



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: UKRAINE

Date of submission: 25 June 2004

Reporting period: Jan'03 —Dec'03

(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

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.

Ukraine receives no Immunization Services Support from GAVI/VF.

Ministry of Health of Ukraine implemented WHO course for mid-level immunization program managers (MLM) conducted with support of UNICEF Ukraine. Six training sessions covered all regions of the country. A total of 165 specialists (epidemiologists, pediatricians, immunologists) were trained at the oblast level.

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 _____

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.

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 DQA was discussed and endorsed by the ICC.

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

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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: MAY 2003

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

<i>HepB vaccine was received in Ukraine in January 2003 following GAVI/VF approval dated 27th August 2002.</i> <i>Vaccine presentation: 1-dose vials — 491,700 doses (Green Cross Vaccine Corp., Republic of Korea</i> <i>10-dose vials — 1,453,300 doses (LG Life Science Ltd., Republic of Korea).</i> <i>Total received during current year — 1,945,000 doses.</i> <i>Vaccine was delivered through UNICEF's Supply Division in two consignments – in January and July 2003.</i> <i>Bundled to vaccines were two equal consignments of injection safety equipment, i.e. 1,818,000 AD syringes and 862,272 safety boxes.</i> <i>The Ministry of Health of Ukraine authorized "Ukrvaccina" State Company to receive vaccine and injection equipment.</i> <i>Upon receipt of second consignment the specialists found that the packaging of single-dose vials did not meet the related WHO requirements (namely, there had been no insulating layer between vaccine and ice packs). This raised a suspicion of vaccine freezing, and respective report had been prepared to this effect. A respective note had been made in the Vaccine Arrival Report sent to Supply Division of UNICEF in Copenhagen. As recommended by the Supply Division, sample vaccine has been sent to the WHO for testing. Test results did not confirm any freezing of vaccine.</i>
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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.

The Ministry of Health (MoH) of Ukraine has adopted a strategy for introduction of HepB vaccine throughout the country.

The following preliminary activities have been conducted:

- 1. A special meeting was held at MoH regarding GAVI/VF support. Managers of health care settings in all regions have been requested to use the vaccine received to immunize children under one year of age according to the current immunization schedule of Ukraine.*
- 2. Prepared, approved of and sent to all regions was a methodic letter № 05.02.01 – 08/460, regulating the procedure for the use of vaccine and injection safety equipment.*
- 3. Two meetings for oblast level immunization program managers had been conducted in March 2003 with support of UNICEF Ukraine regarding introduction of HepB vaccine. Representatives of all 27 administrative territories of Ukraine attended the above meetings.*
- 4. About 20,000 vaccination posts were provided with posters for health workers regarding how to introduce HepB vaccine.*
- 5. Maternity homes, children's polyclinics and women's consultations distributed booklets with information about necessity to immunize infants against HepB among about 300,000 mothers.*
- 6. Issues of hep B vaccine introduction were included into the MLM training.*

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.

The Ministry of Health of Ukraine in the name of authorized representative of "Ukrvaccina" State Company is the recipient of \$100,000 lump sum from GAVI/VF. The above funds reached Ukraine on 23rd Feb'04 and are currently available at the Kyiv Branch of "Black Sea Bank for Development and Reconstruction". A delay in accepting the funds was due to acting legislation of the country, which envisages taxation of all incoming money. Finding a mechanism for receipt of funds and opening a protected target account took some time. Plan for using the financial support to introduce HepB vaccine is currently being developed. This plan will be discussed and approved at the next ICC meeting.

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 Ukraine got no Injection Safety support from GAVI/VF.

NOTE: *In Jan'02 Ukraine was notified about forthcoming supply by GAVI of AD syringes, including syringes for BCG. No specifications were provided for the latter. In Apr'04 Ukraine got 267,100 AD syringes for BCG (0.05 ml), whereas Ukraine is using BCG vaccine for newborn immunization in a dose of 0.1 ml. Therefore, Ukraine requests 0.1 ml AD syringes for BCG vaccination.*

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

1.3.3 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:

In 2003 Ukraine got no cash support from GAVI/V for Injection Safety.

