training, cold chain, logistics, coverage and drop-out rates, wastage rate, etc., and suggest action points or actions taken to address them. Please refer to previous Post Introduction Evaluations (PIE), if applicable. If they are included in the Introduction Plan, please cite the section only. If this information is already included in NVIP/POA, please reference the document and in which section/page this information can be found.

Lessons Learned	Action Points
During the past five years, one new antigen was added to the immunization programme, the pneumococcal vaccine in 13-valent presentation, PCV-13, in March 2016. In addition, from 30 April 2016, Kyrgyzstan switched from trivalent oral polio vaccine (tOPV) to bivalent vaccine (bOPV) as part of the	As mentioned in the lessons learned, the PCV was smoothly introduced. It was for a part due to a good preparation and implementation. Also, Gavi HSS and CCEOP support will allow to strengthen all immunization activities in the near future. Therefore, we can consider that there are relatively few challenges and risks to

globally synchronized effort to withdraw type 2 polio vaccine. Overall, both PCV introduction and OPV switch in Kyrgyzstan were a smooth process. In 2016, an EPI review was conducted, looking specifically at PCV introduction experience in the country. During the review, it was found that all health facility staff were satisfied with the training provided. For future trainings, some healthcare workers requested more information through printed materials. Healthcare workers reported no problems administering the PCV vaccine, although some additional hesitancy among parents was caused by two injectable vaccines administered in one visit. In most cases, explanation by health worker solved the situation and no PCV refusals were reported. Actually, some health workers indicated that parents accept PCV better than any other vaccine as for some reason PCV does not hurt and make children cry, although this remains a subjective matter. Acceptance of new vaccine was equally good by medical workers and parents, concerns with the need for additional vaccine and with safety of vaccine or multiple injections were limited. The interviewed medical workers were aware of diseases PCV prevents and of benefits of vaccination, knew new immunization schedule and did not have any difficulties with administration of PCV. No AEFIs were reported for any vaccine since the introduction of PCV vaccine, and PCV was generally regarded as very safe vaccine. Immunization forms were updated to include new vaccine, however the reporting form No.6 had PCV entered manually – the updated form was not provided to the districts yet. All visited sites reported that the introduction of PCV was a smooth process and staff of health facilities and SSES felt that the introduction of PCV had improved their immunization programme. Interviewed staff noted that advocacy and communication activities and training sessions prior to PCV introduction boosted immunization awareness in communities and increased overall knowledge of health workers. In 2016 the administrative PCV coverage was as following: 74.5% with one PCV dose and 41% with two doses of PCV. Taking into account that PCV was introduced in March and only 83% of infants born in 2016 could receive the first dose of PCV and only 50% were eligible for the second dose, the reported coverage demonstrates a high uptake of PCV in the target population. Beyond PCV introduction, there was also positive experiences with introduction of new and underutilized vaccines in the past (hepatitis B, MMR, and pentavalent vaccines).	introduce rotavirus vaccine. However, it is important still to highlight those challenges, and activities will be identified for the introduction. One first challenge could be the proper understanding by health workers and population the benefits of rotavirus vaccination, and therefore the commitment for RV administration. The NIP also expects concerns about vaccine safety among parents, especially in urban areas, and among medical workers. In that regard, the communication component is an important one to be addressed during the periods before and during the introduction of rotavirus vaccine. The training of medical workers on vaccine safety and contraindications that are planned to be conducted in 2017 with WHO support will help to address vaccine safety concerns among health care professionals. A second challenge is related to the problem of serious AEFI, mainly intussusception. The latest global data on intussusception due to vaccine show an occurrence of 1 to 6 excess cases of intussusception per 100,000 children vaccinated. It is important to remind that the rate of natural intussusception in infants, although varying between regions and countries, is around 70 cases per 100,000. This means that in Kyrgyzstan there should be around 105 cases of intussusception annually, and after the introduction, the frequency of intussusception may increase up to 107-114 cases. Obviously that AEFI issue is an important and will need to be properly addressed through the AEFI surveillance and response system, currently being strengthened. The communication component related to vaccine safety and to risk-benefit of introducing rotavirus vaccine will have to be enhanced before and during the introduction of rotavirus vaccine. The communication materials for care givers should contain information about intussusception symptoms and recommendations on seeking of medical care. The last but not least challenge is related to financial sustainability. Scenarios in the cMYP are informing the costs of rotavirus vaccine introduction. Cost-effectiveness studies on the other side demonstrated the savings that could follow the RV introduction. Although the RV introduction will be cost-saving during the period Gavi will be co-financing, the full payment of the vaccine costs after 5 years of Gavi support should be taken over by the Government. At that time, most probably the vaccine cost will have decreased with the arrival of new manufacturers (especially Indian manufacturers) and therefore RV administration should still be cost-saving.

5.1.2 Health planning and budgeting

Please provide information on the planning and budgeting cycle in your country

As the current Health Sector Strategy, the so-called “Den Sooluk” programme, is finishing by end of 2018, the 2017 Joint Annual Review was the opportunity to initiate discussions around the development of the next health sector strategy for Kyrgyzstan. There are several benefits which can be achieved through the development and implementation of the next phase of a strategy for health system in Kyrgyzstan such as convening the sector and coordinating the many different health programs in place; continuing the tradition of regular policy dialogue to review achievements and challenges; ensuring there is a contribution to broader government development strategy for sustainable development concept 2040 and taking advantage of opportunities that come from this; agreeing on a clear set of priorities, including priorities for system strengthening; and aligning all resources as the system moves towards Universal Health Coverage.

The health planning and budgeting cycle in Kyrgyzstan is derived from the “Den Sooluk” (it will be presented in below paragraph).

Concerning immunization, the current “National Programme Immunoprophylaxis 2013-2017” was approved by the Resolution of the Kyrgyzstan and is synchronized with “Den Sooluk”. Immunization issues are reflected in two components of the programme "Mother and Child Health Protection" (MCH) and "Public Health".

The immunization planning and budgeting cycle is derived from the “National Programme Immunoprophylaxis

2013-2017” (it will be presented in below paragraph).

Please indicate the name and date of the relevant planning document for health

National Health Plan: “Den Sooluk National Health Reform Programme in the Kyrgyz Republic for 2012-2016”

Is the cMYP (or updated Multi-Year Plan) aligned with the proposal document (timing, content, etc.)

The latest comprehensive Multi Year Plan (cMYP) dated 2012-2016 was neither aligned with the “National Programme Immunoprophylaxis 2013-2017” nor used as a core planning document, expect for Partners support. A major effort is currently being done to synchronize the new cMYP 2017-2021 with the national programme, to get it approved by Government Resolution, and to become the “reference document” for all immunization planning and budgeting.

In that regard, the current Gavi proposal on rotavirus vaccine introduction is aligned with the new cMYP 2017-2021, with its costing and financing component being revised and updated.

