



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:	UZBEKISTAN
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Date of submission: **May 2004**

Reporting period: **for 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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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)

Taking into account, that the immunization coverage of EPI vaccines in Uzbekistan makes more than 95 % during the last years, including the coverage of DTP-3b, funds were not allocated from the part of GAVI Fund for the development of immunization service.

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

The Republic of Uzbekistan did not request Fund about financial support, since vaccination coverage in the country exceeded 80 %.
In the past year, the following major areas of activities have been funded by 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).

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 : October YEAR : 2001

*HepB vaccine was received on 28.08.01 and the AD-syringes were received on 07.09.01.
Therefore immunization itself started in October 2001*

The scheme of vaccination against Hepatitis B according to National calendar of immunization: 0-2-9 months. The vaccine, the syringes and boxes have been delivered according to the delivery schedule by GAVI

Please report on receipt of vaccines provided by GAVI/VF, including problems encountered in 2003

<u>Vaccine against hepatitis B</u>			<u>AD - SYRINGES for immunization of HBV</u>		
Date	amount	cost	Date	amount	cost
25.03.2003	451 300 dozes	139 903,0 \$ USA	17.03.2003	424 600	23 353,0 \$ USA
17.06.2003	451 300 dozes	139 903,0 \$ USA	16.06.2003	424 600	23 342,0 \$ USA
16.09.2003	451 300 dozes	139 903,0 \$ USA	08.11.2003	424 600	23 353,0 \$ USA
25.11.2003	340 700 dozes	105 617,0 \$ USA	26.12.2003	322 200	21 909,6 \$ USA
Total	1 694 600 dozes	525 326,0 \$ USA	Total	1 595 800	91 957,6 \$ USA
<u>Boxes for the safe collection</u>					
Date	amount	cost			
17.03.2003	9425	6 303,44 \$ USA			
Total	9425	6 303,44 \$ USA			

1.2.2 Major activities

Please outline major activities that have been or will be undertaken, in relation to, phasing-in, service strengthening, etc. and report on problems encountered.

1. The Ministry of Health and the Ministry of the Finance of the Republic of Uzbekistan have developed and authorized (taking into account the remarks of the Secretariat of GAVI) the Plan of steady financing of immunization service
2. The Ministry of the Finance of the Republic of Uzbekistan by the order № 114 of November 21, 2003 has allocated a separate clause of expenses № 01841 from the State budget of the Republic for the centralized procurement of EPI vaccines for children under 2 years.
3. The Memorandum of Understanding between the Ministry of Health and UNICEF on the provision of procurement services of EPI vaccines to the Republic has been signed
4. The National schedule on Immunisation (SanPiN 0132-02) has been reconsidered with the modification of scheme of Measles and Hep B vaccination (the order of MoH RUz № 494 of November 12, 2003).

Measles		Hepatitis B	
Dose 1	12 months	Dose 1	during the first 24 hours after birth
Dose 2	6 years	Dose 2	2 months
		Dose 3	6 months

Before the scheme of Measles vaccination was: 9 -16 months, of HepB: vaccination 0-2-9 months

5. The seminars on Safe Immunisation Practices have been conducted in 14 regions of the republic, the training covers 8 000 vaccinators of immunization rooms.
6. Review of cold chain equipment has been carried out, and was based on FSP tables.
7. The informational-analytical computer program "VaccInfo" has been developed and introduced in 6 pilot regions, the system on collection of the reporting documentations on immunization service with the use of E-mail has been adjusted with UNICEF assistance.

1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine in 2001

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 fund was utilised and report of fund utilisation was submitted last year

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

The Republic of Uzbekistan made an application dated 25.04.02 for receiving AD syringes for all kinds of immunization and boxes for recycling. The application was approved on 28.06.02. The deliveries have been carried out since November 2002.

