

Joint Appraisal (JA)

The Joint Appraisal (JA) is an **essential element of GAVI's regular monitoring and performance management (MPM)**. The JA has evolved to align with GAVI 5.0 strategic shifts.

The JA is an **annual, country-led, multi-stakeholder** review/discussion that represents an important opportunity for countries to engage GAVI Alliance partners and other key stakeholders on annual progress of routine immunization programmes against national goals and objectives, and to discuss how GAVI support is contributing to this progress. Key stakeholders involved in the country's immunization programme should be represented at the Joint Appraisal, including civil society organisations (CSOs).

As an integrated part of GAVI's portfolio management process, the JA discussion should review **GAVI's contribution to immunization programme performance** in 2021/early 2022, including delivery of COVID-19 vaccines and the impact of the COVID-19 pandemic on immunization. The JA key feature is a joint discussion of the **promising practices, challenges resolved and future needs** for improving immunization performance with a focus on reaching zero-dose children and missed communities.

The modality of the Joint Appraisal exercise is tailored to the country context and may be scheduled taking into consideration other planning exercises, such as EPI reviews or the National Immunization Strategy Development.¹ The JA process will involve preparatory work to collect and analyse data in advance prior to the discussion, information exchange on the trends and their implications for the EPI program, and will conclude with the finalisation of the report and relevant deliberation outcomes and follow-up actions. At least one live discussion (in person or virtual) should be organized with engagement of multiple stakeholders, involved in the Joint Appraisal.

The 2022 Joint Appraisal template is structured as follows:

- **Section 1: Country situation:** overview of GAVI support performance & discussion of the progress and challenges faced
- **Section 2: Perspectives:** summary of discussion points and follow up actions.

The information and indicators, contained in Section 1 on the country immunization programme performance and GAVI support, are mostly based on standard reporting. They are part of GAVI's monitoring and performance management framework, which will inform the ongoing portfolio discussions, the JA, as well as discussions at GAVI's High-Level Review Panel (HLRP).

Section 1 is also where GAVI expects reporting against the Grant-linked Key Performance Indicators, developed during FPP/EAF applications. For these indicators, results are to be analysed as (1) the absolute change in the indicator as a trend over time and; (2) the percent change in the indicator against the baseline value from the FPP or EAF appendix. Changes over time will be assessed against the end of grant target, set at the application submission stage. Please make sure that sufficient data is provided to conduct such analysis, including the baseline values, targets, and sufficient annual data to infer trends.

The below set of cross-cutting questions should be considered to structure qualitative information:

¹ Countries which are finalising in the course of 2022 a Full Portfolio Planning are not expected to conduct a JA.

Cross-cutting Questions

1. What factors have facilitated or impeded progress?
2. What promising practices and/or innovations have emerged?
3. What key contributions have partners made to drive performance?
4. What are the top risks that should be mitigated?

Section 1 forms the analytical foundation to structure the JA discussion with Section 2 summarising the JA outcomes and follow-up actions.

The outcome of this Joint Appraisal will include a joint assessment of promising practices, perceived challenges and opportunities for GAVI investments, and should elaborate future actions with clear targets and assigned responsibilities, owned by the full set of in-country stakeholders.

Section 1: Country situation: overview of performance of support & discussion of the progress, challenges faced

A. Immunization Programme Performance – Zero-dose, Routine immunization coverage, Vaccine introductions, campaigns, and outbreak response

1. Learning Question: What progress has been made to reach zero-dose and under-immunized children?

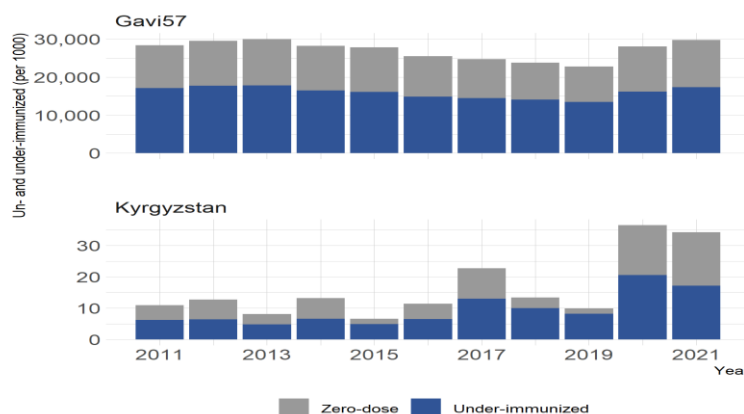
Indicator(s):

- Absolute reduction in the number of zero-dose children (total number)
- Percentage change in the number of zero-dose children (disaggregated by previous year, baseline year)
- Number of children, covered by DTP1 in the districts, targeted for intervention
- Gap in coverage between DTP1 and the last dose of MCV in the national schedule (MCV1 or MCV2) - both nationally and in the districts, targeted for intervention
- DTP1-DTP3 Dropout

Graphs:

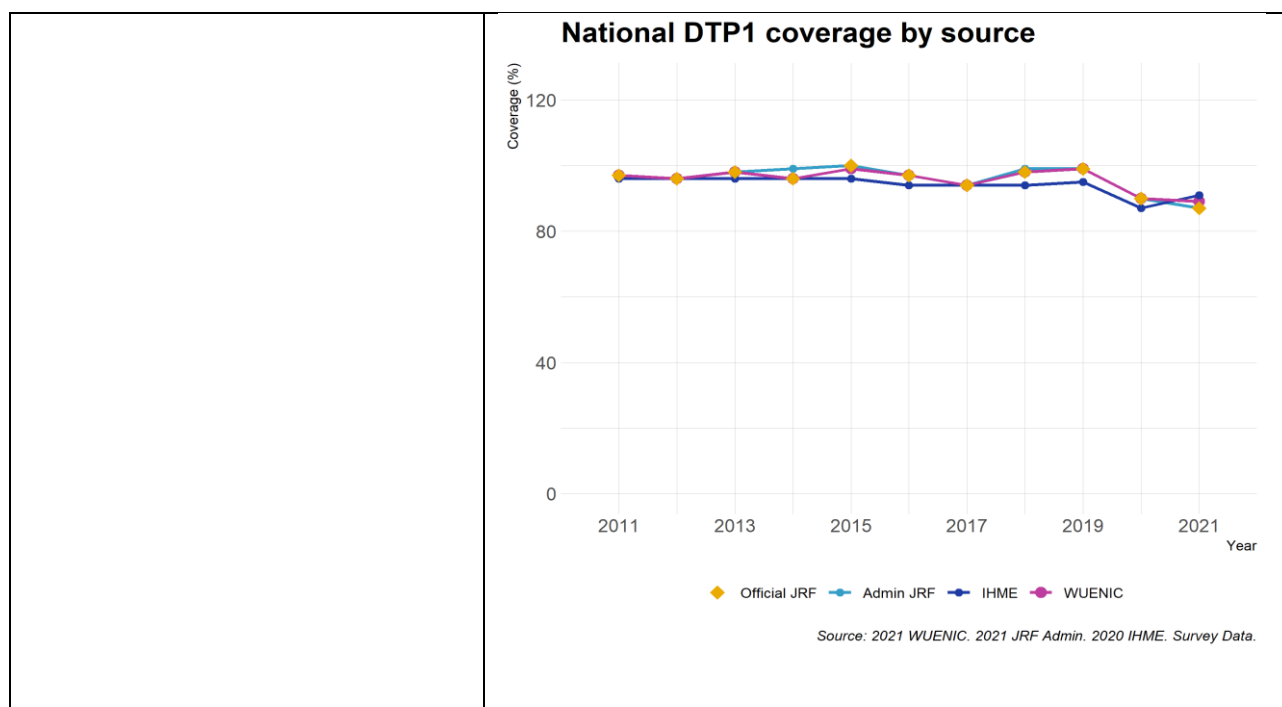
(Examples to be replaced with specific country versions)

Zero-dose and under-immunized



Source: WUENIC 2022

Zero dose overview			
Indicator	WUENIC	IHME	Admin JRF
No. zero dose (2021)	17 114	14 002	19 751
DTP1 coverage (2021 r.)	89%	91%	87%
Zero dose trend, 2015–2019.	0	+25%	
Zero dose trend, 2019–2021	+940%	+70%	+1 223 %
DTP 1 trend, 2015-2019	0	-1 pp.	-1 pp.
DTP 1 trend, 2019-2021	-10 pp.	-4 pp.	-12 pp.



Country comments (please consider the set of cross-cutting questions to structure comments):

Globally, the progress in extending coverage of zero-dose children has generally slowed over the past decade and got worsened during COVID-19.

According to official data from the eHealth Centre, the number of surviving children was 151 927. This figure is calculated based on the official sources, taking into account the number of live births and subtracting the number of the deceased for 2021.

Officially vaccinated with PENTA 1 = 132 114 children

Officially vaccinated with PENTA 3 – 134 097 children

Based on this data we can calculate the discrepancy.

Absolute discrepancy error (number of surviving children minus the number of vaccinated with PENTA 1)	151 927-132 114	19813
--	-----------------	-------

According to official data, the number of zero-dose children is 19 813, making 13%.

The zero dose is calculated by subtracting DTP1 coverage from the target population, so the differences in population estimates will give different estimates of the number of children with a zero dose.

Surviving infants, by source

Source	No. of surviving infants, 2021	Annual change, in %, 2015-2021
JRF	151 927	0%
WPP 2022	155 579	-1%
WorldPop (adjusted)	155 579	-1%

2021 is the last year for which data from all sources is available.

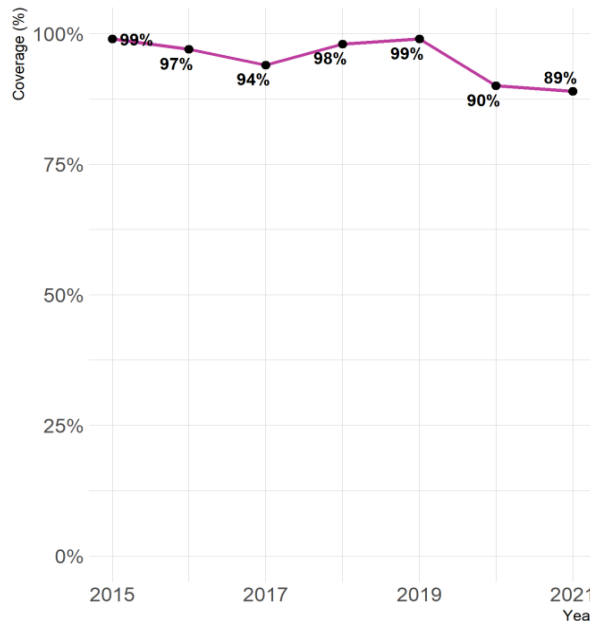
The number of zero dose children **has increased significantly**. Compared to the target population, DTP-1 coverage has decreased by a larger degree.

WUENIC estimates that in 2021 the number of zero-dose infants will be **17 114 (11% of the total number of surviving infants)**.

DTP-1 coverage remained **constant** during pre-COVID years (2015-2019).

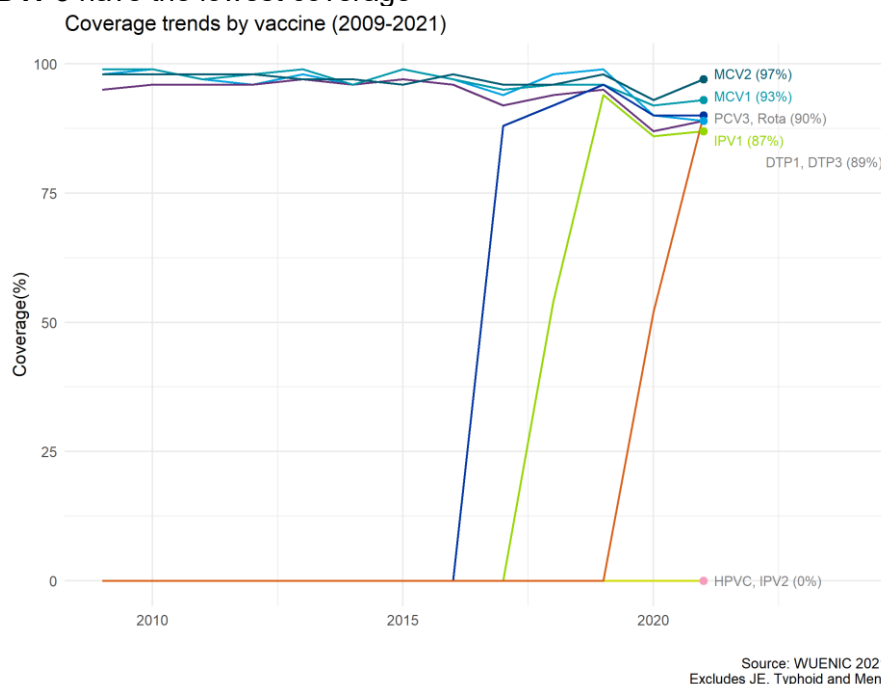
During COVID-19, DTP-1 coverage **declined by 9 p.p.** in 2020 and then **declined by 1 p.p.** in 2021. As for DTP-3, coverage is being stabilized/is recovering.

WUENIC National DTP1 coverage



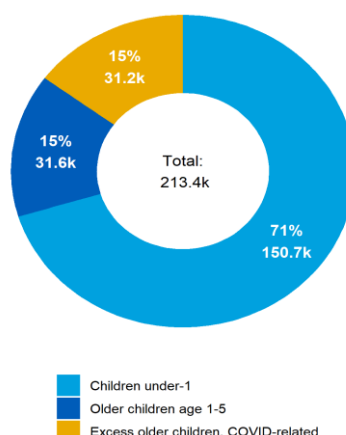
In Kyrgyzstan, **coverage of DTP1, DTP3, Hepatitis 1, MCV1, MCV2, PCV-2** decreased between 2019 and 2021.

IPV1, DTP1, DTP3 have the lowest coverage



Service disruptions in 2020 and 2021 contributed to the increase in the number of zero-dose individuals, but these cases are not as high compared to those, missed through routine immunization before 2020.

DTP3 unvaccinated children under-5
Children under-1 compared with older children (2023)



Response to Increase Preventive Immunization Coverage

In 2021 Mobile Immunization Teams (MIT) **were focused on the resumption of routine immunization**, with a focus on health care organizations with a large number of target groups. 174,192 people were vaccinated during 6 MIT visits, including 98,607 children under 5 years of age, 75,585 adolescents and adults (HSS-2). 86% of socially inaccessible and climate-geographically remote settlements in the Kyrgyz Republic are covered.

In 2022 – MTIs were **aimed at integrating COVID-19 vaccination services at PHC level**; following the results of 3 rounds of field COVID-19 immunization sessions of 75 mobile immunization teams, total of 44,058 people were vaccinated in the republic, of which 13,728 people with dose 1, 14,301 people with 2nd dose, and 16,029 people with booster dose 3. Total of 686 settlements were covered with COVID-19 vaccination (CDS funds, WHO).

- based on the results of the 1st round of work (December 2022), 60 MITs immunized 1856 people with Penta-3.

In 2023 – MITs are referred to **enhance routine immunization, with a focus on catch-up immunization**;

- as a result of MITs work (HSS-3), 21,420 people were vaccinated, including 726 children with Penta 1, 722 children with Penta3 - 722, 3565 – with MMR, 1496 with TD, and 14,911 people with other antigens.

Total of 3788 people are vaccinated against COVID-19, covering 286 settlements (HSS-3, UNICEF).

- The work of MITs was launched against the CDS-2 WHO funds, MITs are working.

Among the challenges, faced by the mobile immunization teams is the fact that there have been refusals and hesitations about vaccines due to negative media coverage and doubts about safety of COVID-19 vaccines. This leads to a negative impact on routine vaccination. In addition, key findings from the December 2022 MIT rounds indicate that mobile teams need to plan their work schedule in consultation with community leaders and parents to prevent mothers or caregivers from being absent again during the site visits.

2. Learning Question: How well are vaccine stocks being managed?

Indicator(s):

- Number of health facilities that reported no stock-outs of DTP vaccine
- Number of health facilities that reported no stock-outs of Measles vaccine
- Closed vial wastage of DTP vaccine

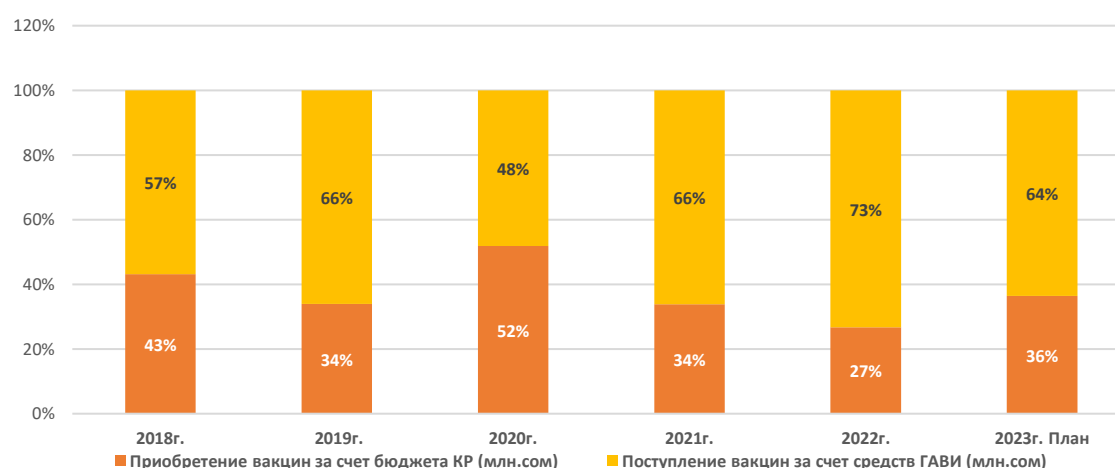
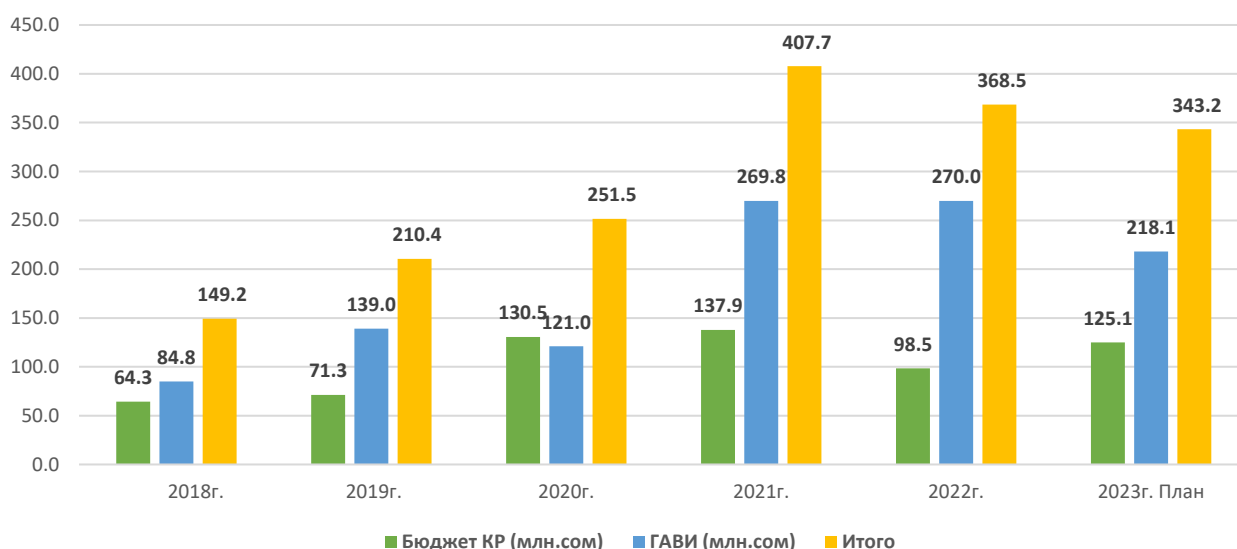
Graphs:

