

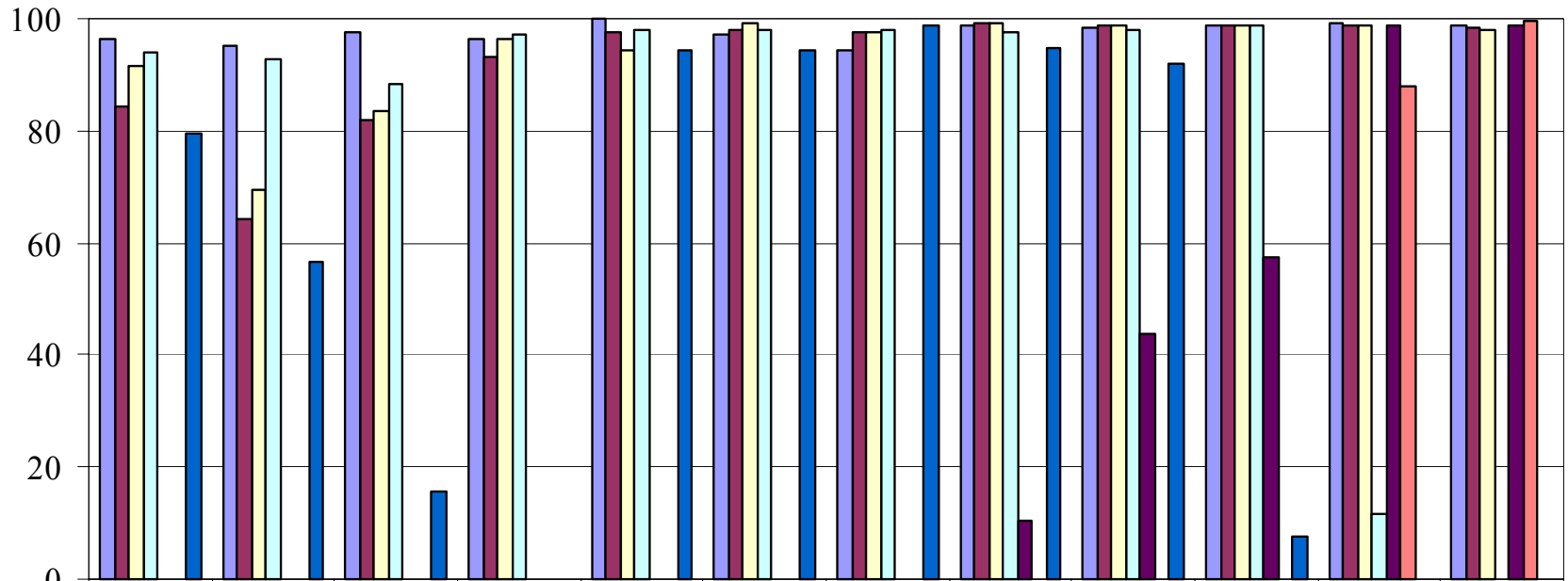
Implementing Financial
Sustainability Plan of the
Kyrgyzstan National
Immunization Program: a 'Year
Later' Assessment

