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# **BASICS**

## **TRIP REPORT**

**ASSISTANCE TO THE REPUBLIC OF KYRGYZ**

**THE ESTABLISHMENT OF A REPUBLICAN CENTER  
FOR THE IMPLEMENTATION OF THE  
NATIONAL PROGRAM FOR IMMUNOPROPHYLAXIS**

*BASICS is a USAID-Financed Project Administered by The  
Partnership for Child Health Care, Inc.:*



Academy for Educational Development (AED)  
John Snow, Inc., (JSI)  
Management Sciences for Health (MSH)  
1600 Wilson Blvd., Suite 300, Arlington, VA, 22209

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**Robert Steinglass**

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## ACRONYMS

AID	Agency for International Development
ARI	Acute Respiratory Infections
BASICS	Basic Support for Institutionalizing Child Survival
BCG	Bacillus, Calmette, and Guerin Vaccine
CDC	Centers for Disease Control and Prevention
CDD	Control of Diarrheal Diseases
DANIDA	Danish International Development Agency
DPT	Diphtheria, Pertussis, Tetanus
DT	Diphtheria, Tetanus (for young children)
EPI	Expanded Program on Immunization
FAP	Feldsher Obstetrician Post
GOK	Government of Kyrgyz
ICC	Inter-Agency Coordinating Committee
MOH	Ministry of Health
NGO	Non-Governmental Organization
NIS	Newly Independent States
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Salts
RCI	Republican Center for Immunoprophylaxis
REACH	Resources for Child Health
SES	Sanitary and Epidemiology Station
Td	Tetanus, Diphtheria (for older children, adolescents, and adults)
TDY	Tour of Duty
TT	Tetanus Toxoid
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO/EURO	WHO Regional Office for Europe

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The assignment could not have been accomplished without the excellent cooperation and hard work of numerous people, in particular Dr. Ludmila Rozhkova, Dr. Boris Shapiro, and Dr. Sabirjan Abdykerimov in the MOH, and Ms. Nourgoul Seitkazieva (BASICS Field Coordinator in Kyrgyz). USAID/BASICS is also fortunate to be able to work closely with other agencies on the ground in Bishkek in a concerted effort to assist the immunization and disease control activities of the MOH, namely: UNICEF and the Central Asia Partners. Special thanks go to Rudy Rodrigues of UNICEF and Ken Patterson of Central Asian Partners for their productive collaboration.

## **I. EXECUTIVE SUMMARY**

Since March 1992, the United States Agency for International Development (USAID) has provided emergency humanitarian and developmental assistance to the Republic of Kyrgyz in the field of child immunization. This assistance was provided until April 1994 by the REACH Project and continues through the BASICS Project.

In December 1993, USAID/REACH, WHO/EURO, and UNICEF had participated with the MOH in a joint planning exercise to design a plan for a national immunization program. Central to the plan was the establishment of a Republican Center for Immunoprophylaxis, with staff fully dedicated to the management and implementation of the National Program for Immunoprophylaxis. As neither the Center nor the National Program had yet been created, the writer's assignment was intended to catalyze action and provide technical and management support to the MOH as they ventured into unfamiliar waters. This assistance from BASICS was requested by the First Deputy Minister of Health in a letter to the US Embassy in Kyrgyz.

**[STOP PRESS: The Prime Minister of the Republic of Kyrgyz signed the decree in late May authorizing creation of the National Program for Immunoprophylaxis].**

### **A. Main Findings**

Despite generous donor support since 1992 in the provision of vaccines to meet the primary needs of infants, infectious diseases are paradoxically on the rise. Much of the increase in incidence is certainly due to the fact that the quantity of vaccines from the NIS and abroad are insufficient to maintain the high levels of disease control previously achieved by the former Soviet Union. Donors have chosen not to provide the additional vaccine required to permit booster doses or special disease control activities.

Despite major mandated cutbacks in staff of 40% and the departure of many Russian nationals, the MOH is hopeful that, with the imminent creation of a National Program for Immunoprophylaxis and the Republican Center for Immunoprophylaxis and with continued donor support, they will succeed in raising immunization coverage levels, reduce diseasing incidence, and improving the quality of services.

During the writer's visit, all five Vice Prime Ministers signed a decree to establish the National Program for Immunoprophylaxis, and the signature of the Prime Minister was expected shortly. The Minister of Health is likewise ready to sign a decree authorizing establishment of a Republican Center for Immunoprophylaxis, which has been signed already by all the senior staff, as soon as the Prime Minister creates the National Program. The Center will have six senior professional staff (pediatricians, epidemiologists, and information specialists), six paramedics, and three support staff to implement the National Program.

The writer was requested by the First Deputy Minister to prepare draft job descriptions for the six senior professionals. This provided the opportunity to reflect on the tasks which needed attention

and to chart the future course for the Center.

Staff salaries of the Center will be covered for the first 9-10 months by a Baptist NGO from the USA, Central Asian Partners. This is an interim measure. The MOH plans to assume full funding of salaries and other recurrent costs from March 1995, by which time funds in the next planning and budgetary cycle would normally be released.

The writer explained to the MOH and other donors that the magnitude and nature of future USAID support for immunization and disease control in the Republic of Kyrgyz was not yet decided, that immunization was likely to continue to be a major interest, and that the precise details were being worked out. MOH staff expressed their desire to enter into a formal agreement with USAID/BASICS to continue the technical assistance previously provided by REACH. The writer explained that such an agreement would be premature for the time being.

UNICEF expects to decide shortly whether or not it will support the Republican Center for Immunoprophylaxis by providing the equipment and supplies stipulated in the joint multi-agency planning exercise in December.

The writer re-calculated all equipment and supply requirements, including vaccines, and attended the first meeting of what promises to become an Inter-Agency Coordinating Committee for the exchange of information between donors and the MOH.

## B. Recommendations

1. As the MOH rallies political support for and embarks on an ambitious long-term goal of implementing a National Program for Immunoprophylaxis, jointly elaborated in December 1993 by UNICEF, WHO and USAID so that a common script could be followed, the MOH finds itself unsure of the commitments of its principal donors at a time when it needs their moral, technical and material support. As some donors may have raised expectations in past programming exercises which were not intended as commitments, current donors are encouraged to clarify their intentions and commitments with the MOH. USAID is being requested by the MOH to enter into a formal memorandum of understanding regarding future support.
2. As the total needs for immunization and disease control are great and existing donors are not covering all of those needs, donors are encouraged to try to enlist other potential donors, such as DANIDA and Rotary International. USAID should consider approaching other donors to encourage their involvement in areas of known interest, such as covering the need for supplementary OPV vaccine for polio eradication in the case of Rotary.
3. USAID should continue to advocate that the purpose of immunization is ultimately disease control. While primary needs for infants are covered by the Government of Japan through UNICEF, major gaps continue to exist in procurement of vaccine for booster doses and special disease control activities. For example, despite the fact that more cases of diphtheria have been reported in the first four months of 1994 than in any full year since 1979, no donor has committed to providing Td vaccine for its control.

4. The functioning of an Inter-Agency Coordinating Committee should be encouraged by the donors. The first meeting was held during the writer's visit. USAID should consider how, or if, it would like to be represented at these monthly meetings, whose purpose is to exchange information and to guard against duplication and inefficiencies in humanitarian and technical assistance. Nourgoul Seitkazieva, who has been working with REACH and BASICS since the start of USAID's immunization program assistance in March 1992, is proposed by BASICS to attend the meetings and serve as secretary. The MOH should be encouraged by the donors to play an active role at the meetings.
5. UNICEF should proceed immediately with the next "call forward" of vaccine purchased by the Government of Japan, so that the vaccines arrive by early July to cover the primary needs for the remainder of 1994. The UNICEF-procured vaccines which arrived in April and May will be used quickly to cover infants, who have not yet been immunized in 1994 due to lack of donor vaccines. Vaccines must always be provided in 10-dose vials (except for BCG which comes in 20-dose vials only) to avoid wastage.
6. As UNICEF has a need for local currency (soms) and the MOH has started to provide considerable quantities of soms for vaccine procurement (the equivalent of \$160,000 in the past few months), USAID should use its influence to encourage UNICEF to serve as a currency exchange mechanism to convert soft to hard currency. This would then be used by UNICEF to procure vaccines for Kyrgyz. USAID may like to suggest to the Government of Japan that they explore the matter further with UNICEF.
7. So as not to lose the momentum generated since USAID and other donors collaborated with the MOH on the creation of a plan for a National Program for Immunoprophylaxis, the MOH has requested limited technical support from USAID/BASICS for two assignments:
  - a) data collection, preparation, and holding of a series of seminars on social mobilization for immunization (one month in September or October) and
  - b) examination, design, testing, revision and introduction of a cohesive management information system for immunization and disease control, including the development of appropriate indicators (one month in the summer).
8. Donors should guard against creating undue dependency with the creation of the Republican Center for Immunoprophylaxis, the unit charged with implementing the National Program for Immunoprophylaxis. Once capital equipment items are provided by donors (being considered by UNICEF), the Center should receive self-sustaining financial support from the MOH for all recurrent costs by the start of 1995.
9. The circumstances surrounding an unexpected recent arrival of rubella vaccine should be investigated by the MOH. Assuming an error had been made, the MOH should return the vaccine for replacement or credit and ensure that additional supplies of rubella vaccine are not sent in the future. In the absence of a control strategy for rubella or congenital rubella syndrome, with no experience in using rubella vaccine, with no prospect for sustained supplies of rubella vaccine in the future, and given both the associated and opportunity costs of its use, the MOH should seriously consider not using the vaccine.

10. Donors should refer to the existing plan for a National Program for Immunoprophylaxis in determining how they can support the MOH to control measles and other diseases. Depending on the extent of measles control (or even elimination) which the MOH and donors can afford given the dire state of the economy in general, there are several target groups and delivery strategies which could be considered. Until further discussions between the MOH and donors take place, BASICS encourages UNICEF to provide the MOH with a second dose of measles vaccine for children at 6 years of age according to the current schedule, rather than at 24 months of age.

The main findings and recommendations above were drafted in cable format and submitted to the US Embassy in Bishkek for proposed despatch to USAID in Washington. (Annex 1).

## **II. PURPOSE OF VISIT**

The scope of work was to:

- advise the MOH on organization, staffing and functions of the new Republican Center for Immunoprophylaxis;
- advise on a mechanism for national level donor coordination;
- identify needs for training and technical assistance;
- support initial implementation of a national EPI plan, assisting with detailed allocation of responsibilities, scheduling of activities, and calculation of requirements; and
- brief US Embassy in Bishkek and USAID Mission in Almaty of findings.

## **III. BACKGROUND**

BASICS sent the writer to the Republic of Kyrgyz to continue work on immunization and disease control as begun under the predecessor REACH project, which came to its contractually-scheduled termination on 31 March 1994. In December 1993, USAID/REACH, WHO/EURO, and UNICEF had participated with the MOH in a joint planning exercise to design a plan for a National Program for Immunoprophylaxis. Central to the plan was the creation of a Republican Center for Immunoprophylaxis, with staff fully dedicated to the management and implementation of the National Program for Immunoprophylaxis.

The writer's assignment was intended to catalyze action and provide technical support to the MOH as they ventured into unfamiliar waters. Before the dissolution of the Soviet Union, the republican level of the MOH had little more role than a post office -- transmitting central commands (diktat) from Moscow to the lower levels of the republic and supplying in return the required statistics on quotas achieved. Suddenly with independence, the MOH in the Republic of Kyrgyz recognized (earlier perhaps than the other Central Asian Republics) that they could no longer play a passive role

in crafting their new immunization and disease control program, but that they would have to take the lead to re-examine the many underlying, but no longer valid, assumptions inherited from the former Soviet Union.

Despite donor support since 1992 in provision of vaccines to meet the primary needs of infants, infectious diseases are paradoxically on the rise. Fifteen cases of diphtheria, mostly in adults and including 10 in Bishkek, have already been reported this year. More cases have been reported in the first four months of 1994 than in any full year since 1979. (The USA, with 60 times the population, did not report a single case of diphtheria in 1993.) The biggest epidemic of measles since 1987 (4,118 reported cases for the first 9 months) occurred in 1993. As poliomyelitis occurs with a two year inter-epidemic interval in Kyrgyz and the last reported cases were in 1992, the MOH expects additional cases in 1994. While it is true that infectious diseases do occur in cycles, much of the increase in incidence is certainly due to the fact that vaccines from the NIS and abroad are insufficient to maintain the high levels of disease control previously achieved by the former Soviet Union. Donors have not provided the additional vaccine required to permit booster doses or special disease control activities.

Meanwhile, the morale and capacity of the MOH has been affected by a 40% cutback in staff. Many staff of Russian nationality, although long-time residents in the Republic, are "returning" to a Russia in which many have never lived.

Despite the difficulties, the MOH is hopeful that with the creation of both a National Program for Immunoprophylaxis and the Republican Center of Immunoprophylaxis and with continued donor support, they will succeed in raising immunization coverage levels, reducing disease incidence, and improving the quality of services.

#### **IV. TRIP ACTIVITIES**

The writer spent the entire assignment in Bishkek working with officials in the MOH and the Republican Sanitary Epidemiology Station (SES). Other visits in Bishkek were made to the vaccine cold rooms, Research Institute for Obstetrics and Pediatrics, Research Institute for Tuberculosis, and to the office of the Vice Prime Minister. Several visits were made to the offices of other donors, including UNICEF, Central Asia Partners, WHO, International Committee of Red Cross and Red Crescent Societies, and DANIDA.

The writer was originally briefed by the US Embassy in Bishkek and de-briefed with them and the local USAID office upon his departure. The last day was spent in Almaty de-briefing with the USAID Mission for the Central Asian Republics.