(Examples to be replaced with country specific versions)

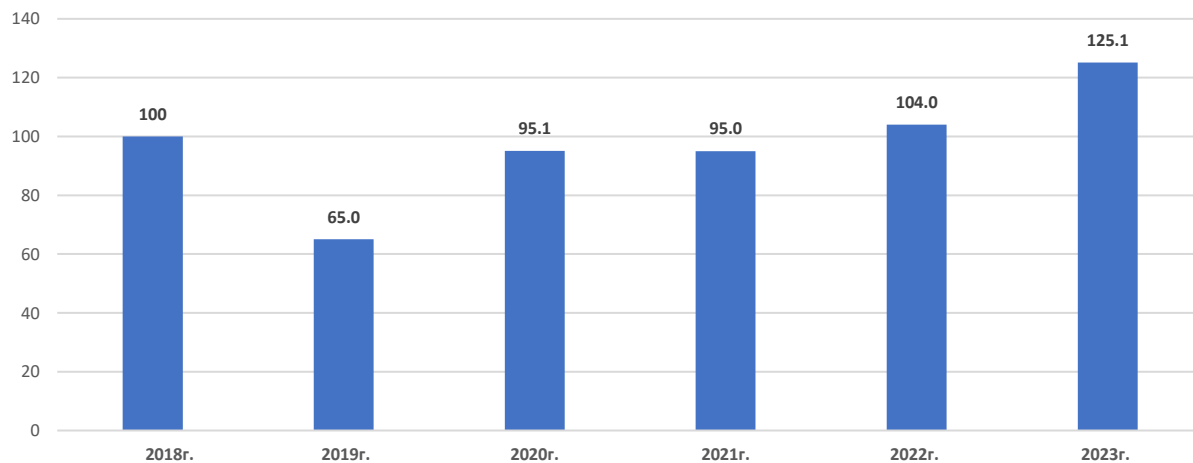
Country comments (please consider the set of cross-cutting questions to structure comments):

Procurement of vaccines is carried out through the UNICEF mechanism. The overall vaccine supply chain in Kyrgyzstan has improved significantly over the past year with the support from GAVI (through various grants) and partners (WHO and UNICEF). One notable achievement is a successful distribution of vaccines to different districts and health care organizations. This is essential to ensure the uninterrupted supply of vaccines and prevent shortages. The leased warehouses and cold storage facilities are increasing the capacity for both vaccines and commodities. The MOH was able to hire two national consultants for in-country vaccine logistics (customs clearance and distribution) as well as to train 16 refrigerated truck drivers to safely transport vaccines to various Oblasts of the country and learn more about the functionality of the refrigerated trucks.

Vaccine stocks are managed regularly based on the needs, estimated on the basis of the Perspective Plan of preventative immunizations.



Despite the limited funds at the time of budget approval at the beginning of the financial year, the MOH annually increases the amount of funds for procurement of vaccines. The missing funds for the purchase of vaccines are allocated during the financial year.



The approved budget of the RCI for the purchase of vaccines is 125,1 million Soms; Invoices for payment were received from UNICEF in March 2023. 95 million Soms or 76% of the funds provided were allocated during April and May 2023. The allocation of remaining 30,1 million Soms is planned in June. According to preliminary calculations, the budget deficit will amount to 34,3 million Soms.

Expenditure Item	2018		2019		2020		2021		2022		2023	
	fact	Exec. %	fact	Exec. %	fact	Exec. %	fact	Exec. %	fact	Exec. %	plan	Exec. %
Remuneration and Social Fund	1,8	2,7%	1,8	2,4%	1,8	1,3%	2,2	1,6%	4,1	4,0%	4,8	3,7%
Communication Services		0,0%	0,0	0,0%		0,0%		0,0%		0,0%	0,0	0,0%
Business trips ass. expenses	0,02	0,0%	0,1	0,1%	0,0	0,0%	0,1	0,1%	0,0	0,0%	0,1	0,1%
Transport services	0,03	0,0%		0,0%		0,0%		0,0%	0,0	0,0%	0,1	0,0%
Other expenses (customs clearance)		0,0%	0,6	0,8%	2,0	1,5%	3,9	2,8%	2,5	2,4%	5,0	3,8%
Procurement of medicines and medical devices	64,3	96,6%	70,6	96,0%	128,5	96,7%	133,9	94,9%	96,0	92,8%	120,1	91,6%
Procurement of items and materials for current services		0,0%		0,0%		0,0%		0,0%		0,0%	0,2	0,2%
Security Co services	0,4	0,7%	0,4	0,6%	0,6	0,4%	0,9	0,7%	0,8	0,8%	0,8	0,6%
Total	66,6	100%	73,6	100%	132,9	100%	141,1	100%	103,5	100%	131,1	100%

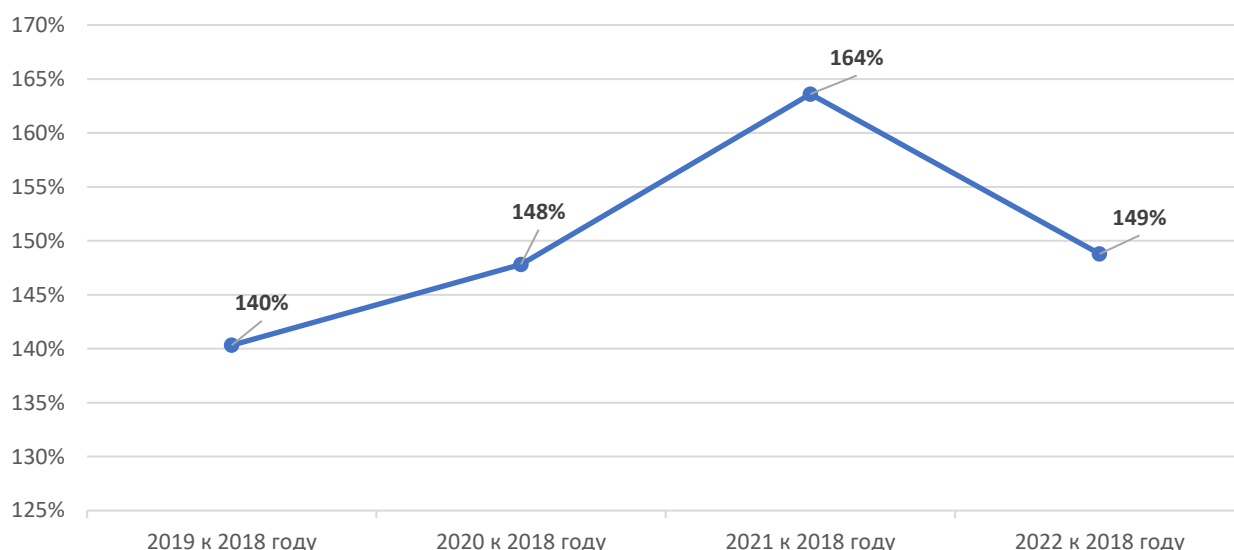
With UNICEF technical support, a tool was developed to calculate the need for vaccines and funding; The Guidelines for the use of this tool was approved by the KR MOH Order No. 1455 dated December 15, 2022;

Сводный бюджет - среднесрочный прогноз Budget midterm projections (Consolidated)														
В соммах		Стоимость единицы (до гривны)		Стоимость единицы (полная)		Год Year 2022			Год Year 2023			Год Year 2024		
						Всего	Страна	Гами	Всего	Страна	Гами	Всего	Страна	Гами
Рутинные мероприятия														
Вакцина БЦЖ (20-дозан)		\$ 0,22	\$ 0,22	3,412,944	3,412,944				3,897,129	3,897,129		4,379,252	4,379,252	
Вакцина БЦЖв (10-дозан)		\$ 0,22	\$ 0,22	12,932,394	12,932,394				10,607,659	10,607,659		11,034,882	11,034,882	
Вакцина АКДС (10-дозан)		\$ 0,22	\$ 0,22	3,750,157	3,750,157				3,409,565	3,409,565		3,540,410	3,540,410	
Вакцина АКДС+ИПВ+Хит (1-дозан)		\$ 1,31	\$ 1,31	30,274,430	11,267,149	19,006,917			36,695,783	36,695,783		37,242,308	37,242,308	
Пневмококковая вакцина (2-дозан)		\$ 3,74	\$ 3,82	160,027,743	38,355,096	121,672,646			162,395,478	162,395,478		165,407,653	165,407,653	
Ротавирусная вакцина (2-дозан)		\$ 0,79	\$ 0,81	24,451,786	5,029,551	18,422,235			35,954,189	35,954,189		36,752,233	36,752,233	
Вакцина КПК (5-дозан)		\$ 1,87	\$ 1,91	44,343,275	44,343,275				29,314,290	29,314,290		30,159,921	30,159,921	
Вакцина КПК (10-дозан)		\$ 1,73	\$ 1,77	41,956,120	41,956,120				28,062,790	28,062,790		29,139,798	29,139,798	
Вакцина ИПВ (12-дозан)		\$ 0,69	\$ 0,71	5,981,369	5,981,369				10,162,147	10,162,147		10,350,522	10,350,522	
АДС адантосим (10-дозан)		\$ 0,21	\$ 0,21	3,396,810	3,396,810				3,222,439	3,222,439		3,346,106	3,346,106	
АДС-М адантосим (10-дозан)		\$ 0,16	\$ 0,17	10,431,323	10,431,323				8,681,463	8,681,463		8,916,671	8,916,671	
ИПВ (1-дозан)		\$ 3,33	\$ 3,41	120,835,955	78,461,796	45,374,159			96,461,216	96,461,216		98,249,830	98,249,830	
ИПВ (1-дозан)		\$ 0,13	\$ 0,13	29,880,956	29,880,956				68,804,363	68,804,363		82,466,304	82,466,304	
ИПВ (1-дозан)		\$ 0,06	\$ 0,06	1,512,314	1,512,314				1,268,611	1,268,611		1,648,063	1,648,063	
Смешанные БЦЖ / 0,05 мл		\$ 0,06	\$ 0,07	21,886,973	16,804,840	4,562,133			19,249,626	19,249,626		19,440,260	19,440,260	
ИПВ (1-дозан)		\$ 0,06	\$ 0,06	78,753	78,753				34,220	34,220		70,436	70,436	
ИПВ (1-дозан)		\$ 0,06	\$ 0,07	415,270	415,270				357,154	357,154		375,028	375,028	
ИПВ (1-дозан)		\$ 0,81	\$ 0,87	2,107,330	3,481,254	723,277			2,895,553	2,895,553		3,073,801	3,073,801	
Всего (снабжение). Рутинные мероприятия				532,235,960	302,474,584	229,761,376			541,585,660	541,585,660		536,548,397	536,548,397	
Кампания														
КК (10-дозан)		\$ 0,91	\$ 0,93	68,879,794	68,879,794									
БПЧ (1-дозан)		\$ 5,10	\$ 5,11	169,988,438	169,988,438									
Смешанные 0,5 мл		\$ 0,06	\$ 0,07	7,883,334	7,883,334									
ИПВ (1-дозан)		\$ 0,06	\$ 0,07	1,145,774	1,145,774									
ИПВ (1-дозан)		\$ 0,06	\$ 0,07	2,864,021	2,864,021									
Всего (снабжение). Кампания				250,858,241	250,858,241									
В общей сумме				783,094,201	553,332,825	229,761,376			541,585,660	541,585,660		536,548,397	536,548,397	
Логистика Logistics														
				1,056,000	1,056,000				1,056,000	1,056,000		1,056,000	1,056,000	
В общей сумме				784,150,201	554,388,825				542,641,660	542,641,660		537,604,397	537,604,397	

This tool allows the RCI to calculate the need for vaccines and financial resources for both the current calendar year and the forecasted three years.

Бюджет на следующий год Budget - 2022												
Год: 2022												
Вакцины и иммунизационные приборы	Стоимость (до границы)		Потребности снабжения			Стоимость товаров (до границы)			Потребность в финансировании из республиканского бюджета (Курс обмена: 85.00)			
	единицы (до границы)	единицы (импорт)	По шт.	Строки	Генер.	По шт.	Строки	Генер.	Вакцины через КСР/ИЗ/ИФ	Репродукторы и другие	Итого	Итого
Вакцина БЦЖ (20-дозан)	50.12	50.00	179,252	179,252		\$40,132	\$40,132		39,269	2,397,849	884	75,101
Вакцина бОПВ (10-дозан)	50.22	50.00	681,763	681,763		\$151,911	\$151,911		148,568	12,628,259	9,343	284,136
Вакцина АКДС (10-дозан)	50.23	50.00	196,949	196,949		\$43,884	\$43,884		42,019	3,648,075	186	52,082
Вакцина АКДС-ПВ-ХиЕ (1-дозан)	51.31	50.03	450,800	450,800	351,500	\$601,780	\$13,550	5,460,230	120,642	11,019,093	2,917	247,041
Геморрагическая вакцина (2-дозан)	51.24	50.08	500,750	118,830	182,790	\$292,887	\$451,216	51,461,850	441,307	12,511,292	9,924	844,930
Ротавирусная вакцина (2-дозан)	50.79	50.02	360,050	87,450	272,600	\$292,887	\$29,936		64,175	5,890,872	1,361	132,080
Вакцина КПК (5-дозан)	51.87	50.04	273,150	273,150		\$521,686	\$221,086		510,200	43,307,507	11,480	975,708
Вакцина ППК (10-дозан)	51.73	50.04	278,121	278,121		\$493,601	\$493,601		482,740	41,082,880	10,802	923,240
Вакцина ВПВ (1-дозан)	50.99	50.02	92,828	92,828		\$65,663	\$65,663		64,218	5,488,565	1,445	122,818
АДС-анатоксин (10-дозан)	50.11	50.00	158,216	158,216		\$39,962	\$39,962		39,063	3,322,064	879	74,746
АДС-М-анатоксин (10-дозан)	50.16	50.00	744,958	744,958		\$122,957	\$122,957		120,261	10,221,345	2,706	229,080
ИПП (1-дозан)	51.11	50.17	420,728	270,546	150,182	\$1,433,210	\$68,778	55,45,824	889,741	7,181,798	19,739	1,893,274
ИЧ (1-дозан)	51.19	50.12	433,243	433,243		\$2,298,459	\$2,298,459		2,297,881	19,009,911	50,577	4,299,073
ИЧ (10-дозан)	50.91	50.02	870,068	870,068		\$810,351	\$810,351		792,519	67,304,101	17,832	1,515,692
Шприцы БЦЖ 0,5 мл	50.06	50.01	236,354	236,354		\$17,784	\$17,784		15,170	1,389,891	2,618	222,323
Шприцы 0,5 мл СВ шприцы 0,5 мл	50.08	50.01	5,227,978	4,296,578	931,000	\$353,356	\$200,426	\$62,031	247,808	21,054,306	42,728	3,631,868
Шприцы 5,0 мл для разведения БЦЖ-вакцины	50.06	50.01	14,378	14,378		\$937	\$937		790	67,187	136	11,586
Шприцы 5,0 мл для разведения ППК-вакцины	50.06	50.01	260,912	260,912		\$18,342	\$18,342		15,843	1,329,675	2,608	229,169
ИЗУ	50.83	50.15	62,817	52,567	10,250	\$81,148	\$51,167	\$95,977	5,16,19	3,496,117	7,528	64,8657
Итого												
Всего (снабжение)						50,283,019	56,509,798	52,773,221	56,319,175	537,129,835	5190,023	16,202,990
Доставка Logistics												
В общей сумме											512,424	1,056,000
											56,522,221	554,389,825

To approve the target group and the need for vaccines for 2023, the RCI used the developed tool in accordance with the approved Guidelines.



Compared to 2018, vaccine prices have risen significantly, the price increase occurred in 2019-2021. The dynamics of prices is indicated on average for all the vaccines, procured by the RCI. While vaccine prices have declined over the last year, the average 2022 vaccine price increased by 49% compared to 2018.

