

Kyrgyz Republic

2020 multi-stakeholder dialogue: immunisation planning in light of COVID-19

Introduction

2020 has been marked by the unprecedented crisis caused by COVID-19. Though the longer-term trajectory of the pandemic remains uncertain, evidence shows that immunisation services in Gavi-supported countries have been disrupted. Millions of people are expected to miss out on immunisation, likely leading to a resurgence of VPDs, further exacerbating existing inequities and putting the most marginalised and poorest communities at greater risk. Gavi-supported countries have already had the opportunity to re-allocate or re-programme¹ existing HSS and TCA support to respond to immediate needs presented by the COVID-19 pandemic. The Gavi Alliance is fully committed to assisting countries to restore immunisation services that have been scaled-back, brought off-track or otherwise affected during the pandemic response.

As an alliance, multi-stakeholder engagement remains key to Gavi's portfolio management approach. It is particularly critical in 2020 as a forum for engagement on how the Gavi Alliance partners and other stakeholders can support countries as they deal with the different phases of the COVID-19 pandemic and seek to maintain and restore primary health care, including immunisation services that have been disrupted. Civil society organisations (CSOs), in particular, will have a vital role to play in engaging communities to rebuild trust and demand, deliver services where there are gaps in government provision and in overcoming gender-related barriers.

Recognising the difficult operating environment and the rapidly evolving landscape currently faced by countries, and to ensure that Gavi's continuing support to the EPI programme is aligned with realities, countries are not requested to conduct a traditional Joint Appraisal in 2020. However, countries are encouraged to sustain the multi-stakeholder dialogue. This dialogue should review the immunisation programme performance in 2019, the impact of the COVID-19 pandemic on immunisation, discuss the needs for maintaining and restoring immunisation services in the context of primary health care, plan for short-term catch-up activities and, where needed, create a roadmap for further re-allocation/planning within the country's recovery plan.

The 2020 multi-stakeholder dialogue exercise

This 2020 multi-stakeholder dialogue exercise will be tailored to the country context, taking into account current constraints in terms of travel, meetings, and workload. The process will involve preparatory work on data for the review, potentially multiple exchanges with at least one event for live discussion (likely a virtual meeting), concluding with the finalisation of a report and relevant additional documents (e.g., workplan and budget for short-term response/recovery activities, roadmap for further planning). The process should be inclusive and transparent, with meaningful engagement of partners and civil society.

The 2020 multi-stakeholder dialogue report is structured as follows

- Section 1: Country situation: overview of performance of vaccine support, HSS grant implementation, PEF-TCA and other Gavi support, up to end of 2019/early 2020; pre-COVID-19.
- Section 2: Update on impact of COVID-19 immunisation service delivery and immunisation coverage (in 2020) and status of the implementation of the COVID-19 recovery plan (if relevant).
- Section 3: Discussion on priorities, immediate catch-up needs, related action plan, estimated budget and technical assistance needs. Roadmap for further analysis and re-allocation/planning in the context of the country health sector recovery plan.

Much of the information contained in sections 1 and 2 on the country immunisation programme and Gavi support is pre-filled by Gavi from existing documents and completed by the country. ;

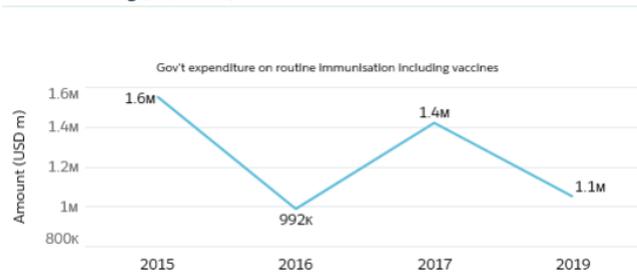
¹ This document refers generally to the reallocation of Gavi support. Changes might also be categorized as reprogramming which is used for more significant modifications and may require to be reviewed by the Independent Review Committee.

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

Contextual Information

PEF Tier: 3	Fragility Status: Non-fragile	2. Preparatory transition	
Indicator Name	Year	Source	Value
GNI per capita	2019	World Bank	1,240
Nurses/Midwives per 1000 population	2014	WHO - GHO	59
Population	2020	UNPD	6,524,191
Surviving Infants	2020	UNPD	148,413
Under-5 mortality (per 1000)	2018	UNICEF	19

Health financing (and trends)



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

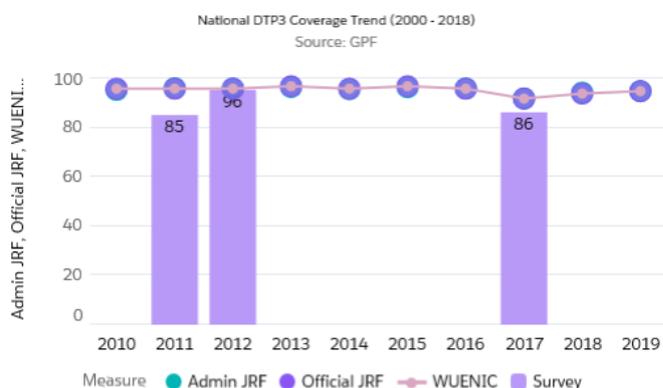
Vaccine	Introduction Date	2018 Coverage (%)	2019 Coverage (%)	2019 Target	2020 Target
PENTA	04-2009	94	95	96	97
PNEU...	03-2016	92	96	97	97
IPV	05-2018	54	94	-	95
ROTA	12-2019	-	-	50	75

Vaccine Name	Type	Sub-Type	Status	CP Date ↑	Phase
IPV	Campaign	Catch-up	Forecasted	2021-06-30	NA
MR	Campaign	Follow-up	Forecasted	2021-12-31	NA
HPV	Campaign	MAC	Forecasted	2023-01-30	NA
HPV	Routine	-	Forecasted	2023-01-30	NA

Performance against Alliance KPIs

Indicator	Source Name	Year	Value	Previous Value	Trend
Measles containing vaccine (second dose) coverage at the national level (MCV2)	WUENIC	2019	98	96	▲
Pentavalent 3 coverage at the national level (Penta 3)	WUENIC	2019	95	94	▲
Drop-out rate between Penta1 and Penta3	WUENIC	2019	4	4.1	→
Difference in Penta3 coverage between children of urban and rural residences	Survey	2018	0	-10.6	▼
Difference in Penta3 coverage between the highest and lowest wealth quintiles	Survey	2018	0	-11.1	▼
Penta3 coverage difference between the children of educated and uneducated mothers/care-takers	Survey	2018	0	3.9	▲
EVM	EVM	2015	77.8	69	▲
# of Underimmunised Children	Calculated	2019	7526.7	9177.78	▲

Trends and district equity



Progress against indicators and targets achievement

a- Vaccine programme performance tables

Vaccine Programme	Source (2019)	Intermediate results Indicator	Reported actuals	Rel. % change
PNEUMO	Admin (JRF)	Number of surviving infants who received the first recommended dose of PCV vaccine (PCV1)	356,864	2%
	Admin (JRF)	Number of surviving infants who received the third recommended dose of PCV vaccine (PCV3)	350,654	4%
PENTA	Admin (JRF)	Number of surviving infants who received the first recommended dose of pentavalent vaccine (Penta1)	370,338	2%
	Admin (JRF)	Number of surviving infants who received the third recommended dose of pentavalent vaccine (Penta3)	362,431	2%
MCV	Admin (JRF)	Number of children in the target population who received the second recommended dose of measles containing vaccine (routine) (MCV 2)	332,735	14%
	Admin (JRF)	Number of surviving infants who received the first recommended dose of measles containing vaccine (MCV1)	373,134	0%
IPV	Admin (JRF)	Number of surviving infants who received the first recommended dose of IPV	NA	NA
	EVMA Reports	Effective Vaccine Management Score (composite score)	NA	NA

b- GPF tailored indicators tables

Process Indicators				Intermediate Results		
	Indicator name	Value	Rel. % change	Indicator name	Value	Rel. % change
OBJ-1				% of under-immunized children vaccinated via social mobilization of caregivers in selected areas	22	NA
				Доступность домашних карт в Бишкеке и Оше +/- Availability of home based records in Bishkek and Osh cities	100	NA
				Процент медсотрудников, получивших навыки коммуникации по вопросам иммунизации, после тренингов +/- Percent HC workers, who acquired imm.commun. skills from capacity-building	90	↑, 14%
				Процент проведенных мероприятий по утвержденной Стратегии по Коммуникациям +/- Percentage of the implemented activities in the endorsed Communication Strategy	NA	NA
				Уровень медицинских противопоказаний +/- medical contraindication rate	1219	NA
OBJ-2	Процент проведенных выездных сессий для выбранных труднодоступных районов и внутренних мигрантов в Бишкеке и Ош +/- % of mob. sessions for hard-to-reach areas and internal migrants in Bishkek and Osh	68	↑, 38%	К-во детей из труднодоступной местности, прошедших вакцинацию (АКДС3), при помощи мобильных бригад +/- Number of children in hard-to-reach areas vaccinated per year (DTP3) and reached by mobile teams	7345	↑, 184%
OBJ-3				Процент районов, с удовлетворительной результативностью, утвержденной на основе ежегодных контрольных визитов +/- Percentage of districts with satisfactory perf. based on integrated superv. visits pa	55	↓, -4%
OBJ-4				% учреждений суб-нац-го уровня с холодовым оборудованием, соответствующим стандартам (согласно определению ВОЗа) // % of sub-national facilities with CC capacity fit-for-purpose (WHO definition)	NA	NA
OBJ-5	К-во медработников, прошедших тренинги по использованию новой электронной системы отчетности по иммунизации // Number of HCWs trained on electronic immunization system	NA	NA	Процент районов с функционирующей электронной системой отчетности по иммунизации +/- Percentage of districts with functional electronic immunization reporting	NA	NA
OBJ-NA	К-во медперсонала, прошедшего тренинг по Иммунизации на Практике (Практическая иммунизация), по годам +/- Number of staff trained on Immunisation in Practice by years	820	NA			

