



Partnering with The Vaccine Fund

June 2003

Progress Report

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

by the Government of

COUNTRY: GEORGIA

Date of submission: ...13 October 2003.....

Reporting period: 01.01.02-31.12.02 (*Information provided in this report **MUST** refer to the previous calendar year*)

First annual progress report ☐

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

**Unless otherwise specified, documents may be shared with the GAVI partners and collaborators*

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1. Report on progress made during the previous calendar year

Having applied to the GAVI/Vaccine Fund Support in October 2001 the Government of Georgia (GoG) has received approval for all three sub-accounts of the application, specifically:

1. 17,000 USD has been approved as the first instalment disbursed for the Immunization Service Support (ISS) sub-account in 2002. The 2nd disbursement of 17,000 USD has been provided to the Government of Georgia in March 2003.
2. 167,600 doses of Hepatitis B vaccine and injection safety equipment (149,000 AD syringes and 1,660 safety boxes) for FY 2003 and supplementary assistance of 100,000 USD for the New and Under-used Vaccine sub-account. *Supply assistance for 2004 was received (138,000 doses of HepB, 122,500 AD syringes and 1,375 safety boxes) in Aug-Sept 2003.*
3. 20,800 USD cash disbursement for injection safety sub-account, support in lieu of supplies provided by UNICEF Georgia office in 2002 and injection safety supplies (49,500 BCG AD syringes, 164,200 AD syringes, 11,000 re-constitution syringes and 2,500 safety boxes) for 2003. *Supply assistance (48,700 BCG ADs, 161,800 0.5 ml ADs, 13,500 reconstitution syringes and 2,500 safety boxes) for FY 2004 will be provided in November 2003.*

By end of 2002 no expenditure has been issued against the cash assistance provided by GAVI/Vaccine Fund to GoG for the three sub-accounts. The main constraint was related to the existing financial procedures and amendments made to fiscal management policy in 2002. Since 2002 it has been required that the external financial donations received by the Government are approved by the relevant state authorities and subsequently by the Parliament of Georgia prior to utilisation of the funds.

The funding support and planning for utilization of the GAVI/VF assistance was approved by ICC in 2002 and submitted to the Ministry of Labour, Health and Social Affairs (MLHSA). The latter has applied to the Parliament for final approval and permission for utilization of the donor funds. Final approval on utilization of the GAVI/VF donation was received by MLHSA in early 2003.

However, extensive preparatory work has been undertaken by ICC member agencies for proper planning and budgeting of GAVI/VF support for improvement of the national immunization programme performance. In particular a detailed planning for utilization of the Immunization Service Support funds and the supplementary 100,000 USD assistance was elaborated and approved by ICC in 2002. *Financial support for the 3rd sub-account - 20,800 USD was issued to the Government of Georgia in March 2003.* Please refer to para 1.1, 1.2 and 1.3 for further details.

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

—▶ Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

As noted above, the financial assistance received by the MLHSA through GAVI/VF has not been utilised till end of 2002 due to amendments of fiscal policy re: utilization of external (donor) contributions. The grant amount of 17,000 USD (1st disbursement) received for the ISS account in 2002 was possible to utilise only in early 2003.

The Inter-Agency Coordination Committee plays the leading role in planning and monitoring of the financial assistance provided by GAVI/Vaccine Fund to GoG. Budgeting for the 1st disbursement to ISS sub-account (17,000 USD) was approved by ICC and submitted to the MLHSA financial management department, however due to the existing legislative constraints utilization of grant was not feasible in 2002.

Financial contribution for Immunization Service Support – 17,000 USD has been issued by MLHSA in 2003 as premial fees for health care workers involved in implementation of immunization programme throughout the country. The incentive payment for immunization staff served to improve the motivation of the HCWs for maintaining and further improving the quality performance within NIP. The payments were accompanied by introductory note from the MLMHSA re: source and purpose of the financial support, thereby increasing the awareness of the front-line workers on the assistance Global Alliance is providing to the Government of Georgia.