<u>Syringes for BCG</u>			<u>Syringes for cultivation of measles vaccine</u>		
<i>Date</i>	<i>amount</i>	<i>cost</i>	<i>Date</i>	<i>amount</i>	<i>cost</i>
05.01.2003	355 600	39 939,68 \$ USA	21.02.2003	45 000	1080,0 \$ USA
17.02.2003	160 000	10 736,0 \$ USA	05.08.2003	45 400	1089,6 \$ USA
05.08.2003	160 000	10 736,0 \$ USA	01.12.2003	57 600	1382,4 \$ USA
<i>Total</i>	<i>675 600</i>	<i>61 411,68 \$ USA</i>	<i>Total</i>	<i>148 500</i>	<i>3552,0 \$ USA</i>
<u>AD - syringes for other vaccines</u>			<u>Safe boxes</u>		
<i>Date</i>	<i>amount</i>	<i>cost</i>	<i>Date</i>	<i>amount</i>	<i>cost</i>
21.02.2003	1 423 200	81 122,4 \$ USA	05.01.2003	20 600	together with syringes for BCG
17.04.2003	636 600	35 013,0 \$ USA	26.02.2003	9 250	6 186,40 \$ USA
16.06.2003	456 400*	25 102,0 \$ USA	05.08.2003	9 250	6 303,44 \$ USA
08.11.2003	636 600	35 013,0 \$ USA	15.10.2003	10 300	6 888,64 \$ USA
01.12.2003	636 500	34 376,4 \$ USA	<i>Total</i>	<i>58 825</i>	<i>19 378,48 \$ USA</i>
<i>Total</i>	<i>3 789 300</i>	<i>210 626,8 \$ USA</i>			

<u>Syringes for cultivation of BCG</u>			<i>In total, it is received syringes and boxes on safety injection support from VF/GAVI for the sum</i> 297 139,52 \$ USA
<i>Date</i>	<i>amount</i>	<i>cost</i>	
<i>21.02.2003</i>	<i>30 000</i>	<i>612,0 \$ USA</i>	
<i>05.08.2003</i>	<i>28 400</i>	<i>579,36 \$ USA</i>	
<i>01.12.2003</i>	<i>48 000</i>	<i>979,2 \$ USA</i>	
<i>Total</i>	<i>106 400</i>	<i>2 170,56 \$ USA</i>	

The existing problems:

1. In accordance with the requirements of Secretariat of GAVI, the procurement of AD-syringes have been done only for children under 1 year. Taking into account, that according to the national immunization schedule DTP4, Measles2, Mumps are given to children at the age of 16 months (older than one year), the vaccination to these children was done by disposable syringes.
2. The GAVI support in supplying with AD syringes will finish in 2006. All that time the Ministry of Health and members of ICC looked for the best solution on future procurement of AD-syringes for the republic:
 - a. Several meetings were held with the local producers of disposable syringes on introduction of the production of AD syringes, but this problem is not solved.
 - b. In accordance with the FSP, there is a decision on centralized allocation of funds for vaccines and syringes procurement. However during the year 2003, the Ministry of Finance had allocated funds for procurement of only EPI vaccines, but not in whole volume.

The mechanism for procurement of AD syringes is not developed and after the period of procurement of AD syringes by GAVI (in 2006) the problems with the maintenance of immunization service by AD - syringes can appear in the Republic (the problem with national manufacturing of AD – syringes is not solved yet, and the question of independent procurement is under discussion).
3. The quantity of delivered syringes on June 16, 2003 did not correspond to quantity specified in the invoices (456 400 instead of 636 500 units specified in the invoices were delivered). However, UNICEF was informed about it only on May 6, 2004.

