

# **Progress Report**

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

by the Government of

COUNTRY. The Republic of Uzbekistan	COUNTRY:	The Republic of Uzbekistan
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Date of submission: 25 September 2003

Reporting period: 2002 (Information provided in this report MUST refer to the previous calendar year)

( Tick only one ) :	
Inception report	
First annual progress report	1
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.

<u>Immunization Services Support</u> (ISS)

No funds were received from GAVI for Immunisation Services Support due to the fact that immunisation coverage of EPI vaccination in Uzbekistan exceeded 95 %.

#### 1.1.1 Management of ISS Funds

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

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

#### 1.1.2 Use of Immunization Services Support

In the <u>past year</u>, 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\_\_

		Amount of funds			
Area of Immunization	Total amount in		<b>PUBLIC SECTOR</b>		PRIVATE
Services Support	US\$	Central	Region/State/Province	District	SECTOR &
					Other
Vaccines					
Injection supplies					

Personnel			
Transportation			
Maintenance and overheads			
Training			
IEC / social mobilization			
Outreach			
Supervision			
Monitoring and evaluation			
Epidemiological surveillance			
Vehicles			
Cold chain equipment			
Other (specify)			
Total:			
Remaining funds for next			
year:			

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

#### <u>Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.</u>

. 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 list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).

## 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.

	Hepatitis B Vaccine			
	Date	Doses	Prices in USD	
1	09.01.02	575 800	178 498,0	
2	26.03.02	575 800	178 498,0	
3	11.07.02	575 800	178 498,0	
4	08.10.02	575 600	178 436,0	
	Total	2 303 000	713 930,0	
5	25.03. <b>03</b>	451 300	139 903.0	
6	17.06. <b>03</b>	451 300	139 930,0	
7	16.09. <b>03</b>	451 300	139 903.0	
	Total	1 353 900	419 709,0	

#### 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 main activities or immunisation services are:

- 105 two-days seminars on improvement of vaccinators' SIP skills in 7 oblasts,
- Provision with Ministry of Health policy and directives on Immunisation service all vaccination room and SES departments
- National workshop on strengthening the system and mechanism of AEFI surveillance
- Development and introduction unified software on monitoring of Immunisation services and AEFI surveillance, 2 days training for specialists from all oblasts on Immunisation software programme monitoring and network.
- 2 days countrywide workshop on repair and maintenance of cold chain equipment for technicians from all oblasts and follow up with cold chain activity of technicians
- National workshop on strengthening the system and mechanism of AEFI surveillance and review on AEFI surveillance system in 6 oblasts
- Introduction of training guidelines on SIP into the curriculum of Medical institutes and colleges
- Round-table discussion on the National Policy on Safe Injection/ Safe disposal of medical wastes
- Twenty five incinerators were built in Republic of Karakalpakstan and Khorezm region

### 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.

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

No	Description	Amount spent in USD	Status
1.	Procurement of four specialized vehicles for the vaccine transportation	\$47 500	Completed
2.	Procurement of computers for the creation of network between all regional immunization units	\$20 000	Completed
3.	Payment for the e-mail/internet connection of regional immunization units	\$1450	Completed
4.	Payment to UNDP country office for the administration of GAVI funds	\$3 000	Completed
5.	Trainings on safe immunization practice	\$10 000	Completed
6.	Development of documentation, instructions on safe immunization practice	\$300	Completed
7.	Stationary (Running cost)	\$1 200	Completed
8.	Personnel cost	\$8 500	Ongoing
	TOTAL	\$91 950	Balance \$8 050

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

#### 1.3.1 Receipt of injection safety support

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

	AD-syringes and boxes for HepB vaccination				
	Date	Quantity	Prices in USD		
1	28.01.02	995 000 syringes 11 050 boxes	67 828,69		
2	01.04.02	996 000 syringes	52 788,0		
3	06.06.02	11 050 boxes	7 083,93		
	Total	1 991 000 syringes 22 100 boxes	127 700,62		