1.1.2 Use of Immunization Services Support

→ In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year 2002 17,000 \$ _____

Remaining funds (carry over) from the previous year 2002 17,000 \$ ____(Funds used in 2003)_____

Table 1 : Use of funds during reported calendar year 2002_

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	0				
Injection supplies	0				
Personnel	0 (16900**)	0 (2 600 - 15.4%**)	0 (1 500 - 8.9%**)	0 – (12 800 - 75.7%**)	0
Transportation	0				
Maintenance and overheads	0				
Training	0				
IEC / social mobilization	0				
Outreach	0				
Supervision	0				
Monitoring and evaluation	0				

Epidemiological surveillance	0				
Vehicles	0				
Cold chain equipment	0				
Other (specify)	0				
Total:	0 (16900**)	0 (2 600 - 15.4%**)	0 (1 500 - 8.9%**)	0 – (12 800 - 75.7%**)	0
Remaining funds for next year:	17,000 (100**)				

**If no information is available because of block grants, please indicate under 'other'.*

*** Expenditure in 2003 – premial funds for the health care workers distributed at central, regional and district levels*

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

Attached please find the Minutes of the ICC Meeting approving allocation of the ISS financial support for Premial Funds – Attachment #3.

→ *Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.*

Despite inability to utilise the ISS funds in 2002, throughout the reporting period the national immunization programme has been implemented effectively, reflected in high immunization coverage rates for the year 2002. Though it should be noted that GoG has to prioritize further improvement of EPI management in order to increase timely completion of age-appropriate vaccination series. As demonstrated by the reported data timely immunisation coverage for routine vaccines varies from 65.9% for Measles to 90.9% for BCG, although overall coverage per each EPI antigen exceeds the national targets of 95%.

It should be noted that in 2002 Ministry of Labour, Health and Social Affairs supported by USAID/PRHplus/Curatio IF started a pilot project on Health Information Systems (HIS) within National Immunization Programme (NIP). The pilot phase implemented in one of the regions of East Georgia (Kakheti) has been evaluated as successful and starting from 2003 the new management information system database was implemented at the national level. The latter has been of crucial importance for improvement of the quality monitoring and reporting system within NIP. Coverage data for the year 2002 revised as per updated HIS database:

BCG – timely vaccination rate 101.8%, overall – 91.2%

DPT 3 – timely vaccination coverage 85.7% (37,805 children), overall – 103.0% (45,455 children)

OPV3 – timely vaccination 90.3%, overall – 134.6% (including data from Polio NIDs supported in Feb-March 2002)

Measles – timely 65.9%, overall – 104.8%

HepB 3 – timely 51.1%, overall 114.6%

In addition a notable progress was made toward improvement of EPI performance through development of a New Ministerial Decree on implementation of the national immunization programme. In 2002 the MOH Decree (1997) was revised in compliance with the updated WHO/UNICEF/GAVI/PATH/CDC/HBRB guidelines/manuals and adapted to the schedule and requirements of NIP in Georgia. Final draft of the Decree developed by the multi-sectoral team of experts (ICC

member agencies) was submitted to the Ministry of Labour, Health and Social Affairs in late 2002. Effective implementation of the revised Decree is expected to substantially contribute towards improvement of the national immunization service in Georgia. *In June 2003 the Decree #122/n was approved by MLHSA followed by capacity building training activities for 900 health care workers at all 66 district level of immunisation programme management. The training activities facilitated by NCDC and PHD were supported through financial assistance from GAVI/Vaccine Fund (100,000 supplementary funds for New and Under-used Vaccine sub-account).*

1.1.3 Data Quality Audit (DQA) *(If it has been implemented in your country)*

→ *Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?
If yes, please attach the plan.*

YES

☐

NO

☒

Data Quality Assessment planned in November 2003 GAVI/Vaccine Fund experts. *Nonetheless it is suggested that the new health information system introduced in NIP management 2002 and expanded to national level in 2003 has been a key milestone for improvement of the existing reporting systems in the country.*

→ *If yes, please attach the plan and report on the degree of its implementation.*

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.

→ *Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).*

Injection Safety Assessment facilitated by WHO/EURO experts carried out in October 2002. Final report enclosed, ref.: Attachment #4.

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

→ Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.

