



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 mln GEL in 2012 to 23 mln in 2020.

Figure 1: Immunization Program Budget (2012-2020, in GEL)

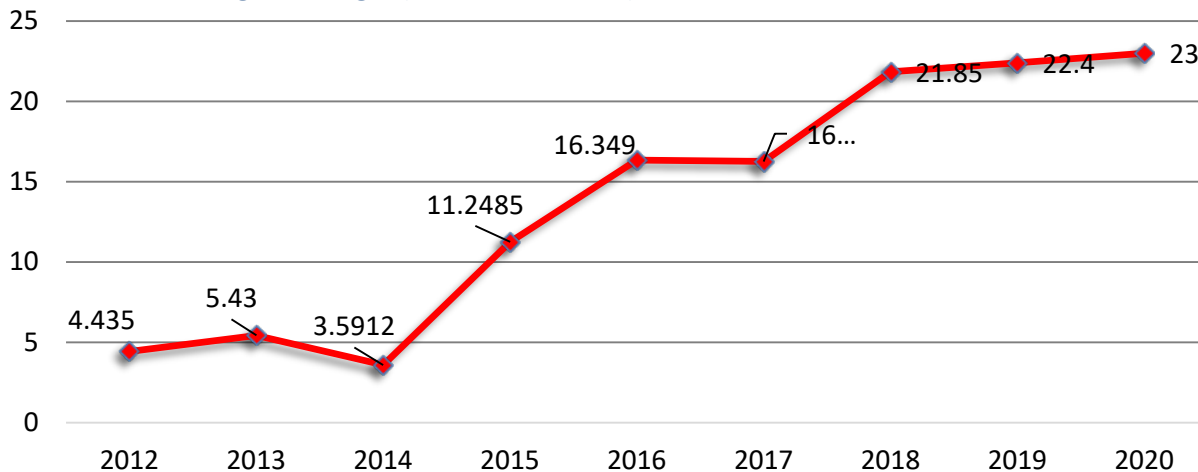


Figure 2: Immunization Calendar

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

HPV	2	10, 11, 12 years old girls
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Order of the Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia #01-60/n of 16.09.2019 is a core document providing details on safe immunization practices, recommendations and reporting and recording systems.

Current state immunization calendar covers vaccination **against 13 infectious diseases:** Tuberculosis, Hepatitis B, Diphtheria, Pertussis, Tetanus, Poliomyelitis, Measles, Mumps, Rubella, Hib, Rota, Pneumococcal and HPV.

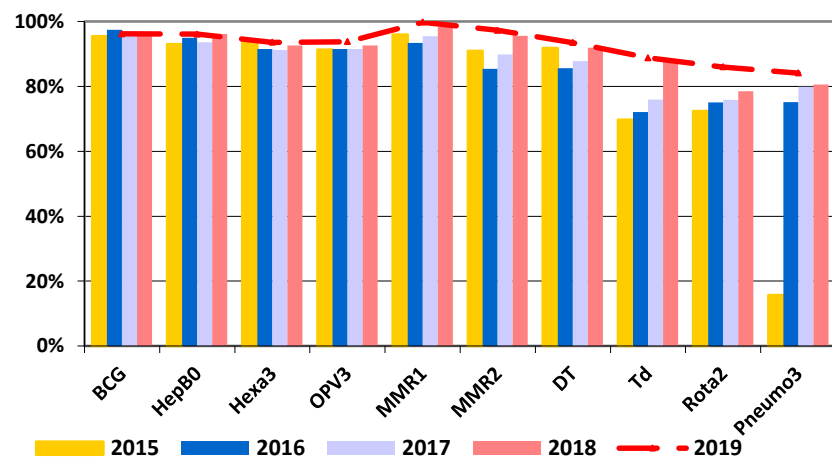
In 2017, by GAVI support, in 4 regions of Georgia - Tbilisi, Kutaisi, Adjara and Abkhazia, were implemented Human Papillomavirus (HPV) vaccine, aiming 9 year old girls.

From 2019, the HPV vaccine was introduced throughout the country and covered girls aged 10 -11-12. 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 and Tetravalent) are procured through UNICEF procurement mechanism and all vaccines procured for routine vaccination are WHO prequalified.

Figure 3: Coverage trends 2015-2019, Georgia



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 (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
- National Immunizations Safety Committee

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.

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).

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 MoIDPOTLHSA. 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.

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 GAVI, 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 GAVI, UNICEF's support. In addition NCDC has carried out KAP surveys among key stakeholders.

Assessment of the Vaccine Procurement System in Georgia were conducted and was supported by GAVI and UNICEF.