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

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
<i>1 Policy on Immunisation Safety and Safe disposal has been developed (The Order of the MoH №107) and introduced to the public health practice.</i>	<i>To ensure the EPI managers at all levels with directive documents on SI/Safe disposal and medical staff are trained on SIP</i>	<i>With the assistance of UNICEF, 2000 copies of the Order of the MoH № 107 were printed and distributed in health system. There are unified principles on waste disposal through burning</i>	<i>The limitation in implementation of all requirements of the order № 107 (construction of incinerators, provision of the children older than 1 year with AD-syringes, management of waste disposal).</i>	<i>To develop and introduce the National Policy of Safe Injections to the health system. To look for donor's support in the financing of the projects on construction of incinerators</i>
<i>2. Construction of incinerators in CDH Total - 79</i>	<i>In the Republic of Karakalpakstan - 20, In the Khoresm province - 20, In Samarkand - 20, In Andijan – 19</i>	<i>In the Republic of Karakalpakstan - 5, in Khoresm -20, in Samarkand - 2, in Andijan – 0 in total - 27</i>	<i>All incinerators were constructed with donors' support(UNICEF-grant of Japan, the Swiss project - Samarkand</i>	<i>To continue construction of incinerators at the expense of national budgets:- include budget into Investment Programme of the MoH on construction - allocate funds from local khokimiyat</i>
<i>3 To develop methodical recommendations for vaccinators on safe immunisation practices</i>	<i>To ensure 6 600 vaccinators with the methodical recommendations</i>	<i>Developed in national language and 7000 copies were printed by UNICEF support and introduced into the Immunisation services</i>	<i>No</i>	
<i>4. Training of doctors and medical nurses on Safe Immunization Practices and mechanism for waste disposal</i>	<i>To train 950 medical staff : 295 doctors and 655 medical nurses</i>	<i>More than 1000 doctors and 7000 vaccinators and their assistants at PHC level</i>	<i>Trainings were conducted with UNICEF support, national resources are limited for conducting such trainings</i>	<i>To conduct the certification on SIP all vaccinators in the Republic with further award of the permission certificates to work at vaccination points.</i>

<i>5. Supply all inoculated studies with equipment that provides injections safety.</i>	<i>Full supply of 6 600 inoculated items</i>	<i>It was supplied all inoculated items (100%)</i>		
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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:

Uzbekistan does not receive from GAVI funds for the support of safety injections

2. Financial sustainability

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

- FSP was submitted to the GAVI Secretariat in time - on November 24, 2003
- The Ministry of the Finance has allocated a separate item in the budget for vaccines procurement with annual allocation of 1 200 000 US dollars for procurements of EPI vaccines (as it was planned in November 2003) and starting from 2006 it is planned to have centralised procurement of Hepatitis B vaccines.
- In December 2003, it was necessary to develop the mechanism of the centralized vaccine procurement: MoU on vaccine procurement has been signed between UNICEF and the MoH. The mechanism of funds accumulation in the Republican SES with the further conversion of the national currency and transfer to the account of UNICEF Supply Division in Copenhagen is being developed.
- According to short and long term measures on ensuring the financial sustainability, the quarterly monitoring on cold chain is being carried out by the EPI managers at all levels.

The reporting system is introduced and functions in 6 pilot regions and the analysis of immunization service is carried out on monthly basis. It allowed to increase the efficiency on data collection and processing from oblasts. In future it is planned to introduce this system throughout the country.

Needed measures to ensure the of financial sustainability in accordance with GAVI recommendations of Secretariat of GAVI and needed assistance in its implementation:

1. *Feasibility of FSP goals* - reduction of the vaccines wastage to 15 %.
According to the recommendations, the BCG vaccines wastage was reconsidered up to 50 % and for measles - up to 20 % These estimations were done by the GAVI consultant.
2. *To develop, to discuss the plan of action on ICC with the indication of temporary indicators on ensuring financial sustainability* - according to the recommendations of ICC members, the plan is at development stage, the temporary performance indicators of the given measures will be discussed by the members of ICC.
3. *To ensure participation of each ICC member during the discussion, giving recommendations and implementation of the FSP of immunization service* –comments on FSP were received from each ICC member, which were discussed during the next ICC meeting.
4. *Country's decision on use of disposable syringes instead of AD-syringes after completion of GAVI procurements.*

After completion of GAVI procurements of AD - syringes (in 2006) the republic may cause the problems with insuring immunisation services with AD-syringes, as the issues of local production is not solved yet and an issue of independent procurement is discussed. The ministry of finance should allocated funds fro 2006 and ensure the procurement mechanism.

