

Approved
By the Resolution № 369
of the Government of
Kyrgyz Republic
dated 22 of May 2006

**The National Program of
“Immunoprophylaxis
for 2006-2010”**

I. Introduction

According to World Health Organization (WHO) the immunization has been the most cost-effective action throughout the history of rescuing lives, preventing unwanted sufferings caused by diseases, disability and death.

In the increasingly interdependent present-day world the joint efforts targeted against vaccine-preventable diseases are very significant as far as public health is concerned, because they improve health and safety of people on a global scale.

The immune prophylactics in the Kyrgyz Republic is one of the priorities within health care service as it makes an important contribution along with other health promotion actions to the achievement of Millennium Development Goals by improvement of health of population particularly children and women. It is also one of the most important components to overcome poverty.

In 1994 the resolution of the Government of Kyrgyz Republic № 328 dated May 16, 1994 approved the first National Program of “Immunoprophylaxis” for 1994-2000. The second National Program of “Immunoprophylaxis” was approved by the resolution of the Government of Kyrgyz Republic № 517 dated September 4, 2001 to have been successfully implemented between 2001 and 2005 with its most important outcome being the settlement of principal issues of financing.

In 2002 a Plan of sustainable financing for the National Program of “Immunoprophylaxis” was designed with the technical assistance of “ABT Associates” US international agency to ensure adequate and reliable financing for purchase of vaccines and immunization service infrastructure.

Due to the centralized provision of vaccines financed by National budget and grants of Government of Japan and Global Alliance for Vaccines and Immunization as well as Asian Development Bank loan the country has reached and still maintains the high rate (more than 98% for all types of vaccination) of coverage of children under 2 with prophylactic vaccinations throughout the National Program of “Immunoprophylaxis” implementation period, which resulted in the decrease of morbidity rate for a number of preventable infections to very few cases.

In 2001-2005 the WHO Global Program for eradication of poliomyelitis continued with actions undertaken under its auspices to maintain Kyrgyzstan’s status as the country free of polio.

With the support of international partners (WHO, UNICEF, Centres for Infectious Diseases Control (hereinafter referred to as CDC) and others) as part of “Measles Elimination in Kyrgyz Republic” program for 2000-2007 supplemented with the National Strategic Plan of “Measles Elimination and Congenital Rubella Prevention” the country conducted the National campaign of mass immunization against measles and rubella, which resulted in vaccination of nearly 2 million people (more than 97% aged 7-25), while in 2002 the mass immunization against rubella for fertile women aged between 26 and 35 with the coverage rate of 97,1% made it possible to decrease measles and rubella morbidity to few single cases.

With the technical support from WHO as part of targeted program implementation the country developed and on July 1, 2002 introduced the system of integrated epidemiological control over measles, rubella and congenital rubella syndrome.

There's an alarming situation around purchases of vaccines against diphtheria and tetanus to re-vaccinate children aged 6, 11 and 16. In the recent several years the need of ADS and ADS-M vaccines has been met only by 50%, which poses a real threat of diphtheria cases particularly in schools and among socially active young people.

In the recent three years epidemic parotitis morbidity has increased in the country specifically in schoolchildren, which is conditioned by low coverage with preventive vaccinations against parotitis in 1992-2001 due to shortage of sufficient amount of anti-parotitis vaccine. Combating epidemic parotitis nowadays strongly requires purchasing of 1 million doses of relevant monovaccine.

The important component remains to be the continuation of work on improvement of health staff proficiency in immunization, which is particularly true for family medicine specialists.

Serious problems due to lack of sufficient appropriations are evident in technical maintenance and functioning of cold chain both on national, regional, district level storages and in vaccination facilities under treatment and prevention organizations.

The ongoing reforms in health care system of the country and scheduled changes made to the system also inevitably impact immunization services modifying the existing structure and approaches.

Thus, to preserve immunization advantages as a particularly valuable component of primary medical assistance and to determine its optimal structure in the period of health care system reforms as well as to formulate basic strategies, goals and objectives in compliance with the Global goals of immunization and strategic framework for 2006-2015 recommended by WHO and UNICEF it has become necessary to adopt the National Program of "Immunoprophylaxis" for 2006-2010.

II. The basic principles of the National Program of "Immunoprophylaxis for 2006-2010"

The basic principles of National Program of "Immunoprophylaxis" for 2006-2010 are formed in accordance with the following laws of Kyrgyz Republic: "On protection of health of people of Kyrgyz Republic", "On sanitary-and-epidemiological well-being of population", "On immune prophylactics of infectious diseases" and other normative legal acts on protection of health of people of Kyrgyz Republic.