2. Financial sustainability

First Annual Progress Report : 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.gavittf.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 (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	387,500	376,736	382, 192	408,591	394,700	408,500	408,500	408,500	
Infants' deaths	4,152	4,152	4,023	3,883	5,200	4,000	4,000	4,000	
Surviving infants	387,549	372,528	378,169	404,708	389,500	404,500	404,500	404,500	
Infants vaccinated / to be vaccinated with 1st dose of DTP (DTP1)*	370,111	 374,033	363,561	НД..... 377,032	...НД..... ...389,500	...НД..... 408,500	 408,500	 408,500	
Infants vaccinated / to be vaccinated with 3rd dose of DTP (DTP3)*	370,111	 374,033	363,561	НД..... 377,032	...НД..... ...389,500	...НД..... 408,500	 408,500	 408,500	

NEW VACCINES **									
Infants vaccinated / to be vaccinated with 1st dose of (<i>new vaccine</i>)	 13,389	 26,655	 186,563	No data 394,490... 297,649	394,700 389,500	408,500 408,500	408,500 408,500	408,500 408,500	
Infants vaccinated / to be vaccinated with 3rd dose of (<i>new vaccine</i>)	 13,389	 26,655	 186,563	No data /394,490... 297,649/ 387,144	394,700 389,500	408,500 408,500	408,500 408,500	408,500 408,500	
Wastage rate of *** (<i>new vaccine</i>)	1,05 for 1- dose vials 1,25 for 10- dose vials	1,05 for 1- dose vials 1,25 for 10- dose vials	1,05 for 1- dose vials 1,25 for 10- dose vials	1,13555					
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
Infants vaccinated / to be vaccinated with BCG	379,279	361,541	375,916	387,066/ 394,490	394,700	408,500	408,500	408,500	
Infants vaccinated / to be vaccinated with Measles	350,405	358,405	381,324	373,175/ 376,883	389,500	404,500	404,500	404,500	

* 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.

Changes to target groups vs. baseline figures indicated in 2001 Ukraine's proposal to GAVI were made due to changes made by the Ministry of Economy of Ukraine in prognostic data. The prognostic data included in the present form correspond to those included in Ukraine's proposal to GAVI for strengthening injection safety dated 1st May 2003. Denominators of "births" for 2003 and "surviving infants" differ from the data reported in the WHO/UNICEF Joint Reporting Form because the latter used the data of prospective immunization plan prepared using the number of infants born in 2002. In preparation of present report refined data had been used; they are based on the actual number of births in 2003. The Ministry of Health of Ukraine got these data from the State Statistics Committee. By that time the prospective plan for 2004 was prepared based on the preliminary number of births in 2003. The refined number of births is now used as target for 2005 onwards.

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.

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

Table4.1: Estimated number of doses of HepB vaccine (10-dose presentation) :

		Formula	For year 2005
A	Infants vaccinated / to be vaccinated with 1 st dose of (new vaccine)		*286,100
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	80
C	Number of doses per child		3
D	Number of doses	$A \times B / 100 \times C$	686,640
E	Estimated wastage factor	(see list in table 3)	1,2
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	823,968
G	Vaccines buffer stock	$F \times 0.25$	0
H	Anticipated vaccines in stock at start of year		184,100
I	Total vaccine doses requested	$F + G - H$	640,000
J	Number of doses per vial		6
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	558,000
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	0
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	6,200

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 4.2: Estimated number of doses of HepB vaccine (single-dose presentation) :

		Formula	For year 2005
A	Infants vaccinated / to be vaccinated with 1 st dose of (new vaccine)		*122,500
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	80
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	294,000
E	Estimated wastage factor	(see list in table 3)	1,05
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	309,000
G	Vaccines buffer stock	$F \times 0.25$	0
H	Anticipated vaccines in stock at start of year		78,900
I	Total vaccine doses requested	$F + G - H$	230,100
J	Number of doses per vial		1
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	239,000
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	0
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	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

3.3 Confirmed/revised request for injection safety support for 2005

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

		Formula	For 2005	For
A	Target of children for BCG	#	408,500	
B	Number of doses per child	#	1	
C	Number of BCG doses	$A \times B$	408,500	
D	AD syringes (+10% wastage)	$C \times 1.11$	453,500	
E	AD syringes buffer stock ¹	$D \times 0.25$	0	
F	Total AD syringes	$D + E$	453,500	
G	Number of doses per vial	#	10	
H	Vaccine wastage factor ²	2	2,0	
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	90,700	
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	6,100	

Table 7: Estimated supplies for safety of vaccination for the next two years with DTP

		Formula	For 2005	For
A	Target of children for DTP	#	408,500	
B	Number of doses per child	#	3	
C	Number of DTP doses	$A \times B$	1 225,500	
D	AD syringes (+10% wastage)	$C \times 1.11$	1 360,310	

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

³ Only for lyophilized vaccines. Write zero for other vaccines

E	AD syringes buffer stock	$D \times 0.25$	0	
F	Total AD syringes	$D + E$	1 360,310	
G	Number of safety boxes (+10% of extra need)	$F \times 1.11 / 100$	15,100	

