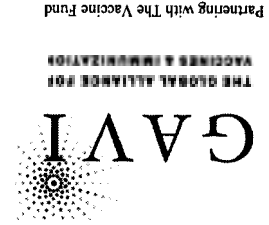


COUNTRY:

TURKMENISTAN

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

Progress Report



RECEIVED ON
- 1 OCT 2003
GAVI Secretariat
03/290

June 2003

2003

provided in this report **MUST**
previous calendar year)

Date of submission: September 30,

Reporting period: **2002** (Information
refer to the

(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***

Progress Report Form: Table of Contents

1. Report on progress made during the previous calendar year

- 1.1 Immunization Services Support (ISS)
 - 1.1.1 Management of ISS Funds
 - 1.1.2 Use of Immunization Services Support
 - 1.1.3 Immunization Data Quality Audit
- 1.2 GAVI/Vaccine Fund New and Under-used Vaccines
 - 1.2.1 Receipt of new and under-used vaccines
 - 1.2.2 Major activities
 - 1.2.3 Use if GAVI/The Vaccine Fund financial support (US\$100,000) for introduction of the new vaccine
- 1.3 Injection Safety
 - 1.3.1 Receipt of injection safety support
 - 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste
 - 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

2. Financial Sustainability

3. Request for new and under-used vaccine for year... (indicate forthcoming year)

- 3.1 Up-dated immunization targets
- 3.2 Confirmed/revised request for new vaccine (to be shared with UNICEF Supply Division) for year **2004**
- 3.3 Confirmed/revised request for injection safety support for the year

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

5. Checklist

6. Comments

7 Signatures

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.

After discussion at the meeting of the ICC (MKK) funds from GAVI to the special account of the Ministry of Health in the amount of 100000 USD were allocated for the strengthening of the immunization services in the following way:

- **Strengthening of cold chain through purchase of cold chain equipment for the immunization points, mainly in the rural area;**
- **Improvement of monitoring and epidemiological surveillance through purchase of required equipment (copying machines, computers);**
- **Improvement of knowledge of the specialists involved in immunization services through purchase of projectors for training workshops, copying machines for copying specialized and methodological materials on immunization,**

Purchase of the equipment was implemented on tender conditions. ICC members were also included into the tender commission. The reports on these activities were regularly presented at the ICC meetings (Minutes are attached).

- **The equipment was received in April-May 2002 and distributed according to the ICC recommendations based on the conclusions of "The Cold Chain Status Evaluation", conducted by the MH specialists.**
- **At the ICC meeting on 12.04. 2002 it was recommended to spend the remaining sum in the amount of- 15779 USD for the establishment of the Training Center at the Immunoprophylaxis Department of the Experimental and Production Center of the State Sanitary and Epidemiological Service. The Report on this sum expenditure was presented at the meeting on September 19 сентября 2003.**

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 - 100, 000 USD were received in October 2001 at the specially opened bank account of the Ministry of Health and Medical Industry. These funds were mainly used in 2002 for purchase of the equipment for the strengthening of the immunization service.

Remaining funds (carry over) from the previous year 2002 года - the remaining sum in the amount of 15779 USD (from the sum of 100,000 USD) were spent in 2003 for the establishment of the Training Center.

Table 1 : Use of funds during reported calendar year 2002

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	27742	82,4% (23002\$)	17,6% (4740\$)		
IEC / social mobilization	-				
Outreach	-				
Supervision	-				
Monitoring and evaluation	27488	37,0% (10191 \$)	41,3% (11341\$)	21,5% (5928\$)	
Epidemiological surveillance	-				
Vehicles	-				
Cold chain equipment	44770	-	2,0%	98,0%	
Other (specify)					
Total:	100000	27,7%	27,4%	44,7%	
Remaining funds for next year:	15779				

**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.

The issue on the funds distribution was discussed at the ICC meetings (August 17, 2001; April 12, 2002; September 19, 2003).

