

APPLICATION FORM FOR
GAVI NVS SUPPORT

Submitted by
The Government of Uzbekistan
for
Measles-rubella follow-up campaign



Reach Every Child
www.gavi.org

1 Gavi Grant terms and conditions

1.2 Gavi terms and conditions

1.2.1 Gavi terms and conditions

The terms and conditions of the Partnership Framework Agreement (PFA) between Gavi and the Country, including those provisions regarding anti-corruption and anti-terrorism and money laundering, remain in full effect and shall apply to any and all Gavi support made pursuant to this application. The terms and conditions below do not create additional obligations or supersede those of the PFA. In the event the Country has not yet executed a PFA, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

GAVI GRANT APPLICATION TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

The Country will notify Gavi in its Joint Appraisal, or in any other agreed annual reporting mechanism, if it wishes to propose any change to the programme(s) description in its application. Gavi will document any change approved by Gavi according with its guidelines, and the Country's application will be amended.

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

NO LIABILITY

The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programme(s) in the Country; and (ii) the use or distribution of vaccines

and related supplies after title to such supplies has passed to the Country.

Neither party shall be responsible for any defect in vaccines and related supplies, which remain the responsibility of the relevant manufacturer. Gavi shall not be responsible for providing any additional funding to replace any vaccines and related supplies that are, or became, defective or disqualified for whatever reason.

INSURANCE

Unless otherwise agreed with Gavi, the Country shall maintain, where available at a reasonable cost, all risk property insurance on the Programme assets (including vaccines and vaccine related supplies) and comprehensive general liability insurance with financially sound and reputable insurance companies. The insurance coverage will be consistent with that held by similar entities engaged in comparable activities.

ANTI-CORRUPTION

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

ANTI-TERRORISM AND MONEY LAUNDERING

The Country confirms that funds provided by Gavi shall not be used to support or promote violence, war or the suppression of the general populace of any country, aid terrorists or their activities, conduct money laundering or fund organisations or individuals associated with terrorism or that are involved in money-laundering activities; or to pay or import goods, if such payment or import, to the Country's knowledge or belief, is prohibited by the United Nations Security Council.

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, or any other agreed annual reporting mechanism, is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to perform the programme(s) described in its application, as amended, if applicable.

COMPLIANCE WITH GAVI POLICIES

The Country confirms that it is familiar with all Gavi policies, guidelines and processes relevant

to the programme(s), including without limitation the Transparency and Accountability Policy (TAP) and complies with the requirements therein. All programme related policies, guidelines and processes are available on Gavi's official website and/or sent to the Country.

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

1.3 Gavi Guidelines and other helpful downloads

1.3.1 Guidelines and documents for download

Please refer to the relevant guidelines concerning your request for support.

Please ensure to consult and download all documents. It is important to note that some documents must be completed offline, and will need to be uploaded in the final steps of your application.

This application form is designed to collect information needed by Gavi to process requests for support, plan procurement of vaccines, plan technical assistance, track data for future reporting, and more.

A key component of the application is a solid operational plan (New Vaccine Introduction Plan for routine support, or Plan of Action for campaign support), explaining how the country will

introduce the vaccine or conduct the envisaged campaign, with a corresponding budget. The New Vaccine Introduction Plan or Plan of Action must be submitted together with this application form and will be considered as the foundation of the support request.

For more information on the documents to submit with your application and what they should contain, please refer to the appropriate guidelines: <http://www.gavi.org/support/process/apply/>

2 Review and update country information

2.1 Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Accelerated transition

Date of Partnership Framework Agreement with Gavi

7 February 2014

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

No Response

2.1.2 Country health and immunisation data

Please ensure your Country health and immunisation data is up to date. If not, please go to the Overall expenditures and financing for immunisation section of the portal to submit this information.

	2020	2021
Total government expenditure	7,600,000,000	

Total government health expenditure	245,000,000
Immunisation budget	24,376,190

2.1.3 National health planning and budgeting cycle, and national planning cycle for immunisation:

The government planning cycle starts on the

1 January

The current National Health Sector Plan (NHSP) is

From 2019

To 2029

Your current Comprehensive Multi-Year Plan (cMYP) period is

2016-2020

Is the cMYP we have in our record still current?

Yes No

If you selected “No”, please specify the new cMYP period, and upload the new cMYP in country documents section.

Note 1

From 2021

To 2025

If any of the above information is not correct, please provide additional/corrected information or other comments here:

The new cMYP 2021-2025 is planned to be developed during the second half of 2021

2.1.4 National customs regulations

Please describe local customs regulations, requirements for pre-delivery inspection, and special documentation requirements that are instrumental for the delivery of the vaccine.

Since 2018, a legislative framework has been laid down for import procedures, customs clearance, and registration of medical devices and medicines by the Decree of the Cabinet of Ministers. This Decree approves the Regulation on the procedure for state registration of medicines, medical devices, and medical equipment and the issuance of a registration certificate in accordance with the Law of the Republic of Uzbekistan "On Medicines and Pharmaceutical Activities". This resolution contains all the information on the procedure for registration of medicines, and also contains a list of required documentation for the State registration of medicines, and also sets the terms for consideration: an application for a certificate is considered by the State Centre within a time frame not exceeding 120 days.

2.1.5 National Regulatory Agency

Please provide information on the National Regulatory Agency in the country, including status (e.g. whether it is WHO-certified). Please mention a point of contact with phone number and e-mail address. UNICEF will support the process and may need to communicate licensing requirements to the vaccine manufacturers where relevant.

In the Republic of Uzbekistan, licensing of pharmaceutical activities and control over licensing requirements is carried out by the Ministry of Health in accordance with the procedure established in the "Regulations on the procedure for licensing pharmaceutical activities", approved by the Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No. 91 dated May 13, 2010.

