

Partnering with The Vaccine Fund

## **Progress Report**

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

by the Government of Turkmenistan

## COUNTRY:

Date of submission: April, 10

Reporting period: 2004 (Information provided in this report MUST refer to

2004 activities)

( Tick only one ) :
 Inception report
 First annual progress report
 Second annual progress report
 Third annual progress report
 Fourth annual progress report
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Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

\*Unless otherwise specified, documents may be shared with GAVI partners and collaborators

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To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

- 1.1 Immunization Services Support (ISS) n/a
- 1.1.1 Management of ISS Funds

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

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

### 1.1.2 Use of Immunization Services Support

In 2004, the following major areas of activities have been funded with the GAVI/Vaccine Fund Immunization Services Support contribution.

Funds received during 2004	
Remaining funds (carry over) from 2003	

Table 1: Use of funds during 2004

		AMOUNT OF FUNDS							
Area of Immunization	Total amount in	An March Balling	PRIVATE						
Services Support	US \$	Central	Region/State/Province	District	SECTOR & Other				
Vaccines									
Injection supplies									
Personnel									
Transportation									
Maintenance and overheads									
Training									
IEC / social mobilization									
Outreach									
Supervision									
Monitoring and evaluation									
Epidemiological surveillance									
Vehicles									
Cold chain equipment									
Other (specify)									
Total:									
Remaining funds for next									
year:									

<sup>\*</sup>If no information is available because of block grants, please indicate under 'other'.

Please report on major activities	conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.
reuse report on major detivities	
1.1.3 Immunization Dat	ta Quality Audit (DQA) (If it has been implemented in your country)
Has a plan of action to improve th If yes, please attach the plan.	he reporting system based on the recommendations from the DQA been prepared?
YES	NO x
If yes, please report on the degre	ee of its implementation.
Please attach the minutes of the	ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.

#### 1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during 2004

Start of vaccinations with the new and under-used vaccine:

**MONTH January** 

YEAR 2002.

Hepatitis B vaccine has been introduced since January 2002

Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.

In 2004 within the framework of GAVI and Vaccine Fund support received 213, 700 doses of HepB vaccine for newborns, including 119,300 doses in 1-dose vials and 94,400 doses in 10-doses vials. Also in December 2003 received AD syringes in amount of 271,600 and 2,950 Safety boxes.

#### 1.2.2 Major activities

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

- Sustained high immunization coverage (more than 95% by all EPI antigens)
- During 2004 year new national Immunization programme for 2003-2020 and relevant Order of the Ministry o health have been introduced:
  - o updated vaccination calendar in accordance with WHO recommendations and country certification as polio free, foresee eventuality of introduction of new and polyvalent combined vaccines;
  - o expanded indications for vaccination;
  - o updated policy of storage, transportation of cold vaccines;
  - o everywhere introduced Open Vial policy;

- o changed anatomic places for vaccination.
- More than 180 managers and health specialists were familiarised with New National programme on Immunization and order of the MoH on introduction.
- With UNICEF support 180 health workers (epidemiologists, immunologists, family doctors and teacher of medical schools) trained on Safe Immunisation practices, conducted training for 93 epidemiologists (responsible for vaccines warehouses) on proper vaccine storage according to cold chain requirements.
- With UNICEF support printed collection of National programmes and orders of the MoH related to Immunization and vaccination calendar in amount of 3- and 5- thousand correspondingly and distributed to health facilities.
- In 2004 WHO experts assessed Central Vaccines Warehouse and noted 85% relevance to requirement for vaccine storage at national level.
- Carry out monthly state statistical reporting on Immunization
- Carry out regular epidemiological surveillance of vaccine-preventable diseases with monthly statistical reporting and active surveillance of AFPs within the framework of sustainability of status of the country as polio free.
- With UNICEF support strengthened surveillance through introduction of computerised system for monitoring of implementation of Immunization programme at national and sub-national levels, installed local area network between Centre and *velayats* (provinces).
- Financial sustainable plan on Immunization updated by National Working Group and a second time it was submitted for signature of the Minister of Economics and Finance.
- In accordance with VII agreement between MoH and UNICEF purchased and procured vaccines for vaccination and revaccination of children according to National vaccination calendar.

