



# Annual Progress Report 2007

Submitted by

The Government of

**Kyrgyz Republic**

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**(to be accompanied with Excel sheet as prescribed)**

Please return a signed copy of the document to:  
GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

Enquiries to: Dr Raj Kumar, [raj कुमार@gavialliance.org](mailto:raj कुमार@gavialliance.org) or representatives of a GAVI partner agency. All documents and attachments must be in English or French, preferably in electronic form. These can be shared with GAVI partners, collaborators and general public.

*This report reports on activities in 2007 and specifies requests for January – December 2009*

## Signatures Page for ISS, INS and NVS

For the Government of Kyrgyz Republic

**Ministry of Health: Mambetov M.**

**Ministry of Finance: Kalimbetova T.**

Title: Minister of Health

Title: Minister of Economy and Finance

Signature: .....

Signature: .....

Date: .....

Date: .....

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report, including the attached excelsheet. 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 Alliance 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 from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
• Abdikarimov S. – Deputy Minister of Health	<b>Ministry of Health</b>		
• Koshmuratov A.- Head of Department of Strategic Planning, Management and Reform	<b>Ministry of Health</b>		
• Saginbaeva D. – Head of Department of Curative Care and Rehabilitation	<b>Ministry of Health</b>		
• Kenjeeva G. - Head of Economics and Finance Policy Department	<b>Ministry of Health</b>		
• Sydykanov A.- Chief of Public Health Unit	<b>Ministry of Health</b>		
• Isakov T.- General Director of State Sanitary and Epidemiological Control	<b>Ministry of Health</b>		
• Kurmanov R. - General Director of Department of medical supplies and pharmaceuticals	<b>Ministry of Health</b>		
• Kadirova N. – First Deputy Director General of MHIF	<b>Ministry of Health</b>		
• Kalilov J. - Head of the Republican Center of Immunoprophylaxis	<b>Ministry of Health</b>		
• Aitmurzaeva G. – Director of the Republican Center of strengthening of health	<b>Ministry of Health</b>		
• Safonova O.- Deputy Head of the Republican Center for Immunoprophylaxis	<b>Ministry of Health</b>		
• Adjaparova A. – Technical coordinator of GAVI HSS	<b>Ministry of Health</b>		
• Chernova I. – Epidemiologist of the Republican Center for Immunoprophylaxis	<b>Ministry of Health</b>		

• Moldokulov O.- Head of WHO Country Office in Kyrgyzstan	<b>WHO</b>		
• Imanalieva Ch. – Health Officer UNICEF	<b>UNICEF</b>		
• Kojobergenova G. - Project Coordinator	<b>ADB</b>		
• Sargaldakova A. – Project Specialist	<b>World Bank</b>		
• Biybosunova D. – Project Coordinator	<b>USAID</b>		
• Bolotbaeva A. –Project Coordinator	<b>«Soros - Kyrgyzstan» Foundation</b>		
• Musabekova Ch. – Chairperson of Association	<b>Health Promotion Association</b>		
• Jamangulova T. – Project Coordinator	<b>Kyrgyz/Swiss/Swedish Health Project</b>		
• Sulaymanova A. – Program Specialist	<b>ZdravPlus</b>		
3.1. Mukeeva S. - Head of Family Group Practitioners Association	<b>Family Physician Groups</b>		

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*Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.*

## 1. Report on progress made during 2007

### 1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): Yes/No

If yes, please explain in detail how it is reflected as MoH budget in the box below.

If not, explain why not and whether there is an intention to get them on-budget in the near future?