GAVI support for Georgia

GAVI, the Vaccine Alliance is a major partner for the National Immunization Program in Georgia.

During the period 2002-2020, country received the following support from GAVI :

1. Strengthening the National Immunization program - Hepatitis B, Rotavirus, Hib, Pneumococcal vaccines were introduced, total funds - \$3.500,000;
2. New vaccine introduction grant, total funds \$400 000;
3. Health System Strengthening (HSS) project – total funds - \$435,500.
4. Immunization Services Support (ISS) grant, total funds - \$ 135,500;
5. In 2002-2004 Injection Safety (IS) project was implemented, total funds - \$ 65,600;
6. Strengthening Involvement of Civil Society Organizations grant, total funds - \$10, 000;
7. Transition Action Plan total funds - \$639.243
8. Human Papillomavirus Vaccine (HPV) Demonstration Program- \$449,500
- 9 Post transition engagement (including Abkhazia) - \$ 591 000

Transition Action Plan, 2016-2018

In 2018 country has successfully completed all activities in accordance with the TAP. The main activities of the plan was:

- Evidence-based decision-making support to the NIP and strengthening the NITAG Strengthen vaccine management and immunization logistics
- Program performance and data quality
- Strengthening pharmacovigilance function (AEFI surveillance system) of the National Regulatory Authority
- KAP Research Among Key stakeholders
- Development of the Immunization Communication Strategy , the Action Plan and the crisis communication plan
- Assessment of the Vaccine Procurement System in Georgia

GAVI Transition and Immunization Financing

GAVI has provided support to Georgia since 2002, disbursing \$6.38 million in vaccine commodities and systems strengthening support. Through GAVI support, Georgia has introduced vaccines that prevent pneumonia, diarrheal disease, liver cancer, measles, tetanus, pertussis, diphtheria, influenza, and cervical cancer. Vaccines are a small share of government expenditures (around 0.01%), representing a small percentage of government health spending. Since the beginning of GAVI self-sufficiency in country immunization programs has been a goal. Countries co-finance new vaccines, and as their economies grow, are expected to finance an increasing share until they are self-financing. In 2018, Georgia successfully transitioned from GAVI and is now in the post-transition phase. Between 2011 and 2015, government accounted for 64% of the total expenditures for routine immunization, with the balance financed by Gavi and other external partners. In 2018, Georgia was financing 100% of its program. The introduction of hexavalent vaccine in 2015 and tetravalent in 2020 was fully financed by the government. Despite the complexity of adding new vaccines, Georgia has maintained strong coverage rates for most of the 13 antigens in its national program and coverage has been consistently increasing.

However, there are some pockets of low coverage that still require technical support and assistance with vaccination. Continued investments in the program are needed to maintain coverage, particularly in view of vaccine refusals and rising anti-vaccine movements like other countries in the EURO region. Having a specific budget allocation for operational activities to cover costs for surveillance and maintenance will be important.

Post-transition engagement

In line with GAVI's decision to provide catalytic support to self-funded countries, Georgia received support from the Alliance in 2020.

The aim of the project is to preserve the results achieved with the support of GAVI and to reduce the potential risks to the sustainability of the current self-financing immunization program. The project covers following activities:

1. Developing the Continues Medical Education (CME) concept for immunization service providers, health providers at education settings, public health specialists
- 2 Adaptation of WHO and UNICEF training packages for immunization service provides on general vaccination and interpersonal communication for immunization for Georgia context, including UNICEF/WHO e-learning courses
3. Institutionalization of continues medical education process on immunization issues for PHC service providers
4. Conduct training of primary health care personnel on immunization through CME course
5. Use of E-Immunization Module for routine monitoring of immunization program performance
6. Engaging national stakeholders in establishing a functional system to detect, report, investigate and respond to serious AEFI
7. Institutionalizing the national AEFI causality assessment mechanism through peer to peer exchange and global learning:
8. Developing a National AEFI data management system, linked to the global vaccine safety networks
9. Support the nation-wide introduction of HPV vaccine.

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.
 - Institutionalize the best vaccine management practices.
 - Georgia has maintained strong coverage rates for most of the 13 antigens (Hexa3 coverage at 94%, MMR1-100% MMR2 – 97% in 2019). It should be noted that it does not meet the set target of 95% for some vaccines, and there are some low coverage areas that still require technical support and assistance for vaccination.
 - The current pandemic has impacted vaccination coverage, which has dropped by an average of 7%.
 - Continued investments in the program are needed to maintain coverage, particularly in view of vaccine refusals and rising anti-vaccine movements like other countries in the EURO region.
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