



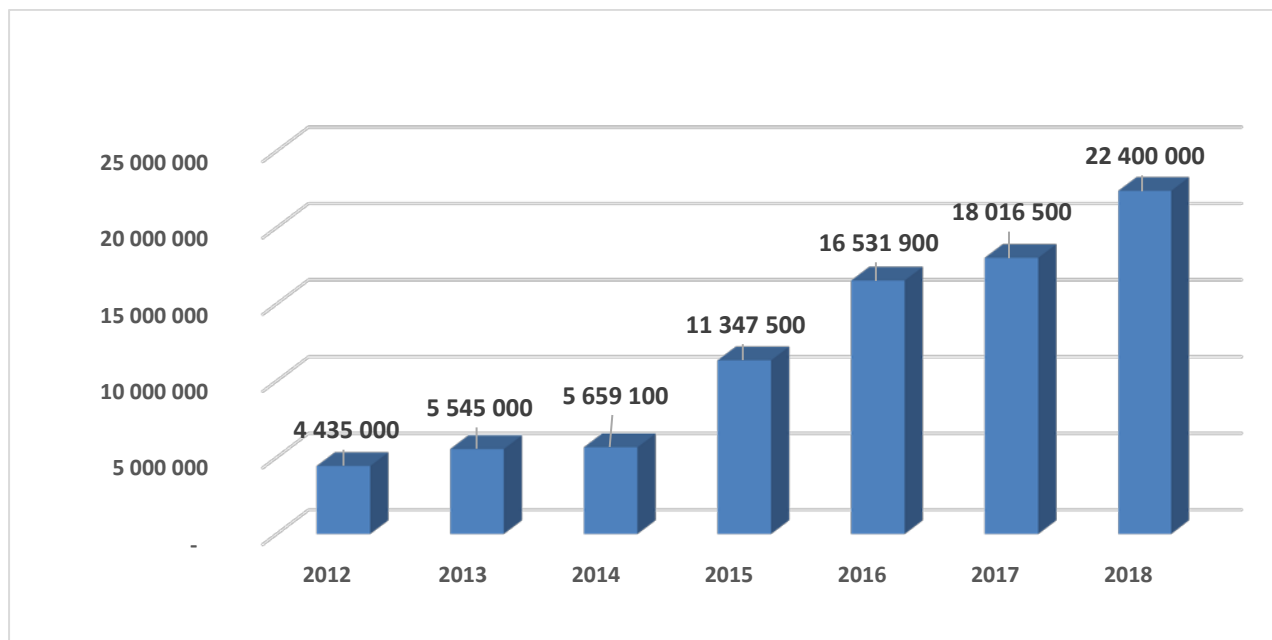
Immunization

State Immunization Program (NIP) was launched in Georgia in 1996 with the ultimate Goal to efficiently protect country population from VPDs and ensure the high coverage and quality services according to the global and regional targets. The program is designed to cover:

- Procurement of vaccines for routine immunization
- Procurement of vaccines, serums and immunoglobulin for infectious disease prevention and treatment (yellow fever, rabies, tetanus, botulism, venom viper, malaria)
- Receipt, storage and distribution of immunization supplies, monitoring the needs of the cold chain system.

Immunization is 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 past years from 4.4 mln GEL in 2012 to 22.4 mln GEL in 2018.

Figure 1: Immunization Program Budget (2012-2018, in GEL)



Order of the Minister of Labour, Health and Social Affairs of Georgia #01-57/n of 19.11.2015 is a core document providing details on safe immunization practices, recommendations and reporting and recording systems.

Current state immunization calendar covers vaccination **against 12 infectious diseases**: Tuberculosis, Hepatitis B, Diphtheria, Pertussis, Tetanus, Poliomyelitis, Measles, Mumps, Rubella, Hib, Rota, and Pneumococcal.

