



Annual Progress Report 2008

Submitted by

The Government of

Kyrgyz Republic

Reporting on year: 2008

Requesting for support year: 2010/2011

Date of submission: 15 May 2009

Deadline for submission: 15 May 2009

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: apr@gavialliance.org

and any hard copy could be sent to :

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Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of [Kyrgyz Republic](#)

Minister of Health: Mambetov M.

Title: Minister of Health

Signature:

Date:

Minister of Finance: Sultanov M.

Title: Minister of Finance

Signature:

Date:

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ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
• Abdikarimov S. – Deputy Minister of Health	Ministry of Health		
• Koshmuratov A.- Head of Department of Strategic Planning, Ministry of Health	Ministry of Health		
• Saginbaeva D. – Head of Department of Curative Care and Rehabilitation, Ministry of Health	Ministry of Health		
• Nazarova Z. - Head of Economics and Finance Policy Department	Ministry of Health		
• Sydykanov A.- Chief of Public Health Unit	Ministry of Health		
• Isakov T.- General Director of State Sanitary and Epidemiological Department	Ministry of Health		
• Kurmanov R. - General Director of Department of medical supplies and equipment, Ministry of Health	Ministry of Health		
• Komarevskaya L. – Head of Department of MHIF	Ministry of Health		
• Kalilov J. - Head of the Republican Center of Immunoprophylaxis	Ministry of Health		
• Aitmurzaeva G. – Director of the Republican Center of strengthening health services, Ministry of Health	Ministry of Health		
• Safonova O.- Deputy Head of the Republican Center for Immunoprophylaxis, Ministry of Health	Ministry of Health		
• Adjaparova A. – Technical coordinator of GAVI HSS	Ministry of Health		
• Chernova I. – Epidemiologist of the Republican Center for Immunoprophylaxis, Ministry of Health	Ministry of Health		
• Moldokulov O.- Head of WHO Country Office in Kyrgyzstan	WHO		
• Imanalieva Ch. – Health Officer UNICEF	UNICEF		
• Kojobergenova G. - Project Coordinator	ADB		
• Sargaldakova A. – Project Specialist	World Bank		
• Biybosunova D. – Project Coordinator	USAID		

• Bolotbaeva A. –Project Coordinator	«Soros - Kyrgyzstan» Foundation		
• Musabekova Ch. – Chairperson of Association	Health Promotion Association		
• Jamangulova T. – Project Coordinator	Kyrgyz/Swiss/Swedi sh Health Project		
• Sulaymanova A. – Program Specialist	ZdravPlus		
• Mukeeva S. - Head of Family Group Practitioners Association	Family Physician Groups		

Comments from partners:

You may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

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As this report been reviewed by the GAVI core RWG: y/n

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Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided

Table A: Latest baseline and annual targets (From the most recent submissions to GAVI)

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	127,332	117,871	119,362					
Infants' deaths	3,453	5,304	5,252					
Surviving infants	123,879	112,566	114,110					
Pregnant women	128,352	118,965	120,510					
Target population vaccinated with BCG	118,587	117,000	119,000					
BCG coverage*	98,8	99,2	99,6					
Target population vaccinated with OPV3	109,952	110,100	111,350					
OPV3 coverage**	95,3	97,0	97,5					
Target population vaccinated with DTP (DTP3)***	109,979	105,850	107,350					
DTP3 coverage**	95,3	94,0	94,1					
Target population vaccinated with DTP (DTP1)***	114,930	110,100	111,350					
Wastage ¹ rate in base-year and planned thereafter	10%	10%	5%					
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of Hep B	111,400							
Hep B Coverage**	96,5							
Target population vaccinated with 1 st dose of Hep B	118,270							
Wastage ¹ rate in base-year and planned thereafter	5%							
Target population vaccinated with 3 rd dose of DTP-HepB-Hib		101,592	102,984					
DTP-HepB-Hib Coverage**		95,0	95,0					
Target population vaccinated with 1 st dose of DTP-HepB-Hib		106,983	108,405					
Wastage ¹ rate in base-year and planned thereafter		10%	5%					
Target population vaccinated with 1 st dose of Measles	102,353	107,670	110,250					
Target population vaccinated with 2 nd dose of Measles	89,146	91,700	92,400					
Measles coverage**	99,1	99,2	99,4					
Pregnant women vaccinated with TT+	het	het	het					
TT+ coverage****	het	het	het					
Vit A supplement	128,352	118,965	120,510					
	465,532	437,910	439,715					
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1]x100	4,3%							
Annual Measles Drop out rate (for countries applying for YF)	no	no	no					