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

In order to strengthen immunization services the following activities were conducted in 2002:

- ***The country received and maintains polio-free status;***
- ***The coverage with EPI vaccines is maintained at over 95%;***
- ***Vaccination of infants with Hepatitis B vaccine was introduced (vaccination coverage at delivery hospitals is 98.6%);***
- ***Hepatitis B vaccination was included into the Calendar of Vaccination in accordance with the recommendations of WHO;***
- ***Memorandum of Understanding was signed between the Government of Turkmenistan and UNICEF on Vaccine Independence. Since 2002 vaccines for immunization of children have been purchased in "package" with AD syringes and safe disposal boxes;***
- ***Personnel of the Immunoprophylaxis Department was increased;***
- ***The activities aimed at establishing the Training Center on Immunoprophylaxis for the staff involved into immunization services were initiated;***
- ***Cold chain was strengthened due to GAVI and UNICEF support, provision with cold chain equipment increased from 67.5% to 72.8%,***
- ***A number of training workshops on the introduction of Hepatitis B vaccination and Safe Immunization practices had been conducted (360 medical workers took part in those workshops);***
- ***Open Vial Policy were initiated;***
- ***Epidemiological surveillance over post-vaccination diseases was strengthened;***
- ***Epidemiological surveillance over virus Hepatitis and measles was strengthened.***

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).*

With UNICEF support in April 2002 the evaluation of cold chain status was implemented all over the country by the national experts. The constraints revealed after the evaluation are addressed. The cold chain equipment received for the funds of GAVI and UNICEF was distributed according to the Evaluation recommendations.

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

→ *Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.*

Hepatitis B vaccination of the infants in Turkmenistan has been started since the beginning of 2002. Hepatitis B vaccine was received at the end of 2001 in the amount of 192 630 doses, therefore along with infants born in 2002 children born in 2001 were vaccinated as well.

All vaccinated were delivered timely, in good condition, the amount of syringes and safe disposal boxes were sufficient. Thus, at the end of 2001 and beginning of 2002 the following amount were delivered:

Total -723,350 doses,

Of these - 122,050 doses were in one-dose vials, and

601,300 doses were in ten-dose vials.

Bundling with Hepatitis B vaccine 383 300 AD syringes and 4250 safety boxes were received.

Constraints: Taking into account the fact that the majority of the population lives in the remote area with small population density (not more than 3-5 children subject to vaccination per month), wastage of vaccines was more than 25%. Taking into account this fact it would be more efficient to increase the delivery of vaccines in one-dose or two-dose vials.

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.

After getting GAVI approval on support of Vaccine B and means for strengthening immunization services the following activities were implemented:

- **Order on vaccination of infants against Hepatitis B with GAVI vaccine was issued,**
- **A number of workshops on Hepatitis B vaccine introduction was organized on the provincial, district and city levels with UNICEF and USAID support,**
- **Cold chain was strengthened,**
- **Immunization monitoring was improved.**

In November 2002 after presenting to GAVI Proposals on Safe Injection the country got a conditional approval.

A draft of Policy and Plan on safe injection practices were developed and will be presented to GAVI in September 2003.

By the end of November 2003 with support of WHO, UNICEF and GAVI it is planned:

- **To develop a Plan of sustainable financing of immunization in Turkmenistan в Туркменистане,**
- **To develop the National Programme on Immunoprophylaxis for the period of 2003-2020,**
- **To conduct evaluation of the immunization status in the country.**

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.*

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*

In 2002 the country applied to GAVI Secretariat on getting support for safe injections and the conventional approval was given. The amendments recommended by GAVI will be included into the request and presented for GAVI consideration in September 2003.

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.

Subsequent reports

Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.

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.gavittf.org> under FSP guidelines and annexes).

Highlight assistance needed from partners at local, regional and/or global level

The Plan on Financial Stability of the immunization programme will be prepared in November 2003.

3. Request for new and under-used vaccines for year 2004 (indicate forthcoming year)

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

Hapatitis B vaccine	One-dose vial	157 500 doses
	Ten-dose vials	187 500 doses
	AD syringes	333 000 units
	Safe disposal boxes	3 696 units

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	94032	85333	85568	97395	105928	114523	123702	133238
Infants' deaths	1934	1713	1392					
Surviving infants	92098	83620	83186					
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	92456	85646	81297					
NEW VACCINES								
Infants vaccinated with _____ * (use one row per new vaccine)	-	-	82145					
Wastage rate of ** (new vaccine)	-	-	15.0%* **					
INJECTION SAFETY								
Pregnant women vaccinated with TT	-	-						
Infants vaccinated with BCG	89801	84008	84885					
Infants vaccinated with Measles	94379	87629	73203					

* Indicate actual number of children vaccinated in past years and updated targets

** Indicate actual wastage rate obtained in past years

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.

