Approved By the Resolution № 369 of the Government of Kyrgyz Republic dated 22 of May 2006

The National Program of "Immunoprophylaxis for 2006-2010"

I. Introduction

According to World Health Organization (WHO) the immunization has been the most cost-effective action throughout the history of rescuing lives, preventing unwanted sufferings caused by diseases, disability and death.

In the increasingly interdependent present-day world the joint efforts targeted against vaccine-preventable diseases are very significant as far as public health is concerned, because they improve health and safety of people on a global sale.

The immune prophylactics in the Kyrgyz Republic is one of the priorities within health care service as it makes an important contribution along with other health promotion actions to the achievement of Millennium Development Goals by improvement of health of population particularly children and women. It is also one of the most important components to overcome poverty.

In 1994 the resolution of the Government of Kyrgyz Republic № 328 dated May 16, 1994 approved the first National Program of "Immunoprophylaxis" for 1994-2000. The second National Program of "Immunoprophylaxis" was approved by the resolution of the Government of Kyrgyz Republic № 517 dated September 4, 2001 to have been successfully implemented between 2001 and 2005 with its most important outcome being the settlement of principal issues of financing.

In 2002 a Plan of sustainable financing for the National Program of "Immunoprophylaxis" was designed with the technical assistance of "ABT Associates" US international agency to ensure adequate and reliable financing for purchase of vaccines and immunization service infrastructure.

Due to the centralized provision of vaccines financed by National budget and grants of Government of Japan and Global Alliance for Vaccines and Immunization as well as Asian Development Bank loan the country has reached and still maintains the high rate (more than 98% for all types of vaccination) of coverage of children under 2 with prophylactic vaccinations throughout the National Program of "Immunoprophylaxis" implementation period, which resulted in the decrease of morbidity rate for a number of preventable infections to very few cases.

In 2001-2005 the WHO Global Program for eradication of poliomyelitis continued with actions undertaken under its auspices to maintain Kyrgyzstan's status as the country free of polio.

With the support of international partners (WHO, UNICEF, Centres for Infectious Diseases Control (hereinafter referred to as CDC) and others) as part of "Measles Elimination in Kyrgyz Republic" program for 2000-2007 supplemented with the National Strategic Plan of "Measles Elimination and Congenital Rubella Prevention" the country conducted the National campaign of mass immunization against measles and rubella, which resulted in vaccination of nearly 2 million people (more than 97% aged 7-25), while in 2002 the mass immunization against rubella for fertile women aged between 26 and 35 with the coverage rate of 97,1% made it possible to decrease measles and rubella morbidity to few single cases.

With the technical support from WHO as part of targeted program implementation the country developed and on July 1, 2002 introduced the system of integrated epidemiological control over measles, rubella and congenital rubella syndrome.

There's an alarming situation around purchases of vaccines against diphtheria and tetanus to re-vaccinate children aged 6, 11 and 16. In the recent several years the need of ADS and ADS-M vaccines has been met only by 50%, which poses a real threat of diphtheria cases particularly in schools and among socially active young people.

In the recent three years epidemic parotitis morbidity has increased in the country specifically in schoolchildren, which is conditioned by low coverage with preventive vaccinations against parotitis in 1992-2001 due to shortage of sufficient amount of anti-parotitis vaccine. Combating epidemic parotitis nowadays strongly requires purchasing of 1 million doses of relevant monovaccine.

The important component remains to be the continuation of work on improvement of health staff proficiency in immunization, which is particularly true for family medicine specialists.

Serious problems due to lack of sufficient appropriations are evident in technical maintenance and functioning of cold chain both on national, regional, district level storages and in vaccination facilities under treatment and prevention organizations.

The ongoing reforms in health care system of the country and scheduled changes made to the system also inevitably impact immunization services modifying the existing structure and approaches.

Thus, to preserve immunization advantages as a particularly valuable component of primary medical assistance and to determine its optimal structure in the period of health care system reforms as well as to formulate basic strategies, goals and objectives in compliance with the Global goals of immunization and strategic framework for 2006-2015 recommended by WHO and UNICEF it has become necessary to adopt the National Program of "Immunoprophylaxis" for 2006-2010.

II. The basic principles of the National Program of "Immunoprophylaxis for 2006-2010"

The basic principles of National Program of "Immunoprophylaxis" for 2006-2010 are formed in accordance with the following laws of Kyrgyz Republic: "On protection of health of people of Kyrgyz Republic", "On sanitary-and-epidemiological well-being of population", "On immune prophylactics of infectious diseases" and other normative legal acts on protection of health of people of Kyrgyz Republic.

The National Program of "Immunoprophylaxis" for 2006-2010 is a part of WHO policy of "Health for everyone in XXI century" and is designed with regard for experience gained in previous immunization programs implementation,

international experience, UNICEF and WHO recommendations, regional, epidemiological, socio-economic specifics of the country.

The National Program of "Immunoprophylaxis" for 2006-2010 is based on the following principles outlined in the draft WHO Global Goals and Strategies of Immunization (2006-2015):

Justice and Gender Equality – all the people irrespective of racial origin, religious practices, political beliefs, financial situation, have the right of equal access to immunization.

Partnership and responsibility – all the immunization tasks are agreed upon and done by the Government of Kyrgyz Republic and international partners jointly and according to the agreements adopted.

Guaranteed quality of vaccines and safe vaccination – all the vaccines coming to the Kyrgyz Republic meet the internationally recognized standards of quality and safety while services are provided according to the principles of safe immunization practice.

Reliable district (rayon) systems of immunization – to strengthen district (rayon) groups of immunization and their potential for the best utilization of resources and potential of immune prophylaxis available locally.

Ensuring sustainability of immunization by creating technical and financial potential – financial and technical self-provision of immunization service is the basic task of the Government of Kyrgyz Republic and international partners working in this field.

The principal coordinator of "Immunoprophylaxis" National Program implementation for 2006-2010 nationwide is the Deputy Minister of Health of Kyrgyz Republic, Chief National Sanitary Doctor of Kyrgyz Republic, while on regional (oblast), district (rayon) and town levels the program is coordinated by chief sanitary doctors for administrative territories.

The Program management on the national level is fulfilled by the Ministry of Health of Kyrgyz Republic via National Centre for Immune Prophylaxis; on the regional (oblast) level – via regional (oblast) centres for immune prophylaxis under regional (oblast) centres of State Sanitary and Epidemiological Control Department and family medicine centres.

III. The goal of National Program of "Immunoprophylaxis" for 2006-2010

Reduce morbidity and mortality from vaccine preventable infectious diseases by ensuring sustainable immunization coverage, access for population to vaccines of guaranteed quality and making participation of civil society more active in popularization of immune prophylaxis.

IV. Strategic vectors of National Program of "Immunoprophylaxis" for 2006-2010

Reaching the goal of National Program of "Immunoprophylaxis" for 2006-2010, which is to reduce morbidity and mortality from vaccine preventable diseases, is

envisaged during the accomplishment of the following strategic objectives embracing key problems of immune prophylaxis:

- 1. Determine national priorities as to vaccine preventable infections in compliance with WHO Global Goals.
- 2. Improve access for population to immunization services preserving high rate of coverage with preventive vaccines.
- 3. Ensure uninterrupted provision of the country with vaccines used according to the National Calendar for preventive vaccinations.
- 4. Ensure adequate and sustainable financing of National immunization system.
- 5. Improve the quality of immunization services provided.
- 6. Synchronize the accomplishment of National Program of "Immunoprophylaxis" for 2006-2010 with other projects and programs.
- 7. Improve safety of vaccines, immunization and injections.
- 8. Improve and strengthen the systems of storage and usage of vaccines.
- 9. Improve the systems of preventive vaccinations coverage monitoring and epidemiological control over morbidity cases.
- 10.Ensure immunization according to epidemic indications.
- 11.Conduct research and introduce new vaccines.
- 12.Make participation of civil society active in popularization of immune prophylaxis.

