



GAVI Alliance

Annual Progress Report **2011**

Submitted by
The Government of
Uzbekistan

Reporting on year: **2011**

Requesting for support year: **2013**

Date of submission: **5/22/2012**

Deadline for submission: 5/22/2012

Please submit the APR **2011** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at <http://www.gavialliance.org/country/>*

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	No	ISS reward for 2011 achievement: N/A
HSS	No	next tranche of HSS Grant N/A
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2010** is available [here](#).

2. Signatures

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

By signing this page, the Government of **Uzbekistan** hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of **Uzbekistan**

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Сайдалиев С.С. заместитель министра	Name	Хашимов Б.А. начальник Главного управления финансирования , экономики и прогнозирования МЗ РУз.
Date		Date	
Signature		Signature	

This report has been compiled by (these persons may be contacted in case the GAVI Secretariat has queries on this document):

Full name	Position	Telephone	Email
Турсунова Д.А.	руководитель НПИ	+998712394721	dilopom.tursunova@minzdrav.uz

2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), 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.

Name/Title	Agency/Organization	Signature	Date
Мусабаев Э.И. директор	Институт Вирусологии		
Гусейнов Ш. технический специалист	ВОЗ		

Турсунова Д.А. руководитель НПИ	Министерство здравоохранения		
Туйчиев Л.Н. начальник ГУСЕН	Министерство здравоохранения		
Сафаева К. сотрудник по здравоохранению	ЮНИСЕФ		
Ким Л.Н. зав. отдела иммунопрофилактики	Рес.ЦГСЭН		
Умирзаков Б.К. главный врач	Рес.ЦГСЭН		
Таджибаев Г.Х. заместитель главного врача	Рес.ЦГСЭН		

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

All comments will be treated confidentially

Comments from Partners:

МКК поддерживает усилия Узбекистана в области иммунопрофилактики и приветствует прогресс, достигнутый в этом отношении, особенно в обеспечении устойчивого финансирования рутинной иммунизации

Comments from the Regional Working Group:

2.3. HSCC signatures page

Uzbekistan is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

Uzbekistan is not reporting on CSO (Type A & B) fund utilisation in 2012

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4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	652,771	607,416	659,951	625,000	667,211	625,000	674,550	625,000	681,970	625,000
Total infants' deaths	39,167	6,011	39,597	7,000	40,033	7,000	40,473	7,000	40,918	7,000
Total surviving infants	613604	601,405	620,354	618,000	627,178	618,000	634,077	618,000	641,052	618,000
Total pregnant women	731,103	613,427	739,145	630,000	733,939	630,000	742,005	630,000	750,167	630,000
Number of infants vaccinated (to be vaccinated) with BCG	646,243	612,282	653,352	622,500	660,539	622,500	667,804	622,500	675,150	622,500
BCG coverage	99 %	101 %	99 %	100 %	99 %	100 %	99 %	100 %	99 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3	607,468	598,968	614,151	616,146	620,906	616,146	627,736	616,146	634,641	616,146
OPV3 coverage	99 %	100 %	99 %	100 %	99 %	100 %	99 %	100 %	99 %	100 %
Number of infants vaccinated (to be vaccinated) with DTP1	607,468	592,464	614,151	609,966	620,906	609,966	627,736	609,966	634,641	609,966
Number of infants vaccinated (to be vaccinated) with DTP3	607,468	596,086	614,151	613,674	620,906	613,674	627,736	613,674	634,641	613,674
DTP3 coverage	98 %	99 %	99 %	99 %	99 %	99 %	99 %	99 %	99 %	99 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	5	0	5	0	5	0	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	607,468	603,300	614,151	617,382	620,906	617,382	627,736	617,382	634,641	617,382
Measles coverage	99 %	100 %	99 %	100 %	99 %	100 %	99 %	100 %	99 %	100 %
Pregnant women vaccinated with TT+	0	0	0	0	0	0	0	0	0	0
TT+ coverage	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	-1 %	0 %	-1 %	0 %	-1 %	0 %	-1 %	0 %	-1 %

*

** Number of infants vaccinated out of total 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

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.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011**. The numbers for 2012 - 2015 in [Table 4 Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

Министерство здравоохранения Республики Узбекистан во главе Главного Управления охраны материнства и детства, Рес.научно-практический центр Педиатрии, Институт Акушерства и Гинекологии, Институт статистики и здоровья и его филиалы в регионах республики проводили совместную работу по скринингу населения в целях осуществления государственной программы "здоровья матери и ребенка", "недели здоровья", санитарно-разъяснительную работу среди населения, махаллях с использованием всеми доступными методами СМИ, в результате чего, было достигнуто уменьшение количество рождаемости детей с различными патологиями.