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 HepB (*specify*)

Proportion of vaccines supported by	Annual proportion of vaccines									
	2001..	2002..	2003..	2004..	2005..	2006..	2007..	2008..	2009..	2010..
Proportion funded by GAVI/VF (%)	50	100	100	100	100	50	-	-	-	-
Proportion funded by the Government and other sources (%)	-	-	-	-	-	The Ministry of Health plans to allocated funds for vaccine procurement				
Total funding for (<i>new vaccine</i>) *	50	100	100	100	100	50				

* *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.gavifitf.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 for 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
INDICATORS									
Born	526185	512902	529929	507890	515000	515000	515000	515000	515000
Infants' deaths	10199	9390	9454	8444	7000	7000	7000	7000	7000
Surviving infants under 1 year	516086	503512	520475	499446	508000	508000	508000	508000	508000
Infants vaccinated / to be vaccinated with 1st dose of DTP (DTP1)*	477956	467319	512663	495909	504440	504440	504440	504440	504440
Infants vaccinated / to be vaccinated with 3rd dose of DTP (DTP3)*	515928	465276	508301	490953	499364	499364	499364	499364	499364
NEW VACCINES **									
Infants vaccinated / to be vaccinated with 1st dose of HepB. (<i>new vaccine</i>)	35968	148149	523669	499220	509850	509850	509850	509850	509850
Infants vaccinated / to be vaccinated with 3rd dose of Hep B (<i>new vaccine</i>)	21491	27071	322751	493770	502412	502412	502412	502412	502412
Wastage rate of *** HepB. (<i>new vaccine</i>)	1,33	1,18	1,18	1,18	1,18	1,18	1,18	1,18	1,18
SAFETY INJECTION ****									
Pregnant women vaccinated / to be vaccinated with TT	0	0	0	0	0	0	0	0	0
Infants vaccinated / to be vaccinated with BCG	0	0	519795	495883	506760	506760	506760	506760	506760
Infants vaccinated / to be vaccinated with Measles	0	0	503877	493232	501904	501904	501904	501904	501904

* 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

The Coverage of Hep3 vaccination is bigger than DPT3 as there are no any medical contra-indications for HepB vaccination in Uzbekistan

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.

1. 504254 children were indicated in the column “The quantity of born” in WHO/UNICEF joint reporting form in 2003. The data was taken from the report in the form №5 of the Republican Centres of SES, there was no official data about the birth rate for the given period in the State Department of Statistics.
 2. According to the received official data as of 5.05.2004 507 890 children were born and 8 444 children under 1 died in the Republic.
 2. Taking into account, that the birth rate decrease in the Republic, the data on the number of newborns, and also a number of children under 1 year which need to be vaccinated against hepatitis B and DTP in 2003 and for the next years were changed. During the preparation of the application to GAVI the data was used with forecast to decrease of the birth rate, however, the birth rate increased up to 529 929 in 2002, and decreased to 507 890 children in 2003.
 3. The data for 2004 and next years has been updated taking into account an average birth rate for 3 years; it is possible that the data will be changed in the Annual Report for the following period according to the subsequent data.
 4. The reporting system in Uzbekistan is based on the calendar year. Taking into account that the third vaccination of newborn against hepatitis B (HepB3) is done 9 months after the first vaccination According to the National calendar only 63% of children under 1 year had complete triple vaccination at the end of 2002. Other children (37%) got a complete vaccination in 2003 and were not included into the report in 2002. The Republic managed to reach the sustainable registration of 98% coverage by 3 doses of HepB3 only by 2003.
- These changes were discussed at the ICC meeting .

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.

In accordance with vaccine forecast table for 2005, which was submitted to UNICEF Supply Division, 1,833,178 doses for hepatitis B vaccines was requested

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 2005
A	Infants vaccinated / to be vaccinated with 1 st dose of (new vaccine)		509 850
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	$A \times B / 100 \times C$	1 529 550
E	Estimated wastage factor	(see list in table 3)	1,18
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	1 804 468
G	Vaccines buffer stock	$F \times 0.25$	0
H	Anticipated vaccines in stock at start of year		0
I	Total vaccine doses requested	$F + G - H$	1 804 468
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	1 697 800
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	0
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	18 845

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** Countries are expected to plan for a maximum of: 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 5: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

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

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

Table 6: Estimated supplies for safety of vaccination for the next two years with BCG vaccine *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	For year 2005	For year 2006
A	Target of children for BCG vaccination (for TT : target of pregnant women)¹	#	506 760	
B	Number of doses per child (for TT woman)	#	1	
C	Number of BCG doses	A x B	253 380*	
D	AD syringes (+10% wastage)	C x 1.11	281 252	
E	AD syringes buffer stock ²	D x 0.25	0	
F	Total AD syringes	D + E	281 252	
G	Number of doses per vial	#	20	
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	2	
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	28 125	
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	3 434	

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

A number of children need to be vaccinated against measles, BCG and DPT in 2005, and also all subsequent figures were changed according to results of the demographic and statistical data

**** According to estimated 3 year commitment in 2005 will receive half of need of AD syringes for BCG***

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).

