



Partnering with The Vaccine Fund

June 2003

Progress Report

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

by the Government of

COUNTRY:

UKRAINE

Date of submission: 5th November 2003

Reporting period: January 2003 – September 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)

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 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 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.*

Following GAVI/VF decision dated 27th Aug'02 Ukraine received HepB vaccine in Jan'03.

Vaccine presentation: single dose vials — 491,700 doses (manufactured by Green Cross Vaccine Corp., South Korea).

10-dose vials — 1,453,300 doses (manufactured by LG Life Science Ltd., South Korea).

Total received during current year — 1,945,000 doses.

Vaccine was delivered through UNICEF's Supply Division in two consignments – in January and July 2003.

Bundled to vaccines were two equal consignments of injection safety equipment, i.e. 1,818,000 SD syringes and 862,272 safety boxes.

The Ministry of Health of Ukraine authorized "Ukrvaccina" State Company to receive vaccine and injection equipment.

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. Currently the vaccine consignment is at the central store of Ukrvaccina Co. in preparation for distribution throughout the country for subsequent use.

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 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. Issues of HepB vaccine introduction were included in the curricula of trainings for mid-level immunization program managers conducted with support of UNICEF Ukraine prior to arrival of vaccine. Six training sessions covered all regions of the country. A total of 165 specialists (epidemiologists, pediatricians, immunologists) got instructions and were acquainted with modern practice of using HepB vaccine.
5. In addition to trainings already conducted, more trainings have been planned for 2004 regarding the use of HepB vaccine for rayon level specialists throughout Ukraine.
6. Ukrvac application software (monitoring tool for vaccination coverage and stock management) provides for monitoring of all indicators (target groups, vaccine stock, wastage rate, contraindications, coverage rate) during the process of introduction of vaccine at all levels.

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.

MoH Ukraine has authorized Ukrvaccina State Company to receive \$100,000 lump sum from GAVI/VF. 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. Already specified has been a bank, in which a target account will be opened shortly.

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

Proposal of the Government of Ukraine to GAVI/VF for support of injection safety was approved on 12th August 2003. The supply of equipment is scheduled starting January 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

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

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.
- Second Annual Progress Report : Append financial sustainability action plan and describe any progress to date. Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
- Subsequent reports: Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible.
- Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values.
- 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.gaviftf.org> under FSP guidelines and annexes).
- Highlight assistance needed from partners at local, regional and/or global level

The cooperation of Ukraine with GAVI/VF started with the latter's request to conduct assessment of immunization services. Assessment of performance, financing and resource allocation options for Ukraine's Immunization Program had been conducted by Alexander Teljukov, Ph.D., Senior Health Economist, Abt Associates Inc., in 2000. In fact, this is a finance plan of expansion and modernization of Ukraine's NIP for a period of 8 to 9 years.

His report concludes that international support for the s of Ukraine is a viable undertaking. It will complement resources of the national and regional governments of Ukraine and will help implement a set of innovative strategies and mechanisms that would contribute to the expansion, modernisation, and increased programmatic sustainability. The study offers a diverse spectrum of resource allocation mechanism that would put the NIP of Ukraine on the road to sustainable financing. Summary and recommendations stated in the Assessment has been used when acting National Immunisation Program developed. According to the GAVI requirements the Financial Sustainability Plan is being developed to submit to GAVI by September 2004. The assessment made the basis for elaboration of financial sustainability plan. The plan is being realized with participation of MoH, UNICEF and Ministry of Finance. Presently basic data have been collected and systematized. Analysis of these data will serve the basis for development of a draft financial sustainability plan, which will be discussed with the interested ministries and agencies, and the Inter-Agency Coordinating Committee (ICC).

The forthcoming ICC meeting will approve the working group for preparation of the plan and nominate a related coordinator. International experts are to be invited to assist the MoH in plan preparation.

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 (= 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 those reported in the WHO/UNICEF Joint Reporting Forms. 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 and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Births	387,500	376,734	382,192	385,000	388,000	391,000	395,000	400,000
Infants' deaths	4,152	4,152	4,023	5,000	5,000	5,000	5,000	5,000
Surviving infants	382,540	372,528	378,169	380,000	383,000	386,000	390,000	395,000
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	370,111	374,033	363,561	274,705 (for 9 months)	381,000	384,000	387,000	387,100
NEW VACCINES								
Infants vaccinated with Hep B vaccine	13,389	26,655	186,563	174,057 (for 9 months)	381,000	384,000	387,000	387,100
Wastage rate of ** HepB vaccine (<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	1,13***	1,05 for 1-dose vials& 1,25 for 10-dose vials	1,05 for 1-dose vials& 1,18 for 10-dose vials	1,05 for 1-dose vials& 1,18 for 10-dose vials	1,05 for 1-dose vials& 1,18 for 10-dose vials.
INJECTION SAFETY								
Pregnant women vaccinated with TT	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Infants vaccinated with BCG	379,279	361,541	375,916	297,070 (for 9 months)	385,000	388,00	392,000	393,000
Infants vaccinated with Measles	350,405	358,405	381,324	274,618 (for 9 months)	381,000	384,000	387,000	387,000

- * Indicate actual number of children vaccinated in past years and updated targets
- ** Indicate actual wastage rate obtained in past years
- *** Mean wastage rate as of 20 Sep'03 for 1- and 10-dose vaccine vials.