- Justification for any changes in **surviving infants**

Республиканским научно-практическим центром Педиатрии и скрининговым центром в регионах республики во главе с женскими комитетами и Соглом Авлод Учун проводились работы среди медицинских работников ЛПУ и населения по оздоровлению детей, а также для своевременного получения профилактических прививок полежащего контингента. Внедрена государственная программа по выживанию новорожденных, для чего проектом здоровья все родильные учреждения обеспечены необходимым количеством оборудованием, которые способствуют правильному выхаживанию детей (кюветы и другие). Обеспеченность одноразовыми инструментариями и лечебными препаратами и подготовка знаний врачей неонатологов по выхаживанию новорожденных детей улучшилась.

- Justification for any changes in **targets by vaccine**

Правительством Республики Узбекистан в 2011 году выделены 100% финансовые средства на закупку вакцин с учетом запаса вакцин на 1 квартал 2012 года. Обеспеченность вакцинами для иммунизации детей, согласно национального календаря профилактических прививок достаточная.

- Justification for any changes in **wastage by vaccine**

В 2011 году потери вакцин уменьшились. Проведена большая работа по подготовке врачей и вакцинаторов по технике проведения иммунизации, безопасности вакцинации, учету, хранению и расходу вакцин на местах. Среди населения также проведена санитарно-разъяснительная работа по значимости иммунизации при поддержке ВОЗ/ЮНИСЕФ. Возоблена работа по иммунизации Веб-сайт, телефоны горячей линии, выступления по радио и телевидению, театральные постановки.

5.2. Immunisation achievements in 2011

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2011 and how these were addressed:

В результате проведенной работы по улучшению иммунизации на местах достигнуты успехи в повышении показателей охвата профилактическими прививками каждого района. Обеспеченность вакцинами для иммунизации детей подлежащего контингента достаточная, потери вакцин уменьшились, подготовка медицинских работников по оказанию услуг иммунизации улучшилась и проводились ежемесячный и еженедельный мониторинг за охватом профилактическими прививками каждого района и расхода вакцин\

Проблемы: 1. Не доохват новорожденных в родильных учреждениях (домашние и дорожные роды, детей, рожденных от ВИЧ инфицированных матерей и ВИЧ инфицированных детей).

2. Оздоровление детей с медицинскими противопоказаниями и их своевременный охват профилактическими прививками.

3. Низкий уровень знаний врачей общей практики ЛПУ по иммунизации (по медицинским противопоказаниям)

4. В результате внутренней миграции населения отмечается не своевременный и полный учет детей прививаемого возраста.

5. Согласно проведенных исследований существует проблема в регистрации и увеличению заболеваемости ротавирусной инфекцией и смертность от нее среди детей до 5 лет, что приводит к экономическому ущербу.

5.2.2. If targets were not reached, please comment on reasons for not reaching the targets:

1. Зарегистрирована вспышечная ситуация по заболеваемости корью в городе Ташкенте, Ташкентской, Ферганской, Самаркандской областях. Причиной возникновения послужило накопление восприимчивого контингента среди однократно привитых против кори, что явились источниками инфекции для детей до 1 года. Регистрировалось внутрибольничное заражение корью, в эпид. процесс были вовлечены также и медицинские работники.

2. Выявлены молчащие зоны по ОВП.

3. Существуют 12 районов, где охват профилактическими прививками не достигает 95%.

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate

How have you been using the above data to address gender-related barrier to immunisation access?

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **No**

What action have you taken to achieve this goal?

Косвенные исследования и отчетность не дают основания предполагать различия в доступе к услугам иммунизации по гендерному признаку

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)

НЕ ИМЕЕТ ОТНОШЕНИЯ

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **No**
If Yes, please describe the assessment(s) and when they took place.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

НЕ ИМЕЕТ ОТНОШЕНИЯ

5.4.4. Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

НЕ ИМЕЕТ ОТНОШЕНИЯ

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** and **Table 5.5b** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