#### **V. METHODOLOGY AND APPROACHES**

In his intended role as a catalyst, the writer tried to identify and resolve bottlenecks so that the MOH could proceed with its plan to implement the National Program for Immunoprophylaxis. This

entailed multiple rounds of meetings; collection of information and data; review, analysis, and synthesis of existing documents; and feedback of findings.

## **VI. RESULTS AND CONCLUSIONS**

### **A. Status of National Program for Immunoprophylaxis and Republican Center for Immunoprophylaxis**

Upon arriving, the author learned that since the preparation of the plan for a National Program for Immunoprophylaxis, the MOH had submitted a truncated version of the plan to the health delegate on the Cabinet of Ministers and had received the latter's encouragement. However, no formal action to endorse or fund the plan had been taken. Accompanied by the First Deputy Minister of Health, the writer met with Vice Prime Minister Osmonkan Ibraimovich Ibraimov on the second day of the assignment and explained the importance of the National Program and of the Republican Center in light of recent increases in incidence of vaccine-preventable diseases in the Republic. (See Annex 2 for talking points for the meeting with the Vice Prime Minister.) (See Annex 3 for a list of persons contacted during the assignment.)

Vice Prime Minister Ibraimov signed the decree establishing the national program. Over the next two weeks, the remaining four Vice Prime Ministers also signed the decree, leaving only the Prime Minister to add his signature. By the last day of the assignment, the Prime Minister had yet to sign the decree, although it was considered a certainty since all the Vice Prime Ministers had already endorsed it.

The Minister of Health had prepared a draft decree to establish the Republican Center of Immunoprophylaxis, to which the writer was able to suggest some changes before finalization. (See Annex 4 for a translation of the decree into English.) This decree was then signed by all the required senior parties within the MOH. The intention was that this decree would be signed by the Minister of Health as soon as the Prime Minister had signed into creation the National Program for Immunoprophylaxis.

The MOH decree specifies that the Republican Center will begin functioning on 1 June 1994 and be housed within the Republican Sanitary Epidemiological Station (SES). Staff will consist of six senior professionals, six paramedics, and three support staff. The six senior professionals include the Director of the Center, two epidemiologists, one pediatrician, one pediatrician/immunologist, and one information specialist. The Director had not been named by the time of the writer's departure, although the short list appeared to have been narrowed to the final two candidates. The Director will report directly to First Deputy Minister of Health Dr. B.M. Shapiro.

Once chosen, the Director will be responsible for selecting the remaining staff. With major mandated cutbacks in MOH staff of 40%, it is felt that good candidates should be plentiful. Furthermore, as the MOH decree stipulates that the Center will be "of the first order" and therefore authorized to offer a slightly higher salary than normal, the Center is expected to be deluged with strong candidates.

The decree also instructs the heads of the Oblast Health Departments to establish Oblast Sub-Centers of Immunoprophylaxis in 1995. These sub-centers will have similar responsibilities as the Republican Center.

The writer was requested by the First Deputy Minister to prepare job descriptions in draft for the six senior professionals. (See Annexes 5-10.) This provided the opportunity to reflect on the tasks which needed attention and to chart the future course of the Center.

Staff salaries of the Center will be covered for the first 9-10 months by a Baptist NGO from the USA, Central Asian Partners. This is an interim measure. The MOH plans to assume full funding of salaries and other recurrent costs from March 1995, by which time funds in the next planning and budgetary cycle would normally be released.

#### B. Need for Supplies and Equipment

UNICEF expects to decide shortly whether or not it will support the Center by providing the equipment and supplies stipulated in the joint multi-agency planning exercise in December, including: one vehicle, approximately \$3000 in office equipment (computer, printer, photocopier, fax machine, typewriters), and some equipment for high quality production and publication (a VCR, video camera and television). (See Annex 11 for a list of equipment required.)

UNICEF is concerned about the appropriate use of donated equipment and will explore this issue in Almaty at the end of May at an internal meeting, where UNICEF staff from New York and the CAR will attend. Nevertheless, UNICEF insists that immunization is their top priority. The UNICEF representative in Kyrgyz agreed to explain UNICEF's position to the MOH, as he suspects that expectations had been raised in past programming exercises which were not intended as UNICEF commitments.

The writer reviewed with UNICEF the various methods and assumptions which have been used by the MOH (with REACH assistance) and by UNICEF to estimate vaccine requirements for the primary series for 1994. (See Annex 12.) The writer also provided UNICEF with a summary of equipment and supplies required in 1994, according to the MOH Plan for a National Program for Immunoprophylaxis, 1994-2000. (See Annex 13.) This was then compared with another summary extracted from the UNICEF and MOH Programme of Cooperation for the Expanded Programme on Immunization, 1993-1994. (See Annex 14.) The UNICEF Assistant Representative explained that the latter document, the Programme of Cooperation, was not an actual commitment by UNICEF, but a proposed commitment. The writer stated his impression that the MOH nevertheless believed that a commitment had been made.

#### C. Currency Exchange Possibilities for Vaccine Procurement

UNICEF apparently foresees a large need for local currency (Som) for their programs during the coming year, as they begin to expand their operations. For example, they need to procure and pre-position local coal to heat schools for the 1994/95 winter season. They also plan to procure blankets. UNICEF has some difficulty converting hard currency wired from New York into local

currency and experiences a stiff commission to do so. Meanwhile, the existence of the new plan for a national immunization program helped to generate two million soms (about \$160,000) from the Government of Kyrgyz for vaccine procurement. This money is currently in the hands of the MOH.

The MOH needs to find an effective currency exchange mechanism to buy vaccines either directly from commercial vendors or through UNICEF. The writer proposed that UNICEF could serve that role of currency exchange in the future. The UNICEF representative has discussed the idea with the UNICEF representative for the CAR who will be conferring on the matter with UNICEF/New York.

Representatives from the MOH recently attended a meeting with the vaccine manufacturer Pasteur/Merieux in Moscow and were quite impressed with prices, even though these are higher than those of UNICEF or some other manufacturers (as documented by REACH consultant Dian Woodle on a recent trip). According to the terms of a fax sent in April by Pasteur to the MOH, Pasteur would expect 100% pre-payment in rubles deposited into their Moscow account. Pasteur would then send the vaccine within four months. Pasteur would charge 2% to convert the rubles into hard currency; however, they would waive a 3% packing fee. Pasteur indicated that they would use insulated boxes with icepacks to ensure 72 hours of cold life. The fax omitted any mention of the anticipated number of months of life before the expiry date. The writer prepared a table for the MOH to compare the costs of the Pasteur vaccines as faxed to the MOH against the same vaccines as reported by Dian Woodle. There are substantial differences between the figures in each direction. (See Annex 15.)

The writer obtained a list of over one hundred foreign companies which are engaged in joint ventures within Kyrgyz. Some of these firms which have a need for local currency, or which wish to score a public relations triumph, could be approached to serve as a currency exchange mechanism for vaccine procurement. The list has been forwarded to Dian Woodle at PATH.

#### D. Vaccine Supply and Unmet Needs

The writer reviewed the status of vaccine receipts in 1993 and thus far in 1994 (Annex 16 and 17). As of mid-May, 50% of the OPV and BCG needs for primary vaccines for 1994 have been met by the Government of Japan through UNICEF. No DPT has yet arrived, but 50% of the annual requirement for primary needs is expected from Japan through UNICEF by the end of May. Nearly two-thirds of the primary need for measles vaccine has already come from Japan through UNICEF. It is recommended that the next scheduled arrival of vaccines, again procured with funds from the Government of Japan through UNICEF, should occur in early July to cover the primary needs for the remainder of 1994, even though the UNICEF-procured vaccines have only recently arrived in April and May. This is because the recent vaccines will be used quickly to cover the country's infants, who have not yet been immunized in 1994 due to lack of vaccines until now.

Gaps remain, however, regarding the proportion of needs for re-vaccination (boosters) in 1994 which have so far been met. (See Annex 18.) Most importantly, none of the OPV or Td requirements have been covered. The DPT re-vaccination needs have been met with a donation of Turkish vaccine; however, as the vaccine had a short expiry date of only 2-3 months after the date of arrival

in Kyrgyz, it is unclear what proportion of needs will truly be met by this donation. Only one-third of the BCG and none of the measles vaccines required in 1994 for re-vaccination has arrived.

No vaccines required for special activities have been provided. Without additional vaccine, the special disease control activities delineated in the Plan for a National Program for Immunoprophylaxis cannot be undertaken in the high-risk rayons (i.e., when outbreaks occur, and/or in rayons with low immunization coverage and a history of outbreaks, etc.). Despite attempts to do so, Kyrgyz has been unable to procure any Td or DT vaccine from Russia since 1992.

OPV vaccine was recently supplied by UNICEF in 20-dose vials, rather than in 10-dose vials as requested by the MOH to the Government of Japan. Similarly, DPT vaccine is also expected to arrive in 20-dose vials by the end of May. This regrettably will result in considerable avoidable vaccine wastage, as the MOH translates verbatim the manufacturers' inserts which frequently specify the need to discard opened multi-dose vials of OPV and DPT at the end of the day. The UNICEF Assistant Representative in Kyrgyz agreed to bring this to the attention of the UNICEF Area Representative in Islamabad, so that future "vaccine call forwards" are all specified to be packaged in 10-dose vials (with the sole exception being BCG, which only comes in 20-dose ampoules).

Reported immunization coverage in 1993 by oblast and for Kyrgyz as a whole appears in Annex 19.

#### E. Donor Coordination

The writer initiated a coordination meeting with UNICEF and Central Asian Partners and explained that the magnitude and nature of future USAID support for immunization and disease control in the Republic of Kyrgyz was not yet decided, that immunization was likely to continue to be a major interest, and that the precise details were being worked out. (See Annex 20 for a note for the record and the meeting agenda.)

At the meeting, other donors with a potential interest in immunization and disease control in Kyrgyz were identified. DANIDA plans to appoint a resident representative for 12 months to oversee DANIDA humanitarian aid, expected to be \$350,000 each year for the next three years for pharmaceutical and surgical supplies. The writer had earlier met with the DANIDA consultant, who was determining needs, and had provided him with the MOH requirements for vaccines for booster doses and special disease control activities. Rotary International was also mentioned. While BASICS had informally begun to contact Rotary regarding interest in covering the need for OPV for re-vaccination and special disease elimination activities, the UNICEF representative in Kyrgyz agreed that UNICEF would approach Rotary more formally.

One conclusion of the meeting was an agreement to establish an Inter-Agency Coordinating Committee (ICC). This was needed by donors and the MOH to avoid duplication in assistance and assure that needs were met efficiently. Rather than limit the scope of the ICC to immunization and disease control, it was preferred that the terms of reference of the ICC be assistance to and needs of the health sector in general, concentrating on an exchange of information. Participants stressed the need to be careful that the formation of an ICC did not raise MOH expectations of assistance.

It was important to convey consistently that the required exchange of information did not signify commitments.

Membership of the ICC would be expandable, but currently would include UNICEF, Central Asian Partners, and USAID/BASICS (Norghoul Seitkazieva will serve as secretary). The writer informed the local WHO representative about the formation of the ICC and invited him to the next, and future, meetings. It was further agreed that operational staff from the MOH would generally participate in the ICC, although there would also be the occasional need to involve more senior, political staff. The writer volunteered to inform USAID in Almaty and Washington and the US Embassy in Kyrgyz about the formation of the ICC. Meetings would be monthly and last about one hour. The next meeting was set for 2 June at 10:00 at UNICEF. UNICEF agreed to host future meetings, as well.

#### F. Technical Assistance from BASICS

In other discussions, MOH staff expressed their desire to enter into a formal agreement with USAID/BASICS to continue the technical assistance previously provided by REACH. The writer explained that such an agreement would be premature for the time being. The MOH was particularly interested in BASICS assistance on two specific topics which appear in the plan for the national program.

First, the MOH would like BASICS and UNICEF jointly to sponsor and provide technical assistance for a series of two workshops on social mobilization for immunization planned for September or October. Previously, immunization was compulsory and compliance was good. However, with a loosening of central control, with the relatively rare nature of most of the vaccine-preventable diseases, and with popular fears related to perceived poor quality of vaccines and lack of sterile technique, the MOH believes that people are choosing not to have their children immunized.

The MOH would be interested in having a BASICS staff member arrive one month before the workshops to help plan the agenda and to conduct some rapid research with nationals beforehand. The research would serve to illustrate behavioral methods as well as come up with interesting data which could be presented at the workshops. For example, what is the immunization status of the children of pediatricians themselves? Where do people get information on the value of immunization? Is it doctors or parents who fear more than one injection on the same visit or fear immunization of children who are sick? While taking great pains to make clear to both the MOH and UNICEF that no BASICS commitments could be made for the time being, the writer discussed the proposal with UNICEF, which was keen to collaborate with BASICS.

The second topic for which the MOH would appreciate BASICS technical assistance is to examine, design, test, revise and introduce a cohesive management information system for immunization and disease control, including the development of appropriate indicators.

The writer briefly inspected the upgrades to the cold room recently installed by REACH consultant Jens Pake and found the cold room to be in proper order. The automatic temperature recording

charts showed a constant temperature of +6 degrees C since the upgrades. Vaccines were properly stored by type and expiry. The donated freezers were at -18 degrees C.

### G. Policy Formulation

A Republican Immunization Committee has been in existence since August 1991 in Kyrgyz. The decree which established the Committee and outlines its responsibilities appears in Annex 21. As a consultative body under the MOH, the Committee is charged with coordinating and solving issues related to immunoprophylaxis and improving immunization practice. A list of the topics which have been covered at past meetings of the Committee and which will be covered during 1994, as well as the membership of the Committee, appears in Annex 22. The writer suggested that the Committee could begin the processing of developing and disseminating Kyrgyz standards for pediatric immunization, including a review of the immunization schedule and list of contraindications.