According to the Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No. 181 dated May 25, 1995, in order to ensure a unified state policy of the Republic of Uzbekistan in the field of regulating the circulation of medicines and medical products, the State Unitary Enterprise, SUE "State center for expertise and standardization of medicines, medical devices and medical equipment" agency for the development of the pharmaceutical industry under the Ministry of Health of the Republic of Uzbekistan, which is a subdivision of the Ministry of Health of the Republic of Uzbekistan.

One of the main activities is the organization and implementation of state quality control, registration with simultaneous permission for the use in medicine of domestic and foreign medicines, medical devices and medical equipment in the Republic of Uzbekistan, coordination of activities and management of institutions and organizations that carry out expertise, standardization, certification pharmaceutical and medical products, examination and approval of regulatory documents, laboratory and clinical trials.

Concerning vaccines, all vaccines used in childhood immunization are WHO prequalified and procurement is facilitated by UNICEF CO Uzbekistan through UNICEF Supply Division. Contact person in UNICEF CO Uzbekistan: Sufang Guo - Chief of Child Health & Development
Tel: +998 93 5058191; email: sguo@unicef.org

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

HPV Routine

Note 2

	2021	2022	2023	2024
Country Co-financing (US\$)	408,581	1,543,050		
Gavi support (US\$)	363,069	401,562		

IPV Routine

	2021	2022
Country Co-financing (US\$)		
Gavi support (US\$)	1,649,864	1,621,266

Summary of active Vaccine Programmes

	2021	2022	2023	2024
Total country co-financing (US\$)	408,581	1,543,050		
Total Gavi support (US\$)	2,012,933	2,022,828		
Total value (US\$) (Gavi + Country co-financing)	2,421,514	3,565,878		

2.3 Coverage and Equity

2.3.1 Coverage and equity situation analysis

Note: If a recent analysis of the coverage and equity analysis is already available, for example as part of a Joint Appraisal report, you may simply reference the report and section where this information can be found.

Describe national and sub-national evidence on the coverage and equity of immunisation in the country and constraints to improvement. In particular, identify the areas and groups of low coverage or high inequity linked to geographic, socioeconomic, cultural or female literacy considerations, as well as systematically marginalized communities. Specify both the areas and/or populations with low coverage (%) and those with the largest absolute numbers of un-/under-vaccinated children. Among data sources, consider administrative data, coverage

surveys, DHS/MCS, equity analyses, Knowledge-Attitude-Practice surveys, and patterns of diseases like measles.

Describe the challenges underlying the performance of the immunisation system, such as:

- o Health work force: availability and distribution;
- o Supply chain readiness;
- o Gender-related barriers: any specific issues related to access by women to the health system;
- o Data quality and availability;
- o Demand generation / demand for immunisation services, immunisation schedules, etc;
- o Leadership, management and coordination: such as key bottlenecks associated with the management of the immunisation programme, the performance of the national/ regional EPI teams, management and supervision of immunisation services, or broader sectoral governance issues;
- o Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement and execution of resources;
- o Other critical aspects: any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports.

Describe lessons learned and best practices on the effectiveness of implemented activities to improve coverage and equity; recommendations on changes or new interventions that might be required to accelerate progress (include data to support any findings or recommendations).

Coverage with routine vaccines is traditionally high in Uzbekistan. The annual data analysis shows above 95% national coverage against all antigens. Nevertheless, there are several low-performing districts. Those herd-to-reach districts with low density of population are suffering from the fact that WHO's open vial policy is not used in the country and majority of vaccines in the country are in 10 or 20 dose vials presentation. In addition, problems with vaccine financing, poor planning and supply issues have led to several stock-outs for various vaccines. Consequently, the coverage during certain periods was inadequate, and caught-up only in Q4 of the year or Q1 of the following year. For example, in 2009, booster vaccines against polio and measles were not at all procured due to shortage of funds, thus MCV2 coverage in 2009 was only 8%, and OPV4 – 0%. The delays in vaccine supply in 2016-17 caused vaccine stock outs at all levels, including health facilities. The immunization staff and health workers reported stock outs of rotavirus, penta, and polio vaccines in some vaccine stores and health facilities, sometimes lasting longer than several months. Due to delayed PCV shipment in the period from September 2016 until January 2017, the NIP used remaining PCV to administer the first and the second doses only; the administration of the third dose was suspended. The vaccine stock outs resulted in delays in adherence to vaccination schedules, increased health workers' workload and they inconvenienced mothers.

Establishment of two bodies - Agency of Sanitary and Epidemiological Wellbeing and Sanitary and Epidemiological Inspection is considered as a positive outcome of the healthcare reform. At

the same time, it is understood that more needs to be done to ensure that these bodies function efficiently and effectively. Assessment of the possible impact of the Healthcare report conducted in 2019 by UNICEF and funded by GAVI showed that since the initiation of the healthcare reform two major interventions affected the performance of the national immunization program: (i) transformation/optimization of the PHC Network; and (ii) restructuring of the Sanitary and Epidemiological Services. Reforms in healthcare financing will affect the performance of the health system in general and will have an impact on immunization financing. The assessment revealed that the major concern of all respondents are salary levels of the immunization personnel. Study revealed that optimization of the PHC staff led to the reduction of vacancies and decreased number of frontline service providers, especially immunization specific service providers – vaccinators, which was regarded as negative impact of the reform on HR component of the national immunization system. The assessment did not identify links between the healthcare reform and other components of the national immunization program, such as Vaccine Supply, Quality and Logistics, Disease Surveillance and Outbreak Response and Advocacy, Communication and Demand Generation.

There are no gender-related barriers to immunization in Uzbekistan. This is evidenced by the coverage and access data and reflected in all previous applications to Gavi.