Please indicate the national planning budgeting cycle for health

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

Please indicate the national planning cycle for immunisation

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

5.1.3 Coverage and equity

Please describe any health systems bottlenecks or barriers to access, utilisation and delivery of immunisation services at district level (or equivalent), for example geographic, socio-economic and/or gender-related barriers. Please indicated if there are specific populations of concern. If available, please provide subnational coverage and equity data highlighting geographic, socio-economic, gender-related, or other barriers and any other relevant categories of vulnerable or high-risk populations.

The Multiple Indicator Cluster Survey (MICS) conducted in Kyrgyzstan in 2014 confirmed high immunization coverage among young children and demonstrated that there were no significant differences in vaccination status between boys and girls as well as between children born to mothers with higher or lower level of education. However, there were variations in coverage between children residing in urban or rural areas and in different regions of the country. The proportion of infants who have received three doses of DTP-containing vaccine was higher in rural areas (97%) than in urban areas (92%). Vaccination coverage falls up to 90% among children in the Bishkek City. The MICS revealed significant difference in immunization coverage in families with different income level. The coverage with three doses of DTP-containing vaccine was the lowest in rich families (90.9%) and was the highest in the poorest families (96.5%).

The EPI Review conducted in Kyrgyzstan in 2016 found out that the main reasons of observed differences in immunization coverage between urban and rural populations is vaccine hesitancy which is more significant among parents in big cities where they are more exposed to anti-vaccination publications in mass media and in the Internet. Another important reason of lower coverage in regions with predominantly urban populations is vaccine safety concerns among medical workers, particularly neurologists, who delays vaccination of infants by providing not justified contraindications. The lower level of immunization of children from families

with higher income is in line with lower coverage among urban populations because these families reside mainly in big cities. The children of richer families are also more likely to be referred to medical specialists, including private health care professionals, who often provide not justified contraindications again vaccination.

Please explain how the proposed NVS support (activities and budget) will be used to improve coverage and equity of routine immunisation with reference to specifically identified health systems bottlenecks and/or specific populations of concern. For countries that will be receiving Gavi HSS and/or CCEOP funding concurrently with NVS funds, please also highlight how NVS funds will support/complement/leverage specific activities or investments included in those other grants.

The National Immunization Programme has undertaken efforts to address the vaccine hesitancy among parents and to increase immunization coverage in infants residing in urban areas. The following activities were implemented with the support from partners:

- Raising awareness about immunization among parents;
- Education of medical workers;
- Improvement of the new born registry and other data sources for immunization programme;
- Annual participation in European Immunization Week: implementation of social mobilization and communication activities; immunization of children among internal migrants and in remote territories.

More communication and social mobilization activities are planned to be implemented prior to the introduction of rotavirus vaccine. In particular, in 2017 the NIP is going to conduct trainings of medical workers on vaccine safety and contraindications. Increasing confidence in immunization and creating demand is one of the main objectives of HSS Gavi support. The following activities will be implemented using HSS grant prior to the introduction of rotavirus vaccine:

- Training of PHC workers and immunization programme staff in communication skills on immunization issues;
- Nationwide representative (taking into account the sub-population of internal migrants living in Bishkek and Osh) surveys integrating:
- KAP related to immunization and other MCH services,
- immunization coverage evaluation and,
- customized health utilization and expenditure survey (HUES).

Further activities specifically planned for the introduction of rotavirus vaccine, as described in chapter 6.2.4, will be also supporting coverage and equity.

Please describe what national surveys take place routinely in country to assess gender and equity related barriers. Highlight whether this application includes any activities to assess gender and equity related barriers.

As mentioned, 2014 MICS survey and 2016 EPI review took place in recent years, assessing gender and equity related barriers, and providing related recommendations.

More survey(s) assessing that component will be planned in the future. For example, under the HSS Gavi support, the followings activity is planned: “Conduct nationwide representative (taking into account the sub-population of internal migrants living in Bishkek and Osh) surveys integrating a) KAP related to immunization and other MCH services, b) immunization coverage evaluation and c) customized health utilization and expenditure survey (HUES)”.

WHO will also support the post-introduction evaluation (PIE) for rotavirus vaccine introduction, which will among other components assess coverage and equity.

Please indicate if sex disaggregated data is collected and used in immunisation routine reporting systems.

In Kyrgyzstan, sex disaggregated data is not collected and reported in the immunisation routine reporting system. However, high vaccination rates in the country as a whole and in individual regions, and also the information shared by the local health workers confirm that there are no differences between boys and girls with regard to accessing vaccination.

Is the country currently in a situation of fragility (e.g. insecurity, conflict, post-conflict, refugees/and or displaced persons and recent, current or potential environmental disaster, such as flooding, earthquake or drought or others)? If Yes, please describe how these issues may impact your immunisation programme,

planning for introduction of routine vaccines or campaigns and financing of these activities.

There is no specific situation of fragility in Kyrgyzstan which will require specific interventions.

5.1.4 Data quality

To support country efforts to strengthen the availability, quality and use of vaccination coverage data for strengthened programme management, Gavi requires that countries applying for all types of Gavi support to undertake routine monitoring of vaccination coverage data through an annual desk review; conduct periodic (once every five years or more frequently where appropriate) in-depth assessments of routine administrative vaccination coverage data; conduct periodic (at least once every five years) nationally representative vaccination coverage surveys; and develop and monitor plans for improving vaccination coverage data quality as a part of their own core work plans.

5.2. Baseline and Annual Targets for Routine Vaccines

Please refer to cMYP pages to assist in filling-in this section. For HPV, please also refer to Annex 3 of the HPV Guidelines.
The Base year information should be completed for the year in which the application is being completed.

Table 5.2: Baseline NVS routine figures

Number	Base Year	Baseline and Targets		
	2016	2019	2020	2021
Total births	158,032	166,082	168,856	171,675
Total infants' deaths	2,621	2,522	2,494	2,469
Total surviving infants	155,411	163,560	166,362	169,206
Total pregnant women	158,032	166,082	168,856	171,657
Target population (routine cohort) vaccinated with OPV3*[1]*	151,060	157,018	160,539	164,130
OPV3 coverage*[2]*	97 %	96 %	96 %	97 %
Target population (routine cohort) vaccinated with DTP1*[1]*	150,283	160,222	163,815	167,480
Target population (routine cohort) vaccinated with DTP3*[1]*	149,350	157,018	160,539	164,130
DTP3 coverage*[2]*	96 %	96 %	96 %	97 %
Wastage*[3]* rate in base-year and planned thereafter (%) for DTP	5	5	5	5
Wastage*[3]* factor in base-year and planned thereafter for DTP	1.05	1.05	1.05	1.05
Target population (routine cohort) vaccinated with 1st dose of RV1	0	82,606	126,032	165,788
Target population (routine cohort) vaccinated with 2nd dose of Rotavirus	0	81,780	124,772	164,130
RV1 coverage*[2]*	0 %	50 %	75 %	97 %
First Presentation: RV1, 1 dose/plastic tube, liquid				
Wastage*[3]* rate in base-year and planned thereafter (%)	5	5	5	5
Wastage*[3]* factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05
Maximum wastage rate value for RV1, 1 dose/plastic tube, liquid	5 %	5 %	5 %	5 %
Target population (routine cohort) vaccinated with 1st dose of MCV	150,749	158,653	162,203	165,822
MCV coverage*[2]*	97 %	97 %	98 %	98 %
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	1 %	2 %	2 %	2 %

