



Azerbaijan

Immunization and PHC Workshop

Tbilisi, July 26-27, 2022

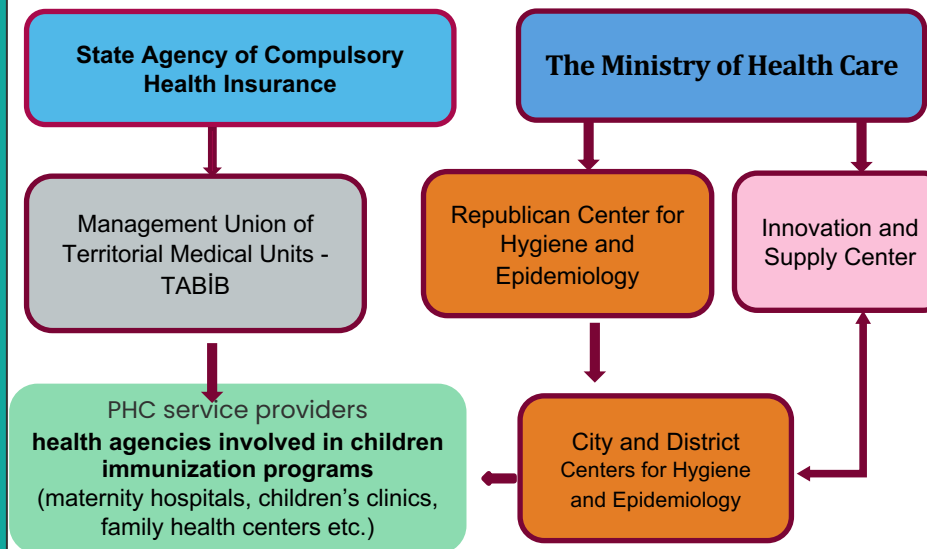


I. Key Measures

	2018	2019	2020	2021
Number of children under 1 year	133,635	132,751	126,055	103,068
Coverage with the first DPT dose under 12 m. (%)	96*	96*	85*	92
Drop-out rate between the 1st and 3rd dose of DPT vaccine under 12 m. (%)	1*	2*	6*	3
Coverage with the first DPT dose w/t age restriction (%)	96*	96*	85*	92
Drop-out rate between the first and third DPT dose w/t age restriction (%)	1*	2*	6*	3
Rota-1 coverage (%)	N/A	N/A	N/A	N/A
DPT-1 coverage ** (%)	N/A	N/A	N/A	N/A
MMR-1 coverage timely (as per schedule) (%)	96*	98*	82*	93
MMR-2 coverage timely (as per schedule) (%)	96*	97*	79*	90
HPV full coverage (as per schedule) %	N/A	N/A	N/A	N/A
Zero dose children %	4	4	15	8

**Source: WUENIC
*At 4 months

II. Immunization Delivery Organogram



Function:

MoH: Development of a financial plan for immunization, transfer of funds for the procurement of a vaccine to the Innovation and Supply Center

TABIB: Organization of immunization, supervision and monitoring

Republican Center for Hygiene and Epidemiology: Preparation of a vaccine application for the Innovation and Procurement Center: vaccine distribution, surveillance, monitoring;

Innovation Center: Vaccine procurement through UNICEF Supply Division their storage and delivery to the warehouses of the Republican Centers of Hygiene and Epidemiology.

City and District Centers for Hygiene and Epidemiology: storage of a 3-month supply of vaccines for the district / city, handover of vaccines to health institutions, their surveillance and monitoring.

III. Service Delivery in Practice

Questions	Yes/Partially/No	Example/ Explanation
1. Immunisation as part of integrated package of services	Yes	Diagnosis, treatment of children, as well as preventive measures, including immunization of children, are included in the state package of free medical services.
2. Integrated service delivery points	Partially	There are various medical facilities (clinics for children, for adults, women's consultation, etc.) in the capital and large cities. At the same time, all these services can be received centrally, in one place, in the UCH (United City Hospitals). In the district centers of primary care (including prenatal care) immunization of children etc. can be carried out on the basis of the Central District Hospital.
3. Integrated services, over time	No	Immunization schedule includes immunization services for children under 6.
4. Integrated (coordinated) referral system	Partially	A private insurance company determines the complex of medical services with the customer (depending on income, prestige, etc.). If this is a pediatric facility, children immunization services are available there, the same applies to private maternity hospitals.
5. a) Integrated HMIS b) identify child c) Screen vaccination status	a)Yes b)Partially c)Yes	a) An electronic Health Card is issued at birth. It includes all vaccinations and visits by the child to health facilities; b) It can be used for this, but at the same time, each child is in the register of the health institution, where s/he is registered, and his/her immunization status is constantly monitored. c) This was noted in the first paragraph.
6. Motivation of HW (financial, non-financial; PHC and Public Health)	No	Only salary
7. Sustainable capacity development of HW	Yes	The sustainable development of the potential of HW of PHC is included in the undergraduate and postgraduate programs of medical training.
8. Immunisation KPI for PHC performance measurement	No	There are no such indicators, one of the key indicators of the PHC is the immunization of children themselves, or the vaccination coverage of target groups of children aged 0 to 6 years.

IV. Key Challenges and Solutions

Challenges	Explanatory Factors	Possible Solutions	Way Forward
Lack of short-term trainings in immunization for primary health care.	Lack of funding from the state	Attraction of WHO, UNICEF Partners.	
Failure to provide the public with information about vaccine-preventable diseases and the benefits and risks associated with vaccination, and building confidence in vaccines, immunization services, and health authorities.	Insufficiency of media technologies to maintain a dialogue with the population on immunization.	Development of an Immunization website displaying information for all stakeholders and partners.	
The need to improve monitoring and surveillance systems for vaccine-preventable infections.	Insufficient laboratory surveillance for vaccine-preventable infections.	Introduction of laboratory testing of epidemic parotitis at the immunology laboratory of the Center for Control of Especially Dangerous Pathogens.	