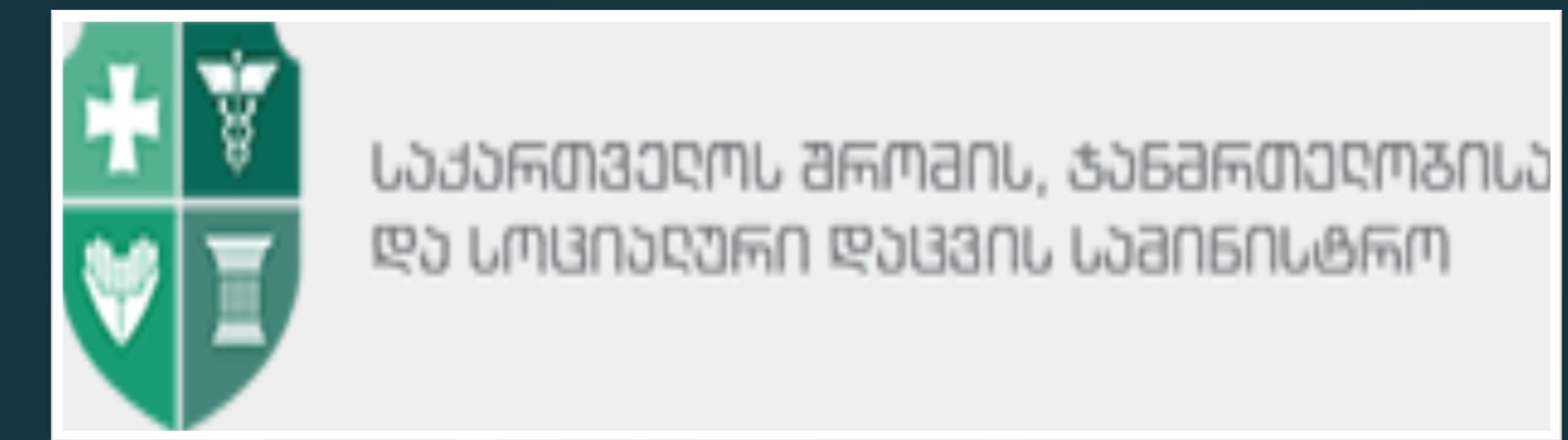


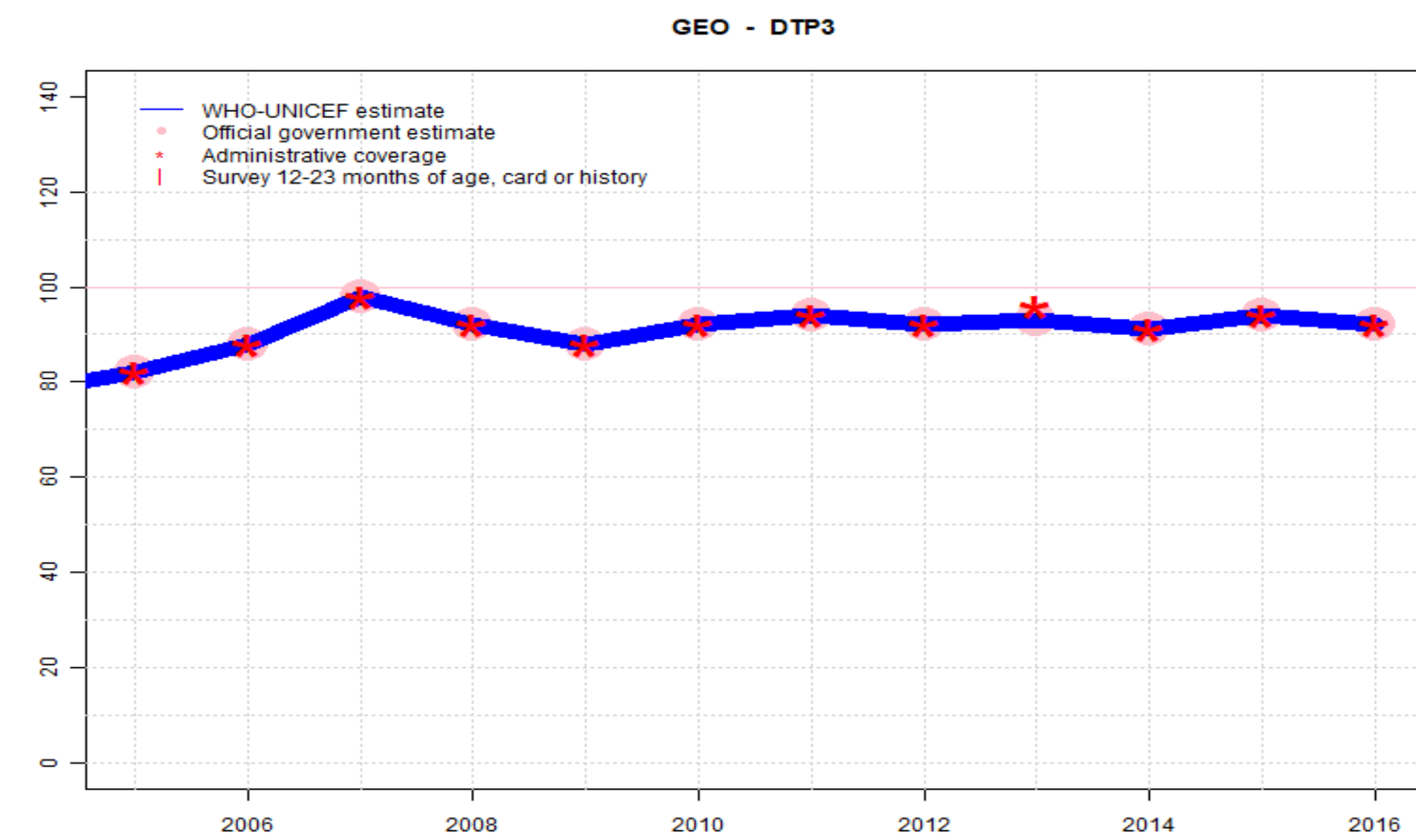
GEORGIA

Managing the Transition from Gavi Assistance

IRINA JAVAKHADZE
VLADIMIR GETIA



1. Background Information



Where the country is in terms of the timing of transition of Gavi support:

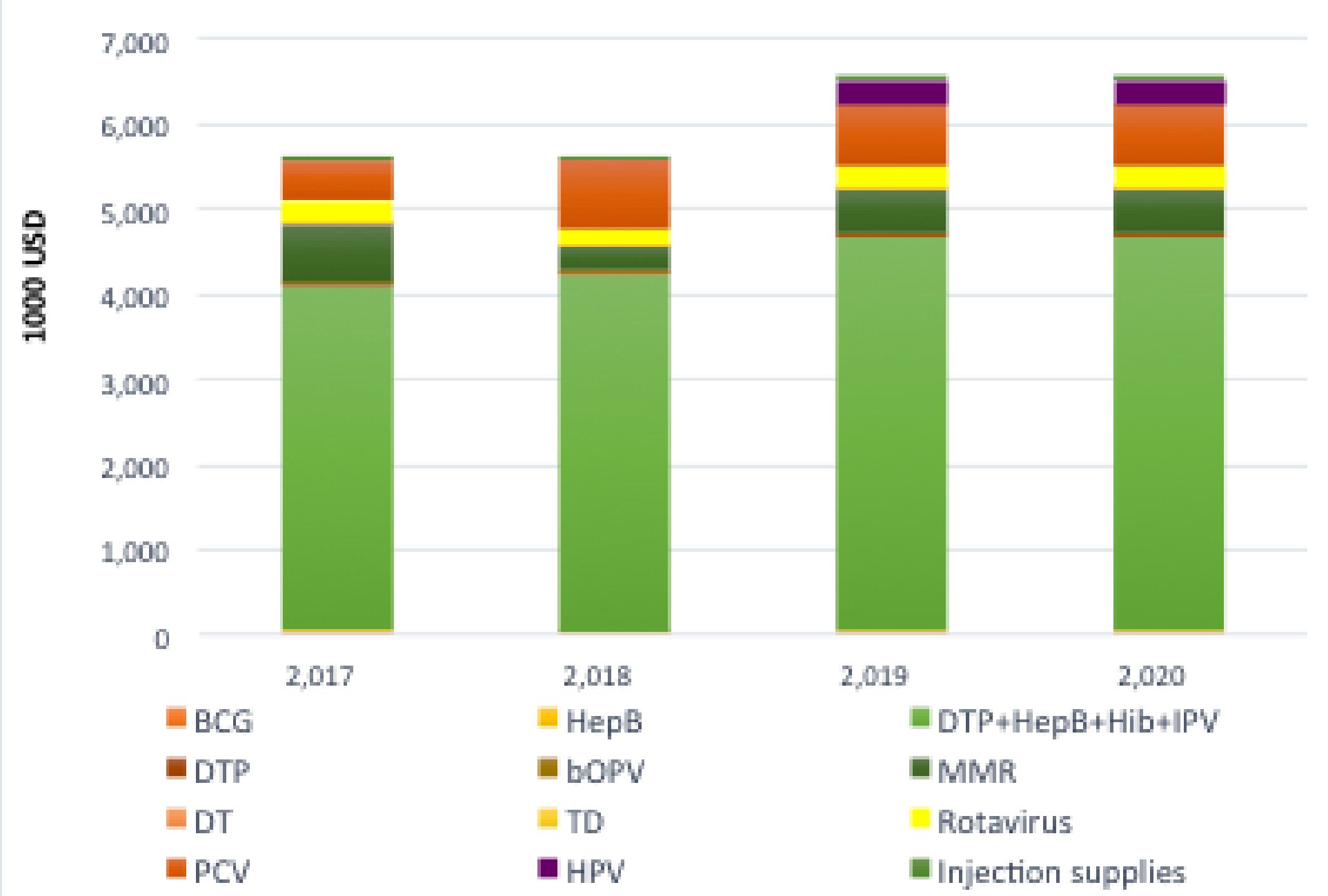
By Gavi decision letter of September 6, 2017, Georgia will be assisted in HPV vaccine introduction demonstration project in 2017-2018.

New vaccine introductions with Gavi support:

- HepB - 2002-2008
- Penta – 2010-2015
- Rotavirus – 2013-2015
- Pneumo – 2014-2016

Planned introductions: HPV 01.12.2017-2018

Estimated Vaccine and Injection Supplies, Government Budget Requirements, 2017-2020



