



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: **TURKMENISTAN**

Date of submission: May 24, 2004

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
- 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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Turkmenistan

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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)

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

Funds received during the reporting year _____

Remaining funds (carry over) from the previous year _____

In 2003 Turkmenistan did not receive funds from GAVI for Immunization services support.

Table 1 : Use of funds during reported calendar year 20__

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
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:					

**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.

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

- *A new National Programme on Immunoprophylaxis for the period of 2003 – 2020 was developed and the Order on Immunoprophylaxis was issued. According to WHO recommendations the Vaccination Calendar was changed. The new Calendar takes into account certification of the country as polio-free, as well as possibilities of introducing new and combined vaccines; indications for children's vaccination are expanded, Open-vial policy is introduced; anatomical places for injections have been changed; and policy for vaccine storage and transportation has been revised.*
- *The national Working Group developed a Plan for sustainable financing of immunization programme and it was officially presented to the cabinet of Ministers for consideration.*
- *In July 2003 the first transfer of financial means was implemented for the purchase of vaccines for children based on the National Vaccination calendar in accordance with the Vaccine Independence Agreement between the Ministry of Health and UNICEF.*
- *In August 2003 immunization safe injection evaluation was conducted jointly with WHO consultant and with UNICEF support.*
- *The National Immunization Safe Injection Policy up to 2010 was developed on the basis of the recommendations given after the evaluation.*
- *Immunization coverage reporting is conducted on the monthly basis.*
- *Continuous epidemiological surveillance over vaccine-managed infections is conducted and the cases of infections are reported on the monthly basis.*
- *In accordance with the ministerial Orders a continuous and active surveillance is conducted in the framework of support the country's polio-free status.*
- *Cold chain is empowered: A cold room and the autonomous power generator were installed at the Vaccine Central Warehouse; UNICEF provided thermometers and software as well as temperature registers for cold chain equipment.*
- *More than 180 health workers (epidemiologists, immunologists and family doctors) were trained on safe immunization practices.*

Constraints:

- *Insufficient epidemiological surveillance over post-vaccination complications and their registration.*
- *Poor knowledge and awareness of population on vaccination issues.*
- *Lack of the National Body for vaccine quality control.*
- *Insufficient stock of vaccines within the whole year at all levels that reduced coverage rate*

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).

From August 11 till August 31 2003 Immunization Safe Injection Evaluation was conducted in all administrative units of the 2nd tier. Two-stage sampling model (described in Evaluation Means for Safe Injection Assessment (BO3/BCT/01.02) was used for that purpose. The data were collected through the questionnaire that consisted of four parts:

- Structural observance of the means and materials available at the points
- Structural observance over the vaccination procedure during the visits
- Structural interviewing of the vaccinator
- Structural interviewing of the injection management controller.

Apart of the mentioned a short questionnaire for the parents was developed.

Data were entered, processed and analyzed through software Epi-Info (version 2000).

The survey showed a representative picture of safe immunization in Turkmenistan. Total amount of the vaccination points that were examined were 80.

The survey recommendations were taken into account at developing the national Programmes on Immunoprophylaxis and Safe Injection practices.

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

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

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

In 2003 in the framework of GAVI/VF support **186, 690** doses of hepatitis B vaccine for infants were received, including 28,410 doses in one-dose vials and 158,280 in ten-dose vials. In January 2003 340, 800 AD syringes and 3,775 safe disposal boxes were received as well.

In December 2003 271,600 AD syringes and 2,950 safe disposal boxes were received for infant vaccination in 2004.

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.

Since 2002 infants and children under 1 year have been vaccinated against Hepatitis B. The volume of vaccine was calculated on the basis of the number of infants born since 2001. Annual vaccination coverage of children was 98,5 - 99,0 %. All vaccines were delivered timely, in good status and sufficient volume. In 2003 186690 vaccine doses were delivered, 84% of them in ten-dose vials. Besides, 612400 AD syringes and 6725 safe disposal boxes were received.

Thanks to Hepatitis B vaccines provided by Vaccine Fund more than 250 thousand children of Turkmenistan are protected from Hepatitis B and this resulted in drastic reduction of this disease among the children of early age. The ICC on immunization established in 2000 operates in organized manner and renders continuous assistance in addressing vaccination issues. Members of the ICC meet on regular meetings 8-10 times per year.