#### Challenges:

- Absence of National vaccine quality control agency in the country.
- Lack of AEFI surveillance and reporting on cases.
- In spite of high vaccination coverage need to improve communication work on Immunization for parents on benefits and purpose of vaccination.
- High wastage factor is due because of low density of population

#### 1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine

Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

#### 1.3 <u>Injection Safety</u>

#### 1.3.1 Receipt of injection safety support

Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

In early 2004 Ministry of Health received GAVI Secretariat approval for safety injection support. Within the framework of the support by MoH received 122400 AD syringes for BCG, 12300 reconstitution syringes for BCG, 19500 reconstitution syringes for Measles vaccine, 487,800 AD syringes for vaccination and 7125 safety boxes.

Receipt of syringes in October instead of expected earlier dates of delivery cause to absence of stock of AD syringes in Central Warehouse during one month.

#### 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

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

There were not problems for the implementation of the transitional plan for safe injection and sharp waste because during ten years Ministry of Heath has been following WHO/UNICEF policy on use of AD syringes only for vaccination and bundling distribution of vaccines and injection equipment

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
> Proportion of	1. Adequacy of supply of	Achieved, need to maintain		
vaccination points,	syringes and needles at			
equipped with AD	health facility level	17		
syringes for primary				
vaccination - target 100%				
by 2005.				
		Achieved need to sustain		
> Proportion of				
vaccination points,				
equipped with, AD				
syringes for revaccination				
- target 90% by 2005,		91 191 193 93 2.3		
100% by 2006.				

> Proportion of vaccination points ,		All vaccination points have in stock AD syringes for infants vaccination	
equipped with disposal syringes for reconstitution – target 100%			
Proportion of vaccination points (facilities providing vaccination more than twice in a month) – target 100% by 2005		All vaccination points have stock of AD and disposable syringes vaccination and for other issues such as antishock therapy	Accorded SVE and CAVI
Proportion of vaccination points, supplied with adequate sterile means for injection (integrity of package, expiry date) – target 100% by 2005		All vaccination points have safety boxes for safe waste disposal of used injection equipment, which then open burned.	Approval of VF and GAVI Secretariat safe injection materials for vaccination will gave opportunity for procurement of AD syringes for revaccination from state budget.
Proportion of health facilities provided with adequate quantity of safety boxes (one safety box in	2. Adequacy of disposal of used injection equipment		
use, and at least another one on stock) – target 100% by 2004		Safety boxes mainly are burning openly by responsible person in accordance with instruction.	
Availability of an incinerator or non		In places where incinerators exist - in incinerators.	

incineration safe facility - target 100% by 2004			
➤ Proportion of health facilities with presence of used syringes and needles in garbage, dumping areas or close to the health facility attributable to vaccination (i.e. ADs) – target 0% by 2005  ➤ Number of abscesses following immunization injection reported	in immunization  4. Anatomic sites of	Achieved. By national programme and Minister's order strictly prohibited to waste used syringes and needles to garbage and trash dump and use them for secondary waste processing.  Sanitary epidemiological service is assigned for inspection of the order implementation to the point of fine.	
Proportion of immunization injections observed as following aseptic injection technique (supervision reports, SIP assessment) – target 95% by 2005		Not registered during reporting year	
Proportion of vaccination injection given in the recommended site – target 90% by 2006, 99% by 2008		Achieved, need to sustain	