The National Program of "Immunoprophylaxis" for 2006-2010 is a part of WHO policy of "Health for everyone in XXI century" and is designed with regard for experience gained in previous immunization programs implementation,

international experience, UNICEF and WHO recommendations, regional, epidemiological, socio-economic specifics of the country.

The National Program of “Immunoprophylaxis” for 2006-2010 is based on the following principles outlined in the draft WHO Global Goals and Strategies of Immunization (2006-2015):

Justice and Gender Equality – all the people irrespective of racial origin, religious practices, political beliefs, financial situation, have the right of equal access to immunization.

Partnership and responsibility – all the immunization tasks are agreed upon and done by the Government of Kyrgyz Republic and international partners jointly and according to the agreements adopted.

Guaranteed quality of vaccines and safe vaccination – all the vaccines coming to the Kyrgyz Republic meet the internationally recognized standards of quality and safety while services are provided according to the principles of safe immunization practice.

Reliable district (rayon) systems of immunization – to strengthen district (rayon) groups of immunization and their potential for the best utilization of resources and potential of immune prophylaxis available locally.

Ensuring sustainability of immunization by creating technical and financial potential – financial and technical self-provision of immunization service is the basic task of the Government of Kyrgyz Republic and international partners working in this field.

The principal coordinator of “Immunoprophylaxis” National Program implementation for 2006-2010 nationwide is the Deputy Minister of Health of Kyrgyz Republic, Chief National Sanitary Doctor of Kyrgyz Republic, while on regional (oblast), district (rayon) and town levels the program is coordinated by chief sanitary doctors for administrative territories.

The Program management on the national level is fulfilled by the Ministry of Health of Kyrgyz Republic via National Centre for Immune Prophylaxis; on the regional (oblast) level – via regional (oblast) centres for immune prophylaxis under regional (oblast) centres of State Sanitary and Epidemiological Control Department and family medicine centres.

III. The goal of National Program of “Immunoprophylaxis” for 2006-2010

Reduce morbidity and mortality from vaccine preventable infectious diseases by ensuring sustainable immunization coverage, access for population to vaccines of guaranteed quality and making participation of civil society more active in popularization of immune prophylaxis.

IV. Strategic vectors of National Program of “Immunoprophylaxis” for 2006-2010

Reaching the goal of National Program of “Immunoprophylaxis” for 2006-2010, which is to reduce morbidity and mortality from vaccine preventable diseases, is

envisaged during the accomplishment of the following strategic objectives embracing key problems of immune prophylaxis:

1. Determine national priorities as to vaccine preventable infections in compliance with WHO Global Goals.
2. Improve access for population to immunization services preserving high rate of coverage with preventive vaccines.
3. Ensure uninterrupted provision of the country with vaccines used according to the National Calendar for preventive vaccinations.
4. Ensure adequate and sustainable financing of National immunization system.
5. Improve the quality of immunization services provided.
6. Synchronize the accomplishment of National Program of "Immunoprophylaxis" for 2006-2010 with other projects and programs.
7. Improve safety of vaccines, immunization and injections.
8. Improve and strengthen the systems of storage and usage of vaccines.
9. Improve the systems of preventive vaccinations coverage monitoring and epidemiological control over morbidity cases.
10. Ensure immunization according to epidemic indications.
11. Conduct research and introduce new vaccines.
12. Make participation of civil society active in popularization of immune prophylaxis.

1. Determining national priorities as far as vaccine preventable infections in compliance with WHO Global Goals

In compliance with the WHO Global Goals determined for every vaccine preventable infection and with regard for regional, epidemiological conditions as well as financial-and-technical potential of immunization service the objective is to meet the following goals by 2010:

- 1.1. eradicate measles;
- 1.2. reduce viral hepatitis B and D morbidity in children;
- 1.3. reduce diphtheria morbidity to a few single cases (intensive indicator of morbidity must not be higher than 0,1 per 100,000 people);
- 1.4. stabilize whooping-cough morbidity, prevent morbidity increase (intensive indicator of morbidity must not be higher than 2,0 per 100,000 people);
- 1.5. reduce rubella morbidity, prevent epidemic outbreaks;
- 1.6. stabilize and continue to reduce epidemic parotitis morbidity;
- 1.7. reduce cases of congenital rubella syndrome to less than 1 case per 100,000 newborns;
- 1.8. prevent cases of tetanus in newborns;
- 1.9. effective accomplishment of actions to maintain the status of the country free of poliomyelitis;
- 1.10. prevent cases of disseminated forms of tuberculosis and tubercular meningitis in children in their first year of life;

- 1.11. determine economic efficiency and expediency of including the vaccine against Hib and rotaviral infection into the National Calendar of preventive vaccinations.