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 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

In 2003 Turkmenistan applied to GAVI Secretariat for support on injection safety, i.e. provision of AD injections and safe disposal boxes for vaccines aimed at vaccinating children under 1 year. At the beginning of 2004 a letter of approval was received from the GAVI Secretariat.

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
➤ Coefficient of vaccination points provided with AD syringes for primary immunization, goal - 100% by 2005	<u>1. Adequate supply of syringes and needles at the level of health institution</u>	Achieved, necessary to maintain		
➤ Coefficient of vaccination points provided with AD syringes for revaccination, goal 90% by 2005, 100% by 2006				
➤ Coefficient of				

<p>vaccination points provided with disposable syringes for mixing; goal - 100%</p> <p>✓ Coefficient of vaccination points (points that conduct vaccination more than twice per month) that have AD syringes at stock for 1 month; goal - 100% by 2005</p> <p>✓ Coefficient of vaccination points that have injection means of adequate quality and sterility (packing is not damaged, validity time); goal - 100% by 2005</p>		<p>Achieved, necessary to maintain</p>		
<p>✓ Rate of the healthcare institutions provided with adequate number of safe disposal boxes (on</p>	<p>2. <u>Adequate destruction of injection wastes</u></p>	<p>Achieved, necessary to maintain</p>		

<p>safe disposal box is under use and minimum 1 box – at stock); goal – 100% by 2004</p> <ul style="list-style-type: none"> ➤ Availability of incinerator or safe place for disposal and destruction; goal - 100% by 2004 ➤ Rate of the healthcare institutions where used syringes and needles (related to immunization, i.e. AD syringes) are thrown away to garbage or close to the healthcare institution; goal - 100% by 2005 ➤ Number of registered post-vaccination abscesses after immunization ➤ Rate of marked injections that are 	<p>3. <u><i>Injection sterility at immunization</i></u></p>	<p>Achieved, necessary to maintain</p>		
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<p>done in accordance with asepsis requirements (in reports of higher institutions); goal – 95% by 2005</p> <p>➤ Rate of immunization injections in recommended anatomic places; goal 90% by 2006, and 99% by 2008</p>	<p><u>4. Anatomic places of injection at immunization</u></p>	<p>Achieved, necessary to maintain</p>		
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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:

2. Financial sustainability

The National Working Group developed a Plan for sustainable financing of the Immunization Programme. It is submitted to the Cabinet of Ministers for consideration.

Inception Report : Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.

First Annual Progress Report : **Progress Report on taken steps and revised schedule for improvement of financial stability**
Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

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.

Table 2 : Sources (planned) of financing of new vaccine (specify)

Proportion of vaccines supported by	Annual proportion of vaccines									
	20..	20..	20..	20..	20..	20..	20..	20..	20..	20..
Proportion funded by GAVI/VF (%)										
Proportion funded by the Government and other sources (%)										
Total funding for (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.gavinfo.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		85,333	85,568	86,462	90,000	114,523	123,702	130,238	133,238
Infants' deaths		1713	1402	1315	1278	1489	1523	1546	1562
Surviving infants									

	2005	06	07	08				
Infants vaccinated / to be vaccinated with 1 st dose of DTP (DTP1)*	82219	85952	81981	88650	112805	121389	128284	131239
Infants vaccinated / to be vaccinated with 3 rd dose of DTP (DTP3)*	85646	81297	70805	87835	111904	120957	127405	130573
NEW VACCINES **								
Infants vaccinated / to be vaccinated with 1 st dose of Hepatitis B (new vaccine)		82145	85597	89100	113378	122465	128936	131906
Infants vaccinated / to be vaccinated with 3 rd dose of (new vaccine)								
Wastage rate of *** Hepatitis B (new vaccine)		15,0	14,8	15,0	13,0	13,0	13,0	13,0
INJECTION SAFETY****								
Pregnant women vaccinated / to be vaccinated with TT	-	-	-	-	-	-	-	-
Infants vaccinated / to be vaccinated with BCG	84,008	84,885	85,424	88,200	112,233	121,228	127,633	130,578
Infants vaccinated / to be vaccinated with Measles	87,629	73,203	82,535	87,833	111,904	120,957	127,405	130,360

* 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

*** In some etraps (regions) waste rate is up to 40%

**** 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 2005 (indicate forthcoming year)

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

Decision of GAVI Secretariat on supply of Hepatitis B vaccine in one-dose vials in the volume of 50% of all annual delivery and use of open vial policy at all levels in 2004 will reduce vaccine waste for up to 13%.