1. Determining national priorities as far as vaccine preventable infections in compliance with WHO Global Goals

In compliance with the WHO Global Goals determined for every vaccine preventable infection and with regard for regional, epidemiological conditions as well as financial-and-technical potential of immunization service the objective is to meet the following goals by 2010:

- 1.1. eradicate measles;
- 1.2. reduce viral hepatitis B and D morbidity in children;
- 1.3. reduce diphtheria morbidity to a few single cases (intensive indicator of morbidity must not be higher than 0,1 per 100,000 people);
- 1.4. stabilize whooping-cough morbidity, prevent morbidity increase (intensive indicator of morbidity must not be higher than 2,0 per 100,000 people);
- 1.5. reduce rubella morbidity, prevent epidemic outbreaks;
- 1.6. stabilize and continue to reduce epidemic parotitis morbidity;
- 1.7. reduce cases of congenital rubella syndrome to less than 1 case per 100,000 newborns;
- 1.8. prevent cases of tetanus in newborns;
- 1.9. effective accomplishment of actions to maintain the status of the country free of poliomyelitis;
- 1.10. prevent cases of disseminated forms of tuberculosis and tubercular meningitis in children in their first year of life;

1.11. determine economic efficiency and expediency of including the vaccine against Hib and rotaviral infection into the National Calendar of preventive vaccinations.

Basic fields of activity:

- keep high (not less than 98%) immunization coverage rate;
- strengthen and conduct timely epidemiological control of good quality;
- conduct urgent and additional immunization campaigns.

2. Increase of access of population to immunization services with high vaccination coverage rate preserved

According to WHO the groups of population not covered with vaccinations and serious drawbacks in the immunization system exist in every country. In the Kyrgyz Republic in spite of strengthened immunization service and high rates of population coverage with vaccinations at both regional and national levels there are certain problems in achieving high rate of coverage with vaccinations for every populated settlement specifically in remote and scarcely accessible mountainous areas.

Insufficient and inadequately planned financial and human resources, unsatisfactory budgeting and financial management also threaten the sustainability and enlargement of immunization service, which is evident from interruptions in supply of vaccines, permission to conduct vaccinations by untrained and unqualified staff etc.

The urbanization and unofficial populated settlements resulting in census of poor quality increasingly put some children at risk of remaining uncovered with vaccination.

The target:

- maintain 98% rate of coverage with all types of vaccinations at the national level and not less than 95% coverage – at regional (oblast) and district (rayon) levels.

Main activities:

- in addition to stationary vaccination points create supplementary mobile brigades at the district (rayon) level to conduct immunization for hardly accessible groups of population (refugees, migrants, people living in geographically remote and hardly accessible populated settlements);

- determine priority regions of the nation and groups of population receiving insufficient medical aid (including immunization)

- timely detect migrating contingents and take good quality census of the population serviced

- good quality provision of immunization services, adequate utilization of human and financial resources;

- application of combination approach (scheduled and additional immunization) to cover every person subject to immunization.

3. Ensuring uninterrupted supply of the country with vaccines used according to the National Calendar of Preventive Vaccinations

Uninterrupted supply of the country with vaccines is the basis of maintaining high rate of coverage with vaccinations.

Any interrupted supplies of vaccines to the country negatively impact the health of population, which is evidenced by a sharp increase in cases of epidemic parotitis morbidity in the recent years against a backdrop of low coverage with immunization due to interruptions in supplies of relevant vaccine in 1992-2001.

Due to untimely financing of ADS-M vaccine purchase from the national budget the coverage of schoolchildren and adults with re-vaccinations against diphtheria and tetanus in the last four years remains to be 50-60%.

It is not always possible for the country to have a spare 25% supply of vaccines because inadequate and untimely financing of immunization service does not allow purchasing vaccines with regard for spare supplies.

Targets:

- 3.1. liquidate by 2008 the vaccine deficiency existing in the country;
- 3.2. create 25% spare supply of vaccines.

Main activities:

- meet financial commitments in the area of immune prophylaxis;
- look for donor funds;
- involve regional administrations and Mandatory Health Insurance Fund in financing of vaccine purchases;
- conduct accurate forecast of needs to ensure uninterrupted supplies of guaranteed quality vaccines.

4. Ensuring adequate and sustainable financing of national immunization system

The timely and sustainable financing of national immunization system must become a basic priority objective of any country, however many countries with low revenues including Kyrgyzstan depend considerably on international aid in this matter. This could make financing inconstant and vulnerable as priorities of donors may change.

With a view to ensure adequate and sustainable financing of immunization service in Kyrgyzstan the Plan of sustainable financing of National Program of "Immunoprophylaxis" was developed in 2002 to describe in detail the principles

and criteria of participation of both the Government of Kyrgyz Republic and donors in financing of immunization needs.

Targets:

4.1. A step-by-step increase in the share of national budget for financial planning of immunization program as a priority of health care service;

4.2. Coordination of financing in the field of immunization by Interinstitutional coordination committee (ICC) to ensure adequate and proper support by donors.

Main activities:

- defining immune prophylaxis as a priority area of health care, which is of strategically important significance for the country;

- search for potential donor for co-financing of vaccine purchases after the Asian Development Bank loan expires in 2007;

- activation of work, enlargement of ICC, regular ICC meetings.

5. Improvement of immunization services quality

One of the basic problems in health care of Kyrgyzstan is the shortage of human resources. Lack of properly motivated, trained, managed and adequately paid health care staff may become a main obstacle both for immunization and the entire health care system on the whole. The efficiency of immunization and other health services is reduced as a result of lacking qualified and experienced staff.

One of the potential sources of trained and experienced medical staff is programs for poliomyelitis liquidation and measles elimination. In the course of these programs implementation a reserve of qualified medical staff (doctorsimmunologists and vaccination nurses) was prepared to conduct immunization. There is a need of fixing such qualified human resources in terms of gradual integration as part of immunization and to have them work for other national priority programs in health care system reforms environment.

There's also a need of conducting training activities, which are increasingly demanded in times of significant organizational changes in health care particularly within the context of integrating immune prophylaxis into a new model of primary medical assistance and also when applying the new vaccine or making changes to the National Calendar of preventive vaccinations.

Targets:

5.1. preserve the existing human resource potential of immunological service, physicians-immunologists and vaccination nurses in the health care system reforms environment;

5.2. revise the existing programs of training in immune prophylaxis with emphasis put on practical skills at graduate and post-graduate levels as well as training programs for constant education;

5.3. interact with international partners to support training sessions on basic components of immune prophylaxis (safe immunization practice (SIP). "Cover every district", epidemiological surveillance etc.).