*Funds received from the GAVI are part of a budget of the MoH, which are transferred through separate special account to the Republican Center of Immunization, which is accountable to the MoH.*

#### 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.*

*The management of ICC funds is being done by the MoH through the Republican Center of Immunization, according to GAVI plan within the framework of Multiyear complex plan of immunization and National Health Care Development Programme "Manas Taalimi."*

*First part of ICC funds is 34 thousand USD, which was transferred to the country in November 2006 and have been started using since March 2007 after finishing bank procedures.*

*Plan of actions, budget and report are discussed annually during the meetings of Inter-sectoral Coordination Committee*

### 1.1.2 Use of Immunization Services Support

In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2007      34 000 \$ CUA  
 Remaining funds (carry over) from 2006      34 000 \$ CUA  
 Balance to be carried over to 2008      55011\$ CUA

**Table 1: Use of funds during 2007\***

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	1187	1187			
Maintenance and overheads	4876	4876			
Training	2000	2000			
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation	1470	1470			
Epidemiological surveillance	817	817			
Vehicles					
Cold chain equipment					
Other ..... (specify)	2639 (internet, custom's clearance, retail stock and other things)	2639			
<b>Total:</b>	12989	12989			
<b>Remaining funds for next year:</b>	55011	55011			

*\*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 and utilization of funds were discussed.**

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

*In accordance with multiyear complex plan, in 2007 the activities on strengthening of epid-surveillance of controlled infections by immunoprophylaxis were conducted. The system of epid-surveillance of whooping-cough has been revised (Prikasis #35 of the MoH dated 29.01.08.). Each case of suspicion of measles was traced, 224 sera samples from different regions of the republic have been examined in the National Virology Laboratory. Active epidemiological surveillance of acute flaccid paralysis was conducted. 37 samples of stool from patients with flaccid paralysis were delivered to Moscow.*

*Vaccines are delivered regularly in the republic with special autotransportation (refrigerators)*

*Medical workers of Primary Health Care system have been trained on Safety Immunization at local level (60 people) and on 7 WHO training modules "Practical Immunization", adapted to Kyrgyzstan (150 people).*

*One of the main issues is increasing vaccine coverage by tracing migrated population. Improvement of a registration system of children and development of a manual for school medical workers on immunoprophylaxis.*

*Activities on EWI have been conducted with purpose to raise awareness of population about necessity of immunization. Preparation of manuals for mobile team and monitoring started.*

### 1.1.3 Immunization Data Quality Audit (DQA)

Next\* DQA scheduled for 2009

*\*If no DQA has been passed, when will the DQA be conducted?*

*\*If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA*

*\*If no DQA has been conducted, when will the first DQA be conducted?*

What were the major recommendations of the DQA?

-

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?

YES

NO

If yes, please report on the degree of its implementation and attach the plan.

-

**Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.**

*Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).*

*Plan of action for the DQA will be considered during 2008.*

#### **1.1.4. ICC meetings**

*How many times did the ICC meet in 2007? **Please attach all minutes.**  
Are any Civil Society Organizations members of the ICC and if yes, which ones?*

*In 2007, there were 4 meetings of ICC (protocols are attached). Expanded and renewed ICC has members from Civil Society*

## 1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

### **1.2.1. Receipt of new and under-used vaccines during 2007**

*When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates shipment were received in 2006.*

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
Hep.B	10 doses	125 100		11.01.07
Hep.B	1 dose	425 250		1.06.07

*Please report on any problems encountered.*

*Receipt of 1 dose Hep.B vaccines decreased vaccine loss and allow us to vaccinate first vaccination at maternity houses during the first 24 hours even with low birth rate, but it required usage of all reserved capacity of cold chain equipments. The problem was solved by purchasing additional cold chain capacities.*

### **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.*

-

### **1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine**

These funds were received on: 2003 год

*Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.*

*By 1.01.2007, the rest of funds were 37 723 \$, in 2007, out of which 12 972 \$ were used:  
Internet connection -217 \$  
transportation - 1406 \$  
routine repair of equipment – 423 \$  
purchasing of syringes – 4568 \$  
printed materials for education – 3296 \$  
other expenses – 3062 \$  
the rest for 2008 – 24 751 \$*