Basic fields of activity:

- keep high (not less than 98%) immunization coverage rate;
- strengthen and conduct timely epidemiological control of good quality;
- conduct urgent and additional immunization campaigns.

2. Increase of access of population to immunization services with high vaccination coverage rate preserved

According to WHO the groups of population not covered with vaccinations and serious drawbacks in the immunization system exist in every country. In the Kyrgyz Republic in spite of strengthened immunization service and high rates of population coverage with vaccinations at both regional and national levels there are certain problems in achieving high rate of coverage with vaccinations for every populated settlement specifically in remote and scarcely accessible mountainous areas.

Insufficient and inadequately planned financial and human resources, unsatisfactory budgeting and financial management also threaten the sustainability and enlargement of immunization service, which is evident from interruptions in supply of vaccines, permission to conduct vaccinations by untrained and unqualified staff etc.

The urbanization and unofficial populated settlements resulting in census of poor quality increasingly put some children at risk of remaining uncovered with vaccination.

The target:

- maintain 98% rate of coverage with all types of vaccinations at the national level and not less than 95% coverage – at regional (oblast) and district (rayon) levels.

Main activities:

- in addition to stationary vaccination points create supplementary mobile brigades at the district (rayon) level to conduct immunization for hardly accessible groups of population (refugees, migrants, people living in geographically remote and hardly accessible populated settlements);
- determine priority regions of the nation and groups of population receiving insufficient medical aid (including immunization)
- timely detect migrating contingents and take good quality census of the population serviced
- good quality provision of immunization services, adequate utilization of human and financial resources;

- application of combination approach (scheduled and additional immunization) to cover every person subject to immunization.

3. Ensuring uninterrupted supply of the country with vaccines used according to the National Calendar of Preventive Vaccinations

Uninterrupted supply of the country with vaccines is the basis of maintaining high rate of coverage with vaccinations.

Any interrupted supplies of vaccines to the country negatively impact the health of population, which is evidenced by a sharp increase in cases of epidemic parotitis morbidity in the recent years against a backdrop of low coverage with immunization due to interruptions in supplies of relevant vaccine in 1992-2001.

Due to untimely financing of ADS-M vaccine purchase from the national budget the coverage of schoolchildren and adults with re-vaccinations against diphtheria and tetanus in the last four years remains to be 50-60%.

It is not always possible for the country to have a spare 25% supply of vaccines because inadequate and untimely financing of immunization service does not allow purchasing vaccines with regard for spare supplies.

Targets:

- 3.1. liquidate by 2008 the vaccine deficiency existing in the country;
- 3.2. create 25% spare supply of vaccines.

Main activities:

- meet financial commitments in the area of immune prophylaxis;
- look for donor funds;
- involve regional administrations and Mandatory Health Insurance Fund in financing of vaccine purchases;
- conduct accurate forecast of needs to ensure uninterrupted supplies of guaranteed quality vaccines.

4. Ensuring adequate and sustainable financing of national immunization system

The timely and sustainable financing of national immunization system must become a basic priority objective of any country, however many countries with low revenues including Kyrgyzstan depend considerably on international aid in this matter. This could make financing inconstant and vulnerable as priorities of donors may change.

With a view to ensure adequate and sustainable financing of immunization service in Kyrgyzstan the Plan of sustainable financing of National Program of "Immunoprophylaxis" was developed in 2002 to describe in detail the principles

and criteria of participation of both the Government of Kyrgyz Republic and donors in financing of immunization needs.

Targets:

4.1. A step-by-step increase in the share of national budget for financial planning of immunization program as a priority of health care service;

4.2. Coordination of financing in the field of immunization by Inter-institutional coordination committee (ICC) to ensure adequate and proper support by donors.

Main activities:

- defining immune prophylaxis as a priority area of health care, which is of strategically important significance for the country;

- search for potential donor for co-financing of vaccine purchases after the Asian Development Bank loan expires in 2007;

- activation of work, enlargement of ICC, regular ICC meetings.