EPI review 2018

The major document which assess the NIP in all its components is the joint national-international EPI review conducted in 2018. The following were identified as key problems existing for the immunization programme at that time:

- Program management capacity not adequate (in term of quantity and quality) to handle current and future immunization challenges, particularly at national level
- Impact of transitioning from Gavi support not well acknowledged by stakeholders
- Budget development process not yet institutionalized and common understanding between MOH and MOF still not reached
- Funding needs for NIP operational activities not well acknowledged by the Government (left limited to available donor support)
- Procurement of vaccines for non-EPI vaccines decentralized and not benefiting from economies of scales
- Staff workload heavy and unevenly distributed, not taking into-account density of population
- Difficulties in attracting and retaining healthcare professionals to work in NIP
- Due to ceiling cut of the Cold Chain Equipment Optimization Platform (CCEOP), there might be some gaps in modernizing the system.
- There is strategy in place for cold chain maintenance
- Temporary false contraindications and pre-immunization checking still too frequently implemented
- Use of large multi-dose vials causing problem and limitation in implementing timely immunization
- Current immunization coverage calculation using "eligible/planned population" but not reflecting "real timely immunization coverage", as per WHO recommendations
- Because of paper-based reporting system, huge manual effort necessary by healthcare staff (considering the optimization of staff in health sector reforms)
- Currently no data quality-control in place; No coverage survey implemented for years to verify administrative data; Lack of performances monitoring indicators (timeliness, completeness)
- The AEFI system didn't detect any serious AEFI for many years ((i.e. coincidental and/or vaccine-related AEFI cases, but not related to programmatic issues), challenging the sensitivity of the system
- Outbreak Preparedness Plan for VPD outbreak not fully operational (lack of funds, specific team, logistics availability)

As a result of EPI review, a number of recommendations were addressed through Gavi support:

- Conduct regular advocacy activities to all stakeholders to sustain commitment to immunization
- Expand program management capacity at national level with required managerial skill set
- Establish links between ICC and similar and/or broader coordination mechanisms
- Ensure required financial resources are adequately communicated to budgetary processes (including Medium Term Expenditure Framework)
- Establish a budget and a line item for NIP operational activities (training, supervision, surveillance, monitoring, advocacy, communication)
- Consider centralization for procurement of vaccines for epidemiological indications (non-EPI vaccines)
- Ensure dissemination and compliance with the internationally approved list of contraindications to immunization at all healthcare levels
- Conduct a feasibility and efficiency study for purchasing vaccines in smaller doses vials (especially MMR)
- Investigate on how to change denominator and coverage calculation to better reflect real coverage of timely vaccination; Ensure denominator reflects real target population, in line with WHO recommendations
- Revise current immunization reporting forms, in line with WHO recommendations; Speed-up transition to a full electronic monitoring system; Ensure immunization interests are reflected in the health information management system (HIMS) development
- Enhance immunization data quality-control; Conduct data quality assessment or survey (DQA/DQS) and coverage survey (e.g. MICS) to compare administrative and household data
- Preparedness plans need to be operationalized and rehearsed for all institutions and health facilities

JA 2019 and MSD 2020

For more detailed information please refer to the JA Report for 2019 in country page of the GAVI portal and the MSD for 2020 provided with the annexed documents in this application.

2.4 Country documents

2.4.1 Upload country documents

Please provide **country documents** that are relevant for the national immunisation programme and for multiple vaccines, to be taken into account in the review of your application. If you have already provided one or more of these country documents, you do not need to upload it/them again unless the document version changed. If documents cannot be provided, please use the comment functionality to explain why, or by when they will be available.

Note that only general country documents are uploaded here; at the end of section 3 (sub-section “Upload new application documents”) you will be required to provide those documents that are specific to the support requested (for example the new vaccine introduction plan and/or campaign plan of action, new budget, application endorsements etc.)

Country and planning documents



Country strategic multi-year plan

[7b. cMYP 20212025 narrative with costing Draft only 04-06-21 17.44.54.doc](#)

Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan

[0c. List of all documents provided 04June2021_04-06-21_17.44.26.docx](#)

[7. cMYP 20162020 narrative with costing_03-05-21_12.21.39.doc](#)



Country strategic multi-year plan / cMYP costing tool

[8. cMYP 20162020 costing baseline scenario_03-05-21_12.22.50.xlsx](#)



Effective Vaccine Management (EVM) assessment

[9. EVM report Nov 2015_03-05-21_12.24.30.doc](#)



Effective Vaccine Management (EVM): most recent improvement plan progress report

[10b. EVM improvement plan update May 2021_04-06-21_17.45.55.xls](#)

[10. EVM improvement plan update Jun 2020_03-05-21_12.25.29.xls](#)

Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators

No file uploaded

DQA survey was postponed due to the Public Healthcare Reforms and COVID-19 and now planned for Oct.-Nov. 2021 with EURO TA support - MICS will start in Sept. 2021 supported by UNICEF

Data quality and survey documents: Immunisation data quality improvement plan

No file uploaded

DQA survey was postponed due to the Public Healthcare Reforms and COVID-19 and now planned for Oct.-Nov. 2021 with EURO TA

support - MICS will start in Sept. 2021 supported by UNICEF

Data quality and survey documents: Report from most recent desk review of immunisation data quality

No file uploaded

DQA survey was postponed due to the Public Healthcare Reforms and COVID-19 and now planned for Oct.-Nov. 2021 with EURO TA support - MICS will start in Sept. 2021 supported by UNICEF

Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation

No file uploaded

DQA survey was postponed due to the Public Healthcare Reforms and COVID-19 and now planned for Oct.-Nov. 2021 with EURO TA support - MICS will start in Sept. 2021 supported by UNICEF



Human Resources pay scale

If support to the payment of salaries, salary top ups, incentives and other allowances is requested