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

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

1.2. Overview of HSS grant implementation

HSS implementation summary (HSS2, PBFs, Flexibilities) (as of 30 June, 2020)

Recipient	Grant Amount	Funds Disbursed	Expenditure	Country cash balance	Gavi remaining funds
MoH	US\$ 635,684	US\$635,684	US\$ 493,234	US\$ 142,450	US\$ 0
MOH (Gavi directly to UNICEF SD)	US\$ 450,000	US\$ 450,000	US\$ 450,000	US\$ 0	US\$ 0
MOH (Gavi directly to UNICEF SD)	US\$ 1,144,941	US\$ 1,144,941	US\$1,143,097.70	US\$ 0	US\$ 1,843
WHO	US\$ 2,135,833	US\$ 2,135,833	US\$ 1,319,295	US\$ 816,538	US\$ 0
UNICEF	US\$ 1,605,159	US\$ 1,605,159	US\$ 1,000,815	US\$ 604,344	US\$ 0
UNICEF PBF1	US\$ 440,000	US\$ 440,000	US\$ 407350	US\$ 32 650	US\$ 0
UNICEF PBF2	US\$ 440,400	US\$0	US\$0	US\$0	US\$ 440,400
Total	US\$ 6,852,817	US\$ 6,411,617	US\$ 5,253,791.70	US\$ 1,595,982	US\$ 442,243

HSS key milestones achieved in 2019

Structured based on grant objectives or GPF indicators (*graph prepopulated by the CMM team*)

To be confirmed

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

	Start Date	End Date	Recipient	In US\$				Status Update
				Grant Value	Disbursed	Expenditure	Cash balance	
<i>Rota VIG IPV</i>	19/03/2019	31/12/2019	MOH	116,257.40	116,257.40	64,369.00 23 380	51,888.40 6 597	32,221 2 588

1.4. Compliance, absorption and other fiduciary risk matters

- Comments on financial absorption as of June 30,2020:
Absorption rates by end of June 2020, i.e. 18 months before the new end of the grant period are satisfactory:
 - MOH absorption rate: 94.7%
 - UNICEF absorption rate: 47.7%
 - WHO absorption rate: 61.8%**Overall absorption rate: 75.6%**

HSS2 programme implementation proceeds at a good speed, with minor delays due to Covid19 situation.

- Compliance with financial reporting requirements (periodic/annual financial reports, audits):
The country is compliant with financial reporting requirements. The latest externa audit was done in May 2019 (for year 2018). External audit for 2019 and 2020 will be combined and will be done in 2021.
- Compliance with programmatic reporting requirements (GPF):
 - GPF was revised in early 2018 to reflect adjustments made with the revised implementation arrangements. Reporting completeness is good.

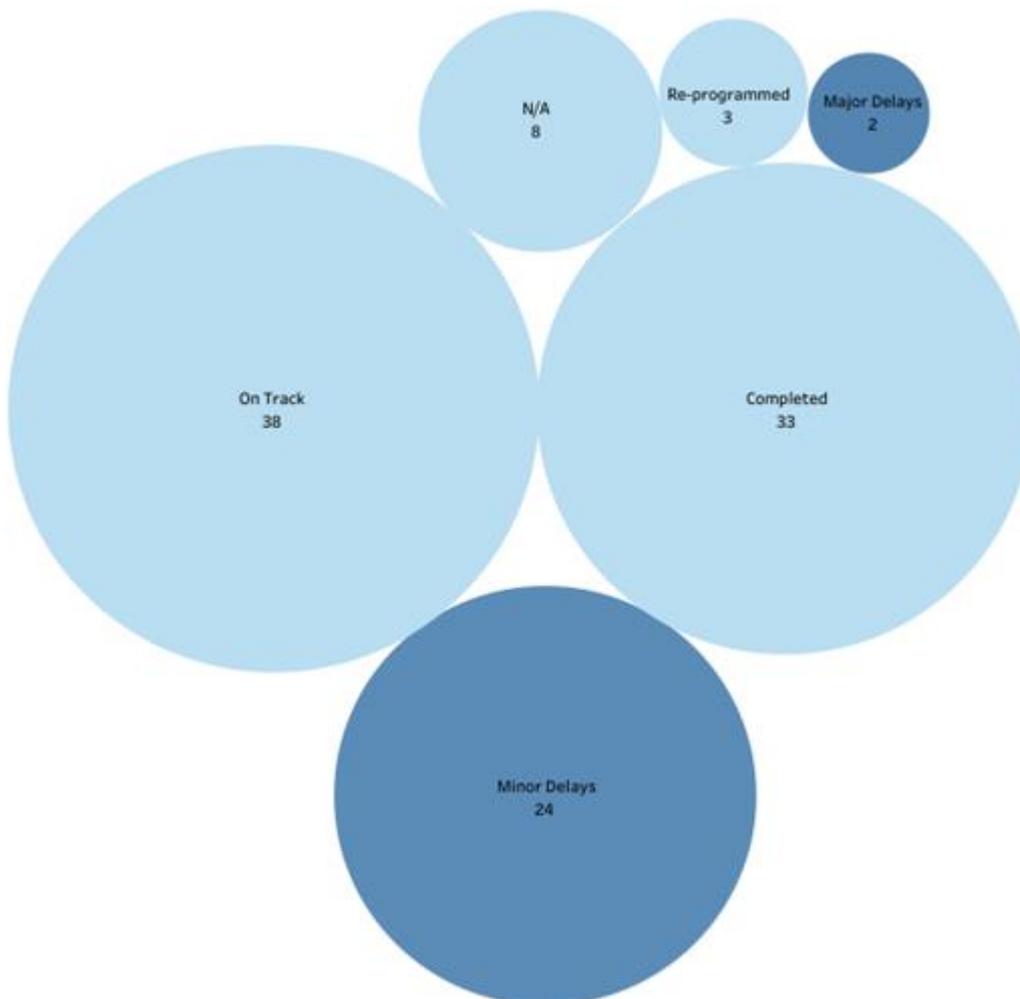
- Compliant with all data quality and survey requirements except the annual data desk review
- Compliant with EVM related requirements
- Compliant with CCEOP related requirements
- Operational plan for the immunisation programme is available
- Reporting on TCA milestones and PEF functions will be completed by end of November 2020

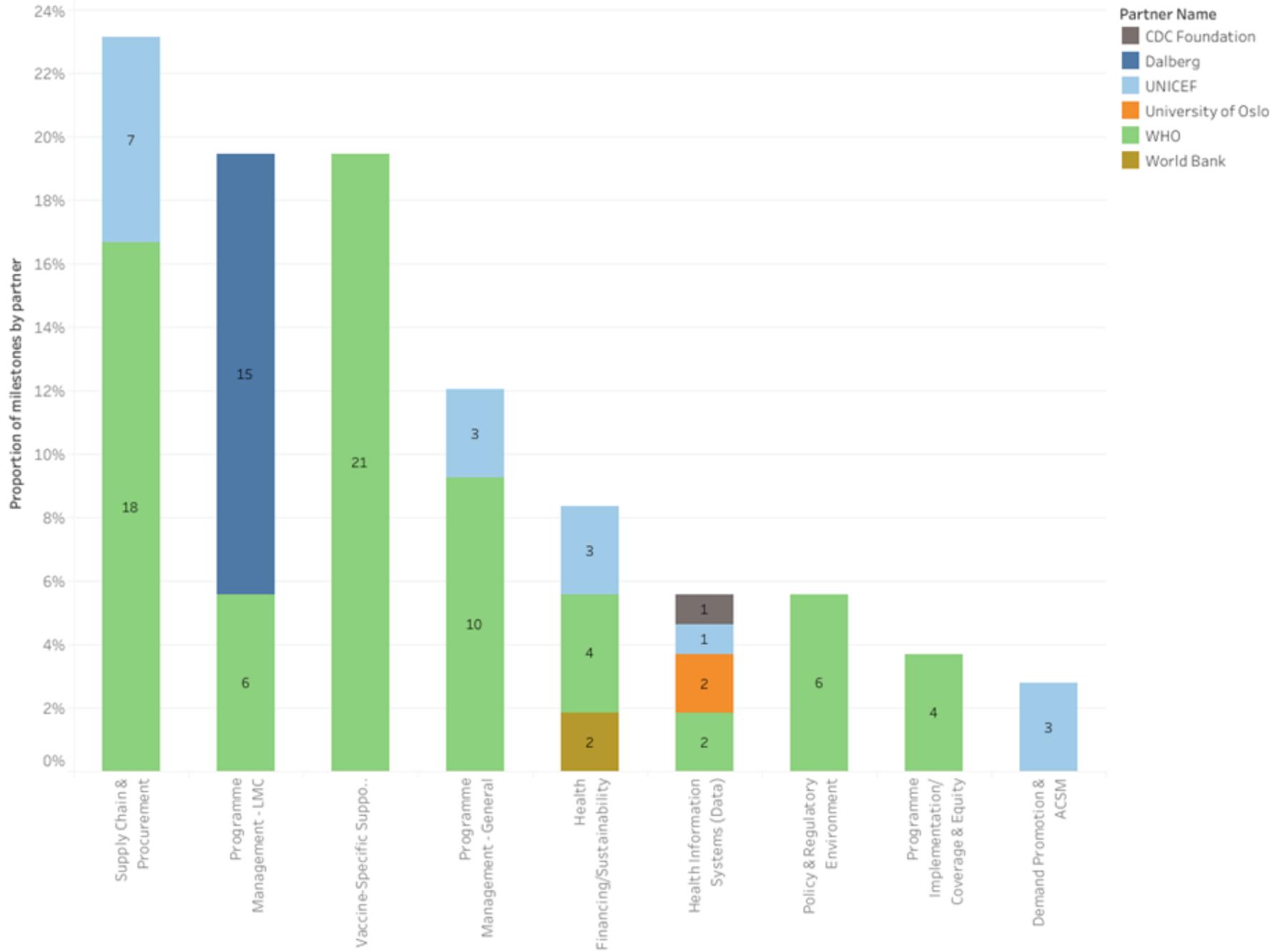
- Other financial management and fiduciary risk comments:

As per the PCA conclusions, HSS2 funds should continue to be managed through WHO and UNICEF. Flexibilities and PBF funds are also managed through partners. All CCE procurement was done through UNICEF SD (from the MOH budget). RCI/MOH only receives VIGs and Ops for direct implementation. MOH HSS2 activities are almost completed. Xxx USD \$ из гранта УС32 (UNICEF, WHO и MOH) было потрачено на приобретение СИЗ-ов. HSS3 proposal is meant to be implemented through UNICEF.

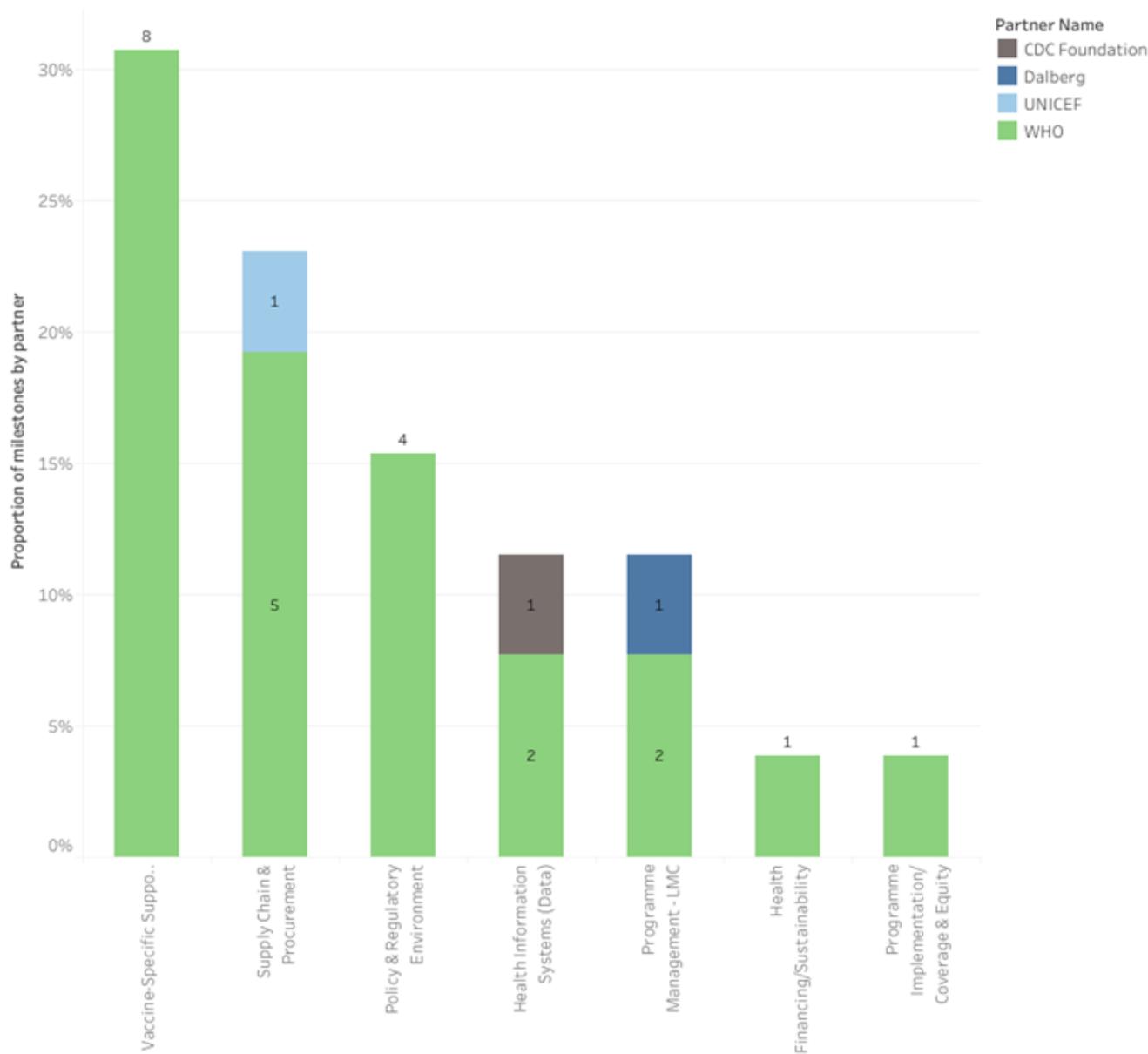
1.5. Overview of PEF TCA progress (end of 2019/ early 2020)

a) Overall milestones for PEF TCA, June 2019 – June 2020





b) *Delayed milestones for PEF TCA, June 2019 - June 2020*



WHO

There is delayed IPV introduction due to supply shortage. Application for IPV catch-up was developed and submitted to Gavi.

With regards to SIA against measles, MOH/RCI didn't take yet decision on conducting of SIA due to COVID-19 pandemic and related to this situation financial burden to the Government budget.

Situation analysis on communication in preparation on development of Communication strategy for HPV introduction.

Technical assistance to conduct an investigation of lymphadenitis cases following BCG vaccination: WHO followed up with in-country partners in February 2020, and provided useful feedback for development of the protocol. Protocol development is delayed pending availability of KYR, EURO, CDC staff currently working on COVID-19 response for their respective organizations. Analysis of BCG 2018-2019 data is ongoing, but preliminary findings demonstrate that available data is very sparse and unlikely to contribute to any conclusions. WHO-EURO and Kyrgyzstan, CDC, and Ministry of Health held a call late October to discuss path forward for protocol development to collect additional information on clinical cases and data on impact on subsequent vaccination for cases. All parties agreed to proceed, but with modifications because of the inability of WHO and CDC experts to travel and the safety of data collection teams in the

field. MOH is expected to identify staff that might join field investigation team and work with WHO to identify clinical staff to perform chart abstractions. CDC is working on updating protocol to incorporate smaller field teams with virtual technical support. Major delays have already been experienced by the team and more will be expected as COVID evolves in Kyrgyzstan through winter. We will still plan for travel to support in-country dissemination meetings, lessons learned, provide training (e.g., causality assessment), and plan subsequent vaccine safety strengthening activities for June 2021.

With technical support of hired local legal consultant National Program for Immunoprophylaxis passed all ministries and was submitted to the Governmental approval.

UNICEF

Oxford Policy Management was contracted in May 2020 to conduct mapping of institutional capacity needs and entry points for mainstreaming demand promotion / social and behaviour change in national immunization policies, programs and budgets.

Desk review of relevant documents and in-depth interviews with key persons were conducted in August-November 2020. The assessment report is expected in December to be further discussed national partners.

This assessment will inform further development of demand generation strategies in the area of immunization and in health promotion in general.