Figure 2: Immunization Calendar 2017

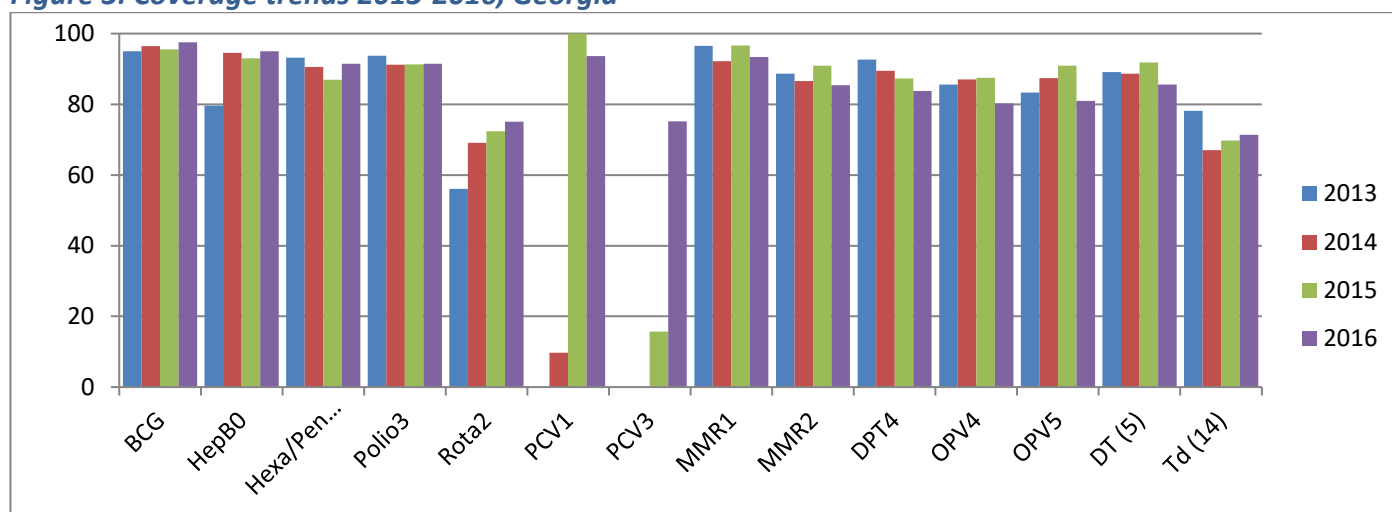
Vaccines	# of doses	Timing
BCG	1	Newborns 0-5 days
HepB	1	0-12 hours from birth
Hib+DPaT+HepB+IPV	3	2, 3, 4 months
Polio (bOPV)	2	18 months, 5 years
DPT, DT, Td	3	18 m, 5 y, 14 y
MMR	2	12 m, 5 y
Rota	2	2, 3 months
PCV	3	2, 3, 12 months

According to the WHO recommendations the seasonal influenza vaccination is provided for selected high risk groups of population.

Key Findings

To assure uninterrupted supply, high quality and balanced costs, all routine immunization vaccines (except Hexavalent) are procured through UNICEF procurement mechanism and all vaccines procured for routine vaccination are WHO prequalified.

Figure 3: Coverage trends 2013-2016, Georgia



Supportive Supervision activities are carried out to sustain strengthening of immunization surveillance system at all levels and countrywide recording, reporting and monitoring systems are in place (vaccination, AEFI, AFP).

The country has established **core advisory bodies** to support the NIP:

- Interagency Coordination Committee (ICC)
- National Immunization Technical Advisory Group (NITAG)
- National Regulatory Authority (NRA)
- National Polio Certification Committee
- National Verification Committee for Measles & Rubella Elimination.

Georgia is certified as a country free from the wild poliomyelitis virus since 2002 and provides following documents to WHO: Annual update on polio eradication activities, Annual national plan of action to sustain polio-free status of Georgia and AFP weekly reporting form

The World Health Organization supports the National Immunization program from the very beginning (1996), and continues to provide invaluable technical and financial assistance till now.

Recent Key Achievements

From 2013 **access to immunization services in Georgia is guaranteed** under the State Universal Healthcare Program and high vaccination coverage is sustained at national level.

The comprehensive Multi-year Action Plan (cMYP) for Immunization 2017-2021 is adopted, following the main goals of the European Vaccine Action Plan (EVAP).