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.

Table 7: Estimated supplies for safety of vaccination for the next two years with DPT vaccine.

		The formula	For the year 2005	For the year 2006
A	Quantity of children subject vaccination DTP	#	504 440	
B	Quantity of dozes for vaccination of one child	#	3	
C	Total dozes of a DTP vaccine	$A \times B$	756 660	
D	Quantity of AD syringes (+10 % on losses)	$C \times 1,11$	839 892	
E	Reserve stock of AD syringes ⁴	$D \times 0,25$	0	
F	Total quality of AD syringes	$D + E$	839 892	
G	Quantity of dozes in one flash	#	10	
H	The factor of losses of a vaccine ⁵	2	0	
I	Quantity of syringes for cultivation ⁶ (+10 % on losses)	$C \times H \times 1,11 / G$	0	
J	Quantity of safe containers (+10 % on additional needs)	$(F + I) \times 1,11 / 100$	9 323	

⁴ 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.

⁵ Only for lyophilized vaccines. Write zero for other vaccines

⁶ 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 8: Estimated supplies for safety of vaccination for the next two years with vaccine against Measles.

		The formula	For the year 2005	For the year 2006
A	Quantity of children subject vaccination of Measles	#	501 904	
B	Quantity of dozes for vaccination of one child	#	1	
C	Total dozes of Measles vaccine	$A \times B$	250 952	
D	Quantity of AD syringes (+10 % on losses)	$C \times 1,11$	278 556	
E	Reserve stock of AD syringes ⁷	$D \times 0,25$	0	
F	Total quality of AD syringes	$D + E$	278 556	
G	Quantity of dozes in one flash	#	10	
H	The factor of losses of a vaccine ⁸	2	1,6	
I	Quantity of syringes for cultivation⁹ (+10 % on losses)	$C \times H \times 1,11 / G$	44 569	
J	Quantity of safe containers (+10 % on additional needs)	$(F + I) \times 1,11 / 100$	3 587	

⁷ 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.

⁸ Only for lyophilized vaccines. Write zero for other vaccines.

⁹ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

The table 5: the report of all deliveries for safety of vaccination on BCG, ДТП, TT and measles for 2005.

ITEM		For 2005	An explanation of changes from the present approved delivery:
In total AD syringes	For BCG	281 252	
	For other vaccines	1 118 449	
In total of syringes for cultivation of BCG		28 125	
In total of syringes for cultivation of measles vaccine		44 569	
In total of safe boxes		16 344	

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

Targets	Indicators	Achievements	Constraints	Updated targets
Quality of HepB vaccine management at all administrative levels	1. Percentage of timely submission of accounting and reporting documents on HepB vaccine including wastage	1. 100 %	Absence of network connection between several Area Centres of CSSES	To connect to network all Area CSSES in republic
	2. Coverage with each series of vaccina			
	HepB V1	99,0 %		
	HepB V2	99,0 %		
	HepB V3	98,9 %		