[1] Indicate total number of children vaccinated with either DTP alone or combined

[2] Number of infants vaccinated out of total surviving infants

[3] The formula to calculate a vaccine wastage rate (in percentage): [(A - B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5.3. Targets for Preventive Campaign(s)

No NVS Prevention Campaign Support this year

5.4. Targets for One time mini-catchup campaign(s)

No One time mini-catchup campaign this year

6. New and Under-Used Vaccines (NVS Routine vaccines)

6.1. Assessment of burden of relevant diseases (if available)

If already included in detail in the Introduction Plan or Plan of Action, please cite the section only.

Disease	Title of the assessment	Date	Results
.Rotavirus	Rotavirus infection in hospitalized children and estimates of disease burden in Kyrgyzstan	Survey 2005–2007 Published 2009	To estimate the rotavirus-associated burden in Kyrgyzstan, hospital surveillance was conducted among children <5 years old with diarrhoea during 2005–2007. Of 3756 children hospitalized with diarrhoea, 26% had rotavirus detected in stool samples by an enzyme immunoassay. The virus genotype G1P was identified in 60% of 190 characterized samples from 2005 to 2006. The estimated risk for rotavirus hospitalization by age 5 years was 1 in 28 children. One quarter of all gastroenteritis hospitalizations in children <5 years old in Kyrgyzstan may be attributable to rotavirus. Rotavirus vaccination could be an important health intervention to reduce the burden of rotavirus gastroenteritis.
Rotavirus	Costs of Diarrheal Disease and the Cost-Effectiveness of a Rotavirus Vaccination Programme in Kyrgyzstan	Survey 2005-2008 Published 2009	Rotavirus-related hospitalizations and outpatient visits cost US$580,864 annually, of which $421,658 (73%) is direct medical costs and $159,206 (27%) is nonmedical and indirect costs. With 95% coverage, vaccination could prevent 75% of rotavirus-related hospitalizations and deaths and 56% of outpatient visits and could avert $386,193 (66%) in total costs annually. The medical break-even price at which averted direct medical costs equal vaccination costs is $0.65/dose; the societal break-even price is $1.14/dose for a 2-dose regimen. At the current GAVI Alliance–subsidized vaccine price of $0.60/course, rotavirus vaccination is cost-saving for the government. Vaccination is cost-effective at a vaccine price $9.41/dose, according to the cost-effectiveness standard set by the 2002 World Health Report.
Rotavirus	A routine epidemiological surveillance of rotavirus infection	Surveillance Oct. 2010 to Sept. 2011	Data available with the Republican SSES
Rotavirus	WHO Rotavirus Mortality Estimate	Estimate, 2015	In 2013, 54 children at the age less than 5 years died from rotavirus diarrhoeas. The introduction of rotavirus vaccine will allow to avert these preventable deaths.

6.2. Requested vaccine (RV1, 1 dose/plastic tube, liquid)

As reported in the cMYP, the country plans to introduce RV1, using RV1, 1 dose/plastic tube, liquid.

When is the country planning to introduce this vaccine? **March 2019**

Please note that, due to a variety of factors, the launch date may vary compared to the date stipulated in the application. Gavi will work closely with countries and their partners to address these issues.

Please summarise the cold chain capacity (at central and other levels) and readiness to accommodate new vaccines, taking into consideration training, cold chain equipment and other logistical requirements. If cold chain expansion is required, state how it will be financed, and when it will be in place. The Independent Review Committee requires assurance that the cold chain is ready or will be ready for the routine introduction of the new vaccine, and evidence/plans need to be provided. All proposals that include Gavi- financing for cold chain equipment intended for vaccine storage shall need to procure equipment pre-qualified by WHO under their Performance Quality and Safety (PQS) program. The purchase of non-PQS equipment will only be considered on an exceptional basis, with justification and advance agreement from Gavi.

With the support of the HSS Gavi grant and the Cold Chain Equipment Optimization Platform (CCEOP), several areas of the immunization programme and the health system are currently being strengthened in Kyrgyzstan, and the upgrading of cold chain, logistics and vaccine management accounts among the biggest component; that will represent an important opportunity for cold-chain rehabilitation in Kyrgyzstan. CCEOP eligible equipment will be used to address cold-chain needs at the district and immunization service provision level, while the HSS funding will be focusing on strengthening vaccine storage and transportation systems at national, oblast and rayon levels.

Concerning new vaccine introduction and cold chain capacity requirements, in the “CCE rehabilitation and maintenance plan” (February 2017), the vaccine volume data for the future new vaccines were calculated using the following assumptions:

- PCV13: Three doses (single dose vial) – introduced in 2016
- IPV: One dose (single dose vial) – introduced as soon as global supply available
- Rotavirus: Two doses (single dose vial) – introduction planned for 2019
- HPV: Two doses for girls (single dose vial) – tentative introduction planned for 2021
- Expanding the use of non-routine vaccines (i.e. influenza and rabies vaccines)

Therefore, it could be confirmed that once all new equipment coming through the HSS Gavi support and through the CCEOP will have been supplied by 2019, the cold chain capacity will be sufficient to handle rotavirus vaccine supplies at all levels. Further details on cold stores rehabilitation, on new equipment procurement, and on future cold chain capacity (at central and other levels) could be found in the HSS and CCEOP documents (provided as attachments to this proposal).

On vaccine management, technical assistance was extensively provided during the years 2013-2016 and an EVM assessment was conducted in September 2015, providing the following conclusion: “Results of the EVM assessment revealed existence of high quality vaccine management practices, particularly at central level.” Moreover the 2016 EPI review showed that most of vaccines observed were in good condition, with no major VVM (vaccine vial monitoring) infringement. However continuous vaccine management improvement is required, with SOPs implementation, especially at the lower levels; activities in that direction are included in the HSS support.

6.2.1. Vaccine Prices

Vaccine	Presentation	2017	2018	2019	2020	2021
RV1, 1 dose/plastic tube, liquid	1	2.012	2.012	2.012	2.012	2.012

6.2.2. Co-financing information

If you would like to co-finance an amount higher than the minimum, please provide information in Your co-financing row.