Cold Chain and vaccine management

Logistics of the vaccines and injection safety equipment is managed by NCDC at National level and by municipal public health centers (PHC) at the local level. According to the Effective Vaccine Management assessment (2014) and a cold chain inventory assessment (2013) conducted by WHO, GoG allocated the budget for cold chain system upgrade to cover 1/3 of country need (including refrigerated vehicles for distribution to districts, refrigerators, temperature loggers, cold boxes).

Currently the vaccine storage capacity is sufficient for all planned new vaccine introductions. A stand-by generator is in place. The temperature monitoring system is adequate and equipped with an alarm; there are newly procured continuous temperature monitoring devices (Q-Tag) in all PHCs.

WHO provided technical support to strengthen temperature monitoring system in vaccine cold chain: installation of computerized web-based temperature monitoring systems at the national vaccine cold store in Tbilisi and a four sub-national vaccine stores (Tbilisi city, Batumi, Kutaisi and Rustavi).



Besides, WHO provided technical support in development of integrated national regulations on storage of vaccines and pharmaceuticals requiring cold chain, including development/adaptation of vaccine management SOPs.

Immunization Management Module (IMM)

The comprehensive Health Management Information System (HMIS) is an innovative system successfully developed and introduced (integrated with the civil and birth registry, based on unique ID number, about 30 modules) by the MoLHSA. The IMM is one of its modules developed to ensure smooth implementation of the State Immunization program. The process of introduction of the Immunization Management Module is facilitated by NCDC.

New vaccine introduction

Five new vaccines were successfully introduced during recent years in the National Immunization Calendar: rotavirus vaccine in 2013; the PCV10 in late 2014 (with GAVI support); IPV (switch from Penta to Hexavalent vaccine) in 2015; followed by transition to bivalent Oral Polio Vaccine (bOPV) in 2016; in December 2017 HPV

vaccine was introduced in 9 old girl population in the four territorial areas of the country (Tbilisi, Kutaisi, Adjara AR, Abkhazia AR).

WHO EURO provided support to organize a national conference for leading clinicians and medical academia on 1 July 2016 in Tbilisi, Georgia to facilitate the HPV vaccine introduction. WHO also supported Georgia in Development of proposal to GAVI on implementation of HPV vaccine demonstration project, including definition of HPV vaccine delivery system, preliminary estimate of HPV vaccination cost, and outlining communication and social mobilization strategy.

Evidence-based decision making

Georgia has benefited from WHO support in terms of activities carried out to make evidence based decisions (Rotavirus and invasive bacterial disease surveillance, post-vaccine introduction cost-effectiveness analysis of PCV, IB-VPD surveillance to estimate case fatality ratios for pneumococcal meningitis admissions, Serotype replacement monitoring etc.).

Strengthening pharmaco-vigilance function (AEFI surveillance system) of the NRA

WHO supported development of a Strategic Plan for NRA (Short-, Mid- & Long-Term Planning) and capacity building of NRA by ensuring participation in trainings and workshops (marketing authorization process, licensing of medicinal products (vaccines) and etc.).

Program performance and data quality

Immunization coverage survey in three major cities (Tbilisi, Kutaisi and Batumi) and rest of Georgia was implemented with US CDC and WHO support. The final report developed both in Georgian and English languages.

NCDC has worked on situation analysis regarding the **Measles, Rubella and Congenital Rubella Syndrome in Georgia** and developed the **National Action Plan for their Elimination** with US CDC support.

Immunization Communication Strategy and Action Plan as well as **Crisis Communication Plan** was developed with UNICEF's support. In addition NCDC has carried out KAP surveys among key stakeholders.

UNICEF has supported in **assessment of the Vaccine Procurement System** in Georgia.

Challenges

Sustainability of the national immunization program is critically important considering ongoing graduation from GAVI support and the following period:

- The ongoing programmatic support will be included in the state budget and may require additional financial provisions
- Ensuring the partners support in negotiations with vaccine manufacturers to maintain affordable prices after the graduation period

Development of effective monitoring and evaluation system.

Development and introduction of the performance based payment mechanism.

Institutionalize the best vaccine management practices.



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