



# Georgia

## Immunisation and PHC Workshop

Tbilisi, July 26-27, 2022

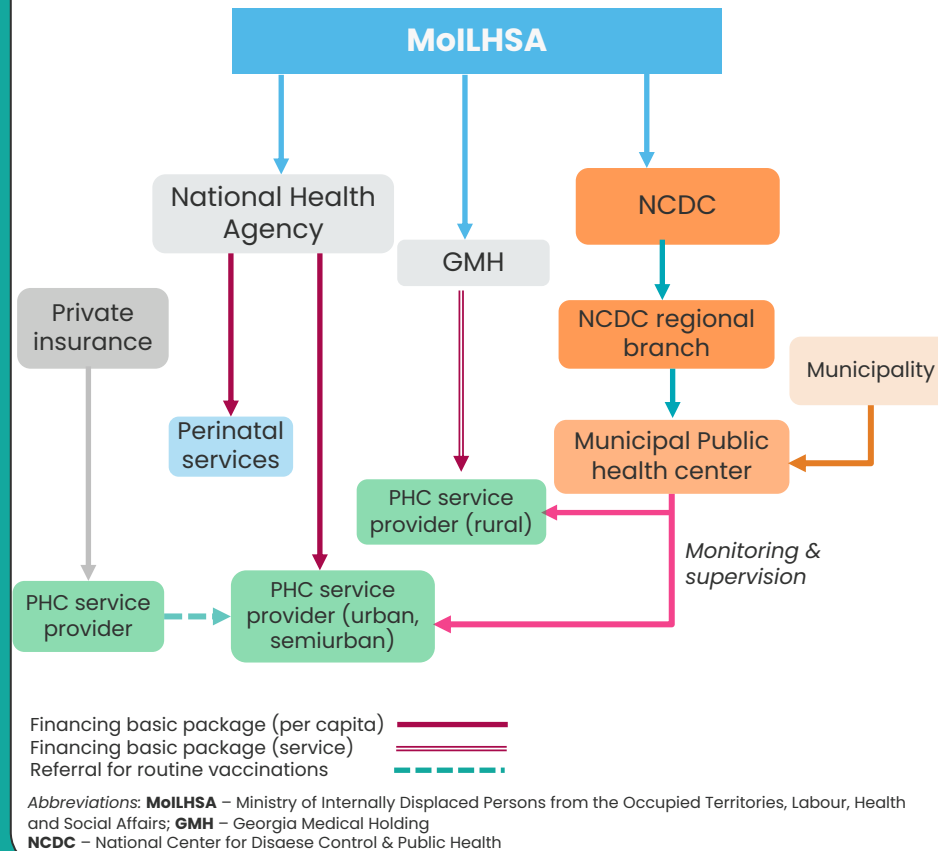


### I. Key Measures

	2018	2019	2020	2021
Number of children under 1 year	49 145	46 116	44 496	42 484
Coverage with the first DPT dose under 12 m. (%)	99%	99.9%	95.2%	97%
Drop-out rate between the 1st and 3rd dose of DPT vaccine under 12 m. (%)	6%	6%	7.2%	11.7%
Coverage with the first DPT dose w/t age restriction (%)	99.1%	100%	97.0%	97.4%
Drop-out rate between the first and third DPT dose w/t age restriction (%)	4.5%	4.1%	7.4%	11.2%
Rota-1 coverage (%)	85%	86%	82.1%	84.0%
DPT-1 coverage* (%)	88%	88%	85%	86%
MCV-1 coverage timely (as per schedule) (%)	98%	100%	90.9%	90.1%
MCV-2 coverage timely (as per schedule) (%)	96%	100%	77.4%	81.3%
HPV full coverage (as per schedule) %	57% (pilot)	36%	23.5%	23.8%
Zero dose children %	0.9%	0%	3%	2.6%

source: National administrative data  
\*By 4 month (3m29 days) of age

### II. Immunisation Delivery Organogram



### III. Service Delivery in Practice

Question	Yes/Partially/No	Example/explanation
1. Immunisation as part of integrated package of services	Yes	Part of the UHC package of service
2. Integrated service delivery points	Partially	ANC not integrated with other PHC services
3. Integrated services, over time	Partially	Adult vaccination has its own schedule, separate from children, and is covered by the state program
4. Integrated (coordinated) referral system	Partially	Poor coordination between private insurance and UHC
5. a) Integrated HMIS b) identify child c) Screen vaccination status	a) Yes b) No c) No	a) IMEM (immunisation Management Electronic Module) allows tracking of vaccination status from birth to adulthood b) PHC is not aware of a new child in the catchment area prior to child registration. IMEM capacities are not fully used for catch-up vaccinations. c) IMEM is not used by PHC under private insurance.
6. Motivation of HW (financial, non-financial; PHC and Public Health)	No	There are no financial or non-financial incentives for PHC providers for immunisation performance in the UHC program.
7. Sustainable capacity development of HW	Partially	Undergraduate, graduate and CME (for family doctors) curricula include updated modules on vaccinology, new vaccines and communication. CME curricula for ob/gyn does not include updated modules. CME is not mandatory for family doctors
8. Immunisation KPI for PHC performance measurement	No	UHC program performance is not measured with immunisation indicators. They are used only for EPI performance monitoring & evaluation.

### IV. Key Challenges and Solutions

Challenges	Explaining Factors	Possible Solutions	Way Forward <i>filled by end of the Workshop</i>
Delayed initiation of primary vaccinations at the PHC	Poor coordination between perinatal and PHC services	<ul style="list-style-type: none"> <li>Governance: preregister a child at PHC prior discharge from maternity house</li> <li>HMIS: Notify PHC about a new child in the catchment area through IMEM alert (technical solution)</li> </ul>	
Children covered by private insurance schemes facing barriers with immunisation	Fragmentation of care, between the private insurance and UHC	<ul style="list-style-type: none"> <li>Governance: private insurance obliged to vaccinate a child covered by its scheme</li> </ul>	
PHC poor accountability on immunisation performance	<ul style="list-style-type: none"> <li>Immunisation indicator(s) not used for performance assessment</li> <li>Payment not linked to performance</li> <li>Public health low leverage to influence PHC performance</li> </ul>	<ul style="list-style-type: none"> <li>Use immunisation indicator(s) for PHC performance, quality assessment</li> <li>Incentivize PHC health personnel through financial and non-financial mechanisms</li> </ul>	
PHC health personnel poor capacity	<ul style="list-style-type: none"> <li>Confidence issues particularly for HPV vaccination</li> <li>Poor interpersonal communication skills among PHC</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced trainings</li> <li>Continuous supportive supervision</li> <li>Mandatory CME for PHC (family doctors); Updated curricula for ob/gyn CME</li> </ul>	