



Partnering with The Vaccine Fund

30 September, 2003

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

the Kyrgyz Republic

Date of submission: 30 September, 2003

Reporting period: 1 January, 2002 – 31 December, 2002

*( 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

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## 1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

### 1.1 Immunization Services Support (ISS)

#### 1.1.1 Management of ISS Funds

→ Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).  
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

The country has not received and used GAVI funds during 2002 year.

#### Explanations:

The Government of the Kyrgyz Republic was informed by the GAVI and Vaccine Fund Boards in July, 2001 that the country has been approved to receive an additional support in the form of a fixed one-time payment of US\$ 100,000 in order to facilitate the introduction of the Hepatitis B vaccine in the Republic. The Ministry of Health was requested to fill in the attached Banking Details form and return it to the GAVI Secretariat for transferring of funds. As distribution of these funds had to be discussed and used in close consultation with ICC members, ICC meeting was held in September, 2001 (Please see attached minute of the ICC meeting dated 28 September, 2001). The Ministry of Health was asked to allow the Republican Center of Immunoprophylaxis (major implementing agency) to accept these funds by themselves because there was a risk of re-direction of these funds in case the Ministry of Health faces difficulties in meeting its obligations in terms of salary or hospitals utilities payments. So, the Republican Center of Immunoprophylaxis applied to UNICEF Office in Kyrgyzstan with request to find the possibility of channeling \$100,000 through UNICEF office. After receiving refusal, the Ministry of Health and the Republican Center of Immunoprophylaxis had been discussing a few options to accept these funds. Final decision was to open separate account for the Republican Center of Immunoprophylaxis – main implementing agency under the Ministry of Health. It took us more time then expected. First completed request was sent to GAVI board in July, 2002. Unfortunately, request form was sent without coding of the details of the corresponding bank in USA for the bank account that was identified at the payment request. After solving this problem jointly with the Ministry of Finance, the Ministry of Health re-send updated request form. As a result, the Ministry of Health received \$100 000 from GAVI only in March, 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 0

Remaining funds (carry over) from the previous year 4 599 540 soms (local currency)

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					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other ..... (specify)	N/A				
<b>Total:</b>	<b>0</b>				
<b>Remaining funds for next year: 4 599 540 soms (local currency)</b>					

*\*If no information is available because of block grants, please indicate under 'other'.*

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

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

1.1.3 **Immunization Data Quality Audit (DQA)** (If it has been implemented in your country)

DQA with participation of external auditors was not conducted in Kyrgyzstan in 2002 year.

→ Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?  
If yes, please attach the plan.

YES

NO

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

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.

→ Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).

1. The Ministry of Health decided to assess DQA by themselves in 2002. The Republican Centre of Immunoprophylaxis with UNICEF' support

monitored EPI coverage in Issyk – Kul, Talas, Naryn and Jalal – Abad oblasts using cluster methodology during last 2002 year. Monitoring revealed a little disparity between officially reported figures and real figures:

BCG	99,1 % (reported)	99,1% (revealed)
Hepatitis B 3	98,9 % (reported)	98,0 % (revealed)
Polio 3	98,6 % (reported)	98,0 % (revealed)
DTP 3	98,2 % (reported)	98,0 % (revealed)
MMR	98% % (reported)	94,3% (revealed)

Cluster survey revealed that EPI coverage among children under 2 years old is 94,3 - 99,1%. Failures have been revealed only in mishandling of intervals between vaccination doses. Nevertheless, 98% children under one year old are vaccinated with Polio-3, DTP-3, Hepatitis B-3 during the first year.

Main conclusion: The reliable immunization reporting system is in place in Kyrgyzstan.

2. A measles/rubella immunization campaign, carried out in November 2001 by UNICEF and the Ministry of Health in partnership with CDC, WHO, the American Red Cross and Kyrgyz Red Crescent societies, targeted 1.8 million children and young people. An evaluation of the campaign was conducted in April, 2002 and found that the planning, organization and implementation of the campaign were done very well, due in part to the high-level commitment of officials at all levels of government and well-established roles and responsibilities of each of the partners.