[13. UN guidance note local consultant Nov 2017_03-05-21_12.28.57.pdf](#)

[11. ICSC DSA circular Mar 2020_03-05-21_12.28.30.pdf](#)

[12. Salary payscale May 2020 Uzb_03-05-21_12.28.44.xlsx](#)

Coordination and advisory groups documents



National Coordination Forum Terms of Reference

ICC, HSCC or equivalent

[15. NITAG TOR Mar 2018 Rus_03-05-21_16.22.57.pdf](#)

[14. ICC TOR Mar 2018 Rus_03-05-21_16.20.24.pdf](#)



[16. ICC minutes 20202021 Rus_03-05-21_16.21.29.doc](#)

National Coordination Forum meeting minutes of the past 12 months

[17. NITAG minutes Nov 2019 Rus_03-05-21_16.23.12.docx](#)

Other documents



Other documents (optional)

Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge-Attitude-Practice surveys or other demand-related surveys, if available.

[20. HSS technical report Dec 2020_03-05-21_12.31.09.docx](#)

[19. HSS progress report Jun 2020_03-05-21_12.30.49.docx](#)

[21. EPI review Oct 2018_03-05-21_12.31.27.docx](#)

[22. Healthcare reforms impact on immunization Nov 2019_03-05-21_12.31.44.docx](#)

[18. Multistakeholder dialogue Nov 2020_03-05-21_12.30.29.docx](#)

[23. KAP survey on immunization Nov 2018_03-05-21_12.31.59.pdf](#)

3 Measles-rubella follow-up campaign

3.1 Vaccine and programmatic data

3.1.1 Choice of presentation and dates

For each type of support please specify start and end date, and preferred presentations.

Note 3

Measles-rubella follow-up campaign

Preferred presentation

Is the presentation licensed or registered? Yes No

2nd preferred presentation	MR, 5 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Required date for vaccine and supplies to arrive	1 April 2022
Planned launch date	1 October 2022
Support requested until	2022

3.1.2 Vaccine presentation registration or licensing

If any of the selected presentations are not yet licensed or registered, please describe the duration of the registration or licensing procedure, whether the country's regulations allow the expedited procedure for national registration of WHO-pre-qualified vaccines, and confirm whether the licensing procedure will be completed ahead of the introduction or campaign.

No Response

3.1.3 Vaccine procurement

Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund. Does the country request an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or Gavi)?

Yes No

If you have answered yes, please attach the following in the document upload section:* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

3.2 Target Information

3.2.1 Targets for campaign vaccination

Please describe the target age cohort for the Measles-rubella follow-up campaign:

Note 4

From	6	weeks <input type="checkbox"/>	months <input checked="" type="checkbox"/>	years <input type="checkbox"/>
To	59	weeks <input type="checkbox"/>	months <input checked="" type="checkbox"/>	years <input type="checkbox"/>

	2022
Population in target age cohort (#)	3,381,778
Target population to be vaccinated (first dose) (#)	3,381,778
Estimated wastage rates for preferred presentation (%)	10

3.2.2 Targets for measles-rubella routine first dose (MR1)

To be eligible for measles and rubella vaccine support, **countries must be fully financing with domestic resources the measles mono-valent vaccine component of MCV1** which is already in their national immunisation schedule, or have firm written commitments to do so. Please provide information on the targets and total number of doses procured for measles first dose.

	2022
Population in the target age cohort (#)	803,700
Target population to be vaccinated (first dose) (#)	803,700
Number of doses procured	836,025

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US\$) - Measles-rubella follow-up campaign

	2022
10 doses/vial,Iyo	0.72

Commodities Price (US\$) - Measles-rubella follow-up campaign (applies only to preferred presentation)

	2022
AD syringes	0.036
Reconstitution syringes	0.004
Safety boxes	0.005
Freight cost as a % of device value	1.94

3.3.2 Country choice of co-financing amount per vaccine dose

The table below shows the estimated financial commitment for the procurement of vaccines and supplies for the country, and the portion of Gavi support.

Please note that the values represented in this table do not account for any switches in co-financing group. The calculations for the entire five year period are based on the countries co-financing group in the first year.

Note 6

	2022
Country co-financing share per dose (%)	4.99
Minimum Country co-financing per dose (US\$)	0.036
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.036

3.3.3 Estimated values to be financed by the country and Gavi for the procurement of supply

Measles-rubella follow-up campaign

	2022
Vaccine doses financed by Gavi (#)	3,580,100

Vaccine doses co-financed by Country (#)	173,700
AD syringes financed by Gavi (#)	3,547,900
AD syringes co-financed by Country (#)	172,100
Reconstitution syringes financed by Gavi (#)	
Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	39,050
Safety boxes co-financed by Country (#)	1,900
Freight charges financed by Gavi (\$)	59,123
Freight charges co-financed by Country (\$)	2,869
2022	
Total value to be co-financed (US\$) Country	135,500
Total value to be financed (US\$) Gavi	2,786,500
Total value to be financed (US\$)	2,922,000

3.3.4 Estimated projection of the required domestic financing for the measles monovalent component of MCV1

Countries are required to domestically finance the first dose in their measles containing vaccine routine (MCV1) in order to be able to receive Gavi support for any measles/ measles-rubella

programmes. Below is the estimated projection of the required domestic financing for MCV1, based on the information provided in the previous sections.

Note 7

	2022
Minimum number of doses financed from domestic resources	332,787
Country domestic funding (minimum)	239,939.43

3.3.5 Co-financing payment

Please indicate the process for ensuring that the co-financing payments are made in a timely manner.

The Decision letter issued by GAVI is part of the agreement between government of Uzbekistan and Gavi will indicate responsibilities of both parties including co-financing part. UNICEF and WHO will closely work with the Ministry of Health to ensure amount is reflected in vaccine budget.