Change in vaccine prices versus 2018

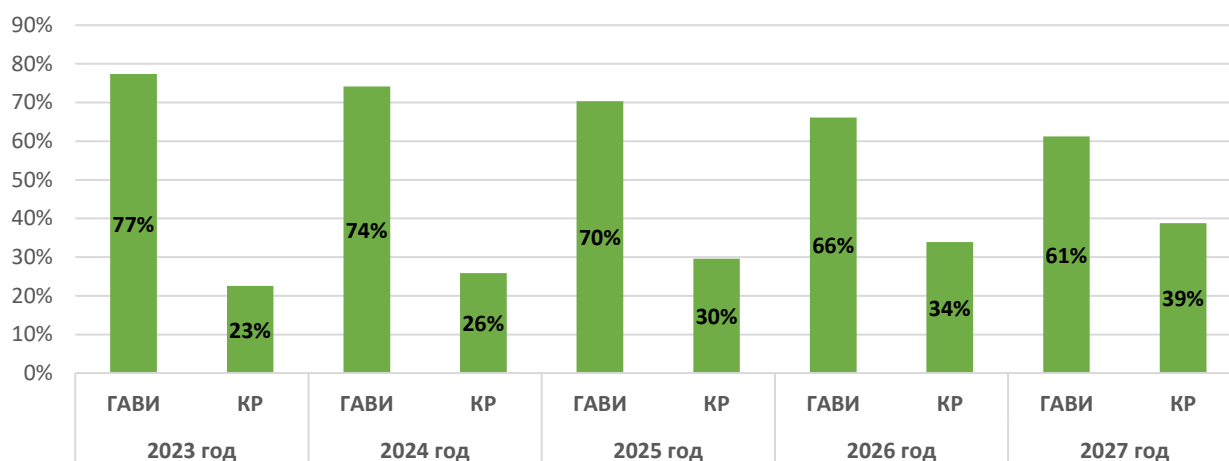
#	Vaccine	2018	2019 versus 2018		2020 versus 2018		2021 versus 2018		2022 versus 2018	
1	BCG vaccine (20 doses)	11,20	112%	12,50	112%	12,50	176%	19,76	157%	17,60
2	Vaccine bOPB (U-dose)	13,20	100%	13,20	120%	15,85	149%	19,66	133%	17,60
3	DPT vaccine (10-dose)	15,29	96%	14,65	104%	15,85	104%	15,85	109%	16,72

4	Vaccine DTP + HBV + Hib 1 dose (Penta)	79,92	112%	89,50	133%	106,40	150%	119,80	127%	101,20
5	PCV vaccine (0.5 ml-1	258,54	93%	240,79	112%	289,55	80%	208,00	68%	176,00
6	Rotavirus vaccine	26,00	417%	108,31	343%	89,24	280%	72,80	271%	70,40
7	MMR vaccine (5 doses)	78,53	132%	103,40	155%	121,53	215%	168,48	199%	156,64
8	IPV vaccine	204,07	120%	244,00	120%	245,32	147%	300,56	121%	246,40
9	HBV vaccine (1-dose)	29,19	143%	41,80	167%	48,80	214%	62,40	181%	52,80
10	TD-anatoxin (10 doses)	10,42	120%	12,50	145%	15,10	145%	15,10	152%	15,84
11	Td toxoid (10 doses)	10,42	100%	10,42	115%	12,00	140%	14,56	118%	12,32
12	Human papillomavirus (HPV)							468,00		396,00
	Total Average		140%		148%		164%		149%	

Amounts of vaccines in accordance with the approved application for 2022-2027

#	Vaccine	2023			2024			2025			2026			2027		
		GAVI	KR	Total	GAVI	KR	Total	GAVI	KR	Total	GAVI	KR	Total	GAVI	KR	Total
1	Pentavalent	270 850	87 550	358 400	257 700	100 700	358 400	291 500	139 150	430 650	270 400	159 950	430 350	246 900	184 350	431 250
2	Pneumococcal	280 250	97 750	378 000	265 500	112 500	378 000	294 250	153 000	447 250	271 000	176 000	447 000	245 250	202 750	448 000
3	Rotavirus	270 050	104 350	374 400	293 500	138 450	431 950	271 900	158 750	430 650	247 900	182 450	430 350	221 000	210 250	431 250
4	Inactivated polio vaccine (IPV)	219 600		219 600	219 600		219 600	276 120		276 120	277 560		277 560	279 720		279 720
5	Human papillomavirus a (HPV)	89 370	33 430	122 800	69 580	31 710	101 290	66 430	37 350	103 780	62 300	44 010	106 310	57 050	51 830	108 880

Share of co-financing in percent



The decision to allocate vaccine products is based on the discussion of the information needed to review and refine the projected level of needs of the respective vaccines doses for a five-year period covering 2023-2027.

As part of these agreements, co-financing for 4 vaccines from the Kyrgyz Republic should increase.

Co-financing under the approved Application

#	Vaccine	2023			2024			2025			2026			2027		
		GAVI	KR	Total	GAVI	KR	Total	GAVI	KR	Total	GAVI	KR	Total	GAVI	KR	Total
1	Pentavalent	31,1	11,0	42,1	29,6	12,7	42,3	33,4	17,6	51,0	31,0	20,2	51,2	28,3	23,3	51,6
2	Pneumococcal	53,7	20,6	74,4	50,9		74,6	56,4		88,7	52,0		89,1	47,0		89,8
3	Rotavirus	37,2	15,8	53,1	40,5		61,5	37,5		61,6	34,2		61,9	30,5		62,4
4	Inactivated polio vaccine (IPV)	60,4		60,4	60,4		60,4	76,0		76,0	76,4		76,4	77,0		77,0
5	Human papillomavirus (HPV)	36,6	15,1	51,7	28,5	14,3	42,8	27,2	16,9	44,1	25,5	19,9	45,4	23,4	23,4	46,8
Total		219,1	62,6	281,7	209,9	71,7	281,6	230,6	90,8	321,3	219,1	104,8	323,9	206,2	121,3	327,5
Additional Needs						9,2			19,0			14,1			16,5	

According to the RCI data, 1 730 health care institutions reported no shortage of DPT-containing vaccine.

According to the RCI, 1730 health care institutions reported no shortage of Measles-containing vaccine.

There was no vaccine wastage reported from health care institutions.

3. Learning Question: Are vaccines being consumed at rates that are in-line with approved forecasts? What are the key drivers of consumption compared to expectation (e.g., stockouts, increased coverage, wastage)?	
Indicator(s): Percentage of forecasted Annual Vaccine Requirement (AVR) consumed in prior period (by antigen)	Graphs: <i>(Examples to be replaced with country specific versions)</i>
Country comments (please consider the set of cross-cutting questions to structure comments):	

Vaccine name	Received	Consumed	Stock as of Oct 30, 2022
PCV	382 750	198,000 doses	184 750 doses
PENTA (DTP-VHB-Hib)	351 500	179,700 doses	171,800 doses
IPV	299 520	81,720 doses	217,800 doses
Rotavirus vaccine	336 050	254,400 doses	81,650 doses
HPV	388,000 doses	129 662 doses	258 338 doses

Name of vaccines	Age	2021		2022	
		No. of members of the target group	Number of consumption doses	No. of members of the target group	Number of consumption doses
BCG vaccine (20-dose)	Infants	154116	223470	157280	118500
bOPV vaccine (10-dose)	Children under 1 year of age	154116	555000	151210	45600
DTP vaccine (10-dose)	Children under 2 years of age	153341	184000	146885	0
DTP-HBV-HiB vaccine 1 dose (PENTA)	Children under 1 year of age	154116	384800	151210	351500
Pneumococcal vaccine (0.5 ml-1dose)	Children under 1 year of age	154116	368300	151210	382750
Rotavirus vaccine	Children under 1 year of age	154116	75700	151210	273200
MMR vaccine (5-dose)	1 year, 5 years	303884	334300	300418	170800
IPV vaccine	Children under 1 year of age	154116	163800	151210	299520
HBV vaccine (1-dose)	Infants	154116	162000	157280	85800
DT anatoxin (10-dose)	6 years	149768	180000	149208	0
Td anatoxin (10-dose)	11-56 years old	526516	632000	535120	107200
HPV (1-dose)	11 years			69095	93500

Thanks to GAVI support, the country received 358 600 doses of HPV vaccine through humanitarian aid channels, while the republican budget covered the cost of 29 400 doses of HPV vaccine. The cost of the vaccines, procured through state budget amounted to \$132 300.

4. Learning Question: Is the country complying with co-financing requirements in a timely manner?

Indicator(s):

- Country co-financing commitments met in a timely manner

Graphs:

(Examples to be replaced with country specific versions)

Country comments:

Kyrgyzstan has been fully and timely meeting its co-financing commitments over the last several years.

5. Learning Question: If applicable, have new vaccines been introduced as planned and if not, why? Is coverage of recently introduced vaccines being scaled-up as expected?

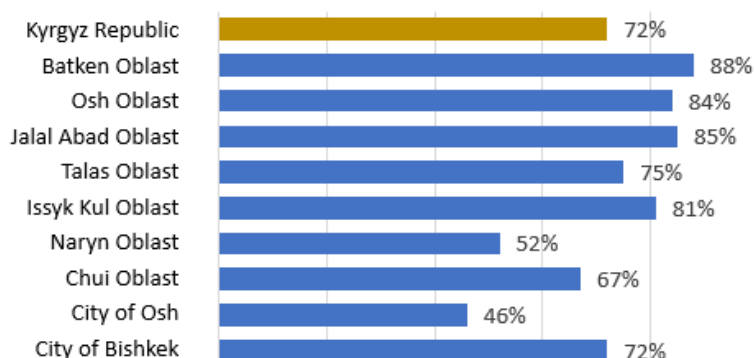
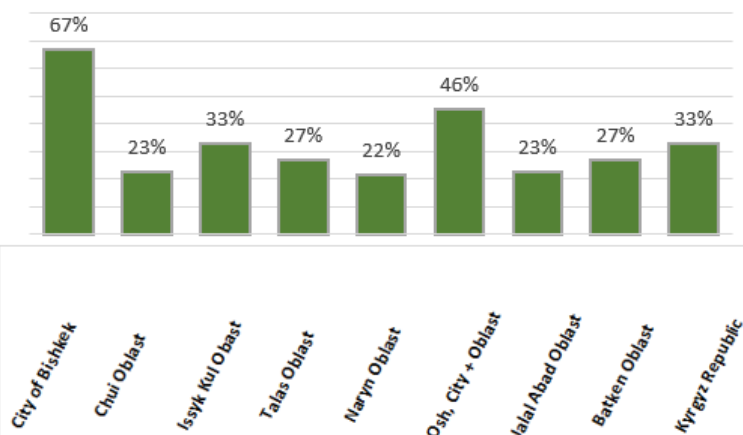
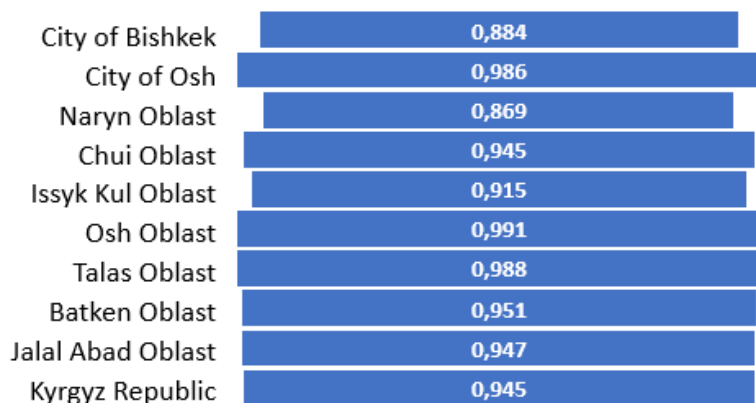
Indicator(s):

- Number of routine introductions
Implemented against the number of targets set for the calendar year
- Coverage with recently introduced vaccines

In addition, forecasted routine introduction & campaign dates should be validated during the JA discussion

Graphs:

(Examples to be replaced with specific country versions)

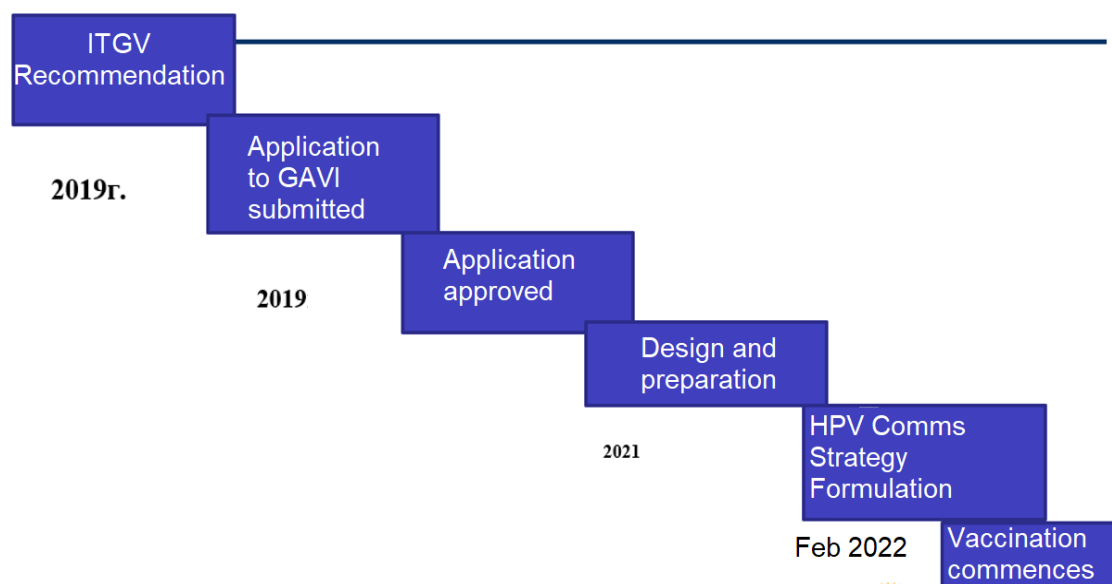
Coverage of eligible girls with HPV vaccine**Hepatitis-B vaccination coverage (adults)****IPV Vaccine Coverage**

Country comments (please consider the set of cross-cutting questions to structure comments):

Introduction of HPV vaccine

In 2019, an application for an HPV vaccine was developed based on the recommendation of the NITAG (National Immunization Technical Advisory Group). The country application approval and planning took 2 years. Formal introduction of HPV vaccination started in 2022.

HPV Implementation in the Kyrgyz Republic



Starting from November 14, 2022, vaccination against human papillomavirus for girls aged 11 years old has started according to the calendar of preventive vaccinations of the Kyrgyz Republic, approved by the KR MOH Order No. 276 dated 04.03.2022. The National Immunization Technical Advisory Group (NITAG) recommended that in addition to the main target group, vaccination should be extended to girls of 12-14 years age in the first year of vaccine introduction. Routine vaccination of adolescent girls will prevent more than 600 future cases and about 300 deaths from cervical cancer each year.

The used vaccine is a recombinant human papillomavirus quadrivalent vaccine (types 6,11,16,18). Form of presentation - vial in 1-dose presentation.

Vaccine administration schedule: two doses, with a 6-month interval.

Kyrgyzstan and other countries that have included HPV vaccine into their Preventive Immunization calendar, consider protecting women from cervical cancer as a high priority. According to WHO estimates, about 600 women develop cervical cancer each year in Kyrgyzstan, with 300 of those cases being fatal. This type of cancer ranks as the 2nd leading cause of cancer among women in the country and is the most common form of cancer among women aged 15 to 44. The size of the target group of adolescent girls is 240 287.

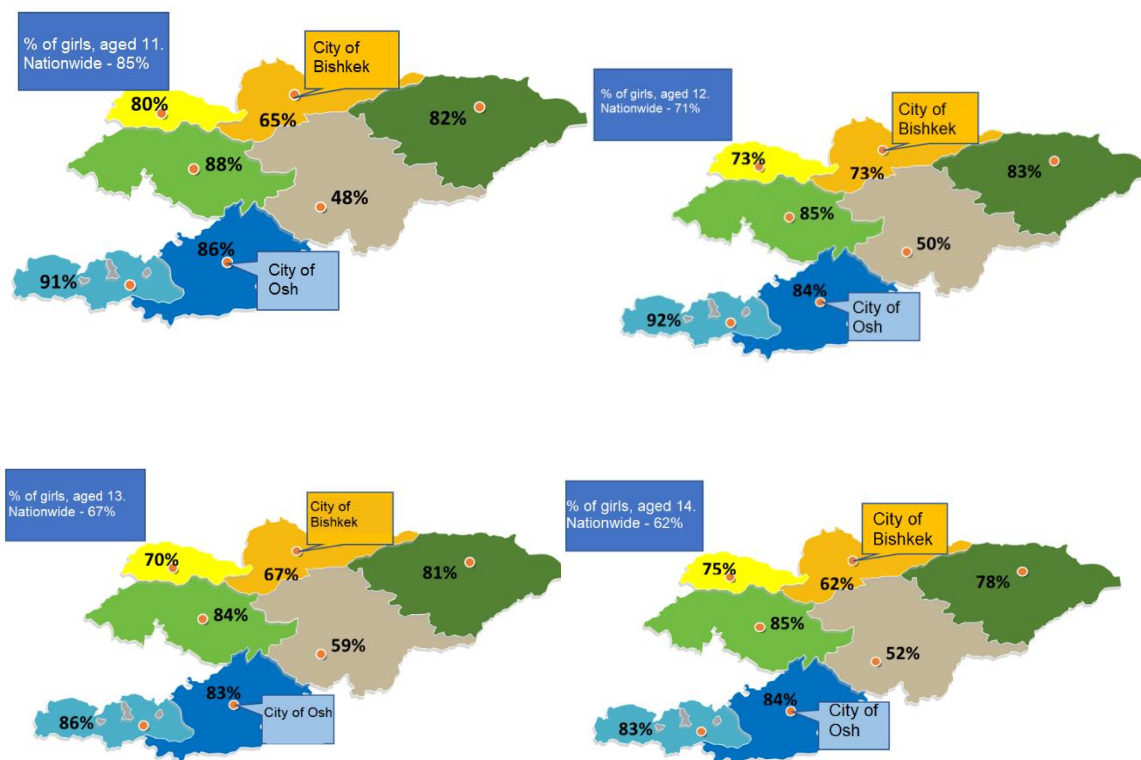
HPV vaccine is included into the current school vaccination programme, which has been successfully implemented in Kyrgyzstan for more than 20 years now.

The vaccination strategy will be implemented using medical units at general secondary schools regardless of subordination and ownership form.

School-based vaccination sessions will be held twice a year simultaneously with Td booster dose. Effective coordination with the Ministry of Education and Science of the Kyrgyz Republic has been ensured for scheduling and monitoring purposes.

Home-schooled children and schoolchildren absent on the vaccination day will be vaccinated at local health facilities or during subsequent sessions at schools.

Since the introduction of HPV vaccination, coverage has been as follows:



UNICEF has been providing support to RCI in managing and maintaining its social media and website. To this end, UNICEF provides technical support to improve the uptake of routine immunization through the support of HPV campaign on RCI's online platforms – social media and website.

Hepatitis B vaccination of adult population

Pursuant to the MOH Order a Working Group has been established to develop methodological guidelines on vaccination of adult population against HBV. Furthermore, pursuant to the Ministerial Order No. 1426 dated 12.12.2022 "On HBV vaccination for adult population in the Kyrgyz Republic" and the Ministerial Order No. 7 dated 12.01.2023 "On approval of the Algorithm of HBV rapid testing and vaccination for adult population", the following activities were carried out:

On December 16, 2022 HBV vaccination campaign was launched in Chui Oblast, the cities of Bishkek and Osh, with rollout across the country starting from 16 January 2023.

HBV vaccination in infants has been introduced in the Kyrgyz Republic since 2000. For the 2000-2020 period the HBV incidence dropped down by 14 times (from 26,6 to 1,9) and by 145 times among children (down to sporadic cases in 2020). 91% of cases occur in the age group 20-60 years. The HBV incidence in the Kyrgyz Republic is higher compared to the Russian Federation and Kazakhstan (by 8,5 and 8,8 times, respectively) due to the lack of HBV vaccination programme for adults. It should be noted that in these countries the morbidity rate has decreased significantly due to a vaccination campaign, provided not only for children, but for adults as well. The main measures to reduce the incidence of Viral Hepatitis B and C are strengthening prevention of parenteral Hepatitis in private and public health facilities, as well as cosmetology, manicure, pedicure and hairdressing salons, where the risk of blood-borne virus transmission is high. Vaccination of the adult population will stop the spread of the virus.

The Ministry of Health of the Kyrgyz Republic has received mobile equipment from the Russian Federation. The assistance was provided by the Russian Consumer Protection Authority ("Rospotrebnadzor"), as part of the support for infectious disease prevention and diagnosis services in Eastern Europe, the Caucasus and Central Asia.