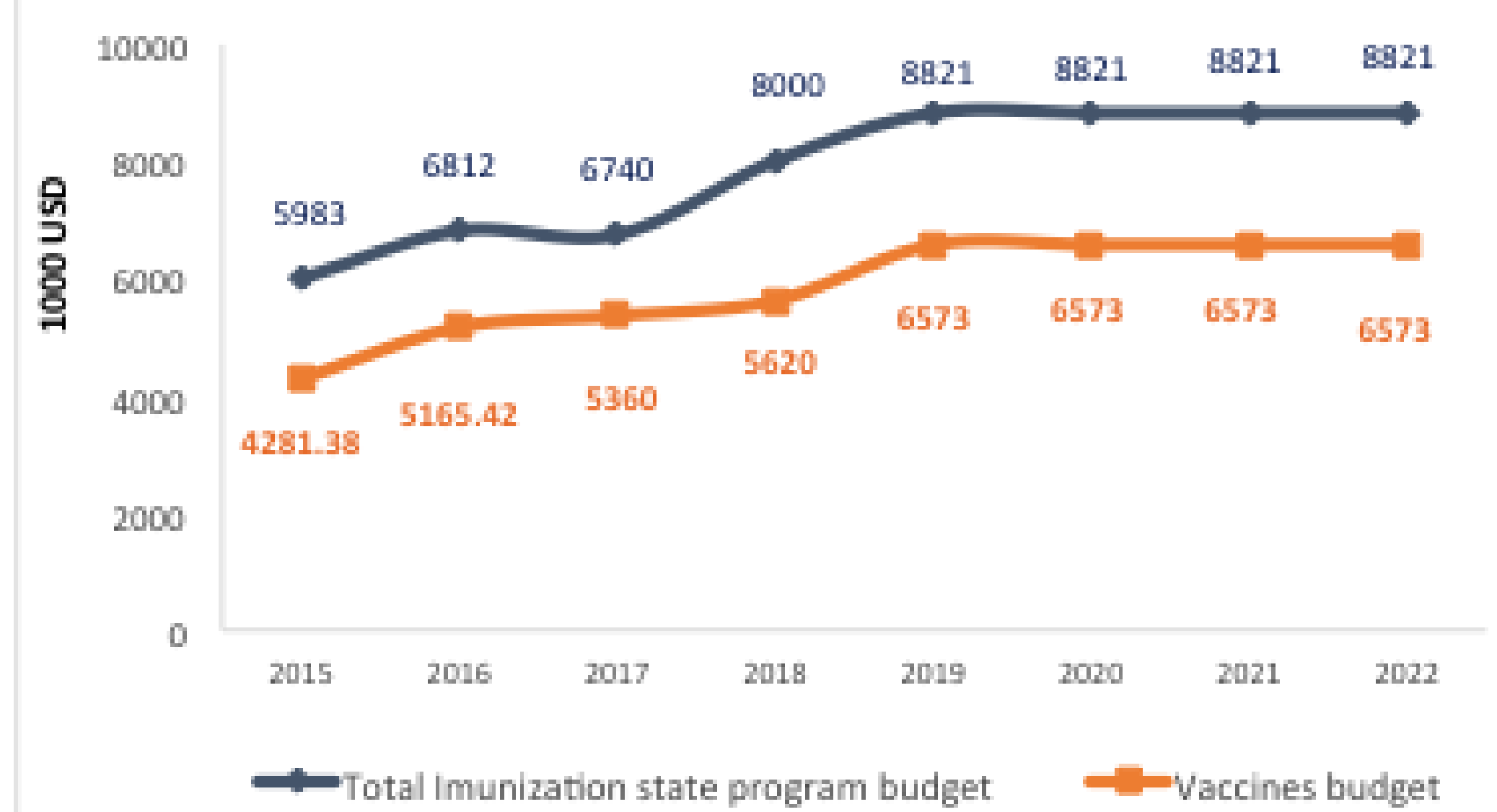
Sources of financing for vaccine expenditures, 2015-2017

- State Immunization Program
- Gavi Co-financing for Rotavirus and PCV Vaccine

2. Financing

The NIP as well as UHC are the main declared priorities of the Government of Georgia (GoG), backed up by high political commitment. The NIP state budget increased almost 5-fold from 2012 to 2017 fulfilling obligations to transition from Gavi support. In 2014, on the basis of the GoG Resolution for the first time a Cold Chain equipment recommended by the WHO was purchased with the budgetary funds through UNICEF procurement mechanism. As a result, approx. 30% of country's Cold Chain infrastructure was updated. Additional investments are still planned in this direction.

Immunization Program Budget, 2015-2022



Main challenges

- Obtaining financing for communication activities, social mobilization, supervision and other activities;
- The stability of the national currency exchange rate against USD;
- Introduction new vaccine – HPV;
- After Gavi support ensure stability of vaccines prices for country.

3. Procurement

All routine immunization vaccines (except Hexavalent) are procured through UNICEF procurement mechanism. All vaccines are WHO prequalified.

In November, 2016, the UNICEF experts evaluated vaccine procurement system in Georgia. Procurement process was evaluated as effective, open and transparent, and the process of vaccines projection, budgeting was evaluated as exemplary.

The vaccine procurement is operated under the Public Procurement Law applying the guidelines of the State Procurement Agency. The vaccine tenders are transparent, placed in English through the electronic platform www.procurement.gov.ge and are open for domestic and international suppliers.