→ 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. Retrospective data regarding coverage of target groups with specific vaccinations correspond to the data reported in the WHO/UNICEF Joint Reporting Form for previous years.

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) **for 2004**

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

UNICEF Supply Division has notified about supply of 1,125,479 doses in 10-dose vials and 405,173 doses in single-dose vials during 2004.

Table 3: Estimated number of doses of Hepatitis B vaccine (10-dose presentation) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2004
A	Number of children to receive new vaccine		271,600
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	$A \times B/100 \times C$	814,800
E	Estimated wastage factor	(см. табл. 2)	1,2
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	977,760
G	Vaccines buffer stock	$F \times 0.25$	290,660
H	Anticipated vaccines in stock at start of 2004		250,000
I	Total vaccine doses requested	$F + G - H$	1,018,420
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1,11$	827,960
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1,11$	0
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1,11$	9,200

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:** 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 2004:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 3.1: Estimated number of doses of Hepatitis B vaccine (single-dose presentation) :

		Formula	For year 2004
A	Number of children to receive new vaccine		116,400
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	$A \times B / 100 \times C$	349,200
E	Estimated wastage factor	(см. табл. 2)	1,05
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	366,660
G	Vaccines buffer stock	$F \times 0.25$	98,340
H	Anticipated vaccines in stock at start of 2004		80,000
I	Total vaccine doses requested	$F + G - H$	385,000
J	Number of doses per vial		1
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1,11$	358,740
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1,11$	0
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1,11$	4,000

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 4 : 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 2004-2005

Table 5: Estimated supplies for safety of vaccination for the next two years with BCG

		Formula	For 2004	For 2005
A	Target of children for BCG	#	385,000	388,000
B	Number of doses per child	#	1	1
C	Number of BCG doses	$A \times B$	385,000	388,000
D	AD syringes (+10% wastage)	$C \times 1.11$	427,350	430,700
E	AD syringes buffer stock ¹	$D \times 0.25$	106,850	0
F	Total AD syringes	$D + E$	534,200	430,700
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ²	2	2	2
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	53,500	43,100
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	6,525	5,275

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

		Formula	For 2004	For 2005
A	Target of children for DTP	#	381,000	384,000
B	Number of doses per child	#	3	3
C	Number of DTP doses	$A \times B$	1,143,000	1,152,000
D	AD syringes (+10% wastage)	$C \times 1.11$	1,268,730	1,278,800
E	AD syringes buffer stock	$D \times 0.25$	317,185	0
F	Total AD syringes	$D + E$	1,585,600	1,278,800
G	Number of safety boxes (+10% of extra need)	$F \times 1.11 / 100$	17,600	14,200

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

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

		Formula	For 2004	For 2005
A	Target of children for MMR	#	381,000	384,000
B	Number of doses per child	#	1	1
C	Number of MMR doses	A x B	381,000	384,000
D	AD syringes (+10% wastage)	C x 1.11	423,000	426,300
E	AD syringes buffer stock	D x 0.25	105,800	0
F	Total AD syringes	D + E	528,700	426,300
G	Number of doses per vial	#		
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%)	1.05 for 1-dose (30%) & 1.6 for 10-dose vials (70%)
I	Number of reconstitution syringes (+10% wastage) – single-dose vials	$C \times H \times 0.3 \times 1.11 / G$	138,800	134,300
J	Number of reconstitution syringes (+10% wastage) – 10-dose vials	$C \times H \times 0.7 \times 1.11 / G$	63,500	47,800
K	Number of safety boxes (+10% of extra need)	$(F + I + J) \times 1.11 / 100$	8,125	5,750

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

		Formula	For 2004	For 2005
A	Target of children for IPV	#	381,000	384,000
B	Number of doses per child	#	1	1
C	Number of IPV doses	A x B	381,000	384,000
D	AD syringes (+10% wastage)	C x 1.11	422,900	426,300
E	AD syringes buffer stock	D x 0.25	105,800	0
F	Total AD syringes	D + E	528,700	426,300
G	Number of safety boxes (+10% of extra need)	$F \times 1.11 / 100$	5,875	4,750

Table 9: Summary of total supplies for safety of vaccinations with BCG, DTP, MMR, IPV for the next two years

ITEM		For 2004	For 2005	Justification of changes from originally approved supply:
Total AD syringes	for BCG	534,200	430,700	
	for other vaccines	2,643,200	2,131,400	
Total of reconstitution syringes		255,800	225,200	
Total of safety boxes		38,125	29,975	

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

4. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	November 5	
Reporting Period (consistent with previous calendar year)	January 1- September 30, 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 comments:*

The first consignment consisting of 969,550 doses of HepB vaccine was delivered to Ukraine in January 2003. Mass immunization with HepB vaccine of children under one year of age started in the second quarter of 2003 after preparatory activities (training of health workers, health education of parents, publication of methodic documents). Immunization coverage for 9 months of the current year is 45.4%. A note should be made, however, that the following groups are still being immunized:

- children who got one dose - 17.43%
- children who got two doses - 16.9%.