The Kyrgyz Republic has received a mobile prevention and treatment facility on Kamaz truck chassis; the vehicle has been transferred to the Naryn Oblast AIDS Centre. The country has also received a mobile vaccination facility based on a GAZON truck chassis; the vehicle has been transferred to the Republican Centre for Immunoprophylaxis (RCI). In addition to mobile clinics, this year Russia has given Kyrgyzstan 350 000 doses of Hepatitis B vaccines, 225 000 rapid tests for HIV, Syphilis, Hepatitis B and C, and 350 000 copies of various types of information materials. Financial support has also been allocated from the republican budget for purchasing Hepatitis B vaccines for 2023.

Oblast	Number of vaccine doses received	Number of vaccine doses given/administered			Revaccination	Vaccine balance	Rapid Tests	
		Dose 1	Dose 2	Dose 3			Y	N
Bishkek	30000	11953	7769	-	390	9888	10010	3975
Chui Oblast	60000	8595	4980	35		46390	7662	0
Issyk-Kul Oblast	31000	7090	3130	16	12	20752	7090	0
Talas Oblast	31000	5256	3146	31	-	22567	5540	0
Naryn Oblast	31000	5629	967		82	24322	5772	72
Osh, City + Oblast	54940	17182	7626	207	6	29309	9725	28
Jalal-Abad Oblast	67000	9888	5419	11		60765	10340	
Batken Oblast	30000	6480	1664	11	0	21845	6645	0
Total	334940	72073	37701	311	490	235838	298622	100

Introduction of IPV vaccine

In March 2020, the Kyrgyz Republic received confirmation from GPEI on the availability of the required number of IPV doses to immunize the missed cohorts of children: through a campaign-based immunization or through routine immunization. The grant to support the operating costs of IPV-2 immunization is \$39,072. GAVI support in procurement of IPV is 299, 20 doses (routine immunization).

The Ministerial Order was issued "On intensification of Epidemiological Surveillance System for Acute Flaccid Paralysis/Polio in a public health emergency of level 2 complexity of international concern and the catch-up immunization campaign in the Kyrgyz Republic".

Starting from 19 April 2021, the catch-up IPV immunization campaign was carried out across the country among the missed cohorts of children born in 2016-2017-2018.

The "catch-up" immunization was carried out in parallel with routine immunization, following social distancing requirements for both caregivers and those to be immunized.

The target group for supplementary vaccination: children born in 2016-2017 who received bOPV and who were not immunized by IPV. The micro-planning estimate of the target group was at **270 543** children.

IPV Coverage through supplementary immunization campaign of the missed child cohorts of 2016-2017 in the Kyrgyz Republic

#	Oblast	Target group	Vaccinated	Coverage (%)
1	City of Bishkek	43 006	38 006	88,4%
2	City of Osh	12 576	12 406	98,6%
3	Naryn Oblast	1 0487	9 118	86,9%
4	Chui Oblast	37 392	35 353	94,5%
5	Issyk Kul Oblast	17 783	16 273	91,5%
6	Osh Oblast	60 234	59 698	99,1%
7	Talas Oblast	9 518	9 400	98,8%
8	Batken Oblast	27 330	26 002	95,1%
9	Djalal -Abad Oblast	52 217	49 438	94,7%
	Kyrgyz Republic	270 543	255 694	94,5%

By the KR MOH Order (No. 276 as of 04.03.22), the 2nd dose of IPV at the age of 9 months of life was introduced into the National Immunization Calendar.

Since April 11, 2022, vaccination with the second dose of inactivated polio vaccine (IPV-2) has begun throughout the republic

2022 coverage amounted to:

1st dose coverage - 92% (133 130)

2nd dose coverage - 39% (56 288)

Region/City	2021	2022	
Chui	88	94	6
Issyk-Kul	95	96	1
Talas	91	90	-1
Naryn	89	89	0
Jalal-Abad	82	91	9
Osh	90	95	5
Batken	88	95	7
Bishkek City	84	82	-2
Osh City	82	91	9

6. Learning Question: If relevant, how effective were the recent GAVI supported vaccination campaigns?² Please highlight lessons learned which are applicable for routine immunization and upcoming campaigns (e.g., timeliness of outbreak response, quality, campaign coverage and link with strengthening routine immunization).

Indicator(s):

- Number of vaccination campaigns conducted (stratified by type of campaigns, including preventive, reactive, catch-up, follow-up, sub-national and national)
- Coverage of recent GAVI-supported campaigns, compared to target
- Number of reported outbreaks of vaccine-preventable diseases (supported by GAVI reactive campaigns)

Graphs:

² Please reflect on those campaigns conducted since the last Joint Appraisal/Multi-Stakeholder Dialogue exercise.

Country comments (please, consider the set of cross-cutting questions to structure comments):

Campaigns on HPV vaccine introduction

From 14 to 17 March, a campaign was carried out in low-coverage areas of Bishkek city and Chui Oblast. Specialists of the Republican Centre for Immunoprophylaxis, together with representatives of the Bishkek City Mayor's Office, social workers and directors conducted information conversations, lectures and seminars for parents and adolescent girls, which were followed by questions and answers on vaccination; interactive methods and games were used with parents/caregivers to explain information on cervical cancer prevention.

Hepatitis B adult population Vaccination Campaign

On December 15, 2022, the campaign was launched in the "*novostroika*" (emerging urban neighbourhood) of Kalys-Ordo with participation of the RCI Director, Director of the National AIDS Centre and the media.

Thanks to a special mobile vehicle, donated by the Russian Federation and upon the RCI initiative, examination of population was arranged by health specialists; furthermore, adults were vaccinated against HBV, with rapid testing for HBV antigen prior to vaccination.

Results achieved through organisational measures

1. Online trainings for Oblast health workers on HBV vaccination and rapid testing Implemented .
2. Developed, approved and published the following: information and learning materials for health workers, certificate of receipt of HBV vaccination.
3. Social media work is actively carried out.
4. HBV vaccines in sufficient quantities (first and second doses) delivered to the Oblasts down to each FMC.
5. More than 1000 PHC health workers trained.
6. Implementing the Order, staff of Osh City SES Centre organised seminars on HBV vaccination among the adult population in the Kyrgyz Republic with participation of Osh City and Osh Oblast Healthcare Focal Point and managers of Osh City health facilities.
7. On 19 December 2022, HBV vaccination of adults was organized at FMC No. 1 in Osh city with participation of Osh City Vice Mayor, Healthcare Focal Point for Osh City and Osh Oblast, Deputy Chief Physician of Osh City and Osh Oblast SES Centre, heads of FMCs, population of Osh City, as well as representatives of the media.
8. The Oblast-level warehouse of Osh City SES received total of 45 000 doses of Russian-manufactured HBV "Regevac V" vaccine (30 000 doses for Osh City, 15 000 doses - for Osh Oblast) and 40 000 doses of rDNA Vaccine of Indian manufacturer (20 000 doses for Osh City, 20 000 doses for Osh Oblast).
9. On December 16, 2022, online training was conducted for Chui Oblast health workers, attended by healthcare Focal Point, General Health Practice Centre Director, Clinical Managers, Chief Physicians and Heads of SES units, District Immunologists, Infectious Disease Specialists, Vaccination Nurses and other responsible stakeholders.
10. A meeting was held with the heads of health care organizations on implementation of the KR MOH Order No. 1426 dated 12.12.2022 "On HBV vaccination among adult population in the Kyrgyz Republic" in the Offices of Deputy Plenipotentiary Representative of the KR President in the Chui Oblast and *Akims* (governors) of district administration.
11. At district level, workshops were held with health workers, public servants, teachers on the KR MOH Order No. 1426 "On HBV Vaccination among the adult population in the Kyrgyz Republic" and Order No. 1393 dated 30.11.2022.
12. On December 28-29, 2022, the specialists of the National AIDS Centre conducted online training for health workers on rapid testing and filling out recording and reporting documentation on rapid test.
13. At present, public health outreach activities continue and lectures are conducted in the city organisations - military lyceum, KNML (Kyrgyz National Military Lyceum), military polyclinic, with participation of 600 people – related to organization of mobile/outreach teams in these organisations to carry out HBV vaccination.

Communication activities

1. Interviews have been given at all local TV and radio channels in preparation for the vaccination.
2. A hotline for Hep B and HPV vaccination was launched (phone numbers: +996 312 323 127, +996 703 232 564, +996 551 880 229, +996 703 126 442).
3. The interview was organized on importance of vaccination with Dr. Z.Sh Nurmatov, Head of the National Scientific and Research Center for Control of Viral Infections.
4. Immunologists from the Osh City SES Centre Spoke live on OshTV and “Yntymak” about the importance of Viral Hepatitis B vaccination among the adult population in the Kyrgyz Republic.
5. Education is provided for the population on the importance of HBV vaccination. Nine sanitary instructions were issued, four official letters were sent. Five articles were published in local newspapers of Moskovskii, Jayilskii, Ysyk- Atinskii, Alamudunskii districts and the city of Tokmok.
6. On January 24, 2023 an interview with Dr.U.B. Talkanova, FMC Immunologist from Batken Oblast, was given to the Batken Media TV channel.

IPV introduction Campaigns

Vaccination strategies:

- fixed vaccination sessions at fixed immunization points at health facilities;
- outreach immunization sessions, using outreach and mobile teams.

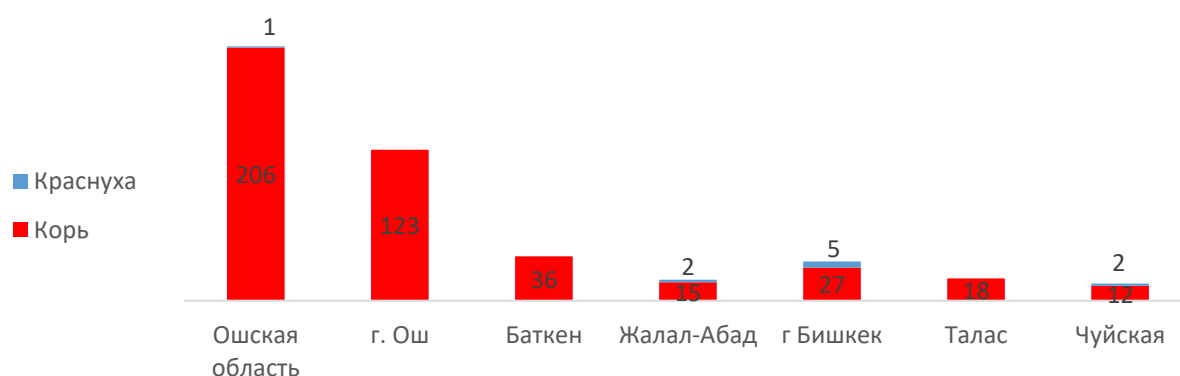
Identification and vaccination of missed cohorts of children

- The search for missed children was carried out through the audit/review of the Form 063 (Individual Vaccination Card), review of the recording-reporting forms for children born in 2016 - 2017-2018;
- Clarification of the number of people to be vaccinated and finalisation of the lists of children to be vaccinated;
- Data on IPV vaccination were recorded in current recording-reporting immunization forms labelled “IPV campaign”;
- The activities were carried out according to the Supplementary Immunization Activities (SIA) Plan, using the funds provided by GAVI for operational costs;
- The Guidelines on the SIA and reporting forms were developed;
- Training materials were developed for training of health workers, vaccination teams and supervisors;
- Local trainings for health workers on IPV campaign micro-planning were conducted;
- Communication and Social Mobilization Plan was developed, including the development of the Crisis Communication Plan;
- Social mobilisation materials were developed.

Vaccine-preventable disease outbreaks

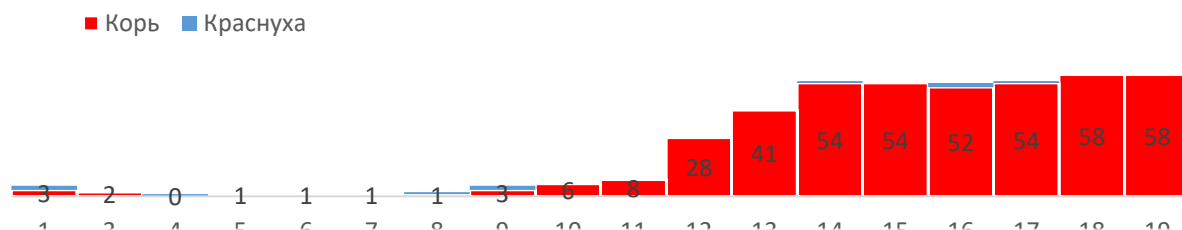
Registration of Measles cases by region for 2023

Total of 794 Measles suspected cases were registered, including 438 confirmed cases. And 10 Rubella cases with an intensive indicator



Territorial distribution of Rubella cases: Bishkek city 5 cases (0,4), Osh region 1 case (0,07), Jalal-Abad region 1 case (0,07) and 1 case in Chui region (0,1). Distribution of patients with Rubella by age: 63% in the age group 1 - 4 years (5 cases), 25% - under 1 year (2 cases) and at 6 years (1 case).

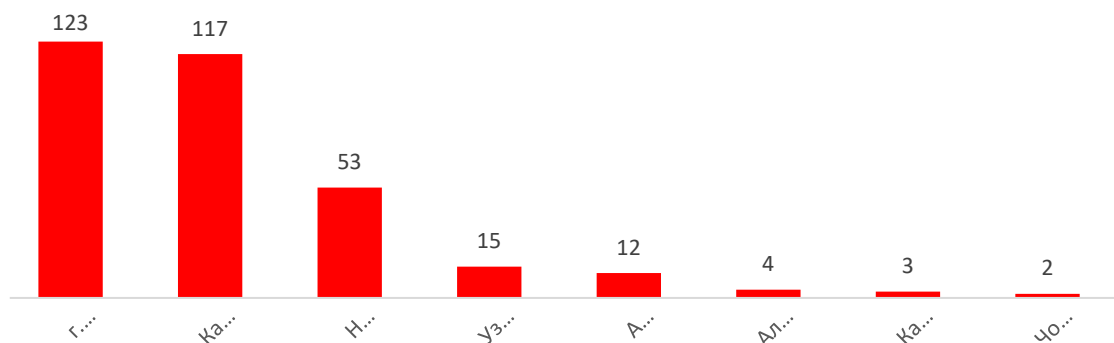
Registration of Measles and Rubella cases for 2023 by week



The primary Measles case was registered in Bishkek, with Soh and Osh regions joining the epidem.process from the 8th week.



Registration of Measles in the districts of Osh region and Osh city



Measles and Rubella elimination is one of the priorities in the field of immunization for the WHO European Region for the period of up to 2030. WHO coordinates the activities of the global network of Measles and Rubella Reference Laboratories and ensures high quality of their work through the accreditation programme that includes annual laboratory performance review, including external quality assessment (EQA) and periodic site visits to laboratories by the WHO Focal Point and/or his/her representative.

Preventive and anti-epidemiological measures

1. Office letter No.13 dated 16.01.2023 was addressed to all health care organizations of the republic on strengthening the control over implementation of the MOH Order No.841 dated 25.12.2009 “On strengthening the System of Epidemiological Surveillance for Measles, Rubella, CRS in the Kyrgyz Republic”, and conducting preventive and anti-epidemiological measures.
2. On 19.01.2023, a meeting of the MOH Operational Stab (Task Force) took place on Measles and Rubella situation, with decisions made on appropriate measures to be implemented.
3. Active Measles and Rubella surveillance was conducted in health care organisations in Bishkek, Chui, Osh, Jalal-Abad and Naryn Oblasts.
4. The KR MOH Order No. 2 dated 09.01.2015 “On taking urgent measures to contain the spread of Measles outbreak in the country” was amended according to the KR Government Resolution No. 583 dated September 23, 2011 “On approval of the Guidelines for recording of Infectious Diseases in the Kyrgyz Republic”;
5. On 30.01.2023, 11 samples from 6 persons (4 cases of laboratory-confirmed Measles and 2 cases of laboratory-confirmed Rubella) were referred for viral genotyping to the WHO-accredited laboratory in Moscow of the Research Institute of Epidemiology and Microbiology of the Russian Consumer Protection Authority named after G.N. Gabrichevsky, Rospotrebnadzor. The results of the laboratory tests detected Measles virus genotype D8, subvariant of genetic lineage MVi/Delhi.IND/01.14/06.
6. An official letter was addressed to the Russian Federation requesting 50 000 doses of Measles mono-vaccines for vaccination of the adult cohort contacts.
7. The RCI held a meeting with the Deputy Directors of Bishkek city health care organizations on Measles and Rubella situation, where the decisions were made regarding to response measures.
8. Since April, a catch-up vaccination was launched to cover the unvaccinated children from 1 to 6 years of age across the country, using MMR vaccine from the reserve stockpile.
9. On 10.04.2023, a meeting of the Operational Stab of the MOH took place on the situation of Measles and Rubella, with decisions made regarding the appropriate measures to be implemented.
10. WHO mission (Dr Ben Mamou, WHO/Europe) visited the National Measles and Rubella Virology Laboratory at the National Department for Disease Prevention and Sanitary and Epidemiological Surveillance (Bishkek, Kyrgyzstan).
The laboratory's infrastructure, procedures, approaches and other components of laboratory operations were assessed according to the WHO checklist for Measles and Rubella laboratories' accreditation, including interactions with national Measles and Rubella Surveillance System. Also the laboratory's contribution to the Regional Measles and Rubella elimination verification process was assessed, as well as collaboration with WHO in general.

Based on the assessment results, as well as the analysis of the data for 2022 and 2023 activities, the laboratory received conditional accreditation to conduct serological Measles and Rubella tests. Findings and recommendations of the assessment were discussed at the MOH briefing with B.K. Arykbaeva, Deputy Minister of Health. ,
It is expected to get confirmation of a full accreditation of the Laboratory under the DDP&SSES in 2024.

From February through March 2023, the RCI, together with infectious disease specialists from the National Infectious Disease Clinical Hospital, Kyrgyz State Medical Academy conducted trainings

for health workers on Measles/Rubella and Polio/AFP surveillance for the purposes of actuation of epidemiological surveillance system and timely containment of Measles and Rubella outbreak. Family doctors, infectious disease specialists and epidemiologists participated in the training and more than 400 health workers were trained.

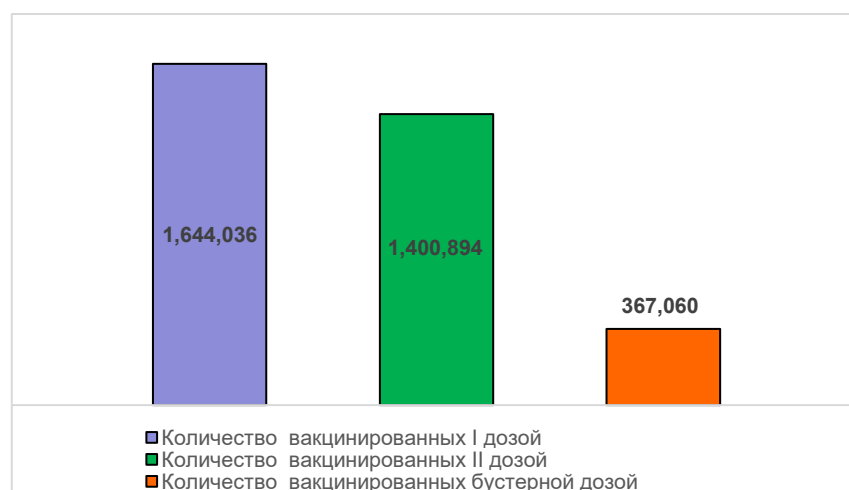
7. Learning Question: How has the introduction of COVID-19 vaccine progressed?