#### 1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in May 2004

*Please summarize the major recommendations from the EVSM/VMA*

*Overall management of vaccines was satisfactory. And it was recommended to:*

- The Government to pay a special attention to on-time funding allocation for vaccines purchase to avoid delays in its distribution*
- to the Health Ministry to regularly conduct full stock-taking of all vaccines and other materials used in vaccination*
- use freezing indicators on vaccines transporting*
- develop plan on full reorganization and renewal of central vaccines stockpile including freezer.*
- develop a plan and allocate funds for prophylactic service of building, stockpiles and freezing equipment.*

Was an action plan prepared following the EVSM/VMA: **Yes/No**

*If so, please summarize main activities under the EVSM plan and the activities to address the recommendations.*

*In the countrywide on plan of activities on strengthening of cold chain there were following results:*

- funds for vaccines purchase from Government are allocated regularly according to number noted in agreement with ADB*
- stock-taking of freezing equipment and vaccines is regularly conducted once in 6 months*
- purchase of freezing indicators is planned for 2008*
- reorganization of the Central vaccination stockpiles*

The next EVSM/VMA\* will be conducted in: 2010

*\*All countries will need to conduct an EVSM/VMA in the second year of new vaccine support approved under GAVI Phase 2.*

### 1.3 Injection Safety

#### **1.3.1 Receipt of injection safety support**

Received in cash/kind

*Please report on receipt of injection safety support provided by the GAVI Alliance during 2007 (add rows as applicable).*

<b>Injection Safety Material</b>	<b>Quantity</b>	<b>Date received</b>
<i>Syringes AD- 0,5 мл</i>	<b>454 046</b>	<b>February 2007</b>
<i>Safety boxes</i>	<b>5 040</b>	<b>February 2007</b>

*Please report on any problems encountered.*

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

*If support has ended, please report how injection safety supplies are funded.*

*Partially since 2007 – for the Government of Kyrgyzstan*

*Please report how sharps waste is being disposed of.*

*Used syringes after vaccination are collected to safety boxes with further incineration*

*Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.*

*There were no problems*

**1.3.3. Statement on use of GAVI Alliance injection safety support in 2007 (if received in the form of a cash contribution)**

*The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:*

*Cash funds support was not received*

## **2. Vaccine Co-financing, Immunization Financing and Financial Sustainability**

**Table 2.1: Overall Expenditures and Financing for Immunization**

The purpose of Table 2.1 is to help GAVI understand broad trends in immunization programme expenditures and financing flows. In place of Table 2.1 an updated cMYP, updated for the reporting year would be sufficient.

	2007 (US\$)	2007	2008	2009
	Actual	Planned	Planned	Planned
<b>Expenditures by Category</b>				
Vaccines	817,170	836,493	749,796	2 046,364
Injection supplies	200,814	144,548	179,327	168,013
Cold Chain equipment	88,212	200,173	237,650	147,113
Operational costs	326,600	526,853	386,719	463,965
Personnel	106,158	100,979	130,024	157,602
Transportation	64,860	196,636	428,947	235,431
<b>Financing by Source</b>				
Government (incl. WB loans)	1 069,390	990,898	1 085,508	1 664,470
GAVI Fund	60,000	60,000	492,292	1 544,018
UNICEF	88,212	9,000	264,663	
WHO		10,000		10,000
ADB	386,212	300,000	270,000	-
<b>Total Expenditure</b>				
<b>Total Financing</b>	1 603 814	1 449 110	2 112 464	3 218,488
<b>Total Funding Gaps</b>				

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the coming three years; whether the funding gaps are manageable, a challenge, or alarming. If either of the latter two, explain what strategies are being pursued to address the gaps and what are the sources of the gaps —growing expenditures in certain budget lines, loss of sources of funding, a combination...