* Number of infants vaccinated out of total births

¹ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

** Number of infants vaccinated out of surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

Table B: Updated baseline and annual targets

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	127,332	130,000	133,000					
Infants' deaths	3,453	3,200	3,100					
Surviving infants	123,879	126,800	129,900					
Pregnant women	128,352	131,000	134,000					
Target population vaccinated with BCG	118,587	129,000	132,000					
BCG coverage*	98,8	99,3	99,3					
Target population vaccinated with OPV3	109,952	121,000	124,000					
OPV3 coverage**	95,3	95,4	95,5					
Target population vaccinated with DTP (DTP3)***	109,979	31,000	-					
DTP3 coverage**	95,3	24,4	-					
Target population vaccinated with DTP (DTP1)***	114,930	31,900	-					
Wastage ² rate in base-year and planned thereafter	10%	10%	5%					
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of Hep B	111,400	31,000	-					
Hep B Coverage**	96,5	24,4	-					
Target population vaccinated with 1 st dose of Hep B	118,270	129,000	132,000					
Wastage ¹ rate in base-year and planned thereafter	5%	99,3	99,3					
Target population vaccinated with 3 rd dose of DTP-HepB-Hib		93,000	124,000					
DTP-HepB-Hib Coverage**		73,3	95,5					
Target population vaccinated with 1 st dose of DTP-HepB-Hib		93,900	128,000					
Wastage ¹ rate in base-year and planned thereafter		10%	5%					
Target population vaccinated with 1 st dose of Measles	102,353	107,670	110,250					
Target population vaccinated with 2 nd dose of Measles	89,146	91,700	92,400					
Measles coverage**	99,1	99,2	99,4					
Pregnant women vaccinated with TT+	no	no	no					
TT+ coverage****	no	no	no					
Vit A supplement	Mothers (<6 weeks from delivery)	128,352	118,965	120,510				
	Infants (>6 months)	465,532	437,910	439,715				
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	4,3%	3,8%	3,1%					
Annual Measles Drop out rate (for countries applying for YF)								

² The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

- * Number of infants vaccinated out of total births
- ** Number of infants vaccinated out of surviving infants
- *** Indicate total number of children vaccinated with either DTP alone or combined
- **** Number of pregnant women vaccinated with TT+ out of total pregnant women

NOTE:

Started in 2007 growth of birth rate, when number of newborn has been exceeded for 10 000 the planned number, continued in 2008, that has caused the necessity to make corrections in the earlier presented predicted data. In addition, corrections are made to the number of the targets on immunization by **DTP+HepB+Hib** for 2009, in connection with its introduction for three months later from the planned period i.e. from the 1st of April 2009. In the column, reflecting coverage by **DTP3**, data on number and coverage of children is presented, immunized by **DTP** for the period of January-March 2009, before introduction of vaccination **DTP+HepB+Hib**.

Target for 1st dose of **DTP+HepB+Hib** for 2010 has been increased from 108 405 till 128 000 people.

1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): **Yes**

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.

If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

Funds received from GAVI for support of the immunization services are part of budget of Ministry of Health, are taken into account by Ministry of Finance and entered on the special account of the Republican Centre of Immunoprophylaxis of Ministry of Health

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).

Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

Control of funds, provided for support of immunization services (ISS) in 2008 was made by Ministry of the Health through Republican Centre of Immunoprophylaxis in accordance with annual plan, prepared on the base of the national long term integrated plan on immunization and national program Manas-Taalimi. The Plan action and budget for 2008 were discussed and approved on meeting of ICC.

In 2008 third tranche for support of ISS was not entered

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008 **did not received**
 Remaining funds (carry over) from 2007 - **55 011\$ USA**
 Balance to be carried over to 2009 - **39 770\$ USA**

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation	4 205	4 205			
Maintenance and overheads	1 500	1 500			
Training	2 700	2 700			
IEC / social mobilization	1 392			1 392	
Outreach					
Supervision					
Monitoring and evaluation	1 800	1 800			
Epidemiological surveillance	1 550		1 550		
Vehicles					
Cold chain equipment	1 005	1 005			
Other (specify)	1 089	1 089			
Total:	15 241	13 849		1 392	
Remaining funds for next year:	39 770				

1.1.3 ICC meetings

How many times did the ICC meet in 2008? 3 times

Please attach the minutes (DOCUMENT N°.....) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: **No**
if yes, which ones?

List CSO member organisations

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

In accordance with working plan for 2008, prepared on the basis of Long term Integrated Plan and National program "Manas Taalimi", more consideration was given to strengthening of immunoprophylaxis service on primary level. Developed and approved by Order of Ministry of Health #664 dated 19.12.2008:

- Manual on immunoprophylaxis for curator visits of medical organizations;
- Manual on immunoprophylaxis organization in schools.

Questionnaire on curator visits of vaccination points is prepared and tested.

In accordance with effective in the republic epidemiological surveillance system of communicable diseases, every case of communicable disease is followed up, against which there are vaccines. In national virological laboratory were explored 254 samples of blood serum from patients with suspicion on measles/rubella, confirmed diagnosis are: measles in 16 cases and rubella in 6 cases. Active epidemiological surveillance of acute flaccid was conducted. From 34 sick by acute flaccid, 34 samples of stool were delivered and explored in Moscow.

Work was conducted to introduce in the republic pentavalent vaccines with Hib component, including purchase of additional cold equipment, preparing the areas for its accommodation, planning and training of the staff. Large work was done on promotion of the new vaccine with attraction of mass media.

Work has been continued on the research of coverage in the republic of rotavirus infection to solve the issue of introducing immunization against this infection. Two times this issue was discussed at the meeting of the Republican committee on immunoprophylaxis, the terms of vaccine introduction are planned.

In order to increase awareness of population on necessity of immunoprophylaxis, Kyrgyz Republic took part in European immunization week, when television, mass media, round tables, meeting of medical persons with population were enabled, flyers, booklets were distributed, and immunization of not immunized persons was held.

With support of Japanese Centre through UNICEF cold chain equipment is strengthened at the expense of additional capacities of cold equipment.

Timely receipt, custom clearance of vaccines and delivery within republic on a special transport is provided (refrigerator).

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

- a) Signed minutes (DOCUMENT N°.....) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
- b) Most recent external audit report (DOCUMENT N°.....) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
- c) Detailed Financial Statement of funds (DOCUMENT N°.....) spent during the reporting year (2008).
- d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:

List major recommendations

Was not conducted

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared?

NO

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. [mm/yyyy]

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List studies conducted:

The special research of the coverage by preventive vaccinations was not conducted, however, assessment of coverage level is provided regularly on the basis of monthly data of administrative reporting, received from the regional level to central level.

List challenges in collecting and reporting administrative data:

No problems

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

[List new and under-used vaccine introduced in 2008]

In 2008 use of HepB mono vaccine against virus hepatitis in unidose prepacking was continued

[List any change in doses per vial and change in presentation in 2008]

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
HepB	1 dose	50 400	2001	5.12.2007
HepB	1 dose	48 935	2001	7.12.2007
HepB	1 dose	49 065	2001	10.12.2007
HepB	1 dose	57 600	2001	25.01.2008
HepB	1 dose	57 600	2001	28.01.2008
HepB	1 dose	136 400	2001	21.08.2008

Please report on any problems encountered.