## 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.

In 2002, the Kyrgyz Republic received from GAVI Hepatitis B vaccine - 375 000 doses, AD syringes – 327 000, Safety boxes – 3 630. There was not identified any problem with receipt of vaccines and injection devices.

## 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.

- Major activities during 2002 year.
- Evaluation of the national immunization campaign against measles and rubella for people aged 7-25 conducted in November, 2001 was done with participation of the Ministry of Health, CDC, UNICEF, WHO in April, 2002
- New MMR/MR vaccines introduced into national immunization schedule since February, 2002
- System of epidemiological surveillance on measles/rubella cases was established
- System of epidemiological surveillance on Hepatitis B cases was strengthened
- Immunization of women of childbearing age against rubella was conducted from September to December, 2002 with UNICEF support
- MoH monitored routine immunization coverage in Naryn, Talas, Batken and Jalal-Abad oblasts
- The government developed plan of financial sustainability in immunization programme and introduced it on the second GAVI's partners meeting in Dakar (the Minister of Health and Deputy Minister of Finance attended GAVI meeting in Dakar)
- 12 workshops for medical workers and FGPs on safe immunization practices, on introduction of Hepatitis B vaccine, new MMR/MR vaccines, on the system on epidemiological surveillance on measles/rubella /Hepatitis B cases were conducted
- Cold chain system was strengthened (New cold chain equipment was procured)
- Normative – methodological materials, calendars of updated national immunization schedule was designed, printed, distributed
- Social mobilisation was strengthened
- MoH procured EPI vaccine and safe immunization equipment to ensure WHO quality of vaccine throughout of Supply Division of UNICEF
- Main problems
- The *Vaccine Independence Initiative* (VII), which was established in 2000 with support from the Government of Japan and UNICEF, has faltered in 2002. Because of the high cost of MMR and other new vaccines, the government has been unable to fully meet its obligations under the VII. This means that the ultimate goal of self-sufficiency in vaccine procurement by 2005 may not be reached.
- A review of cold chain, logistics and EPI waste management in May 2002 showed that, despite considerable work already accomplished, there remains a need for cold chain management improvement.

### 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.

The Kyrgyz Republic received GAVI funds only in March 2003. So, this fund had not used and utilised during 2002 year.

## 1.3 Injection Safety

### 1.3.1 Receipt of injection safety support

→ Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

Last proposal to support injection safety was submitted to GAVI by the Kyrgyz Republic in April, 2003. The Kyrgyz Republic received approval of proposal to support injection safety for next 3 years in July 2003 for the period 2004 - 2006.

### 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.

Immunization Injection Safety and Safe Disposal workplan was developed in Kyrgyzstan in 2003 for the period **from 2003 to 2008**.

Indicators	Targets	Achievements	Constraints	Updated targets
		1.		



### 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:

N/A	
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## 2. Financial sustainability

- Inception Report : Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
- First Annual Report : Report progress on steps taken and update timetable for improving financial sustainability  
Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
- Second Annual Progress Report : Append financial sustainability action plan and describe any progress to date.  
Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
- Subsequent reports: Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible.  
Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values.  
Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on <http://www.gaviftf.org> under FSP guidelines and annexes).

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

Financial Sustainability Plan for the National Immunization Programme was developed and submitted to the GAVI Secretariat on November 28<sup>th</sup>, 2002. The FSP was signed by the Minister of Health and Deputy Minister of Finance of the Kyrgyz Republic on the second GAVI Partners Meeting in Dakar in November, 2002.

To secure implementation of FSP, the country:

1. To secure additional funds for NIP,

- the GoK submitted new proposal to JICA for a follow-up grant to sustain supply of EPI antigens and MMR vaccine over 2005-08. Under the current grant, the GoK is determined to renew co-financing in 2004 and contribute to UNICEF/VII at the level, scheduled for that year. The GoK will exert every effort to comply with a co-financing schedule that JICA may want to propose for the new grant. The GoK is proposing to co-finance 20% of the annual grant funding in 2005, 40% in 2006, 60% in 2007, 80% in 2008, for the full phase-over in 2009. It is assumed that annual allocations under a new grant would be sufficient to cover the need-based cost of EPI and MMR vaccines.
- The GoK received approval from GAVI to support supply of safe injection equipment for EPI for 2004-2006 years.

