



Partnering with The Vaccine Fund

Progress Report

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

by the Government of

COUNTRY:	Republic of Tajikistan
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Date of submission: ...26 September 2003.....

Reporting period: ...2002 (Previous calendar year)..

(Tick only one) :

- | | |
|-------------------------------|--------------------------|
| Inception report | ☐ |
| First annual progress report | ☐ |
| Second annual progress report | + |
| Third annual progress report | ☐ |
| Fourth annual progress report | ☐ |
| 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

Number of children immunized in 2002 (WHO/UNICEF Joint Reporting Form)

Vaccine/Administration	A. Description of target group used as denominator in coverage calculation	B. Number target group (denominator)	C. Number of immunized children through routine service (numerator)♦	D. Percent coverage	E Number of districts providing coverage numerator data
BCG	Newborns	156361	154357	99,0%	100%
Hepatitis B – a dose at birth	Newborns	156361	76526	48,9% *	100
DPT – 1	Survived newborns	156032	155296	99,0%	100
DPT – 3	Survived newborns	156032	153342	98,2%	100
DPT – 4	Survived newborns	158963	152908	95,2%	100
OPV - 3	Survived newborns	156032	153464	97,0%	100
Hepatitis B – 3	Survived newborns	156032	53287	34,1% *	100
Measles - 1	At 12 months	154775	147470	95,2%	100
Measles - 2	At 6 years	154554	82585	53,4%	100

* Immunization coverage for Hepatitis B-3 was low, because more than 50% of targeted newborns in 2002 received the 1st and the 2nd doses. The 3rd dose they will receive in 2003.

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.

Funds provided by the Global Alliance for Vaccines and Immunization and Children Fund arrive on the special opened Bank Account RCIP/GAVI. A working group on planning and budgeting of the Interagency Coordinating Committee (ICC) on Immunoprophylaxis develops a budget of the funds use, which is reviewed and approved on the ICC meeting then.

The results of the funds expenditure are discussed on the ICC meetings. After reviewing and approval of the final financial report on the funds use a special auditing committee with the participation of the ICC members and one or two representatives of the Ministry of Finance and the Department of Economy and Finance Planning of the Ministry of Health is created, which within one week conducts a financial audit of proper and rational funds expenditure. The results of the financial audit are discussed on the up-coming ICC meeting.

Problems

In 2002 immunization service of the Republic of Tajikistan did not face any problems regarding funds use.

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 \$125,000.00

23 August 2002

Remaining funds (carry over) from the previous year \$51,154.00

Table 1 : Use of funds during reported calendar year 2002

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	0	0	0	0	0
Injection supplies	0	0	0	0	0
Personnel	0	0	0	0	0
Transportation	782.56	282.56	500.00	0	0
Office equipment	715.00	0	715.00	0	0
Training	5,742.55	0	0	5,742.55	0

Cold Chain equipment	0	0	0	0	0
IEC/social mobilize printing	16,024.84	1,368.84	3,876.00	10,780.00	0
Outreach	0	0	0	0	0
Supervision	0	0	0	0	0
Monitoring and evaluation	7,292.11	0	3,726.00	3,566.11	0
Incinerators construction	2,911.40	0	0	2,911.40	0
Vehicles	37,321.00	15,221.00	22,100.00	0	0
Office supplies (stationery)	2,656.54	640.00	2,016.54	0	0
Communication (tel., Internet)	400.00	400.00	0	0	0
Total:	73,846.00	17,912.40	32,933.54	23,000.06	
Remaining funds for next year:	51,154.00				

**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.

- ❑ Minutes # 2 from 14 March 2002
- ❑ Minutes # 3 from 12 June 2002
- ❑ Minutes # 6 from 19 September 2002