Main activities:

- compose the list of demands in human resources and determine a strategy as the staff trained and proficient in immune prophylaxis can contribute in the best way possible to the achievement of new immunization goals using their skills and experience;

- provide the immunization program with trained staff;

- create motivation in health care staff in inaccessible or remote areas to provide population with good quality services including immunization by ensuring specific conditions of living and work, training and stimulating (including promotion, salary increase and support to families);

- increase hours dedicated to "immune prophylaxis" section at graduate, post-graduate levels with emphasis put on gaining practical skills;

- create a program of uninterrupted medical training for immunologists with tests conducted before and after training;

- introduce elements of distant learning from CD for district (rayon) immunologists with subsequent training of primary health care staff;

- design tests to check knowledge and practical skills in individuals conducting immunization;

- select a facility and provide it with financial and technical inputs to conduct practical training;

- train experts and lecturers in problems of immune prophylaxis;

- determine a necessary number of training sessions for medical staff involved in immunization service in the field for effective achievement of goals set by the program.

6. Synchronization of National Program of "Immunoprophylaxis" accomplishment in 2006-2010 with other projects and programs

Currently the issues of immune prophylaxis are included in the programs of protecting health of mothers and children, "Tuberculosis", "HIV/AIDS", "Manas Taalimi" programs and other. In this regard the actions potentially connected with one another must be presented as mutually beneficial, cost-effective and efficient for financial resources management.

One should detect and decrease to a minimum some coinciding fields and duplication areas for the sake of actions improvement and to streamline general activity. The connection between immunization and other medical-and-sanitary activities will lead to public health services efficiency improvement, enhance fundamentals for partnership relations and contribute to long-term financial stability.

Targets:

6.1. preserve the priority role of immunization within the context of generally-sectoral policy and health care programs;

6.2 achieve maximum effect from combination of activities as far as financing and training.

Main activities:

- determine functions in the area of joint financing, monitoring and evaluation;

- establish connection with the programs of protecting health of mothers and children, "Manas Taalimi" for 2006-2010 – within the framework of vaccine prophylaxis arrangements, "Tuberculosis" – within the framework of immunization of population against hepatitis B, vaccination of children born from HIV-infected mothers and other;

- design joint plans of training and training materials;

- design standardized methods of monitoring and evaluation of influence exerted by comprehensive activities;

- combine resources needed to cover urgent and other expenses.

7. Improving safety of vaccines, immunization and injections

The safety of immunization is another important problem of immunization programs and requires the utilization of safe and highly active vaccines, completion of safe injections practice and adequate removal of wastes as well as active and urgent actions in cases when the immunization is followed by unfavorable response.

Successful immunization depends on sustainable and reliable supply of guaranteed quality vaccines. On the global scale some 24 suppliers and more than 60 types of vaccines are included in the WHO list, which contains suppliers entitled to supply vaccines to the international market.

As the Kyrgyz Republic does not produce its own vaccines the selection of supplier is a very important issue for the country. For more than 10 years vaccines have been delivered to the country via UNICEF, which is the guarantee of vaccines quality and their compliance with GMP standards.

According to the policies of WHO, UNICEF and UNFPA it is strongly recommended that all the participants of immunization activities finance not only the purchase of vaccines but also their safe utilization, i.e. supply of vaccines, auto-destructive (AD) syringes and safety boxes (SB) in one single set. This principle was made basic for the development of national immunization standards and has been applied in Kyrgyzstan since 2000.

A key requirement of SIP is uninterrupted supply of self-blocking syringes, which is to continue until 2006 for GAVI funds and from 2007 - for funds from the national budget.

An important part of SIP is occasional improvement of medical staff's qualification as far as handling opened vials, safe injection technique, removal of sharp-ended wastes and medical supervision for post-vaccine complications.

As a preventive measure the immunization entirely depends on acceptance, understanding and confidence of those who use these services, thus the safety of immunization is the most important component of confidence that patients put in the immunization service.

Targets:

7.1. offer vaccines of guaranteed quality only;

7.2. improve and implement in practice the national standards of immunization.

Main activities:

- continue cooperation with UNICEF in supplying the country with vaccines only from the sources, which comply with international quality standards;

- introduce, maintain and conduct safe injection practice monitoring including the utilization of self-blocking syringes and other safe methods of injecting vaccines;

- conduct good quality epidemiological control and undertake urgent actions in response to unfavorable consequences of iimmunization;

- systematically train medical staff in SIP;

- determine strategies of medical wastes utilization in cities of Bishkek and Osh.

8. Improvement and strengthening of systems of storing and usage of vaccines

One of the main objectives of immunization program is to ensure specific conditions for storing and transportation of vaccines that preserve immunogenic properties of vaccines and ensure their safety and efficiency.

The existing experience evidences that central, regional (oblast) and district (rayon) storages of State Sanitary-and-Epidemiological Control Department continue to be the most critical element of immunization system, because it is exactly the place where vaccines are received, stored and distributed in big batches. Disrepairs and faults in equipment or possible administrative errors may result in worthlessness of a large number of vaccines within several hours only. As a result the immunization service of the whole country may risk to fail and financial losses may increase up to millions of soms.

In order to exclude any possibility of such failures it is necessary to follow the highest international standards in provision of equipment, its installation, utilization and depreciation. Every spare part must be taken into account to the highest degree possible when handling the vaccines. Similarly the high standards should be preserved while storing vaccines at vaccination points in health care facilities.

The immunization program staff and medical personnel are responsible for the vaccine quality preservation once it is delivered until it is injected to the patient. This very important responsibility is laid on the staff adequately trained and prepared to assume it.

Targets:

8.1. strengthen technical and financial provision of the system;

8.2. increase responsibility and proficiency of specialists in cold chain issues.

Main activities:

- conduct inventory of existing equipment;
- purchase new freezing equipment, spare parts and change outdated equipment;
- purchase vaccines basically with vial temperature indicator;
- repair and modernization of vaccine warehouses starting from the central level;
- provide independent sources of power to the central, regional (oblast) and district (rayon) vaccine warehouses;
- organized maintenance service and repair of cold chain equipment;
- develop standard operational procedures for maintenance of cold chain and teach these procedures to personnel responsible for storing, transportation and usage of vaccines.

9. Strengthening of the System of Monitoring of Preventative Immunizations Coverage Rate and Epidemiological Surveillance of Cases of Diseases

Monitoring of preventative immunizations coverage rate and epidemiological surveillance of diseases take the central place in the program management.

Both monitoring of coverage rate and epidemiological surveillance system require efforts to build capacity and create human resources for conducting epidemiological surveillance in the field and collection, summary, analysis, interpretation and use of data.

Epidemiological surveillance, monitoring and evaluation represent components of efficiently operating immunization systems, but infrastructure within the entire system is required for their quality performance. It comprises availability of adequate transportation means, communication, materials, techniques of collection and ending of samples, as well as means for covering of operational expenditures and procedures for quality control.

Of great importance for effective epidemiological surveillance is quality lab work.

Targets:

9.1. To conduct monitoring of immunization coverage rate and quality analysis of the immunization data at all levels of health care;

9.2. To improve the current systems of epidemiological surveillance of vaccines preventable diseases;

9.3. To strengthen lab capacity.

Main activities:

- To improve recording and reporting systems at all health care levels;

- To develop software for monitoring of immunization coverage rate and related activities to enter auxiliary data, process and analyze receipt/delivery of data and further use of the analysis results;

- To conduct random cluster surveys (studies) of immunization coverage rate;

- To provide transportation expenses for delivery of clinical material for analysis and for carrying out an active epidemiological surveillance;

- To train health staff of Primary Health Care (PHC) in epidemiological surveillance of vaccines preventable diseases;

- To provide equipment, reagents, quality control, necessary for quality lab diagnostic within the framework of the current systems of epidemiological surveillance.