Lyudmila Steinke,
Deputy Health Minister
Kyrgyz Republic

Agenda

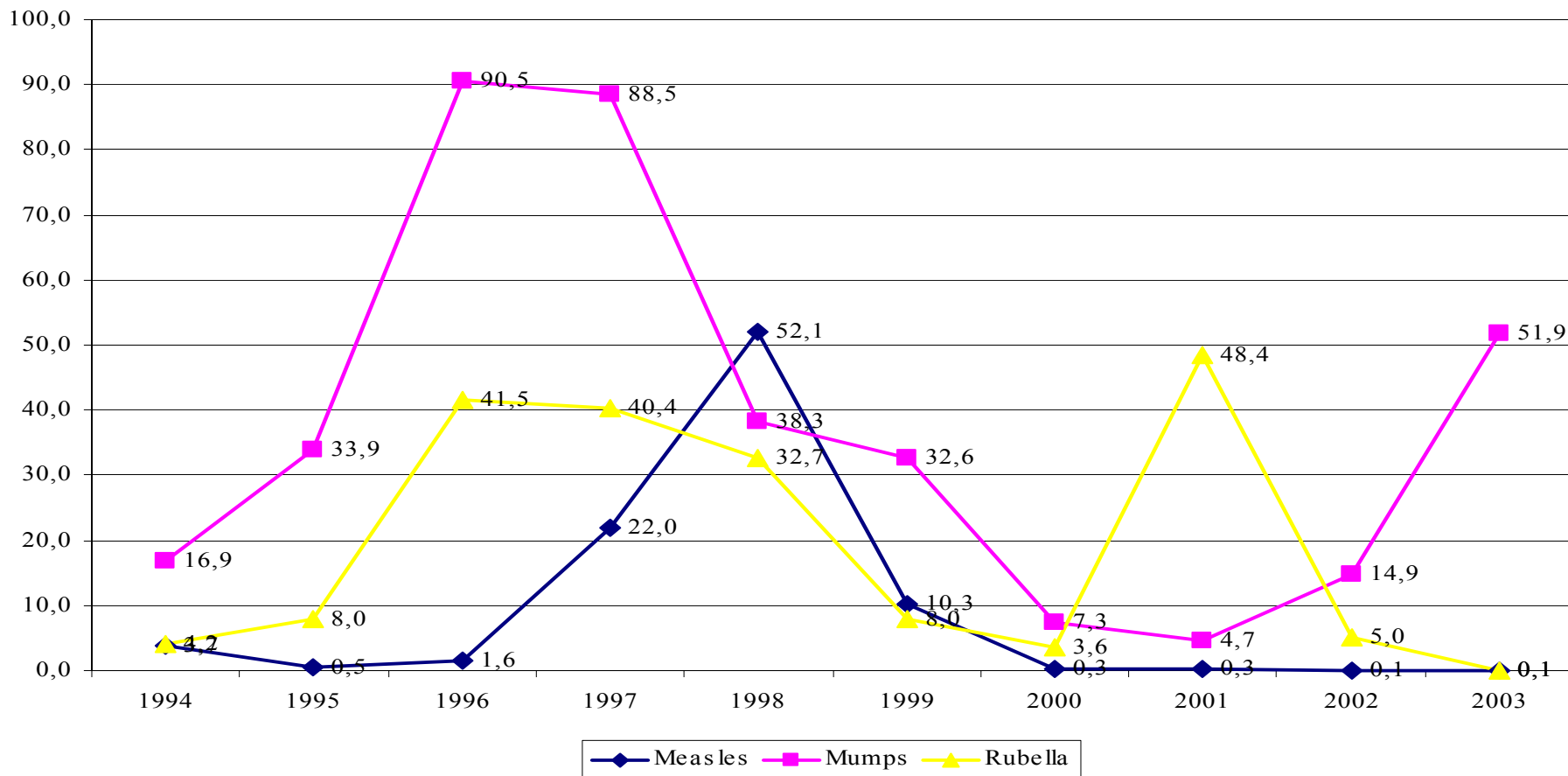
- Introduction: NIP latest achievements;
- FSP messages that resonated;
- Importance of FSP;
- The 2003 trends and developments in NIP operations and financing;
- Updated projections of NIP activities and funding;
- Revised NIP financing gap;
- FSP strategies: implementation and effectiveness assessment;
- Conclusions and recommendations.

Immunization coverage rates, Kyrgyzstan, 1992-2003, % target population



	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
BCG	96,5	95	97,4	96,4	99,8	97,1	94,4	98,9	98,3	98,9	99,1	98,9
DTP	84,4	64,4	82	93,1	97,7	98,1	97,4	99,2	98,7	98,6	98,6	98,2
OPV	91,4	69,3	83,5	96,2	94,2	99,1	97,4	99,3	98,7	98,6	98,6	98,1
Measles	94	92,9	88,3	97,1	98	98	98	97,5	97,8	98,9	11,5	0
Hep.B								10,4	43,7	57,4	98,9	98,8
MMR											87,8	99,7
Mumps	79,4	56,6	15,7	0,01	94,3	94,3	98,9	94,9	92	7,6	0	0

