



Partnering with The Vaccine Fund

Updated February 2004

Progress Report

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

by the Government of

COUNTRY: KYRGYZ REPUBLIC

Date of submission: 30.05.04

Reporting period: 2003..... (Information provided in this report **MUST**
refer to the previous calendar year)

(Tick only one) :

Inception report

First annual progress report

Second annual progress report

Third annual progress report

Fourth annual progress report ρ

Fifth annual progress report

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 the GAVI partners and collaborators***

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1. Report on progress made during the previous calendar year

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

1.1 Immunization Services Support (ISS)

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.

In 2003 GAVI financed purchase of vaccines against virus hepatitis type B together with syringes for children under 1 year old.

For immunization service support 100 000 \$ were received.

1.1.2 Use of Immunization Services Support

In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year 100 000 \$

Remaining funds (carry over) from the previous year --

Table 1 : Use of funds during reported calendar year 2003

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	104 000				
Injection supplies	23 300				
Personnel					
Transportation					
Maintenance and overheads	5 050				
Training	5 200				
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation	2 130				
Epidemiological surveillance					
Vehicles	14 800				
Cold chain equipment					
Техническое оснащение ЦИ (specify)	14 500				
Total:	168 980				
Remaining funds for next year:	58 320				

**If no information is available because of block grants, please indicate under 'other'.*

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

In 2003 the allocation of funds from GAVI was not discussed at ICC meetings.

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

In 2003 main activity didn't deviate from planned activity.

The main problem was inopportune financing from the Government of the KR.

1.1.3 Immunization Data Quality Audit (DQA) *(If it has been implemented in your country)*

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

If yes, please attach the plan.

YES ☐

NO ☒

If yes, please attach the plan and report on the degree of its implementation.

Please attach the minutes of the ICC meeting where the plan of action for the DOA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during the last year (for example, coverage surveys).

In 2003 Republican Center of immunoprophylaxis of the Ministry of Health of the Kyrgyz Republic with support of UNICEF held checking of cooling cycle, in particular coverage with fridges on the level of district and regional storages of Centers of State Sanitary Epidemiological Control. The assessment showed that there is a big lack of “plus” fridges for storing adsorbed vaccines on the level of district and regional CSSEC.

Also in 2003 Republican Center of immunoprophylaxis of the Ministry of Health of the Kyrgyz Republic with support of GAVI held cluster assessment of the level of prophylactic immunization against Tuberculosis, pertussoid, diphtheria and tetanus (APDT), poliomyelitis and measles for children from 1 year old to 2 years old within the republic. Results analysis showed that vaccination against tuberculosis was 99,1 %, APDT – 3 and poliomyelitis against vaccination – 3 – 98,0 %, measles against vaccination – 94,3 % which confirms monthly given reports on prophylactic vaccination level from areas of the Kyrgyz Republic.

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

1.2.1 Receipt of new and under-used vaccines during the previous calendar year 2003

Start of vaccinations with the new and under-used vaccine: May MONTH.....2001 YEAR.....

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

In 2003 from GAVI we received 283 750 doses of vaccines against virus hepatitis type B together with 333 400 syringes and 3 600 boxes of safe utilization. Total sum was 127 300 \$.

Vaccination against virus hepatitis type B is being held since 2001 and in 2003 was successfully continued.

There are no special problems in immunization in country.

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.

Attempts of Republican Center of immunoprophylaxis of the Ministry of Health of the Kyrgyz Republic, international donors which support immunization service are directed to strengthening of existing service, supporting high level of prophylactic immunization, modernization of cooling cycle, conducting trainings and seminars on safe immunization praxis.

In particularly standards of safe immunization praxis and used syringes utilization were developed and introduced (official paper of the Ministry of Health # 430 from 07.10.03 “About improving of safe immunization praxis and system of epidemiological control for post – vaccination complication”).

A draft law “About making changes and amendments to the Law of the Kyrgyz Republic “About immunoprophylaxis of contagious diseases” was prepared, it is planning to introduce private vaccination with vaccines which are not in National calendar of prophylactic vaccines.

Thanks Counterpart Consortium medical staff working with risk groups was immunized with vaccines against hepatitis type B. In Bishkek – 1441 people (3 times), in Chui region – 868 people (2 times).

There was additional immunization against rubella for 2000 women from 35 to 40 years old. A system of epidemiological control for measles, rubella and syndrome of congenital rubella on the level of all medical establishments of the republic.

On support of UNICEF 7 “plus” fridges (400,0 liters) were received for storage of adsorbed vaccines on the level of district and regional CSSEC and 2 300 thermometers for immunization points.

The main problem – inopportune and insufficient financing of health care system in particular prophylactic immunization from the Government of the Kyrgyz Republic.

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.

100 000 \$ were received for support of prophylactic immunization of the Kyrgyz Republic in the beginning of 2003. distribution plan of received finance was approved by the Ministry of Health, it will be used within several years.