se of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)  Cactivities have been funded (specify the amount) with the GAVI/The Vaccine Fund injection safety support in the past year:
bility
Outline timetable and process for the development of a financial sustainability plan . Describe assistance that may be needed for developing a financial sustainability plan.
Submit completed financial sustainability plan by given deadline. Describe major strategies for improving financial sustainability.
According to current GAVI rules, support for new and under-used vaccines is covering the total quantity required to meet country targets (assumed to be equal to DTP3 targets) over a five year period (100% x 5 years = 500%). If the requested amount of new vaccines does not target the full country in a given year (for example, a phasing in of 25%), the country is allowed to request the remaining (in that same example: 75%) in a later year. In an attempt to help countries find sources of funding in order to attain financial sustainability by slowly phasing out GAVI/VF support, they are encouraged to begin contributing a portion of the vaccine quantity required. Therefore, GAVI/VF support can be spread out over a maximum of ten years after the initial approval, but will not exceed the 500% limit (see figure 4 in the GAVI Handbook for further clarification). In table 2.1, specify the annual proportion of five year GAVI/VF support for new vaccines that is planned to be spread-out over a maximum of ten years and co-funded with other sources. Please add the three rows (Proportion funded by GAVI/VF (%), Proportion funded by the Government and other sources (%), Total funding for (new vaccine)) for each new vaccine.

Proportion of vaccines supported by *		Annual proportion of vaccines								
		20	20	20	20	20	20	20	20	20
A: Proportion funded by GAVI/VF (%)***  B: Proportion funded by the Government and other sources (%)										
C: Total funding for (new vaccine)										

<sup>\*</sup> Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine.

In table 2.2 below, describe progress made against major financial sustainability strategies and corresponding indicators.

**Table 2.2:** Progress against major financial sustainability strategies and corresponding indicators

Financial Sustainability Strategy	Specific Actions Taken Towards Achieving Strategy	Progress Achieved	Problems Encountered	Baseline Value of Progress Indicator	Current Value of Progress Indicator	Proposed Changes To Financial Sustainability Strategy
1Review the		reviewed				
results/balance of annual			0 8949 11 1			
financing of immunization						
of ICC meeting						
2. To make provision for		Planned in				
reserve funds for foreseen		2003.				
expenditures for						
Immunization programme						
during annual budget						
planning						
3.To develop and approve		developed	Submitted for			
"Long-term financial plan		_	review to the			

<sup>\*\*</sup> The first year should be the year of GAVI/VF new vaccine introduction \*\*\* Row A should total 500% at the end of GAVI/VF support

of national Immunization		Ministry of			
programme, including		economics			
funding sources"		and finance			
4. Obligatory allocation of	foreseen				Foreseen in Financial
funds to cover expenses					Sustainable plan of
related to immunization in					Immunization
total budget for health					
since 2004					
5. Procurement vaccines	achieved				Extension of the MoU
through UNICEF in					on vaccine procurement
accordance with					from 2006 to 2009
international costs	1. 1	-			
6. Proportion of vaccine's	achieved	In some etrap	20%	20%	Organization of mobile
wastage factor cannot be		waster factor			teams provided with
higher levels planned		higher than it			transportation for
		was planned			collection of children in
7. Procurement of	achieved	C	500/	270/	one vaccination point.
		Some	50%	37%	It is planning to
vaccines, recommended by WHO	partly	vaccines			include in VII
by who		procured for revaccination			agreement with
12					UNICEF all vaccine,
		were not			including vaccines for
		certified by WHO	_		revaccination since
		WITO			2006

#### 3. Request for new and under-used vaccines for year 2006

Section 3 is related to the request for new and under used vaccines and injection safety for 2006.

#### 3.1. \_\_Up-dated immunization targets

Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies MUST be justified in the space provided (page 12). Targets for future years MUST be provided.