[List problems encountered]

Insufficient refrigerating capacities for vaccine storage

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

[List activities]

In 2008 the work on purchase of refrigerators for vaccine warehouses and vaccination rooms. On the funds of Japanese Government through UNICEF were purchased and distributed within regions 60 refrigerators MK-074 and 60 refrigerators MK-304. Besides, at national level it is received and installed cold room of size 30 m³, two cold rooms by size 10m³ installed in two regional vaccine warehouses.

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: **2003**

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Year	Amount in US\$	Date received	Balance remaining in US\$	Activities	List of problems
2008	24 751	2003	no	1. Training on HepB.	No
				2. Monitoring the coverage by HepB	No
				3. Transportation expenses	No
				4. Development of new directions on epidemiological surveillance of virus hepatitis	No

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? In May **2004**

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

<p>[List major recommendations]</p> <p>Was not conducted</p>

Was an action plan prepared following the EVSM/VMA? No

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

<p>[List main activities]</p>

When will the next EVSM/VMA* be conducted? – in **2010**

**All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.*

Table 1.2

Vaccine 1: HepB	
Anticipated stock on 1 January 2010	65 900 doses
Vaccine 2: DTP+HepB+Hib	
Anticipated stock on 1 January 2010	97 650 doses
Vaccine 3:	
Anticipated stock on 1 January 2010

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies?

Action of support was finished in 2006

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

[List problems]

In 2008 GAVI did not support injection safety

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

[List sources of funding for injection safety supplies in 2008]

Partially since 2007 – for the Government of Kyrgyzstan.

Partially syringes were purchased for funds of GAVI in the kit to vaccine HepB

Please report how sharps waste is being disposed of.

[Describe how sharps is being disposed of by health facilities]

Used syringes after vaccination are collected to safety boxes with further incineration

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

[List problems]

There were no problems

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

[List items funded by GAVI Alliance cash support and funds remaining by the end of 2008]

Did not receive

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.

Please the following table should be filled in using US \$.

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted	Budgeted
<i>Expenditures by Category</i>			
Traditional Vaccines	\$413,623	\$512,010	\$519,288
New Vaccines	\$86 369	\$126,500	\$142,470
Injection supplies		\$131,849	\$133,296
Cold Chain equipment		-	-
Operational costs		\$2,280	-
Other (please specify)	\$563,211	\$636,831	\$710,225
Total EPI		\$1,409,470	\$1,505,279
Total Government Health	\$95,350,000	\$90,700,000	\$93,000,000

Exchange rate used	1\$=40,0 som
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Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

***During last five years the positive trend for increase of budget funds in share of purchase of vaccines is noted.
So, the level of co-financing of purchase of the whole package of vaccines within the framework of EPI from the part of republican budget is increased from 19% in 2004 till 41% - in 2008.
However, the republic is still not capable to realize purchase of vaccines in full volume at the expense of the republican budget.
However, country guarantees payment of its share in co-financing in purchase of the new vaccines, supported by GAVI, in particular in 2008 part of funds in the amount of 40% was fully paid, that was 36 828\$, which was used for purchase of vaccine HepB - 136 400 doses, AD-syringes and Safety boxes***

Future Country Co-Financing (in US\$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3;)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>1st vaccine: DTP+HepB+Hib</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose		0,30					
Number of vaccine doses	#	44,080					
Number of AD syringes	#	47,064					
Number of re-constitution syringes	#	0					
Number of safety boxes	#	1,066					
Total value to be co-financed by country	\$	142,470,132					

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>2nd vaccine: no</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>3rd vaccine:.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

Table 2.3: Country Co-Financing in the Reporting Year (2008) – Hep B

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine Hep B	<i>March 2008</i>	<i>June 2008</i>	<i>March</i>
2nd Awarded Vaccine (specify) <i>no</i>			
3rd Awarded Vaccine (specify) <i>no</i>			

