



Georgia

Strengthening Health Worker Capacity and Performance Management Batumi, June 6-7, 2023



I. Immunization in education system

Education levels	PHC doctors	PHC nurses	Doctor-specialists	Public Health specialists	Managers (facility)
Undergraduate 1. Indicate whether the curriculum is updated (Yes / Partially / No) 2. Add clarification	1. Partially 2. Updated not as frequently to reflect all developments in the field	Partially	Partially	Yes	N/A
Postgraduate 1. Indicate whether the curriculum is updated (Yes / Partially / No) 2. Add clarification	1. Yes 2. Family doctors residency program include 4 weeks on preventive programs incl immunisation; updated materials are used, mainly prepared by the NCD;	N/A	Partially	Yes	N/A
Continuous education / professional development 1. Indicate mandatory or voluntary 2. Indicate whether the curriculum is updated (Yes / Partially / No) 3. Add clarification	1. Voluntary 2. Yes 3. Is constantly updated based on new protocols; Accredited IPC training course (not immunisation specific) for GPs, pediatricians, specialists, residents, nurses has been prepared with UNCIEF support in 2023.	1. Voluntary 2. Partially 3. Planned	1. Voluntary 2. Partially	1. Voluntary 2. Yes	N/A

II. Immunisation learning in practice

Supportive mechanisms	Yes / Partially / No	Example / Description	Challenges	Achievements
Supportive supervision (SS)	Yes	SS is provided by district and or national level public health specialists for Family doctors and nurses. SS is routine activity, mainly supported by external sources. In 2022 / 2023 WHO support (through EU grant). In 2021 main focus on COVID-19 vaccination; in 2022 RI and COVID-19; 2023 activities on RI: all districts grouped by high performers and low performers by Hexa-3 coverage. Different approaches are used (No of on-site visits and distant interviews). SS stages : 1) problem identification; 2) Joint problem solving; 3) workplan revision; 4) Supportive partnerships to improve performance As part of the pilot under WHO support the National Family Medicine Clinical and Training Center develops a supervision system that will introduce supporting tools for immunisation performance improvement.	PHC managers low social responsibility (low interest in preventive, public health programs)	
On-job training	Yes	As part of supportive supervision. Was actively practiced for HPV prior epidemic		
Mentorship/ team learning*	No	Although not specifically for immunisation, mentorship was piloted for other PHC services, e.g. early childhood development (National Family Medicine Clinical and Training Center to rural ambulatories). During SS, in addition to the scheduled meetings, the family doctor could communicate remotely with the SS curator to discuss emerging problems and take optimal measures as soon as they arise		
Individual courses (e.g. online courses)	Partially	Practiced by some private PHC facilities / networks (e.g. BMJ online courses and incentives for doctors to complete a course)	Poor IT literacy particularly among rural staff	
Motivations to learn		Practiced by some private PHC facilities, e.g. National Family Medicine Clinical and Training Center		
Targeted trainings (on specified topic, refresh training)	Yes	Variety of trainings for PHC doctors / nurses on practical immunisation, AEFI, cold chain management, operation with EIR, IPC and crisis communication. In 2022 45 trainers were trained for countrywide coverage with trainings. Two professional associations were involved (WHO support)	Low number of PHC nurses; aging medical staff particularly in rural areas	

III. Key Challenges and Solutions

Challenges	Explaining Factors	Recent / ongoing activities	Possible Solutions	Way Forward filled by end of the Workshop
Acute shortage of PHC workforce is unevenly distributed geographically with a critical shortage of nurses; nurse-physician ratio at the PHC level is 0.3 to 1. In urban areas PHC doctors are overloaded.	Nursing profession is less prestigious career choice; Nurses salaries are not attractive for young students; Private for-profit providers do not express willingness to hire many nurses while the market is concentrated with overproduced number of doctors.	The MOH addresses HR planning and development challenges in the new National Health Strategy 2022-2030. In addition a comprehensive nursing development strategy was approved by the Government in 2019, with main objective to establish a sustainable system of qualified nursing, regulation and continuous professional development and promoting nursing profession.	MOH should lead human resource planning through multidisciplinary approach with involvement of MoE, educational institutions, and other stakeholders.	
Managers low accountability toward communities, low social responsibility leading to no interest in strengthening preventive services including immunisation.	Low capacity of managers / low awareness on public health programs including immunisation. State programs lacking performance indicators.	Ongoing PHC reform envisions introduction of performance indicators and incentives.	Managers capacity building.	
Population low trust towards new vaccines (HPV).	Low confidence among health workers despite numerous trainings. Managers low participation in supportive supervision including on-the-job training, coaching, and constructive feedback to stimulate health workers performance.			