Table 3: Update of immunization achievements and annual targets

Number of		Achievements and targets										
Number of	2004	2005	2006	2007	2008	2009	2010	2011	2012			
DENOMINATORS												
Births	89,934	100,000	113,730									
Infants' deaths	1176	1489	1523									
Surviving infants	88,758	98511	122,207									
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with 1 <sup>st</sup> dose of DTP (DTP1)*	87,160	96,540	110,748									
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with 3 <sup>rd</sup> dose of DTP (DTP3)*	86,273	95,555	108,840									
NEW VACCINES **												
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with 1 <sup>st</sup> dose of DTP (DTP1)* (new vaccine)	89,664	99,700	110,748									
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with 3 <sup>rd</sup> dose of (new vaccine)	85,651	95,555	108,840									
Wastage rate in 2004 and plan for 2005 beyond*** ( new vaccine)	19,9	19,0	19,0									

INJECTION SAFETY****						
Pregnant women vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with TT2				 	 	 
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with BCG *	89,125	98,000	108,840	 	 	 
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with Measles *	78,538	95,555	110,748		 	 

<sup>\*</sup> Indicate actual number of children vaccinated in 2004 and updated targets (with either DTP alone or combined)

reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on

<sup>\*\*</sup> Use 3 rows (as indicated under the heading NEW VACCINES) for every new vaccine introduced

<sup>\*\*\*</sup> Indicate actual wastage rate obtained in past years

<sup>\*\*\*\*</sup> Insert any row as necessary

#### 3.2 Availability of revised request for new vaccine (to be shared with UNICEF Supply Division) for 2006

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

**Table 4: Estimated number of doses of Hepatitis B vaccine** (specify for one presentation only): Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For 2006
	Infants vaccinated/to be vaccinated with 1st dose of		
A	Hepatitis B vaccine (new vaccine)*		113,730
	Percentage of vaccines requested from The Vaccine		
	Fund taking into consideration the Financial		
В	Sustainability Plan	%	75%
С	Number of doses per child		3
D	Number of doses	$A \times B \times C$	255,893
E	Estimated wastage factor	(see list in table 3)	1.25
F	Number of doses (incl. Wastage)	A x C x E x B/100	319,866
G	Vaccines buffer stock	F x 0.25	79,966
	Anticipated vaccines in stock at start of year 2006		
Н	(including balance of buffer stock)		
-1	Total vaccine doses requested	F+G-H	399,832
J	Number of doses per vial		1
K	Number of AD syringes (+10% wastage)	$(D+G-H) \times 1.11$	372,803
L	Reconstitution syringes(+10% wastage)	I/J x 1.11	
M	Total safety boxes (+10% of extra need)	(K+L)/100 x 1.11	4,138

ICC note: considering low density of population and sparseness of vaccination points need to delivery of 50% of vaccine in 1-dose vials, i.e. 199,916 doses

<sup>\*</sup>Please report the same figure as in table 3.

Table 5: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

#### Remarks

- <u>Phasing:</u> Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** Countries are expected to plan for a maximum of: 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- <u>Buffer stock:</u> The buffer stock is recalculated every year as 25% the current vaccine requirement
- Anticipated vaccines in stock at start of year 2006: It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines.
- <u>AD syringes:</u> A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, <u>excluding</u> the wastage of vaccines.
- Reconstitution syringes: it applies only for lyophilized vaccines. Write zero for other vaccines.
- Safety boxes: A multiplying factor of 1.11 is applied to safety boxes\_to cater for areas where one box will be used for less than 100 syringes

#### 3.4 Confirmed/revised request for injection safety support for the year 2006

Table 6: Estimated supplies for safety of vaccination for the next 2006 year

Table 4: with BCG vaccine

		Formula	For 2006	
A	Target if children for BCG vaccination	#	113,730	
В	Number of doses per child (for TT: target of pregnant women)	#	1	
C	Number ofdoses	ΑxΒ	113,730	
	AD syringes (+10% wastage)	C x 1.11	126,240	
	AD syringes buffer stock 2	D x 0.25	31,560	
	Total AD syringes	D + E	157,800	
G	Number of doses per vial	#	20	
	Vaccine wastage factor 4	Either 2 or 1.6	2	
	Number of reconstitution syringes (+10% wastage) 3	C x H X 1.11/G	12,624	
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11/100$	1,892	