DALBERG

In order to ensure a transfer of skills between the MP and RCI team and to foster increased accountability, the MP implemented the following activities:

- Develop an RCI phasing-out plan for the MoH to ensure continuity with regards to the achieved results:
 - Continued to develop the strategic planning and monitoring capabilities of RCI team. In order to transfer the skills and knowledge, the MP will target a group of 2-3 RCI professionals who will serve as a “Continuous improvement team”
 - Developed electronic archives doubled with hard copies of project deliverables: communication flow-chart, organogram, job descriptions, meeting minutes, report samples, speeches, etc.
 - Developed work instructions for all four existing key functions of the RCI: policy, warehouse, M&E, and communication
- Jointly with partners (MoH, UNICEF and WHO) provided support for RCI leadership to finalise GAVI full portfolio planning process
- Provided support to RCI management, especially the deputy director in finalizing the report (Multi-stakeholder Dialogue Gavi 2020: Immunization planning in light of Covid-19).
- Support provision for final financial report development on Rotavirus and IPV vaccine.
- Management partner organized trainings with regards to on-line communication on ZOOM account and other communication platforms under the COVID-19 circumstances.
- Implemented a communication system upgrade within RCI – corporate e-mail addresses and online calendar usage
- Direct support provision was provided to the Republican headquarters with regards to the prevention of the spread of coronavirus in Kyrgyzstan Republic. This support included:
 - Assist the RCI management with the organization and logistic working plans development for the mobile teams (sponsored and equipped by the WHO) for remote country areas
 - Customized online training provision on Communication, On-line communication and time management.

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

2.1 COVID-19 cases and deaths (as of January 18, 2021)

General COVID-19 situation in Kyrgyzstan

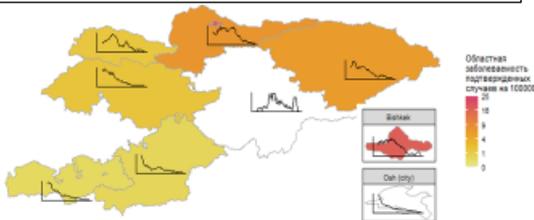
Information by 12 pm, January 18, 2021

Current epid.situation:

Total no of cases: 82178
Total no of recovered: 79104 (95,1%)
New cases for the last 24 h:69
Death toll: 1387 (CFR 1,7%)
On treatment: 1757 (2,5%)

Regional week morbidity /confirmed cases per 100000

Еженедельное эффективное репродуктивное число



3



МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ
КЫРГЫЗСКОЙ РЕСПУБЛИКИ



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2.2 Epidemiological surveillance and morbidity

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

Impact of COVID-19 on disease surveillance

Since the announcement of the coronavirus pandemic, the entire capacity of Public Health system and medical personnel in the country has been focused on COVID-19 response, which influenced the sensitivity and specificity of the national epidemiological surveillance system for vaccine-preventable infections at the regional and district level. National health system quarantine-restrictive measures imposed as a response to COVID-19 have contributed to reduction/non-reporting of several vaccine-preventable infections:

- 340 cases of epid. Mumps with the intensity indicator of 20,8, incidence decreased by 11,2 times versus 2019 (n- 119, Int. indicator 1,8);
- 97 cases of Pertussis, with intensive indicator at the level of 1,5, incidence decreased by 4,5-fold versus 2019 (n=436, int. indicator 6,8);
- 126 cases of Viral Hepatitis B, intensive indicator at the level of 1,9 and decreased incidence by 2-folds in children under 14 versus 2019 (n=253, intensive indicator 3,9).

Measles surveillance data is one of the ways to illustrate this impact (see Figures 1,2).

However, epidemiologic situation for vaccine-preventable infections can worsen dramatically amid the decline in routine immunization coverage.

Impact of COVID-19 on disease cases

For 2020, 733 Measles cases were reported with the intensive indicator of 11,2 per 100 000 population. Morbidity got decreased by 3,2 times versus 2019 (n=2380, Int. Indicator – 36,9).

In the COVID-19 pandemic context, according to public health and PHC organizations data, the incidence was not registered from June through December 2020 in all administrative areas of the country. In December, few sporadic Measles cases were reported, which were localized.

Figure 1



Measles cases: Kyrgyzstan

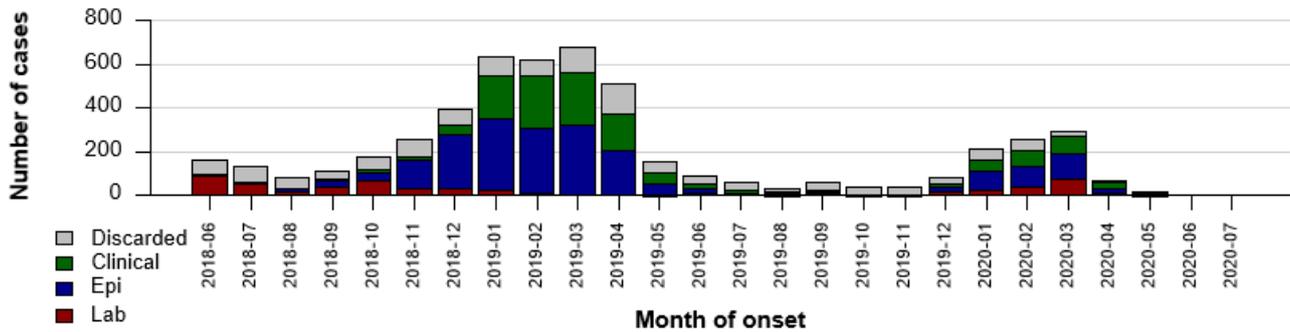
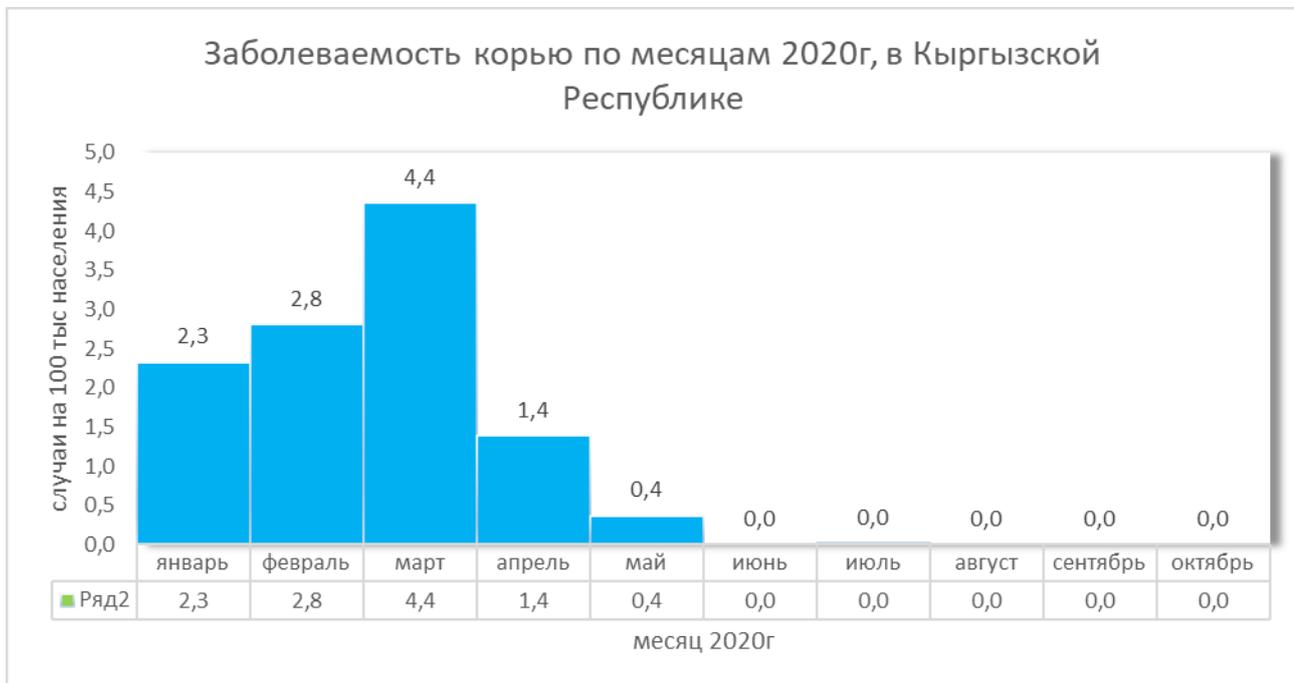


Figure 2. Measles cases, 2020, KG, by months



2.3 Impact of COVID-19 on immunization

The overview of the COVID-19 impact on immunization programs in the Kyrgyz, guided by the WHO Guidelines "Mitigation COVID -19 negative impact on vaccine-preventable disease control measures", generally identifies several program aspects:

- Policy update and revision of health system priorities in the context of the COVID - 19 pandemic, the Program's ability to provide immunization services

In view of the global epidemiological situation with coronavirus infection incidence, in January 2020 the Kyrgyz Republic Government has initiated the mechanism for COVID-19 early prevention. The Orders of the KR Government and the Ministry of Health have been issued to prevent the spread of the disease, caused by the COVID -19 virus. The country has developed the Intersectoral Interagency Contingency Plan for COVID -19 Response. To ensure the consistency and uniformity of the efforts, the Ministry of Health has developed and approved a number of algorithms, instructions and standard operating procedures that regulate almost all links in epidemic protection against coronavirus infection.

COVID-19 being health priority in 2020, has negatively impacted and posed a risk to the Immunization Program as a whole, since the capacity of health care organizations and health workers, providing immunization services, has been focused on COVID-19 response.