4	17.03 <b>.03</b>	424 600 syringes	16 922.4	
6	16.06. <b>03</b>	424 400 syringes	16 922,4	
7	17.03. <b>03</b>	9 425 boxes		
	Total	849 200 syringes	33 844,8	
		9 425 boxes		

BCG AD-syringes and BCG Reconstitution syringes

	Date	Quantity	Prices in USD
1	05.01.03	355 600 syringes (0.1)	39 939,68
2	17.02.03	160 000 syringes (0.1)	16 922.4
	Total	675 600	73 784.48
3	21.02.03	30 000	2 210.25 EURO
	Total	30 000	2 210.25 EURO

DPT and Measles AD-syringes and Measles Reconstitution syringes

	Date	Quantity	Prices in USD	
1	21.02.0 <b>3</b>	710 400	40 429.8	
		712 800	40 629.6	
2	17.04.03	636 500	35 013.0	
3	16.06.0 <b>3</b>	456 400		
	Total	2 516 100	116 135.4	
4	21.02.03	45 500		
	Total	45 500		

Safety boxes

	Date	Quantity	Prices in USD	
1	05.01.0 <b>3</b>	20 600		
2	26.02.0 <b>3</b>	9 250		
3	17.03.0 <b>3</b>	9 425		
	Total	39 275		

#### 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
To improve safe immunisation practices by procurement of Safe injection equipment (AD syringes, reconstitution syringes and safety boxes)		6600 ( 100 %)		
Construction of 40 incinerators in 2002	40	25 ( 62.5 %)		
Develop and provide guidelines on Safe injection for nurses in 7 regions	4552 nurses	4552 (100%)		
Preparation posters on Safe injection for population	2000 items	2000 ( 100 %)		

#### 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:

Uzbekistan didn't request for injection safety support in the form of a cash contribution

#### 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 Report: Report progress on steps taken and update timetable for improving financial sustainability

Submit completed financial sustainability plan by given deadline and describe assistance that will be needed

for financial sustainability planning.

The representatives of the Ministry of Health and Ministry of Finance were trained GAVI workshop on development of Financial sustainability plan for Immunisation services in Moscow (16-20.06.03).

ICC made resolution to prepare the National FSP to GAVI by November 1.

By the first of September according to the plan the necessary database was collected both by the Ministry of Health and Ministry of Finance.

To process the date an international consultant was invited by the Ministry of Health from WHO

Mr.Galayda had worked in Uzbekistan on preliminary diagnosis of the received information and definition of the future plans of partners and donors. The analysis of budget deficiency for NIP and future plans of partners and donors were determined. The draft FSP is being considered in the Ministry of Finance.

The tables 3.1, 3.2 and 3.3 are filled

## 3. Request for new and under-used vaccines for year 2004 (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. <u>Up-dated immunization targets</u>

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

DTP3 reported figures are expected to be consistent with <u>those reported in the WHO/UNICEF Joint Reporting Forms</u>. Any changes and/or discrepancies **MUST** be justified in the space provided (page 10). Targets for future years **MUST** be provided.

**Table 2: Baseline and annual targets** 

Number of				Baseline a	nd targets			
Number of	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Births	526185	512902	529929	530000	530000	530000	530000	530000
Infants' deaths	10199	9390	9454	10000	10000	10000	10000	10000
Surviving infants	516086	503512	520475	520000	520000	520000	520000	520000
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	515928	478762	508301	509600	509600	509600	509600	509600
NEW VACCINES								
Infants vaccinated with Hep B *	21491	27071	322751	509600	509600	509600	509600	509600
Wastage rate of **HepB vaccine	1.33	1.18	1.18	1.18	1.18	1.18	1.18	1.18

INJECTION SAFETY								
Pregnant women vaccinated with TT	0	0	0	0	0	0	0	0
Infants vaccinated with BCG			519795	520000	520000	520000	520000	520000
Infants vaccinated with Measles			503877	510000	510000	510000	510000	510000

<sup>\*</sup> Indicate actual number of children vaccinated in past years and updated targets

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.