Implementation of correctly the vaccines quality monitoring	Percentage of providers who implement correctly the vaccines quality monitoring 1. use of temperature monitoring cards and freezing watch cards 2. VVM	1. 100 % 2. 100 %		
Safe immunization/injection (disposal of single-use syringes and needles together with safety disposal boxes)	1. Trainings on SIP for nurses 2. Include SIP into curriculum of 53 medical colleges	1. 14 oblasts covered with trainings on SIP, 6 600 vaccinators improved their knowledge on SIP 2. 100 % of medical colleges were included SIP into curriculum	3 cases of AEFI were registered in 2003	Conduct certification of 6000 vaccinators on SIP
Surveillance of AEFI/rates of AEFI	1. Monitoring on AEFI surveillance 2. Trainings on AEFI surveillance for EPI managers	1. Monitoring has been done in 7 areas 2. National training on AEFI for 50 EPI managers was conducted	All trainings and monitoring were conducted by UNICEF and WHO. Government hadn't funds for these activities	To continue monitoring on AEFI in another 7 areas To conduct 2 regional trainings on AEFI
Annual report of total immunization program cost financed by the government	Percentage of Government financing of EPI vaccines procurement	The Government has shown its commitment of self-financing the major EPI vaccines (100 \$%)		
To improve the National Immunisation schedule	1. Scheme of Measles vaccination 2. Scheme of HepB vaccination	1.The scheme of Measles vaccination from 2004 become: (12 months – 6 years) 2. The scheme of HepB vaccination- (0-2-6 mon)		

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	May 15, 2004	
Reporting Period (consistent with previous calendar year)	For the year 2003	
Table 1 filled-in	-	Uzbekistan didn't receive the financial support
DQA reported on	-	Audit control was not conducted in the Republic
Reported on use of 100,000 US\$	+	
Injection Safety Reported on	+	
FSP Reported on (progress against country FSP indicators)	+	
Table 2 filled-in	+	
New Vaccine Request completed	+	
Revised request for injection safety completed (where applicable)	+	
ICC minutes attached to the report	+	
Government signatures	+	
ICC endorsed	+	

6. Comments

→ *ICC/RWG comments:*

The Progress Report to GAVI (2003) was discussed on ICC meeting on 19 May 2004. The following comments were given:

1. In order to prevent cases on lack of information on supplies of vaccines, syringes, etc. through GAVI, it should be discussed during the ICC meeting.
2. To change the schedule of ICC meetings – once in a 2 months (instead of once in a quarter).
3. To create a working group for checking the authenticity of the reports on birth rate, infant mortality and vaccination coverage submitted by different departments of the Ministry of Health.
4. To involve all relevant international organisations in conducting trainings and printing educational guidelines related to changes in the vaccination schedule.

7. Signatures

For the Government of **Uzbekistan, Ministry of Health**

Signature:

Title: **F. G. Nazirov / Minister of Health**

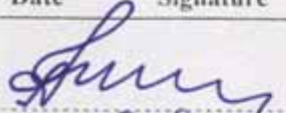
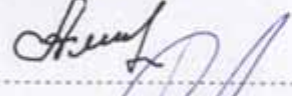
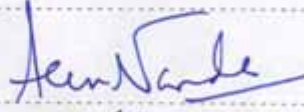
Date: 19.05.2004

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

~ End ~

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
Ministry of Health	Niyazmatov, B.I., Deputy Minister, MOH			Republican Center of State Sanitary-Epidemiological Control (CSSEC)	Shoumarov S.B., Chief		
Ministry of Health	Atabekov, N.S., Chief, MOH Department of State Sanitary and Epidemiological Control (DSSEC)			Republican Center of State Sanitary-Epidemiological Control (CSSEC)	Gulyamnazarova U.Sh., Chief of the Immuno-Prophylactics Department		
Ministry of Health	Tureyeva, N.K., Chief, MChP Department of the MOH of the RUz			Ministry of Health	Akhmedova D.I. Main pediatrician		
Pharmaceutical Committee	Shaislamov, B.Sh., Chairman,			Ministry of Health	Musabaev E.I., Main Infectionist		
Ministry of Health	Tursunova, D.A., Leading Specialist			Institute of Health	Mirtazaev O.M., Director		
Ministry of Finance	Ambartsumova, L.C., Chief of the Department			Ministry of Macroeconomics and Statistics	Zadorozhnaya, R.A., Chief of the Department		
UNICEF	Rakhimjanov, Sh., Assistant Programme Officer			WHO	Arun Nanda, Head of the WHO Mission		
UNICEF	Ashirova I.R., Assistant Project Officer, EPI			World Bank	Isametdinova, D., Operation Officer		
USAID	Andreas Tamberg Medical Advisor						

~ End ~