5. Improvement of immunization services quality

One of the basic problems in health care of Kyrgyzstan is the shortage of human resources. Lack of properly motivated, trained, managed and adequately paid health care staff may become a main obstacle both for immunization and the entire health care system on the whole. The efficiency of immunization and other health services is reduced as a result of lacking qualified and experienced staff.

One of the potential sources of trained and experienced medical staff is programs for poliomyelitis liquidation and measles elimination. In the course of these programs implementation a reserve of qualified medical staff (doctors-immunologists and vaccination nurses) was prepared to conduct immunization. There is a need of fixing such qualified human resources in terms of gradual integration as part of immunization and to have them work for other national priority programs in health care system reforms environment.

There's also a need of conducting training activities, which are increasingly demanded in times of significant organizational changes in health care particularly within the context of integrating immune prophylaxis into a new model of primary medical assistance and also when applying the new vaccine or making changes to the National Calendar of preventive vaccinations.

Targets:

5.1. preserve the existing human resource potential of immunological service, physicians-immunologists and vaccination nurses in the health care system reforms environment;

5.2. revise the existing programs of training in immune prophylaxis with emphasis put on practical skills at graduate and post-graduate levels as well as training programs for constant education;

5.3. interact with international partners to support training sessions on basic components of immune prophylaxis (safe immunization practice (SIP). “Cover every district”, epidemiological surveillance etc.).

Main activities:

- compose the list of demands in human resources and determine a strategy as the staff trained and proficient in immune prophylaxis can contribute in the best way possible to the achievement of new immunization goals using their skills and experience;

- provide the immunization program with trained staff;

- create motivation in health care staff in inaccessible or remote areas to provide population with good quality services including immunization by ensuring specific conditions of living and work, training and stimulating (including promotion, salary increase and support to families);

- increase hours dedicated to “immune prophylaxis” section at graduate, post-graduate levels with emphasis put on gaining practical skills;

- create a program of uninterrupted medical training for immunologists with tests conducted before and after training;

- introduce elements of distant learning from CD for district (rayon) immunologists with subsequent training of primary health care staff;

- design tests to check knowledge and practical skills in individuals conducting immunization;

- select a facility and provide it with financial and technical inputs to conduct practical training;

- train experts and lecturers in problems of immune prophylaxis;

- determine a necessary number of training sessions for medical staff involved in immunization service in the field for effective achievement of goals set by the program.

6. Synchronization of National Program of “Immunoprophylaxis” accomplishment in 2006-2010 with other projects and programs

Currently the issues of immune prophylaxis are included in the programs of protecting health of mothers and children, “Tuberculosis”, “HIV/AIDS”, “Manas Taalimi” programs and other. In this regard the actions potentially connected with one another must be presented as mutually beneficial, cost-effective and efficient for financial resources management.

One should detect and decrease to a minimum some coinciding fields and duplication areas for the sake of actions improvement and to streamline general activity. The connection between immunization and other medical-and-sanitary activities will lead to public health services efficiency improvement, enhance

fundamentals for partnership relations and contribute to long-term financial stability.

Targets:

6.1. preserve the priority role of immunization within the context of generally-sectoral policy and health care programs;

6.2 achieve maximum effect from combination of activities as far as financing and training.

Main activities:

- determine functions in the area of joint financing, monitoring and evaluation;

- establish connection with the programs of protecting health of mothers and children, “Manas Taalimi” for 2006-2010 – within the framework of vaccine prophylaxis arrangements, “Tuberculosis” – within the framework of immunization of population against hepatitis B, vaccination of children born from HIV-infected mothers and other;

- design joint plans of training and training materials;

- design standardized methods of monitoring and evaluation of influence exerted by comprehensive activities;

- combine resources needed to cover urgent and other expenses.

7. Improving safety of vaccines, immunization and injections

The safety of immunization is another important problem of immunization programs and requires the utilization of safe and highly active vaccines, completion of safe injections practice and adequate removal of wastes as well as active and urgent actions in cases when the immunization is followed by unfavorable response.

Successful immunization depends on sustainable and reliable supply of guaranteed quality vaccines. On the global scale some 24 suppliers and more than 60 types of vaccines are included in the WHO list, which contains suppliers entitled to supply vaccines to the international market.

As the Kyrgyz Republic does not produce its own vaccines the selection of supplier is a very important issue for the country. For more than 10 years vaccines have been delivered to the country via UNICEF, which is the guarantee of vaccines quality and their compliance with GMP standards.