10. Immunization by Epidemic Indications

There are a lot of vaccines against infections, which are not on the National Preventative Immunizations Calendar of the Kyrgyz Republic. These vaccines can be used to protect certain population groups at risk of getting infected due to either their professional activity, or their residence in enzootic and unfavourable as far as some infections territories (Plague, Anthrax, Tick Borne). Besides, the National Calendar does not include preventative vaccines, requiring additional allocations, not accessible in the budget (vaccines against Influenza, Meningitis, Pneumonia, Rota-Viruses, Hib-infection, and Typhoid). The National Calendar of the republic does not envisage preventative immunizations against Rabies, Meningitis of contacts-children against TB and Viral Hepatitis (except newborns).

Ensuring access of the population to the above specific protection against infections, which can be prevented by vaccines, but not included in the National Immunization Calendar, plays a big role in health protection of the population. New vaccines against the agents of such communicable infections as Malaria, HIV/AIDS, Pandemic Influenzae, TB and other are currently being developed. It is also necessary to envisage immunization in hard emergency situations and calamities, when it might play a crucial role in prevention of diseases and deaths, as well as in prevention of a potential spread of diseases to the neighbouring population groups.

Target:

To decrease the risk of spread of epidemiologically essential infections, preventable by vaccines, and not included into the National Preventative Immunization Calendar (NPVC).

Main Activities:

- To draft the Plan of introduction of additional vaccines into the NPVC, depending on the epidemiological situation in the republic;

- To identify the list and mechanism of financing of immunization against epidemiologically essential infections; vaccination against the above infections shall be partially co-financed by the Kyrgyz Government;

- To carry out immunization of certain groups by epidemic indications against Plague, Anthrax, Tick Borne, Rabies and other infections with the funds allocated by the Kyrgyz Government, donors, organizations and citizens;

- To establish revolving Vaccines Fund for emergencies and natural calamities cases;

- To maintain effective system of epidemiological surveillance, linked to the global network of prevention and response in case of onset or threat of epidemics and information exchange in global scale.

11. Scientific (Research) Studies and Introduction of New Vaccines

To maximize benefit from immunization, it is necessary to continue related scientific studies of new vaccines introduction into practice, which are important from the public health care perspective.

It is necessary to elaborate on the issues, related to economic damage and burden of communicable diseases versus other priorities of public health care and feasibility of the programs implementation.

Prior to making decision on introduction of a new vaccine, it is necessary to establish mechanisms to secure sustainable funding, to avoid the risk of overloading or weakening of immunization service.

Target:

- To conduct researches on immunoprophylaxis issues to make well grounded decisions when the NPVC is reviewed.

Main Activities:

- To carry out population research to determine economic rational of introduction of preventative immunizations against Hib and Rota-virus into the NPVC;

- To evaluate economic efficiency of immuno-prevention of vaccines preventable infections;

- To carry out studies of spread (prevalence) of Viral Hepatitis B in adolescents in order to make decision on introduction of immunization against Viral Hepatitis B among this population group;

- To collaborate with WHO, UNICEF, other partners on the issues of getting Technical and Consultative Assistance in acquiring the technique of carrying out related studies and analysis of the obtained findings;

- To review the NPVC.

12. Civil Society Participation in Promotion of Immunoprophylaxis

Efficiency of immunoprophylaxis as preventative direction of health care is completely dependant on understanding and trust of those, using immunization services.

Immunization coverage rate increases with the increase of the population's demand and certainty of benefit and safety of immunization of people, based on high awareness level. Participation of community in health care activity, especially in immuno-prevention, is one of the key elements of success of public approach towards the population health.

The population in the Kyrgyz Republic has begun being involved in the issues of health promotion and protection. The work with community is based on formation of new approaches – transition from passive transfer of information and knowledge towards partnership relations, identification of priorities, oriented towards solution of problems both of the entire society and certain communities, population groups, individuals. Rights and responsibilities of the population in the area of health protection are allocated in the Kyrgyz Republic Constitution and the law «On Health Protection of the People of the Kyrgyz Republic».

Under the reforms of governance, NGOs could be delegated or transferred some functions and state authorities in the area of health promotion, protection of citizens' rights related to health protection. Capacity and resources of NGOs acquire big importance, thanks to which they can rapidly make flexible decisions, supplementing the activity of state health care organizations. Wide coverage of issues related to diseases prevention, health promotion, sanitary hygienic skills and other health issues in mass media will improve the level of participation of population in the activities, aimed at health improvement.

Targets:

12.1. To increase the level of awareness and degree of involvement of the population in immunization issues;

12.2. To develop National Strategic Plan on Social Mobilization of Population.

Main Activities:

- To involve population, NGOS, jaamats (communities) in the issues, concerning immunization;

- To use mass media to cover the issues of immunizations;

- To develop and print informational educational materials on immunoprophylaxis for NGOs, jaamats, public leaders; to conduct trainings and meetings;

- To coordinate activity on social mobilization between health care organizations;

- To develop and implement programs of interaction with communities (jaamats), NGOs on immunization issues;

- To expand interaction with Rural Health Committees, Initiative Groups and other public organizations on immunoprophylaxis issues;

- To conduct sociological surveys of the level of awareness of the population of immunoprophylaxis issues.

V. FINANCING OF THE NATIONAL PROGRAM «IMMUNOPROPHYLAXIS», 2006 - 2010 (in USD)

| Expenditure Item | 200 | 06 | 200 |)7 | 200 |)8 | 200 |)9 | 20 | 10 |
|--|------------|-----------|------------|---------|------------|---------|------------|---------|------------|---------|
| | Total Cost | Gap | Total Cost | Gap | Total Cost | Gap | Total Cost | Gap | Total Cost | Gap |
| Vaccines procurement within the National Immunization Calendar | 720 502 | 85 112 | 857 459 | | 739 211 | 133 821 | 748 747 | 10 997 | 758 406 | |
| Injection Equipment and Safety Boxes procurement | 142 707 | 82 707 | 144 548 | 51 027 | 146 412 | 146 412 | 148 301 | 148 301 | 150 214 | 150 214 |
| Salaries of health workers | 81 518 | - | 100 979 | - | 123 717 | - | 151 157 | - | 184 047 | |
| Transportation of vaccines | 2 630 | | 2 893 | | 3 182 | | 3 500 | | 3 850 | |
| Maintenance of Cold Chain (buildings, electricity, repair) | 43 205 | | 44 725 | | 45 619 | | 47 885 | | 50 222 | |
| Training of Health workers | 117 986 | 117 986 | 87 787 | 87 787 | 98 497 | 98 497 | 110 514 | 110 514 | 123 997 | 123 997 |
| Social Mobilization | 68 750 | 68 750 | 70 125 | 70 125 | 71 528 | 71 528 | 72 958 | 72 958 | 74 417 | 74 417 |
| Epidemiological Surveillance activities | 2 250 | | 2 550 | | 2 861 | | 3 184 | | 3 518 | |
| Management of the Program | 11 250 | | 12 750 | | 14 306 | | 16 183 | | 18 131 | |
| Cold Chain Equipment Оборудование | 107 116 | 12 852 | 13 109 | 13 109 | | | 27 061 | 27 061 | 27 602 | 27 602 |
| Procurement of additional vaccines and campaigns | 759 565 | 653 165 | 112 195 | 112 195 | | | | | | |
| Distributed expenditures | 102 560 | | 117 675 | | | | | | | |
| TOTAL | 2 160 039 | 1 020 572 | 1 566 795 | 334 243 | 1 380 373 | 450 258 | 1 484 481 | 369 831 | 1 572 281 | 376 230 |