Main challenges and the steps taken to resolve them are:

- Georgia is a small country and is not commercially profitable for producers due to small volume of procurement, in the country use the practice of conducting multi-year tenders to solve this problem;
- In order to reduce the barriers, sometimes tenders only require quality certificates (WHO pre-qualification, or EMA, or FDA, GMP certificate, certificate of analysis, release certificate) and not registration certificate in the country. The MoH have the right to issue a one-time permit on the basis of quality asserting documents;
- The legislative base does not allow purchasing from more than one supplier. To minimize the risk of deficiencies caused by interruptions, we increased volumes of reserves;
- The legislative base does not allow joint procurement with other countries;

4. NITAG

NITAG was created by the MoH order in 2014 and includes independent experts of the field. Functions:

- National Immunization policy analysis and defining of immunization policies.
- Preparation / submission of recommendations on strategies for VPDs
- Consulting on the NIP monitoring results.
- Consulting in obtaining important VPD and immunization data.
- Define the need for additional information for immunization policies.
- Provide recommendations on immunization policies, plans and strategies for relevant organizations, institutions and state structures based on the development / implementation of new vaccines, research and vaccination technology.

Council meetings are held as required, at least twice a year, by a decision of the Chairman and the majority of the Council members. Results and recommendations are drawn up by the meeting minutes.