According to the policies of WHO, UNICEF and UNFPA it is strongly recommended that all the participants of immunization activities finance not only the purchase of vaccines but also their safe utilization, i.e. supply of vaccines, auto-destructive (AD) syringes and safety boxes (SB) in one single set. This principle was made basic for the development of national immunization standards and has been applied in Kyrgyzstan since 2000.

A key requirement of SIP is uninterrupted supply of self-blocking syringes, which is to continue until 2006 for GAVI funds and from 2007 – for funds from the national budget.

An important part of SIP is occasional improvement of medical staff's qualification as far as handling opened vials, safe injection technique, removal of sharp-ended wastes and medical supervision for post-vaccine complications.

As a preventive measure the immunization entirely depends on acceptance, understanding and confidence of those who use these services, thus the safety of immunization is the most important component of confidence that patients put in the immunization service.

Targets:

7.1. offer vaccines of guaranteed quality only;

7.2. improve and implement in practice the national standards of immunization.

Main activities:

- continue cooperation with UNICEF in supplying the country with vaccines only from the sources, which comply with international quality standards;

- introduce, maintain and conduct safe injection practice monitoring including the utilization of self-blocking syringes and other safe methods of injecting vaccines;

- conduct good quality epidemiological control and undertake urgent actions in response to unfavorable consequences of immunization;

- systematically train medical staff in SIP;

- determine strategies of medical wastes utilization in cities of Bishkek and Osh.

8. Improvement and strengthening of systems of storing and usage of vaccines

One of the main objectives of immunization program is to ensure specific conditions for storing and transportation of vaccines that preserve immunogenic properties of vaccines and ensure their safety and efficiency.

The existing experience evidences that central, regional (oblast) and district (rayon) storages of State Sanitary-and-Epidemiological Control Department continue to be the most critical element of immunization system, because it is exactly the place where vaccines are received, stored and distributed in big batches. Disrepairs and faults in equipment or possible administrative errors may result in worthlessness of a large number of vaccines within several hours only. As a result the immunization service of the whole country may risk to fail and financial losses may increase up to millions of soms.

In order to exclude any possibility of such failures it is necessary to follow the highest international standards in provision of equipment, its installation,

utilization and depreciation. Every spare part must be taken into account to the highest degree possible when handling the vaccines. Similarly the high standards should be preserved while storing vaccines at vaccination points in health care facilities.

The immunization program staff and medical personnel are responsible for the vaccine quality preservation once it is delivered until it is injected to the patient. This very important responsibility is laid on the staff adequately trained and prepared to assume it.

Targets:

- 8.1. strengthen technical and financial provision of the system;
- 8.2. increase responsibility and proficiency of specialists in cold chain issues.

Main activities:

- conduct inventory of existing equipment;
- purchase new freezing equipment, spare parts and change outdated equipment;
- purchase vaccines basically with vial temperature indicator;
- repair and modernization of vaccine warehouses starting from the central level;
- provide independent sources of power to the central, regional (oblast) and district (rayon) vaccine warehouses;
- organized maintenance service and repair of cold chain equipment;
- develop standard operational procedures for maintenance of cold chain and teach these procedures to personnel responsible for storing, transportation and usage of vaccines.

9. Strengthening of the System of Monitoring of Preventative Immunizations Coverage Rate and Epidemiological Surveillance of Cases of Diseases

Monitoring of preventative immunizations coverage rate and epidemiological surveillance of diseases take the central place in the program management.

Both monitoring of coverage rate and epidemiological surveillance system require efforts to build capacity and create human resources for conducting epidemiological surveillance in the field and collection, summary, analysis, interpretation and use of data.

Epidemiological surveillance, monitoring and evaluation represent components of efficiently operating immunization systems, but infrastructure within the entire system is required for their quality performance. It comprises availability of adequate transportation means, communication, materials,

techniques of collection and ending of samples, as well as means for covering of operational expenditures and procedures for quality control.

Of great importance for effective epidemiological surveillance is quality lab work.

Targets:

9.1. To conduct monitoring of immunization coverage rate and quality analysis of the immunization data at all levels of health care;

9.2. To improve the current systems of epidemiological surveillance of vaccines preventable diseases;

9.3. To strengthen lab capacity.

Main activities:

- To improve recording and reporting systems at all health care levels;
- To develop software for monitoring of immunization coverage rate and related activities to enter auxiliary data, process and analyze receipt/delivery of data and further use of the analysis results;

- To conduct random cluster surveys (studies) of immunization coverage rate;

- To provide transportation expenses for delivery of clinical material for analysis and for carrying out an active epidemiological surveillance;

- To train health staff of Primary Health Care (PHC) in epidemiological surveillance of vaccines preventable diseases;

- To provide equipment, reagents, quality control, necessary for quality lab diagnostic within the framework of the current systems of epidemiological surveillance.