-

GRAND TOTAL COST OF THE PROGRAM FOR 5 YEARS -FUNDS GAP

8 163 969\$ (335 mln som), 2 551 134\$ (104,3 mln som)

APPROVED:

G.T.OSKONBAEVA (Head of Department of Economy and Financial Policy of the Ministry of Health)

2006

| Expenditure Item | Requirement in financing | | Source of Fin | ancing (in | USD) | | Gap |
|---|-----------------------------|----------------------|----------------------------|-------------|---------|--------|-----------|
| | (in USD) | Kyrgyz Government | Regional Administration | HIF | ADB | GAVI | |
| Vaccines procurement within the framework of the National Immunization Calendar | 720 502 | 230 390 | | | 405 000 | | 85 112 |
| Injection Equipment and Safety Boxes procurement | 142 707 | | | | | 60 000 | 82 707 |
| Salaries of health workers | 81 518 | 81 518 | | | | | - |
| Transportation of vaccines | 2 630 | 2 630 | | | | | |
| Maintenance of Cold Chain (buildings, electricity, repair) | 43 205 | 43 205 | | | | | |
| Training of Health workers | 117 986 | | | | | | 117 986 |
| Social Mobilization | 68 750 | | | | | | 68 750 |
| Epidemiological Surveillance activities | 2 250 | 2 250 | | | | | |
| Management of the Program | 11 250 | 11 250 | | | | | |
| Cold Chain Equipment Оборудование | 107 116 | | | | 94 264 | | 12 852 |
| Procurement of additional vaccines and campaigns | 759 565 | 21 280 | 85 120 | | | | 653 165 |
| Distributed expenditures | 102 560 | | | 102 560 | | | |
| TOTAL | 2 160 039 | 392 523 | 85 120 | 102 560 | 499 264 | 60 000 | 1 020 572 |

| Expenditure Item | Requirement in financing | | Source of Fin | ancing (in | USD) | | Gap |
|---|-----------------------------|----------------------|----------------------------|-------------|---------|------|---------|
| | (in USD) | Kyrgyz Government | Regional Administration | HIF | ADB | GAVI | |
| Vaccines procurement within the framework of the National Immunization Calendar | 857 459 | 482 459 | | | 375 000 | | |
| Injection Equipment and Safety Boxes procurement | 144 548 | 93 521 | | | | | 51 027 |
| Salaries of health workers | 100 979 | 100 979 | | | | | - |
| Transportation of vaccines | 2 893 | 2 893 | | | | | |
| Maintenance of Cold Chain (buildings, electricity, repair) | 44 725 | 44 725 | | | | | |
| Training of Health workers | 87 787 | | | | | | 87 787 |
| Social Mobilization | 70 125 | | | | | | 70 125 |
| Epidemiological Surveillance activities | 2 550 | 2 550 | | | | | |
| Management of the Program | 12 750 | 12 750 | | | | | |
| Cold Chain Equipment Оборудование | 13 109 | | | | | | 13 109 |
| Procurement of additional vaccines and campaigns | 112 195 | | | | | | 112 195 |
| Distributed expenditures | 117 675 | | | 117 675 | | | |
| TOTAL | 1 566 795 | 739 877 | | 117 675 | 375 000 | | 334 243 |

| 200 | 8 |
|-----|---|
|-----|---|

| Expenditure Item | Requirement in financing | | Source of Fin | ancing (in | USD) | | Gap |
|---|-----------------------------|----------------------|----------------------------|-------------|------|------|---------|
| | (in USD) | Kyrgyz Government | Regional Administration | HIF | ADB | GAVI | |
| Vaccines procurement within the framework of the National Immunization Calendar | 739 211 | 605 390 | | | | | 133 821 |
| Injection Equipment and Safety Boxes procurement | 146 412 | | | | | | 146 412 |
| Salaries of health workers | 123 717 | 123 717 | | | | | - |
| Transportation of vaccines | 3 182 | 3 182 | | | | | |
| Maintenance of Cold Chain (buildings, electricity, repair) | 45 619 | 45 619 | | | | | |
| Training of Health workers | 98 497 | | | | | | 98 497 |
| Social Mobilization | 71 528 | | | | | | 71 528 |
| Epidemiological Surveillance activities | 2 861 | 2 861 | | | | | |
| Management of the Program | 14 306 | 14 306 | | | | | |
| Cold Chain Equipment Оборудование | | | | | | | |
| Procurement of additional vaccines and | | | | | | | |
| campaigns | | | | | | | |
| Distributed expenditures | | | | 135 040 | | | |
| TOTAL | 1 380 373 | 795 075 | | 135 040 | | | 450 258 |

| Expenditure Item | Requirement in financing | | Source of Fina | ancing (in | USD) | | Gap |
|---|-----------------------------|----------------------|----------------------------|-------------|------|------|---------|
| | (in USD) | Kyrgyz Government | Regional Administration | HIF | ADB | GAVI | |
| Vaccines procurement within the framework of the National Immunization Calendar | 748 747 | 737 750 | | | | | 10 997 |
| Injection Equipment and Safety Boxes procurement | 148 301 | | | | | | 148 301 |
| Salaries of health workers | 151 157 | 151 157 | | | | | - |
| Transportation of vaccines | 3 500 | 3 500 | | | | | |
| Maintenance of Cold Chain (buildings, electricity, repair) | 47 885 | 47 885 | | | | | |
| Training of Health workers | 110 514 | | | | | | 110 514 |
| Social Mobilization | 72 958 | | | | | | 72 958 |
| Epidemiological Surveillance activities | 3 184 | 3 184 | | | | | |
| Management of the Program | 16 183 | 16 183 | | | | | |
| Cold Chain Equipment Оборудование | 27 061 | | | | | | 27 061 |
| Procurement of additional vaccines and campaigns | | | | | | | |
| Distributed expenditures | | | | 154 991 | | | |
| TOTAL | 1 484 481 | 959 660 | | 154 991 | | | 369 831 |

| 201 | 0 |
|-----|---|
|-----|---|

| Expenditure Item | Requirement in financing | | Source of Fina | ancing (in | USD) | | Gap |
|---|-----------------------------|----------------------|----------------------------|-------------|------|------|---------|
| | (in USD) | Kyrgyz Government | Regional Administration | HIF | ADB | GAVI | |
| Vaccines procurement within the framework of the National Immunization Calendar | 758 406 | 758 406 | | | | | |
| Injection Equipment and Safety Boxes procurement | 150 214 | | | | | | 150 214 |
| Salaries of health workers | 184 047 | 184 047 | | | | | |
| Transportation of vaccines | 3 850 | 3 850 | | | | | |
| Maintenance of Cold Chain (buildings, electricity, repair) | 50 222 | 50 222 | | | | | |
| Training of Health workers | 123 997 | | | | | | 123 997 |
| Social Mobilization | 74 417 | | | | | | 74 417 |
| Epidemiological Surveillance activities | 3 518 | 3 518 | | | | | |
| Management of the Program | 18 131 | 18 131 | | | | | |
| Cold Chain Equipment Оборудование | 27 602 | | | | | | 27 602 |
| Procurement of additional vaccines and campaigns | | | | | | | |
| Distributed expenditures | | | | 177 877 | | | |
| TOTAL | 1 572 281 | 1 018 174 | | 177 877 | | | 376 230 |