2. To ensure efficient use of funds, the GoK directed NIP leaders to tighten vaccine and immunization management in order to reduce vaccine waste

3. To control NIP needs at realistic levels, rapid assessment of epidemiological needs for introduction of Hib vaccine was done. As a result of it, MoH decided not to introduce new Hib expensive antigens while a competent study of epidemiological needs of Hib introduction is done

The following indicators selected for monitoring financial sustainability plans:

1. NIP recurrent expenditures paid for with national resources in percent of total program-specific expenditures
2. NIP aggregate expenditures -- disbursed in percent of committed.
3. Price-efficient procurement of vaccines -- percent share of vaccines, purchased at prices within 10% tolerance margin off the best prices, available under accessible procurement vehicles
4. Vaccine wastage rates -- the factors that shows excess consumption of vaccines due to waste (are greater than unity).

**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**.

### 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
<b>DENOMINATORS</b>								
Births	99097	95860	99766	102000	108000	112000	116000	120000
Infants' deaths	2225	2123	2128	2000	2000	2000	2000	2000
Surviving infants	96872	93737	97638	100000	106000	110000	114000	118000
<b>Infants vaccinated with DTP3 *</b>								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	95662	91595	89630	100000	106000	110000	114000	118000
<b>NEW VACCINES</b>								
Infants vaccinated with _____ * (use one row per new vaccine)	42358	53214	90250	100000	106000	110000	114000	118000
Wastage rate of ** ..... ( new vaccine)	20	20	20	15	15	15	15	15
<b>INJECTION SAFETY</b>								
Pregnant women vaccinated with TT								

Infants vaccinated with BCG	92717	92658	96786	102000	108000	112000	116000	120000
Infants vaccinated with Measles	95949	93755	89064	100000	106000	110000	114000	118000

\* 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.

Birth rate is increasing in the Kyrgyz Republic starting since 2002 year.

**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.

Yes.

**Table 3: Estimated number of doses of B7B 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		84 800
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	$A \times B/100 \times C$	254 400
E	Estimated wastage factor	(see list in table 3)	1,18
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	300 200
G	Vaccines buffer stock	$F \times 0.25$	-
H	Anticipated vaccines in stock at start of year ....		50 200
I	Total vaccine doses requested	$F + G - H$	250 000
J	Number of doses per vial		6
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	227 000
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	-
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	2 520

Table 3 : Wastage rates and factors

### 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

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.

		Formula	For year 2004
A	Number of children to receive new vaccine		21 200
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	$A \times B/100 \times C$	63 600
E	Estimated wastage factor	(see list in table 3)	1,05
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	66 800
G	Vaccines buffer stock	$F \times 0.25$	-
H	Anticipated vaccines in stock at start of year ....		-
I	Total vaccine doses requested	$F + G - H$	66 800
J	Number of doses per vial		1
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	70 600
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	-

### 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.

<b>M</b>	<b>Total of safety boxes (+ 10% of extra need)</b>	$(K + L) / 100 \times 1.11$	792
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- **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.*

3.4 Confirmed/revised request for injection safety support for the year 2004 (indicate forthcoming year)

**Table 4: Estimated supplies for safety of vaccination for the next two years with BCG,**

		<b>Formula</b>	<b>For year 2004</b>	<b>For year 2005</b>
<b>A</b>	<b>Target of children for BCG vaccination</b>	#	108 000	112 000
<b>B</b>	<b>Number of doses per child (for TT woman)</b>	#	1	1
<b>C</b>	<b>Number of BCG doses</b>	A x B	108 000	112 000
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	119 900	124 300

<b>E</b>	<b>AD syringes buffer stock <sup>1</sup></b>	$D \times 0.25$	30 000	-
<b>F</b>	<b>Total AD syringes</b>	$D + E$	149 900	124 300
<b>G</b>	<b>Number of doses per vial</b>	#	20	20
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	<i>Either 2 or 1.6</i>	2	2
<b>I</b>	<b>Number of reconstitution <sup>2</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	15 000	12 400
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	2 010	1 512