10. Immunization by Epidemic Indications

There are a lot of vaccines against infections, which are not on the National Preventative Immunizations Calendar of the Kyrgyz Republic. These vaccines can be used to protect certain population groups at risk of getting infected due to either their professional activity, or their residence in enzootic and unfavourable as far as some infections territories (Plague, Anthrax, Tick Borne). Besides, the National Calendar does not include preventative vaccines, requiring additional allocations, not accessible in the budget (vaccines against Influenza, Meningitis, Pneumonia, Rota-Viruses, Hib-infection, and Typhoid). The National Calendar of the republic does not envisage preventative immunizations against Rabies, Meningitis of contacts-children against TB and Viral Hepatitis (except newborns).

Ensuring access of the population to the above specific protection against infections, which can be prevented by vaccines, but not included in the National Immunization Calendar, plays a big role in health protection of the population.

New vaccines against the agents of such communicable infections as Malaria, HIV/AIDS, Pandemic Influenzae, TB and other are currently being developed. It is also necessary to envisage immunization in hard emergency situations and calamities, when it might play a crucial role in prevention of diseases and deaths, as well as in prevention of a potential spread of diseases to the neighbouring population groups.

Target:

To decrease the risk of spread of epidemiologically essential infections, preventable by vaccines, and not included into the National Preventative Immunization Calendar (NPVC).

Main Activities:

- To draft the Plan of introduction of additional vaccines into the NPVC, depending on the epidemiological situation in the republic;
- To identify the list and mechanism of financing of immunization against epidemiologically essential infections; vaccination against the above infections shall be partially co-financed by the Kyrgyz Government;
- To carry out immunization of certain groups by epidemic indications against Plague, Anthrax, Tick Borne, Rabies and other infections with the funds allocated by the Kyrgyz Government, donors, organizations and citizens;
- To establish revolving Vaccines Fund for emergencies and natural calamities cases;
- To maintain effective system of epidemiological surveillance, linked to the global network of prevention and response in case of onset or threat of epidemics and information exchange in global scale.

11. Scientific (Research) Studies and Introduction of New Vaccines

To maximize benefit from immunization, it is necessary to continue related scientific studies of new vaccines introduction into practice, which are important from the public health care perspective.

It is necessary to elaborate on the issues, related to economic damage and burden of communicable diseases versus other priorities of public health care and feasibility of the programs implementation.

Prior to making decision on introduction of a new vaccine, it is necessary to establish mechanisms to secure sustainable funding, to avoid the risk of overloading or weakening of immunization service.

Target:

- To conduct researches on immunoprophylaxis issues to make well grounded decisions when the NPVC is reviewed.

Main Activities:

- To carry out population research to determine economic rational of introduction of preventative immunizations against Hib and Rota-virus into the NPVC;
- To evaluate economic efficiency of immuno-prevention of vaccines preventable infections;
- To carry out studies of spread (prevalence) of Viral Hepatitis B in adolescents in order to make decision on introduction of immunization against Viral Hepatitis B among this population group;
- To collaborate with WHO, UNICEF, other partners on the issues of getting Technical and Consultative Assistance in acquiring the technique of carrying out related studies and analysis of the obtained findings;
- To review the NPVC.

12. Civil Society Participation in Promotion of Immunoprophylaxis

Efficiency of immunoprophylaxis as preventative direction of health care is completely dependant on understanding and trust of those, using immunization services.

Immunization coverage rate increases with the increase of the population's demand and certainty of benefit and safety of immunization of people, based on high awareness level. Participation of community in health care activity, especially in immuno-prevention, is one of the key elements of success of public approach towards the population health.

The population in the Kyrgyz Republic has begun being involved in the issues of health promotion and protection. The work with community is based on formation of new approaches – transition from passive transfer of information and knowledge towards partnership relations, identification of priorities, oriented towards solution of problems both of the entire society and certain communities, population groups, individuals. Rights and responsibilities of the population in the area of health protection are allocated in the Kyrgyz Republic Constitution and the law «On Health Protection of the People of the Kyrgyz Republic».

Under the reforms of governance, NGOs could be delegated or transferred some functions and state authorities in the area of health promotion, protection of citizens' rights related to health protection. Capacity and resources of NGOs acquire big importance, thanks to which they can rapidly make flexible decisions, supplementing the activity of state health care organizations.