If your country is in the accelerated transition phase for Gavi support, please answer the following question:

Please provide evidence that the co-financing obligations for the new introduction have been budgeted for, and elaborate on how the country plans to pay for the fully self-financing amounts. Please discuss the extent to which medium-term immunisation/health plans and medium-term expenditure frameworks incorporate the additional costs associated with this introduction. Discuss any co-financing defaults that may have happened in the last five years.

During last five years, the government of Uzbekistan ensured stable budgeting for immunization programme. Money allocated at the beginning of each calendar year after joint planning and estimating process with participation of the Ministry of finance, UNICEF and WHO. All co-financing obligations are reflected in the costed annual vaccine forecast and submitted for approval along with decision letters.

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

May

The payment for the first year of co-financed support will be made in the month of:

Month

January

Year

2022

3.4 Financial support from Gavi

3.4.1 Campaign operational costs support grant(s)

Measles-rubella follow-up campaign

Population in the target age cohort (#)

Note 8

3,381,778

Gavi contribution per person in the target age cohort (US\$)

0.45

Total in (US\$)

1,521,800.1

Funding needed in
country by

31 December 2021

3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Gavi Vaccine Introduction Grant and the Campaign Operational Costs support grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the campaign and the introduction of the new vaccine. Please ensure to upload the completed budgeting and planning template as part of this application.

If Gavi's support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template. In the following fields please provide an overview of your request.

Total amount - Gov. Funding / Country Co-financing (US\$)

3207763

Total amount - Other donors (US\$)

0

Total amount - Gavi support (US\$)

1461298

Amount per target person - Gov. Funding / Country Co-financing (US\$)

0.95

Amount per target person - Other donors (US\$)

0

Amount per target person - Gavi support (US\$)

0.43

3.4.3 Key Budget Activities

List the key budgeted activities to be undertaken in implementing the requested support. Please provide details on the key cost drivers, inputs and assumptions required for these activities.

- Define strategies for social mobilization and draft an action plan for social mobilization
- Development and printing of IEC materials (for vaccination campaigns and general immunization information)
- Development of the TV/radio PSAs
- Define Guidelines for MR follow-up campaign preparation and implementation
- Prepare Guidelines for work teams on MR follow-up campaign preparation and implementation, surveillance and reporting of the MR
- Training/ Workshop for media influencers, journalists
- Organize National Intersectoral Orientation Meeting
- Conducting ToT training for National level trainers on practices of MR vaccine service delivery, AEFI surveillance and Inter-personal communication
- Conducting training for District level ISP on practices of MR vaccine service delivery, AEFI surveillance and Inter-personal communication
- Conducting social media listening to address concerns and issues raised by vaccine hesitancy.
- Capacity building on communication and community mobilization skills for EPI managers and public communication specialists of the Service on epidemiological wellbeing in the regions

- Organize seminars for AEFI surveillance during the MR follow-up campaign
- Providing Zero-dose and Supportive supervision visits to the PHC facilities
- Engagement religious leaders and CSOs for the promotion of vaccination and addressing misinformation and rumours circulating in communities.
- Monitor community social mobilization (door-to-door visits, availability of posters, leaflets, announcements about locations of vaccination points and their working hours)
- Monitoring MR follow-up campaign implementation at all levels
- Conduct MR follow-up campaign implementation rapid assessment, including immunization coverage; conduct clean-up vaccination in areas with low coverage, if needed
- Post campaign coverage survey

All those budgeted activities are costed in the document # 6 Budget

Other activities (unbudgeted) are listed in the document # 3 PoA

3.4.4 Financial management procedures

Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including any procurement to be incurred.

Vaccine and injection safety devices will be procured through UNICEF. The operation cost for MR campaign will be channelled through WHO and UNICEF. The Government will follow existing country financial rule for management of GAVI operation grant.

3.4.5 Compliance with guidelines for use of Gavi financial support for human resources (HR) costs

Does the submitted application and budget comply with existing guidelines, criteria and requirements for use of Gavi financial support for human resources (HR) costs?

Yes

No

Please provide further information and justification concerning human resources costs, particularly when issues and challenges have been raised regarding the compliance with Gavi guidelines.

Proposal is designed in compliance with Gavi guidelines. For remuneration of the consultants WHO and UNICEF will use UN consultants payment scale.

3.4.6 Fiduciary management

Please indicate whether funds for operational costs should be transferred to the government or WHO and/or UNICEF and when funding is expected to be needed in country. Attach banking form if funding should be transferred to the government. Please note that UNICEF and WHO will require administrative fees as follows.

- o UNICEF Tripartite Agreement: 5%

- o **UNICEF Bilateral Agreement: 8%**
- o **WHO Bilateral Agreement: 7%.**

Funds for operational cost requested to be transferred to WHO and UNICEF. Details of the distribution are specified in budgeting and planning document.

3.4.7 Use of financial support to fund additional Technical Assistance needs

Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the “One TA plan”) with a view to assess that required support for the implementation of the new vaccine support is contained in the approved technical assistance plan. If gaps in technical assistance are identified for the new vaccine support, the additionally required technical assistance may be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template. In addition, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance (if already identified) below.

Note 10

WHO and UNICEF will use ongoing grants (HSS, TCA, TP) to funds integrated activities such as training's on Safe vaccination for MLM and Immunization for Practitioners to strengthen programmatic capacity of the medical workers. Also, Gavi grants are used to ensure effective vaccine management (modernization of vaccine stores, capacity building of the cold-store managers). Also, both WHO and UNICEF are well represented in the country and will contribute to the Campaign planning and readiness assessment, monitoring and supervision, procurement and logistics and communication. Also, funds are requested for external observation during the campaign as well as for post-campaign survey.