**Table 4: Estimated supplies for safety of vaccination for the next two years with *DTP***

		<b>Formula</b>	<b>For year 2004</b>	<b>For year 2005</b>
<b>A</b>	<b>Target of children for <i>DTP</i> vaccination</b>	#	106 000	110 000
<b>B</b>	<b>Number of doses per child</b>	#	3	3
<b>C</b>	<b>Number of <i>DTP</i> doses</b>	$A \times B$	318 000	330 000
<b>D</b>	<b>AD syringes (+10% wastage)</b>	$C \times 1.11$	353 000	366 300

<sup>1</sup> 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.

<sup>2</sup> Only for lyophilized vaccines. Write zero for other vaccines

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



E	AD syringes buffer stock <sup>3</sup>	$D \times 0.25$	88 250	-
F	Total AD syringes	$D + E$	441 300	366 300
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor <sup>4</sup>	<i>Either 2 or 1.6</i>	1,25	1,25
I	Number of reconstitution <sup>4</sup> syringes (+10% wastage)	$C \times H \times 1.11 / G$	-	-
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	3 585	4 056

**Table 4: Estimated supplies for safety of vaccination for the next two years with MMR**

		Formula	For year 2004	For year 2005
A	Target of children for MMR vaccination	#	106 000	110 000
B	Number of doses per child	#	1	1
C	Number of MMR doses	$A \times B$	106 000	110 000
D	AD syringes (+10% wastage)	$C \times 1.11$	117 700	122 100
E	AD syringes buffer stock <sup>5</sup>	$D \times 0.25$	29 300	-
F	Total AD syringes	$D + E$	147 000	122 100
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor <sup>4</sup>	<i>Either 2 or 1.6</i>	1,25	1,25
I	Number of reconstitution <sup>6</sup> syringes (+10% wastage)	$C \times H \times 1.11 / G$	23 800	15 300
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	3 030	1 536

**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 2004	For the year 2005	Justification of changes from originally approved supply:
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<sup>3</sup> 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.

<sup>4</sup> Only for lyophilized vaccines. Write zero for other vaccines

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

<sup>5</sup> 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.

<sup>6</sup> Only for lyophilized vaccines. Write zero for other vaccines

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

Total AD syringes	for BCG	149 900	124 300	
	for other vaccines	588 300	488 400	
Total of reconstitution syringes		38 800	27 700	
Total of safety boxes		8 625	7 104	

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

There is no any difference from the GAVI letter of approval.

#### 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

Indicators	Targets	Achievements	Constraints	Updated targets
	1.			-

#### 5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	X	
Reporting Period (consistent with previous calendar year)	X	
Table 1 filled-in	N/A	
DQA reported on	N/A	
Reported on use of 100,000 US\$	N/A	
Injection Safety Reported on	N/A	
FSP Reported on (progress against country FSP indicators)	X	

Table 2 filled-in	X	
New Vaccine Request completed	X	
Revised request for injection safety completed (where applicable)	N/A	
ICC minutes attached to the report	X	
Government signatures	X	
ICC endorsed	X	

## 6. Comments

→ *ICC comments:*

Inter-Agency Coordination Committee on Immunoprophylaxis at the Kyrgyz Republic is highly appreciating the work of the Ministry of Health in maintaining high coverage against vaccine preventable diseases, which results in the low incidence of these diseases. At the same time, ICC members admit that immunization is one of the most effective and cost-efficient ways of infectious diseases control and thus provide continuous support to the immunization services (training of medical workers, technical assistance etc.).

## 7. Signatures

For the Government of .....the Kyrgyz Republic.....

Signature: .....

Title: .....

Date: .....

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.

<b>Agency/Organisation</b>	<b>Name/Title</b>	<b>Date</b>	<b>Signature</b>	<b>Agency/Organisation</b>	<b>Name/Title</b>	<b>Date</b>	<b>Signature</b>

~ End ~