Exchange rate used	1 US\$ = 1700	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	n/a	n/a	n/a
Traditional Vaccines*	3,353,000	3,353,000	0	0	0	0	0	0
New and underused Vaccines**	6,889,320	369,320	6,520,000	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	611,365	500,000	111,365	0	0	0	0	0
Cold Chain equipment	250,000	250,000	0	0	0	0	0	0
Personnel	400,000	400,000	0	0	0	0	0	0
Other routine recurrent costs	0	0	0	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	4,085,000	3,080,000	0	1,005,000	0	0	0	0
социальная мобилизация		0	0	150,000	30,000	0	0	0
Total Expenditures for Immunisation	15,588,685							
Total Government Health		7,952,320	6,631,365	1,155,000	30,000	0	0	0

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

НЕ ИМЕЕТ ОТНОШЕНИЯ

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

НЕ ИМЕЕТ ОТНОШЕНИЯ

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

НЕ ИМЕЕТ ОТНОШЕНИЯ

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	3,223,000	3,700,000
New and underused Vaccines**	532,000	750,000
Injection supplies (both AD syringes and syringes other than ADs)	500,000	500,000
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	140,000	0
Personnel	450,000	500,000
Other routine recurrent costs	0	0
Supplemental Immunisation Activities	0	3,360,000
Total Expenditures for Immunisation	4,845,000	8,810,000

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

Рассчитываем.

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

НЕТ

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **No, not implemented at all**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

If none has been implemented, briefly state below why those requirements and conditions were not met.

оценка управления финансами не проводилась

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **4**

Please attach the minutes (**Document N°**) from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.5 Overall Expenditures and Financing for Immunisation](#)

1. Проведение дополнительной массовой кампании иммунизации против кори и краснухи.
2. Исключение проведение ревакцинации против туберкулеза.
3. Создание национальной технической экспертной группы при МЗ.
4. Проведение бустерной иммунизации против вирусного гепатита В среди детей 8-9 лет.
5. Внедрение ротавирусной иммунизации с 2013.

Are any Civil Society Organisations members of the ICC? **No**

If Yes, which ones?

List CSO member organisations:

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

1. Оценка эффективного управления вакцинами.
2. Заявка в ГАВИ для получения ротавирусной вакцины.
3. Усиление эпидемиологического надзора и мониторинга за ОВП, корью, краснухой и СВК.
4. Внедрение дозорного эпид.надзора за ХИБ. инфекцией.
5. Подготовка специалистов областного и районного уровней по 9 модулям безопасности иммунизации.

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	одноразовые	правительство
Measles	одноразовые	правительство
TT	одноразовые	правительство
DTP-containing vaccine	саморазрушающиеся	по со финансированию с ГАВИ

Does the country have an injection safety policy/plan? **Yes**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

План повышения безопасности инъекций находится на уровне правительства для утверждения и внедрения.

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

1. Сжигание в инсинераторах.
2. Сжигание в приспособленных самодельных печах.
3. Инкасулирование в приспособленных емкостях.

6. Immunisation Services Support (ISS)

Uzbekistan is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.1. Report on the use of ISS funds in 2011

	Amount US\$	Amount local currency
Funds received during 2011 (A)		
Remaining funds (carry over) from 2010 (B)		
Total funds available in 2011 (C=A+B)		
Total Expenditures in 2011 (D)		
Balance carried over to 2012 (E=C-D)		

6.1.1. Briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.3. Request for ISS reward

Request for ISS reward achievement in Uzbekistan is not applicable for 2011

7. New and Under-used Vaccines Support (NVS)

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	Total doses for 2011 in Decision Letter	Total doses received by 31 December 2011	Total doses of postponed deliveries in 2012
DTP-HepB-Hib		1,905,900	270,000

**Please also include any deliveries from the previous year received against this Decision Letter*

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

Неприменимо

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **Not selected**

If **Yes**, how long did the stock-out last?

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	март 2009г.	
Phased introduction	No	
Nationwide introduction	Yes	09/03/2009
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **November 2011**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 20))

Оценка после внедрения пентавалентной вакцины не проводилась. Тем не менее, проводилась оценка до внедрения ротавирусной вакцины с компонентами оценки после внедрения пентавалентной в ноябре 2011.

Отчет о проведенной оценке на стадии предоставления.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2011 (A)	148,500	252,450,000
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	148,500	252,450,000
Total Expenditures in 2011 (D)	48,500	0
Balance carried over to 2012 (E=C-D)	100,000	252,450,000

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

Закупка холодильного оборудования:

1. холодовая комната с объемом 30000 литров с дизельным генератором.
2. холодильники плюсовые 28 штук и холодильники-морозильники - 28 штук.
3. 17 компьютеров с принтером и факсом.