### H. Rubella

An unexpected arrival of 65,000 doses of monovalent rubella ("german measles") vaccine, manufactured by Sclavo in Italy, occurred during the writer's visit. This was discussed in some detail during the writer's final de-briefing at the MOH, although none of the officials present at the meeting were sure why it had been ordered, who had ordered it, or what funds had been used to procure it. The writer strongly recommended that they investigate and, if possible in case an error had been made, return the vaccine for replacement or credit. They should certainly ensure that additional supplies of the vaccine not be sent in the future.

The MOH does not have a control strategy for rubella or congenital rubella syndrome and has no experience in using rubella vaccine. It has no prospect for sustained supplies of rubella vaccine in the future. The vaccine could be used to prevent infection in children, but rubella is an innocuous infection of childhood. Universal natural infection during childhood means that most pregnant women, for whom infection would otherwise be dangerous to their unborn, are already immune.

Use of this rubella vaccine has both associated and opportunity costs. Syringes and needles, which are in short supply, are required to utilize the vaccine. The funds to procure this vaccine would be better spent to cover the unmet needs for vaccine against more serious infections. The vaccine is unfamiliar to pediatricians, who would require training in its use. Because of outdated information and conservatism, they would certainly insist that the vaccine be administered on a separate visit, and not at the same time as measles or mumps vaccine. (Measles and mumps are themselves not offered at the same time.)

If the rubella vaccine cannot be returned for replacement or credit, then the MOH should seriously consider not using it, or using it only if the associated and opportunity costs are not considered too burdensome. One possibility, which the writer argued against, would be to offer it to sero-negative non-pregnant women. Serological testing costs money and time. And it is unlikely that many adult women remain susceptible to infection. Another possibility would be to offer it without serological testing to young girls before entering reproductive age, as part of existing school health programs

in the unlikely case geographic areas (such as sparsely settled areas) exist where epidemiologic data indicate that rubella does strike older aged persons. Finally, the MOH could use the vaccine to immunize children in their second year of life in wide geographic areas. Use in wide areas will reduce the risk of possible negative effects. Otherwise, its intensive use over time among one cohort of children in one geographic region could begin to change the local epidemiology of the disease and result in young girls escaping natural infection, only to enter their reproductive ages many years from now still susceptible to infection.

## I. Measles

As with many other countries aiming to achieve a high degree of measles control, the MOH began to offer a second dose of measles vaccine to children in 1987 and this resulted in a decline in measles incidence to historically low levels. The interval between epidemics was lengthened and the mean age of measles infection thus increased. However, shortages of measles vaccine beginning in 1991 necessitated a return to the strategy of using limited supplies to immunize children with a single dose. Predictably, measles returned in 1993 with a vengeance and caused the biggest epidemic since 1987.

Based on recent discussions, the MOH expects that UNICEF will provide two doses of measles vaccine per child. However, the writer learned during the final de-briefing with the MOH that UNICEF was insisting that the second dose of measles vaccine be offered to children before they completed their second year of life. The MOH is reluctant to alter their current strategy of giving measles vaccine to children at 12 months and 6 years of age. This strategy has worked for them, and is similar to the strategy used in most countries offering a two-dose schedule.

Measles incidence occurs in Kyrgyz with a bi-modal curve: that is, at early age before the vaccine is offered and again at older ages (e.g., in children above the age of 14 years). While it may be advantageous to offer the vaccine at 9 months and 24 months of age, the epidemiologic data upon which to make this recommendation have not been studied by donors in detail. Offering the first dose at 9 months would lead to a greater proportion of vaccine failures, thereby necessitating the second dose to be given at an earlier age than 6 years, such as at 24 months.

The writer advised the MOH to continue the discussion with UNICEF. In any event, a sudden change in timing of the second dose from 6 years to 24 months cannot be recommended without some contingency to ensure that children currently between the ages of 2 and 6 years are also protected with a second dose. Otherwise, this cohort will remain at increased risk for measles infection and will help to perpetuate future outbreaks. One way to avoid this would be to gradually lower the age for the second dose from 6 years: for example, this year to offer the second dose at 5 years, then next year at 4, then the following year at 3, and finally in the next year at 2. However, compliance with the second dose may not be as good, since the second dose is currently timed to coincide with school entry.

The writer suggests that the donors refer to the existing plan for a National Program for Immunoprophylaxis in determining how they can support the MOH to control measles. Depending on the degree of measles control (or even elimination) which the MOH and donors can afford given the dire state of the economy in general, there are several target groups and delivery strategies which

could be considered. Until these discussions between the MOH and donors take place, the writer encourages UNICEF to provide the MOH with a second dose of measles vaccine for children at 6 years of age.

#### J. Control of Respiratory Infection and Diarrheal Disease

The Chief Pediatrician for the MOH, Dr. A. Kushbakeeva, who is responsible for acute respiratory infections (ARI) and control of diarrheal diseases (CDD), provided the following briefing on past and proposed activities. WHO/Geneva conducted a training-of-trainers course for ARI program managers in Almaty in 1993. In October, 1993, UNICEF consultants Gary Gleason and Umit Kartoglu served as resource persons on a UNICEF-sponsored training course for 30 pediatricians from oblasts in Kyrgyzstan. The materials used were from WHO, adapted by Kartoglu. The plan was for the oblast pediatricians to then train staff within the oblast. The WHO video was felt to be an effective and popular teaching tool.

The MOH and UNICEF designated November 1993 as a month for special activities for the control of ARI. Television and radio spots were aired and materials and guidelines were printed and distributed. UNICEF provided 7.5 tons of medicines for ARI, exclusively for use in children less than five years of age, which included co-trimoxazole (5950 jars of 100 pills of 100/20 mg. for children and 6000 jars of 500 pills of 400/80 mg. for adults), benzyl penicillin, chloramphenicol, doxycycline and amoxicillin. The drugs were said to be sufficient only for the needs of the oblasts and for one month only. The level of the FAPs did not receive any of the drugs. The drugs arrived after the peak ARI season of October and November. Pediatricians believe in the efficacy of co-trimoxazole. Pediatricians still request X-ray film, currently difficult to find in Kyrgyz, in order to diagnose severe cases of pneumonia. Many resist the idea that counting the respiratory rate and looking for chest in-drawing is sufficient for diagnostic purposes.

Dr. Kushbakeeva has no definite plans now for ARI. (UNICEF informed the writer that they plan to support further ARI training next winter.) The MOH is reviewing its population and health program and may include special programs for ARI and CDD.

Dr. Kushbakeeva also provided the following briefing about CDD. During the period June through September 1993, which coincides with the season of peak incidence, the MOH had engaged in special CDD activities. About 215,000 sachets of ORS were provided by UNICEF. However, the MOH had difficulty distributing the sachets due to lack of transport. (According to UNICEF, another half million sachets are in the pipeline.)

UNICEF sponsored a 3-day workshop for 30 participants in each of Osh and Jalalabad Cities using WHO and UNICEF training materials. Two days were devoted to standard case management and one day to breastfeeding. Dr. Kushbakeeva stated that many women are no longer breastfeeding as they do not produce enough milk. External resource persons were Dr. Kushbakeeva and Rudy Rodrigues (UNICEF/Bishkek). Training is planned to continue oblast by oblast with a mobile training team. In each oblast, rayon pediatricians will receive the training. A workshop for pediatricians to discuss WHO and UNICEF recommendations on CDD and ARI is planned for mid-May.

Dr. Kushbakeeva believes that more emphasis is needed on the primary prevention of diarrhea, including measles immunization and hand-washing after defecation; and, in the case of ARI, on training mothers to recognize the danger signs of pneumonia earlier.

Standard practice in the former Soviet Union was to hospitalize all cases of ARI and CDD under the age of one year. Although Dr. Kushbakeeva now recognizes that this is not required, insufficient drugs are now available and it is hard to change practices. She said that mothers are not yet trained well and since drugs are unavailable, the MOH still encourages all children less than one year of age to be admitted.

During the summer, even FAPs have rehydration centers. She wants to establish three demonstration and training centers for standard case management of CDD: in Osh, Jalalabad and Bishkek. Typically, this would be in a corner of a children's hospital and make use of videos and slides. Funds, such as for staff salaries, are unavailable to support these ideas. She has hopes that UNICEF will provide some equipment. She also plans later to pursue the idea of demonstration centers for ARI. She mentioned that the same demonstration centers could concentrate on CDD during the summer and ARI in the fall and winter.

As regards immunization, she felt that training on true and false contraindications is needed for pediatricians from each oblast. The Research Institute for Obstetrics and Pediatrics now has a referral center with five beds devoted to the immunization of sick children. Dr. Manalbaev is in charge and, as he will defend his thesis on the immunization of sick children, he is documenting his findings.

Dr. Kushbakeeva has prepared proposals for the MOH on ARI, CDD and breastfeeding, but no donor has yet committed its support. She said that the programs, which include specific activities, have been approved by the MOH. Activities include training, social mobilization, curriculum revision, etc.

## **VII. RECOMMENDATIONS**

See the Executive Summary (Section I) for recommendations.

**ANNEX 1**

## ANNEX 1

DRAFT CABLE PROPOSED BY ROBERT STEINGLASS (BASICS) TO BE SENT BY US EMBASSY/KYRGYZ TO USAID (NIS TASK FORCE AND OFFICE OF HEALTH)

1. DESPITE GENEROUS DONOR SUPPORT TO KYRGYZ SINCE 1992 IN PROVISION OF VACCINES TO MEET PRIMARY NEEDS OF INFANTS, INFECTIOUS DISEASES ARE PARADOXICALLY INCREASING. BIGGEST EPIDEMIC OF MEASLES SINCE 1987 OCCURRED IN 1993 (OVER 4000 CASES). AS POLIO OUTBREAKS OCCUR WITH TWO YEAR INTERVALS IN KYRGYZ AND LAST REPORTED CASES WERE IN 1992, MOH EXPECTS ADDITIONAL CASES IN 1994. BESIDES NATURAL CYCLES, INCREASED INCIDENCE IS DUE TO INSUFFICIENT QUANTITY OF VACCINES FROM NIS AND ABROAD TO MAINTAIN HIGH LEVELS OF DISEASE CONTROL PREVIOUSLY ACHIEVED BY KYRGYZ WITHIN FORMER SOVIET UNION. DONORS HAVE CHOSEN TO LIMIT DONATIONS TO COVER INFANT NEEDS RATHER THAN ALSO PROVIDE ADDITIONAL VACCINE FOR BOOSTER DOSES AND SPECIAL DISEASE CONTROL ACTIVITIES.
2. DESPITE MAJOR CUTBACKS IN STAFF AND DEPARTURE OF MANY RUSSIAN NATIONALS, MOH HOPEFUL IMMINENT CREATION OF NATIONAL PROGRAM FOR IMMUNOPROPHYLAXIS AND REPUBLICAN CENTER FOR IMMUNOPROPHYLAXIS AND CONTINUED DONOR SUPPORT WILL PERMIT MOH TO RAISE IMMUNIZATION COVERAGE, REDUCE DISEASE, AND IMPROVE QUALITY OF SERVICES.
3. [FYI. AS AN OUTPUT OF USAID/REACH JOINT PLANNING EXERCISE WITH UNICEF AND WHO/EURO IN DECEMBER 1993, MOH PREPARED A PLAN FOR A NATIONAL PROGRAM FOR IMMUNOPROPHYLAXIS. CENTRAL TO PLAN WAS ESTABLISHMENT OF A REPUBLICAN CENTER FOR IMMUNOPROPHYLAXIS, WITH STAFF FULLY DEDICATED TO MANAGEMENT AND IMPLEMENTATION OF NATIONAL PROGRAM. EXISTENCE OF PLAN FOR NATIONAL PROGRAM HELPED GALVANIZE TWO MILLION SOMS -- \$160,000 -- FROM GOVERNMENT OF KYRGYZ FOR VACCINE PROCUREMENT. END FYI.]
4. AS NEITHER CENTER NOR NATIONAL PROGRAM HAD YET BEEN ESTABLISHED, STEINGLASS' SOW WAS TO CATALYZE ACTION AND PROVIDE TECHNICAL AND MANAGEMENT SUPPORT TO MOH BY:
  - ADVISING MOH ON ORGANIZATION, STAFFING AND FUNCTIONS OF NEW REPUBLICAN CENTER FOR IMMUNOPROPHYLAXIS;
  - ADVISING ON MECHANISM FOR NATIONAL LEVEL DONOR COORDINATION;
  - IDENTIFYING NEEDS FOR TRAINING AND TECHNICAL ASSISTANCE;
  - SUPPORTING INITIAL IMPLEMENTATION OF PLAN FOR NATIONAL PROGRAM, ASSISTING WITH DETAILED ALLOCATION OF RESPONSIBILITIES, SCHEDULE OF ACTIVITIES, AND CALCULATION OF REQUIREMENTS.
5. FIRST DEPUTY MINISTER OF HEALTH SHAPIRO AND STEINGLASS DISCUSSED WITH VICE PRIME MINISTER OSMONKAN IBRAIMOVICH IBRAIMOV IMPORTANCE OF NATIONAL PROGRAM AND REPUBLICAN CENTER. DURING TDY ALL FIVE VICE PRIME

MINISTERS SIGNED DECREE TO ESTABLISH NATIONAL PROGRAM WITH SIGNATURE OF PRIME MINISTER EXPECTED SHORTLY. MINISTER OF HEALTH IS READY TO SIGN ANOTHER DECREE AUTHORIZING ESTABLISHMENT OF REPUBLICAN CENTER AS OF 1 JUNE, ONCE PRIME MINISTER CREATES PROGRAM. THIS DECREE HAS ALREADY BEEN SIGNED BY ALL APPROPRIATE STAFF. CENTER TO HAVE SIX SENIOR PROFESSIONAL STAFF (PEDIATRICIANS, EPIDEMIOLOGISTS, INFORMATION SPECIALIST), SIX PARAMEDICS, AND THREE SUPPORT STAFF TO IMPLEMENT NATIONAL PROGRAM.