In 2003 from received resources 41 680 \$ were spent. 2 automobiles were purchased and equipped for 14 800 \$, 5 050 \$ were spent for organizational and unprofitable expenses of immunization service, 2 130 \$ for monitoring and immunization service assessment, 5 200 \$ for conducting seminars on vaccination against virus hepatitis type B for medical staff of medical – prophylactic establishments. 14 500 \$ were spent to purchase office equipment, computers, mobile communication devices for immunization centers of the republic.

There were no problems in using finance.

1.3 Injection Safety

1.3.1 Receipt of injection safety support

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

Support on injections safety was from GAVI. It started in 2004.

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

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
1. Well-timed and sufficient provision of all areas with self-blocking syringes. 2. Well-timed and sufficient provision with Boxes of safe utilization to the areas of the country.	1. 100 % 2. 100 %	1. 100 % 2. 100 %	1. 2 At present time there are no problems, but since 2007 when support of GAVI on vaccination safety finishes there will appear a necessity in provision with syringes and BSU for vaccination of children under 2 years old.	

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

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

Finance for injection safety support the Kyrgyz Republic didn't receive.

2. Financial sustainability

Inception Report :	Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
First Annual Progress Report :	Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

Plan of sustainable financing provision to immunization program of the Kyrgyz Republic was developed and introduced to Secretariat of GAVI in November 2002. 2003 was the first year of that plan implementation.

In 2003 there were following activities in order to implement the Plan:

1. Support from GAVI for injections safety provision for 2004-2006 was received.
2. Control for vaccines storage and vaccination activity was toughened to decrease not stated vaccines loss.
3. There were no additions made to the National calendar on prophylactic vaccination.
4. There were no campaigns of mass, not planed immunization which means additional resources were not required.
5. The Government of the KR allocated 100 % of its co-financing in frames of Japanese grant for vaccines purchase on Vaccines Independence Initiatives (130 000 \$).
6. The Government signed with Asian Development Bank credit agreement about vaccines purchase on RPI for 2004-2008 on the project “Development of children of young ages on the base of communities”.
7. Introduction of Hib – vaccine in the country and vaccination against hepatitis B for teenagers postponed for non-definite time.

Second Annual Progress Report :	Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. In the following table 2, specify the annual proportion of five year of GAVI/VF support for new vaccines that is planned to be spread-out to ten years and co-funded with other sources.
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Table 2 : Sources (planned) of financing of new vaccine HepB... (specify)

Proportion of vaccines supported by	Annual proportion of vaccines									
	20.00.	2001.	2002..	2003.	2004.	2005.	2006.	2007.	2008.	2009.
Proportion funded by GAVI/VF (%)		100	100	100	100	100				
Proportion funded by the Government and other sources (%)							30/70	30/70	30/70	100
Total funding for HepB (new vaccine) *										

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

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties. Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on <http://www.gaviftr.org> under FSP guidelines and annexes. Highlight assistance needed from partners at local, regional and/or global level

3. Request for new and under-used vaccines for year 2005.. (indicate forthcoming year)

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

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								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS									
Births	99097	95860	99766	102589	108000	112000	116000	120000	120000
Infants' deaths	2225	2123	2128	2090	2000	2000	2000	2000	2000
Surviving infants	96872	93737	97638	100499	106000	110000	114000	118000	118000
Infants vaccinated / to be vaccinated with 1 st dose of DTP (DTP1)*	96130	92107	90251	91580	106000	110000	114000	118000	118000
Infants vaccinated / to be vaccinated with 3 rd dose of DTP (DTP3)*	95662	91595	89630	91066	106000	110000	114000	118000	118000
NEW VACCINES **									
Infants vaccinated / to be vaccinated with 1 st dose of HepB (new vaccine)	42069	87191	96314	99308	108000	112000	116000	120000	120000
Infants vaccinated / to be vaccinated with 3 rd dose of HepB (new vaccine)	42358	53214	90250	91665	106000	110000	114000	118000	118000
Wastage rate of *** HepB . (new vaccine)	20	20	20	20	15	15	15	15	15
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT									
Infants vaccinated / to be vaccinated with BCG	92717	92658	96786	99399	108000	112000	116000	120000	120000
Infants vaccinated / to be vaccinated with Measles	95949	93755	89064	89754	106000	110000	114000	118000	118000

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

** Use 3 rows for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

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

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) **for the year (indicate forthcoming year)**

Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

UNICEF delivery department confirmed that there is sufficient amount of ordered vaccines.

Table 4: Estimated number of doses of B7B vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2005
A	Infants vaccinated / to be vaccinated with 1 st dose of B7B (new vaccine)		89 600
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	268 800
E	Estimated wastage factor	(see list in table 3)	1,2
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	322 560
G	Vaccines buffer stock	$F \times 0.25$	-
H	Anticipated vaccines in stock at start of year		50 000
I	Total vaccine doses requested	$F + G - H$	272 560
J	Number of doses per vial		6
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	242 870
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	-
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	2 700

Remarks

- **Phasing:** 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 a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **Buffer stock:** 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 under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding 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

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

*Please report the same figure as in table 3.