Document ...#APR-1a
Document ...#APR-1b
Document ...#APR-1c

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

1.1.1. Strategy	Indicator	Measurements	Problems	Actions
Increasing immunization coverage	1. In all 100% of cities and rayons > % of immunization coverage for all vaccine preventable diseases achieved. 2. Immunization coverage for DPT3 on the results of the survey increased from 65,2% in 2000 to 90,4% in 2002. 3. All remote mountainous areas have been covered with tour vaccination.	1. – Administrative reports (Form #2) - Monitoring reports 2. Report on the immunization coverage survey in Sogd and Khatlon Oblast, October 2002.	1. Incomplete registration of newborns. 2. Continuing tendency of increasing home deliveries. 3. Growth of incidence rate of some vaccine preventable diseases in 2002 (measles, rubella and diphtheria). 4. Turn over health staff.	1. To strengthen efforts on timely newborns registration for their follow-up immunization. 2. To strengthen collaboration with the obstetrics-gynecologists services for timely registration of pregnant women and improving the quality of home deliveries. 3. a) To develop and submit a proposal to GAVI for support with MMR vaccine b) To conduct mass vaccination

				campaign with MMR in autumn 2003. в) To strengthen active surveillance for all vaccine preventable diseases. 4. To look for other alternatives for health staff motivation.
Improving safe immunization	1. Immunization for all vaccine preventable diseases except BSG in all health facilities have been done with AD syringes. 2. More than 1500 vaccinators improved their knowledge and skills on safe immunization practices. 3. Absence of serious AIFI.	1. a) Monitoring reports. б) Vaccines and safe injection materials stock ledger. в) Report on safe immunization in Dushanbe and Khatlon Oblast, May 2002.	1. a) Lack of AD syringes for BCG vaccination. б) Not all vaccination rooms mainly in rural areas adequately equipped (with tables, washing basins, sterile swaps, etc.).	1. a) To request UNICEF and GAVI for support with AD syringes for all kinds of immunization. б) To continue work on liaising with local authorities and commercial sector for increasing allocation of funds for immunization services.
Safe disposal and destruction of used syringes and needles	1. 100% of health facilities use safety boxes for disposal of used syringes and needles. 2. Additionally 10 incinerators (Total 20 incinerators) have been constructed.	1. Monitoring reports. 2. Report on safe immunization in Dushanbe and Khatlon Oblast, May 2002.	1. Difficulties with transportation of filled safety boxes from health facilities to the Rayon SES for the follow-up destruction. 2. Evidences of improper use of safety boxes. 3. Absence of safety boxes in stock in some health facilities.	1. To look for other alternatives for filled safety boxes transportation or their burning in the health facilities. 2. To continue regular training of persons in charge for safety injections during training or/and monitoring. 3. To strengthen monitoring of adequate distribution of all safe injection materials, in particular for having safety boxes in stock in all vaccination points.
Strengthening institutional capacities	1. All administrative centers and health facilities have got necessary recording and reporting documentation. 2. 15 trainers and all heads of administrative centers enlarged their knowledge and skills on all aspects of EPI.	1. Monitoring reports. 2. Training evaluation lists	1. Poor communication infrastructure (telephone line) especially with remote mountainous rayons. 2. Reporting from regional centers to the national center has being done still through couriers.	1. To install computer-reporting system for reports (data) transmission, analyses and feedback.
Improving and strengthening Cold Chain system	1. 55 city/rayon SES enlarged their capacities for vaccine store with ice-lined refrigerators supplied through UNICEF 2. 225 “headed” health facilities (Polyclinics, SUB and SVA) have been equipped with ice-lined refrigerators through UNICEF.	1. List of Cold Chain equipment distribution in 2002. 2. Preliminary report on the national inventory in 2002. 3. Monitoring reports.	1. About 10% of “headed” health facilities have no refrigerators. 2. 75% of SES faces difficulties with regular electricity supply during wintertime. 3. Most of rural health facilities face difficulties with regular electricity supply during wintertime.	1. To continue supply health facilities with ILR through UNICEF, GAVI and other donors. 2. To continue efforts on liaising with local authorities (Rayon Hukumats) to provide a “clean” line of electricity supply for all Rayon SES and if possible for health facilities. 3. UNICEF and RCIP Conduct special

	3. 150 health facilities have been supplied with domestic refrigerators through GAVI's funds 4. 25% administrative centers (CRH and SES) have been provided with "clean" (permanent) line of electricity supply in winter time 5. 15 trainers have been trained on training and cold chain equipment maintenance 6. 65 persons in charge improved their knowledge and skills on cold chain		4. Missing some cold chain equipment after distribution	monitoring for identifying missing cold chain equipment. 4. Re-conduct cold chain equipment inventory and publish about the results
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1.1.3 Immunization Data Quality Audit (DQA)

→ *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.*

☐ Attached is the Plan of Actions for Improving Reporting System Based on the Results of DQA

Document ...# APR - 2 ...