3.5 Strategic considerations

3.5.1 Rationale for this request

Describe the rationale for requesting these new programme(s), including the burden of disease. If already included in detail in the Campaign Plan of Action, please cite the sections only.

Please refer to Section 2 of the MR Follow-up Campaign Plan of Action: “2. Objectives, targets and justification for the campaign”

3.5.2 Alignment with country strategic multi-year plan / comprehensive multi-year plan (cMYP)

Please describe how the plans and key assumptions in this request align with the most recent country strategic multi-year plan (cMYP) and other national health and immunisation plans.

One of the objectives of cMYP 2016-2020 and Immunization programme strategies is to achieve verification of measles, rubella and CRS elimination, through coverage above 95% with two doses of MMR vaccine sustaining at least 2 suspected cases per 100,000. It will be realized using following strategies: Strengthening laboratory-based measles and rubella surveillance; Strengthening measles and rubella case-based surveillance; Catch-up supplementary immunization activity; Improving routine MMR coverage at national, regional, district levels with special focus on increasing timely vaccination and decreasing drop-out rates and implementation of false contraindications.

3.5.3 Coordination Forum (ICC, HSCC or equivalent) and technical advisory committee (NITAG)

Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request.

If any of Gavi's requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the reasons and the approach to address this. Requirements can be found in the general application guidelines.

In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG.

Terms of reference of ICC and NITAG are provided with this application. Roles and responsibilities and members are detailed in these documents, updated in March 2018. Latest ICC and NITAG meetings related to measles and rubella were conducted in March 2021. Minutes of those meetings are provided with this application.

3.5.4 Financial sustainability

Please discuss the financing-related implications of the new vaccine programs requested, particularly how the government intends to fund the additional co-financing obligations. Please mention if any defaults occurred in the last three years and, if so, describe any mitigation measures that have been implemented to avoid future defaults. Additionally has the country taken into account future transition from Gavi support?

Uzbekistan has been complying with GAVI for co-financing for new vaccines introduction. Government of Uzbekistan has agreed to co-finance vaccine support for MR follow up campaign for age groups 6- and 7-years old children

3.5.5 Programmatic challenges

Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address the barriers identified in the coverage and equity situation analysis section, and include vaccine supply chain, demand generation/ community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.

Future financial requirements for the Programme require intensified and effective communication to all decision-makers (stakeholders). Gavi portfolio in Uzbekistan for 2020-2021 includes activities to advocate and assist in revision and development of new HR regulations including development of adequate staffing policies and upgrading payroll levels. This activity is UNICEF portfolio.

Considering that the primary health care is the key component of the immunization program implementation, all reforms in this direction directly affect immunization service delivery. The ongoing process of merging Rural medical points into Rural Family Polyclinics has negative impact on immunization service delivery, since this process usually results in reducing the number of personnel responsible for immunization. Ability of the country to invest in strengthening capacity of the front-line medical nurses is limited. MR catch-up campaign will give an opportunity to continue and enhance strengthening capacity of patronage nurses, to provide supportive supervision to the personnel responsible for immunization and support patronage nurses in detecting mobile families with infants and registering for vaccination;

Vaccine management at national, provincial, district and facility level require significant improvement. For that purpose, EVM improvement plan will be updated and newly developed Standard operational procedures (SOP) will be operationalized. Furthermore, campaign will be used as opportunity to advocate for Increase of state budget lines for the cold-chain maintenance (especially considering the procurement on new cold chain equipment under GAVI additional HSS investment);

Further upgrade and expansion of e-health (disease surveillance) system is required by adding immunization and vaccine & supply stock management module, to maximize the benefits of an immunization programme. Using GAVI grants (TCA and TP) country plans to review, analyse and consolidate paper-based reporting forms to simplify reporting and provide training to medical personnel in electronic reporting;

In cooperation with international implementing partners country will develop a computerization plan to ensure that health facilities are equipped with necessary resources and have connection to the internet;

Critical operations of the NIP being underfunded and dependent on decreasing donor support (training, supervision, monitoring, surveillance). Campaign will be used to advocate for further cooperation with international partners to develop and implement remuneration mechanisms for the personnel responsible for the oversight of immunization service delivery, based on performance, outcomes and tangible results.

3.5.6 Improving coverage and equity of routine immunisation

Explain how the proposed NVS support will be used to improve the coverage and equity of routine immunisation, by detailing how the proposed activities and budget will contribute to overcoming key barriers.

MR campaign will be used as an opportunity to strengthen routine immunization. The activities that will be conducted during campaign will also enhance routine immunization. For instance, SIA will improve ability of the Immunization system in planning, training and supervision, cold chain and vaccine management, AEFI management, advocacy, communication and social mobilization, surveillance and monitoring and evaluation.

3.5.7 Synergies

Describe potential synergies across planned and existing Gavi support, including planned introductions, campaigns and HSS support. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions. Furthermore, how is the requested support complementary and creating synergies with the support of other Global Health Initiatives, such as the Global Fund and GFF?

Note 11

Government of Uzbekistan has good experience in conduction of supplementary immunization activities. Planned MR follow-up campaign will be used as potential synergy to boost the capacity of human resources, advocacy, communication and social mobilization, cold chain and vaccine management, surveillance and monitoring and evaluation.

3.5.8 Indicative major Measles-rubella and rubella activities planned for the next 5 years

Summarise in one paragraph the indicative major Measles-rubella and rubella activities planned for the next five years that are reflected in the annual EPI plan (e.g. Measles-rubella second dose introduction, Measles-rubella or Measles-rubella-rubella follow up campaign, etc.).

Following successful completion of MR follow up campaign in 2021, RI will be strengthened to achieve elimination target.