Please describe any problem encountered and solutions in the implementation of the planned activities

Обучение персонала - вакцинаторов, врачей общей практики и ответственных лиц по содержанию оборудования холодной цепи будет проводиться в 2012 году.

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

Неприменимо

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	369,320	184,000
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	369320	
Donor	ГАВИ	
Other		

	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	March	правительство
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	1. Для составления заявки внедрения и получения новой ротавирусной вакцины необходим консультант.	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy:

<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

Is GAVI's new vaccine support reported on the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **October 2008**

Please attach:

- (a) EVM assessment **(Document No 15)**
- (b) Improvement plan after EVM **(Document No 16)**
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for delay, if any

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **May 2012**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Uzbekistan does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Due to the high demand in the early years of introduction, and in order to ensure safe introductions of this new vaccine, countries' requests for switch of PCV presentation (PCV10 or PCV13) will not be considered until 2015.

Countries wishing to apply for switch from one PCV to another may apply in 2014 Annual Progress Report for consideration by the IRC

For vaccines other than PCV, if you would prefer, during 2011, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. The reasons for requesting a change in vaccine presentation should be provided (e.g. cost of administration, epidemiologic data, number of children per session). Requests for change in presentation will be noted and considered based on the supply availability and GAVI's overall objective to shape vaccine markets, including existing contractual commitments. Country will be notified in the If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, about the ability to meet the requirement including timelines for supply availability, if applicable. Countries should inform about the time required to undertake necessary activities for preparing such a taking into account country activities needed in order to switch as well as supply availability.

You have requested switch of presentation(s); Below is (are) the new presentation(s) :

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

Please attach the minutes of the ICC and NITAG (if available) meeting (Document N° **10,11**) that has endorsed the requested change.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

Renewal of multi-year vaccines support for Uzbekistan is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per [7.11 Calculation of requirements](#)
Yes

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningococcal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	500,000\$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	601,405	618,000	618,000	618,000	618,000	3,073,405
	Number of children to be vaccinated with the first dose	Table 4	#	592,464	609,966	609,966	609,966	609,966	3,032,328
	Number of children to be vaccinated with the third dose	Table 4	#	596,086	613,674	613,674	613,674	613,674	3,050,782
	Immunisation coverage with the third dose	Table 4	%	99.12 %	99.30 %	99.30 %	99.30 %	99.30 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	0					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.18	2.02	1.99	1.93	
cc	Country co-financing per dose	Co-financing table	\$		0.34	0.40	0.46	0.52	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Co-financing group	Intermediate
--------------------	--------------

	2011	2012	2013	2014	2015
Minimum co-financing	0.30	0.30	0.34	0.40	0.46
Recommended co-financing as per APR 2010			0.40	0.46	0.52
Your co-financing	0.30	0.34	0.40	0.46	0.52

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

		2012	2013	2014	2015
Number of vaccine doses	#	1,657,300	1,570,800	1,512,100	1,446,400
Number of AD syringes	#	1,752,600	1,660,600	1,598,500	1,529,000
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	19,475	18,450	17,750	16,975
Total value to be co-financed by GAVI	\$	3,923,000	3,443,500	3,265,500	3,042,000

Table 7.11.3: Estimated GAVI support and country co-financing (Country support)

		2012	2013	2014	2015
Number of vaccine doses	#	278,000	350,600	409,400	475,100
Number of AD syringes	#	294,000	370,700	432,800	502,300
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	3,275	4,125	4,825	5,575
Total value to be co-financed by the Country	\$	658,000	769,000	884,000	999,500

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID** (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	14.36 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	592,464	609,966	87,614	522,352
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	1,777,392	1,829,898	262,840	1,567,058
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	D X E	1,866,262	1,921,393	275,982	1,645,411
G	Vaccines buffer stock	(F – F of previous year) * 0.25		13,783	1,980	11,803
H	Stock on 1 January 2012	Table 7.11.1	0			
I	Total vaccine doses needed	F + G – H		1,935,176	277,962	1,657,214
J	Number of doses per vial	Vaccine Parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		2,046,486	293,950	1,752,536
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		22,716	3,263	19,453
N	Cost of vaccines needed	I x vaccine price per dose (g)		4,222,555	606,513	3,616,042
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		95,162	13,669	81,493
P	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q	Cost of safety boxes needed	M x safety box price per unit (cs)		132	19	113
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		253,354	36,391	216,963
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		9,530	1,369	8,161
T	Total fund needed	(N+O+P+Q+R+S)		4,580,733	657,960	3,922,773
U	Total country co-financing	I x country co-financing per dose (cc)		657,960		
V	Country co-financing % of GAVI supported proportion	U / T		14.36 %		