In the context of the COVID-19 pandemic, routine immunization (RI) was temporarily suspended throughout the country from March 23 through May 26, 2020, until stabilization of the coronavirus infection epidemic situation, with the exception of vaccination of newborns in obstetric facilities and emergency prevention of measles in contacts. Routine immunization was temporarily interrupted for 2 months.

- **Strategic planning to ensure integration of immunization services with essential health services and COVID -19 response.**

With the purpose of COVID-19 situation stabilization, the KR Ministry of Health decided to resume routine immunization and carry out catch-up immunization since May 26, along with the resumption of delivery of essential health services in compliance with the COVID-19 Contingency Plan.

At the moment, routine immunization continues in 100% of health care organizations (HCOs), providing immunization services, that are located outside the quarantine zone and with the capacity to provide immunization services.

Different vaccination strategies were used, including vaccination sessions in the fixed stationary immunization points, reach out and mobile teams.

Routine immunization in the regions has been strengthened with the support and coordination of the authorized representative offices of the Kyrgyz Republic Government.

- **Monitor vaccination coverage, vaccine- preventable disease outbreaks, vaccine safety concerns, vaccine demand to understand the reasons for increased or decreased coverage; monitoring inequalities in service delivery and vulnerable groups**

The 2020 preventative immunization coverage (preliminary data) indicates the decreased primary vaccination series by 9% compared to the same period in 2019, mainly due to the coverage rate in Bishkek City and Chui region with the territories of increased registration of COVID-19 cases.

More than 21000 children under 1 were unvaccinated/under-vaccinated with primary vaccination series.

- Over 22 280 children were unvaccinated against Measles
- There is a risk of vaccine preventable infections and outbreaks
- Existing inequalities, including gender inequalities got worsened and resulted in the increased risk among the most disadvantaged and poorest populations
- Demand for immunization services has dropped in the COVID-19 context due to the :
 - concerns about the potential of virus spread;
 - increased distrust of the population to vaccination due to rumors or misinformation;
 - inconvenience, caused by shifting of the facilities working hours or limited transport communication.

In the context of the COVID-19 pandemic, the amount of information about disease symptoms, preventive measures and treatment has increased significantly, especially in the digital area. In the COVID-19 context health workers faced increased public distrust of vaccinations due to rumors or misinformation at the stage of resuming routine and catch-up immunization. Along with the information from verified and reliable sources, the volume of disinformation and myths has also increased significantly. The public debate around COVID-19 is currently undermining the confidence in healthcare system and value of the COVID-19 vaccine, and directly or indirectly questioning other EPI vaccines.

Strengthening social listening, analyzing audiences, opinion leaders, platforms and tactics used becomes critical to support the Immunization Program in Internet.

- **Implementation of catch-up immunization: early preparedness; identification of unvaccinated and under-vaccinated persons; communication with persons to be vaccinated; scheduling vaccination sessions and appointments, development of individual catch-up immunization regimens**

The National Action Plan for routine and catch-up immunization in COVID-19 context was developed in accordance with WHO recommendations². Also, the WHO Guidelines “Mitigation of negative impact of COVID-19 on the vaccine-preventable diseases measures”³ was used.

To minimize the risk of COVID -19 transmission during vaccination sessions, this Plan includes standard precautions and infection prevention and control measures, outlined in Appendix 1 of the “Guidelines for Routine Immunization during the COVID -19 Pandemic in the WHO European Region”. Lists of people who have missed routine immunization have been prepared.

The capacity of mobile teams was used to cover the missed cohort of children and adults during the suspension of routine and during catch-up immunizations.

This strategy, as an innovative approach to addressing the issue of access to immunization, has justified itself in Kyrgyzstan. Within the framework of the HSS-2 Project, 44 mobile teams were formed in 2018, which provided immunization services in 99 settlements and 198 in 2019 based on the list, approved by the Ministry of Health. The mobile teams’ contribution to the national 2018-2019 DPT3 coverage is growing steadily and amounted to 1,8% and 2,1%, respectively. In 2020, 155 003 vaccinations were made by Mobile Teams (MT) during 6 rounds, including 135 782 (87,6%) children under 16 and 19 221 adults. The contribution of mobile teams to Penta-3 routine immunization comprised 4,5%.

The capacity of mobile teams, as a continuation of the HSS-2 initiated activities, continues to be used in the COVID-19 context, and additional 2 rounds of MTs were arranged to support routine immunization to ensure the continuity of routine immunization services.

The results achieved under the current HSS-2 grant in the area of sustainability should be continued in the future HSS-3 grant until the country is able to fund the Program components on its own.

- **Communication: informing all stakeholders through regular communications on the selected immunization strategy, priorities and organization of service delivery; adaptation of communication to reach target audiences**

The Ministry of Health, through joint efforts of partners (WHO, UNICEF, National Red Crescent Society), is working to develop and disseminate materials to communicate the risks of COVID -19.

UNICEF is helping to contain the spread of the virus in the community by disseminating reliable information on how to keep families safe, providing hygiene and medical supplies through the health system, and mitigating the impact of the pandemic on children's access to health, education and social protection services.

Social mobilization on immunization was expanded to cover Talas, Chui, Bishkek and 14 surrounding migrant districts, Osh and Jalal-Abad provinces by building partnership with four NGOs. In addition to community events such as round tables and public discussions, volunteers and social activists with the help of medical workers identified 7937 children under 6 years old who were not fully vaccinated. The volunteers conduct face-to-face and telephone sessions with parents of 2167 under vaccinated children. That made 27.3% of the total number of under vaccinated children. Out of them, 852 children were vaccinated. That made 39% of children whose parents were reached out and 10.7% of the total under of under vaccinated children. The partners reported on constrains related to increased fear to contract COVID-19 in health facilities and during face-to-face meetings. At the same time, they also referred to

² Guidelines for routine immunization in COVID-19 settings in the WHO European Region, March 2020

³ Mitigation of COVID-19 negative impact on the measures of control of vaccine-preventable diseases

positive impact of the COVID-19 on hesitant parents who became less aggressive and more inclined to discussions and finally to making the positive decision on vaccination.

Besides geographical community engagement, social mobilization was conducted on internet platforms. A partnership was built with FU Mama Ryadom with 135,000 followers predominately among young parents. The work began with the online survey that set up baseline for the project. It was found out that 60% of respondents considered vaccination safe and 58% knew about the Immunization Calendar. Online lectures were conducted with the immunologists. They were watched by more than 100,000 viewers. Three months later, an endline survey was conducted. 5,547 people took part in it. The knowledge on the Immunization Calendar had a significant increase from 58% to 68%.

Immunization information is available on multiple platforms, maintaining a constant flow of information among caregivers and communities. The updated web portal www.privivka.kg, managed by the RCI, reached 385 thousand people in September-November 2019 and is currently being considered by WHO for inclusion in the list of reliable sources for immunization (Local-Link of the Vaccine SafetyNet network). 11 video clips, several videos and audio programs about vaccination schedule, safety and effectiveness of vaccination are available for TV channels and social networks. Four videos on safety of vaccines and resumption of the routine vaccination are under development. The team of 50 popular journalists was built through training and incentive initiatives to further support immunization promotion. Vaccine safety and quality will be at the forefront under the additional Gavi funding until the end of 2021.

The analysis of feedback on social networks of the RCI showed that the population's indecision was caused by a large amount of negative distorted information on the Internet about the composition and safety of vaccines.

The European Immunization Week (EIW) was held in the republic from April 27 to May 3, 2020, during the suspension of routine immunization in the context of COVID-19. The main goal of the 2020 EIW was held under the slogan "Prevent, protect and vaccinate" the vulnerable population groups and promote more active use of vaccines to protect people of all ages from diseases. During the EIW, the Gavi HSS-2 funded mobile teams also provided the population with access to immunization. 42 mobile immunization teams were active in the country during EIW 2020, supporting routine immunization. Mobile teams were supplied by WHO with personal protective equipment and emergency kits.

According to the EIW plan in the Kyrgyz Republic, the WHO Country Office supported funding for the 2020 EIW, namely the following activities: press coffee for social media, development of a script for 3 video clips, editing in video clips, Internet support of the MTs to prepare video reports, final preparation of video, photo reports, remote monitoring works and data collection.