| Nº | | | Institution i | | | 20 | 006 | | | 2 | 2007 | | | 2 | 800 | | | 20 |)09 | | | 10 | |
|--------|---|--|---|----|-----|-----|-----|-------|-----|-----|------|----|---|----|-----|----|---|----|-----|----|---|----|---|
| | Tasks | Activity | Charge | | I | II | III | IV | I | П | III | IV | I | II | ш | IV | I | II | III | IV | I | II | ш |
| Strate | egy 1: To set National Priorities in | the Area of Vaccine Preventable Infec | tions to meet the WH | 00 | Glo | bal | Obj | ectiv | /es | (Go | als) | | | | | | | | | | | | |
| 1.1. | Measles Elimination | Maintenance of not less than 98% coverage rate with Measles vaccination | MOH, RCI, FMA, DSSES | | _ | | | | | | | | _ | | | | | | | | | | _ |
| | | Strengthening of Epidemiological Surveillance | MOH, RCI, FMC, DSSES, CSSES | | | | | | | | | | | | | | | | | | | | |
| | | Upgrading of Lab logistic to carry out virusological studies | MOH, RCI, FMC, DSSES | | _ | | | | ٦ | | | | | | | | | | | | Γ | | |
| | | Conducting of supplementary immunization activities | MOH, RCI, FMC, DSSES | | | | | | | | | | | | | | | | | | | | |
| 1.2. | Reduction of Hepatitis B and D Agents Circulation in Population | Maintenance of not less than 98% coverage with Viral Hepatitis B vaccination | MOH, RCI, FMC, DSSES, OMH, TH, M/H, CSSES | | | | | | | | | | | | | | | | | | | | |
| | | Development of new system of epidemiological surveillance of Hepatitis B | DSSES, RCI, NGC "PM" | D | | | | | | | | | | | | | | | | | | | |
| | | Introduction of routine Hepatitis B for adolescents and health workers | MOH, RCI, FMC, OMH, TH, M/H, DSSES | | | | | | | | | | | | | | | | | | | | |
| 1.3. | Reduction of Incidence Rate of Diphtheria down to 0,1 per 100 thousand population | Maintenance of not less than 98% coverage rate with Diphtheria vaccination | MOH, RCI, FMC, DSSES | | | | | | | | | | | | | | | | | | | | |
| | | Conducting of supplementary immunizations among schoolchildren and adults | MOH, RCI, FMC, DSSES | | | | | | | | | | | | | | | | | | | | |
| | | Strengthening of Lab logistic to carry out bacteriological studies | DSSES, NGO "PM" CSSES | ', | | | | | | | | | | | | | | | | | | | |

| 1.4. | Stabilization of Pertussis Incidence Rate at the level of not higher than 2,0 per 100 thousand population | Maintenance of not less than 98% coverage with Pertussis vaccination | MOH, RCI, FMC, DSSES | | | | | | | | |
|------|--|---|--|--|--|--|--|--|--|--|--|
| | | Giving contraindications strictly following the List, approved by the MOH | RCI, FMC | | | | | | | | |
| | | Strengthening of Lab logistic to carry out bacteriological studies | DSSES, NGO "PM", DSSES | | | | | | | | |
| 1.5. | Reduction of Incidence Rate of Rubella with subsequent Liquidation | Maintenance of not less than 98% coverage rate with Rubella vaccination | MOH, RCI, FMC, OMH, TH, M/H, DSSES | | | | | | | | |
| | | Strengthening of epidemiological surveillance of Rubella | MOH, DSSES, RCI, FMC, CSSES | | | | | | | | |
| | | Strengthening of Lab logistic to carry out bacteriological studies | MOH, RCI, FMC, DSSES | | | | | | | | |
| 1.6. | Stabilization and Further Reduction of Incidence Rate of Epidemic Mumps | Maintenance of not less than 98% coverage rate with Mumps vaccination | MOH, RCI, FMC, OMH, TH, M/H, DSSES | | | | | | | | |
| | | Carrying out mass Mumps immunization campaigns in schoolchildren | DSSES, RCI, NGO "PM" | | | | | | | | |
| | | Improving of the system of epidemiological surveillance of Mumps | MOH, RCI, FMC, OMH, TH, M/H, DSSES | | | | | | | | |
| 1.7. | Reduction of cases of CRS down to less than 1 case per 100 thousand born babies | Maintenance of not less than 98% coverage rate with Rubella vaccination | MOH, RCI, FMC, OMH, TH, M/H, DSSES | | | | | | | | |
| | | Quality epidemiological surveillance of CRS | DSSES, RCI, National Centers | | | | | | | | |

| 1.8. | Non-admission of cases of Newborn Tetanus | Maintenance of not less than 98% coverage rate with Tetanus vaccination and 95% revaccination coverate rate | MOH, RCI, FMC, OMH, TH, M/H, DSSES | | | | | | | | | | | |
|--------|--|---|--|-----|-------|-------|------|-------|----|--|--|---|------|--|
| 1.9. | Effective Implementation of Activities to maintain the status of Polyomyelitis Free Country | Maintenance of not less than 98% coverage rate with Poliomyelitis vaccination | MOH, RCI, FMC, OMH, TH, M/H, DSSES | | | | | | | | | | | |
| | | Quality epidemiological surveillance of AFP | DSSES, RCI, NGO "PM" | | | | | | | | | | | |
| | | Activities on containment | MOH, RCI, FMC, OMH, TH, M/H, DSSES | | | | | | | | | _ | | |
| 1.10. | Non-admission of dessiminated TB and TB Meningitis cases in Children of the first year of life | Maintenance of not less than 98% coverage rate with BCG vaccination | MOH, RCI, FMC, OMH, TH, M/H, DSSES | | | | | | | | | | | |
| 1.11. | Determination of economic efficiency and rationale of introduction of Hib and Rota- Virus infection immunizations into the National Immunization Calendar | Carrying out studies on Hib and Rota virus infections spread and assessment of the burden of these infections | MOH, RCI, FMC, OMH, TH, M/H, DSSES | | | | | | | | | | | |
| Strate | gy 2 : To expand Access of Popu | lation to Immunization Services, Maint | aining High Level of In | nmu | ıniza | atior | ι Co | verag | je | | | | | |
| 2.1. | Maintenance of 98% coverage with all type vaccinations at the National level and not less than 95% coverage - at Oblast and Rayon levels | Identification of priority regions and population groups in the country, not getting health care to a full exend | RCI, FMC | | | | | | | | | | | |
| | | In addtion to stanby immunization points, establishment at the Rayon level of mobile teams to carry out immunization in hard-to reach population groups | FMC | | | | | | | | | | | |
| | | Timely detection of migrating contingencies and carrying out quality served population census | FMC | | | | | | | | | | | |