- Data Quality Audit (DQA) of immunization in the Republic of Tajikistan was conducted in August 2002 by GAVI by means of two auditing groups. Each auditing group consisted of one international and one national auditor.
- DQA was conducted in four randomly selected districts (rayons).
- Коэффициент качества данных составил
- Based on the finding and recommendations of the DQA a Plan of Action was developed, which was reviewed and approved in the ICC Meeting (Minutes # 5 from 26.09.2002).
- The results of the Plan's implementation were discussed in the ICC Meetings (Minutes # 6 from 3 September 2003).

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

☐ Attached are Minutes # 6 from 3.09.2003

Document ...# APR – 1d.

→ Please list studies conducted regarding EPI issues during the last year:

1. Safe Immunization Survey in Dushanbe and Khatlon Oblast, May 2002
2. Immunization Coverage Survey in Khatlon and Sogd Oblasts, October – November 2002.

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

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

For Immunization against Hepatitis B for 2002 year the Republic of Tajikistan received:

- ☐ Hepatitis B vaccine (1 dose vial) – 24.970 doses
- ☐ Hepatitis B vaccine (10 dose vial) – 256.800 doses
- ☐ AD syringes – 199.700 syringes
- ☐ Safety boxes – 2.000 boxes

- ☐ Vaccination against Hepatitis B of infants in 2002 was conducted in 59 cities/rayons out of total 65 cities/rayons.
- ☐ Vaccination initially started exclusively in maternities and then continued in the health facilities (Polyclinics, SUB, SVA and Medical Houses) where infants lived.
- ☐ In the second half of the 2002 year immunization of newborn delivered at home started in the health facilities.
- ☐ Dates of immunization against Hepatitis B start in the regions:
 - Dushanbe City – January 2002
 - Sogd Oblast – March 2002
 - GBAO – February 2002
 - Kurgan-Tube zone – January 2002
 - Kulob zone – February 2002
 - 8 RRS – Jan – Feb 2002

- ☐ A new vaccine was well accepted by the health workers.
- ☐ Communities have readily accepted a new vaccine due to various educational and informative broadcasting.

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.

Strategy	Indicator	Measurements	Problems	Actions
Introduction of Hepatitis B vaccination	100% of maternities in 59 targeted cities/rayons started immunization against Hepatitis B	• Reporting Forms # 2 • Reports on monitoring	• Difficulties vaccine transportation to some regions in winter time • Poor communication system between maternities and other health facilities for the following sessions • The growth home deliveries	• Strengthening monitoring for timely registration of newborns • Conduct training on micro planning in all rayons
Institutional and human capacities development	• 100% of health facilities have been supplied with the manual “Hepatitis B introduction in Tajikistan” • 100% of health facilities have been supplied with all record-reporting documentation, which included immunization against Hep.B • About 1800 health workers have been trained on “Hepatitis B introduction” • 15 trainers have been trained on cold chain	• Reports on monitoring • Lists of materials distribution at all administrative levels • Training evaluation lists	• Two-days training have not been sufficient for some EPI managers and practitioners	• Continue training first of all in the districts with poor EPI management • Conduct training during monitoring • Strengthen efforts for improving feedback system • Strengthen efforts on advocacy and communication for immunization including safe immunization aspects
Improving safe immunization	• 14 specialist have been trained for conducting safe immunization surveys • The first time Immunization coverage survey has been conducted in Tajikistan • About 2100 vaccinators improved their knowledge on main aspects of safe immunization	• Report on the results of safe immunization • Training evaluation lists • Reports on monitoring	• Not all EPI managers share with received knowledge and information to their staff at primary vaccination level • Not adequate supply with cold chain equipment at primary vaccination level	• Continue conducting safe immunization surveys in other regions • Revise the policy for safe immunization • Develop a plan for ensuring safe immunization • Appoint persons in charge for ensuring safe immunization at all administrative levels