Country group	Preparatory transition phase

	2019	2020
minimum co-financing per dose	0.37	0.43
your co-financing per dose (please change if higher)	0.37	0.43

	2021
minimum co-financing per dose	0.49
your co-financing per dose (please change if higher)	0.49

6.2.2.1.Specifications of vaccinations with new vaccine for routine cohort

	Source		2019	2020	2021
Number of children in routine cohort to be vaccinated with the first dose	Table 5.2	#	82,606	126,032	165,788
Number of children in routine cohort to be vaccinated with the second dose	Table 5.2	#	81,780	124,772	164,130
Immunisation coverage with the second dose	Table 5.2	%	50%	75%	97%
Country co-financing per dose	Table 6.2.2	$	0.37	0.43	0.49

6.2.3 Portion of supply for routine cohort to be procured by the country (and cost estimate, US$)

		2019	2020
Number of vaccine doses	#		
Number of AD syringes	#		
Number of re-constitution syringes	#	0	0
Number of safety boxes	#		
Total value to be co-financed by the Country *[1]*	$	80,476	123,841

[1] The co-financing amount for intermediate and graduating countries indicates costs for the vaccines, related injection safety devices and any freight charges. The total co-financing amount does not contain the costs and fees of the relevant Procurement Agency, such as contingency buffer and handling fees. Information on these extra costs and fees will be provided by the relevant Procurement Agency as part of the cost estimate to be requested by the Country.

		2021
Number of vaccine doses	#	
Number of AD syringes	#	
Number of re-constitution syringes	#	0
Number of safety boxes	#	
Total value to be co-financed by the Country *[1]*	$	181,546

[1] The co-financing amount for intermediate and graduating countries indicates costs for the vaccines, related injection safety devices and any freight charges. The total co-financing amount does not contain the costs and fees of the relevant Procurement Agency, such as contingency buffer and handling fees. Information on these extra costs and fees will be provided by the relevant Procurement Agency as part of the cost estimate to be requested by the Country.

6.2.4 New and Under-Used Vaccine Introduction Grant

Calculation of Vaccine Introduction Grant for the RV1, 1 dose/plastic tube, liquid

Year of New Vaccine Introduction	Births (from Table 5.2)	Share per Birth in US$	Total in US$
2019	166,082	0.80	132,866

This is a one-time cash grant of US$0.80/child in a single birth cohort or a lump sum of $100,000 (whichever is higher). It should be noted that for introduction applications submitted from January 2017 onwards and for all Gavi vaccine introductions planned for implementation in 2018 onwards, this grant will be adjusted according to transition stage of the country. Countries in preparatory transition phase (Phase 1) will be provided with $0.70 per targeted person in a single birth cohort, and countries which have entered accelerated transition phase (Phase 2) $0.60 per targeted person in a single birth cohort. For low income countries, the amount will remain at $0.80 per targeted person.

Please describe how the Gavi Vaccine Introduction Grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the introduction of the new vaccine (refer to the cMYP and the Vaccine Introduction Plan).

The following activities will be implemented prior to and during the rotavirus vaccine introduction, for an effective introduction. The Gavi Vaccine Introduction Grant (VIG) will financially support several of these activities, as described in the “Detailed activities and budget for VIG / Operational costs” provided as an attachment. The estimated amount of the VIG will be USD 132,866. Other activities will be supported by the Government, by the Partners, and/or integrated into RCI routine activities.

1. Coordinating and monitoring preparation and implementation

- RCI to organize regular meeting and reporting to MoH and ICC, to update on rotavirus vaccine introduction
- Revise regulatory and normative documents (Prikaz/Order)
- Revise immunization guidelines and/or development of rotavirus vaccine specific annexures to the existing documents:
- Immunization schedule
- Immunization services and practices
- Vaccine management
- Injection safety and waste management
- AEFI surveillance
- Advocacy and communication
    - Disseminate updated regulatory documents and immunization guidelines to all oblast and rayon SES, and to all health centres

2. Planning for procurement and distribution of rotavirus vaccine

- Update MOH-UNICEF 5-year forecasting tool with rotavirus vaccine requirements
- Procure rotavirus vaccines annually, as per other vaccines procedures
- Distribute rotavirus vaccines, as per other vaccines procedures
- Inform DDPME (NRA) about rotavirus vaccine introduction, providing all Rotarix specifications

3. Expanding or upgrading cold chain, logistics and vaccine management

- Monitor the supply and installation of all cold chain equipment provided by HSS Gavi grant and CCEOP
- Monitor the vaccine management training planned under the HSS Gavi grant and CCEOP

4. Planning for increased waste management and injection safety needs

- No specific activities

5. Revising health and immunization management information/data system

- Revise immunization recording and reporting forms, including child health or vaccination card/booklet; Adjust accordingly computer software on immunization management information/data system
- Disseminate updated immunization recording and reporting forms, including child health or vaccination card/booklet, to all oblast and rayon SES and to all health centres.
- Revise AEFI surveillance guidelines and AEFI reporting forms

- The following activities will be implemented prior to and during the rotavirus vaccine introduction, for an effective introduction. The Gavi Vaccine Introduction Grant (VIG) will financially support several of these activities, as described in the “Detailed activities and budget for VIG / Operational costs” provided as an attachment. The estimated amount of the VIG will be USD 132,866. Other activities will be supported by the Government, by the Partners, and/or integrated into RCI routine activities.

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- Immunization services and practices
- Vaccine management
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    - Disseminate updated regulatory documents and immunization guidelines to all oblast and rayon SES, and to all health centres

- 2. Planning for procurement and distribution of rotavirus vaccine

- Update MOH-UNICEF 5-year forecasting tool with rotavirus vaccine requirements
- Procure rotavirus vaccines annually, as per other vaccines procedures
- Distribute rotavirus vaccines, as per other vaccines procedures
- Inform DDPME (NRA) about rotavirus vaccine introduction, providing all Rotarix specifications

- 3. Expanding or upgrading cold chain, logistics and vaccine management

- Monitor the supply and installation of all cold chain equipment provided by HSS Gavi grant and CCEOP
- Monitor the vaccine management training planned under the HSS Gavi grant and CCEOP

- 4. Planning for increased waste management and injection safety needs

- No specific activities

- 5. Revising health and immunization management information/data system

- Revise immunization recording and reporting forms, including child health or vaccination card/booklet; Adjust accordingly computer software on immunization management information/data system
- Disseminate updated immunization recording and reporting forms, including child health or vaccination card/booklet, to all oblast and rayon SES and to all health centres.
- Revise AEFI surveillance guidelines and AEFI reporting forms
- Disseminate AEFI surveillance guidelines and AEFI reporting forms
- Include information on establishment and implementation of intussusception surveillance in the pre-introductory trainings for health care workers
- Include information about intussusceptions, including symptoms and heath care seeking behaviour, in the information materials on rotavirus vaccine for parents