Infectious disease incidence rates, Kyrgyzstan,



Diseases	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Measles	168	24	74	998	2397	478	16	17	2	6
Mumps	757	1519	4075	4005	1764	1508	351	228	719	2599
Rubella	189	361	1868	3318	1482	385	176	2328	244	5

The 'Polio Eradication by 2000' Campaign in Kyrgyzstan

- Zero incidence of polio cases since 1993
- Effective AFP surveillance: the AFP detection rate:

2002	2.21
2003	2.33
Standard requirement	$\leq 1,00$

- Polio free Kyrgyzstan!!!
- The WHO/Euro region was certified as polio free on June 21, 2002

СЕРТИФИКАТ

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКИЙ РЕГИОН

РЕГИОНАЛЬНАЯ КОМИССИЯ ПО СЕРТИФИКАЦИИ
ЛИКВИДАЦИИ ПОЛИОМИЕЛИТА

НА ОСНОВАНИИ ДАННЫХ,
ПРЕДСТАВЛЕННЫХ НАЦИОНАЛЬНЫМИ
СЕРТИФИКАЦИОННЫМИ КОМИТЕТАМИ
51 ГОСУДАРСТВА РЕГИОНА,
КОМИССИЯ ЗАКЛЮЧАЕТ,
ЧТО ПЕРЕДАЧА ЭНДЕМИЧНОГО
ДИКОГО ПОЛИОВИРУСА
ПРЕРВАНА ВО ВСЕХ СТРАНАХ РЕГИОНА.
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Measles eradication and congenital rubella prevention campaign in Kyrgyzstan, 2000-07

- November 2001: large-scale campaign of immunization against measles and rubella; target population group: 7 to 25 years old; target coverage: 1,850,000 persons;
- 2001: Immunization with MMR vaccine in 12 months and with MR vaccine in 6 years of age introduced into the National Immunization Schedule (The MOH Order № 472 / December 27, 2001);
- Fall 2002: Immunization of women of fertile ages against rubella; target coverage: 292,000 persons
- **В июле 2004 года будет проведена саплементация витамином А детей в возрасте от 6 до 59 месяцев**

Результаты внедрения системы эпиднадзора за корью и краснухой в 2003 году

Административные территории	Ожидаемое кол-во случаев по стандартам ВОЗ	Количество выявленных случаев	Обследованы лабораторно		Подтверждены лабораторно	
			г. Бишкек	г. Ош	корь	краснуха
г. Бишкек	32	78	56			4
Чуйская область	37	7	7			
Иссык-Кульская обл.	20	3	3			
Нарынская область	12	10	10			1
Таласская область	10	5	5			
Жалалабатская обл.	45	20		20	2	
г. Ош	14	14		14		
Ошская область	47	6		6	1	
Баткенская обл.	20	7		7	3	
Кыргызская область	237	150	81	47	6	5

Результаты внедрения системы эпиднадзора за СВК в 2003 году

Административные территории	Количество выявленных случаев с подозрением на СВК	Количество подтвержденных случаев СВК
г. Бишкек	16	0
Чуйская область	-	-
Иссык - Кульская область	-	-
Нарынская область	-	-
Таласская область	-	-
Жалалабатская область	-	-
г. Ош	27	0
Ошская область	22	0
Баткенская область	-	-
Кыргызская Республика	65	0

FSP's most resonant messages

Policy messages:

- NIP is the cornerstone of public health in Kyrgyzstan;
- NIP sustainable financing is the key step toward the stated goal of vaccine independence;
- Donors will continue to monitor government allocations to NIP;

Technical messages:

- NIP is a multi-functional and multi-resource program;
- NIP confronts financing gap;
- The financing gap will escalate with the introduction of new vaccines;
- The NIP financing needs are not clearly communicated to resource allocation authorities.

Importance of FSP

- Improved perception of program functions and costs;
- Strengthened commitment of MOF to NIP financing;
- FSP informs the NIP stakeholder dialogue.

NIP operations and financing in 2003

- NIP functioned within projected parameters:
 - No change in immunization schedule;
 - No revision in the target population;
 - Coverage and wastage rates close to historical;
 - A year of rest from immunization campaigns;
 - No disease outbreaks or disasters.