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

		Formula	For year	Remarks
A	Infants vaccinated / to be vaccinated with 1 st dose of (new vaccine)	90 000	*	<ul style="list-style-type: none"> ▪ 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, <u>excluding</u> the wastage of vaccines.
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	$A \times B/100 \times C$	270 000	
E	Estimated wastage factor	(see list in table 3)	1,25	
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	337500	
G	Vaccines buffer stock	$F \times 0.25$	0	
H	Anticipated vaccines in stock at start of year		0	
I	Total vaccine doses requested	$F + G - H$	337500	
J	Number of doses per vial			

K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	299700
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	0
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	3326

- **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 4.1 : 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 2004	For year 2005
A	Target of children for vaccination (for TT : target of pregnant women) ¹	#	90 000
B	Number of doses per child (for TT woman)	#	1
C	Number of doses	A x B	114523
D	AD syringes (+10% wastage)	C x 1.11	127120

¹ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

E	AD syringes buffer stock ²	$D \times 0.25$	0	0
F	Total AD syringes	$D + E$	99 900	127120
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 ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	9 990	12712
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	1219	1552

Table 4.1 : Estimated supplies for safety of vaccination for the next two years with Measles (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year 2004	For year 2005
A	Target of children for vaccination (for TT : target of pregnant women) ⁴	#	90 000	114523
B	Number of doses per child (for TT woman)	#	1	1
C	Number of doses	$A \times B$	90 000	114523
D	AD syringes (+10% wastage)	$C \times 1.11$	99 900	127120
E	AD syringes buffer stock ⁵	$D \times 0.25$	0	0
F	Total AD syringes	$D + E$	99 900	127120
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)	$C \times H \times 1.11 / G$	12487	15890
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	1247	1587

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 re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

⁴ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

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.

Table 4.3 : Estimated supplies for safety of vaccination for the next two years with DTP (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year 2004	For year 2005
A	Target of children for vaccination (for TT : target of pregnant women) ⁷	#	90 000	114523
B	Number of doses per child (for TT woman)	#	4	4
C	Number of doses	A x B	360 000	458092
D	AD syringes (+10% wastage)	C x 1.11	399600	508482
E	AD syringes buffer stock ⁸	D x 0.25	0	0
F	Total AD syringes	D + E	399600	508482
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	1,25	1,25
I	Number of reconstitution ⁹ syringes (+10% wastage)	C x H x 1.11 / G	0	0
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	4435	5644

Table 5: Total quantities of materials for safe immunization for next two years

Description		2004	2005	Justifications for difference
Total quantity of AD syringes	BCG	99900	127120	
	Other vaccines	499500	635602	
Total reconstitution syringes		22477	28602	
Total safe disposal boxes (6901	8783	

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

⁷ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

⁸ 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.

⁹ 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.

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/IF support

Indicators	Targets	Achievements	Constraints	Updated targets


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		

7 Signatures

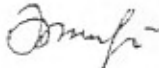
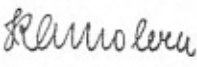


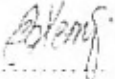
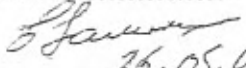
For the Government of Turkmenistan

Signature:  L. Shamuradova

Title: Deputy Minister of Health and Medical Industry of Turkmenistan

Date: 24th May 2004

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this Second Annual 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/Organisation	Name/Title	Date Signature
Ministry of Health and Medical Industry of Turkmenistan	GuljemaI Ezizova- Head of the Treatment and Preventive Aid Department	27.05.04. 
UNICEF, Turkmenistan	Regina Molera- Programme Coordinator	 22.05.04
State sanitary and Epidemiological Service under the Ministry of Health and Medical Industry of Turkmenistan	Alieva Sophiya- Head of Epidemiological Surveillance and Parasitology Department	26.05.04 
WHO Bureau on Coordination and Relations with Turkmenistan	Ashir Ovezov- Representative	
UNFPA in Turkmenistan	Eziz Hellenov- National Programme Officer	
State Institute of Statistics of Turkmenistan	Raisa Megarramova- Head of Department	P. Maceev 26.05.04
USAID / CAR-Ashgabat	Elena Samarkina- Health Management Specialist	 26.05.04.

In case there are questions on the submitted documents, please, apply without any hesitation to the following contact person:

Annamurad Orazov
Deputy-Head of the State SES

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