6. STEINGLASS PREPARED DRAFT JOB DESCRIPTIONS AT REQUEST OF FIRST DEPUTY MINISTER FOR SIX SENIOR PROFESSIONALS. THIS PROVIDED OPPORTUNITY TO DELINEATE TASKS WHICH REQUIRE ATTENTION OF CENTER. DIRECTOR HAS YET TO BE NAMED AND WILL REPORT DIRECTLY TO FIRST DEPUTY MINISTER OF HEALTH.

7. STAFF SALARIES OF CENTER BEING COVERED FOR FIRST 10 MONTHS ON INTERIM BASIS BY USA BAPTIST NGO, CENTRAL ASIAN PARTNERS. MOH PLANS TO ASSUME FULL FUNDING OF SALARIES AND OTHER RECURRENT COSTS FROM MARCH 1995, BY WHICH TIME FUNDS FROM NEXT PLANNING AND BUDGETARY CYCLE WOULD NORMALLY BE RELEASED.

8. STEINGLASS EXPLAINED TO MOH AND DONORS THAT MAGNITUDE AND NATURE OF FUTURE USAID SUPPORT FOR IMMUNIZATION AND DISEASE CONTROL IN KYRGYZ NOT YET DECIDED, IMMUNIZATION WAS LIKELY TO CONTINUE TO BE A MAJOR INTEREST, AND PRECISE DETAILS WERE BEING WORKED OUT. MOH DESIRES TO ENTER INTO FORMAL AGREEMENT WITH USAID/BASICS TO CONTINUE TA PREVIOUSLY PROVIDED BY REACH TO COMPLEMENT OTHER DONOR SUPPORT. STEINGLASS EXPLAINED SUCH AN AGREEMENT WOULD NOW BE PREMATURE.

9. UNICEF WILL DECIDE SHORTLY WHETHER OR NOT IT WILL SUPPORT REPUBLICAN CENTER BY PROVIDING EQUIPMENT AND SUPPLIES STIPULATED IN JOINT MULTI-AGENCY PLANNING EXERCISE IN DECEMBER. UNICEF CONCERNED BY INAPPROPRIATE USE OF DONATED EQUIPMENT AND WILL EXPLORE THIS ISSUE IN ALMATY AT END OF MAY AT INTERNAL MEETING WITH UNICEF STAFF FROM NEW YORK AND CAR. STEINGLASS UPDATED ALL EQUIPMENT AND SUPPLY REQUIREMENTS, INCLUDING VACCINES.

10. STEINGLASS ATTENDED FIRST OF WHAT PROMISES TO BECOME REGULAR INTER-AGENCY COORDINATING COMMITTEE (ICC) MEETINGS FOR EXCHANGE OF INFORMATION IN HEALTH SECTOR BETWEEN DONORS AND MOH. PARTICIPANTS STRESSED REQUIRED EXCHANGE OF INFORMATION NOT BE MISINTERPRETED TO SIGNIFY COMMITMENTS. OPERATIONAL STAFF FROM MOH WOULD GENERALLY PARTICIPATE IN ICC, ALTHOUGH THERE WOULD ALSO BE OCCASIONAL NEED TO INVOLVE MORE SENIOR POLITICAL STAFF. NEXT ICC MEETING WAS SET FOR 2 JUNE AT 10:00 AT UNICEF. STEINGLASS' NOTE FOR RECORD OF MEETING WAS PROVIDED TO USEMBASSY/BISHKEK, ALONG WITH DETAILED DRAFT REPORT ON TDY.

11. RECOMMENDATIONS FROM TDY FOLLOW:

- AS MOH EMBARKS ON AMBITIOUS GOAL OF IMPLEMENTING PLAN FOR NATIONAL PROGRAM FOR IMMUNOPROPHYLAXIS, WITH JOINT ELABORATION BY UNICEF, WHO AND USAID SO THAT COMMON SCRIPT COULD BE FOLLOWED, MOH FINDS ITSELF UNSURE OF COMMITMENTS OF PRINCIPAL DONORS AT A TIME WHEN IT NEEDS MATERIAL, TECHNICAL AND MORAL SUPPORT. UNICEF ACKNOWLEDGES THEY MAY HAVE RAISED EXPECTATIONS IN PAST PROGRAMMING EXERCISES WHICH WERE NOT INTENDED AS COMMITMENTS. MOH REQUESTS CURRENT DONORS CLARIFY INTENTIONS AND COMMITMENTS. MOH WISHES TO ENTER INTO FORMAL MEMO OF UNDERSTANDING WITH USAID REGARDING FUTURE SUPPORT.

- AS TOTAL NEEDS FOR IMMUNIZATION AND DISEASE CONTROL ARE GREAT AND EXISTING DONORS ARE NOT COVERING ALL NEEDS, DONORS ARE ENCOURAGED TO ENLIST OTHER POTENTIAL DONORS, SUCH AS DANIDA AND ROTARY INTERNATIONAL. USAID SHOULD CONSIDER APPROACHING DONORS TO ENCOURAGE INVOLVEMENT IN AREAS OF KNOWN INTEREST, SUCH AS ROTARY TO COVER NEED FOR SUPPLEMENTARY VACCINE FOR POLIO ERADICATION. UNICEF AGREED TO APPROACH ROTARY FORMALLY. [FYI. DANIDA PLANS TO APPOINT RESIDENT REPRESENTATIVE FOR 12 MONTHS TO OVERSEE THEIR HUMANITARIAN AID EXPECTED TO VALUE \$350,000 EACH YEAR FOR NEXT THREE YEARS FOR PHARMACEUTICAL AND SURGICAL SUPPLIES. END FYI.]

- USAID SHOULD CONTINUE TO ADVOCATE THAT PURPOSE OF IMMUNIZATION IS TO CONTROL DISEASE. WHILE PRIMARY NEEDS FOR INFANTS ARE COVERED BY GOVERNMENT OF JAPAN THROUGH UNICEF, MAJOR GAPS CONTINUE TO EXIST IN PROCUREMENT OF VACCINE FOR BOOSTER DOSES AND SPECIAL DISEASE CONTROL ACTIVITIES. FOR EXAMPLE, DESPITE HIGHEST ANNUAL CASES OF REPORTED DIPHTHERIA SINCE 1979 ALREADY DURING FIRST TRIMESTER OF 1994, NO DONOR HAS COMMITTED TO PROVIDING TD VACCINE FOR CONTROL AMONG OLDER CHILDREN, ADOLESCENTS AND ADULTS. WITHOUT ADDITIONAL VACCINE, SPECIAL DISEASE CONTROL ACTIVITIES DELINEATED IN PLAN FOR NATIONAL PROGRAM CANNOT BE UNDERTAKEN IN HIGH-RISK AREAS.

- FORMATION OF INTER-AGENCY COORDINATING COMMITTEE SHOULD BE ENCOURAGED BY DONORS. FIRST MEETING WAS HELD DURING TDY. USAID SHOULD CONSIDER HOW, OR IF, IT WOULD LIKE TO BE REPRESENTED AT THESE MONTHLY MEETINGS, WHOSE PURPOSE IS EXCHANGE OF INFORMATION TO GUARD AGAINST DUPLICATION AND INEFFICIENCIES IN HUMANITARIAN AND TECHNICAL ASSISTANCE. NOURGOUL SEITKAZIEVA, WHO HAS BEEN WORKING WITH REACH SINCE START OF USAID'S IMMUNIZATION PROGRAM IN MARCH 1992 AND IS WELL-ACCEPTED BY MOH, IS PROPOSED BY BASICS TO ATTEND MEETINGS AND KEEP USAID INFORMED. DONORS SHOULD ENSURE MOH PARTICIPATES AT MEETINGS.

- UNICEF SHOULD PROCEED WITH NEXT "CALL FORWARD" OF VACCINE PURCHASED BY GOVERNMENT OF JAPAN, SO THAT VACCINES ARRIVE BY MID-JULY TO COVER PRIMARY NEEDS IN A TIMELY FASHION FOR REMAINDER OF 1994, EVEN THOUGH UNICEF-PROCURED VACCINES HAVE RECENTLY ARRIVED IN APRIL AND MAY. THIS IS BECAUSE RECENT VACCINES WILL BE USED QUICKLY TO COVER COUNTRY'S INFANTS, NOT YET IMMUNIZED IN 1994 DUE TO LACK OF DONATED VACCINES.

UNICEF HAS BEEN INFORMED THAT RECENT SUPPLY OF VACCINES IN 20-DOSE VIALS LEADS TO AVOIDABLE WASTAGE AND THAT SPECIFICATION IN 10-DOSE VIALS MUST BE HONORED.

- AS UNICEF HAS NEED FOR LOCAL CURRENCY (SOMS) AND MOH HAS STARTED TO PROVIDE CONSIDERABLE QUANTITIES OF SOMS FOR VACCINE PROCUREMENT, USAID SHOULD INFLUENCE UNICEF TO SERVE AS CURRENCY EXCHANGE MECHANISM TO CONVERT SOFT TO HARD CURRENCY, WHICH WOULD THEN BE USED BY UNICEF TO PROCURE VACCINES FOR KYRGYZ. USAID MAY LIKE TO SUGGEST TO GOVERNMENT OF JAPAN THAT THEY EXPLORE MATTER FURTHER WITH UNICEF.

- SO AS NOT TO LOSE MOMENTUM GENERATED SINCE USAID AND OTHER DONORS COLLABORATED WITH MOH ON CREATION OF PLAN FOR NATIONAL PROGRAM, MOH HAS REQUESTED STRATEGIC TECHNICAL SUPPORT FROM USAID/BASICS FOR TWO ASSIGNMENTS: A) DATA COLLECTION, PREPARATION, AND HOLDING OF SERIES OF SEMINARS TOGETHER WITH UNICEF ON SOCIAL MOBILIZATION FOR IMMUNIZATION (ONE MONTH IN SEPTEMBER OR OCTOBER) AND B) EXAMINING, DESIGN, TESTING, REVISION AND INTRODUCTION OF COHESIVE MANAGEMENT INFORMATION SYSTEM FOR IMMUNIZATION AND DISEASE CONTROL, INCLUDING DEVELOPMENT OF APPROPRIATE INDICATORS (ONE MONTH DURING SUMMER).

- DONORS MUST GUARD AGAINST CREATING MOH DEPENDENCY IN ESTABLISHMENT OF REPUBLICAN CENTER. ONCE CAPITAL EQUIPMENT ITEMS ARE COVERED EXTERNALLY (BEING CONSIDERED BY UNICEF), CENTER SHOULD RECEIVE SELF-SUSTAINING FINANCIAL SUPPORT FROM MOH FOR ALL RECURRENT COSTS BY EARLY 1995.

12. USEMBASSY/BISHKEK ANTICIPATES CONTINUING USAID/BASICS ROLE IN CARRYING ON FROM REACH PROJECT TO EFFECTIVELY MEET HUMANITARIAN AND TECHNICAL NEEDS IN CHILD SURVIVAL.

**ANNEX 2**

## ANNEX 2

TALKING POINTS FOR MEETING OF ROBERT STEINGLASS (USAID/REACH/BASICS) WITH VICE PRIME MINISTER, GOVERNMENT OF KYRGYZSTAN ON 27 APRIL 1994, ACCOMPANIED BY BORIS SHAPIRO, FIRST DEPUTY MINISTER OF HEALTH.

USAID, REACH, BASICS: emerg human assist (vaccine, cold chain, and its transport valued at one million dollars) plus technical expertise since 3/92)

Two very important developments in Kyr in the past couple of months:

Health Section of the Cabinet of Ministers approved a National Program on Immunoprophylaxis for 1994-2000

Government of Kyr released 2 million som to buy vaccines.

I'll return to these important developments in a few moments.

Impressive achievements in past as regards disease reduction

### HAND-OUT

However, incidence and deaths now increasing, demoralizing to health system

#### HAND-OUT

diphtheria increasing (11 cases in Kyr so far in '94, of which 8 in Bishkek)

fear polio epidemic (last in 1992, 2 year cycles)

occurrence of such easily controllable and long since controlled diseases upsets pop and in some countries has been destabilizing

example of russian diphtheria epidemic (30,000 cases expected 1994, worst epidemic in industrial world since WWII)

immunization is most cost-effective health intervention (1:10) to reduce morbidity and mortality and disability in every country. spending on imm is a good investment (conclusion of recent World Bank study)

political leaders throughout world have taken interest in imm

over 50 heads of state attended 1991 Summit on World Children organized by UNICEF in New York and committed themselves to specific disease reduction goals

presidents and wives have immunized children to emphasize its importance (Pres Ataeva's wife and Vice-Pres Gore's wife emphasized importance of imm last December in Kyr)

global disease control targets

smallpox eradication accomplished  
polio eradication (WHO goal) is achievable in NIS  
(North, South and Central America)

(90% in European Region of WHO reported from NIS)

Kyrgyz can eradicate polio, practically eliminate diphtheria, reduce measles -- dedicated, disciplined staff and good infrastructure able to reach 95% of the children with vaccine.

HOWEVER, still no secure supply of vaccine. Russia not reliable supplier; difficulties getting rubles or dollars transferred to Russia; manufacturers unable to get export licenses; delays. Inflation. Kyrgyz dependent on donors for vaccine supply. Donors (including USAID, Japan, and UNICEF) have provided vaccines for infants in past and there are existing UNICEF commitments to continue to provide a minimum quantity of vaccines for another 1½ years.

But Kyr needs vaccines also for booster doses to be able to sustain past high level of disease control and needs extra vaccine to control outbreaks. 2 million som won't go very far to cover all the needs, but this is important show of good faith that GOK recognizes the need.