Advocacy and information (communication) system for immunization	• Meetings and discussions with all administrative officials on “Introduction of Hepatitis B Immunization” have been conducted with the purpose of ensuring support • Articles in several national and local newspapers about Hepatitis B have been published • Video and radio shows have been broadcasted	• Sceneries of articles and shows	• Due to the poor local budget not every official willing to support immunization service • Due to the economic constraints and poor family budget not every family has an access to the mass media	• Involve the Government and other ministries in the development of the Plan for ensuring immunization financial sustainability • Actively involve child, youth and women’s NGOs and Associations in advocacy, social mobilization and communication
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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.

Funds received during the reporting year \$100,000.00

31 March 2002

Table 2 : Use of funds during reported calendar year 2002

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	0	0	0	0	0
Injection supplies	0	0	0	0	0
Personnel	0	0	0	0	0
Transportation (fuel)	4,382.54	792.00	3,590.54	0	0
Maintenance and overheads	0	0	0	0	0
Training	0	0	0	0	0
IEC / social mobilization	7,965.89	2,766.33	2,179.56	3,000.00	0
Copying manuals	4,627.35	0	354.00	4,273.35	0
Development and copying child immunization passport	12,726.93	0	0	12,726.93	0

Monitoring and evaluation	0	0	0	0	0
Surveys	15,371.99	1,150.00	5,100.00	11,121.99	0
Vehicles and spare parts	54,945.30	28,500.30	34,445.00	0	0
Cold chain equipment	0	0	0	0	0
Total:	100,000.00				
Remaining funds for next year:	0				

1.3 Injection Safety

1.3.1 Receipt of injection safety support NO

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

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

2. Financial sustainability

- A group of specialist from the Ministry of Health and Ministry of Finance of Tajikistan and members of the Inter-agency Coordination Committee (ICC) consisted of 5 people with the financial support of the World Bank attended the Workshop on “Development of the Plan for Ensuring Financial Sustainability” in June 2003 in Moscow, Russian Federation;
- According to the Order # 324 of the Ministry of Health of Tajikistan from 30 June 2003 a working group on the Plan development has been created.
- By the time being a working group has finished financial data collection survey, met with the Government, different ministries, governmental, international and local agencies and NGOs;
- In the end of September 2003 a working group together with ICC members and WHO consultant will analyze all collected data and develop a draft of the Plan.
- The final version of the Plan will be reviewed and endorsed by the ICC in the end of October or beginning of November 2003, signed by the Government and submitted to the GAVI/The Fund by November 15-20, 2003.

3. Request for new and under-used vaccines (Hepatitis B) for year ...2004...

3.1. Up-dated immunization targets

Confirm/update basic data (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

Table 2 : Baseline and annual targets

Number of	Baseline and targets							
	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS								
Births	161026	158723	161100	162700	164000	165800	167300	169000
Infants' deaths	2522	2691	2650	2650	2650	2650	2650	2650
Surviving infants	158504	156032	158450	160050	161350	163150	164650	166350
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	155738	153342	156850	157500	158000	160000	161500	163100
NEW VACCINES								
Infants vaccinated with Hep B *	0	35019	95300	123100	153300	157500	160600	165500
Wastage rate of Hepatitis B**	0	1.25	1.25	1.25	1.18	1.18	1.18	1.18
INJECTION SAFETY								
Pregnant women vaccinated with TT	0	0	0	163500	165000	167000	168500	170000
Infants vaccinated with BCG	148411	154357	159450	160100	160500	162500	164000	165650
Infants vaccinated with Measles	145524	147470	153700	154300	155700	156800	158100	160000

* Indicate actual number of children vaccinated in past years and updated targets

** Indicate actual wastage rate obtained in past years

3.2 Confirmed request for new vaccine (to be shared with UNICEF Supply Division) for the year 2004

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

- UNICEF plays one of the main role in the ICC work and updated on regular basis;
- The copies of the Annual report and Proposal have been disseminated to all ICC members, including UNICEF and the Government;
- UNICEF in its turn will definitely send the confirmed request to UNICEF Supply Division.

