

GEORGIA

LNCT Network-Wide Meeting

Tangerang, Indonesia, July 2019







GDP per Capita (PPP, constant), \$10,727 Government Revenue (% GDP), 28% Inflation, 3% 2013 2016 2019 2022

II. MOH Budget Execution

	MOH Budget (GEL ml)	Subnat'l Gov't Health Budgets (GEI ml)
Total budget (2018)	1013.8	77.9
Total spent	1012.2	76.4
Total released	1.5	1.5
Execution as percent of budget	99.84%	98.01%

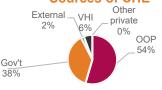
III. Sources of Health Expenditure

Year of data: 2017

CHE per capita: US\$308

Domestic General Government Health Expenditure as % of General Government Expenditure: 10% % of Domestic General Government Health Expenditure spent on immunization: 2.9%

Sources of CHE







IV. Routine Immunization Budget

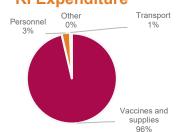
Line Item	Budget Source(s)	Total E
National immunization program (NIP) vaccine supply cold chain system service delivery (part)	Nat'l health budget Gavi grant	source: immun
Universal Health Care program • service Delivery (part)	Nat'l health budget	\$199.2
Service delivery (part)	Subnat'l health budget (RBF)	% of R 97%
Epidsurveillance program Monitoring and surveillance (routine)	Nat'l health budgetSubnat'l health budget	
Administrative expenses Logistic (vaccine transportation, delivery, storage, etc.) Personnel salary, perdiem etc. utilities	 Nat'l health budget Subnat'l health budget donor grants 	Pe
NIP monitoring	Nat'l health budgetGavi grant	
Advocacy & Communication	Nat'l health budget donor grants	

Total Expenditure (from all sources) on routine immunization: \$10.2 million

RI Budget per Surviving Infant: \$199.2

% of RI costs financed by gov't:

RI Expenditure



Ask me how:

Immunization has been made one of the highest Public Health priorities for the Government of Georgia, the clear confirmation of which is that funding of the program significantly increased from 4 mln GEL in 2012 to 22.4 mln in 2019.

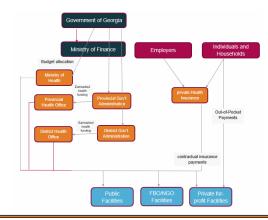
I want to know:

How other countries implement results-based financing in immunization programs. How does it work? What impact has this had on program progress?

VIII. Challenges

- 1. Small volumes of purchases
- 2. Small number of registered vaccines in the country
- 3. Deficiency of some vaccines in the world market; (Imbalance between supply and demand of some vaccines on the world market)
- 4. GAVI support in negotiations with vaccine manufacturers to maintain GAVI prices after the graduation period.

V. Funding Flows for Immunization



VI. Budget Allocation Process

Funds	Responsible Authority/ies	Allocation Guidance and Process	Key Bottlenecks
MOH budget	National MOH	State Budget drafting and submission process is coordinated and responsibility assumed by the MOF. The draft annual budget preparation process begins with working on a Basic Data and Direction Document (BDD). MOH submit their budget proposals to the MOF via an e-budget management system. Government Draft State Budget to the Parliament and Draft State Budget is voted by the Parliament.	
Donor support to national level	External donors	Allocated for specific activities based on donor priorities and government input	
District government budget	Executive Body of the Local Authority for the Local Budget;	Financial Unit of the Local Authority coordinates the drafting and submission of Draft Budgets of the Local Authority. Representative Body of the Local Authority publicly discusses the Draft Budget and takes decision on the adoption of the Draft Budget for the Local Authority prior to the start of the new fiscal year.	

VII. Identification of Gaps

Line item	Budget 2020 (M GEL)	Funding Gap (M GEL)	Potential Budget Sources		
Vaccines & injection supplies	25412	0	Nat'l budget (immunization program)		
Personnel	500	0	Nat'l budget (admin. Cost)		
Transport	100	0	Nat'l budget (admin. Cost)		
Activities & other recurrent costs	50	0	Nat'l budget (admin. Cost)		
Logistics	500	200	Nat'l budget (admin. Cost)		
Total	26562	200			