Another important signal from Kyr to donors has been the intensive planning exercise conducted by MOH (with coordinated involvement of donors: USAID, UNICEF and WHO) in which MOH re-examined underlying assumptions (many of which are no longer valid with dissolution of the NIS) and have re-thought and modernized the immunization program.

The resulting National Program for Immunoprophylaxis calls for the creation of a Republican Center for Immunoprophylaxis, which will consist of professional and support staff devoted to task of implementing a comprehensive immunization and disease control program. In these steps, Kyr has been in the lead within Central Asia. The MOH has candidly identified earlier than elsewhere the problems which you intend to overcome and the support which is required both from the GOK and the international community to do so.

The Minister of Health has prepared a decree authorizing the establishment of a Republican Center of Immunoprophylaxis to organize and manage a National Program for Immunoprophylaxis. Before this decree can be issued, I understand that the next step in the process is for the GOK to sign the papers which will breathe life into the national program.

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## ANNEX 3

## ANNEX 3

### PERSONS CONTACTED

Osmonkan Ibraimovich Ibraimov	Vice Prime Minister, GOK
Boris Moseevich Shapiro	First Deputy Minister of Health, MOH, Bishkek
Sabirjan Toctosunovich Abdykerimov	Head, Sanitary Epidemiological Department, MOH, Bishkek
Vladimir Israelivich Genis	Deputy Chief Physician, Sanitary Epidemiological Department, MOH, Bishkek
Lyudmila Vasilievna Rozhkova	Chief Epidemiologist, Sanitary Epidemiological Department, MOH, Bishkek
Apisa Kusbakeeva	Chief Pediatrician, Research Institute of Obstetrics and Pediatrics, Bishkek
Kurmanbek T. Omuraliev	Chief Physician, Republican SES, Bishkek
Vladimir Evgenievich Mitrofanov	Deputy Chief Physician, Republican SES, Bishkek
Elmira Masymbaeva	Immunologist, Republican SES, Bishkek
Valentina Stepanovna Egorova	Assistant to Epidemiologist, Republican SES, Bishkek
Ludmila Fedorovna Belyakova	Storekeeper, Republican SES, Bishkek
Raisa Ismailovna Tynestanova	Chief Physician, TB Research Institute, Bishkek
Victor Glinenko	Chief Physician, SES, Chu'iskaya Oblast
Rudy Rodrigues	Assistant Representative, UNICEF, Bishkek
Murat Bozgonchiev	Researcher, WHO Information Center, Bishkek
Ken Patterson	Head, Central Asian Partners, Bishkek
Sergei Litvinov	Regional Advisor (EUROHEALTH), WHO/EURO, Copenhagen
Hilbrand Haak	Public Health Consultant (DANIDA), Yogyakarta
Esa Ek	Representative, International Federation of Red Cross and Red Crescent Societies, Bishkek
Robin Houston	Program Against Micronutrient Malnutrition, Emory University, Atlanta
Nourgoul Seitkazieva	BASICS Field Coordinator, Bishkek
Shawn Dorman	Third Secretary, Vice Consul, US Embassy, Bishkek
Marilynn Schmidt	Assistant General Development Officer (Health and Population), USAID/CAR, Almaty
Murat E. Kuzhukeev	Program Management Specialist, USAID/CAR, Almaty
Willa Pressman	Population Office, USAID, Washington (temporarily assigned to Almaty)
Elena Beschotnova	USAID Representative, Bishkek
Tatyana Dementiyeva	USAID, Bishkek
Joe Davis	Director, International Health Programs, Centers for Disease Control and Prevention, Atlanta
Noel Marsh	Consultant
Nancy Leland	Scientific Technology and Language Institute, Bishkek
Katya Hanks	Scientific Technology and Language Institute, Bishkek
Guy Cosnahan	Pacific Resources, Inc., Bishkek

**ANNEX 4**

## ANNEX 4

### MINISTRY OF HEALTH OF THE KYRGYZ REPUBLIC

#### DECREE ON ESTABLISHMENT OF CENTER FOR IMMUNOPROPHYLAXIS IN THE KYRGYZ REPUBLIC

During the last few years, we have an unfavorable situation with diseases that can be prevented by specific prophylactic means. Thus, during 1991-93, 5464 cases of measles, 20 cases of diphtheria, 874 cases of pertussis, 6 cases of polio and 5,739 cases of pulmonary tuberculosis have been registered in the Republic. There have been deaths due to the above infections.

The current unfavorable epidemiological situation is due to the drawbacks in the immuno-prevention measures/activities carried out and "pros" of organizational basis of immunization [management]. An important reason, accounting for the immuno-prevention drawbacks, is an ineffective system of surveillance and evaluation of immunization performed, as well as the lack of technical means of information supply.

The efficacy of immuno-prevention is considerably influenced by: non-satisfactory vaccine supply, low indicators of children's health status, and negative attitudes of some medical workers and parents towards preventive immunizations. One of the problems is lack of coordination of immuno-prevention activities with international programs of immunization and with the global community.

The above-mentioned problems and WHO consideration that immunization services are a priority in the health system urge the need to improve the organizational structure for services and management.

To implement the "National Program for Immunoprophylaxis of the Kyrgyz Republic for 1994-2000" and to provide organizational-methodical, coordinated and consultative management and monitoring of immunization service activities, I hereby order:

1. to establish a Republican Center for Immunoprophylaxis [RCI] under the Ministry of Health, referring it to the first group of sanitary-preventive institutions as far as the salaries of its employees are concerned (in accordance with the MOH decree no. 263, dated 30 September 1993);
2. for the Head of the RCI: to develop the necessary complex of norms and guidelines on implementation of the "National Program for Immunoprophylaxis" within three months, in cooperation with specialists of the medical and other research institutes, health care and preventive institutions of the Republic;
3. to locate the RCI in the Republican SES;
4. to ensure the beginning of the RCI's functioning from 1 June 1994 according to the Statute of the RCI (Attachment 1);

5. for the Economy and Finances Department of the MOH jointly with the Head of the RCI to make estimations of costs for the RCI for 1994;

6. for the Chief Physician of the Republican SES Omuraliev K.: to apportion the offices-premises for the RCI with the space of 80 cubic meters (not less than 4 rooms) and to find the possibility to furnish the RCI according to Attachment 3;

7. for the heads of the oblast health departments: at the level of the oblast, the functions of oblast centers for immuno-prevention should be assigned to the oblast children's hospitals and oblast SES, by singling out one position of immunologist from each oblast (pediatrician, epidemiologist). In 1995, to establish Oblast Centers for Immunoprophylaxis;

I hereby approve:

1. The Statute of the Republican Center for Immunoprophylaxis under the Ministry of Health of the Kyrgyz Republic (Attachment 1).

2. Staff of medical and technical personnel of the RCI for 1994 as 12 people (Attachment 2).

3. Table of furnishing of the RCI for 1994 (Attachment 3).

4. Control for implementation of this decree is to be placed upon the First Deputy Minister Shapiro B.M.

(signed) Minister of Health KASIEV N.

Draft of this Decree is prepared by S. Abdykerimov

Agreed by:

First Deputy Minister

Deputy Minister

Deputy Minister

Head, Maternity and Child Protection

B. Shapiro

K. Subanbaev

Y. Djoldybaev

J. Doskeeva

ATTACHMENT 1

DRAFT OF THE STRUCTURE AND FUNCTIONS OF THE  
REPUBLICAN CENTER FOR IMMUNOPROPHYLAXIS

Personnel in the Center: 6 physicians and 6 paramedics.

Director of the Center: provides general supervision of all activities and of the financial system of the Program of Immunoprophylaxis; coordinates the work of oblast programs of immunoprophylaxis, and interacts with other establishments.

Operations Department (internal to the Center):

- Head of Department (and also Deputy Director of the Center)--by specialty, the person is an epidemiologist. He is responsible for practical implementation of the program, for developing current and prospective plans of work, and for coordinating work performed by specialists of the other departments.
- Epidemiologist [1]: Coordinates the implementation of disease control activities within the framework of the republican program and coordinates/controls the work of the laboratory service.
- Epidemiologist [2]: Responsible for organization and arrangement of support for the program from different institutions and establishments--for the training and refresher training of the staff and for supervision of social mobilization activities. He renders assistance to the Republican SES on issues of vaccine supply and effective cold chain management.
- Pediatrician-Immunologist: Controls the work of the pediatric network of the republic for carrying out immunoprophylaxis--coordinates the activities of immunization rooms.
- Information Group: Supervises activities on computerization of the immunological service, carries out monitoring of the program, and prepares statistical reports and informational materials.

Clinical Department (Department of Immuno-rehabilitation): Responsible for the examination, treatment, and vaccination of children for whom immunization poses a risk, works out methods of immunization for these children, and conducts studies of postvaccination complications. This department (external to the Center) is a functional part of the Kyrgyz Research Institute of Obstetrics and Pediatrics .

Laboratory Service (immunological, bacteriological, virological) requirements for the immunoprophylaxis program are met through coordination and strengthening of the already functioning laboratory system (external to the Center). The institutions involved include:

- Kyrgyz Research Institute of Obstetrics and Pediatrics
- Republican SES laboratory
- Kyrgyz Research Institute of Prophylaxis and Medical Ecology

Technical Department: Provides servicing of cold chain and sterilization equipment--this is carried out (external to the Center) by the "Kyrgyz Medtechnika" organization

TASKS OF THE CENTER

1. To organize activities for implementation of the National Program of Immunoprophylaxis.
2. To carry out systematic, routine supervision of the health care system's activities regarding immunoprophylaxis--to organize services and coordinate activities of immunologists/pediatricians.
3. To work out and introduce up-to-date forms for the immunoprophylaxis program and recommend improvements in immunization practices.
4. To participate directly in the study of immunization coverage levels, with field visits and evaluation of immunization activities. To participate in drafting materials for the review of the Republican Immunization Committee, in accordance with its annual plan of activities.

5. To work out methods/recommendations for the work of the health system's establishments on issues of immunoprevention and disease control of the target infections.
6. To organize and arrange workshops, scientific/practical conferences and annual, routine education and training of health service workers on immunoprevention.
7. To further improve the immunization schedule on the basis of scientific research, the current epidemiological situation, and the practical experience of work.
8. To organize random studies of immunity-status and make recommendations.
9. To monitor and coordinate activities regarding vaccine handling, supply, and the quality of cold chain.
10. To search for financial and technical support for the National Program on Immunoprophylaxis.
11. To work out, improve, and introduce methods for immunization of children with contraindications.
12. To monitor the activities of the Immunological Committee as regards immunization of children with medical contraindications.
13. To organize interaction with interested institutions, NGOs, communities, societies, and individuals, with respect to implementation of the National Program of Immunoprophylaxis.
14. To draft documents for presentation by the Ministry of Health.
15. To present an annual report, about the course of implementation of the national program, to the Board of the Ministry of Health.

#### RIGHTS OF THE CENTER

The National Center of Immunoprophylaxis has the right to:

1. Use information received by the Ministry of Health of Kyrgyz Republic, according to directives and instructions.
2. Selectively control the activity of establishments, organizations, and facilities involved in implementation of the national program.
3. Receive, according to the Minister's order, information for analysis of infectious disease' morbidity/mortality, immunization activity status, and efficacy of preventive and anti-epidemic activities, in regards to diseases prevented by immunization.
4. Send the Center's specialists to oblasts, cities, and rayons of the Republic for monitoring activities, supervision, and giving of assistance.
5. Invite specialists to discuss and work out methodologies for achieving current and prospective objectives and targets within the framework of the national program.
6. Upgrade skills of the Center's specialists at international courses and through republican refresher courses for specialists.
7. Arrange and take part in the work of conferences, meetings, and congresses on immunoprophylaxis.
8. Invite experts/consultants/leading specialists from research institutes and from those involved in practice, in order to determine policy in the immunoprophylaxis sector.