Indicator(s):

- Reflect on current coverage levels of the adult population and key at risk population.
- Describe how the country plan to use opportunities for integrated delivery of COVID-19 vaccine with routine immunization & other primary health care services

Graphs:

(Examples to be replaced with country specific versions)



Vaccine	dose I	dose II	dose III
SinoPharm	1 226 890	1 084 652	127 026
Sputnik-V	59 601	55 996	0
AstraZeneca	89 320	71 492	17 496
QazVac	5 240	4 596	0
Pfizer	181 494	150 319	111 663
Sputnik Light	51 343	17	42 753
Moderna	48 516	32 372	67 798
Total doses used	1 664 036	1 400 894	367 060

Country comments (please consider the set of cross-cutting questions to structure comments):

The COVID-19 pandemic posed a challenge to the public health system in Kyrgyzstan, negatively impacting the use of routine vaccines. The MOH, RCI and other partners, with support from GAVI, have stepped up activities to increase vaccination coverage throughout the country.

Despite these efforts, refusals from vaccination persist. As of January 2023, COVID-19 full vaccination coverage was 20,1 percent, well below the national target of 70%, set in line with the WHO mid-2022 target. As of May 2023, the number of fully vaccinated people had increased slightly to 21%, suggesting the need for further acceleration of demand generation as well as social and behavioural changes for wider vaccine uptake. During the third round of COVID-19 vaccination, there was a shortage of Pfizer and Moderna vaccines, preferred by the population, while demand for Chinese-made vaccines is very low. However, with the arrival of 20 160 doses of Pfizer vaccine, donated by the French Government on 6 April 2023, the number of fully

vaccinated individuals slightly increased. To facilitate a safe administration of Pfizer vaccine, UNICEF conducted capacity building training for national and oblast level workers for both the first and last supply of Pfizer vaccine, since the last vaccine presentation differed. With UNICEF support, three (3) Ultra Cold Chain freezing rooms were installed to store Pfizer vaccines (including installation, training and verification of temperature).

With the support of UNICEF, the WHO Supply chain sizing tool was Implemented to determine the requirements for cold chain storage volumes at the national and subnational levels, on the basis of which application was addressed to COVAX Facility for procurement of cold chain equipment. 54 combined refrigerators, 1 remote temperature monitoring device and 1 cold room were procured and installed with UNICEF support.

In Kyrgyzstan, current percentage of fully vaccinated (defined as having received dose II) people of priority groups is 25%. As per the National COVID-19 vaccination deployment plan and the World Health Organization (WHO) global recommendations, a phased vaccination of priority groups of the Kyrgyzstani population is required:

Stage 1 - from 1 April to 30 April 2023 (cover 90% of the eligible population with 2nd and booster doses of vaccination for health workers, people over 60 years of age, teachers and staff in educational institutions)

Stage 2 - from 1 May to 31 May 2023 (cover 90% of the eligible population with chronic diseases and cancer patients with 2nd and booster doses);

Stage 3 - from 1 June to 30 June 2023 (cover 90% of the eligible population with 2nd and booster doses of vaccination for the civil servants of the Ministry of Emergencies, Airport, Ministry of Interior, National Security Committee, Customs Service, etc.)

According to the National COVID-19 Vaccination Deployment Plan (NVDP), total of 1 644 036 people in Kyrgyzstan have been vaccinated against COVID-19 with at least Dose 1.

Kyrgyzstan - (74%)

City of Bishkek - (55%)

City of Osh - (87%)

The leading Oblast in terms of COVID-19 vaccination coverage is Talas Oblast, with 90% of the population vaccinated.

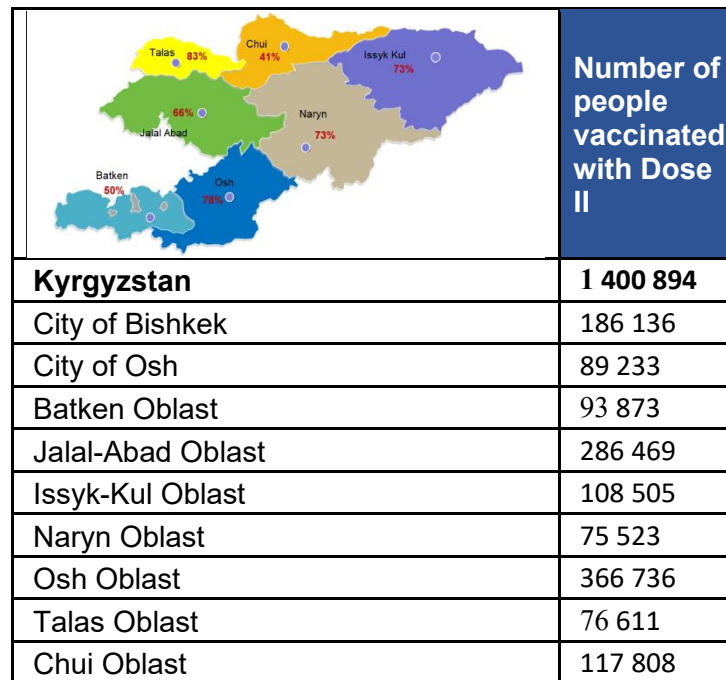
	Number of people vaccinated with Dose I
Kyrgyzstan	1 664 036
City of Bishkek	227 441
City of Osh	103 986
Batken Oblast	122 153
Jalal-Abad Oblast	359 641
Issyk-Kul Oblast	130 744
Naryn Oblast	87 694
Osh Oblast	410 023
Talas Oblast	82 920
Chui Oblast	139 434

1 400 894 people across the country were vaccinated with Dose II.

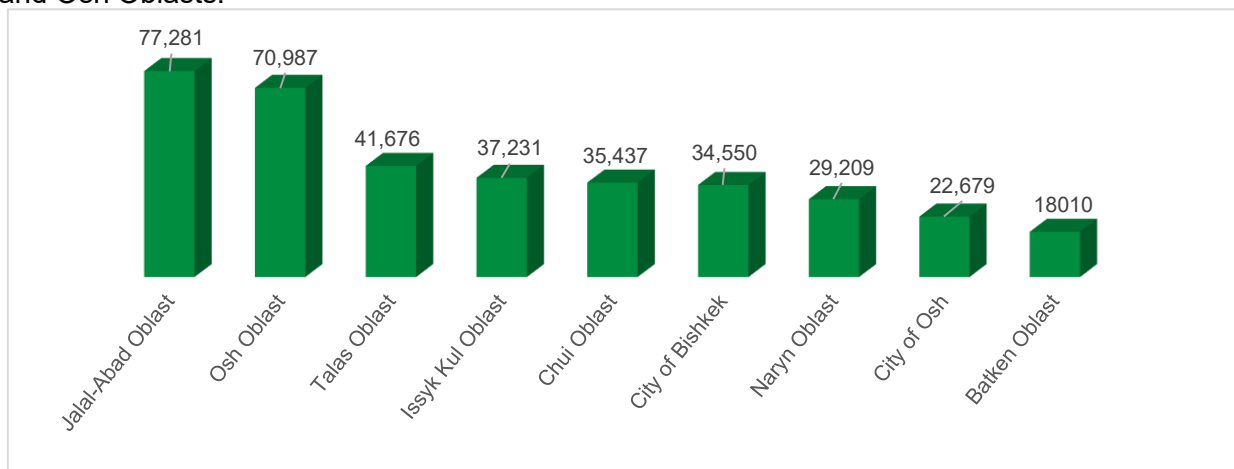
Kyrgyzstan - (62%)

City of Bishkek - (45%)

City of Osh - (75%)



Total number of people vaccinated with an additional (booster) dose by Oblast (for all vaccines). According to the vaccination data, the highest booster dose coverage is reported in Jalal-Abad and Osh Oblasts.



Oblasts with the lowest vaccination coverage as of 26.05.2023

Territorial Unit	Eligible population	Total number, by dose				
		1 dose	%	2 dose	%	3 doses
City of Bishkek	414 862	220 255	53%	181 717	45%	33 180
Batken District	38 102	19 213	51%	16 758	44%	4 497
Jaiylskii District	35 484	18 655	53%	14 545	41%	5 660
Moskovskii District	31 706	15 884	52%	13 205	43%	5 378
Alamudunskii District	56 215	19 125	34%	16 262	29%	3 716
Panfilovskii District	12 162	6 377	53%	4 640	39%	1 601

Sokulukskii District	55 869	21 184	38%	17 040	32%	4 534
Yssyk-Atinskii District	45 015	21 088	48%	18 626	42%	4 446

Target Group Coverage

Priority group	Eligible contingencies	Number of people vaccinated with 1 dose	Number of people vaccinated with 2 doses	Number of people vaccinated with 3 doses	% Dose 1 coverage	% Dose 2 coverage
Health workers	62,663	60,276	51,835	24,607	96,2	82,7
Teachers and faculty members of educational institutions	110,126	101,887	90,565	42,232	92,5	82,2
Special group (Ministry of Emergencies, Airport, Ministry of Internal Affairs, Customs, Border	250,000	21,568	18,127	3,416	8,6	7,3
Population 60+	559,701	206,628	180,507	56,417	36,9	32,4
Civil servants	250,000	77,974	66,639	19,543	31,2	26,7
Population with Chronic and Oncological diseases	421,964	14,618	12,790	3,965	3,5	3,0
Total:	1.654,454	482.951	421,463	150,180	29,2	25,5
Other		1,113009	923, 596	207,016		
University students	82,411	35,817	29,712	5,488	43,5	36,1
Secondary school students	32,668	12,054	10,061	2,101	36,9	30,8
Students of professional lyceums	6,358	3,854	2,889	596	60,6	45,4
Students, 16-17 years old		9,704	7,499	568		
Pregnant women		982	774	163		
Nursing women		5,625	4,900	948		

8. Learning Question: Trajectory and progress against targets set

- How does the progress over the past year compare with your Theory of Change or programme objectives?
- How has **COVID-19** and **COVID-19 vaccination** impacted your routine immunization programme, what has been Implemented to maintain and restore immunization and what has been the impact of it (please include reference to trends in DTP3 and MCV1 coverage)?
- If there are **other factors** (e.g., government transitions, natural disasters, other disease outbreaks, etc.) which have led to disruptions in your immunization programme over the last year, please also reflect on those.

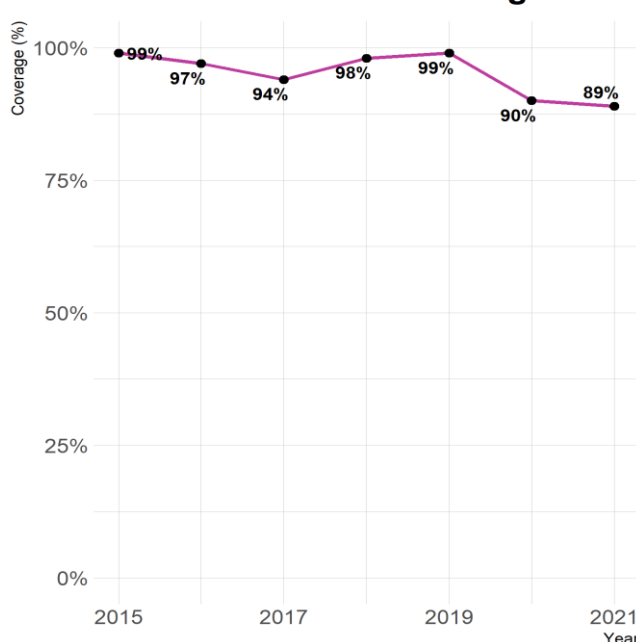
Indicator(s):

- Number of children who received DTP3 and number of children who received MCV1 in the past year compared to the number who received those vaccines in 2019.
- Qualitative information

Graphs:

(Examples to be replaced with country specific versions)

WUENIC National DTP1 coverage



Country comments (please consider the set of cross-cutting questions to structure comments):

The number of children with zero doses **has increased significantly**. DTP-1 coverage has decreased by a larger degree compared to the target population.

WUENIC estimates that in 2021 the number of zero-dose infants will be **17 114 (11% of the total number of surviving infants)**.

DTP-1 coverage remained **constant** until COVID (2015-2019).

During COVID, DTP1 coverage **decreased by 9 p.p.** in 2020 and then **decreased by 1 p.p.** in 2021. As for DTP-3, coverage is being stabilized/is being recovered.

B. Programme Governance/Management

Financial implementation of GAVI cash grants

Cash³ Support Summary*

Grant	Recipient	Period	Status as of <April 30, 2023 >					Cash Balance	Compliance **	
			Grant Value	Appr.	Disb.	Expendi-ture	Utilisa-tion		Fin. Rep	Audi t.
WHO Financial Support										
CDS2	WHO	10.10.2022 – 30.06.2023	574,386.93	574,386.93	536,810.00	367,603.00	68%	169,207.00		
TCA 2023	WHO		735,984.52	735,984.52	687,836.00	358,965.00	52%	328,871.00		
UNICEF Financial Support										
GAVI: Stock Management Strengthening - Covid-19 Vaccine Delivery Support	UNICEF	1 August 2021 - 31 December 2023	\$175,000.00	\$175,000.00	\$175,000.00	\$106,342.58	39,23 %	\$68,657.42		
CDS Needs Based Window (NBW) 2	UNICEF	25 July 2022 - 30 June 2023	\$413,208	\$413,208	\$393,531.43	\$393,531.43	100%	0		
Vaccine Delivery and RCCE - Covid-19 Vaccine Delivery Support	UNICEF	31 October 2022 - 31 December 2023	\$400,000.00	\$400,000.00	\$400,000.00	\$271,329.65	32,17 %	\$128,670.35		
CDS-3	UNICEF	17 February 2023 - 31 December 2023	\$2,095,625.71	\$2,095,625.71	\$2,095,625.71	\$136,893.33	6,53%	\$1,958,732.38		
HSS-3	UNICEF	24 March 2022 - 31 December 2026	\$2,557,756.74	\$2,557,756.74	\$2,435,958.80	\$625,539.65	25,7%	\$1,810,419.15		
TCA 2023	UNICEF	6 December 2022 - 31 December 2024	\$384,519.09	\$384,519.09	\$356,036.19	\$354,800.62	92,3%	\$1,235.57		

* All amounts are indicated in US dollars

** Comment below in case of discrepancies

WHO Financial Support

Grants (in USD)	Date of receipt	Budget	Executed	Balance as of 29.11.2022	Exchange rate to USD upon receipt
Rota virus vaccine introduction	31.05.2019	116 237,00	116 237,00	0,00	69,8500
IPV vaccination catch-up campaign	11.03.2021	164 980,00	145 744,15	19 235,85	84,8000
IPV-2 introduction	13.05.2022	39 072,00	13863,47	25 208,53	82,1014

³ All HSIS grants (HSS, VIGs, OPS, Switch), EAF and CDS cash support as applicable.

HPV introduction	24.06.2022	268 009,00	177 765,40	90 243,60	79,5000
TOTAL for all grants		588 298,00	453 610,02	134 687,98	

Implementation of GAVI 2021 Targeted Country Assistance (TCA) Grant WHO Financial Support

Programme area	Activity	Implementation status	Budget	Activities implemented	Contribution to health system	Balance and proposals for further use
Human resources for health system	Strengthen capacity of routine immunization programme to meet Regional Measles and Rubella elimination goal (prevention/surveillance/recording and reporting) including training of HWs at all levels and implementation of MRS system	Implemented	17800	Measles-Mumps surveillance system assessed, strengths and weaknesses identified, training needs and training materials identified Training materials and workbooks for PHC-level health workers have been produced Training materials and clinical protocols/guidelines on VPI printed and made available to health workers	➤ Strengthening the capacity and alertness of health workers to MR ➤ Improving the quality of epidemiological surveillance of MR ➤ Potential reduction in the incidence of MR among the country's child population	0
Human resources for the health system	Strengthening the capacity of the routine immunization programme to meet the Regional Polio eradication goal (prevention/surveillance/case registration and reporting) including training of HWs at all levels and a simulation exercise on Polio outbreak response	Implemented	23500	Polio surveillance system assessed, strengths and weaknesses identified, training needs and training materials identified Training materials and workbooks for PHC-level health workers have been produced Training materials and clinical protocols/guidelines on VPI printed and made available to health workers	➤ Strengthening the capacity and alertness of health workers to polio ➤ Improving the quality of polio epidemiological surveillance ➤ Preventing polio cases among the country's child population	0
Human resources for health system	Implementation of measures relevant to contraindications to vaccination	Implemented	10000	• Developed a Compendium of Clinical Protocols for Vaccine Preventable Infections and a Compendium of Guidelines for Vaccine Preventable Infections reviewed and approved by the MOH Order (required number printed, publications presented at the Joint Programme Implementation Review 2021, November 2022)	➤ For the first time, Compendiums of Clinical Protocols and Clinical Guidelines for 11 vaccine-preventable infections have been developed and published. These documents will reduce the number of contraindications to vaccination	0

Supply chain	Conducting an EVM assessment and developing the EVM Improvement Plan	Implemented	50000	- EVM assessment Implemented - An EVM assessment Report and an EVM Improvement Plan are expected from the WHO RO by the end of the year.	- EVM allows to identify strengths and weaknesses in the supply chain, plan for improvements and continually improve the system of effective vaccine management. - The last assessment of EVM was carried out in the country in 2015. Providing the results of the EVM assessment is a mandatory requirement for GAVI when submitting country applications	0
Supply chain	Technical support in the implementation of the cold chain equipment inventory tool	To be implemented by the end of the year	27000	- RCI staff briefed on cold chain equipment inventory tool - Training is planned for staff who will be involved in conducting the assessment using the tool. - Conducting field trips.	A web-based and mobile app for cold chain equipment inventory will enable cold chain inventory, it does not require lengthy user training, and works on both desktops and smartphones. Once the tool is implemented, the immunization programme will be able to have real-time data on cold chain equipment.	0
Supply chain	Support for implementation of Phase 2 of the Cold Chain Equipment Optimisation Platform (CCEOP)	Implemented	12000	Support provided by WHO Regional Office for the implementation of Phase 2 of CCEOP	Necessary support from the WHO Regional Office for the implementation of Phase 2 of CCEOP was provided	0
Supply chain	Technical support during the reconstruction of the national vaccine warehouse	Not implemented	20000		The activity has not been implemented as the renovation of the national vaccine warehouse has not started	20,000 reprogramme for HPV vaccine introduction activities
Data	Data quality review with triangulation of existing data in the country to look for possible data quality problems	On-going	43000	- Additional training for RCI staff on a mobile application based on DHIS2 - Desk review of documentation in this area; 2 Technical assessment missions on routine immunization data management - Preparation of a roadmap for the digitalisation of the immunization Information System - Implementation of roadmap activities	The introduction of digital technologies, taking into account the data quality review and decisions made in various aspects of the recording, reporting and user decisions systems already in place at all administrative levels, will improve the quality of immunization programme data. Digitalization will facilitate accurate	32413

					and timely data recording, collection and analysis and maintenance of records of patients to be vaccinated	
Support for certain vaccines	Conduct a behavioural study to better understand the barriers to and the opportunities for HPV vaccination	Implemented	30000	Formative study conducted, report provided to RCI and MOH, meeting held on the results of the study, inviting MOH, RCI, Republican Health Promotion Centre (RHPC), international partners.	➤ The formative research made it possible to formulate a Communication Strategy and a communication plan adapted to the country context	0
Support for certain vaccines	Develop the Communication Strategy and communication plan; update the communication plan in case of crisis situations, taking into account HPV vaccine introduction activities	Implemented	15000	A Communication Strategy and Communication Plan has been prepared and approved by the MOH Order (Order No. 859 of 18 July 2022)	➤ The Communication Strategy and plan approved by the MOH Order made it possible to achieve 50% coverage of the target group as early as 2 weeks after the start of vaccination	0
Support for certain vaccines	Conducting communication and social mobilisation activities, including the design of communication activities	Implemented	27000	- A national scientific and practical conference on HPV vaccine introduction was held with leading international experts and WHO/Europe technical experts. - Training for trainers for health workers on the HPV vaccine was conducted	➤ The scientific community, leading medical experts in the country are informed about the problem of cervical cancer and the benefits of HPV vaccination. ➤ A team of trainers has been trained	0
Support for certain vaccines	Experts from Kyrgyzstan visit a country that has successfully introduced HPV vaccines	Not implemented	16520		Given the busyness of the countries, the visit has not taken place	16520 - programme for HPV vaccine introduction activities