NIP operations and financing in 2003 (2)

- The Government contributed as planned or better:
 - Paid 87% of the 2003 amount due in co-financing under the JICA grant for EPI vaccine procurement through the UNICEF/VII;
 - Continued to finance DT and Td vaccine procurement in Russia;
 - MOH jointly with the Mandatory Health Insurance Fund increased allocations to primary care by 1.8 times;
 - Continued health financing reforms gave hope that increased health financing will be sustained;
 - Macroeconomic stability and strengthened budgets provided a supportive environment for health financing.

NIP operations and financing in 2003 (3)

- Donor funding continued to support NIP:
 - The Government of Japan provides 2/3 of funding for the UNICEF/VII procurement that accounts for 2/3 of the total vaccine spending in Kyrgyzstan (250.000 \$);
 - GAVI provided funding for the planned procurement of Hep.B vaccine and safe immunization supplies (127.240 \$);
 - UNICEF exceeded planned amounts of financing for training, monitoring and surveillance, cold chain equipment, and NIP administrative support (15.000 \$).

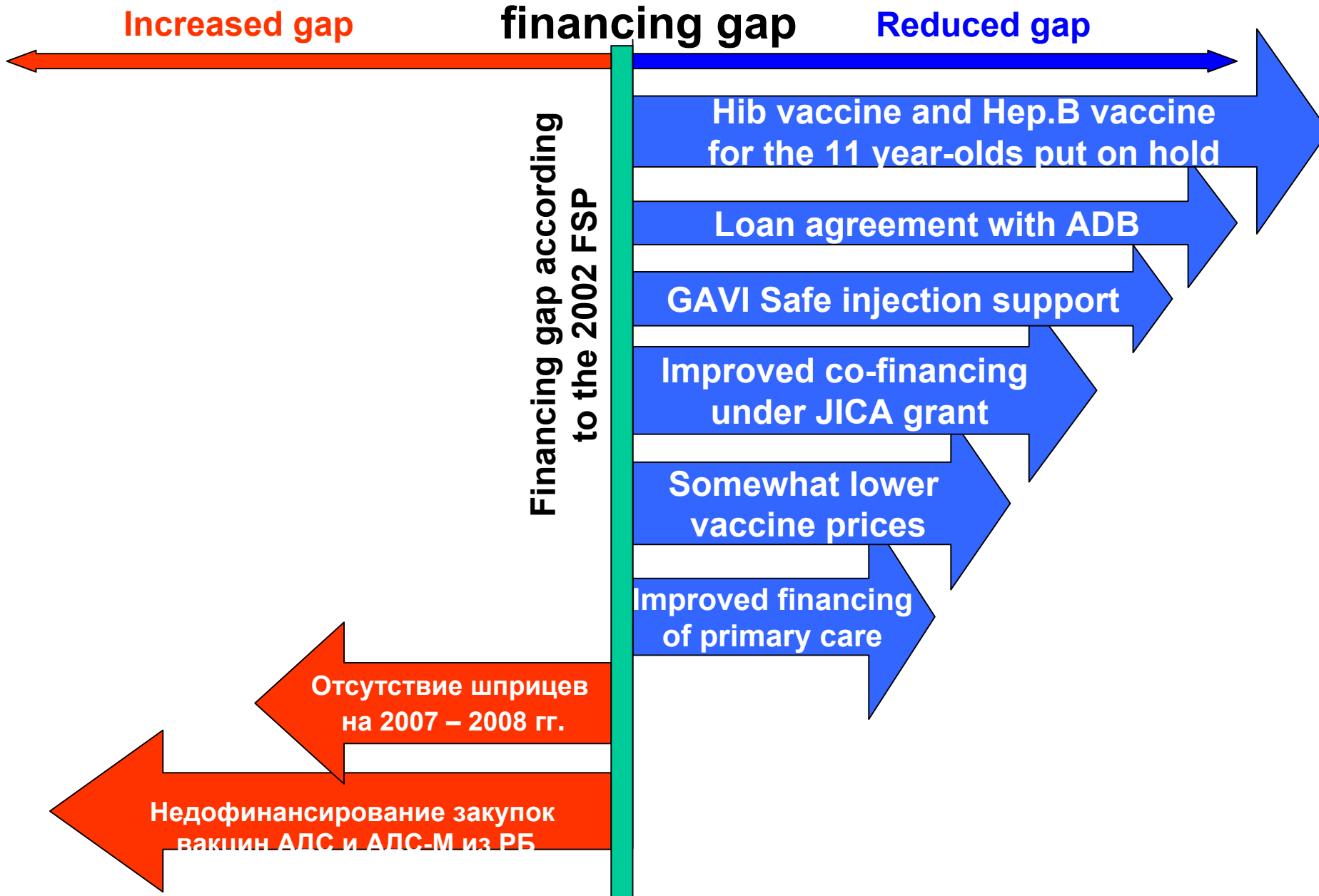
Деятельность НПИ в 2003 году(4)