## ATTACHMENT 2

### MEDICAL AND TECHNICAL STAFF OF THE REPUBLICAN CENTER FOR IMMUNOPROPHYLAXIS UNDER THE MINISTRY OF HEALTH, KYRGYZ REPUBLIC

No.	Position	Number of Staff
1.	Head of the RCI	1
2.	<u>Operations Department</u>	4
3.	Head of the Department (Deputy of the Head of the RCI)	
	-epidemiologist (1)	
	-epidemiologist (1)	
	-pediatrician (1)	
	-pediatrician (immunologist) (1)	
4.	<u>Information and Monitoring Department</u>	
	Head of the Department	1
	Computer Programmer	1
5.	Paramedics	2
6.	Others (typist, cleaning woman)	3

### ATTACHMENT 3

#### REQUEST FOR FURNISHING FOR THE RCI

no.	item	number	<u>source of budget</u>	
			international	republican
1.	computer with laser printer	1	1	
2.	car	1	1	
3.	typewriter			
	- russian	1	1	
	- kyrgyz	1		1
	- english	1	1	
4.	photocopy machine	1	1	
5.	fax machine	1	1	
6.	telephones	3		3
7.	VCR	1	1	
8.	TV	1	1	
9.	video camera	1	1	
10.	calculators	5	5	
11.	set of cold chain equipment, sterilization equipment, etc. and visuals for training purposes	1 set	1 set	
12.	big office desks	5		5
	small office desks	5		5
13.	chairs	25		25
14.	book cabinets	4		4
15.	cloth cabinets	4		4
16.	curtains			
17.	carpet			

**REQUEST FOR FURNISHING, ctd.**

18. air conditioner
19. table fans
20. table lamps
21. supplies (paper, pens, etc,)

**ANNEX 5**

## ANNEX 5

### DRAFT JOB DESCRIPTION

#### DIRECTOR

#### REPUBLICAN CENTER FOR IMMUNOPROPHYLAXIS

Under the supervision of the First Deputy Minister of Health, and in close collaboration with the Head of the San-Epid Department, the Director of the Center will:

1. plan, develop, implement, set standards, supervise, monitor, evaluate, and provide direction for all activities of the Republican Center for Immunoprophylaxis in support of the National Program for Immunoprophylaxis;
2. provide leadership to, supervise, and evaluate the staff of the Republican Center for Immunoprophylaxis and the staff of the health system regarding immunoprophylaxis and vaccine-preventable disease control;
3. oversee all operational, technical, training, administrative, monitoring, surveillance, evaluation and health education/social mobilization aspects of the National Program;
4. revise and approve the annual plans at Republican and Oblast SES levels regarding immunization and disease control activities and coordinate their implementation with the San-Epid Department of the MOH;
5. secure financial and technical support for the Program and the Center;
6. approve and control the accounts of the Center as well as their submission to the authorities;
7. allocate staff responsibilities, supplies, financial resources, and transport of the Center;
8. prepare written job descriptions for all staff of the Center within three months of the Center's establishment;
9. take actions on all personnel matters concerning the Center, including recruitment, performance review, professional development and training, terminations, etc.;
10. provide feedback to supervisors, collaborators, Center staff, and health system staff at lower levels on quality of program activities and progress towards achievement of program goals;
11. collaborate with the Chairman of the Republican Immunization Committee to prepare the agenda of meetings (at least twice per year), serve as secretary for the meetings, present results of actions taken in implementing decisions of the Committee, identify technical and operational issues requiring attention and action, and formulate recommendations on policy and practice for the endorsement of the Committee;

12. draft directives and decrees on immunization and disease control, through the Deputy Ministers and in consultation with the San-Epid Department of the MOH, for signature by the Minister of Health;

13. liaise with other establishments involved directly in the immunization program (e.g., Kyrgyz Research Institute of Obstetrics and Pediatrics, Republican SES laboratory, Kyrgyz Research Institute of Prophylaxis and Medical Ecology, Medtechnika, NGOs, community groups, societies) and with other governmental bodies with a potential role to play (e.g., Ministries of Education, Information, etc.);

14. liaise with external donor agencies and represent the Center in regular meetings of an inter-agency coordinating committee; and

15. report and present documents to the First Deputy Minister of Health, including an annual report on the status of immunoprophylaxis and progress towards disease control targets.

**ANNEX 6**

## ANNEX 6

### DRAFT JOB DESCRIPTION

#### SENIOR EPIDEMIOLOGIST

##### REPUBLICAN CENTER FOR IMMUNOPROPHYLAXIS

Under the supervision of Director of the Republican Center for Immunoprophylaxis, the Senior Epidemiologist will:

1. serve as Deputy to the Director of the Republican Center and act for the Director during periods of the Director's absence;
2. be responsible for day-to-day practical implementation of the National Program for Immunoprophylaxis and for developing current and future work plans;
3. develop further each section of the Plan for a National Program for Immunoprophylaxis by detailing the tasks, resource requirements, responsibility and schedule necessary for its implementation at republican level;
4. provide leadership, set goals, allocate staff responsibilities and supplies, and manage the Operations Department;
5. prepare the annual plan for the Operations Department stating goals, activities, and resource requirements;
6. supervise Operations Department staff in performance of their duties and identify means by which to increase their effectiveness;
7. report semi-annually to the Center Director on individual and departmental progress towards fulfillment of the workplan, highlighting proposed solutions to identified constraints;
8. draft the annual plan at Republican level and extend the national program oblast by oblast regarding immunization and disease control activities, monitoring, disease surveillance, frequency of offering services, and laboratory services; submit these plans for approval; and coordinate their implementation with the San-Epid Department of the MOH;
9. prepare semi-annual individual work plan;
10. interface on a regular basis with members of the Oblast Immunization Committees;
11. coordinate the work performed by specialists of other departments;
12. field develop, test, introduce and revise practical materials and procedures detailing policies, guidelines, instructions, technical documents and forms on epidemiological surveillance and control of vaccine-preventable diseases;

13. develop special disease control strategies -- in addition to routine immunization -- for measles, diphtheria and poliomyelitis in high-risk rayons and for high-risk populations;
14. finalize phased area-specific plans for the eradication of poliomyelitis, reduction of morbidity and elimination of mortality from measles, and elimination of diphtheria and set and monitor the achievement of these disease reduction targets;
15. assist republican, oblast and rayon SES staff to plan, organize and implement anti-epidemic activities during disease outbreaks;
16. perform periodic serological spot checks to answer specific questions on patterns of immunity levels in the community;
17. further improve the immunization calendar based on operational, epidemiological, immunological and technical considerations;
18. assist health establishments to plan immunization activities in their catchment areas, record immunizations given, and maintain surveillance of infectious diseases;
19. provide continuous monitoring and evaluation of program implementation for timely correction of the strategies and revision of planned activities;
20. analyze age distribution and immunization history of cases of infectious diseases;
21. participate in special studies to measure immunization coverage levels;
22. present results of actions taken in implementing decisions of the Republican Immunization Committee and identify technical and operational issues requiring the attention and action by the Center Director and by the Committee;
23. prepare reports and present documents to the Director of the Center, including an annual report on the status of immunoprophylaxis and progress towards disease control targets; and
24. conduct performance review of staff of the Operations Department and identify opportunities for their professional development and training.

**ANNEX 7**

**ANNEX 7**  
**DRAFT JOB DESCRIPTION**  
**EPIDEMIOLOGIST**  
**REPUBLICAN CENTER FOR IMMUNOPROPHYLAXIS**

Under the supervision of the Head of the Operations Department, the epidemiologist will:

1. establish a system of continuous quality control by attention and improvement of cold chain and vaccine handling practices and procedures at each administrative level and within each health establishment;
2. assist each oblast and rayon to develop its own plan to strengthen the cold chain, vaccine handling, inventory and control of vaccine stocks, and to determine frequency of offering services, etc.;
3. design routine and periodic supervisory checklists and a system for monitoring and evaluating the quality and effectiveness of the cold chain at each administrative and health facility level;
4. design and introduce system of vaccine stock management, reporting and forecasting at each level;
5. prepare annual requirements of vaccine needs based on current inventory and projected activities in time for submission to national and donor agencies;
6. investigate administrative areas with excessive vaccine wastage and identify and monitor remedial actions;
7. oversee Medtechnika in the routine servicing, maintenance and repair of cold chain equipment at each level;
8. ensure that spare parts for repair and servicing of refrigerator and other cold chain equipment are stocked in appropriate quantities at each level;
9. organize random laboratory checks of vaccine quality at each stage of vaccine transportation, delivery and storage;
10. undertake practical and applied problem-solving field research;
11. improve pre- and post-diploma training by introducing and upgrading skills of pediatricians, general practitioners, epidemiologists, immunologists, other specialists, and paramedical staff involved in the field of immunoprophylaxis;

12. analyze and modernize curricula and training materials on immunization and disease control in existing courses with the involvement of specialists from research institutes, health and medical training schools, and public health practitioners from all administrative levels;
13. prepare a plan to ensure that all staff are trained;
14. identify appropriate training opportunities within the country, elsewhere within the region, and abroad;
15. organize courses for trainers to improve their substantive technical knowledge and the pedagogical methods employed;
16. organize workshops and seminars for various specialties, including mobile training courses at oblast and rayon levels;
17. collaborate with instructors at various training facilities in the design of questions on immunoprophylaxis to test competence;
18. design and implement a strategy for continuous social mobilization of the population, including governmental and community organizations, religious groups, and individual political, community and religious leaders, as well as health workers;
19. conduct focus group interviews with different categories of persons -- such as members of the public, medical practitioners, teachers, etc. -- to determine levels of awareness, attitudes and behavior towards immunization, injections, simultaneous administration of more than one injection, contraindications, vaccine-preventable diseases, etc.;
20. collaborate with specialists in the design, field testing, revision, introduction, and evaluation of messages aimed to encourage parents and health workers to protect children and control diseases by timely immunization;
21. cultivate linkages to the mass media and prepare press releases on current concerns such as the need to immunize children, increases in disease incidence, etc.;
22. prepare and disseminate scientific and popular materials on the value of immunization; and
23. prepare an annual individual workplan and report semi-annually to the Head of the Operations Department on progress towards fulfillment of the workplan, highlighting proposed solutions to identified constraints.

**ANNEX 8**

## ANNEX 8

### DRAFT JOB DESCRIPTION

#### INFORMATION SPECIALIST

##### REPUBLICAN CENTER FOR IMMUNOPROPHYLAXIS

1. establish an information system for management of the National Program, as well as for monitoring and evaluating its implementation -- including introduction of a packet of unified reporting/recording documents;
2. collaborate in the design, field testing, revision, and implementation of a standardized set of record books, statistical procedures, and reporting forms for use at all administrative levels on immunization, disease surveillance, and cold chain;
3. improve the management information system for disease control, including surveillance of target diseases, immunization coverage monitoring, etc.;
4. collaborate in analysis and revision, as needed, of a system of routine registration and reporting of each case of vaccine-preventable disease and immediate notification of a limited number of diseases of emergency public health diseases;
5. conduct regular surveillance of the routine surveillance system itself by monitoring the completeness and timeliness of reports, and by developing indicators to assess the effectiveness of the surveillance and disease containment system;
6. assist republican, oblast and rayon staff to record, analyze and take action regarding immunization coverage, vaccine usage, drop-out and disease incidence data;
7. implement a system in each rayon and oblast which includes local analysis, interpretation, display, feedback and use of collected data on an ongoing monthly or quarterly basis;
8. design and implement a regular computerized system to keep inventory of cold chain equipment, spare parts, and vehicles; maintenance and routine servicing schedules; and vaccine arrivals, despatches, use and current supplies;
9. design and implement a regular computerized system to track drop-out rates on a monthly basis in each rayon and oblast using cumulative data from the start of the year, and identify areas with high drop-out;
10. design and implement a regular computerized system to track vaccine usage based on monthly data in each rayon and quarterly data in each oblast using cumulative data from the start of the year, and identify areas with excessive vaccine wastage;
11. collaborate in the development of a post-vaccination adverse events reporting system;

12. design and implement a regular computerized system to track staff placements, initial training received, time elapsed since last refresher training, etc.;
13. prepare statistical reports and informational materials on the program;
14. arrange for the protection, security and regular technical servicing of computers;
15. identify and arrange for the procurement of appropriate computer software programs and hardware;
16. train staff at all administrative levels who work with computers on immunization, disease surveillance, and cold chain activities;
17. identify and implement means to improve communications by use of electronic mail within the country and abroad;
18. prepare an annual individual workplan and report semi-annually to the Head of the Operations Department on progress towards fulfillment of the workplan, highlighting proposed solutions to identified constraints.

**ANNEX 9**

## ANNEX 9

### DRAFT JOB DESCRIPTION

#### PEDIATRICIAN

##### REPUBLICAN CENTER FOR IMMUNOPROPHYLAXIS

Under the supervision of the Head of the Operations Department, the Pediatrician will:

1. supervise immunoprophylaxis work of pediatricians, nurses and fieldshers at existing immunization rooms in polyclinics, rayon hospitals, rural ambulatory clinics, FAPs, children's pre-school establishments, schools, and maternity centers;
2. ensure understanding of and compliance with decrees and policies issued by the Republican Center and the MOH, including adherence to the immunization calendar of the Republic, policies on contraindications, and simultaneous immunization of a child with different vaccines on the same visit;
3. participate in training courses to provide basic and refresher training to pediatricians and nursing staff involved in immunizations;
4. analyze reasons given for non-immunization or delayed immunization in areas with low immunization coverage, high drop-out, or high disease incidence and develop a strategy for their reduction;
5. monitor systematically the frequency of and reasons for temporary and permanent contraindications by rayon and oblast;
6. work out, improve and introduce methods for immunizing children with contraindications and conduct studies of post-vaccination complications;
7. establish a referral system at rayon and oblast levels to permit the timely immunization of ill children, and put in place a system to document the safety and effectiveness of this strategy;
8. improve the immunization calendar based on operational, epidemiological, immunological and technical considerations;
9. collaborate with epidemiological staff to ascertain the factors associated with individual cases of infectious diseases -- in order to identify what could have prevented them and to take remedial actions to avoid future cases;
10. introduce the use of vitamin A for prevention of complications and mortality from measles;
11. collaborate in the development of a post-vaccination adverse events reporting system;
12. prepare an annual individual workplan and report semi-annually to the Head of the Operations Department on progress towards fulfillment of the workplan, highlighting proposed solutions to identified constraints.

**ANNEX 10**

## ANNEX 10

### DRAFT JOB DESCRIPTION

#### PEDIATRICIAN-IMMUNOLOGIST

##### REPUBLICAN CENTER FOR IMMUNOPROPHYLAXIS

Under the supervision of the Head of the Operations Department, the Pediatrician-Immunologist will:

1. strengthen laboratory support (immunological, bacteriological and virological) for immunoprophylaxis;
2. develop improved training materials for upgrading skills and competence of laboratory workers on testing vaccine potency and in confirming diagnoses;
3. ensure virological investigation of all suspect cases of poliomyelitis;
4. carry out laboratory confirmation of each measles case under conditions of low incidence and to provide serological confirmation of the first case in each outbreak;
5. ensure compulsory bacteriological examination of suspect cases of diphtheria and their contacts;
6. develop a Republican control authority to ensure quality of imported vaccines;
7. organize clinical/immunological investigations to guide development of an optimal immunization calendar;
8. study the efficacy of primary and revaccination with BCG;
9. prepare an annual individual workplan and report semi-annually to the Head of the Operations Department on progress towards fulfillment of the workplan, highlighting proposed solutions to identified constraints.