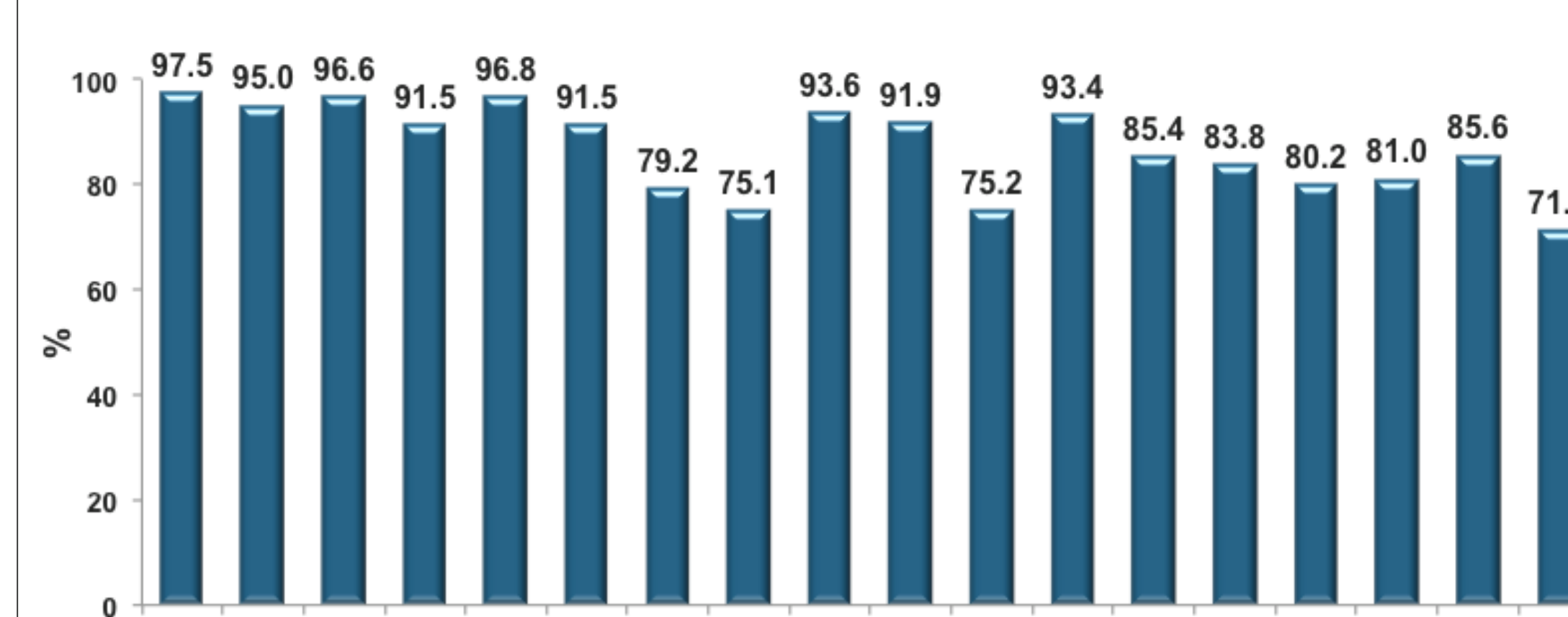
5. Coverage and Equity

Major challenges Georgia is facing in terms of achieving higher coverage rates and ensuring the universal coverage and equal access to the services, which were corroborated by the recent KAP, as well as nationwide coverage surveys:

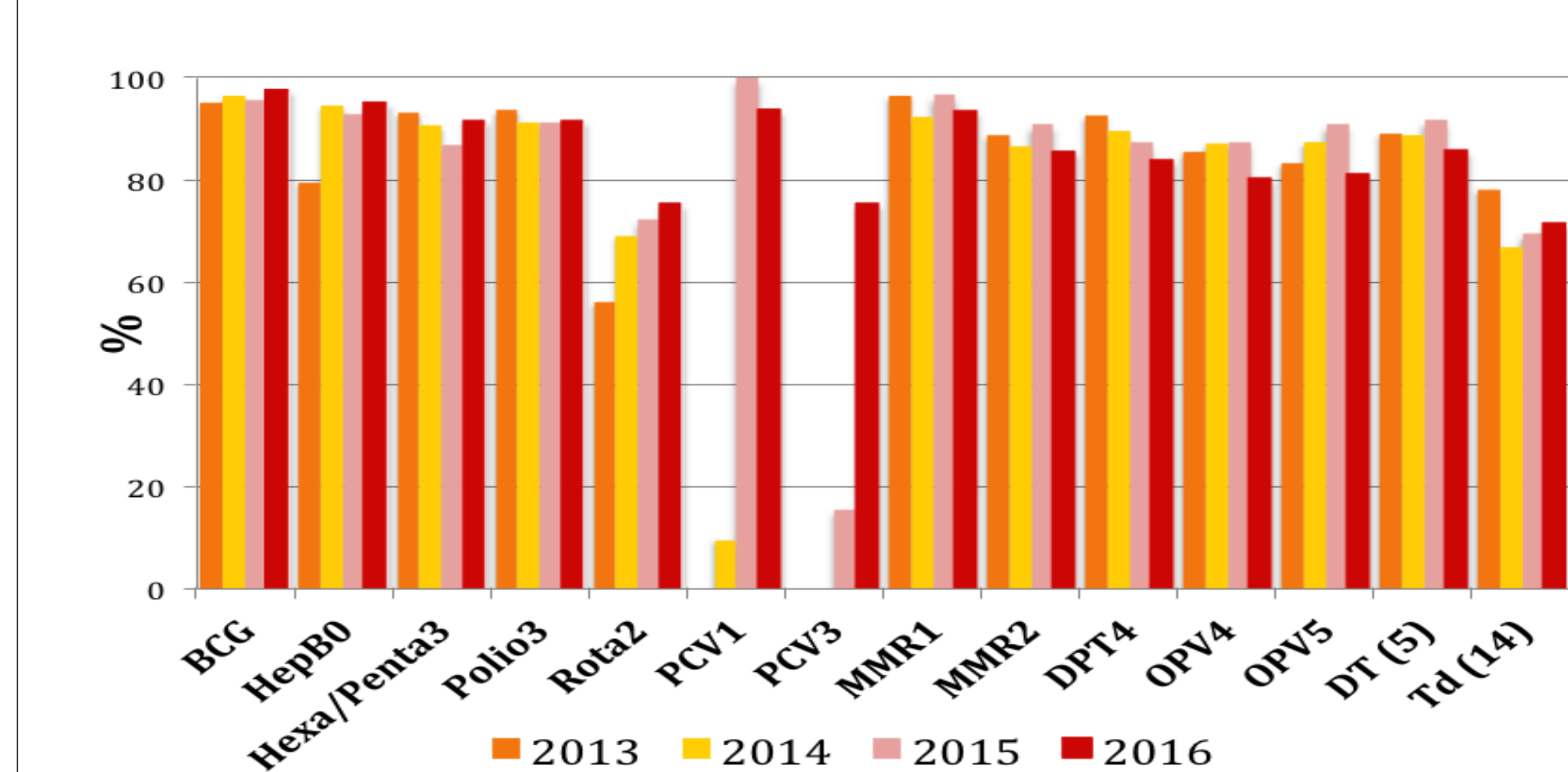
- The majority of health service providers, including at primary health care level, are private providers and there is limited regulation in place allowing MoLHSA to monitor their performance. This creates barriers to the overall system management and quality/efficiency control of the services provided. The relevant regulatory bodies are currently working to improve the regulations.
- Quality of denominator data remains an issue in Georgia (with the denominator used by health facilities being considerably lower than the number of live births, which suggests that some infants are not being registered and vaccinated in health facilities).
- Lack of consistent use of routine Immunization data (coverage data, timeliness, reasons for not being vaccinated and characteristics of un/under vaccinated) for better program planning at all levels.
- Lack of systemic approaches and incentives for increasing/maintaining immunization performance among service providers; Lack of self-confident, trained/skilled professionals for health promotion (at all levels).
- Lack of activities at the Primary Health care providers level to tailor immunization program according to the needs of under vaccinated, build up the trust of parents in state-procured vaccines, improve communication between healthcare providers and Public Health centers, improve compliance with the regulations by the healthcare providers, provide more training on immunization and supportive supervision (to reduce delayed vaccinations, false contraindications, missed opportunities, misperceptions, inadequate communications).