All the above activities resulted in the following:

The population was provided with substantiated information on the benefits of immunization in the following media and Internet space:

Akipress

<https://zdorovie.akipress.org/news:1613838/?from=zdorovie&place=search&sth=03eb0c28173d099f3065f249297f28b4>

Azattyk 04.28.2020 <https://www.azattyk.org/a/30581158.html>

Kabar <http://kabar.kg/news/v-kr-startovala-evropeiskaia-nedelia-immunizacii/>

Materials published on the Facebook page of the Kyrgyz Republic Ministry of Health

<https://www.facebook.com/minzdravKR/>:

<https://www.facebook.com/776789385773720/posts/2876685312450773/>

<https://www.facebook.com/776789385773720/posts/2876106389175332/>

<https://www.facebook.com/776789385773720/posts/2873731319412839/>

<https://www.facebook.com/776789385773720/posts/2873629289423042/>

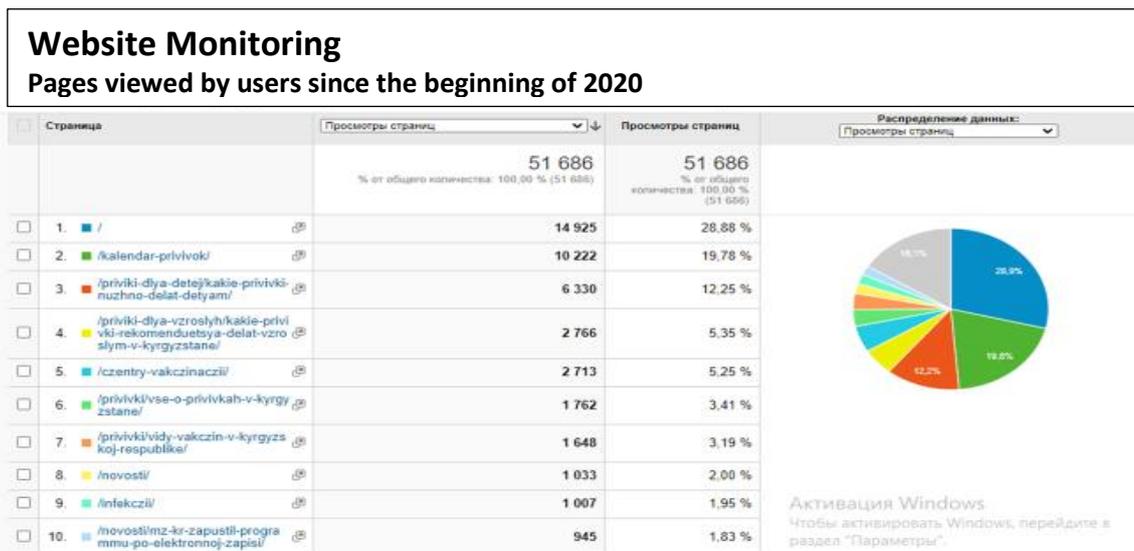
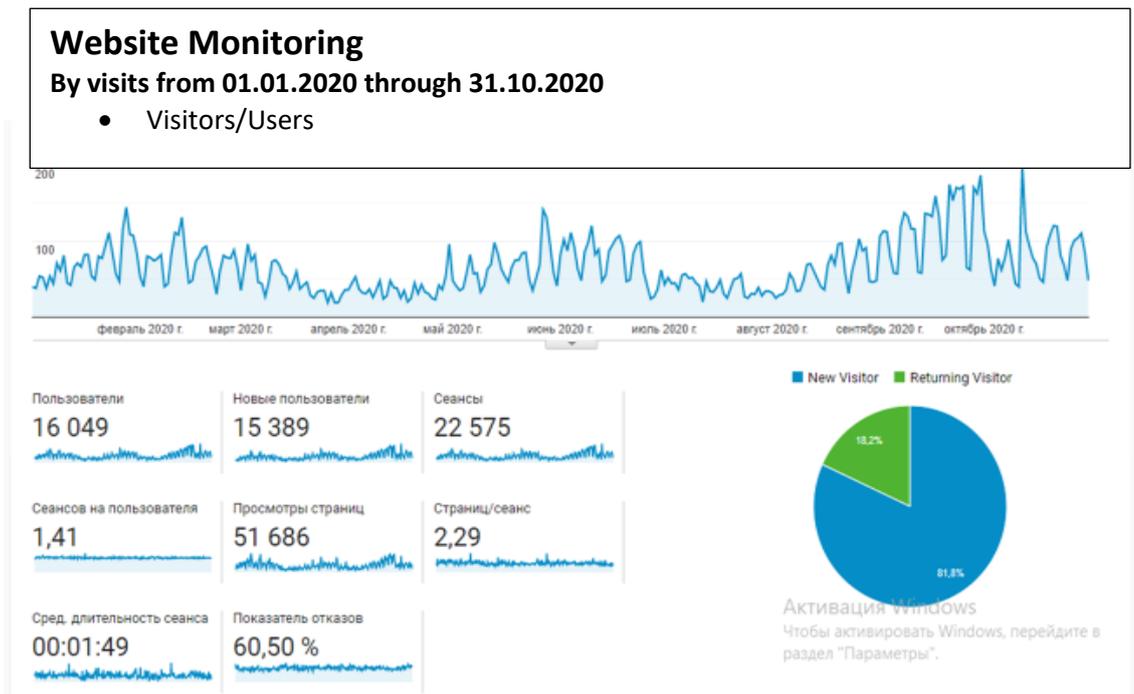
<https://www.facebook.com/776789385773720/posts/2870806569705314/>

The materials published in the KR MOH Instagram https://www.instagram.com/minzdravkg_official/:

https://www.instagram.com/tv/B_oyQLinATj/?igshid=hahxqnb1lx9l
https://www.instagram.com/p/B_oyYzPncUn/?igshid=n0jhnnt94vy4
https://www.instagram.com/p/B_rsEy0ojdZ/?igshid=xhzfj7hej0dz
https://www.instagram.com/p/B_gptlOny4o/?igshid=xxvj9ulemi93

In the KR MOH Youtube https://www.youtube.com/channel/UC-we-Ff4NneXdoBiCx_6TOw:
https://youtu.be/-uIOjOa_TC8
<https://youtu.be/e6SBRzr0b5A>
<https://youtu.be/-HQHGCKPrpg>
<https://youtu.be/OSogANOQ8Yw>

Following the large-scale campaigns on the website of the Ministry of Health and the Republican Center for Immunoprophylaxis, social networks, through volunteer organizations and the media, the “STOP COVID-19” mobile application, the public showed activity, judging by the monitoring of the privivka.kg website.



There is an online social mobilization mechanism through the Village Health Committees (VHCs), managed by the MOH (Center for Health Promotion and Mass Communication). The VHC members can study online, receive e-communication materials to work in the community, and provide regular feedback on the concerns of the public. In November, the online platform for Village Health Committees (VHC) was scaled up to the entire country aimed to reach 300,000 parents through 1500 VHC members. 139,00 people were reached out with messages on immunization and COVID-19.

The intensification of religious communication led to the signing of the Resolution by the main religious confessions together with the Ministry of Health and the State Committee for Religious Affairs, which laid the foundation for dialogue. The fatwa (legal opinion on the clause of Islamic law) was drafted and signed, which obliged all imams (heads of mosques) to preach the importance of immunization during Friday prayers throughout the country. At the local level, more than 300 religious leaders, men and women, took part in discussions on how to promote immunization in religious communities.

In close collaboration with partners at the country level, UNICEF began a new project on social listening. The Vaccine Confidence Project™ (VCP) at London School of Hygiene & Tropical Medicine was contracted by UNICEF ECARO to conduct an assessment of the social media landscape in the Europe and Central Asia (ECA) region and to develop on-going social media listening and engagement tools to map and monitor conversations around immunization, with the aim of influencing vaccine attitudes towards positive actions and engagement, and to contribute to an increase in vaccine uptake across the ECA region. These tools will support UNICEF and national immunization programs in the region to strengthen their capacity to design, implement and evaluate social media interventions to address vaccine hesitancy, increase vaccine confidence, and improve demand for immunization.

- **Supply of vaccines and consumables: forecasting needs, planning and delivering the needed supplies informed by the prioritized catch-up vaccination**

In the context of COVID19, taking into account the risks associated with the state budget deficit and problems with global undersupply, recalculations of the needs for vaccines and consumables were made, and the Ministry of Health decided to return to the mechanisms for procuring vaccines through UNICEF. Vaccines and consumables were redistributed with the start of the resumption of routine and catch-up immunization.

Certain 2020 planned activities of the HSS-2 Gavi and CCEOP could not be fully implemented due to the influence of COVID-19. Unimplemented interventions under the HSS-2 (Objective 4) include the supply of freezers for district warehouses; additional refrigerators (ILR) to replace the obsolete equipment, replenish 30DTR and freeze indicators, and purchase of voltage regulators for the existing refrigerators in health care organizations. Also, it was not possible to reconstruct the infrastructure of the national vaccine warehouse and 9 intermediate vaccine warehouses (regional warehouses in: Jalal-Abad, Karakol and Batken; district warehouses in Ak-Tala, Uzgen, Bazar-Korgon, Ak-Syi, Ala-Buka, Toktogul districts). The requirements also include a computerized temperature control system for a new national vaccine warehouse.

Implementation of HSS-2 activities

UNICEF (Objective 1)

Previously agreed social mobilization activities such as public events and face-to-face communication were replaced by remote methods to safeguard the health of our partners' staff and volunteers while still ensuring that communities receive accurate, up-to-date information as well as having access to communication channels which allow them to provide feedback and share their concerns and worries. Social media was considered as one of the methods as it allowed to engage communities in two-way communication encouraging the discussion and answering questions from parents. Another method was facilitating discussions in closed online platforms such as WhatsApp groups

WHO (Objective 2)

In the context of inadequate coverage of children with preventative vaccinations due to the COVID-19 pandemic, the available opportunities for vaccination by mobile teams have been widely used. In this regard, the issue of reprogramming HSS-2 funds to support 2 additional rounds (MT 5,6) against the additional HSS funds was considered by the Decision of the Immunization Committee. The capacity of MTs was directed to the resumption of routine immunization, with the focus on health care organizations with a large number of target groups. As a result, 155 003 vaccinations were made through 6 MT rounds, of which 135 782 (87,6%) were made to children under 16, 19 221 – to adults. The contribution of mobile teams to routine Penta-3 immunization made 4,5%.