- Подготовлен проект Закона «О внесении изменений и дополнений в закон КР «Об иммунопрофилактике инфекционных заболеваний».
- Отработана штатная структура специалистов иммунологической службы на уровне ПМСП.
- Проведена иммунизация медицинских работников против ВГВ г. Бишкек и Чуйской области благодаря помощи Каунтерпарт Концерциум. В г. Бишкек – 1441 человек (3-хкратно) и в Чуйской области – 868 человек (2-хкратно).
- При поддержке ЮНИСЕФ получено 7 плюсовых холодильников объемом 400,0 л и 2 300 термометров для прививочных пунктов.
- Туровая иммунизация населения против управляемых инфекций в селе Сары – Могол, Алайского района Ошской области.
- При поддержке JICA получено 2 авторефрижератора для перевозки вакцин

Updated projections of NIP financing and activities

- The Government is finalizing a loan agreement with ADB to finance health, education, and community support of children of up to 8 years old. Part of the loan is earmarked for EPI vaccines and cold chain equipment to be procured in 2005-07;
- GAVI agreed to fund safe injection supplies for all EPI vaccines in 2004-06;
- The introduction of Hib vaccine and expansion of Hep.B vaccine to 11 year-old children have been deferred indefinitely.

Inputs for gap revision: Factors that have altered and/or will alter the initially projected NIP budget and financing gap



Revised NIP budget and financing gap

2002 FSP

December 2003 Revision

Figure 1a. NIP/Kyrgyzstan Funding by Level of Reliability, and Financing Gap, 2003-08, US\$1,000: 2002 Estimations

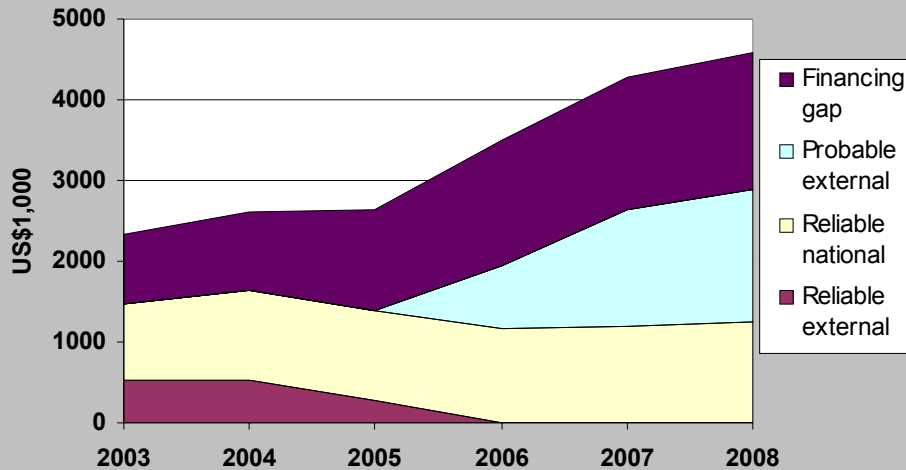
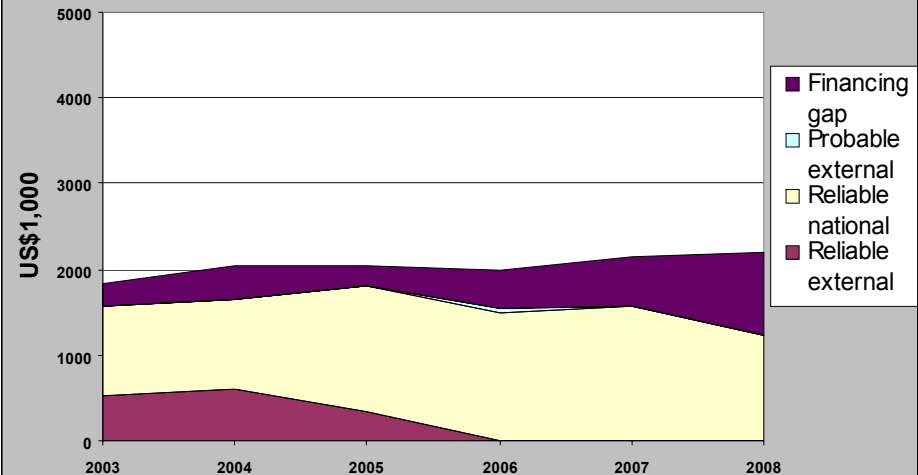