Support for certain vaccines	Inviting experts from other countries to share experiences on HPV vaccine introduction with specialists from Kyrgyzstan	Implemented	25000	• Visit of the Head of the Uzbekistani National Immunization Programme and NITAG to Kyrgyzstan and joint meeting on HPV vaccine introduction (including staff from WHO and UNICEF country offices in Uzbekistan). • Visit by WHO technical expert on communication of HPV vaccine to health workers (based on experience in other countries)	➤ The experience of HPV vaccine introduction in Uzbekistan has been taken into account in the development of an action plan for HPV vaccination in the country. ➤ Training of key trainers on how to advise parents on HPV vaccination, conducted by a WHO expert, provided health workers with the necessary skills to work with parents	0
Support for certain vaccines	Technical support for serological testing to assess the impact of Hepatitis B vaccination and validation of Oblast Hepatitis B control targets	Implemented	43000	• A study has demonstrated the effectiveness of Hepatitis B vaccination in the country	➤ The results show that the prevalence of HBsAg among vaccinated children was ≤0,5%	0
Financing/ General Management	Support RPI team in quantifying / assessing the needs for and the content of the required trainings in the light of current reforms. TA to review current health system reforms, reforms in the PHC sector and their possible impact on the functioning of the national immunization programme in the country	Reprogrammed for HPV, implemented	45000	• A national coordination group for HPV vaccine introduction has been supported; • Development/design/printing of communication materials for health professionals and the public; • Preparation of six informational videos on the HPV vaccine; • Support for 2 training sessions for speakers; • Support for media training; • Meeting for representatives of the President's Office, MOH, MOE, RCI, Republican Health Promotion Centre, international partners on HPV vaccine introduction.	➤ The information materials and informational videos developed have helped to ensure that the population is informed about HPV vaccination. ➤ Trained speakers are raising awareness about HPV among the public and the medical community. ➤ Members of the media cover HPV vaccination activities in the country. ➤ There is joint coordination of HPV vaccination activities by the MOH and MoE	0
Provision of services	Technical support for the adoption of the WHO procedure for joint vaccine registration	Implemented	18000	• Procedure agreed with the national supervisory authority, with technical support from the WHO Regional Office	➤ The implementation of the WHO procedure for joint registration will facilitate the process of vaccine registration in the Kyrgyz Republic	0

Support for certain vaccines	Support for capacity building of NITAG by involving its members in ETAGE meetings and meetings of immunization programme managers. Participation of NITAG members in WHO Regional trainings and Regional meetings for NITAG	Implemented	15000	- A series of meetings were held for NITAG members on various areas related to routine immunization - NITAG members participated in WHO Regional trainings and NITAG Regional meetings, including a meeting for immunization programme managers. - Translation of documentation to inform NITAG members	➤ Strengthening the capacity of NITAG members	0
Human resources for health system	TOT for faculty members of medical universities and revision of the curriculum on medical contraindications to vaccination and adverse events following immunization (AEFIs)	To be implemented by the end of 2022.	7000	- Establishment of a working group (Kyrgyz State Medical Academy) - Changes to the curriculum for medical students - Printing student textbooks	➤ A revision of the medical school curriculum would increase health workers' knowledge of medical contraindications/ AEFIs and reduce the number of medical contraindications in future, which in turn would increase coverage	0

Implementation of GAVI 2022 Targeted Country Support (CSC) Grant UNICEF Financial Support

Program area	Activity	Implementation status	Budget	Implemented activities	Contribution to health system
Financing / General management	Technical assistance in vaccine procurement budgeting, including: budgeting process planning (budget development, implementation/execution); developing a mid-term/annual budget and budget forecast for vaccine procurement; development/revision of budgeting tables/methodologies	Implemented	10800	UNICEF used the Vaccine Forecasting and Budgeting Tool to advocate for and include vaccine procurement requirements in the national budget. Support for the establishment and operation of a coordination mechanism, providing technical support in the development of a Government Decree on procurement through UN agencies	Support for vaccine procurement budgeting, including: planning the budgeting process for sustainability
Supply chain	Engineering and legal support for the construction of a national warehouse (the process of transferring land to the balance of the RCI)	Implemented	2000	Hire a local consultant. Prepared report and calculations	The Government Decree on construction of a national warehouse was drafted and approved. The draft was agreed with all ministries and subordinate state organizations for further approval by the Cabinet of Ministers
	Hiring 2 logisticians on the basis of RCI	Implemented	12960	Terms of reference developed and contracts compiled for two logisticians	COVID -19 vaccine supplies are processed in a timely and correct manner in accordance with local legislation and ensure proper in-country logistics and Oblast distribution

	Upgrading the qualifications of primary health care (PHC) health workers in the field of cold chain (devices for monitoring working temperature, VVM, registration labels/marks, freezing indicators/freeze tags, documentation skills)	Implemented	50,000	Training materials and SOPs on cold chain equipment and devices have been compiled and approved and the knowledge of health workers has been strengthened in this direction	Compiled and approved training materials and SOPs on the use of devices for reading temperature in cold chain equipment and devices
Demand generation	Develop and test new and innovative communication messages to increase outreach and include in a revised Communication Strategy based on BCI analysis.	<u>Implemented</u>	540000		Obtained behavioral and cultural insights of the population in relation to vaccination, which informs the design of projects and activities

2023

Financing / General management	Capacity Building and Skills in Vaccine Forecasting (3-day training provided by UNICEF Procurement Division)	Implemented (training scheduled for September 2023) at UNICEF Supply Unit, Denmark	10800	Conducting a 3-day training in the UNICEF Supply Department	Improve vaccine supply forecasting to ensure its sustainability
Demand Generation and Community Engagement	Technical assistance in the implementation of measures to create demand for vaccination, including data collection, knowledge management.	In progress	51669		
Demand Generation and Community Engagement	Conducting a BCI study to identify barriers and factors affecting single mothers and fathers in deciding whether to vaccinate their children, as this is essential for developing effective social and behavioral change interventions to maximize coverage in the future	In progress The company has been selected	27900	Conducting a tender and selection of a research company. Conducting BCI research	Enables the development of effective social and behavioral change interventions to maximize vaccination coverage

Demand Generation and Community Engagement	Mapping of CSOs for possible involvement in the planning and implementation of VTF activities	Implemented	17280	A tender was held and a research company was selected. Analyzed and mapped CSOs working on immunization. Preliminary results are presented at JA	Mapping of CSOs to identify organizations that have access to specific Oblasts and social groups, as well as the potential to increase immunization coverage and eventually reach children with zero dose, under-immunized children and missed communities in hard-to-reach areas
	Technical support in coordinating the decommissioning of non-functioning cold chain equipment	Implemented	25920	Tender has been held and a local specialist is being hired.	Ensuring the safe and internationally required decommissioning of non-working refrigeration equipment in the healthcare system

**Implementation of GAVI grant to support delivery of COVID-19 vaccine (CDS):
EARLY ACCESS WINDOW TO ENSURE READINESS FOR URGENT DELIVERY OF COVID-19
VACCINES FROM THE COVAX FACILITY**

Programme area	Activity	Implementation status	Budget	Activities implemented	Contribution to health system
Immunization monitoring system	Technical support for integration of the COVID-19 vaccination registration and reporting system with other Information Systems	In progress	32090	Evaluation of the COVID-19 vaccination management system Implementation of measures in the roadmap for the digitalisation of the immunization Information System in the Kyrgyz Republic	The introduction of digital technologies, taking into account the data quality review and solutions in various aspects of existing accounting, reporting and user solutions at all administrative levels, will improve the data quality of the immunization programme
Defining the target population	Support to NITAG in preparing recommendations on the use of new COVID-19 vaccines and adapting ETAGE and SAGE recommendations on vaccination strategies	Implemented	9300	Meeting for NITAG members, with the presentation of updated WHO recommendations on vaccination against COVID-19 Formation of a library of data on vaccines and vaccination against COVID-19 and its transfer to the members of the NITAG and the National Library of Science and Medicine. Translation of necessary documentation issued by WHO HQ and WHO/Europe	Strengthening the capacity of NITAG members, contributed to the timely adoption of necessary recommendations on vaccination against COVID-19
Personnel management and training	One-time payment of \$40 to 906 doctors	Implemented	33522	Payments have been made to health care workers involved in COVID-19 vaccination on the basis of MOH Order No. 30 as of 1 August, 2022	Incentives for health care workers involved in COVID-19 vaccination
Personnel management and training	One-time payment of \$30 to medical nurses	Implemented	49830		
Personnel management and training	Additional performance-based incentive	Implemented	149754		

	payments in the amount of a monthly salary				
Personnel management and training	Training of district level specialists and preparation/dissemination of workbooks and information materials	Implemented	69500	Training for PHC professionals conducted. 1,349 PHC professionals trained	Strengthening the capacity of health workers at PHC level
Vaccination strategies (including medical staff support and supervisory visits)	Payment of operational costs for mobile teams	Implemented	50400	The mobile teams conducted 3 rounds of outreach COVID-19 vaccination sessions in priority Oblasts, identified by the RCI	4,2492 people were vaccinated by mobile teams (75 mobile teams)
Vaccination strategies (including medical staff support and supervisory visits)	Supervisory visits	Implemented	97200	Supervisory visits were made to 1,197 immunization points in 50 administrative centres	90% of health workers are aware of AEFIs and 92% know how to give first aid in case of anaphylactic shock In the case of a vaccination refusal, 96,8 % of those refusing vaccination are interviewed
Evaluation of COVID-19 vaccine introduction	Conducting COVID-19 vaccine post-introduction evaluation	Not implemented	13117		

UNICEF CDS-1

Program area	Activity	Implementation status	Budget	Activities implemented	Contribution to health system
Demand Generation and Community Engagement	Social mobilization campaigns with the involvement of volunteers and social leaders, aimed at a population that has doubts about vaccination.	Implemented	40200	551 members of Village Health Committees and 100 volunteers were trained and interviewed with the population: Increase in % willing to vaccinate: 10% among the elderly and 13% among breastfeeding mothers 385 schoolchildren were trained to recognize fake information and produce video clips on the topic of COVID-19 prevention More than 150,000 people were involved in the events. Implemented in partnership with PF "Save Health", PF "AFEW", PF "Daanazat", with additional funding from UNICEF	

Demand Generation and Community Engagement	Social media activation and production of quality digital materials to increase vaccine knowledge and confidence. Creation and distribution of video/multimedia content. Support of the press service of the Ministry of Health.	Implemented	125000	100 trained influencers shared their positive experiences with vaccination in social media. 8000 people were involved in the discussion by partner organizations through 106 WhatsApp groups. About 3 million people regularly received information (video/multimedia/articles/reports/informational posts/infographics, etc.) about COVID-19 vaccination through various media and social networks	
Supply chain	Rent of a building for a warehouse, cold room	Implemented	60000	Rent of a building for a warehouse, a cold room for storing vaccines	Supply chain processes are harmonized
Supply chain	Procurement of 8 air conditioning units for warehouses	Implemented	21816	Purchased 8 air conditioning units	Strengthening emergency and risk management
Supply chain	Vaccine-related logistics, customs clearance and transportation	Implemented	21600		Solved logistical issues related to vaccine management
Supply chain	Refrigerated Truck Drivers Training	Implemented	10000	Refrigerated truck drivers trained	Ensuring safe transport of vaccines
Supply chain	Supply and installation of cold chain equipment	Implemented	30000	Refrigeration equipment installed	Ensuring the quality and safety of vaccines
Supply chain	Transportation of vaccine to Oblasts	Implemented	35000	Vaccines delivered to Oblasts	Ensuring the quality and safety of vaccines
Supply chain	Procurement of handling equipment for the national warehouse	Implemented	7000	Purchased loading and unloading equipment	Ensuring the quality and safety of vaccines
Supply chain	Procurement of voltage regulators, indicators for refrigerators and freezers, as well as items for the disposal of health waste	Implemented	60000		Ensuring the quality and safety of vaccines and the safe collection and disposal of health waste

UNICEF CDS-2

Demand Generation and Community Engagement	Social listening and media monitoring	Implemented	24500	Weekly reports provide insight and population situations and concerns are used to develop communication materials/messages about vaccines	Increasing public confidence in vaccines and immunization
Demand Generation and Community Engagement	BI training for local partners	In progress	18000	Company hired. Trainings are scheduled for June-July 2023	Building the capacity of local partners
Demand Generation and Community Engagement	Expanding RCHP capacity in the field of public relations	In progress	17,600	Support for the information center/studio of the RCHP	Capacity building of the RCHP on communication
Demand Generation and Community Engagement	Media communications (through the Ministry of Culture)	Implemented	72000	Regular media publications with a coverage of 3.5 million (approx. 50% of the population)	Gain communication
Demand Generation and	Printing materials, outdoor advertising	Implemented	36000	Designed and printed by: booklets "Recommendations for the prevention of coronavirus	

Community Engagement				infection for those over 60"; "How to prepare for the COVID-19 vaccination?", "Pregnancy and COVID-19 vaccination" posters. Billboards for COVID-19 vaccinations are posted across the country	
Demand Generation and Community Engagement	MLO training for healthcare providers	Implemented	100000	2022: 1470 primary health care workers in Chui, Jalal-Abad, Issyk-Kul, Naryn, Talas and Osh Oblasts. The level of knowledge before the training - 64%, after - 95%	
Demand Generation and Community Engagement	Training of journalists and auxiliary medical personnel	Implemented	12000	Trainings for 160 journalists and medical personnel were held in the cities of Bishkek and Osh.	
Demand Generation and Community Engagement	Call center support	Implemented	12000	Salaries of 4 call center employees for 6 months. The report is expected in July.	An open communication channel was provided with parents/guardians on vaccination issues, especially for the period of HPV introduction and on COVID -19 vaccination issues
Demand Generation and Community Engagement	Social media management	Implemented	18000	RCI organizes training sessions to improve social media skills among immunologists and RCI staff. An information campaign on EIW-2023 was carried out	
Demand Generation and Community Engagement	Internal monitors for PHC to inform the population	Implemented	11968	34 monitors/TVs were transferred to the RCI for further distribution to PHC	
	Strengthening the capacity of RCI to monitor AEFIs	Implemented		Procured funds in accordance with the plan and needs of the RCI	Strengthening the capacity of RCI
Supply chain	Rent of a dry warehouse and a cold room	In progress	10000	Contract prepared	Ensuring the safe storage of vaccines
Supply chain	Customs clearance of equipment (arrived at the expense of the WB)	Implemented	2000	Customs clearance of equipment	
Supply chain	Payment for design and estimate documentation for the construction of the Bishkek City Vaccine Warehouse	Implemented	4900	Payment made	Ensuring the safe storage of vaccines

UNICEF CDS-3

Supply chain	Procurement of 43 pickup trucks to transport vaccines and immunization programs for Oblasts of the country	In progress		New technical specifications for pickup trucks received	Ensuring safe transport of vaccines
Supply chain	Purchase of 68 thermal bags	In progress			Ensuring the safe storage and transport of vaccines
Provision of services	Purchase of items for the disposal of medical waste for vaccination points (needle cutters, polypropylene bags)	In progress		Tender announced	Ensuring the safe management of medical waste
Supply chain	Warehouse rent	In progress		Finalization of the tender and the winner of the tender in the process by RCI	

Demand Generation and Community Engagement	Press Tours	In progress	\$ 10000		Mass media support for vaccination
Demand Generation and Community Engagement	Social mobilization through Village Health Committees , in the workplace and at Oblast universities	In the process of hiring an implementing partner	\$ 70000		Strengthening the capacity of Health Promotion Units in working with communities
Data	DHIS-2 Implementation Support	In progress		Contracts have been drawn up with CEH (Center for E-Health, MOH)	Supported the development of 6 reporting forms based on DHIS2. Support for the development of more reporting forms is being discussed

UNICEF HSS-3

Goal 1 Improve coverage and equity for populations that have missed out on vaccinations	National action plan to improve vaccination coverage, focusing on priority groups and areas.	Implemented	\$ 8400	The NAP draft was prepared with the participation of an international consultant working group. Financial and technical reports provided	The NAP will contribute to the development of a national immunization strategy and a multi-year plan
	Operating costs for the implementation of the Action Plan to improve population coverage	In progress	\$37860	The budget has been approved, the Face request has been sent. Request lists from PHC to identify unvaccinated children; The event is linked to the NAP	Implementation of the NAP to increase coverage and achieve equity
	Monitoring and evaluation of implementation of the Action plan	In progress	\$20000	It is planned to carry out visits in July, August 2023	Strengthen the sustainability of the immunization capacity building process
	Adaptation of clinical protocols/algorithms to detect missed vaccination cases	In progress	\$20000	Planned to be implemented in 2023. TOR prepared, under consideration by UNICEF	Strengthen the sustainability of the immunization capacity building process
	Quarterly supervisory visits for 5 years	In progress	\$14178	Event through LTA, letter and budget for 2 supervisory visits were submitted to UNICEF	Increase PHC capacity in the area of AEFIs
	Support for mobile vaccination teams	Implemented	\$39840	The total number of mobile teams is 76. 2 rounds Implemented. 23 276 people were vaccinated (1), including 3 565 children with MMR vaccine, 1 726 children with Penta, 2 578 children with Penta-3, and 1 496 Dt	
	Training to improve the ability of PHC professionals to identify missed opportunities and deliver immunization services.	Partial implementation	\$64195	The participants of the training were selected, the curriculum was developed and training materials were prepared	This will increase the capacity and competence of health workers to identify and vaccinate undervaccinated children in their districts
	Vaccine Safety Training for Health Workers	Partial implementation	\$43127	3 trainings are planned, with different health workers	This will increase the knowledge of health workers on the safety of immunization practices
	HSS-3 local Focal Point	In progress	\$ 11600		
Goal 4: Strengthen the national Immunization Program by investing in leadership, management and efficiency	Provide operational support to ensure the quality functioning of the National Immunization Technical Expert Group (NITAG) and the ICC	Partial implementation	\$1916 \$1944	2 field ICC meetings are planned for two Oblasts: Batken and Talas	Supporting the work of the NITAG and the ICC