| | | Quality delivery of imunization services, adequate use of human and financial resources | FMC | | | | | | | | | | | | | | | | | |
|--------|---|--|--|-------|-------|-----|------|------|------|------|------|-----|------|------|-----|----|----|---------------|---|--|
| | | Use of combined approach (routine and supplementary immunization) for coverage of every eligible person | RCI, FMC | | | | | | | | | | | | | | | | | |
| Strate | gy 3: To supply the Country with | Vaccines, used within the Framework | of the National Preven | tativ | ve In | nmu | niza | tion | Cale | enda | r on | a C | onst | tant | Bas | is | | | | |
| 3,1 | By 2008 liquidation of the current deficit (shortage) of vaccines in the republic | Implementation of political and financial commitments of the Kyrgyz Government in the area of immunoprophylaxis | KR Government | | | | | | | | | | | | | | | | | |
| | | Searching for donor funds | MOH, DSSES, RCI | | | | | | | | | | | | | | | | | |
| | | Involvement of regional administrations and HIF into funding of vaccines procurement | Oblast, City,Rayon local administrations, MOH, HIF | | | | | | | | | | | | | | | | | |
| | | Forecasting of needs for uninterreptued supply of vaccines with guaranteed quality | DSSES, RCI | | | | | | | | | | | | | | | | | |
| 3.2. | Establishment of 25% Vaccines Reserve Stock | One time increase of financing of vaccines supply procurement by 25% | МОН | | | | | | | | | | | | | | | | | |
| Strate | gy 4: To ensure Adequate and Su | stainable Financing of the National Im | munization System | | | | | LL | | | | | | | | | -1 | -I - I | 1 | |
| 4.1. | Strengthening of the National capacity for financial planning of the Immunization Program as priority of health care | Setting Immunoprophylaxis as priority health care area of strategic importance for the state | KR Government, MOH | | | | | | | | | | | | | | | | | |
| | | Ensuring sustainable annual increase of the national share in financing of vaccines procurement by 10% | МОН | | | | | | | | | | | | | | | | | |

| | | Searching for a potential donor for | | | | | | ĺ | 1 | 1 | | | ĺ | |
|--------|---|--|--|--|--|--|--|---|---|---|--|--|---|--|
| | | co-financing of vaccines procurement following the end of ADB loan funding in 2007 | МОН | | | | | | | | | | | |
| 4.2. | Coordination of financing in the area of immunization through to provide adequate and appropriate support of donors | Activization of ICC work, changes in the membership, holding regular ICC meetings | МОН | | | | | | | | | | | |
| Strate | gy 5: To Improve Quality of Immu | nization Services | | | | | | | | | | | | |
| 5.1. | Maintening (keeping) of immunological service cadre (immunologists, immun.nurses) under health reforms | Compilation of the list of needs of cadre; development of strategy/mechanism for immunoprophylaxis service staff to help achieving the new immunization goals, using to maximum their skills and experience | MOH, FGPA, HIF, RCI | | | | | | | | | | | |
| | | Provision of the Immunization Program with trained, adequate and properly paid (including Coefficient of Labour Participation) cadre | MOH, FGPA, HIF, RCI | | | | | | | | | | | |
| | | Creation of incentives for health workers in remote or hard-to-reach areas, so that they provide quality health services, inlcuding immunization through improved and safe living and working conditions, training (inlcuding promoting at works, increase of wages, family support) | Oblast, City,Rayon local administrations, MOH, HIF | | | | | | | | | | | |
| 5.2. | Reviewing current training programs on immunoprophylaxis with a focus on practical skills at pre-and-post-diploma levels and continuous education | Increasing of program (curricula) hours on the subject "Immunoprophylaxis" at pre-and-post- diploma levels with a focus on acquiring of practical skills | KSMIT&RC, KSMA, RCI | | | | | | | | | | | |

| | | | | | | | | | - | | | | | |
|--------|---|--|------------------------|-----|------|----|--|------|-------|--|--|------|--|--|
| | | Introduction of elements of distance CD training for Rayon immunologists with subsequent training of Primary Health Care workers | KSMIT&RC, KSMA, RCI | | | | | | | | | | | |
| | | Development of Program of continuous medical training for immunologists with pre-and-post training tests of knowledge | KSMIT&RC, KSMA, RCI | | | | | | | | | | | |
| | | Development of tests for control of knowledge and practical skills of immunization service staff | KSMIT&RC, KSMA, RCI | | | | | | | | | | | |
| | | Identification and logistic provision of the practical training base with all necessary equipment and materials | KSMIT&RC, KSMA, FMC | | | | | | | | | | | |
| 5.3. | Collaboration with international partners within the framework of support of training programs and | Training of experts and trainers in immunoprophylaxis issues | RCI, CSSES, FMC | | | | | | | | | | | |
| | trainings | Identification of the required number of training programs and trainings for health workers of immunization service in the field for efficient implementation of the Program objectives | MOH, RCI, FMC | | | | | | | | | | | |
| Strate | gy 6: To synchronize the Work of | the National Immunization Program w | ith other Projects and | Pro | grar | ns | | | | | | | | |
| 6.1. | Keeping the central role of immunization in the context of common sectoral policy and health care programs | Identification of functions in the area of joint financing, monitoring and evaulation | MOH, RCI, HIF | | | | | | | | | | | |

| 6.2. | Achieving maximum synergy effect from "merging" financing and training activities | Setting links/relations between MCH programs, MANAS-2 - within the framework of organization and financing of immunoprophylaxis, TUBERCULOSIS - within the framewrok of BCG immunization of newborns, HIV/AIDS - of Hepatitis B immunization | MOH, DSSES, RCI, HIF | | | | | | | | | |
|--------|---|---|----------------------------|---|--|---|-------|---|--|--|---|--|
| | | Development training plans and training materials jointly with other programs | MOH, DSSES, RCI, HIF | | | | | | | | | |
| | | Development of standartized methods of monitoring, evaluation of efficiency and impact of comprehensive activities | MOH, DSSES, RCI, HIF | | | | | | | | | |
| | | Combining (merging) of resources, necessary to cover operative and other expenses to be incurred in the program implementation | MOH, DSSES, RCI, HIF | | | | | | | | | |
| Strate | gy 7: To increase Safety of Vaccii | nes, Immunization and Injections | | · | | · | · · · | • | | | · | |
| 7.1. | Supply of only guaranteed quality vaccines to the republic | Continuation of collaboration with UNICEF in supply of the country with vaccines coming only from sources of worldwide recognized prequalified quality standards | MOH, DSSES, RCI, DDP&ME | | | | | | | | | |
| 7.2. | Improving and implementation of the republican (national) Immunization Standards in practice | Introduction, maintaining and conducting of monitoring over safe injection practice, including AD Syringes and other safe methods of vaccine injecting | MOH, DSSES, RCI, HIF | | | | | | | | | |