Figure 1b. NIP/Kyrgyzstan Funding by Level of Reliability, and Financing Gap, 2003-08, US\$1,000: Revised in Dec. 2003



- NIP budget projection revised downward;
- Visible shift from grants to loans;
- Increased share of domestic allocations;
- Projected gap reduced in value terms for 2003-08;
- Projected gap reduced in percent terms for 2003-07 and increased for 2008.

FSP strategies: implementation assessment

1. Raise funds for additional vaccines and immunizations	Need reconsidered
2. Finance depreciation of cold chain equipment and vehicles	Предполагается в Вакцинном Фонде
3. Discuss with JICA a follow-up grant for UNICEF/VII procurement	Equivalent strategy worked – ADB loan
4. Substitute for the GAVI/VF procurement of Hep.B vaccine	Implemented: ADB loan will take over
5. Apply to UNICEF for more support with training & capacity building	Implemented -- So far so good
6. Use NPRSP resources to strengthen NIP financing	Расходы на НПИ из РБ ежегодно 658,7 тыс. долларов

FSP strategies: implementation assessment (2)

7. Strengthen health care financing through Mandatory Health Insurance	On track with implementation
8. Reduce vaccine wastage	On track. Issue with BCG vaccine
9. Control vaccine procurement for compliance with public procurement rules	On track: UNICEF procurement dominant
10. Increase the viability of ADB spending on NIP	Implemented: initial biases corrected
11. Seek international funding for in-depth studies of need for new vaccines	Implemented: first study conducted. New need – improve surveillance of Hib-related diseases
12. Critically review NIP priorities and actions	Implemented: NIP annual cost revised downward

FSP strategies: effectiveness assessment and issues

- Regardless of FSP, the NIP of Kyrgyzstan strongly benefits from political support for the health care sector and children's and community development agendas.
- The FSP plays a moderately positive role as an NIP advocacy tool.
- FSP has limited institutional base:
 - MOF, MOH and MHIF use broader frameworks to plan and finance health resources;
 - ICC or donors do not see FSP as an important frame of reference;
 - The NIP is not staffed with economists who could understand the FSP technical underpinnings.

Conclusions and recommendations

Do not either inflate or ignore the FSP role:

- The plan should be valued as an information tool to supplement other capacity building resources in the NIP of Kyrgyzstan;
- The FSP main constituencies should be:
 - The MOH Planning and Financing Department;
 - GAVI;
 - UNICEF and other donors.
- Those who have ordered FSP should consult it when dealing with the KR applications for NIP financing.

Постановочные вопросы

- Место иммунопрофилактики в процессе реформирования здравоохранения (идет тенденция отмены многих документов, децентрализация прививочных картотек, необоснованное сокращение штатов).
- Проект по социальной мобилизации населения и медицинских работников по вопросам иммунизации.
- Разработка системы эпиднадзора за эпидемическим паротитом.
- Утилизация медицинских отходов.
- Обеспечение автономными источниками электрического тока (для ЦГСЭН).
- Разработка стандартов в службе иммунизации.