Supervisory visits were carried out on SIP, IMCI with the focus on immunization, during which the status of routine immunization resumption in the country's health organizations was monitored and practical, organizational and methodological support regarding vaccination in the COVID-19 context was provided to the field health workers.

As part of implementation of the Immunization Programs Adaptation (IPA) project activities, trainings were held in the selected FMCs in Bishkek to increase access to immunization services for families of internal migrants. At the IPA trainings, the RCI and FMC staff simultaneously inform about the resumption of routine immunization and ensuring the safety of vaccinations under COVID-19 conditions.

At the level of the KR MOH the Working Group was created to develop the Clinical Protocols for Vaccine-preventable Infections and Vaccines, and their finalization is pending.

WHO (Objective 3)

Epidemiological supervisory visits were conducted on the issues of safe storage and transportation of vaccines, ESV and AEFIs.

Clinical protocols, guidelines and Orders of the KR MOH on immunization were printed to support the supervisory teams during their visits to the regions.

Additional protective equipment (masks, sanitizers, etc.) were purchased for mobile teams for conducting mobile immunization sessions. Funds were handed over to the RCI for Mobile Teams in the presence of the KR MOH Secretary of State and the WHO Representative.

The IMCI supervisory visits are continued with the focus on immunization.

As part of the HSS-2 reprogrammed funds for COVID-19 response, trainings were organized based on the decisions of the Gavi Secretariat for health workers of private medical clinics (otolaryngologists, dentists, etc.) at the Kyrgyz State Medical Institute of Continuous Medical Training and training materials were procured for the trainings.

Ministry of Health of the Kyrgyz Republic (Objective 4)

The repair works of the vaccine warehouses in Osh, Chui, Issyk-Kul, Naryn, Talas and Jalal-Abad regions, Kadamjai and Leilek SES Centers were completed; as well as the construction of a vaccine warehouse for the Bishkek City SES Centre.

Cold rooms and generators were installed in 6 health care organizations (Osh and Jalal-Abad Regional SES Centers, Uzgen, Karasuu, Issyk-Ata District SEs Centers, Bishkek City SES Center).

Repair of refrigeration equipment in health care organizations has been completed, except for Osh region. To date, more than 200 refrigeration equipment has been repaired in Issyk-Kul, Naryn, Chui, Talas, Jalal-Abad and Batken regions.

In order to dispose the unfixable cold chain equipment, the letter was addressed health care organizations with the request to prepare the relevant documents in accordance with the KR MOH Order No. 645 dated 05.30.2019 "The Regulations on the procedure for writing off the fixed assets on the balance sheet of subordinate units of the KR MOH" and the KR MOH Order No. 488 dated 13.08.2012 "On approval of the Instruction "On the procedure for disposal of decommissioned medical equipment in health care organizations of the Kyrgyz Republic".

The following forms and documents were printed:

329 825 copies of reporting forms on registration of vaccines, 300 000 copies of cards for registration of preventive vaccinations, 5 000 copies of Instructions for CCE maintenance in the Kyrgyz and Russian languages, the KR MOH Order No. 718 "On safe immunization practice".

WHO (Objective 5)

- 160 thousand copies of the updated home-based Vaccination Certificates were printed and handed over to the RCI;

- Server equipment and data storage equipment were procured and delivered for the future Immunization Information System (ISI) on the DHIS-2 platform. Server equipment was transferred to the Center for E-Healthcare (CEH) of the KR MOH;

- The international tender was held and 76 laptops were procured for ISI, laptops were delivered to Bishkek and handed over to RCI and CEH;

- ToR was drafted and the competition was announced for local DHIS-2 consultant to support its implementation in immunization program;

- Contract was drawn up with the RCI Working Group to support the input of archived data on vaccinations by districts over the past years;

- Webex was organized by WHO with RCI and UNICEF to join privivka.kg site to the WHO SafetyNet network of reliable data sources on vaccines and immunization. After the completed improvements, the site will be included into the list of recommended sites for vaccinations in Russian. The formal notice will be forwarded by WHO headquarters (Geneva) to Kyrgyzstan;

- The coordination meeting of the CEH, RCI and WHO was held on the issues of the entry of the archived coverage data for all regions of Kyrgyzstan;

- The DHIS-2 Consultant coordinated and provided hands-on assistance with archiving vaccination coverage data from 2010 to 2019;

- The Working Group completed data entry for 2010- 2019 in Excel format. The data was archived. The archived data was digitized and forwarded to WHO and HISP India for remote data entry to the DHIS-2 server at the CEH;

- The CEH provided an open IP address for remote data entry;

- The HISP India converted the archived data up to 2016 into download format. Work is being continued.

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

	COVID-19 activity	Amount reallocated	Status of implementation
Activity 1	Print and distribute case definition and surveillance recommendations for private health facilities;	US\$ 10,000	In progress

Activity 2	Provide training to private sector health workers on the application of COVID-19 case definition	US\$ 15,000	Implemented
Activity 3	Provision with sanitizers, masks for nurses and parents use in vaccination wards	US\$ 5,000	Implemented
Activity 4	Surveillance & Risk assessment - Conduct border screening training	US\$ 8,000	Implemented
Activity 5	Conduct two-way communication activities with village health committees through the online platform to raise awareness among high risk groups of the population and receive their feedback	US\$ 30,000	Completed
Activity 6	Purchase of lifesaving equipment, PPE and diagnostics	US\$ 66,000	Implemented
Total:		US\$ 134,000	

2.5 Already agreed modifications in Technical Assistance (if applicable)

Not applicable

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

[Brief narrative and/or table. Considering that some activities have been cancelled, delayed or modified, this is an overview of funds available to be re-allocated.]

Non-implemented interventions under HSS-2 (CCEOP) include supply of freezers for district warehouses; additional refrigerators (ILR) to replace obsolete equipment, replenish 30DTR and freeze indicators, and procurement of voltage regulators for the existing refrigerators in health care facilities.

The needs also include 9 low-level vaccine storage facilities (regional warehouses: Jalal-Abad, Kara-Kol and Batken; district warehouses in Ak-Tala, Uzgen, Bazar-Korgon, Ak-Syi, Ala-Buka, Toktogul), 2 dry warehouses for storage of consumables at the SES Centers of Talas region and Bishkek city. The needs also include a computerized temperature control system for the new national vaccine storage facility.

The needs also include the reconstruction of the infrastructure of the national vaccine warehouse (due to the delayed infrastructure of the national vaccine warehouse for vaccines); cold room with a generator has not been installed, and therefore the cold room has been placed in the storage of the Globalink LLC until the end of this year in accordance with the signed Contract.

Supply of refrigerated trucks in the amount of 8 units for transportation of vaccines was postponed till the 1st quarter of 2021 due to technical reasons of the manufacturer's plant and due to the COVID-19 epidemiological situation.

Due to the COVID-19 epidemiological situation, the EVM training has been postponed until 2021. In December 2020, work will continue on the repair of specialized refrigeration equipment in Osh region and possibly in 2021.

Bidding for the purchase of spare parts for refrigeration equipment, metal structures for the Nissan vehicle did not take place due to the lack of suppliers.

With the approval of the Interdepartmental Coordination Committee and the GAVI Secretariat, the funds were reprogrammed for the purchase of a generator and reinstallation of cold room for Naryn SES Center. The purchase of reinstallation services was successfully completed. The purchase of the generator did not take place twice, in the first case there were no suppliers, in the second the supplier refused due to the growth of the US dollar. In this connection, the GAVI Secretariat has approved the increase in the budget, and re-tender will be carried out immediately.

To maximize support for the COVID-19 pandemic response strategies, GAVI has adopted a flexible disbursement approach, which allows countries to redirect up to 10% of the current Health System Strengthening (HSS) grant. In this connection, on April 11, 2020, GAVI approved re-disbursement of HSS 2 funds in the amount of USD 8000 for procurement of PPEs for health workers. Bidding for procurement

of PPEs did not take place twice due to the lack of quality certificates for the goods. Procurement of PPEs will continue in December this year and possibly in 2021.

Unspent funds and savings

In 2020, the approval of the GAVI funds balances was carried out at the beginning of the reporting year (February), following long negotiations and meetings with the top management of the KR Ministry of Finance Republic. In accordance with the approved Action Plan, the 2020 budget amounted to USD 1313344, including USD 142450 for the KR MOH.

Disbursement of funds in 2020 is expected to be up to 70%. The savings under the activities in p. 4.5 Repair of vaccine warehouses -8% and p. 4.7. Maintenance of CCE - 45% of the budget will be reprogrammed as agreed by the RCI, the GAVI Secretariat and the ICC in 2021.