Wide coverage of issues related to diseases prevention, health promotion, sanitary hygienic skills and other health issues in mass media will improve the level of participation of population in the activities, aimed at health improvement.

Targets:

12.1. To increase the level of awareness and degree of involvement of the population in immunization issues;

12.2. To develop National Strategic Plan on Social Mobilization of Population.

Main Activities:

- To involve population, NGOS, jaamats (communities) in the issues, concerning immunization;

- To use mass media to cover the issues of immunizations;

- To develop and print informational educational materials on immunoprophylaxis for NGOs, jaamats, public leaders; to conduct trainings and meetings;

- To coordinate activity on social mobilization between health care organizations;

- To develop and implement programs of interaction with communities (jaamats), NGOs on immunization issues;

- To expand interaction with Rural Health Committees, Initiative Groups and other public organizations on immunoprophylaxis issues;

- To conduct sociological surveys of the level of awareness of the population of immunoprophylaxis issues.

V. FINANCING OF THE NATIONAL PROGRAM «IMMUNOPROPHYLAXIS», 2006 - 2010 (in USD)

Expenditure Item	2006		2007		2008		2009		2010	
	Total Cost	Gap	Total Cost	Gap	Total Cost	Gap	Total Cost	Gap	Total Cost	Gap
Vaccines procurement within the National Immunization Calendar	720 502	85 112	857 459		739 211	133 821	748 747	10 997	758 406	
Injection Equipment and Safety Boxes procurement	142 707	82 707	144 548	51 027	146 412	146 412	148 301	148 301	150 214	150 214
Salaries of health workers	81 518	-	100 979	-	123 717	-	151 157	-	184 047	
Transportation of vaccines	2 630		2 893		3 182		3 500		3 850	
Maintenance of Cold Chain (buildings, electricity, repair)	43 205		44 725		45 619		47 885		50 222	
Training of Health workers	117 986	117 986	87 787	87 787	98 497	98 497	110 514	110 514	123 997	123 997
Social Mobilization	68 750	68 750	70 125	70 125	71 528	71 528	72 958	72 958	74 417	74 417
Epidemiological Surveillance activities	2 250		2 550		2 861		3 184		3 518	
Management of the Program	11 250		12 750		14 306		16 183		18 131	
Cold Chain Equipment Оборудование	107 116	12 852	13 109	13 109			27 061	27 061	27 602	27 602
Procurement of additional vaccines and campaigns	759 565	653 165	112 195	112 195						
Distributed expenditures	102 560		117 675							
TOTAL	2 160 039	1 020 572	1 566 795	334 243	1 380 373	450 258	1 484 481	369 831	1 572 281	376 230

GRAND TOTAL COST OF THE PROGRAM FOR 5 YEARS - 8 163 969\$ (335 mln som),
 FUNDS GAP - 2 551 134\$ (104,3 mln som)

APPROVED:

G.T.OSKONBAEVA (Head of Department of Economy and Financial Policy of the Ministry of Health)

**Financing of the National Program «Immunoprophylaxis for the Years of 2006-2010»
(in USD)**

2006

Expenditure Item	Requirement in financing (in USD)	Source of Financing (in USD)					Gap
		Kyrgyz Government	Regional Administration	HIF	ADB	GAVI	
Vaccines procurement within the framework of the National Immunization Calendar	720 502	230 390			405 000		85 112
Injection Equipment and Safety Boxes procurement	142 707					60 000	82 707
Salaries of health workers	81 518	81 518					-
Transportation of vaccines	2 630	2 630					
Maintenance of Cold Chain (buildings, electricity, repair)	43 205	43 205					
Training of Health workers	117 986						117 986
Social Mobilization	68 750						68 750
Epidemiological Surveillance activities	2 250	2 250					
Management of the Program	11 250	11 250					
Cold Chain Equipment Оборудование	107 116				94 264		12 852
Procurement of additional vaccines and campaigns	759 565	21 280	85 120				653 165
Distributed expenditures	102 560			102 560			
TOTAL	2 160 039	392 523	85 120	102 560	499 264	60 000	1 020 572