**ANNEX 11**

ANNEX 11

CAPITAL EQUIPMENT NEEDED FROM DONORS FOR REPUBLICAN CENTER FOR IMMUNOPROPHYLAXIS

<u>item</u>	<u>quantity</u>
computer	1
laser printer	1
car	1
typewriters:	
-russian	1
-english	1
photocopier	1
fax	1
VCR	1
TV	1
Video camera	1
Solar calculators	5

Note: Spare parts and related supplies to operate above items should also be supplied.

ANNEX 12

## ANNEX 12

### CALCULATIONS OF 1994 VACCINE NEEDS IN DOSES FOR PRIMARY IMMUNIZATION IN KYRGYZ ACCORDING TO UNICEF AND MOH/REACH

VACCINE	UNICEF*	(Cost \$)**	MOH/REACH***	(Cost \$)**
DPT	547,000	(46,495)	622,000	(52,870)
OPV	729,000	(65,610)	829,000	(74,610)
MEASLES	426,000	(70,290)	319,000	(52,635)
BCG	243,000	<u>(15,795)</u>	478,000	<u>(31,070)</u>
		(198,190)		(211,185)

\*source: Programme of Cooperation for the Expanded Programme on Immunization, 1993-1994. Republic of Kyrgyzstan and UNICEF. Bishkek. September 1993. (pages 12-13)

\*\*fob price

\*\*\*source: letter from MOH/Kyrgyzstan to Mr. Kagami, Ministry of Foreign Affairs, Government of Japan, dated 18 October 1993.

### ASSUMPTIONS USED IN MAKING ABOVE CALCULATIONS

	UNICEF	MOH/REACH
1994 birth cohort	121,500	123,776
1993 (0-11 mos.) backlog	0	3,713
total 1994 infant pop.	121,500	127,490
primary doses/infant		
BCG	1	1
DPT	3	3
OPV	4	4
Measles	2	1
waste factor applied		
BCG	"standard"	3
DPT	"standard"	1.3
OPV	"standard"	1.3
Measles	"standard"	2
reserve factor	unstated	1.25

[continued on next page]

#### INTERPRETATIVE COMMENTS:

Differences in calculations are due to differing assumptions regarding the need for a reserve stock, wastage factors, and the number of doses of measles which each child should receive (UNICEF allows for two doses per child - page 12 of reference). A reserve stock should not be required on each order, but it is required until such time as vaccines can be provided without stock-outs at field level, which have been occurring before each receipt of donated vaccines. The MOH/REACH base their estimates of vaccine wastage on actual field experience using unfamiliar multi-dose vials; however, wastage is not set so high as to encourage past inefficient practices. The above UNICEF vaccine estimates of need in 1994 should be considered as minimum, as the UNICEF document states (page 12) that "supply may be adjusted after some time of use and distribution to allow for emergency stocking and special activities."

**ANNEX 13**

## ANNEX 13

EQUIPMENT AND SUPPLIES REQUIRED IN 1994 ACCORDING TO THE MOH PLAN  
FOR A NATIONAL PROGRAM FOR IMMUNOPROPHYLAXIS, 1994-2000\*

<u>item</u>	<u>quantity</u>	<u>use</u>	<u>value (\$)</u>
-vehicles	9	vaccine delivery and social mobilization: 6: oblast SES 1: Bishkek SES 1: Rep. SES 1: Rep. Center**	293,310 (cif)
-computers (+printers)	9	6: oblast SES 1: Bishkek SES 1: Center** 1: Medtechnika	36,500 (fob)
-typewriters (eng, cyrillic), fax, photocopier	1 of each	Center**	3,000 (?)
-spare parts for cold chain	-	all levels	168,433 (fob)
-cold chain equip- ment and re-usable syringes/needles	-	all levels	188,000 (fob)
-solar calculators	80	all levels	1,000 (cif)
-establishment re- publican laboratory	1	in Bishkek	10,000 (?)
-VCR with TV	7	6: oblast SES 1: Center**	13,000 (?)
-equipment for high quality publication and production	-	Center**	11,000 (?)
-vaccine for infants***		all levels	229,230 (fob)
-DPT	597,188 doses (\$50,760)		
-OPV	796,250 doses (\$71,663)		
-Measles	306,250 doses (\$50,531)		
-BCG	459,375 doses (\$29,859)		
TOTAL			953,473*****
[OTHER TECHNICAL PROGRAM SUPPORT****			201,500]

[continued on next page]

SS

\*prepared December 1993 jointly by MOH and UNICEF, WHO, USAID.

\*\*Republican Center for Immunoprophylaxis, MOH

\*\*\*additional vaccine is required for re-vaccination, special disease control activities, and to cover under-supply from 1993.

\*\*\*\*\$77,000 for social mobilization; \$46,000 for training; \$78,500 for improving monitoring, evaluation, and disease control

\*\*\*\*\*insurance and freight is not included on some items

**ANNEX 14**

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## ANNEX 14

### PROPOSED COMMITMENT BY UNICEF FOR SUPPLIES AND EQUIPMENT AS STATED IN PROGRAMME OF COOPERATION FOR THE EXPANDED PROGRAMME ON IMMUNIZATION, 1993-1994, IN KYRGYZ\*

ITEM	QUANTITY	USE	VALUE (US\$)
vehicles	1	Center**	31,590 (cif)
	6***	oblasts	189,540 (cif)
	1***	supervision	32,590 (cif)
computers	14	unspecified	56,700 (cif)
cold chain spares****	misc.	all levels	168,433 (fob)
vaccine (doses), 1994*****	-	-	267,557 (cif)
DPT	547,000	all levels	46,495 (fob)
OPV	729,000	all levels	65,610 (fob)
Measles	426,000	all levels	70,290 (fob)
BCG	243,000	all levels	15,795 (fob)
<b>GRAND TOTAL*****</b>			<b>746,410</b>

\*Programme of Cooperation for the Expanded Programme on Immunization, 1993-1994. Republic of Kyrgyzstan and the United Nations Children's Fund (UNICEF). Bishkek. September 1993.

\*\*Republican Center for Immunoprophylaxis, Ministry of Health.

\*\*\*with air-conditioned integrated cargo area

\*\*\*\*Annex VII of UNICEF Programme of Cooperation

\*\*\*\*\*An additional \$187,388 of vaccine (cif) is proposed on page 20 of the UNICEF Programme of Cooperation for years other than 1994, bringing the total UNICEF proposed commitment to \$454,945. Cost of the 1994 vaccine is derived from information provided on pages 12-13.

\*\*\*\*\*An additional \$238,000 is proposed by UNICEF for programmed technical assistance, making a total UNICEF proposed commitment of \$1,171,798 when each line item in Part 4 of the Programme of Cooperation is tallied (contrary to the total of \$1,009,365 given in Annex VIII.)

**ANNEX 15**

ANNEX 15

COMPARISON OF PRICE/DOSE OF PASTEUR VACCINE

<u>vaccine</u>	<u>price faxed by Pasteur to MOH*</u>	<u>price provided by REACH consultant</u>
OPV	\$.0648	\$.11
BCG	-	\$.083
Measles	\$.3062	\$.185
DPT	\$.1485	\$.105
Rabies	\$6.97	-

NOTE: Pasteur vaccines in 20-dose vials, except measles in 10-dose vials. REACH estimates in 10-dose vials, except BCG in 20-dose ampoules.

\*cif price which includes 2% fee to convert rubles into dollars and requires 100% pre-payment.

COSTS TO BUY FIXED AMOUNTS OF VACCINE

<u>vaccine</u>	<u>doses</u>	<u>based on Pasteur fax to MOH*</u>	<u>based on estimates of REACH consultant</u>
OPV	600,000	\$38,893	\$66,000
DPT	600,000	\$89,107	\$63,000
Measles	200,000	\$61,241	\$37,000
Rabies	25,000	<u>\$174,165</u>	<u>\$169,000**</u>
TOTAL		\$363,406	\$335,000

NOTE: Pasteur vaccines in 20-dose vials, except measles in 10-dose vials. REACH estimates in 10-dose vials, except BCG in 20-dose ampoules.

\*cif price which includes 2% fee to convert rubles into dollars and requires 100% pre-payment.

\*\*based on price/dose of \$6.76 according to MOH information

**ANNEX 16**

ANNEX 16

VACCINE IN DOSES RECEIVED BY KYRGYZ DURING 1993

vaccine	from Russia	from donors
DPT	120,000	460,500
DT	0	0
Td	0	0
TT	3,860	0
OPV	150,000	463,000
Measles	65,000	275,000
BCG	80,000	86,000

Source: Republican SES, Kyrgyz

**ANNEX 17**

## ANNEX 17

## VACCINES RECEIVED BY KYRGYZ, 1994 (as of 10 May, 1994)

vaccine	funding source	doses	date arrived	intended use/comments
DPT*	Turkey	302,000	1/94	re-vaccination short expiry
OPV	Japan	400,000	5/94	primary (20 dose/vial)
BCG	Kyrgyz**	59,100	1/94	re-vaccination
BCG	Uzbekistan	100,000***	1/94	re-vaccination
BCG	Japan	230,000	4/94	primary
Measles	Japan	200,000	4/94	primary
Td	--	0	--	--
DT	--	0	--	--

\* 300,000 doses in 20-dose vials, procured by UNICEF with funds from the Government of Japan, are expected to arrive by 20 May

\*\* purchased from Russia

\*\*\* received by Kyrgyz in exchange for 225,000 doses of DPT vaccine donated to Kyrgyz by Turkey with short expiry date

Source: Republican SES, Kyrgyz

**ANNEX 18**

## ANNEX 18

## Vaccine Needs\* and Vaccine Received as % of Need, Krygyz (May 10, 1994)

Vaccine	Needs for 1 <sup>o</sup> Series	Arrived (% of Need)	Needs for Revaccination	Arrived (% of Need)	Need for *** Special Activities	Arrived (% of Need)	Under-supply 1993 ****
DPT (10-dose vials)	597,000	0 (0%)	199,000	302,000 (152%) **	80,000	0 (0%)	0
OPV (10-dose vials)	796,000	400,000 (50%)	585,000	0 (0%)	780,000	0 (0%)	290,000
BCG (20-dose vials)	459,000	230,000 (50%)	446,000	159,100 (35.7%)	0	0 (0%)	856,000
Measles (10-dose vials)	306,000	200,000 (65.3%)	293,000	0 (0%)	180,000	0 (0%)	0
Td (20-dose vials)	0	0 (0%)	646,000	0 (0%)	300,000	0 (0%)	260,000

\* from Plan for a National Program for Immunoprophylaxis for 1994-2000, MOH, Government of Krygyz. Bishkek. 1994.

\*\* some will expire before use (donated by Turkey)

\*\*\* special activities to be undertaken in high-risk rayons (when outbreaks occur, and/or in rayons with low immunization coverage and a history of outbreaks, etc.)

\*\*\*\* revaccinations and special activities

**ANNEX 19**

## ANNEX 19

## REPORTED IMMUNIZATION COVERAGE (%) BY OBLAST IN KYRGYZ, 1993

diphtheria (3rd dose)

oblast:	by 1 year	by 3 years	by 10 years	by 16 years
Chiuskaya	92.0	92.0	84.9	65.0
Talas	93.6	86.7	89.0	70.9
Narin	85.6	87.9	84.5	72.7
Isyk-kul	84.1	96.1	91.1	70.1
Osh	57.4	48.5	44.6	35.5
Jalal-abad	27.8	43.4	55.1	42.8
Bishkek City	94.8	85.4	69.7	97.0
Total	64.4	65.2	64.7	53.7

pertussis (3rd dose)

oblast:	by 1 year	by 3 years
Chiuskaya	88.9	83.0
Talas	91.4	79.9
Narin	85.5	87.9
Isyk-kul	70.8	83.6
Osh	51.6	43.8
Jalal-abad	25.3	28.5
Bishkek City	91.9	80.7
Total	59.8	57.3

polio (3rd dose)

oblast:	by 1 year	by 3 years	by 8 years
Chiuskaya	94.1	93.9	77.1
Talas	95.9	93.3	90.6
Narin	87.0	88.2	79.9
Isyk-kul	85.9	94.5	90.7
Osh	56.0	39.5	6.4
Jalal-abad	48.2	43.0	46.0
Bishkek City	99.7	82.5	81.7
Total	69.3	61.7	48.4

measles

oblast:	by 2 years	number of doses	by 7 years	number of doses
Chiuskaya	95.6	13,844	87.1	14,155
Talas	97.1	5,678	99.3	5,626
Narin	98.1	7,766	87.9	6,609
Isyk-kul	100.0	10,683	18.6	2,051
Osh	92.8	39,919	59.5	24,552
Jalal-abad	91.2	22,577	32.6	7,729
Bishkek City	79.4	7,787	26.7	3,000
Total	92.9	108,254	54.6	63,722

Source: Republican SES, Kyrgyz

ANNEX 20

ANNEX 20

NOTE FOR THE RECORD

MEETING OF DONORS ON IMMUNIZATION

at UNICEF Office, Bishkek

10 May 1994

present: Rudy Rodrigues (UNICEF, Bishkek)  
Ken Patterson (Central Asian Partners, Bishkek)  
Norghoul Seitkazieva (USAID/BASICS, Bishkek)  
Robert Steinglass (USAID/BASICS, Arlington, USA)

A copy of the agenda for the meeting is attached.