Table 4: Estimated number of doses of B7B vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2005
A	Infants vaccinated / to be vaccinated with 1 st dose of B7B (new vaccine)		*22 400
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	67 200
E	Estimated wastage factor	(see list in table 3)	1,05
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	70 560
G	Vaccines buffer stock	$F \times 0.25$	-
H	Anticipated vaccines in stock at start of year		-
I	Total vaccine doses requested	$F + G - H$	70 560
J	Number of doses per vial		1
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	74 600
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	-
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	825

Remarks

- **Phasing:** 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 a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **Buffer stock:** 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 under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding 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

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

**Please report the same figure as in table 3.*

3.3 Confirmed/revised request for injection safety support for the year 2005 (*indicate forthcoming year*)

Table 6: Estimated supplies for safety of vaccination for the next two years with BCG

(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year 2005	For year 2006
A	Target of children for BCG vaccination	#	112 000	116 000
B	Number of doses per child	#	1	1
C	Number of BCG doses	$A \times B$	112 000	116 000
D	AD syringes (+10% wastage)	$C \times 1.11$	124 300	128 800
E	AD syringes buffer stock ¹	$D \times 0.25$	-	-
F	Total AD syringes	$D + E$	124 300	128 800
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	2	2
I	Number of reconstitution ² syringes (+10% wastage)	$C \times H \times 1.11 / G$	12 400	12 800
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	1 512	1 575

Table 6: Estimated supplies for safety of vaccination for the next two years with DTP

		Formula	For year 2005	For year 2006
A	Target of children for DTP vaccination	#	110 000	114 000
B	Number of doses per child	#	3	3
C	Number of DTP doses	$A \times B$	330 000	342 000
D	AD syringes (+10% wastage)	$C \times 1.11$	366 300	379 620

¹ 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.

² Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

E	AD syringes buffer stock ³	$D \times 0.25$	-	-
F	Total AD syringes	$D + E$	366 300	379 620
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1,25	1,25
I	Number of reconstitution ⁴ syringes (+10% wastage)	$C \times H \times 1.11 / G$	-	-
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	4 056	4200

Table 6: Estimated supplies for safety of vaccination for the next two years with MMR

		Formula	For year 2005	For year 2006
A	Target of children for MMR vaccination	#	110 000	114 000
B	Number of doses per child	#	1	1
C	Number of MMR doses	$A \times B$	110 000	114 000
D	AD syringes (+10% wastage)	$C \times 1.11$	122 100	126 540
E	AD syringes buffer stock ⁵	$D \times 0.25$	-	-
F	Total AD syringes	$D + E$	122 100	126 540
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1,25	1,25
I	Number of reconstitution ⁶ syringes (+10% wastage)	$C \times H \times 1.11 / G$	15 300	15 820
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	1 536	1 580

Table 7: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM		For the year 2005	For the year 2006	Justification of changes from originally approved supply:
Total AD syringes	for BCG	124 300	128 800	
	for other vaccines	488 400	506 160	
Total of reconstitution syringes		27 700	28 620	
Total of safety boxes		7 104	7 355	

³ 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.

⁴ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

⁵ 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.

⁶ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution 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.

There are no differences from application given before.

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
1. Prophylactic vaccination coverage . 2. Full provision of Medical-prophylactic establishments with syringes, boxes for safe utilization. 3. Provision of the Republic with vaccines and syringes for vaccination of children under 2 years old. 4. Provision of the Republic with vaccines and syringes for vaccination of children over 2 years old and adults.	1. 97 – 98 % 2. 100 % 3. 100 % 4. 100 %	1. In 2003 vaccination coverage against tuberculosis was 98,9 %, APDT-3-98,7 %, MMR-vaccine 99,6 %, VHB-99,2 %. 2. In 2003 provision with materials for immunization was 100 %. 3. 100 % 4. 90 %	1. None 2. Lack of financing from the Government of the KR (debt on IVI for 2002-2003 is 105 000 \$) 3. GAVI will support vaccines safety till 2007 since then for insufficient financing and social – economical situation in the country Kyrgyzstan will need support in vaccines safety for children under 2 years old. 4. Insufficient and not in time financing from the Government of the Kyrgyz Republic.	

5. Checklist

Checklist of completed form:

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

6. Comments

→ ICC/RWG comments:

Inter-Agency Coordination Committee on Immunoprophylaxis at the Kyrgyz Republic is highly appreciating the work of the Ministry of Health in maintaining high coverage against vaccine preventable diseases, which results in the low incidence of these diseases. At the same time, ICC members admit that immunization is one of the most effective and cost-efficient ways of infectious diseases control and thus provide continuous support to the immunization services (training of medical workers, technical assistance etc.).

7. Signatures

For the Government of Kyrgyzstan

Signature: Mamytov M.

Title: Minister of Health

Date:

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

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation n	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
Ministry Health	L.Shteinke/Deputy Minister			WHO	O.Moldokulov/WHO Liaison Officer		
Ministry Health	G.Oskonbaeva/Head of Planning&Financial Policies Department			UNICEF	R.Young/Resident representative in Kyrgyzstan		
Department of Sanitary-Epidemiological Surveillance	S.Abdikarimov/Director			JICA	Representative JICA in Kyrgyzstan		
Republican centre of immunoprophylaxis	J.Kalilov/Head of RCI						

~ End ~