The figures for 2003-2004 changed because the number of children born had increased from 512 000 in 2001 to 530 000 in 2002

#### 3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year 2003-2004

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

The quality of Hepatitis B vaccines, AD syringes and safety boxes supply was not changed because the stock of them is enough to cover new needs

Table 3: Estimated number of doses of HepB vaccine (specify for one presentation only): (Please repeat this table for any other vaccine presentation requested from

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

#### GAVI/The Vaccine Fund

		Formula	For year 2004
A	Number of children to receive new vaccine		520 000
В	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100
С	Number of doses per child		3
D	Number of doses	A x B/100 x C	1 560 000
E	Estimated wastage factor	(see list in table 3)	1.18
F	Number of doses ( incl. wastage)	A x C x E x B/100	1 840 800
G	Vaccines buffer stock	F x 0.25	0
Н	Anticipated vaccines in stock at start of year		585 400
I	Total vaccine doses requested	F+G-H	1 255 400
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	(D+G-H) x 1.11	1 081 806
L	Reconstitution syringes (+ 10% wastage)	I/J x 1.11	0
M	Total of safety boxes (+ 10% of extra need)	(K+L)/100 x 1.11	12 008

#### 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, <u>excluding</u> the wastage of vaccines.
- Reconstitution syringes: it applies only for lyophilized vaccines. Write zero for other vaccines.
- Safety boxes: A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 3: 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

<sup>\*</sup>Please report the same figure as in table 1.

#### Confirmed/revised request for injection safety support for the year 2004

Table 4: Estimated supplies for safety of vaccination for the next two years with 2003-2004

#### **DPT** vaccination

		Formula	For year 2003	For year 2004
Α	Target of children for <u>DPT</u> vaccination	#	520 000	520 000
В	Number of doses per child (for TT woman)	#	3	3
С	Number of DPT doses	AxB	1 560 000	1 560 000
D	AD syringes (+10% wastage)	C x 1.11	1 731 600	1 731 600
Е	AD syringes buffer stock <sup>1</sup>	D x 0.25	0	0
F	Total AD syringes	D+E	1 731 600	1 731 600
G	Number of doses per vial	#	10	10
Н	Vaccine wastage factor <sup>4</sup>	Either 2 or 1.6	1.18	1.18
I	Number of reconstitution <sup>2</sup> syringes (+10% wastage)	C x H x 1.11 / G	0	0
J	Number of safety boxes (+10% of extra need)	(F+I)x1.11/100	19 220	19 220

#### **BCG** vaccination

		Formula	For year 2003	For year 2004
Α	Target of children for BCG vaccination	#	520 000	520 000
В	Number of doses per child (for TT woman)	#	1	1
С	Number of DPT doses	AxB	520 000	520 000
D	AD syringes (+10% wastage)	C x 1.11	577 200	577 200

<sup>&</sup>lt;sup>1</sup> 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.

<sup>2</sup> 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.

Е	AD syringes buffer stock <sup>3</sup>	D x 0.25	0	0
F	Total AD syringes	D + E	577 200	577 200
G	Number of doses per vial	#	20	20
Н	Vaccine wastage factor <sup>4</sup>	Either 2 or 1.6	2	2
I	Number of reconstitution <sup>4</sup> syringes (+10% wastage)	C x H x 1.11 / G	57 720	57 720
J	Number of safety boxes (+10% of extra need)	(F+I) x 1.11/100	7 048	7 048

#### **Measles vaccination**

		Formula	For year 2003	For year 2004
Α	Target of children for Measles vaccination	#	520 000	520 000
В	Number of doses per child	#	1	1
С	Number of Measles doses	AxB	520 000	520 000
D	AD syringes (+10% wastage)	C x 1.11	577 200	577 200
Е	AD syringes buffer stock <sup>5</sup>	D x 0.25	0	0
F	Total AD syringes	D + E	577 200	577 200
G	Number of doses per vial	#	10	10
Н	Vaccine wastage factor <sup>4</sup>	Either 2 or 1.6	1.6	1.6
ı	Number of reconstitution <sup>6</sup> syringes (+10% wastage)	CxHx1.11/G	92 352	92 352
J	Number of safety boxes (+10% of extra need)	(F+I)x1.11/100	7 432	7 432

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.