Due to the fact that 60 % of the population of Turkmenistan lives in the rural area with low density and in remote areas with a few number of children, where vaccination of children aged 3 - 5 years is conducted monthly, even the use of open vial policy result 40% of wastage. Due to this the ICC recommended to increase the vaccine delivery in one-dose vials of up to 50% of total delivery.

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

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

Table 3: Estimated number of doses of Hepatitis B vaccine (specify for one presentation only) : (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		+90000
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	$A \times B / 100 \times C$	270000
E	Estimated wastage factor	(see list in table 3)	1,18
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	318600
G	Vaccines buffer stock	$F \times 0.25$	79650
H	Anticipated vaccines in stock at start of year		103825
I	Total vaccine doses requested	$F + G - H$	502105
J	Number of doses per vial		1-дозные 10 дозные
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	272866
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	0
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	3029

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 3 : Wastage rates and factors

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

**Please report the same figure as in table 1*

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

Table 4: 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 4 to 8)

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

Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM		For the year ...	For the year ...	Justification of changes from originally approved supply:
Total AD syringes	for BCG			
	for other vaccines			
Total of reconstitution syringes				
Total of safety boxes				

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

¹ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

² The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

³ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/IF support

Indicators	Targets	Achievements	Constraints	Updated targets

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	30/09/2003	
Reporting Period (consistent with previous calendar year)		
Table 1 filled-in	✓	
DQA reported on		
Reported on use of 100,000 US\$	✓	
Injection Safety Reported on		
FSP Reported on (progress against country FSP indicators)		
Table 2 filled-in	✓	
New Vaccine Request completed	✓	
Revised request for injection safety completed (where applicable)		
ICC minutes attached to the report		
Government signatures	✓	
ICC endorsed	✓	

6. Comments

→ ICC comments:

The present Report on Progress was reviewed at the ICC meeting and recommended to be presented to GAVI Secretariat. Taking this occasion we ask you to consider the possibility of increasing delivery of one-dose or two-dose vials with Hepatitis B vaccine.

7 Signatures

For the Government of Turkmenistan





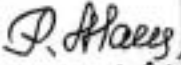
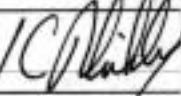

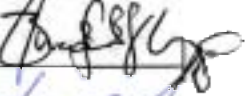
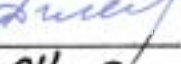
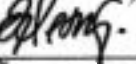
Signature:  *Byashim Sopiev*

Title: *Deputy Minister of Health and Medical Industry*

Date: *29 September 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
Ministry of Health and Medical Industry of Turkmenistan; State Sanitary and Epidemiological Inspection	Annamurad Orazov, Acting Head; ICC Chairman		
Ministry of Health and Medical Industry of Turkmenistan	Sophia Alieva, Head of Epidemiological Surveillance Department; ICC Secretary	29.09.03	
Ministry of Health and Medical Industry of Turkmenistan	Guljemaal Ezizova, Head of Treatment and Preventive Aid	29.09.03	
Ministry of Foreign Affairs of Turkmenistan	Maksad Bekiev, International Relations Department		
Ministry of Finances and Economy of Turkmenistan	Valentina Solovyova – Deputy Head of Social-Cultural department	29.09.03	
National Institute of Statistics and Forecast	Raya Magerramova – Deputy Head of Social statistics and Life level of population	30.09.03	
UNDP, UN Population Fund, UNAIDS	Khaled Philby, UN Coordinator and UNDP Resident Representative	30/9/2003	
UNICEF, Turkmenistan	Mahboob Shareef, Assistant Representative	30.09.03	
USAID	Bradford Camp Resident Representative	30.09.03	
World Bank	Serdar Djepbarov, Operations Officer	30.09.03	
UNFPA	Eziz Hellenov – National Programme Officer	30.09.03	
WHO Liaison Office	Ashir Ovezov, Staff member	29.09.03	