**Financing of the National Program «Immunoprophylaxis for the Years of 2006-2010»
(in USD)**

2007

Expenditure Item	Requirement in financing (in USD)	Source of Financing (in USD)					Gap
		Kyrgyz Government	Regional Administration	HIF	ADB	GAVI	
Vaccines procurement within the framework of the National Immunization Calendar	857 459	482 459			375 000		
Injection Equipment and Safety Boxes procurement	144 548	93 521					51 027
Salaries of health workers	100 979	100 979					-
Transportation of vaccines	2 893	2 893					
Maintenance of Cold Chain (buildings, electricity, repair)	44 725	44 725					
Training of Health workers	87 787						87 787
Social Mobilization	70 125						70 125
Epidemiological Surveillance activities	2 550	2 550					
Management of the Program	12 750	12 750					
Cold Chain Equipment Оборудование	13 109						13 109
Procurement of additional vaccines and campaigns	112 195						112 195
Distributed expenditures	117 675			117 675			
TOTAL	1 566 795	739 877		117 675	375 000		334 243

**Financing of the National Program «Immunoprophylaxis for the Years of 2006-2010»
(in USD)**

2008

Expenditure Item	Requirement in financing (in USD)	Source of Financing (in USD)					Gap
		Kyrgyz Government	Regional Administration	HIF	ADB	GAVI	
Vaccines procurement within the framework of the National Immunization Calendar	739 211	605 390					133 821
Injection Equipment and Safety Boxes procurement	146 412						146 412
Salaries of health workers	123 717	123 717					-
Transportation of vaccines	3 182	3 182					
Maintenance of Cold Chain (buildings, electricity, repair)	45 619	45 619					
Training of Health workers	98 497						98 497
Social Mobilization	71 528						71 528
Epidemiological Surveillance activities	2 861	2 861					
Management of the Program	14 306	14 306					
Cold Chain Equipment Оборудование							
Procurement of additional vaccines and campaigns							
Distributed expenditures				135 040			
TOTAL	1 380 373	795 075		135 040			450 258

**Financing of the National Program «Immunoprophylaxis for the Years of 2006-2010»
(in USD)**

2009

Expenditure Item	Requirement in financing (in USD)	Source of Financing (in USD)					Gap
		Kyrgyz Government	Regional Administration	HIF	ADB	GAVI	
Vaccines procurement within the framework of the National Immunization Calendar	748 747	737 750					10 997
Injection Equipment and Safety Boxes procurement	148 301						148 301
Salaries of health workers	151 157	151 157					-
Transportation of vaccines	3 500	3 500					
Maintenance of Cold Chain (buildings, electricity, repair)	47 885	47 885					
Training of Health workers	110 514						110 514
Social Mobilization	72 958						72 958
Epidemiological Surveillance activities	3 184	3 184					
Management of the Program	16 183	16 183					
Cold Chain Equipment Оборудование	27 061						27 061
Procurement of additional vaccines and campaigns							
Distributed expenditures				154 991			
TOTAL	1 484 481	959 660		154 991			369 831

**Financing of the National Program «Immunoprophylaxis for the Years of 2006-2010»
(in USD)**

2010

Expenditure Item	Requirement in financing (in USD)	Source of Financing (in USD)					Gap
		Kyrgyz Government	Regional Administration	HIF	ADB	GAVI	
Vaccines procurement within the framework of the National Immunization Calendar	758 406	758 406					
Injection Equipment and Safety Boxes procurement	150 214						150 214
Salaries of health workers	184 047	184 047					
Transportation of vaccines	3 850	3 850					
Maintenance of Cold Chain (buildings, electricity, repair)	50 222	50 222					
Training of Health workers	123 997						123 997
Social Mobilization	74 417						74 417
Epidemiological Surveillance activities	3 518	3 518					
Management of the Program	18 131	18 131					
Cold Chain Equipment Оборудование	27 602						27 602
Procurement of additional vaccines and campaigns							
Distributed expenditures				177 877			
TOTAL	1 572 281	1 018 174		177 877			376 230

Abbreviations

MOH	Ministry of Health
DSSSES	Department of State Sanitary Epidemiological Surveillance
CSSSES	Centers for SSES
HIF	Health Insurance Fund
RCI	Republican Center for Immunoprophylaxis
KSMA	Kyrgyz State Medical Academy
KSIT&RMP	Kyrgyz State Institute of Training & Retraining of Medical Personnel
FGPA	Family Group Practices Association
FMC	Family Medicine Center
OMH	Oblast Merged Hospital
TH	Territorial Hospital
M/H	Maternity House
DDP&ME	Department of Drug Policy & Medical Equipment
KRCP&ChS	Kyrgyz Research Institute of Pediatrics & Children's Surgery
RCHP	Republican Center for Health Promotion