- 1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)
- 2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.
- 3 Only for lyophilized vaccines. Write zero for other vaccines.
- 4 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

Table 5: with DPT vaccine

		Formula	For 2006	
A	Target if children for DPT vaccination	#	113,730	
В	Number of doses per child	#	4	
С	Number ofdoses	ΑxΒ	454,920	
D	AD syringes (+10% wastage)	C x 1.11	504,961	
Ε	AD syringes buffer stock 2	D x 0.25	126,240	
F	Total AD syringes	D + E	631,202	
G	Number of doses per vial	#	10	
Н	Vaccine wastage factor 4	Either 2 or 1.6	2	
Ī	Number of reconstitution syringes (+10% wastage) 3	C x H X 1.11/G		
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11/100$	7,006	

- 1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)
- 2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.
- 3 Only for lyophilized vaccines. Write zero for other vaccines.
- 4 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

Table 6: with Measles vaccine

		Formula	For 2006	
A	Target if children for BCG vaccination	#	113,730	
В	Number of doses per child (for TT: target of pregnant women)	#	1	
С	Number ofdoses	ΑxΒ	113,730	
D	AD syringes (+10% wastage)	C x 1.11	126,240	
E	AD syringes buffer stock 2	D x 0.25	31,560	
F	Total AD syringes	D + E	157,800	
G	Number of doses per vial	#	10	
H	Vaccine wastage factor 4	Either 2 or 1.6	2	
Ī	Number of reconstitution syringes (+10% wastage) 3	C x H X 1.11/G	20,198	
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11/100$	1,976	

- 1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)
- 2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.
- 3 Only for lyophilized vaccines. Write zero for other vaccines.
- 4 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

# 4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

Indicators	Targets	Achievements	Constraints	Updated targets

#### 5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	10.04.05	
Reporting Period (consistent with previous calendar year)	2004	
Table 1 filled-in	Form the state of	
DQA reported on		
Reported on use of 100,000 US\$		
Injection Safety Reported on		
FSP Reported on (progress against country FSP indicators)	Yes	
Table 2 filled-in	Yes	
New Vaccine Request completed	Yes	
Revised request for injection safety completed (where applicable)		
ICC minutes attached to the report		×
Government signatures		
ICC endorsed		

#### 6. Comments

ICC/RWG comments:

Considering the low density of population and sparseness of vaccination points and as a result high wastage factor, and we need of delivery of 50 percent in one-dose vials, i.e. 199,916 doses.

### 7. Signatures

For the Government of Turkmenistan

Signature: Maceley Leyli Shamuradova

Title: Deputy Minister of Health and Medical Industry.

Date: 10<sup>th</sup> April 2005

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

Agency/Organisatio n	Name/Title	Date Signature	Agency/Organisation	Name/Title	Date Signature
1.The State Sanitary and Epidemiological Inspection of the Ministry of Health and Medical Industry	Annamurad Orazov- Deputy Head; ICC Chairman	Bleecen!	5.UNICEF	Enegul Djumaeva- APO MCH	Jeers 18.04.05
2. The State Sanitary and Epidemiological Inspection	Sophia Alieva- Head of Epidemiological Surveillance Department; ICC Secretary	10.04.05 Phys	6.WHO Liaison Office	Bahtygul Karryeva- Officer	14.04 2005 Foly
3.The Ministry of Health and Medical Industry	Guljemal Ezizova- Head of Treatment and Preventive Aid	14.04.05. Danuf-	7.USAID	Elena Samarkina- Health Manager	68annes \$\\ 18.04.2005
4.UNFPA	Eziz Hellenov – Assistant Representative	18.04.05	8.National Institute of Statistics and Forecast	Raya Magerramova- Deputy Head of Social statistics and Life level of population	18.04.2005 P. Haces_