*The NIP of Kyrgyzstan has been receiving a substantial support from the international community since mid 90-ies of the last century when it first started to experience problems with controlling VPDs. Although the Government is gradually taking over an ever increasing share of responsibility for the Programme, donors are still playing an active role in meeting the NIP needs. In 2006, the National Government (Including MHI Fund) covered 69.8% of the total Programme needs. This contribution provided for all the current Programme needs except vaccine and injection supplies procurement. Procurement of these latter two items was co-financed by the ADB (21.8% of routine immunisation cost) and GAVI (3.4% of routine programme cost).*

*The ADB assistance is expected to come to the end in 2008 – the final year for the Bank participation in the Programme. Also, 2008 will be the last year of extended GAVI assistance in procuring Hepatitis-B vaccine. Therefore, unless introducing – again, with the GAVI support, the Pentavalent vaccine, the Government will have to take over the full responsibility for procurement of all the vaccines for the NIP. Thus in 2010 already, it will have to shoulder \$733.k for procuring vaccines and \$184.k for procuring injection supplies for the NIP.*

*If Pentavalent vaccine is introduced, however, financing profile for the NIP will change significantly. The share of Government (National and local) and its agencies will fall to 52.4% while GAVI will provide 28.4% of needed financing. Its share would be even bigger if only routine immunisation needs were taken into account.*

*As was already mentioned, both the extended GAVI Phase-I Hepatitis-B support for Kyrgyzstan and the ADB support program for routine vaccine procurement come to an end in 2008. Starting from 2009 the Government will have to increase its own allocations for vaccine procurement at least by \$384.k – the difference between the total projected cost of vaccine procurement in 2009 (\$722.k) and the amount expended by the government for this line item in 2008 (\$338.k).*

Table 2.2 is designed to help understand country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed.

For 1st GAVI awarded vaccine. Please specify which vaccine (HepB)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
<b>Co-financing amount (US\$)</b>				
Government	23 750	23 750	86 369	
Other sources (please specify)				
<b>Total Co-Financing (US\$)</b>	<b>261 250</b>	<b>261 250</b>	<b>215 923</b>	

Please describe and explain the past and future trends in co-financing levels for the 1<sup>st</sup> GAVI awarded vaccine.

The Government of the Kyrgyz Republic gave 23 750\$ for purchasing of vaccine against Hep.B in 2007 and 42 525 doses have been purchased, which is 10% of annual needs. In 2008 it is planned that 86 369\$ will be taken from the budget of the country for purchasing 147 600 doses of vaccine, which will be 40% from all required amount.

For 2 <sup>nd</sup> GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
<b>Co-financing amount (in US\$ per dose)</b>				
Government				
Other sources (please specify)				
<b>Total Co-Financing (US\$ per dose)</b>				

Please describe and explain the past and future trends in co-financing levels for the 2<sup>nd</sup> GAVI awarded vaccine.

**Table 2.3: Country Co-Financing (in US\$)**

The purpose of Table 2.3 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

<b>Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?</b>			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other			
UNICEF	Yes	<i>BCG, Hepatitis B, OPV, DTP, MMR, MR</i>	<i>KR Government and ADB</i>
PAHO Revolving Fund			
Donations			
Other (specify)			

<b>Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?</b>		
Schedule of Co-Financing Payments	Proposed Payment Schedule (month/year)	Date of Actual Payments Made in 2007 (day/month)
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

<b>Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?</b>	
	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	<b>Yes</b>
National health sector plan	
National health budget	<b>Yes</b>
Medium-term expenditure framework	
SWAp	
cMYP Cost & Financing Analysis	
Annual immunization plan	<b>Yes</b>
Other	

<b>Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?</b>
<i>1. Lack of stake-holders' understanding about vaccination importance</i>
<i>2. Lack of budget funds</i>

### 3. Request for new and under-used vaccines for year 2009

Section 3 is related to the request for new and under-used vaccines and injection safety for 2009.

#### 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. Targets for future years **MUST** be provided.

*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.*

*Ministry of Health of the Kyrgyz Republic has prepared an application to the GAVI Secretariat with request to support pentavalent vaccine. This application was given to the GAVI Secretariat for consideration on 2 May 2008. All information on target groups, prognosis, financing and co-payment principles was given in above-mentioned information*