- 6. Planning for monitoring and evaluation of rotavirus vaccine introduction

- Conduct, at least twice a year, supervision visits from national level to oblast/rayon/municipality level and from rayon/municipality level to health facility level
- Plan and implement pre- and post-introduction evaluations, with the support of “New Vaccine Introduction Checklist” and WHO “New Vaccine PIE Tool”
- Establish a pre- and post-introduction surveillance system for diarrhoeal diseases, in a couple of sentinel hospitals, for a determinate period of time
- Establish a pre- and post-introduction specific AEFI active surveillance to monitor intussusception in those two sentinel hospitals, using standard case definition

- 7. Training of health workers involved in vaccination
- Draft a training plan with strategy, number and type of healthcare workers to be trained, duration and content of training, materials to be developed, monitoring and evaluation
- Develop training courses and educational materials, including all required topics necessary for the rotavirus vaccine introduction
- Implement cascade training, from national level to oblast/rayon/municipality level and from rayon/municipality level to health facility level, with an initial training of trainers for national and oblast epidemiologists
- 8. Planning and conducting social mobilization, communications and advocacy
- Conduct a formative research to better understand knowledge and attitudes towards rotavirus vaccine among target populations and develop communication strategy tailored to target audiences needs
- Draft a specific-to-rotavirus advocacy, communication and social mobilization plan
- Develop appropriate education and information materials
- Implement advocacy, communication and social mobilization activitie
- Please complete the 'Detailed budget for VIG / Operational costs' template provided by Gavi and attach as a mandatory document in the Attachment section.

  Detailed budget attached as Document No. 22.

  Where Gavi support is not enough to cover the full needs, please describe other sources of funding and the expected amounts to be contributed, if available, to cover your full needs.

  As the Government usually provides regular financial support to immunization, e.g. human resources, logistics, vaccine distribution, it will apply in the same way to rotavirus vaccine as for other routine vaccines. Also, several of the above-listed activities are integrated and implemented by RCI, in the loop of their routine activities, e.g. supervision, continuous training, monitoring, etc.

  In the context of HSS Gavi support, several immunization components are also being strengthened, e.g. communication and social mobilization, trainings of medical workers, cold chain and vaccine management.

  Finally, WHO and UNICEF should be able to provide technical assistance, as they usually do when introducing new vaccine.

Please complete the 'Detailed budget for VIG / Operational costs' template provided by Gavi and attach as a mandatory document in the Attachment section.

Detailed budget attached as Document No. 22.

Where Gavi support is not enough to cover the full needs, please describe other sources of funding and the expected amounts to be contributed, if available, to cover your full needs.

As the Government usually provides regular financial support to immunization, e.g. human resources, logistics, vaccine distribution, it will apply in the same way to rotavirus vaccine as for other routine vaccines. Also, several of the above-listed activities are integrated and implemented by RCI, in the loop of their routine activities, e.g. supervision, continuous training, monitoring, etc.

In the context of HSS Gavi support, several immunization components are also being strengthened, e.g. communication and social mobilization, trainings of medical workers, cold chain and vaccine management.

Finally, WHO and UNICEF should be able to provide technical assistance, as they usually do when introducing new vaccine.

6.2.5.Integrated disease control

a) Please describe **any** existing interventions for **the** prevention and treatment of pneumonia and diarrhoea and the status of implementation.

The Government of Kyrgyzstan adopted and implemented National Health Reform Programme “Den Sooluk” for the period 2012 to 2016, extended up to 2018. “Den Sooluk” was aimed at ensuring universal coverage of population with high quality health, sanitation prevention services regardless of social status, gender differences and insurance status of the population.

The introduction of programmes that are evidence-based (basic prenatal care, integrated management of childhood illnesses, improve nutritional status, including fortification by homemade food complex of minerals and vitamins “Gulazyk”, etc.), as well as support for all health care provided under the programme “Den Sooluk” were key factors contributing to the steady decline in infant and child mortality. In 2015 the mortality rate in children at the age less than 5 years was 19 per 1000 live births (MDG Target: 22). The infant mortality rate has decreased by 5.2%.

The proportion of infants less than 6 months of age that were exclusively breastfeed in 2015 was 41%. The proportion of children with diarrhoeas that received oral rehydration therapy/increased fluids significantly increased in the last decade and reached 67% in 2015.

b) Please provide any considerations for how vaccination could strengthen delivery and communication of additional health interventions. Please highlight any barriers that you may foresee with integrating vaccination with other health interventions.

The introduction of rotavirus vaccine will be used as an opportunity to improve coverage with other interventions that help to prevent diarrhoeas and reduce mortality due to diarrhoeas. The training materials for health care workers will contain information on comprehensive prevention and control of diarrhoeas, including use of low-osmolarity ORS and Zinc supplementation for treatment of diarrhoeas in children. The education materials for parents will contain information about an important role of exclusive breastfeeding, hand washing, adequate nutrition, and safe water and sanitation in prevention and control of diarrhoeal diseases that cannot be prevented by immunization.

6.2.6.Technical assistance

Please describe any particular area(s) the Ministry would require technical assistance to support the introduction of RV1. Please consider the support in the context of developing and implementing an integrated approach to disease prevention and control.

Technical assistance will be provided by WHO and UNICEF, for the HSS and CCEOP grants implementation, which will encompass several components strengthening the immunization programme and therefore benefiting the rotavirus vaccine introduction.

The specific technical assistance for the rotavirus vaccine introduction itself will be requested from WHO and UNICEF in the following areas:

- NITAG evaluation and strengthening
- Provision of information for revision/development of immunization regulatory documents, guidelines and forms for inclusion of rotavirus vaccine specific information
- Provision of information for development of training materials
- Conduct of a formative research to better understand knowledge and attitudes towards rotavirus vaccine
- Provision of information for development of appropriate education and information materials
- Establishing a pre- and post-introduction surveillance system for diarrhoeal diseases (sentinel hospitals)
- Establishing a pre- and post-introduction specific AEFI active surveillance to monitor intussusception
- Rotavirus vaccine post introduction evaluation (PIE)
- Rotavirus vaccine forecast and procurement (UNICEF Supply)

7. NVS Preventive Campaigns

No NVS Prevention Campaign Support this year

8. NVS Follow-up Campaigns

No NVS Follow-up Campaign Support this year

9. Procurement and Management

9.1 Procurement and Management of New and Under-Used Vaccines Routine

Note: The PCV vaccine must be procured through UNICEF to be able to access the price awarded by the Advance Market Commitment (AMC).

a) Please show how the support will operate and be managed including procurement of vaccines (Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund):

Kyrgyzstan has been using for many years the opportunity of purchasing all childhood quality-assured vaccines (WHO prequalified) through UNICEF Procurement Services. The procurement and supply mechanism is regulated within the frame of the Memorandum of Understanding (MOU) 2012-2022 between the Government and UNICEF. RCI is currently in charge of the immunization procurement related activities. Every year, they make an estimation of needs (considering the vaccines stock balances), then the request for vaccines takes place in October to UNICEF Procurement Services, with 100% pre-payment (funds are allocated by Government in April; 5-7% financial buffer is deposed in RCI). Upon arrival of vaccines, RCI is in charge of customs clearance and transferring vaccines from the airport to the central cold store. Vaccine arrival report (VAR) is usually used.