Table 3.1: Estimated number of doses of Hepatitis B vaccine (1 dose vial)

		Formula	For year 2004
A	Number of children to receive Hepatitis B		18.500
B	Percentage of vaccines requested from The Vaccine Fund	%	100%
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	55.500
E	Estimated wastage factor		5%
F	Number of doses (including wastage)	$A \times C \times E \times B/100$	58.275
G	Vaccines buffer stock	$F \times 0.25$	0
H	Anticipated vaccines in stock at start of year 2004		4.500*
I	Total vaccine doses requested	$F + G$	58.275
J	Number of AD syringes (+ 10% wastage)	$D \times 1.11$	61.600
K	Total of safety boxes (+ 10% of extra need)	$J / 100 \times 1.11$	684

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:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **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 3.2: Estimated number of doses of Hepatitis B vaccine (10 dose vial)

		Formula	For year 2004
A	Number of children to receive Hepatitis B		104.600
B	Percentage of vaccines requested from The Vaccine Fund	%	100%
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	55.500
E	Estimated wastage factor		15%
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	370.280
G	Vaccines buffer stock	$F \times 0.25$	0
H	Anticipated vaccines in stock at start of year 2004		50.500*
I	Total vaccine doses requested	$F + G$	370.280
J	Number of AD syringes (+ 10% wastage)	$D \times 1.11$	348.318
K	Total of safety boxes (+ 10% of extra need)	$J / 100 \times 1.11$	3.866

* Anticipated vaccine stock is a vaccine buffer stock

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:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **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

4. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	26.09.2003	
Reporting Period (consistent with previous calendar year)	2002 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	+	

5. Comments

→ ICC comments:

- For estimating vaccine requirements birth cohort should be considered instead of surviving infants.

7. Signatures of the Government and the Inter-Agency Co-ordinating Committee

For the Government of the **Republic of Tajikistan**

Signature:N. Fayzullaev/.....

Title:Ministry of Health Republic of Tajikistan.....

Date:20 September 2003 year.....

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this proposal on the basis of the supporting documentation, which is attached. Signatures for endorsement of this proposal do not imply any financial (or legal) commitment on the part of the partner agency or individual:

Agency/ Organisation	Name/Title	Date	Signature	Agency/ Organisation	Name/Title	Date	Signature
Ministry of Health	Abdurakhmanova R.F., deputy minister, ICC chairman	18.09.03	[Signature]	Health implementation unit project	Sheraliev M.M., executive director	17.09.03	[Signature]
Ministry of Health	Pirov D.D., head of sanitary and epidemiologist department	18.09.03	[Signature]	World Health Organization (WHO)	Artikova N.P., program coordinator	16.09.03	[Signature]
Ministry of Health	Aminov Kh.D., head of medical assistance to mothers and children department	18.09.03	[Signature]	UNICEF	Tarek Hussain, Immunization consultant	17.09.03	[Signature]
Ministry of Health	Sharipova B.B., chief of economic and financial planning department	18.09.03	[Signature]	World bank	Bazarova S., head of social support project	17.09.03	[Signature]
Ministry of Finance	Abdudjaborov S., chief of health and social support budget planning department	18.09.03	[Signature]	Aga Khan Foundation	Dodarbekova Kh., medical coordinator	17.09.2003	[Signature]
Republican Centre on Immunoprophylaxis	Jobirov Sh.S., general director, ICC co-chairman	17.09.03	[Signature]	Coordinating Child Center for International Development (CCCCID)	Nurova G., medical coordinator	16.09.2003	[Signature]
Republican Centre on Immunoprophylaxis	Ibod Sharifi, consultant on EPI	16.09.03	[Signature]	Republic Center on Immunoprophylaxis	Turov C., Secretary ICC	16.09.03	[Signature]
Republican Centre on state sanitary and epidemiological surveillance	Sharipov A., deputy chief doctor on epidemiological issues	16.09.03	[Signature]				

In case the GAVI Secretariat have queries on this submission, please contact:

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