Agenda point 1: Dr. Ken Patterson of Central Asian Partners (CAP) explained that his group is affiliated with a Baptist agency called Cooperative Services International. CAP has mostly human, as opposed to financial, resources to commit to health programs in the Republic of Kyrgyz. CAP expects to have medical volunteers come for periods of 6-48 months of service. Areas of current interest include:

- a national breastfeeding project: This is a follow-up to some of the work begun by Wellstart. CAP expects to fund a series of regional and oblast-level seminars and produce some materials (posters, TV ads, etc.). Their contact person is Dr A. Kushbakeeva;

- CDD and ARI programs: CAP plans to extend to feldsher level the series of training courses which other donors have begun to fund. They plan to use materials already in existence. Their contact person is again Dr A. Kushbakeeva;

- a referral maternity hospital for tertiary care: CAP intends to raise funds in Atlanta to support equipment and staffing;

- updating of curriculum at medical training institute: CAP will coordinate its efforts with the University of Kansas and WHO/EURO, who are also involved;

- immunization and diseases control program: CAP has committed to cover the salaries for 10 months of the national staff of the newly-created Republican Center for Immunoprophylaxis.

Rudy Rodrigues explained that UNICEF considers immunization to be their top priority for program and material assistance. Robert Steinglass explained that the magnitude and nature of

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USAID support for immunization and disease control in the Republic of Kyrgyz was not yet decided, that immunization was likely to continue to be a major interest, and that the precise details were being worked out.

Agenda point 2: Robert Steinglass reviewed the status of the National Program for Immunoprophylaxis and the Republican Center for Immunoprophylaxis. All five of the Vice Prime Ministers endorsed the program during the past two weeks, and the approval of the Prime Minister is expected within days. The Minister of Health will issue a decree, which has been signed during the past two weeks by all required parties within the MOH, authorizing creation of a Republican Center for Immunoprophylaxis. Office space will be found within the Republican SES. A Director will be named shortly. Numbers and types of staff have been designated, including a Director, two epidemiologists, two pediatricians, an information expert, a computer programmer/data input person, paramedical staff, and general support staff. Requirements for equipment and supplies have been specified. A copy of the decree, translated by BASICS into English, was circulated for information.

Agenda point 3: Robert Steinglass reviewed the status of vaccine supplies and the needs, which had been calculated during the joint planning exercise in December with the involvement of the MOH, UNICEF, WHO and USAID/REACH and which appear in the Plan for a National Program for Immunoprophylaxis. He circulated summary tables documenting the arrivals of vaccine thus far in 1994 and a table which expressed these needs in terms of the proportion of needs met thus far.

Fifty percent of the OPV and BCG needs for primary vaccines for 1994 have been met by the Government of Japan through UNICEF. No DPT has yet arrived, but 50% of the annual requirement for primary needs is expected from Japan through UNICEF within two weeks. Nearly two-thirds of the primary need for measles vaccine has already come from Japan through UNICEF. The next scheduled arrival of vaccines, again procured with funds from the Government of Japan through UNICEF, should still arrive in June to cover the primary needs for the remainder of 1994, even though the UNICEF-procured vaccines have only recently arrived in April and May. This is because the recent vaccines will be used quickly to cover the country's infants, who have not yet been immunized in 1994 due to lack of vaccines until now.

Gaps remain, however, regarding the proportion of needs for re-vaccination in 1994 which have so far been met. Most importantly, none of the OPV or Td requirements have been covered. The DPT re-vaccination needs have been met with a donation of Turkish vaccine; however, as the vaccine had a short expiry date of only 2-3 months after the date of arrival in Kyrgyz, it is unclear what proportion of needs will truly be met by this donation. One-third of the BCG and none of the measles vaccines required in 1994 for re-vaccination has arrived. None of the vaccines required for special activities or to cover the under-supply from 1993 have arrived. Without additional vaccine, the special disease control activities delineated in the Plan for a National Program for Immunoprophylaxis cannot be undertaken in the high-risk rayons (i.e., when outbreaks occur, and/or in rayons with low immunization coverage and a history of outbreaks, etc.).

OPV vaccine was recently supplied by UNICEF in 20-dose vials, contrary to the specifications provided by the MOH to the Government of Japan. Similarly, DPT vaccine is also expected to arrive in 20-dose vials within two weeks. This regrettably will result in considerable avoidable vaccine wastage, as the MOH translates verbatim the manufacturers' inserts and these frequently specify the need to discard opened multi-dose vials at the end of the day. Rudy Rodrigues agreed to bring this to the attention of the UNICEF CAR representative in Islamabad, so that future "vaccine call forwards" are all specified to be packaged in 10-dose vials (with the sole exception being BCG, which only comes in 20-dose ampoules).

Agenda point 4: Robert Steinglass circulated a list of requirements for equipment for the Republican Center for Immunoprophylaxis. Rudy Rodrigues explained that UNICEF is not yet ready to commit to supplying these items. UNICEF is concerned about appropriate use and will explore this issue in Almaty at the end of May at a CAR-wide meeting, where UNICEF/NY and the UNICEF area representative for the CAR will attend. Nevertheless, immunization remains UNICEF's top priority. Rudy Rodrigues agreed to explain UNICEF's position to the MOH, as expectations had been raised in past programming exercises which were not intended as UNICEF commitments.

Agenda point 5: Other donors with potential interests in immunization and disease control in the Republic of Kyrgyz were discussed. DANIDA and ROTARY were mentioned. While BASICS had informally begun to contact ROTARY on their possible interest in covering the need for OPV for re-vaccination and special disease elimination activities, Rudy Rodrigues agreed that UNICEF would approach ROTARY more formally.

Agenda point 6: It was strongly agreed that an Inter-Agency Coordinating Committee (ICC) was needed by donors and the MOH to avoid duplication in assistance and to assure that needs were met efficiently. Rather than limit the scope of the ICC to immunization and disease control, the group preferred that the terms of reference of the ICC be assistance to and needs of the health sector, concentrating on an exchange of information. Donors should be careful that the formation of an ICC not raise MOH expectations of assistance. It was important to convey consistently that the required exchange of information did not signify commitments. Meetings should be monthly and last about one hour. The next meeting was set for 2 June at 10:00 at UNICEF. UNICEF agreed to host future meetings, as well. Membership of the ICC is expandable, but currently will include UNICEF, Central Asian Partners, and USAID/BASICS (Norghoul Seitkazieva will serve as secretary). Rudy Rodrigues agreed to inform the local WHO representative about the formation of the ICC and to invite him to the next, and future, meetings. It was further agreed that operational staff from the MOH will generally participate in the ICC, although there is also the occasional need to involve more senior, political staff. Robert Steinglass will take the opportunity of his upcoming de-briefings at the conclusion of his visit to inform MOH staff and USAID of the intention to form the ICC.

## **AGREED FOLLOW-UP ACTIONS:**

**Rudy Rodrigues** agreed to inform the CAR UNICEF representative in Islamabad that future "vaccine call forwards" should be specified to be packaged in 10-dose vials (with the sole exception being BCG, which only comes in 20-dose ampoules).

**Rudy Rodrigues** agreed to explain UNICEF's position to the MOH regarding provision of equipment for the Republican Center for Immunoprophylaxis specifically and for the Program for Immunoprophylaxis generally, as expectations had been raised in past programming exercises which were not intended as UNICEF commitments.

While BASICS had informally begun to contact ROTARY on their possible interest in covering the need for OPV for re-vaccination and special disease elimination activities, **Rudy Rodrigues** agreed that UNICEF would approach ROTARY more formally. **Robert Steinglass** will additionally pursue this upon his return to the USA.

**Rudy Rodrigues** agreed to inform the local WHO representative about the formation of the ICC and to invite him for the next, and future, meetings.

**Robert Steinglass** will take the opportunity of his upcoming de-briefings at the conclusion of his field visit to inform both MOH and USAID staff of the formation of the ICC.

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# MEETING OF DONORS ON IMMUNIZATION

at UNICEF Office, Bishkek

10 May 1994

## AGENDA

1. Introductions and Current Involvement
2. Status of National Program for Immunoprophylaxis and Republican Center for Immunoprophylaxis
3. Status of Vaccine Supply
  - recent arrivals from abroad and NIS
  - proportion of 1994 needs met
  - anticipated arrivals
  - inappropriateness of 20-dose vials of OPV and DPT
4. Status of Equipment Required by Republican Center for Immunoprophylaxis
5. Donors with Potential Interest in Immunization
  - DANIDA
  - ROTARY
  - others?
6. Need for Inter-Agency Coordinating Committee
  - purpose
  - scope of involvement
  - composition
  - venue
  - frequency of meetings.

**ANNEX 21**

ANNEX 21

DECREE (no. 291) OF THE MOH OF KYRGYZSTAN  
ON THE REPUBLICAN IMMUNIZATION COMMITTEE

28 August 1991

To coordinate and solve the issues of immunoprophylaxis and to improve immunization practices in the Republic, and in connection with the changes in the staff membership of the Republican Immunization Committee, I hereby order:

1. To renew the membership of the Republican Immunization Committee under the MOH of the Republic of Kyrgyzstan.

APPROVE:

1. The statute of the Republican Immunization Committee (Attachment below).
2. Membership of the Republican Immunization Committee (RCI).

(signed) Minister Kasiev

-----  
ATTACHMENT to the MOH Decree (no. 291) of the Republican Immunization Committee under the MOH of the Republic of Kyrgyzstan

1. The Republican Immunization Committee (RCI) is a consultative body under the MOH of the Republic.
2. The functioning of the Committee is determined by the Plan of Activities of this body, approved by its Chairman. Meetings of the RCI are held as required, not less than twice per year.
3. The RCI is authorized to hear reports made by research institutes and other medical establishments on the issues of specific prophylaxis.
4. Participation in the work of the RCI is obligatory for its members and is part of their job duties.
5. Execution of the RCI's resolutions is compulsory for all the bodies and institutions of the health system of the Republic.
6. The RCI is responsible for:

- decisions concerning the issues of organization and implementation of specific prophylaxis of infections among the adult and child population;
- development of recommendations for improvement of immunization activities in the Republic;
- recommendations given to research institutes and field health-care bodies on the development and introduction of certain issues concerning preventive immunizations;
- revision and approval of the annual instructions for planning preventive immunization;
- discussion of draft operational recommendations on specific prophylaxis;
- promotion and introduction into practice of new forms and methods of activity; consideration of proposals for improvement of experience; schools on specific prophylaxis issues;
- hearing of reports made by supervisors of health establishments on the status of immunization activities in the field;
- supervision and monitoring of implementation of the polio eradication program in the Republic and stable decrease of incidence of manageable infections in Isyk-kul Oblast;
- development of recommendations for health bodies aimed at ensuring a favorable epidemiologic situation on manageable preventable infections;
- revision of materials on adverse reactions and complications following immunization and development of recommendations on their prevention and treatment.

**ANNEX 22**

## ANNEX 22

### NOTES SUMMARIZING MEETING AGENDAS AND MEMBERSHIP OF THE REPUBLICAN IMMUNIZATION COMMITTEE, KYRGYZ

The Republican Immunization Committee has been in existence since August 1991. It also exists at oblast and rayon levels. Five meetings were convened at republican level in 1993 with the following agenda:

- review of immunization calendar
- review of status of immunologists within the hospital
- develop and approve national program on immunoprophylaxis
- develop plan of training and curriculum for immunologists
- discuss conduct of cold chain training course.

Meetings of the Committee planned for 1994 include the following:

- review of immunization practice and service in Talas Oblast
- review of immunization practice and service in Narin Oblast
- review of immunization practice and service in Jalalabad Oblast
- review of immunization practice and service in Chu'iskaya Oblast.

These meetings include representatives from the oblasts. The review itself is conducted by Dr. Rozhkova, Chief Epidemiologist of the MOH, using a standardized series of question.

Dr. Rozhkova intends to expand the mandate of the Committee to include such things as a review of the immunization calendar and shortening the list of contraindications. The Committee would set policy for the Republican Center for Immunoprophylaxis. Dr. Rozhkova agreed with the writer that the Center could set "Standards for Pediatric Immunization in Kyrgyz". Such standards will provide protection for and guidance to staff in immunization practice, since the inserts which accompany the imported vaccine often include overly-cautious messages on contraindications and immunization schedules which conflict with stated MOH policies.

Membership of the Republican Immunization Committee under the MOH includes the following persons:

Shapiro, B.M.	First Deputy Minister, Chief State Sanitary Physician of the Republic (Chairman)
Doskeeva, J.A.	Head of the Chief Department of Maternity and Child Protection (Vice-Chairman)
Mambetov	Head of the Chief Department of Health Care and Prophylaxis Aid (Vice-Chairman)
Abdykerimov, S.T.	Head of the Chief Sanitary Epidemiological Department (Vice-Chairman)

Rozhkova, L.V.      Leading Specialist of Sanitary  
Epidemiological Department (Secretary).

Kushbakeeva, A.K.      Chief Pediatrician, MOH

Kim, V. I.              Chief Therapist, MOH

Genis, V.I.              Deputy Head of the Sanitary Epidemiological Department

Turgunbaev, O.T.      Director, Research Institute of Prophylaxis and Medical Ecology

Kudayarov, D.K.      Director, Research Institute of Obstetrics and Pediatrics

Tynalieva, T.A.      Head, Epidemiology Department, Kyrgyz State Medical Institute

Adambekov, M.G.      Head, Microbiology, Immunology, Virology Department, Kyrgyz State  
Medical Institute

Aminova              Professor, Anti-Plague Station

Omuraliev, K.T.      Chief Physician, Republican SES

Abdumaminov, A.A.      Chief Physician, Republican Infectious Hospital

Portnyx, V. Ph.      Physician, Republican Department of Soviet Children's Fund

Penner, Ya. D.      Head, Department of Children's Infections, Kyrgyz State Medical Institute

Alekseev, P.A.      Head, Department of Infectious Diseases, Kyrgyz State Medical Institute

Kojonazarov, K.K.      Head, Department of Propediatrics, Kyrgyz State Medical Institute

Shishkina, V.G.      Assistant of Department of Children's Diseases, Pediatrics Faculty N1,  
Kyrgyz State Medical Institute

Savchenko              Chief Physician, Bishkek City SES

Glinenko, V.M.      Chief Physician, Chu'iskaya Oblast SES