<sup>6</sup> 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 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM		For the year 2003	For the year 2004	Justification of changes from originally approved supply:
Total AD syringes for BCG		577 200	577 200	
Total AD Syringes	for other vaccines		2 038 800	
Total of reconstitution sy	ringes for BCG	57 720	57 720	
Total of reconstitution syrin	iges for Measles vaccine	92 352	92 352	
Total of safety boxes		33 700	33 700	

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

The figures for 2003-2004 changed because the number of children born had increased from 512 000 in 2001 to 530 000 in 2002. The quality of AD syringes, reconstitution syringes and safety boxes supply was not changed because the stock of them is enough to cover new needs

# 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
Percentage of timely submission of accounting and				
reporting documents on HepB vaccine	226 rayons	226 (100 %)		
Coverage with each series of vaccination:				
HepB 1				
HepB 2	530 000	98.8		
HepB 3	530 000	96.5		
•	530 000	62.0*		

Percentage of providers (Samsung, Korea), who implement correctly the HepB vaccines quality monitoring: -temperature - VVM	+2- +8°C 2 303 000 doses	2 303 000 doses (100 %) 2 303 000 doses (100%)	
Surveillance of AEFI	226 reporting points from districts (SES)	93 % reported	

<sup>\*</sup> Others 38 % of children will receive a third doze of HepB in the next reporting year according to National Immunisation Schedule

# 5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	25.09.09	The report was signed by the ICC members and
		Minister of Health on September 25
Reporting Period (consistent with previous calendar year)	2002	
Table 1 filled-in	NA	
DQA reported on	NA	
Reported on use of 100,000 US\$		
Injection Safety Reported on	V	
FSP Reported on (progress against country FSP indicators)	√	
Table 2 filled-in	V	
New Vaccine Request completed	V	
Revised request for injection safety completed (where applicable)	V	
ICC minutes attached to the report	V	
Government signatures	V	
ICC endorsed		



## 7. Signatures

For the Government of the Republic of Uzbekistan

Signature: Prof. F.G. Nazirov

Title: Minister of Health of the Republic of Uzbekistan

Date: 22 September

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
Ministry of Health	Dr. Niyazmatov B.I., Deputy Minister	ferly-	WHO	Mr. Arun Nanda, Head of WHO Mission	
Ministry of Health	Dr. Kamilov A.I., Deputy Minister	Offin	UNICEF	Mr. Rakhimdjanov Sh., UNICEF APO	
Ministry of Health	Dr. Atabekov N.S., Chief of MoH Department of Sanitary and Epidemiological	Laute	UNICEF	Dr. Ashirova I.R., UNICEF APO	Burnet
Ministry of Health	Dr. Tureeva N.K., Chief of MCH Department of MoH	Fry-	Ministry of Health	Dr. Akhmedova D.I., Chief Pediatricion of MoH	Ahref
Ministry of Health	Dr. Shoislamov B.Sh., Chairman of Pharmaceutical Committee	lute	Ministry of Health	Dr. Shoumarov S.B., Director of Republican Sanitary and Epidemiological Surveillance Centre	Mayurs

Ministry of Health	Dr. Gulamnazarova U., Chief of Immunological Unit Republican Sanitary and Epidemiological Surveillance Centre	Tyest	Ministry of Health	Dr. Tursunova D.A., Leading Specialist, MoH	Thy
Ministry of Finance	Mrs. Ambartsumova I.E., Chief of Department of Ministry of Finance	And-	Ministry of Macroeconomics and Statistics	Mrs. Zadorozhnaya R.A., Chief of Department of MMS	Pzerfy
World Bank	Mrs. Isametdinova D., WB Operation Officer		Ministry of Health	Dr. Murtazaev O.M., Director of Institute of Health	Musses-
Ministry of Health	Dr. Musabaev L.I., Main Infectionist of the MoH	dulus.			