Table 8: Estimated supplies for safety of vaccination for the next two years with MMR

		Formula	For 2005	For
A	Target of children for MMR	#	404,500	
B	Number of doses per child	#	1	
C	Number of MMR doses	$A \times B$	404,500	
D	AD syringes (+10% wastage)	$C \times 1.11$	449,000	
E	AD syringes buffer stock	$D \times 0.25$	0	
F	Total AD syringes	$D + E$	449,000	
G	Number of doses per vial	#	1-dose -30%, 10-dose vials - 70%	
H	Vaccine wastage factor	1.05 for 1-dose (30%) & 1.6 for 10-dose vials (70%)	1.05 for 1-dose (30%), 1.6 for 10-dose vials (70%)	
I	Number of reconstitution syringes (+10% wastage) – single-dose vials	$C \times H \times 0.3 \times 1.11 / G$	142,000	
J	Number of reconstitution syringes (+10% wastage) – 10-dose vials	$C \times H \times 0.7 \times 1.11 / G$	50,300	
K	Number of safety boxes (+10% of extra need)	$(F + I + J) \times 1.11 / 100$	7,200	

Table 9: Estimated supplies for safety of vaccination for the next two years with IPV

		Formula	For 2005	For
A	Target of children for IPV	#	408,500	
B	Number of doses per child	#	1	
C	Number of IPV doses	$A \times B$	408,500	
D	AD syringes (+10% wastage)	$C \times 1.11$	453,500	

E	AD syringes buffer stock	$D \times 0.25$	0	
F	Total AD syringes	$D + E$	453,500	
G	Number of safety boxes (+10% of extra need)	$F \times 1.11 / 100$	5,100	

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

The quantity of request for 2005 has changed due to an increase of the number of births in 2003

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
Coverage of newborns with HepB vaccine	$\geq 95.0\%$	76.3%	Delay with the start of routine immunization till May 2003 in order to hold seminars on introduction of HepB vaccine and AD syringes	

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	June 2004	
Reporting Period (consistent with previous calendar year)	Jan-Dec 2003	
Table 1 filled-in	n/a	
DQA reported on	n/a	
Reported on use of 100,000 US\$	n/a	
Injection Safety Reported on	n/a	
FSP Reported on (progress against country FSP indicators)	n/a	
Table 2 filled-in	yes	
New Vaccine Request completed	yes	
Revised request for injection safety completed (where applicable)	yes	
ICC minutes attached to the report	yes	
Government signatures	yes	
ICC endorsed	yes	

6. Comments

→ *ICC/RWG comments:*

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7. Signatures

For the Government of UKRAINE

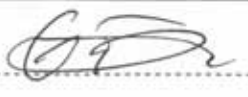
Signature: O. V. Lapushenko

Title: Chief State Sanitary Doctor of Ukraine,
First Deputy Minister of Health of Ukraine

Date: 29th July 2004

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	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
MoH Ukraine	Berezhnov S.P. First Deputy Chief State Sanitary Doctor of Ukraine, ICC Deputy Chairman			Ministry of Economy and European Integration of Ukraine	Vitrenko Yu.M. Chief, Dept. for Human Development		
MoH Ukraine	Mukharska L.M. Deputy Chief State Sanitary Doctor of Ukraine, ICC Deputy Chairman			National Committee of the Red Cross Society of Ukraine	Khabarova A.M. Executive Director		
MoH Ukraine	Karamushka L.I. Director, Dept. of			The World Bank Office in Ukraine	Bekh O.A. Education		

	Economy & Finances			Consultant, Human Development Sector	
MoH Ukraine	Kuznetsov A.V. General Director, "Ukrvaccina" State Co.		PATH	David Mercer Program Officer	
MoH Ukraine	Moiseenko R.A. Chief, Dept. of Organization of Medical Care to Children and Mothers		USAID Mission for Ukraine, Belarus and Moldova	Radziyevska O.E. Project Manager, Office of Health & Social Transition	
Inst. of Epidemiology and Infectious Diseases AMS Ukraine	Selnikova O.P. Director		UNICEF	Sherstyuk E.N. Project Coordinator, Immunization in Ukraine	
MoF Ukraine	Didenko S.A. Department of Budget Programs for Health Care and Social Insurance of Population		USAID Mission for Ukraine, Belarus and Moldova	Tim Clary Senior Technical and Policy Advisor, Office of Health & Social Transition	
WHO Country Office in Ukraine	Subbotin Yu.V. A.i. Head of the office		MoH Ukraine	Stelmakh O.M. Senior Specialist, Department for Organization of Anti- epidemic Measures and Immunization, Department of State Surveillance, Executive Secretary of ICC	

~ End ~