Goal 2: Increase demand for vaccination among priority groups	Interpersonal communication training (IPCT) for immunization for medical staff	Implemented	\$ 4798 \$ 37700	2022: 472 health workers trained in Osh and Batken Oblasts. The level of knowledge before the training - 41%, after - 92%. The percentage of knowledge improvement is 51%. 2023: planned for June-July	Improved IPC skills among PHC staff
	Development/updating and implementation of the Demand Generation Strategy	Partial implementation	\$ 4600	The draft Strategy was developed by the working group of the KR MOH and submitted for expert evaluation to the UNICEF Regional Office	
	Social mobilization and outreach Individual work with doubting parents	Partial implementation	\$ 28,000	EIW 2022. Social mobilization in Batken, November 2022-February 2023.	
	Strengthening digital sources of information and social media campaigns	In progress	\$ 18047	A company has been hired to administer RCI digital resources by posting materials approved by RCI specialists. Total coverage for all information campaigns: 1.4 million accounts: HPV campaign: 105 745 accounts Hepatitis B Company: 394 831 accounts Measles & Rubella Campaign: 656 667 accounts	RCI online platforms strengthened and popularized as reliable sources of vaccination information
	Communication capacity of RCI: communications officer/specialist at RCI	In progress	\$5293	Raise public awareness through various channels. Coordination of outreach activities. Community engagement in immunization issues	
Goal 3: Immunization supply chain (ISC) management and vaccine procurement	Repair/construction of new infrastructure/storage facilities	Partially	\$ 195000	It was planned to hire an engineer to assess the condition of 5 warehouses at the Oblast level. A list of storage facilities for repair/construction has been determined. A consulting engineer was hired to carry out the assessment	
	CCEOP Co-Investment	Partial progress (relative to 8 RTMDs)	\$ 295000	Implemented. 162 equipment items delivered and installed according to the Deployment plan. Procurement of 8 RTMDs (remote temperature monitoring device) under discussion with the RCI	
Goal 4: Strengthen the national Immunization Program by investing in leadership, management and resilience	Field advisory support for national and international evaluation of coverage data analysis to identify gaps in immunization coverage and equity.	In progress	\$ 15000	TOR developed for a local consultant	
	Field advisory support to conduct a focus study to identify missed opportunities in priority areas of Chui and Jalal-Abad oblasts (including transport and per diems).	In progress	\$ 15000	TOR developed	

9. Learning Question: How well is the country able to absorb GAVI funding and what are the drivers? (This should cover all funding including funds channelled through partners.)	
➤ Comment on the financial implementation progress of grants including but not limited to the utilisation rates. What are the key issues?	
Indicator(s):	
- Percentage of grant funds utilised - Amount of cash balance in-country	
Country comments: The development of the National Action Plan can be a driving force to improve vaccination coverage for zero-dose children and missed communities. This will help accelerate implementation of activities under the various GAVI grants by optimizing the use of funds among partner agencies, avoiding duplication of activities, identifying priority areas to implement the planned targets and defining the mechanism for effective coordination of monitoring activities through grants and partner agencies. While the utilization of such key grants as HSS-3 and CDS-3 may appear low in Q1 and Q2 2023, utilization is expected to increase significantly in Q3 and Q4 as procurement-related activities for the most cost-intensive items for these two grants will be implemented and Implemented by the end of 2023. Quantification, specification and model discussions and other contractual arrangements continue during Q1 and Q2. This was bound to have an impact on disbursement rate at that time. As of 30 April 2023, the overall disbursement rate for GAVI grants (CDS2 and TCA23) will be: 68% for the CDS2 grant and 52% for the TCA23 grant. Given the large amount of work under the CDS2 grant and the approaching deadline for completion of this Project, it would be good if the GAVI Secretariat could extend the project timeframe by 2-3 months. UNICEF implemented timely 100% of CDS1 and CDS2 grants. Implementation rate for TCA is 92,3% as of June 2023 and it will be unitized fully.	

10. Learning Question: How well is the country resolving issues arising from assurance activities? What issues are left to solve and what is the path forward?	
➤ What is the progress of Grant Management Requirements implementation? ➤ How has the country addressed recommendations arising from past audit recommendations (annual external audits + GAVI Programme Audit)? ➤ Comment on the improvements that have been made to financial management and risk assurance activities with support of assurance providers (e.g., Fiscal Agents, Monitoring Agents, Financial Management Technical Assistance)? ➤ Specifically, what actions have been taken to enable a larger % of GAVI funds to be channelled back through government systems?	
Country comments: Coordination with the MOH, RCI and WHO has improved during the period under review through regular in-country meetings to coordinate, plan, implement and monitor grant performance, leverage the comparative advantages of each partner agency, collaboration in implementation of previous audit recommendations. UNICEF has sought to use a variety of methods to transfer funds - direct transfers are intended to ensure that a higher percentage of GAVI funds are channelled back into the government systems, and the direct payment method can also be used to pay to third parties, hired through a transparent bidding process. Through regular checks and monitoring visits, UNICEF has prevented the blocking of transfers to RCI due to delays caused by liquidation. In addition, UNICEF has planned capacity building training for the RCI staff on financial management and risk assurance activities (Harmonised Approach to Cash Transfers - HACT training) to be held in early May 2023.	

11. Learning Question: Please comment on any other financial management-related bottlenecks for implementation and compliance.

Country comments:

In accordance with UNICEF procedures, Program Visits (PV) and Spot checks will continue. RCI employees will undergo refresh training on HACT procedures..

12. Learning Question: Is the country effectively addressing gender related barriers (e.g. faced by caregivers or adolescents in accessing immunization services and barriers faced by health workers in delivering immunization services)?

Indicator(s):

- Has the country implemented initiatives that remove or reduce gender related barriers?

Qualitative information

Graphs:

(Examples to be replaced with country specific versions)

Country comments:

Most children who have received one dose of any vaccine, are expected to receive several additional children's vaccines, so it is crucial to timely provide them with their first dose. Children often have zero doses due to poverty, conflict, gender barriers and stigma. This leads to a lack of access to services or inability to take advantage of the available services. According to the Equity Reference Group, urban "novostroiikas" (settlements around the cities, built by internal migrants), remote rural areas and conflict-affected areas are key sub-national areas for zero-dose children. Children living in these areas may not benefit from available immunization services due to poverty, gender barriers and/or stigma. UNICEF is planning to conduct Gender analysis in 2023, that for the first time will ensure identification of gender barriers in getting access to and receiving immunization services in the country.

C. Implementation of Technical Country Assistance (PEF-TCA)

13. Learning Question: Is the country implementing PEF TCA and COVAX TA as expected? Please explain how the TCA has helped to support the achievement of the country objectives.

Indicator(s):

- Country analysis on partner performance as per workplans

Graphs:

(Examples to be replaced with country specific versions)

Year	Approved excl PSC	Disbursed excl PSC	Utilized excl PSC
2016	\$1,077,848	\$920,953	\$834,135
2017	\$1,823,216	\$1,686,390	\$1,524,042
2018	\$3,104,880	\$2,108,660	\$1,658,767
2019	\$3,129,892	\$1,776,234	\$2,641,124
2020	\$2,414,138	\$2,414,138	\$507,557
2021	\$2,652,460	\$2,150,440	\$0
2022	\$662,140	\$716,813	\$0



Country comments:

Overall, introduction of TCA has made a significant contribution, particularly in vaccine supply chain. Two (2) national vaccine logistics advisors have been hired with TCA funds for in-country vaccine logistics (customs clearance and distribution), who are contributing to reducing the number of vaccine shortages at national and sub-national levels. In addition, capacity building trainings on vaccine and consumable forecasting and budgeting are planned for August 2023 for the RCI staff together with the UNICEF Supply Division in Copenhagen. Recruitment of a technical assistant to support budgeting for vaccines and other immunization supplies is getting close to completion; this hire will support development of the National Immunization Strategy in April 2023. Significant progress has also been made in conducting CSO mapping in Kyrgyzstan. Research

company conducted CSO mapping with technical UNICEF support and presented preliminary data for discussion at the JA meeting. Of the nine (9) major UNICEF TCA activities, one (1) has been implemented, one (1) has been postponed and seven (7) are progressing well as planned.

Implementation of the Gavi Targeted Country Support (CSC) Grant for 2021

Program area	Activity	Implementation status	Implemented activities	Contribution to health system
Human resources for health system	Strengthening the capacity of routine Immunization Program to achieve the regional Measles and Rubella elimination goal (prevention/surveillance/case registration and reporting) including training of HCWs at all levels and implementation of the MRS system	Implemented	Measles-Rubella surveillance system assessed, strengths and weaknesses identified, need for training and training materials identified Training materials and job aids prepared/developed for health workers at PHC level Training materials and clinical protocols/guidance on VPI printed and provided to health workers	Strengthening the capacity and awareness of health workers regarding MR Improving the quality of epidemiological surveillance for MR Potential reduction in the MR incidence among the child population of the country
Human resources for health system	Strengthening the capacity of routine Immunization Program to achieve the regional goal of Polio eradication (prevention/surveillance/case registration and reporting) including training of HCWs at all levels and conducting a simulation exercise on implementation of Polio outbreak response	Implemented	Polio surveillance system assessed, strengths and weaknesses identified, training needs and training materials identified Training materials and job aids developed/prepared for health workers at PHC level Educational materials and clinical protocols/guidance on VPI printed and provided by to health workers	Strengthening the capacity and awareness of health workers about Poliomyelitis Improving the quality of Polio surveillance Prevention of Polio cases among the child population of the country
Human resources for health system	Implementation of activities related to contraindications to vaccination	Implemented	The developed Collection of Clinical Protocols on vaccine-preventable infections and the Collection of Guidelines on vaccine-preventable infections were reviewed and approved by the KR MOH Order (the required number was printed, publications were presented at the Joint Review of Program Implementation for 2021, November 2022)	For the first time, the Collections of Clinical Protocols and Clinical Guidelines for 11 vaccine-preventable infections were developed and published. These documents will reduce the number of contraindications to vaccination.

Supply chain	Conduct an EVM assessment and develop the EVM improvement plan	Implemented	EVM assessment/ evaluation completed	EVM enables to identify strengths and weaknesses in the supply chain, develop the plan for improvements, and continuously improve the effective management of vaccines (EVM). The last EVM assessment was conducted in the country in 2015. Submission of the results of the EVM assessment is a Gavi requirement when submitting country proposals.
Supply chain	Technical support in implementation of the cold chain equipment inventory tool	Continues in 2023	A briefing was held for the RCI staff on the tool for cold chain equipment inventorying In 2023, training was provided for the staff to be involved in the assessment using the tool. Field data collection continues in 2023.	The web and mobile applications for inventory of cold chain equipment will allow inventory of the cold chain, do not require long user training, work both on computers and on smartphones. Once the tool is implemented, the Immunization Program will be able to have real-time data on cold chain equipment.
Supply chain	Support for implementation of Phase 2 of the Cold Chain Equipment Optimization Platform (CCEOP)	Implemented	Support was provided in implementation of the 2nd phase of CCEOP by the WHO Regional Office	The necessary support was provided in implementation of the 2nd phase of CCEOP by the WHO Regional Office.
Supply chain	Technical support in process of reconstruction of the national vaccine warehouse	Implemented	Reprogrammed for HPV	The activity was not implemented because the reconstruction of the national vaccine warehouse has not started.
Data	Data quality review triangulating the existing data in the country to look for possible data quality issues	Continues	Additional training for the RCI staff on the DHIS2 based mobile application Desk review of documentation in this area; 2 technical evaluation missions for routine immunization data management The Roadmap for digitalization of Immunization Information	Introduction of digital technologies, taking into account the review of the quality of data and decisions in various aspects of the existing systems of recording, reporting and user decisions at all administrative levels, will improve the quality of data under the Immunization Program. Digitalization will facilitate accurate and timely recording of data,

			System and the budget were approved by the KR MOH Order Implementation of the Roadmap activities has begun	their collection and analysis, and keeping records of patients eligible for vaccination.
Support for certain vaccines	Conduct BCI research to better understand the barriers and opportunities for HPV vaccination.	Implemented	A formative study was conducted, the Report was submitted to the RCI and the MOH, meeting was held on the results of the study with the invitation of the MOH, RCI, RCHP, and international partners.	The conducted formative research made it possible to formulate the Communication Strategy and Communication Plan adapted to the conditions of the country.
Support for certain vaccines	Development of Communication Strategy and Communication Plan; updating the plan for conducting crisis communication activities, taking into account the HPV introduction related activities	Implemented	The Communication Strategy and Communication Plan were developed and approved by KR MOH Order (No. 859 dated July 18, 2022)	The Communication Strategy and Plan, approved by the KR MOH Order, made it possible to achieve 50% coverage of the target group as early as 2 nd week after the start of vaccination.
Support for certain vaccines	Carrying out communication and social mobilization activities, including the development of communication activities	Implemented	A national scientific and practical conference on HPV vaccine introduction was held with participation of the lead international experts and technical specialists from WHO/Europe. Conducted training of trainers for health workers on HPV vaccine.	The scientific community, lead medical experts of the country are informed about the problem of cervical cancer and benefits of HPV vaccination. Team of trainers was trained
Support for certain vaccines	Visit of Kyrgyzstan experts to a country that has successfully introduced HPV vaccines	Implemented	Study tour of 7 specialists of the KR MOH to Czech Republic, which successfully introduced the HPV vaccine into the National immunization calendar in 2019.	The visit took place through the extension of the deadline for the TCA 2021 implementation of funds until March 31, 2023.
Support for certain vaccines	Invitation of experts from other countries to exchange experience on HPV vaccine introduction with specialists from Kyrgyzstan	Implemented	Visit of the Head of the National Immunization Program and the NITAG of Uzbekistan to Kyrgyzstan and holding a joint meeting on HPV vaccine introduction (including the WHO and UNICEF Country Offices in Uzbekistan).	The experience of introducing HPV vaccine in Uzbekistan was taken into account for developing the Action plan for organizing HPV vaccination in the country. The training of key trainers in the methodology of counseling parents about HPV vaccination, conducted

			Visit of a WHO technical expert on communications of health workers with public about HPV vaccine (based on the experience of other countries).	by a WHO expert, enabled health workers to gain necessary skills to communicate with parents.
Support for certain vaccines	Provide technical support for conducting a serological study to evaluate the impact of Hepatitis B vaccination and validate the achievement of Regional targets for Hepatitis B control	Implemented	The conducted study demonstrated the effectiveness of Hepatitis B vaccination in the country.	The results obtained demonstrate that the prevalence of HBsAg among vaccinated children was $\leq 0,5\%$.
Financing / General governance/ management	Support the EPI team to quantify/assess the needs and content of required trainings, taking into account the available reforms. TA in reviewing ongoing health system reforms, reforms in PHC sector and their possible impact on the functioning of the National Immunization Program in the country	Reprogrammed for HPV, implemented	The national coordinating group for HPV vaccine introduction was supported Development / design / printing of communication materials for health workers and the public; Preparation of six informational videos on HPV vaccine; Support in conducting 2 trainings for speakers; Support in conducting training for media representatives; Holding a meeting for representatives of the KR President Office, MOH, Ministry of Defense, RCI, RCHU, international partners on introduction of HPV vaccine.	The developed information materials and information videos made it possible to inform the population about HPV vaccination. Trained speakers conduct explanatory/educational work on HPV among the population and medical community. Media representatives cover HPV vaccination activities in the country. Joint coordination of measures for HPV vaccination by the KR MOH and the Ministry of Defense has been ensured.
Provision of services	Technical support for adoption of the WHO procedure for joint registration of vaccines	Implemented	Procedure agreed with the National control authority with technical support from the WHO Regional Office	Thanks to the introduction of the WHO joint registration procedure, the process of registering vaccines in the Kyrgyz Republic will be facilitated.

Support for certain vaccines	Support the capacity building of the NITAG by engaging its members in ETAGE meetings and meetings of Immunization Programmanagers. Participation of NITAG members in WHO regional trainings and regional meetings for NITAGs.	Implemented	Conducted a series of meetings for NITAG members on various topics related to routine immunization NITAG members participated in WHO regional trainings and NITAG regional meetings, including the meeting for Immunization Programmanagers. Translation of documentation to inform NITAG members.	Strengthening the capacity of NITAG members.
Human resources for health system	Training of Trainers for the faculty members of medical universities and Curriculum Review on Medical Contraindications to Vaccination and AEFIs	Implemented	Creation of the Working Group (KSMA) Making changes to the Curriculum for medical students Printing of training manuals for students	Revision of the curriculum of medical universities will increase the knowledge of health workers on medical contraindications/AEFIs and reduce the number of contraindications to vaccination in the future, which in turn will increase coverage.