The same procedure will apply to rotavirus vaccine procurement.

b) If an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or the Gavi) is requested, please document

- A description of the mechanism and the vaccines or commodities to be procured by the country
- Assurance that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. For the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, assurance should also be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

No alternative mechanism for procurement and delivery of rotavirus vaccine will apply. The current system, through UNICEF Procurement Services, will remain in place (MOU until 2022).

c) If receiving direct financial support from Gavi (such as operational support for campaigns or VIG activities), please indicate how the funds should be transferred by Gavi.

Funds for the introduction of rotavirus vaccine will be transferred to Republican Centre for Immunoprophylaxis (RCI). The Deputy Minister of Health and the Head of RCI are responsible for utilization of GAVI grant funds.

d) Please indicate how the co-financing amounts will be paid (and who is responsible for this)

The co-financing amounts will be transferred to the UNICEF Supply Division bank account by the Ministry of Health. The Deputy Minister of Health is responsible for transferal of funds

e) Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including procurement.

The funds allocated by GAVI in support for the rotavirus vaccine introduction will be transferred to the bank account of the Republican Centre for Immunoprophylaxis (RCI), and will be used for disbursement for the activities listed in the "Detailed activities and budget for VIG / Operational costs" provided as an attachment. The utilization of funds will have been discussed and agreed with the Inter-Agency Coordination Committee (ICC). The Deputy Minister of Health and the Head of the RCI will be responsible for the use of the GAVI funds. The Finance Department of the Ministry of Health will monitor the compliance with the national requirements placed to medical equipment procurement using the GAVI funds. The reports on GAVI funds

utilization will be discussed every year at the ICC meetings and submitted to GAVI together with an annual report

f) Please outline how coverage of the introduced vaccine will be monitored, reported and evaluated (refer to cMYP and Introduction Plan)

Monitoring the coverage of the rotavirus vaccine will be incorporated into the routine immunization coverage monitoring system. Immunization recording and reporting forms will be revised, printed and disseminated prior to the new vaccine introduction. The medical workers will monitor the number and proportion of infants that received 1st and 2nd doses of rotavirus vaccine and the drop-out rate. Number of infants received the 1st and 2nd doses of vaccine will be used a nominator and number of infants in the target population provided by the Ministry of Statistics will be used as denominator. Monthly reports will be submitted from health facility levels to the regional level. Aggregated regional reports will be submitted monthly to the National Immunization Centre (RCI). Final national annual reports will be submitted to the Ministry of Health, Ministry of Statistics and to WHO and UNICEF through the Joint Reporting Form.

A post introduction evaluation (PIE), as recommended by WHO, will be implemented 6-9 months after the introduction, to assess the overall implementation.

Other type of review and survey should they be planned by partners could also provide information about rotavirus vaccine coverage, e.g. EPI review, MICS or other assessment.

g) If applying for measles second dose, does the country wish to have the support in cash or in-kind? **N/A**

9.2 Procurement and Management for NVS Preventive Campaign(s)

No NVS Prevention Campaign Support this year

9.3 Product Licensure

For each of the vaccine(s) requested, please state whether manufacturer registration and/or national vaccine licensure will be needed in addition to WHO prequalification and, if so, describe the procedure and its duration. In addition, state whether the country accepts the Expedited Procedure for national registration of WHO-prequalified vaccines.

Note that the necessary time for licensure should be factored into the introduction timeline and reflected in the Vaccine Introduction Plan or Plan of Action.

Concerning medicines and vaccines regulation and registration in Kyrgyzstan, the Department of Drug Provision and Medical Equipment (DDPME) of the MoH is in charge of registration of all pharmaceuticals. However, typical functions of the NRA for vaccines licensing and post-marketing surveillance are not yet in place and existing control laboratories don't have the required technical capacity to perform vaccine regulatory functions. Currently, not all vaccines are registered in the country and WHO prequalified vaccines imports are based on individual waivers issuance. The RCI team is in charge of the follow-up of the issuance of this waiver, with the support of UNICEF Country Office. No delay has been observed for that procedure.

The same regulation procedures will apply to rotavirus prequalified vaccine.

For each of the vaccine(s) requested, please provide the actual licensure status of the preferred presentation and of any alternative presentations, if required.

The rotavirus vaccine selected, Rotarix, is not licensed/registered in Kyrgyzstan.

WHO prequalified rotavirus vaccine imports will be based on individual waivers issuance. No delay has been observed for that procedure.

Please describe local customs regulations, requirements for pre-delivery inspection, special documentation requirements that may potentially cause delays in receiving the vaccine. If such delays are anticipated, explain what steps are planned to handle these.

As mentioned above, Kyrgyzstan is purchasing all childhood quality-assured vaccines (WHO prequalified) through UNICEF Procurement Services. The procurement and supply mechanism is regulated within the

frame of the Memorandum of Understanding (MOU) 2012-2022 between the Government and UNICEF.

No specific barriers and delays have been observed in recent times.

Please provide information on NRA in the country, including status (e.g. whether it is WHO-certified). Please include points of contact with phone numbers and e-mail addresses. UNICEF will support the process by communicating licensing requirements to the vaccine manufacturers where relevant.

As mentioned above, typical functions of the NRA for vaccines licensing and post-marketing surveillance are not yet in place and existing control laboratories don't have the required technical capacity to perform vaccine regulatory functions.

As emphasized in the 2016 EPI review, the NRA in Kyrgyzstan should be strengthened to allow vaccine registration.

NRA points of contact: Kurmanov Rustam Abdykaiypovich, Director General of Department of Drug Provision and Medical Equipment, MoH

9.4 Waste management

Countries must have a detailed waste management and monitoring plan as appropriate for their immunisation activities. This should include details on sufficient availability of waste management supplies (including safety boxes), the safe handling, storage, transportation and disposal of immunisation waste, as part of a healthcare waste management strategy. Please describe the country's waste management plan for immunisation activities (including campaigns).

The rotavirus vaccine selected for the introduction, Rotarix, is a liquid vaccine, in a single dose plastic tube presentation. Therefore, injection safety concerns do not apply to that vaccine.

Concerning waste management, the rotavirus vaccine will come in single dose, and therefore empty plastic tube, once vaccine administrated, could be trashed in regular healthcare waste bin. There is no need to put the empty vial in the safety box used for AD syringes.

However, as the rotavirus vaccine is a live attenuated vaccine, any plastic tube with remaining vaccine in it will have to be destroyed accordingly (incinerating, autoclaving).