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

During the 3rd phase of health risk management in the COVID-19 pandemic context, **restoration** of the Routine Immunization Program is relevant:

- Conducting a rapid post-quarantine assessment of routine immunization at national and subnational levels;
- Developing and enforcing the adapted Action Plan for the 3rd phase of health risk management in the COVID-19 pandemic context;
- Reviewing and strengthening the supply chain for vaccines and consumables.

In the COVID-19 pandemic ongoing context, the Ministry of Health of the Kyrgyz Republic, in close cooperation with partners- WHO, UNICEF, has taken the following actions aimed at mitigation of COVID-19 impact of on routine immunization:

Short / medium-term activities to maintain / restore routine immunization

At the request of the GAVI Secretariat, Kyrgyzstan has accepted the proposal to review GAVI support for COVID-19 preparedness and response. Within the framework of the GAVI Health System Strengthening Project (HSS-2), the Ministry of Health, together with partners, reviewed the possibilities of reallocating project funds (up to 10% of the current grant) under the new GAVI conditions, for the measures to counter COVID-19. The analysis of potential negative implications for implementation of the current HSS measures was carried out. Taking into account the minimal risks for the current HSS grant, funds in the amount of US \$ 134 000 became available. Of these, \$ 8 000 for Objective 4 (KR MOH), \$ 64 000 for Objective 1 (UNICEF), for Objective 5 - \$ 30 000 (WHO) and \$ 32 000 (from PBF1, RCI).

Regarding **UNICEF**, based on the GAVI's decision, part of the HSS-2 funds were reprogrammed for COVID-19 activities in the amount of US \$ **30 000**. The online platform for Village Health Committees (VHCs) was launched using these funds. More than 300 VHCs are connected (one district per each region). VHCs receive information on COVID-19 and immunity strengthening and transfer it via WhatsApp to groups in villages on a weekly basis.

Activities have been initiated to improve the website of the Republican Health Promotion & Mass Communication Center to automatically display the results of VHC surveys on COVID-19 situation. Work has begun to improve the real-time monitoring system.

Part of the GAVI HSS-2 funds were revisited, in accordance with the GAVI's decision funds were transferred for PPE procurement: **34 000 US dollars** from social mobilization funds and **32 000 USD** from the BPF-1 (2017) funds, based on the requests of health care organizations of the country. This amount was sufficient to procure:

- 1876 masks; - 1200 protective gowns, - 1200 panoramic glasses, - 1200 face shields, - 850 pairs of non-sterile gloves. The balance of the funds is held by UNICEF.

The above funds were allocated for the measures to reduce the COVID-19 outbreak associated risks and negative impact on routine immunization in accordance with the National Intersectoral and Interagency

COVID-19 Response Contingency Plan.

Potential areas of support

- WHO funds are allocated for:
 - routine immunization to supply stationary immunization points and mobile teams with sanitizers, as well as personal protective equipment (disposable medical masks, pocket dispensers of antiseptics);
 - cover the activities under the p. 2 of the national COVID-19 Contingency Plan, Table 4. Epidemiological surveillance plan for implementation of COVID-19 epidemiological surveillance.
- Funds of the KR MOH and PBF1 (RCI) are directed to procurement of life-supporting equipment and PPEs according to the KR MOH List Health.
- UNICEF funds are allocated partly for procurement of life-supporting equipment and PPEs based on the KR MOH List (\$ 34000), and partly for communication activities (\$ 30000) under the p. 4. Of the COVID-19 Contingency Plan, Table 3. Plan for dissemination of information on risks and public relations - for production of IEC materials and engagement of NGOs, CSOs and media.

Expected result: mitigation of the negative impact on routine immunization. The National Action Plan for routine and catch-up immunization in COVID-19 context has been developed in accordance with WHO recommendations. The capacity of mobile teams as a continuation of the HSS-2 initiated activities under Objective 3 continues to be used in the COVID-19 context to ensure the continuity of routine immunization services. Personal protective equipment was procured for health workers at the fixed stationary immunization points and mobile teams.

WHO

- Support in assessment of the readiness and needs of PHC facilities for restoring routine immunization services;
- Support is needed for identification registration and monitoring of children who missed vaccinations for further catch up vaccinations;
- Support in planning and conducting mobile immunization sessions for hard to reach settlements, for vulnerable groups (internal migrants in urban settings), and in settlements where health workers were affected by COVID19. This strategy has demonstrated effectiveness for increasing routine immunization coverage and it should be continued and scaled up;
- Support is needed for reducing of medical contraindications based on developed Guideline and Clinical protocol on medical contraindications and through conducting trainings;
- Support to ensuring observance of infection prevention and control during immunization sessions including vaccination against COVID19.

UNICEF

Demand generation for new COVID19 vaccine (TA2021 COVAX)

1. Design a demand plan (includes advocacy, communications, social mobilization, risk and safety comms, community engagement, and training) to generate confidence, acceptance and demand for COVID-19 vaccines. Must include a crisis communications preparedness planning
2. Reinforce the existing data collection systems, including 1) social media listening and rumor management, and 2) assessing behavioral and social data
3. Develop key messages and materials for public communications and advocacy, in alignment with demand plan
4. Conduct training for media, round tables for religious leaders, opinion leaders, a press tour to at least two provinces

What support is required from Gavi for the planned short/medium-term response efforts?

Given the priorities of the routine immunization Program and to adapt and streamline immunization services with essential health services in the COVID-19 pandemic context in accordance with the Alliance recommendations⁴, the country expects a certain level of flexibility to reprogram the available GAVI funds, including HSS-2 funds and TCA balances - 2020 for maintenance/recovery of routine and catch-up immunization. The focus will be on the efforts on immunizing unvaccinated children and unvaccinated communities.

The Action Plan and a budget for maintaining/restoring routine immunization and catch-up immunization system has been developed informed by the current needs (attached).

The following activities have been identified as a priority:

Under the current Gavi HSS-2 grant (WHO, Objective 2,3):

1. Improving/ensuring access to health and immunization services for population of remote, hard-to-reach settlements and for families of internal migrants. (It will be necessary to continue the MT operation and increase their rounds' number in 2021).
 2. Providing regular supervisory support for PHC workers, workers at district and regional levels of immunization program with on-job trainings. (Continuation of supervisory visits on SIP, IMCI)
 3. Organization of mobile clinics to deliver health services (laboratory tests, instrumental examination) for vulnerable population groups (including urban migrants) with a focus on catch-up immunization. (within the framework of HSS-2 additional funds, status - in the process).
 4. Ensuring sustainable functioning of delivery of immunization services under the reforming processes of PHC and Public Health Service Operation (the Concept will be presented in the I-st quarter of 2021).
 5. The RCI needs technical assistance to better coordinate with partners and subnational structures in implementing the COVAX Facility.
- Certain level of flexibility for reprogramming of available Gavi funds.
- Demand generation for new COVID-19 vaccine (TA2021 COVAX)
1. Design a demand plan (includes advocacy, communications, social mobilization, risk and safety comms, community engagement, and training) to generate confidence, acceptance and demand for COVID-19 vaccines. Must include a crisis communications preparedness planning
 2. Reinforce the existing data collection systems, including 1) social media listening and rumor management, and 2) assessing behavioral and social data
 3. Develop key messages and materials for public communications and advocacy, in alignment with demand plan
 4. Conduct training for media, round tables for religious leaders, opinion leaders, a press tour to at least two provinces
- Support provision and strengthening of active surveillance of VPD cases at health care facilities at community level
 - Returning the immunization program to its maximal original capacity
 - Continuation of work on vaccination awareness
 - Reinforcement discussions with the governmental structures and MoH about the importance of the vaccination program
 - Information campaigns for the general public and medical workers at central and regional level
 - Support provision for capacity building initiatives at national and regional levels for rapid interventions in case of eventual outbreaks
 - Increase awareness building with regards to preparedness to other potential pandemics

⁴ Use of GAVI assistance for supporting, restoring and strengthening of immunization system in COVID-19 context

Currently, GAVI envisions introduction of the COVAX Facility in Kyrgyzstan (as one of 96 countries), implementation will begin in June 2021. The RCI and subnational structures will need to adapt their processes to the new Facility. WHO will provide most of TA for COVAX Facility implementation. The TA led by WHO will cover most of the processes in the MOH (Public Health Department), related to implementation of the COVAX Facility. The RCI needs technical assistance to better coordinate with partners and subnational structures in implementation of the COVAX Facility.

GIZ BACKUP Health is considering the RCI proposal for technical assistance in establishing internal coordination structures of the COVAX Facility with partners at the national and subnational levels.

Roadmap for further medium/long-term planning

WHO:

1. EVM Assessment based on new WHO guidelines because the last EVM assessment was conducted in 2016;
2. Support to developing of strategy and approach for vaccination against COVID-19;
3. Planning and conducting of SIA against measles;
4. Implementation of IPV catch-up campaign;
5. Support to introduction of IPV second dose into immunization calendar;
6. Support on development of communication strategy development for HPV introduction and to introduction of HPV vaccine;
7. Continuing support to NITAG;
8. Support to National immunization program in assessing potential impact of ongoing and planned health system reforms including in public health services;