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine Hep B	<i>36 828</i>	<i>136 400</i>
2nd Awarded Vaccine (specify) <i>no</i>		
3rd Awarded Vaccine (specify) <i>no</i>		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
<i>1. Late approval of the cost estimates of Ministry of the health (March 2008)</i>
<i>2. Distribution of funds for purchase of vaccines was provided by small amounts during several months, that made delay in purchase of vaccine HepB from the side of Government of the republic (June 2008)</i>
<i>3.</i>
<i>4.</i>

If the country is in default please describe and explain the steps the country is planning to come out of default.

Kyrgyzstan has fulfilled its obligation in co-financing for 2008. For purchase of vaccine HepB and syringes to it and safety boxes according to co-financing was distributed - 36 828\$

3. Request for new and under-used vaccines for year 2010

Section 3 is to the request new and under-used vaccines and related injection safety supplies for 2010.

3.1. Up-dated immunization targets

Please provide justification and reasons for changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form** in the space provided below.

Are there changes between table A and B? **Yes**

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes **in births**:

In republic in 2008 birth rate has increased for 10%. Approximately such level to birth rates will remain for nearest two years. In connection with this in table B birth rates were increased: in 2009 - from 117,871 thous. till 130,000 thousand, but in 2010 - from 119,362 thous. till 133,000 thous. children per annum

Provide justification for any changes **in surviving infants**:

In accordance with increase of birth rate, share of surviving infants is raised in 2009 - from 112,566 thous. till 126,800 thous., but in 2010 - from 114,110 till 129,900 thous.

Provide justification for any changes **in Targets by vaccine**:

In connection with increase of birth rate and share of surviving infants, increased targets on introduction DTP+HepB+Hib vaccines. In application for 2010 it is increased from 108,405 thous. till 128,000 thous. children.

Provide justification for any changes **in Wastage by vaccine**:

Wastage by vaccine is not changed

Vaccine 1: DTP+HepB+Hib

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the “Country Specifications” Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab “Support Requested” Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4;)

Table 3.1: Specifications of vaccinations with new vaccine

	Use data in:		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	Table B	#	124,000					
Target immunisation coverage with the third dose	Table B	#	95,5					
Number of children to be vaccinated with the first dose	Table B	#	128,000					
Estimated vaccine wastage factor	Excel sheet Table E - tab 5	#	1,05					
Country co-financing per dose *	Excel sheet Table D - tab 4	\$	0,30					

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	444,170					
Number of AD syringes	#	474,248					
Number of re-constitution syringes	#	0					
Number of safety boxes	#	10,737					
Total value to be co-financed by GAVI	\$	1,453,593,435					

Vaccine 2: No

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#						
Target immunisation coverage with the third dose	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

Vaccine 3: No

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#						
Target immunisation coverage with the third dose	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)	<i>2008</i>	
Government signatures		
ICC endorsed	Yes	
ISS reported on	Yes	
DQA reported on	Yes	
Reported on use of Vaccine introduction grant	Yes	
Injection Safety Reported on	Yes	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	Yes	
New Vaccine Request including co-financing completed and Excel sheet attached	Yes	
Revised request for injection safety completed (where applicable)		
HSS reported on		
ICC minutes attached to the report	Yes	
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report		

7. Comments

ICC/HSCC comments:

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review.

ICC has approved the presented annual report in GAVI for 2008. The positive moment is an execution by Kyrgyz Republic of their own obligations on co-financing of Hep B vaccine purchase.

ICC notes that for the last five years in Kyrgyz Republic there is stable trend to increase share of the republican budget in vaccine purchase within the framework of EPI, which has been increased from 19% (2004) till 41% (2008).

ICC approves introduction of new pentavalent vaccine (DTP+HepB+Hib) in Kyrgyz Republic from 2009 and proposes to consider in 2010 the issue on possible introduction of other new vaccines at revising of long term plan on immunizations and National program of reforming of health system.

~ End ~