9.5 Procurement and Management for Follow up Campaign(s)

No NVS Follow-up Campaign Support this year

10. List of documents attached to this proposal

Table 1: Checklist of mandatory attachments

Document Number	Document	Section	File
Endorsements			
1	MoH Signature (or delegated authority) of Proposal	4.1.1	Подписи МЗ и Минфин КР.PDF **File desc:** **Date/time :** 08/09/2017 11:15:29 **Size:** 147 KB
2	MoF Signature (or delegated authority) of Proposal	4.1.1	Подписи МЗ и Минфин КР.PDF **File desc:** **Date/time :** 08/09/2017 11:15:46 **Size:** 147 KB
4	Terms of Reference for the Coordination Forum (ICC/HSCC or equivalent) including all sections outlined in Section 5.2 of the General Application Guidelines (Note: countries applying before May 2017 can submit their existing Terms of Reference)	4.1.2	Положение и функции МКК КР.docx **File desc:** **Date/time :** 08/09/2017 11:16:24 **Size:** 33 KB
5	Minutes of Coordination Forum meeting endorsing Proposal	4.1.3	Протокол МКК (6 стр).png **File desc:** **Date/time :** 07/09/2017 10:31:02 **Size:** 309 KB
6	Signatures of Coordination Forum members in Proposal	4.1.3	Подписи МКК.pdf **File desc:** **Date/time :** 08/09/2017 11:17:03 **Size:** 303 KB
7	Minutes of the Coordination Forum meetings from the past 12 months before the proposal	4.1.3	Протокол МКК от 4.07.2017г.pdf **File desc:** **Date/time :** 08/09/2017 11:17:32 **Size:** 130 KB
8	Role and functioning of the advisory group, description of plans to establish a NITAG	4.2.1	Положение НТГЭИ-ок2012.doc **File desc:** **Date/time :** 08/09/2017 11:18:07 **Size:** 75 KB
31	Minutes of NITAG meeting with specific recommendations on the NVS introduction or campaign	4.2	Протокол НТГЭИ от 16.08.17г.docx **File desc:** **Date/time :** 08/09/2017 11:19:20 **Size:** 31 KB
Planning, financing and vaccine management			
9	Comprehensive Multi Year Plan - cMYP	5.1	KGZ cMYP 2017-2021 Kyrgyzstan (Update21Feb2017).docx **File desc:** **Date/time :** 08/09/2017 11:20:44 **Size:** 5 MB

10	cMYP Costing tool for financial analysis	5.1	cMYP KGZ_2017-2021_Scenario A_07.09.17.xlsx **File desc:** **Date/time :** 08/09/2017 11:21:41 **Size:** 3 MB
11	M&E and surveillance plan within the country's existing monitoring plan	5.1.4	M&E (миниторинг).docx **File desc:** **Date/time :** 08/09/2017 11:23:27 **Size:** 13 KB
12	New vaccine introduction plan (NVIP), New Vaccine Introduction Checklist and Activity List & Timeline for routine vaccines or Plan of Action (PoA) for campaign vaccines	5.1,7.2.3	Kyrgyzstan Rotavirus Vaccine Introduction Plan 06 September.docx **File desc:** **Date/time :** 08/09/2017 11:24:54 **Size:** 414 KB
19	EVM report	9.3	EVM_report_KGZ.docx **File desc:** **Date/time :** 07/09/2017 10:37:15 **Size:** 2 MB
20	Improvement plan based on EVM	9.3	План ЭУВ по улучшению.pdf **File desc:** **Date/time :** 07/09/2017 12:15:15 **Size:** 49 KB
21	EVM improvement plan progress report	9.3	EVM_improvement_plan_kyrgyzstan (статус выполнения плана ЭУВ) (1).xls **File desc:** **Date/time :** 07/09/2017 12:14:00 **Size:** 236 KB
22	Detailed budget template for VIG / Operational Costs	6.x,7.x.2,6.x.2,8.2.3	Бюджет плана внедрения РВ (анг верс).xlsm **File desc:** **Date/time :** 08/09/2017 11:24:10 **Size:** 2 MB
32	Data quality assessment (DQA) report	5.1.4	KGZ DQA Final Report July 2016.docx **File desc:** **Date/time :** 07/09/2017 09:52:46 **Size:** 1 MB

Table 2: Checklist of optional attachments

Document Number	Document	Section	File
3	MoE signature (or delegated authority) of HPV Proposal	4.1.1	No file loaded
14	Annual EPI Plan with 4 year forward view for measles and rubella		No file loaded

15	HPV Region/ Province profile	6.1.1	No file loaded
16	HPV Key Stakeholder Roles and Responsibilities	6.1.1,6.1.2	No file loaded
17	Evidence of commitment to fund purchase of RCV (in place of the first dose of MCV) / for use in the routine system	5.1.6, 6.1.7	No file loaded
18	Campaign target population documentation	8.x.1, 6.x.1	No file loaded
24	Risk assessment and consensus meeting report for Yellow Fever, including information required Section 5.3.2 in the General Guidelines on YF Risk Assessment process	5.1	No file loaded
25	Post Introduction Evaluation report from any recent NVS introduction	5.1	No file loaded
26	List of areas/districts/regions and targets to be supported for meningitis A mini catch up campaigns		No file loaded
27	National Measles (& Rubella) elimination plan if available		No file loaded
28	A description of partner participation in preparing the application	4.1.3	No file loaded
30	For countries applying for measles/rubella support that are not yet financing the measles monovalent component of MCV1, ICC minutes committing to finance from 2018 onwards.		No file loaded
33	DQA improvement plan	5.1.4	No file loaded
34	Plan of Action for campaigns	8.1, 8.x.4	No file loaded

35	Other		No file loaded
36	Strategy for establishing or strengthening a national comprehensive approach to cervical cancer prevention and control		No file loaded
37	Evidence of self-financing MCV1	5.1.5	No file loaded
38	For countries applying for measles/rubella support that are not yet financing the measles monovalent component of MCV1, a signed letter from the Minister of Health and the Minister of Finance committing to finance from 2018 onwards.		No file loaded
39	Epidemiological analysis/evidence	8.3.1	No file loaded
40	Post Campaign Coverage Survey report for MR catch-up applications	5.1.x	No file loaded
41	cMYP addendum on measles and rubella		No file loaded
42	Offline cofinancing calculator for this campaign	5.5, 8.2.3	No file loaded

11. Annexes

Annex 1 - NVS Routine Support

Annex 1.1 RV1, 1 dose/plastic tube, liquid

Table Annex 1.1 A: Rounded up portion of supply that is procured by the country and estimate of relative costs in US$

		2019	2020	2021
Number of vaccine doses	#			
Number of AD syringes	#			
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#			
Total value to be co-financed by the Country *[1]*	$	80,476	123,841	181,546

Table Annex 1.1 B: Rounded up portion of supply that is procured by Gavi and estimate of relative costs in US$