Measles elimination is one of the national immunization priorities of Uzbekistan. It's obvious, that measles elimination will remain in the focus of the 2030 European regional immunization agenda and strategy. Uzbekistan, as other Member States, was consulted for determination of the Regional strategic focus. Main focus of the country for the next 5 years will be:

1. Maintain high levels of the coverage by two doses of MCV;
2. Continue MR surveillance, enhance its quality;
3. Build capacity of province level virology labs to confirm measles cases in decentralized manner;
4. develop a strategy to close immunity gaps in adolescent and adult age groups, which will include strategy to build public confidence and demand for vaccination.

3.6 Report on Grant Performance Framework

3.6.1 Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate targets were calculated (where applicable). These appear as “calculated targets”. If you wish to revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

Required

1. In addition to the calculated targets, country targets are required to be submitted for outcome indicators. These targets should align to those in your cMYP or NHSP. If these targets are not in your cMYP or NHSP, or are the same as the calculated targets, please enter “NA” for each target value.
2. Additional indicators that appear in the Performance Framework that are not included in the application form. Please enter targets for these indicators.
3. For many indicators, reporting dates have been pre-populated. For those that have not yet been pre-populated, please add reporting dates.

Optional

1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.
2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

Please note that the GPF is filtered by default to only show indicators that are relevant to the specific types of support contained in the application. You may view the entire GPF by using the “Grant Status” filter. Please ensure your pop-up blocker is disabled when launching the GPF.

If you have any questions, please send an email to countryportal@gavi.org.

3.7 Upload new application documents

3.7.1 Upload new application documents

Below is the list of **application specific documents** that must be provided with your application.

In the case a document cannot be provided, please use the comment box to explain why, or by when it will be available.

Application documents

- ✓ **New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist & activity list and timeline**
- If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be combined into one document to minimise duplication.
- [0c. List of all documents provided 04June2021_04-06-21_17.54.53.docx](#)
- [3. MR campaign plan of action Uzbekistan Revised 04June2021_04-06-21_17.55.47.docx](#)
- [3b. Approach program to reaching Zerodose children 04June2021_04-06-21_17.57.58.docx](#)
- [4. Population data by age and region Rus_04-06-21_17.58.27.xlsx](#)
- [5. MR microplanning Revised 04June2021_04-06-21_17.59.03.xlsx](#)
- [0b. Uzbekistan July 2020 IRC recommendations followup 04June2021_04-06-21_18.37.08.docx](#)
- [0a. Uzbekistan May 2021 MR application prescreening feedback addressing 04June2021_04-06-21_18.36.53.docx](#)
- ✓ **Gavi budgeting and planning template**
- [6. MR campaign budgeting and planning Revised 04June2021_04-06-21_17.59.51.xlsm](#)
- ✓ **Most recent assessment of burden of relevant disease**
- If not already included in detail in the Introduction Plan or Plan of Action.
- [25. Measles epid situation Jun 2020 Rus_03-05-21_21.17.16.pptx](#)
- [26. Measles report Apr 2020 Rus_03-05-21_21.17.30.docx](#)
- [24b. Measles rubella annual report to RVC 2019 Rus_04-06-21_18.01.07.docx](#)
-

[25c. Measles outbreak report EURO Oct 2019_04-06-21_18.01.43.docx](#)

[25b. Measles outbreak analysis EURO Oct 2019 Rus_04-06-21_18.01.29.pdf](#)

[25d. Measles outbreak EURO travel report July 2019_04-06-21_18.01.59.pdf](#)

[25e. Measles outbreak EURO travel report Oct 2019_04-06-21_18.02.12.pdf](#)

[24. Measles rubella annual report to RVC 2020 Rus_03-05-21_21.16.57.docx](#)

[26b. Measles report Apr 2019 Rus_04-06-21_18.02.54.pdf](#)



Sources and justification of campaign target population estimates (if applicable)

[28b. MR SIA 2011 LQA survey Oct 2011_04-06-21_18.04.08.pdf](#)

[28c. MR SIA 2011 technical report Sep 2011_04-06-21_18.04.22.doc](#)

[28. MR SIA 2011 observation report Sep 2011_03-05-21_21.18.06.doc](#)

[27. Measles immunity profile CDC Apr 2021_03-05-21_21.17.48.docx](#)

Endorsement by coordination and advisory groups



National coordination forum meeting minutes, with endorsement of application, and including signatures

[29. ICC minutes measles May 2021 Rus_04-05-21_13.38.11.pdf](#)

The minutes of the national coordination forum meeting should mention the domestic funding of MCV1



NITAG meeting minutes

with specific recommendations on the NVS introduction or campaign

[30. NITAG minutes measles Mar 2021 Rus_03-05-21_21.19.38.pdf](#)

Vaccine specific



cMYP addendum

Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP

[2. MR situation analysis and 5 year plan Uzbekistan Revised 04June2021_04-06-21_18.06.15.docx](#)



Annual EPI plan

Annual EPI plan detailing planning of all measles and rubella-related activities for the current year, including realistic timelines, designated responsible individual(s) and a budget

[31. Annual EPI plan 2020 Rus_03-05-21_21.21.36.doc](#)

[31b. Annual EPI plan 2021_04-06-21_18.06.52.doc](#)

MCV1 self-financing commitment letter

If the country is not yet financing the measles monovalent component of MCV1, a letter signed by the Minister of Health and Minister of Finance committing for the country to self-finance MCV1 from 2018 onwards.