Reports are available in English

Coverage by antigens 2016



Coverage trends 2013-2016



Key challenges

- Absence of medical personnel motivation (positive and negative) to achieve high coverage among hard to reach population;
- A weak system of monitoring / supportive supervision;
- Weak communication between primary health care and public health centers;
- Low confidence in vaccine safety (e.g "paid" vs. "free" vaccines) among population
- Negative attitudes from the part of medical personnel regarding necessity of vaccination;
- Medical personnel high turnover leading to insufficient immunization knowledge;
- Increasing the number of "missed opportunities" in the presence of false contraindications.

6. Transition Plan

Decision letter on the Gavi support for transition plan was received on November 19, 2015. Accordingly TG activities started late and all planned activities were postponed. Depending on the progress review in September 2017, the country may request a no-cost extension till the end of 2018.

7. Graduation Grant

Graduation grant from Gavi is \$172000. WHO receives and manages the grant.

Grant was intended to be used primarily for data quality, training, regulation and surveillance, communication and social mobilization.

8. Key Lessons

Vaccines procurement mechanisms of the other country's experience;
Skills to develop specifications;
Analysis of world market;
Experience of communication activities;

9. Further Thoughts

"Wish list" for what is needed to improve country's immunization program and have a successful transition from Gavi support:

- Develop effective monitoring and evaluation system
- Ensure and introduce performance based payment mechanism for immunization service providers
- Institutionalize the best vaccine management practices in the country
- Ensure partner support in the negotiations with vaccine manufacturers to maintain affordable prices after graduation
- Communication activities, personnel trainings, supervision (up to now supported by the partners Gavi, WHO, CDC, UNICEF) included in the state budget (require additional financial resources).

"Wish list" for what donors could help more with both during and after transition:

- Sharing successful experiences from different countries
- Sharing information on Vaccines Market analysis and trends
- Help in communicating with vaccines producers
- Support in NIP different components (planning, procurement, communication, cold chain) assessments
- Strengthening of pharmacovigilance function (for AEFI surveillance system) of the National Regulatory Authority.