**Table 5: Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2007 and projections from 2008 onwards.**

Number of	Achievements and targets									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
<b>DENOMINATORS</b>										
Births		122,540	116,556	117,871	119,362					
Infants' deaths		3,978	5,362	5,304	5,252					
Surviving infants		118,562	111,194	112,566	114,110					
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 <sup>st</sup> dose of DTP (DTP1)*		109,488	109,555	110,100	111,350					
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 <sup>rd</sup> dose of DTP (DTP3)*		104,823	105,000	105,850	107,350					
<b>NEW VACCINES **</b>										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 <sup>st</sup> dose of DTP (DTP1)* <b>Hep B 1 (new vaccine)</b>		120,164	123,000	125,000	127,000					
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 <sup>rd</sup> dose of <b>Hep B 3 (new vaccine)</b>		105,250	121,000	123,000	125,000					
Wastage rate till 2007 and plan for 2008 beyond*** ..... ( new vaccine)		5	5	5	5					
<b>INJECTION SAFETY****</b>										
Pregnant women vaccinated / to be vaccinated with TT										
Infants vaccinated / to be vaccinated with BCG		119,732	116,000	117,000	119,000					
Infants vaccinated / to be vaccinated with Measles (1 <sup>st</sup> dose)		100,961	105,120	107,670	110,250					

\* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

\*\* Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced

\*\*\* Indicate actual wastage rate obtained in past years

\*\*\*\* Insert row as necessary

### 3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for 2009

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

Please provide the Excel sheet for calculating vaccine request duly completed

Remarks
<ul style="list-style-type: none"> <li>▪ <b>Phasing:</b> 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</li> <li>▪ <b>Wastage of vaccines:</b> 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 a 2-dose vial, 5% for any vaccine in 1 dose vial liquid.</li> <li>▪ <b>Buffer stock:</b> The buffer stock is recalculated every year as 25% the current vaccine requirement</li> <li>▪ <b>Anticipated vaccines in stock at start of year 2009:</b> It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines.</li> <li>▪ <b>AD syringes:</b> A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, <u>excluding</u> the wastage of vaccines.</li> <li>▪ <b>Reconstitution syringes:</b> it applies only for lyophilized vaccines. Write zero for other vaccines.</li> <li>▪ <b>Safety boxes:</b> 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</li> </ul>

**Table 7: 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 the year 2009

**Table 8: Estimated supplies for safety of vaccination for the next two years with .....** (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 8a, 8b, 8c, etc. Please use same targets as in Table 5)

		Formula	2009	2010
<b>A</b>	Target if children for ..... Vaccination (for TT: target of pregnant women) (1)	#		
<b>B</b>	Number of doses per child (for TT: target of pregnant women)	#		
<b>C</b>	Number of ....doses	A x B		
<b>D</b>	AD syringes (+10% wastage)	C x 1.11		
<b>E</b>	AD syringes buffer stock (2)	D x 0.25		
<b>F</b>	Total AD syringes	D + E		
<b>G</b>	Number of doses per vial	#		
<b>H</b>	Vaccine wastage factor (3)	Either 2 or 1.6		
<b>I</b>	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
<b>J</b>	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100		

- 1 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.
- 3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF
- 4 Only for lyophilized vaccines. Write zero for other vaccines.

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

## 5. Checklist

Checklist of completed form:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
Date of submission		
Reporting Period (consistent with previous calendar year)		
Government signatures		
ICC endorsed		
ISS reported on		
DQA reported on		
Reported on use of Vaccine introduction grant		
Injection Safety Reported on		
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and Excel sheet attached		
Revised request for injection safety completed (where applicable)		
HSS reported on		
ICC minutes attached to the report		
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		

## **6. Comments**

*ICC/HSCC comments:*

*ICC approved annual report to GAVI for 2007. The ICC is commended continuous support provided by GAVI for immunization programmes in Kyrgyzstan. The ICC emphasized that the current opportunity allows the country to introduce a new important antigen along with continuation of external support for HepB supply in view of discontinuation of GAVI support for HepB after 2008 and taking over provision of part of other antigens, thus relieving financial burden on the national health system and ensuring sustainability for the next few years. Introduction of pentavalent Hib vaccine is important for the country as shown by several assessments and described in the cMYP.*

~ End ~