According to Sep'03 statistical form "Ukrvac", a total of 991,960 doses of HepB vaccine have already been used.

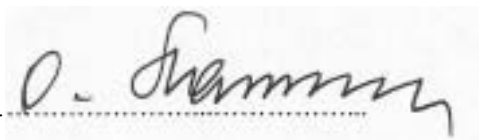
The second consignment of Hep B vaccine (972,600 doses) was delivered to Ukraine in July 2003, but the manufacturer failed to follow WHO-recommended procedure for packing and transportation of vaccines (WHO/V&B01.05. page 1). There was a danger of vaccine freezing and the above lot was stored at the central store of "Ukrvaccina" Co. At MoH's request, "Center for Immunobiological Preparations" State Co. made a random sample of 22 vials with vaccine from boxes which were in close contact with cold packs and sent them to the laboratory of the WHO Department of Vaccines and Biologicals in Geneva for tests. On 8th Oct'03 the MoH Ukraine received the results of freezing tests conducted at WHO laboratory; vaccine was found to comply with quality standards and can, therefore, be used for immunization. This consignment of vaccine will be distributed between oblasts shortly based on the MoH order. Since significant part of the remaining vaccine will be used by the end of current year; a 1st Jan'04 left-over is expected to amount to 330,000 doses.

In accordance with the order of the Ministry of Health # 276 dated 31.10.2000 "About Organization of Preventive Vaccinations", besides children under 1, there are the following eligible target groups for hepatitis B vaccination: health workers (students of higher medical and nursing schools), children with cancer, recipients of hemodialysis and blood transfusions. For those groups the Government of Ukraine procures hepatitis B vaccine under the contracts, which were prolonged from 2001 and 2002 due to insufficient funds allocation. Total amount of vaccine purchased for these groups is 207,137 doses for children and 385,000 doses for adults.

7. Signatures

For the Government of Ukraine

Signature: Olga Lapushenko

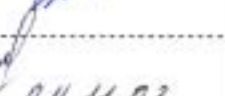
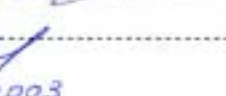
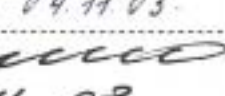
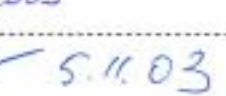
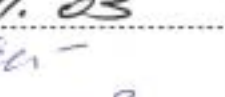
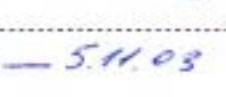
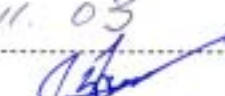
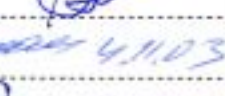
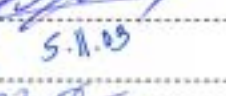
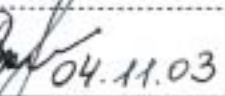
A handwritten signature in black ink, appearing to read 'O. Lapushenko', written over a dotted line.

Title: First Deputy Minister of Health

Date: November 03,2003

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	Sergei Berezhnov, Head, Department of State Sanitary Surveillance	04.11.03		National Committee of Red Crescent	Alla Khabarova, Executive Director	5.11.03	
Ministry of Health	Ludmila Mukharska, Deputy Head, Department of State Sanitary Surveillance	03.11.03		World Bank	Olena Bekh, Consultant to the Human Development Sector	5.11.03	
Ministry of Health	Larisa Karamushka, Head, Department of Economics and Finance	04.11.03		PATH	David Mercer, Senior Program Officer	04.11.2003	
Ministry of Health	Alexander Kuznetsov, Head, State Company "Ukrvaccina"	04.11.03		USAID	Olena Radzievska, Health Projects Manager	5.11.03	
Ministry of Health	Olga Selnikova, Director, Research Institute of Epidemiology and Infectious Diseases	04.11.03		UNICEF	Olena Sherstyuk, Health Projects Officer	5.11.03	
Ministry of Health	Victor Svita, Deputy Head of the Central SES			WHO	Yuri Subbotin, Liaison Officer	04.11.03	
Ministry of Health	Raisa Moiseenko, Head, MCH Department	04.11.03		USAID	Tim Cleary, Health Program Officer	5.11.03	
Ministry of Finance	Sergei Didenko, Head, Department of Budget Programs	04.11.03		Ministry of Health	Olga Stelmakh, Main Specialist, Department of State Sanitary Surveillance	03.11.03	
Ministry of Economics	Yuri Vitrenko, Head, Department of Human Development	04.11.03					

~ End ~