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID** (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	18.25 %			21.30 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	609,966	111,300	498,666	609,966	129,942	480,024
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	1,829,898	333,898	1,496,000	1,829,898	389,826	1,440,072
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	1,921,393	350,593	1,570,800	1,921,393	409,317	1,512,076
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	0	0	0	0	0	0
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	1,921,393	350,593	1,570,800	1,921,393	409,317	1,512,076
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	2,031,187	370,627	1,660,560	2,031,187	432,707	1,598,480
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	22,547	4,115	18,432	22,547	4,804	17,743
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	3,875,450	707,146	3,168,304	3,815,887	812,903	3,002,984
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	3,875,450	17,235	77,216	3,815,887	20,122	74,329
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	131	24	107	131	28	103
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	232,527	42,429	190,098	228,954	48,775	180,179
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	9,459	1,726	7,733	9,459	2,016	7,443
T	Total fund needed	$(N+O+P+Q+R+S)$	4,212,018	768,559	3,443,459	4,148,882	883,841	3,265,041
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	768,558			883,841		
V	Country co-financing % of GAVI supported proportion	U / T	18.25 %			21.30 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	V	24.73 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	609,966	150,815	459,151
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	1,829,898	452,444	1,377,454
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	1,921,393	475,066	1,446,327
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	0	0	0
H	Stock on 1 January 2012	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	1,921,393	475,066	1,446,327
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	2,031,187	502,213	1,528,974
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	22,547	5,575	16,972
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	3,714,053	918,303	2,795,750
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	94,451	23,354	71,097
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	131	33	98
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	222,844	55,099	167,745
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	9,459	2,339	7,120
T	Total fund needed	$(N+O+P+Q+R+S)$	4,040,938	999,125	3,041,813
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	999,125		
V	Country co-financing % of GAVI supported proportion	U / T	24.73 %		

8. Injection Safety Support (INS)

Uzbekistan is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Uzbekistan is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Uzbekistan is not reporting on GAVI TYPE A CSO support for 2012

10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Uzbekistan is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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. These could be in addition to the approved minutes, which should be included in the attachments

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS**

I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2011 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		Ministers signature.pdf File desc: Deputy minister of health Date/time: 5/22/2012 9:46:01 AM Size: 35279
2	Signature of Minister of Finance (or delegated authority)	2.1		Ministers signature.pdf File desc: Head of finance unit Date/time: 5/22/2012 9:46:01 AM Size: 35279
3	Signatures of members of ICC	2.2		Подписи членов МКК.pdf File desc: Члены МКК Date/time: 5/22/2012 9:46:01 AM Size: 52709
5	Minutes of ICC meetings in 2011	2.2		протокол ГАВИ за 2011 год.doc File desc: Протокол МКК за 2011 Date/time: 5/22/2012 9:46:01 AM Size: 88064
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2		протокол ГАВИ за 2012 год.doc File desc: Протокол МКК за 2012 Date/time: 5/22/2012 9:46:01 AM Size: 37888
10	new cMYP APR 2011	7.7		UZB_cMYP_Scenario_A_revised.pdf File desc: КМП за 2011 Date/time: 5/22/2012 9:46:01 AM Size: 1191335
11	new cMYP costing tool APR 2011	7.8		UZB_cMYP_Scenario_A_revised.pdf File desc: КМП за 2011 Date/time: 5/22/2012 9:46:15 AM Size: 1191335
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1		GAVI.doc File desc: Justification Date/time: 5/22/2012 9:50:37 AM Size: 28672
15	EVSM/VMA/EVM report APR 2011	7.5		GAVI.doc File desc: N/A Date/time: 5/22/2012 9:51:57 AM Size: 28672
16	EVSM/VMA/EVM improvement plan APR 2011	7.5		GAVI.doc File desc: N/A Date/time: 5/22/2012 9:51:57 AM

				Size: 28672
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5		GAVI.doc File desc: N/A Date/time: 5/22/2012 9:51:57 AM Size: 28672
20	Post Introduction Evaluation Report	7.2.2		GAVI.doc File desc: N/A Date/time: 5/22/2012 9:51:57 AM Size: 28672
21	Minutes ICC meeting endorsing extension of vaccine support	7.8		протокол ГАВИ за 2012 год.doc File desc: Протокол МКК за 2012 Date/time: 5/22/2012 9:51:57 AM Size: 37888