Implementation of the Gavi Targeted Country Support (CSC) Grant for 2023

Program area	Activity	Activity implementation status	Implemented activities	Contribution to health system
Provision of services	Technical support in identifying missed vaccination opportunities (MOV)	In progress	The WHO Country Office has hired an international consultant to review the current methodology for developing a specific strategy for Kyrgyzstan to scale up routine immunization coverage for zero-dose, underserved and missed populations. The following materials are expected to be developed: MOV assessment and planning materials adapted to the country context; MOV learning materials based on the best international standards and MOV assessment tools.	The materials produced will assist in the process of identifying the causes of missed vaccination opportunities (MOV) and in developing policies and strategies to reduce MOVs
Governance policy, strategic planning and program	Technical support for capacity building of the KR MOH staff	In progress	Activities related to strengthening the capacity of the KR MOH staff continue.	Successful implementation of the Immunization Program activities requires strengthening the capacity of program

management				leadership/management at the national and subnational levels, with clear roles and responsibilities at each level.
Provision of services	Technical support for capacity building for AEFI surveillance (VigiBase & VigiFlow)	In progress	WHO is supporting the National Drug Regulatory Authority (NDRA) in strengthening its capacity in the area of Surveillance of Adverse Event following Immunization (AEFI): the country will have access to VigiFlow (a web-based pharmacovigilance management system with streamlined and easy-to-use workflows that uses integrated standardized medical terms) that will support pharmacovigilance processes in the country and will help optimize the collection, triage and evaluation of AEFI cases. Kyrgyzstan has made significant progress in reporting AEFIs to the WHO VigiBase database. To date, the country has submitted information on 2400 AEFI cases to VigiBase, including 76 cases in 2023.	Improve the mechanism for reporting AEFIs, including procedures for investigating cases and implementing response.
Supply chain	Technical support in preparation of the construction process of the National Vaccine Depot	Implementation not started	A decision is expected on the appointment of an agency that will manage the construction.	The construction of a national vaccine warehouse will ensure safe storage of vaccines and organize their effective delivery to the regions.
Supply chain	Technical support in implementation of the EVM Improvement Plan	Implementation has not started	Draft Report on EVM evaluation, completed in September 2022, was submitted to the RCI on January 3, 2023. Comments on the Report were provided by the RCI on April 7, 2023.	Strengthening the vaccine supply chain and logistics management Information Systems to ensure safe, efficient and timely delivery of vaccines to immunization sites/points
Data	Technical support for implementation of the Immunization Program data Digitalization Roadmap	In progress	The KR MOH Order "On approval of the Roadmap for digitalization of data of the Immunization Program in the Kyrgyz Republic" was approved on March 6, 2023. At present, the WHO Country Office has begun implementing	The use of digital technologies will improve immunization monitoring and surveillance of VPI, improve the quality of reporting, and allow the use of Immunization Program data in

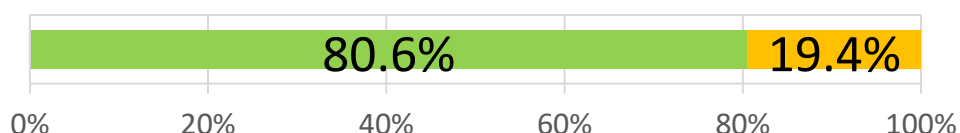
			the activities of the approved Roadmap.	operational and strategic planning processes
Human resources for health system	Technical support for strengthening the epidemiological surveillance system for vaccine-preventable diseases/infections	In progress	The WHO Country Office supported active Measles surveillance activities, as well as integrated trainings for PHC specialists on Measles/Rubella and Poliomyelitis surveillance.	Providing training will ensure that there are sufficient health workers at all administrative levels with necessary competencies and training to provide immunization services, who understand the importance of immunization and who are able to effectively inform the population about its benefits, answer emerging questions and address concerns.
Demand Generation and Community Engagement	Technical support to improve knowledge of HCWs regarding vaccination and strengthen the skills of HCWs to recommend vaccination, followed by institutionalization in postgraduate education	In progress	WHO CO supports implementation of activities aimed at raising awareness of HCWs about vaccination and strengthening the skills of HCWs to recommend vaccination	Implementation of the activities will ensure that all health workers are fully aware of the importance of immunization and have the opportunity to effectively inform the population about its benefits, answer questions and address concerns.
Support for certain vaccines	Continued capacity building activities for NITAGs	In progress	NITAG members participate in all WHO/Europe meetings and consultations, including the WHO regional meeting on HPV vaccination, which took place on 16-17 February 2023 in Vienna, Austria. NITAGs were provided with WHO advice, relevant evidence and experience from other NITAGs regarding the consideration of switching to a reduced HPV vaccination schedule.	Strengthening the capacity of NITAGs is essential to ensure that they are effective in updating the national immunization schedule and optimizing the public health impact of existing and new vaccines
Support for certain vaccines	Technical support for HPV Post-Introduction Evaluation (PIE)	In progress	A post-introduction evaluation of HPV vaccine was conducted in Kyrgyzstan from the 15th till the 23d of May. Report is expected to be released soon.	Reduction in morbidity and mortality from cervical cancer and other diseases that can develop as a result of HPV infection.

Governance policy, strategic planning and program management	Technical support for revision of the National Immunization Program (NIP)	In progress	The WHO Country Office has hired an international consultant to conduct a situation analysis of the current activities of the National Immunization Program (NIP) and identify key issues and challenges to be addressed. These activities will be carried out as part of the development of a new National Immunization Strategy.	The National Immunization Program (2020-2024) expires in 2024 and a new document is needed; the development of the National Immunization Strategy requires conducting the Situational Analysis of the current activities under the National Immunization Program (NIP) and the identification of the key issues and problems that need to be addressed
Governance policy, strategic planning and program management	Technical support for development of the cMYP and new National Immunization Program	In progress	The new strategic approach to the National Immunization Strategy (NIS) guidelines, including the costing request, will replace the previous comprehensive multi-year immunization plan (cMYP). The WHO Country Office hired an international consultant to develop the protocol and methodology for the NIS, calculate the cost of the NIS and draft the NIS document, including a set of indicators and milestones to track progress on priorities, goals and strategies, as well as a cost analysis and funding section.	The new National Immunization Strategy (NIS) will cover the period from 2025 to 2030 and will be the main policy document of the National Immunization Program.
Financing / General management	Advocacy Support to Communicate Estimated Vaccine Resource Requirements in the Budget Process	In progress	Resource requirements for vaccines are calculated on a regular basis.	Technical assistance in preparing the investment case for immunization within the primary health care system
Governance policy, strategic planning and program management	Technical support for development of the National Plan on increasing immunization coverage		The National Plan to increase vaccination coverage was developed by a UNICEF consultant with input from the WHO CO. Once the Plan is approved by the Government, the WHO Country Office will provide technical support for its implementation.	Increasing routine immunization coverage is critical, especially in the COVID-19 pandemic post period, which resulted in a decline in routine immunization coverage.

Of the total planned amount of \$356,000, 80.6% (or \$286,800) has been allocated /used as of June 1, 2023.

UNICEF is increasing the utilization rate of TCA in coordination with RCI and other partners.

TCA

**TCA 2022**

Event	Implementation status	Expected Implementation
Technical assistance in vaccine procurement budgeting, including: budgeting process planning (budget development, implementation/execution); developing a mid-term/annual budget and budget forecast for vaccine procurement; development/revision of budgeting tables/methodologies;	Implemented	Fully implemented
Engineering support for the construction of a national warehouse (the process of transferring land to the balance of the RCI)	Implemented	Fully implemented
Raising the qualifications of primary health care (PHC) health workers in the field of the cold chain (devices for monitoring working temperature, FTI, registration marks, freezing indicators, documentation skills)	Implemented	Fully implemented
Develop and test new and innovative communication messages to increase outreach and include in a revised Communication Strategy based on the behavioral analysis.	Implemented	Fully implemented
Technical assistance in vaccine procurement budgeting, including: budgeting process planning (budget development, implementation/execution); developing a mid-term/annual budget and budget forecast for vaccine procurement;	In progress (consultant hired)	Fully implemented
Hiring 2 logisticians on the basis of the RCI	Ongoing (consultants hired)	Fully implemented
Hired a consultant to develop a roadmap for the safe removal and disposal of cold chain equipment	In progress (advertisement made)	Fully implemented
Improving vaccine forecasting capacity and skills (3-day training for RCI staff by UNICEF Supply Department)	Ongoing (training scheduled for September 2023)	Fully implemented
Technical assistance in the implementation of measures to create demand for vaccination, including data collection, knowledge management)	Implemented	Fully implemented
Conducting a BCI study to identify barriers and factors affecting single mothers and fathers in deciding whether to vaccinate their children, as this is essential for developing effective social and behavioral change interventions to maximize coverage in the future	Implemented The company was selected.	Fully implemented

Row Headings	Implemented	Major Delays	Minor Delays	On Track	Re-programmed	Unreported	Grand Total	Achievement
CDS2 WHO	0	0	0	Eleven (11)	0	0	11	
TCA 2023 (WHO)	0	One(1)	0	Fourteen(14)	0	0	15	
Target Country Assistance (UNICEF)	One (1)		One (1)	Seven (7)	None	None	Nine (9)	Reduction in the number of stock-outs at national and sub-national levels.
Grand Total	1	1	1	32	0	0	34	

Section 2: Looking forward: Summary of key discussion points and follow up actions

The Joint Appraisal (JA) to review the status of implementation progress of GAVI-supported immunization programme took place in Issyk-Kul, Kyrgyzstan on 5-7 June 2023. More than 40 stakeholders participated, including government officials from the Ministry of Health (MOH), Republican Center for Immunoprophylaxis (RCI), experts from Public Health, finance and strategic planning departments, as well as World Bank, WHO, UNICEF, and GAVI secretariat. The agenda consisted of three sessions:

- i) Country situation: overview of the immunization programme performance in 2022-23;
- ii) GAVI's support effectiveness and discussion of progress, issues and ways forward; and
- iii) Reflection on main discussion points and next steps to agree on.

Key discussion points

Overall performance of the National Immunization Program is characterized by backsliding of the DPT3 coverage in 2022 (90%) at the national level and even lower at sub-national level. There is an ongoing outbreak of Measles. To help set out the strategies to address these challenges, the country is developing the National Action Plan (NAP) to improve effectiveness of the Immunization Programme with a focus on reaching zero-dose children and missed communities; by planning and implementing catch-up campaigns; submitting the EAF applications to GAVI; increasing access to immunization service through the use of Mobile Immunization Teams (MIT), addressing inequities in access to immunization services.

The epidemiological situation with COVID-19 is stable in the country. There are challenges related to low demand for COVID-19 vaccination among the population and significant number of doses of COVID-19 vaccines are in stock (mainly "Sinopharm" manufactured vaccines, received as a humanitarian aid). Some vaccine expiry dates are approaching, and the country may need to dispose those series of vaccines if they are not used.

Service delivery

Disruptions in immunization services in 2020 and 2021 contributed to an increase in zero-dose cases. Between 2020 and 2022, more than 26 000 children under 1 were not vaccinated/have not Implemented the primary series of DPT-3 routine immunizations, and more than 26 000 children were not immunized/fully immunized against Measles and Rubella.

The total number of Mobile Immunization Teams, established in 2023, was 76. Since December 2022, mobile teams have started their work to vaccinate the population in remote, hard-to-reach

settlements and internal migrant population in two major urban settlements (Bishkek and Osh), 2 rounds have been already conducted. MITs reached 23 276 people during the 1st round and 21 420 people during the second round of outreach immunization sessions.

By the Order of the MOH, COVID-19 vaccination was integrated into PHC level.

The GAVI Health System Strengthening -3, CDS 2-3 (support for COVID-19 deployment) and TCA grants are under implementation by partners in close coordination with the RCI and MOH. Country should consider reprogramming of funds if needed by providing justification of what we want to do, for which purposes and from which activity. All reprogramming requests at one book will be easier for the country to get approved.

Demand for vaccination

A growing number of parents who refuse vaccination indicates a decreased demand for vaccination. It is acknowledged that hindrances to demand are not limited to lack of knowledge, wrong beliefs of caregivers or social norms. Even if services are delivered on continuous basis, services are not always accessible, affordable and gender sensitive. Low quality of services as well as the hesitancy among health workers themselves also erode trust. Therefore, demand generation interventions have been conducted at different levels and included improving knowledge level of the targeted population, improving interpersonal communication knowledge and skills among health workers through training and supervision, stimulating discussions with medical professional associations, promoting vaccination at job places, mobilizing Village Health Committees, CSOs and volunteers for community engagement and face-to-face communication, and expanding communication to demand generation for strategy development.

There is a wide understanding that generic demand-related activities do not lead to an increase of uptake and vaccination demand. Therefore, over the recent years, several initiatives (e.g. national-wide behavior insights research, social media listening, focus group discussions with caregivers and health workers) have been undertaken to inform development of demand generation solutions and target them to specific audiences and behaviors, such as engagement with employers and reaching out young mothers at maternity houses.

Demand Generation Strategy was drafted by the MOH Working Group under the leadership of the RCI in May 2023, it is currently under UNICEF technical review.

During the Joint Appraisal meeting, the following three points were discussed and elaborated:

Data quality and digitalization

Digital transformation in immunization is one of the priorities for the Kr MOH. The country has developed two key areas for completing the digitalization of data:

- (a) The Immunization Data Quality Improvement Plan, which aims to improve guidelines, procedures, tools and capacity for data management and the use of data in the immunization programme, and
- b) The Roadmap on Digitalization in Immunization, which defines a high-level strategy for implementing digitalization in immunization, was developed and approved on 06.03.2023.

Implementation of these two plans is aimed at addressing the most critical problems in terms of managing the immunization Information System and improving the data quality.

Country is eligible to apply for GAVI Innovation funds. GAVI also, flexible to reprogram some of the funds, but justification and explanation needs to be provided. While there is a Roadmap on digitalization in Immunization, the application should reflect goal of the project, cost, partners, and expectations from GAVI, what exactly is going to be funded by GAVI support.

Progress on implementation of HSS 3

UNICEF received 80% of funds from the total project budget in April 2022. Implementation rate is higher than 24,7% as of June 1, 2023.

Project implementation started with delay, but in an accelerated manner and will be implemented on time; no further delays are expected; HSS3 funds are directed to address one of the key issues - improve immunization coverage with focus on addressing inequities, through the development of National Action Plan; strengthen capacity of HWs at PHC level; address imperfect mechanisms, procedures, knowledge and capacity of health care institutions and health workers to track and identify children with missed opportunities;

- **Mobile teams** are a key tool to reach zero-dose, unvaccinated and missed communities, and need continued support and funding; PHCs are not motivated, funding is an issue

Mobile teams used as:

- to resume routine immunizations (2021),
 - to integrate services for COVID-19 vaccination into PHC (2022)
 - to strengthen routine immunization, with a focus on catch-up immunization (2023);
- CDS1-2-3 – implementation on track. Plans and budget will be revised for potential re-programing.

Cold chain

Construction of the National warehouse. Since 2019 discussions continue around Construction of the National Vaccine Warehouse using PBF funds - 800,000 USD. UNICEF performed a feasibility assessment and based on the results the gap in funding needs for construction, including TA support have been identified. On top, inflation will also influence increase in budget. Gov. requested the funds for construction to be allocated to the MOH, however due to type of funds, it cannot be Implemented and GAVI is looking at UNICEF as a partner to be engaged in construction. Funds will expire at the end of 2023 if they are not used. In order to move the issue forward, as discussed, it is necessary to raise the issue with the MOH related to the need to have country contribution for the warehouse construction. UNICEF needs to update the costing, especially revision of the TA in consultation with SD.

UNICEF, WHO, RCI: to see if there are savings across grants to reprogram to Warehouse project. GAVI will see if there is potential additional funding available. In case there are not enough funds for the National Warehouse construction, then it is needed to decide on 800 000 – use or loose. GAVI flexible to re-program these funds for other activities. However, construction of the warehouse is a high priority.

- As EVM assessment was conducted around two years ago, new assessment tool was used, overall score is 79. According to WHO it will take few more months to finalize the EVM assessment Report, the RCI was requested to share the date. Brief 1-2 pager on EVM assessment to be added to JA Report, even if the Report has not been finalized. GAVI will use this document as an internal advocacy document, also related to the issue of the National Warehouse. May be WHO will take a lead in writing it.
- CCEOP was fully implemented and recognized as one of successful projects. 1-2 page is needed to be developed and shared for further documenting the success.

Other aspects to follow up

- Preliminary results of CSO - mapping exercise is Implemented. There is a need to finalize mapping based on GAVI criteria's and select the SCO which will be engaged in immunization;
- Importance of gender aspects in GAVI's programming: it was highlighted that there is a need to conduct a gender analysis in the country and use the results for planning and decision making processes;
- COVID-19: continue to focus on high priority at risk populations, high risk of severe impact. COVID-19 vaccines demand forecast is needed in addition to management of stock and monitoring the expiration dates;
- New vaccine Introduction - implementation of HPV introduction in Kyrgyzstan is another success story, which needs to be shared as 1-2 page story and attached to the JA Report;
- JA Report: the draft report, which was already shared with GAVI, needs to be updated (key points with dates and responsible parties). Final version of the JA Report is expected in 10 days – two weeks' time. Once it is finalized and submitted to GAVI, it won't be an internal document any longer. It will be shared on GAVI website and will be public to all the donors and countries.

1. Follow-up actions

Follow up action	Timeline	Responsible person/partner
Finalization of the National Immunization Plan for Improving the demand for preventative immunizations	July 30, 2023	RCI/WHO/UNICEF
Development of the National Immunization Strategy (NIS) for 2025-2030	September 2023	RCI/WHO/UNICEF
Development of the MOV assessment and planning materials, tailored to the KGZ context (including assessment tools and training materials)	September 2023	RCI/WHO
Finalization of Demand Generation Strategy based on the UNICEF expert review	September 2023	RCI/UNICEF
Development of the Digital Communication Strategy	July 2023	RCHP&MC/UNICEF
Implementation of the Roadmap on digitalization on immunization	2023-2024	MOH/CEH/RCI/WHO
CSO mapping results will be finalised and presented on June 30 Selection of CSO will be made by the MOH Commission	30 June, 2023	UNICEF
Finalise TCA plans for 2024-2025	31 July, 2023	UNICEF/ WHO/RCI
Gender analysis on immunization report	September 30, 2023	UNICEF
Design of gender-transformative interventions	2024	RCHP&MC/UNICEF
EVM Assessment Report with key findings	July, 2023 (ready)	WHO
CCEOP success story on 1-2 pages	July, 2023	UNICEF
HPV introduction success story	July, 2023 (ready)	RCI/WHO

Application to Innovation Fund (ITU)	18 July, 2023 (in progress)	RC/CEH/WHO
Promoting National Warehouse construction: Ensure Government commitment and contribution to the construction; UNICEF: to revise TA needs calculation; RCI/UNICEF/WHO: to look for possible saving under the current grants, especially CDS2 and CDS3 to be reprogrammed for construction GAVI: to explore additional funds to support national warehouse construction	asap	RCI/ GAVI/ UNICEF/WHO
Reprogramming: activities and amounts for reprogramming in the attached table.	Justification for reprogramming is developed	RCI/UNICEF/WHO
Development of Country application for Measles and Rubella support	18 July, 2023	RCI/WHO
Set up regular review of barriers to immunization uptake and solutions	September, 2023	RCHP&MC /UNICEF
Identification and addressing psychological, sociological and environmental factors leading to mistrust, fear and hesitancy and refusal of vaccination.	2024-2026	RCHP&MC /UNICEF
Technical support to improve the capacity of PHC staff to apply social and behavioral change techniques and approaches. As well as technical support for effective and innovative interventions developed and tested using behavioral insights.	2024-2026	UNICEF
Capacity building in designing, implementing, monitoring and evaluating demand generation activities; in applying social and behaviour change approaches and techniques, behaviour insights, human centered design.	2024-2026	RCHP&MC /UNICEF
Monitoring of results of the interpersonal communication training.	2026	RCHP&MC /UNICEF
Engage with CSOs for increase vaccine confidence and uptake in hard-to-reach areas and missed communities.	2024-2026	RCHP&MC /UNICEF
Activate advocacy for social and political commitment for equitable immunization at all levels	2024-2026	RCHP&MC /UNICEF
MOU with MOH KR and UNICEF SD		MOH/UNICEF
Improve ICC guidance and regulation	On continuous basis	MOH/RCI
Quantification of needs on vaccines COVID-19 vaccines – 2024-2025 demand	July, 2023, following the receipt of the GAVI Guidelines for 2024-2025 needs forecast	RCI/UNICEF