| | | Conducting of quality epidemiological surveillance and taking prompt response to unfavourable immunizations events (consequences) | MOH, KRCP&ChS, RCI, HIF | | | | | | | | | | |
|--------|---|---|--|---|--|--|--|--|--|--|--|--|--|
| | | Sytematic training of health workers in Safe Injection Practice | RCI, FMC | | | | | | | | | | |
| | | Identification of optimal strategies for utilization of medical wastes in big cities of the country (Bishkek and Osh) | MOH, DSSES, RCI | | | | | | | | | | |
| Strate | gy 8: To improve and Strengthen | the Systems of Storage and Use of Va | occines | | | | | | | | | | |
| 8.1. | Strengthening of logistic of Cold Chain System | Carrying out inventory of existing cold chain equipment | DSSES, RCI, FMC, CSSES | | | | | | | | | | |
| | | Procurement of new cold chain equipment, replacement of old equipment and fridge spare parts | MOH, DSSES, RCI, donors | | | | | | | | | | |
| | | Repairing vaccines warehouses, starting from central level | MOH, DSSES, RCI, FMC, Oblast and Rayon CSSES, donors | | | | | | | | | | |
| | | Provision of Oblast and Rayon vaccines warehouses with autonomous power supply sources | Oblast, City,Rayon local administrations, MOH, OSSES, CSSES | | | | | | | | | | |
| | | Organization of service maintenance and repair of cold chain equipment | MOH, DSSES, RCI, donors | | | | | | | | | | |
| | | Preferable procurement of vaccines with vial temperature indicator | MOH, DSSES, RCI, UNICEF | - | | | | | | | | | |

| 8.2. | Increasing the ownership, responsibility and knowledge of specialists in the issues of cold chain | Development of standard practice procedures for maintenance of cold chain and training of personnel in charge of storage, transportation and use of vaccines | MOH, DSSES, RCI | | | | | | | | | | | |
|--------|--|---|---------------------------|-----|------|------|---|--|--|--|--|--|--|--|
| Strate | gy 9: To strengthen the System o | f Monitoring of Coverage Rate and Ep | idemiological Surveilla | nce | of (| Case | S | | | | | | | |
| 9.1. | Ensuring Quality Monitoring and Quality analysis of immunization data at all health care levels | Improvement of the recording and reporting systems at all health care levels | DSSES, RCI, FMC, CSSES | | | | | | | | | | | |
| | | Development of software for monitoring of preventative immuizations coverage rate and related activities in order to enter, process and analyze data and further use of results | DSSES, RCI, donors | | | | | | | | | | | |
| | | Carrying out selective surveys (studies) of immunization coverage in two Rayons on an annual basis | DSSES, RCI, FMC, CSSES | | | | | | | | | | | |
| 9.2. | Improvement of current systems of epidemiological surveillance of vaccine preventable infections | Reviewing systems of epidem.surveillance of vaccine preventabel infections | DSSES, RCI, FMC, CSSES | | | | | | | | | | | |
| | | Provision of transportation expenses for delivery of clinical material for analyses and active epidem. surveillance | CSSES | | | | | | | | | | | |
| | | Training of Primary Health Care workers in epidem. surveillance of vaccine preventable vaccines | DSSES, RCI, CSSES, FMC | | | | | | | | | | | |
| 9.3. | Upgrading the Lab logistic | Provision of equipment, reagents, and quality control procedures necessary for quality lab diagnostic within the framework of epidemiological surveillance systems of vaccine preventable infections | MOH, DSSES, CSSES | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

| Strate | gy 10: To provide Immunization b | y Epidemic Indications | | | | | | | | | | |
|--------|---|--|---|--|--|--|---|---|--|--|---|--|
| 10.1. | Decreasing the risk of spread of epidemiologically important vaccine preventable infections, not inlcuded into the National Immunization Calendar | Drafting the Plan for Immunization expansion beyond the National Immunization Calendar | DSSES, RCI, CSSES, FMC | | | | | | | | | |
| | | Identification of the List of Diseases and Mechanism of Financing of immunization of epidemiologically Important infections, vaccination of which will be partially covered by the state | MOH, DSSES, RCI | | | | | | | | | |
| | | Mandatory immunization of eligible contingencies against Plague, Anthrax, Tick-borne Encephalitis, Rabius againts the National and local budgets | Oblast, City,Rayon local administrations, MOH, DSSES, HIF | | | | | | | | | |
| | | Creation of revolving vaccines stock (reserve) for emergencies and calamities | MOH, DSSES, RCI | | | | | | | | | |
| | | Maintenance of effective system of epidemiological surveillance concerning the Global network of preventions and responses in case of onset or threat of epidemics and information exchange on global scale | MOH, DSSES, RCI | | | | | | | | | |
| Strate | gy 11: To Carry out Research Stu | dies and Introduction of New Vaccines | 5 | | | | • | • | | | • | |
| 11,1 | Carrying out research studies on immunoprophylaxis issues to make wellgrounded decisions when reviewing the National Immunization Calendar | Carrying out population study to determine an economic rationale of introduction of Hib and Rota Virus infections vaccines into the National Immunization Calendar | DSSES, RCI, NGO "PM", KSMA, RCIH | | | | | | | | | |
| | | Carrying out assessment of economic efficiency of immunoprophylaxis | DSSES, RCI, NGO "PM", KSMA, RCIH | | | | | | | | | |

| | | Carrying out studies on Viral Hepatitis B spread among adolescents Collaboration with WHO, UNICEF and other partners on Technical and Consultative Assistance related to | DSSES, RCI, NGO "PM", KSMA, RCIH DSSES, RCI, NGO | | | | | | | | |
|--------|--|--|---|--|--|--|--|--|--|--|--|
| | | mastering of methodologies for appropriate studies, surveys and analysis of the obtained results | "PM", KSMA, RCIH | | | | | | | | |
| Strate | gy 12: To activate the Civil Socie | ty in Promotion of Immunoprophylaxis | | | | | | | | | |
| 12,1 | Increasing the Level of Awareness and Degree of Acitvity of Population in Immunization issues | Involvement of population, NGO, jaamats into immunization issues | MOH, RCHP, DSSES, RCI, CSSES | | | | | | | | |
| | | Use of mass media in coverage of immunoprophylaxis issues | MOH, RCHP, DSSES, RCI, CSSES | | | | | | | | |
| | | Drafting and printing of IEC materials on immunoprophylaxis for NGO, jaamats, public leaders; trainings and meetings | MOH, RCHP, DSSES, RCI, CSSES | | | | | | | | |
| 12.2. | Development of the National Strategic Plan on Social Mobilization | Coordination of activity related to social mobilization between health care institutions | MOH, RCHP, DSSES, RCI | | | | | | | | |
| | | Development and implementation of Cooperation programs with communities (jaamats), NGO on immunization issues | RCHP, RCI, OHPC, NGO, local state administrations | | | | | | | | |
| | | Expansion of cooperation/interaction with rural health committees, initiative groups, general organizations on immunoprophylaxis issues | RCHP, RCI, OHPC, NGO, local state administrations | | | | | | | | |
| | | Carrying out sociological surveys to detrmine the population's awareness level of immunoprevention issues | MOH, RHPC, DSSES, RCI, donors | | | | | | | | |

| Abbreviations | |
|---------------|--|
| МОН | Ministry of Health |
| DSSES | Department of State Sanitary Epidemiological Surveillance |
| CSSES | Centers for SSES |
| HIF | Health Insurance Fund |
| RCI | Republican Center for Immunoprophylaxis |
| KSMA | Kyrgyz State Medical Academy |
| KSIT&RMP | Kyrgyz State Institute of Training &Retraining of Medical Personnel |
| FGPA | Family Group Practices Association |
| FMC | Family Medicine Center |
| ОМН | Oblast Merged Hospital |
| ТН | Territorial Hospital |
| M/H | Maternity House |
| DDP&ME | Department of Drug Policy &Medical Equipment |
| KRCP&ChS | Kyrgyz Reseach Institute of Pediatrics & Children's Surgery |
| RCHP | Republican Center for Health Promotion |