Portion of supply for routine cohort to be procured by Gavi (and cost estimate, US$)

		2019	2020	2021
Number of vaccine doses	#	0	0	0
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by Gavi	$	386,017	493,860	613,100

Table Annex 1.1 D: Estimated numbers for RV1, 1 dose/plastic tube, liquid, associated injection safety material and related co-financing budget (page 1)

		Formula	2019		
			Total	Government	Gavi
A	Country co-finance	*V*	17.25 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2*	82,606	14,251	68,355
C	Number of doses per child	*Vaccine parameter (schedule)*	2		
D	Number of doses needed	*B x C*	165,212	28,501	136,711
E	Estimated vaccine wastage factor	*Table 5.2*	1.05		
F	Number of doses needed including wastage	*D x E*	173,473	29,926	143,547
G	Vaccines buffer stock	*Buffer on doses needed = (D - D of previous year) x 25% Buffer on wastages = ((F - D) - (F of previous year - D of previous year)) x 25%, = 0 if negative result G = [buffer on doses needed] + [buffer on wastages]*	43,369	7,482	35,887
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	217,500	37,522	179,978
J	Number of doses per vial	*Vaccine parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.10*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.11*	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	437,610	75,493	362,117
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	28,883	4,983	23,900
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	466,493	80,476	386,017
U	Total country co-financing	*I x country co-financing per dose (cc)*	80,475		
V	Country co-financing % of Gavi supported proportion	*U / T*	17.25 %		

Table Annex 1.1 D: Estimated numbers for RV1, 1 dose/plastic tube, liquid, associated injection safety material and related co-financing budget (page 2)

		Formula	2020		
			Total	Government	Gavi
A	Country co-finance	*V*	20.05 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2*	126,032	25,268	100,764
C	Number of doses per child	*Vaccine parameter (schedule)*	2		
D	Number of doses needed	*B x C*	252,064	50,536	201,528
E	Estimated vaccine wastage factor	*Table 5.2*	1.05		
F	Number of doses needed including wastage	*D x E*	264,668	53,063	211,605
G	Vaccines buffer stock	*Buffer on doses needed = (D - D of previous year) x 25% Buffer on wastages = ((F - D) - (F of previous year - D of previous year)) x 25%, = 0 if negative result G = [buffer on doses needed] + [buffer on wastages]*	22,799	4,571	18,228
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	288,000	57,740	230,260
J	Number of doses per vial	*Vaccine parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.10*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.11*	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	579,456	116,173	463,283
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	38,245	7,668	30,577
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	617,701	123,841	493,860
U	Total country co-financing	*I x country co-financing per dose (cc)*	123,840		
V	Country co-financing % of Gavi supported proportion	*U / T*	20.05 %		

Table Annex 1.1 D: Estimated numbers for RV1, 1 dose/plastic tube, liquid, associated injection safety material and related co-financing budget (page 3)

		Formula	2021		
			Total	Government	Gavi
A	Country co-finance	*V*	22.85 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2*	165,788	37,876	127,912
C	Number of doses per child	*Vaccine parameter (schedule)*	2		
D	Number of doses needed	*B x C*	331,576	75,752	255,824
E	Estimated vaccine wastage factor	*Table 5.2*	1.05		
F	Number of doses needed including wastage	*D x E*	348,155	79,540	268,615
G	Vaccines buffer stock	*Buffer on doses needed = (D - D of previous year) x 25% Buffer on wastages = ((F - D) - (F of previous year - D of previous year)) x 25%, = 0 if negative result G = [buffer on doses needed] + [buffer on wastages]*	20,872	4,769	16,103
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	370,500	84,645	285,855
J	Number of doses per vial	*Vaccine parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.10*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.11*	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	745,446	170,305	575,141
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	49,200	11,241	37,959
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	794,646	181,546	613,100
U	Total country co-financing	*I x country co-financing per dose (cc)*	181,545		
V	Country co-financing % of Gavi supported proportion	*U / T*	22.85 %		

Annex 2 - NVS Routine – Preferred Second Presentation

No NVS Routine – Preferred Second Presentation requested this year

Annex 3 - NVS Preventive campaign(s)

No NVS Prevention Campaign Support this year

Annex 4

Table Annex 4A:Commodities costs

Estimated prices of supply are not disclosed

Vaccine	Presentation	2017	2018	2019	2020
RV1, 1 dose/plastic tube, liquid	1	2.012	2.012	2.012	2.012

Supply	Form

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table Annex 4B: Freight cost as percentage of value

Vaccine Antigen	Vaccine Type	2019	2020
RV1, 1 dose/plastic tube, liquid	ROTA	6.60 %	6.60 %

Vaccine Antigen	Vaccine Type	2021
RV1, 1 dose/plastic tube, liquid	ROTA	6.60 %

Table Annex 4C: Preparatory transition phase - Minimum country co-payment per dose of co-financed vaccine

Vaccine	2019	2020
RV1, 1 dose/plastic tube, liquid	0.37	0.43

Vaccine	2021
RV1, 1 dose/plastic tube, liquid	0.49

12. Banking Form

In accordance with the decision on financial support made by the Gavi, the Government of Kyrgyzstan Republic hereby requests that a payment be made via electronic bank transfer as detailed below:

Name of Institution (Account Holder):	Republican Centre of Immunoprophylaxis of the Ministry of Health of the Kyrgyz Republic
Address:	Bishkek City, 535 Frunze Street
City Country:	Bishkek City, Kyrgyzstan
Telephone no.:	0312323127 **Fax no.:** 0312323127
	Currency of the bank account: 0
For credit to:	
Bank account's title:	Current Account (Special Account)
Bank account no.:	4402011103008067
Bank's name:	

Is the bank account exclusively to be used by this program?

By who is the account audited? 0

Signature of Government's authorizing official

		Seal
Name:	0	
Title:	0	
Signature:		
Date:	9/8/2017	

FINANCIAL INSTITUTION		CORRESPONDENT BANK (In the United States)
Bank Name:	Central Treasury	0
Branch Name:	In favour Pervomayskiy Branch	0
Address:	77 Kievskaya Str	0
City Country:	Bishkek, Kyrgyzstan	0
Swift Code:	0	0
Sort Code:	0	0
ABA No.:	4402011103008067	0
Telephone No.:	0	0
FAX No.:	0	0

I certify that the account No 0 is held by 0 at this banking institution

The account is to be signed jointly by at least 0 (number of signatories) of the following authorized signatories:

1		
	Name:	Gorin Vyacheslav
	Title:	Deputy Minister
2		
	Name:	Ishenapysova Gulbara
	Title:	Head of Republican Centre of Immunoprophylaxis
3		
	Name:	Asanova B.
	Title:	Finicial Manager of Republican Centre of Immunoprophylaxis

Name of bank's authorizing official	
0	
Signature:	
Date:	9/8/2017
Seal:	