No file uploaded



Measles (and rubella) strategic plan for elimination

If available

[32. MR elimination plan 20192025 Rus_03-05-21_21.22.12.pdf](#)

[33. Measles outbreak response plan 20202021 Rus_03-05-21_21.22.29.doc](#)



Other documents (optional)

[37. Immunization handbook 2020 Uzb_03-05-21_21.24.25.pdf](#)

[36. Immunization in practice manual 2020 Rus_03-05-21_21.23.40.pdf](#)

[35. Routine and catchup vaccination guidelines 2020 Rus_03-05-21_21.23.25.pdf](#)

[38. Vaccine stock management SOP 2006 Rus_03-05-21_21.24.43.docx](#)

[39. Injection safety guidelines 2018 Uzb_03-05-21_21.25.03.pdf](#)

[40. Healthcare waste management norms and standards 2015 Rus_03-05-21_21.25.28.pdf](#)

[41. Vaccine safety and AEFI guidelines 2018 Rus_03-05-21_21.25.45.pdf](#)

[42. AEFI surveillance guidelines 2018 Rus_03-05-21_21.26.05.pdf](#)

[34. Immunoprophylaxy of infectious diseases 2015 Rus_03-05-21_21.23.00.pdf](#)

[44. Covid NDVP Feb 2021_03-05-21_21.26.37.docx](#)

[43. Vaccine crisis communication plan 2019 Rus_03-05-21_21.26.22.docx](#)

4 Review and submit application

4.1 Submission Details

Country vaccine funding summary

Please review the estimated projections for new vaccine programmes included in this application.

Active Vaccine Programmes

Note 12

HPV Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	408,581	1,543,050		
Gavi support (US\$)	363,069	401,562		

IPV Routine

	2021	2022
Country Co-financing (US\$)		
Gavi support (US\$)	1,649,864	1,621,266

Total Active Vaccine Programmes

	2021	2022	2023	2024
Total country co-financing (US\$)	408,581	1,543,050		
Total Gavi support (US\$)	2,012,933	2,022,828		
Total value (US\$) (Gavi + Country co-financing)	2,421,514	3,565,878		

New Vaccine Programme Support Requested

Measles-rubella follow-up campaign

	2022
Country Co-financing (US\$)	135,500
Gavi support (US\$)	2,786,500

Total country co-financing (US\$)	
Total Gavi support (US\$)	
Total value (US\$) (Gavi + Country co-financing)	

Total Portfolio Overview – Existing Programs + New Vaccine Support Requested (US\$)

	2021	2022	2023	2024
Total country co-financing (US\$)	408,581	1,678,550		
Total Gavi support (US\$)	2,012,933	4,809,328		
Total value (US\$) (Gavi + Country co-financing)	2,421,514	6,487,878		

Contacts

Person(s) who should be contacted in case Gavi needs to ask for more information in regard to the application.

Name	Position	Phone Number	Email	Organisation
Renat Latipov	National Professional Officer	+998 97 771 69 88	latipovr@who.int	WHO CO Uzbekistan

Comments

Please let us know if you have any comments about this application

No Response

Government signature form

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

Measles-rubella follow-up campaign

The Government of Uzbekistan commits itself to developing national immunisation services on a sustainable basis in accordance with the national health and immunisation strategic plans. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

The co-financing commitments in this application include the amount of support in either supplies or cash that is requested from Gavi, and the financial commitment of the Government for the procurement of this new vaccine.

Please note that Gavi will not review this application without the signatures of both the Minister of Health and Minister of Finance (and Minister of Education, if applicable) or their delegated authority.

We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds and any needed vaccine co-financing will be included in the annual budget of the Ministry of Health.

We, the undersigned, further affirm that the requested funding for salaries, salary top-ups/allowances, per diems and incentives does not duplicate funding from other sources (e.g. from other donors).

We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this application.¹

Minister of Health (or delegated authority)

Minister of Finance (or delegated authority)

Name

Name

Date

Date

Signature

Signature

For countries requesting HPV support, with a school linked strategy, the signature of the Minister of Education (or delegated authority) is also required.

Minister of Education (or delegated authority)

Name

Date

Signature

¹ In the event the Country has not yet executed a Partnership Framework Agreement, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

Appendix

NOTE 1

The new cMYP must be uploaded in the country document section.

NOTE 2

The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates.

Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.

NOTE 3

* For more information on the vaccine presentations available, please refer to the detailed product profiles available here: <http://www.gavi.org/about/market-shaping/detailed-product-profiles/>

* Please note Gavi may not be in a position to accommodate all countries first product preferences. In such cases, Gavi will contact the country and partners to explore options.

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

* For routine vaccine introduction, support is usually requested until the end of the country's valid cMYP, as per the guidelines and may be extended in the future. If you wish to request Gavi support for a shorter time period than the end of your cMYP you may do so.

* For campaigns the "support requested until" field will normally be one calendar year from the launch date, but can be extended for a phased campaign.

NOTE 4

* The population in the target age cohort represents 100% of people in the specified age range in your country.

* The target population to be vaccinated is the number of people in the cohort that are expected to be vaccinated.

* For indicative wastage rates, please refer to the detailed product profiles available here: <http://www.gavi.org/about/market-shaping/detailed-product-profiles/>

* The wastage rate applies to first and last dose.

NOTE 5

If introduction month is other than January, please provide Year 1 targets that are pro-rated according to the introduction month. [Click here](#) or to update figures; click on the balloon symbol to provide a note and/ or to indicate that this data is not available.

NOTE 6

Co-financing requirements are specified in the guidelines.

NOTE 7

*The price used to calculate costs is based on UNICEF-single dose per vaccine procurement cost for measles monovalent vaccine.** This value will differ from the total cost if the vaccine selection is MR, as a country is only required to finance the cost of the measles monovalent vaccine.

NOTE 8

Note: The population in the target age cohort used here is the number you entered for year one in the target information section.

NOTE 9

<https://www.gavi.org/support/process/apply/additional-guidance/#leadership>

NOTE 10

A list of potential technical assistance activities in each programmatic area is available here: <http://www.gavi.org/support/pef/targeted-country-assistance/>

NOTE 11

E.g. if two introductions are planned in the same year, there should be synergies at least in training and social mobilisation events.

NOTE 12

The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates. Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.