Georgia received the Hepatitis B vaccine supplies for year 2003 (159,480 doses in 6-dose presentation, with the total value of 4,653,812.46 USD) on 29.08.2002, with the second shipment of 8,220 doses delivered on 11.11.2002. Utilization of GAVI/VF HepB supplies started accordingly in late 2002. 149,000 AD syringes and 1,660 safety boxes for HepB vaccination were shipped on 08.04.2002.

General condition of the vaccine and injection safety supplies received by NIP through GAVI/VF assistance was good.

1.2.2 Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

In 2001-2002 UNICEF Georgia office supported nation-wide IEC campaign on HepB vaccination targeting at public awareness raising on the newly introduced vaccine. AD spots were developed and broadcast by leading TV/radio channels, IEC packages (50,000 leaflets, 5,000 booklets and 5,000 posters) were printed in Georgian and Russian for parents and HCWs and distributed throughout the PHD system at central, regional and district levels.

In March 2002 the suspected AEFI case following HepB vaccination of a 10-year old child in Samegrelo Region, West Georgia has had a wide media coverage and negative impact on HepB vaccination. The vaccination was performed within the supplemental immunisation campaign supported by the government for adolescent age-groups.

The HepB vaccination programme was especially affected in West parts of the country. The case had also influenced public attitude toward routine immunization. Although ICC member agencies supported a comprehensive assessment of the case and based on WHO/EURO report the case was not classified as AEFI, overcoming the public mistrust to the vaccine has been a serious challenge.

In this regard, the ICC partner agencies initiated a communication strategy for improvement of the IEC component within NIP. UNICEF country office has supported a national wide forum and workshops on advocacy and communication on child immunisation, with focus on HepB vaccination. With fruitful partnership of central, regional and district Public Health Departments, immunisation coverage was possible to improve by end of the year.

However it is acknowledged that further emphasis will be needed on communication component of the immunization programme and special emphasis will need to be given to promoting timely completion of vaccination series. As evident from the timely vs. overall vaccination data, a considerable number of children complete EPI schedule later than recommended by the national immunization programme. *HepB coverage data -2002*

HepB 1 – 72.3% timely vaccination

HepB 2 – 65.7% timely vaccination

HepB 3 – 51.5% timely vaccination, 114.8% – overall HepB3 coverage

As per the updated Ministerial Decree 122/n, the birth dose HepB vaccination was introduced at the maternity hospital level starting from September 2003.

1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine

→ *Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.*

The Inception report submitted by Government of Georgia to GAVI/Vaccine Fund in September 2002 provided the detailed budget planning for 100,000 USD supplementary funds received for new and under-used vaccine sub-account.

As outlined earlier the 100,000 USD supplementary funds for introduction of the HepB vaccination could not be utilised up to end 2002. Budget allocation was approved by Parliament in early 2003 and accordingly implementation of the activities started thereafter.

Hereby we would like to mention that up to September 2003 major part of the financial contribution has been committed as per initial budget planning approved by ICC, namely:

- 1. Capacity building – 1-day training activities on Hepatitis B vaccination supported at central/regional and district levels –15,222 USD utilised. Total of 900 health care providers trained within the programme scope.*
- 2. Issuance of the New Ministerial Decree – 3,006 USD used for printing of the 122/n Ministerial Decree (3,000 copies)*
- 3. National level consultation meeting with representatives of the central, regional and district public health departments – planned in December 2003*
- 4. Cold-Chain equipment – 49 061 USD committed as per initial planning. The tender for procurement of the cold-chain equipment completed, procurement process underway by MLHSA.*
- 5. Training programme for national experts (international training activities) – 6,737 USD utilised for supporting participation of 3 national experts at Flagship Course on Health Care Reform and Immunisation held in June 2003 in Budapest, Hungary.*
- 6. Project Support costs – 870 USD*
- 7. Remaining funds for next year – 25,104 USD*

1.3 Injection Safety

1.3.1 Receipt of injection safety support

→ *Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered*

GAVI/VF assistance for the injection safety sub-account covered provision of injection safety supplies for 2003 and 2004 and cash assistance in lieu of supplies provided by UNICEF Georgia in 2002 (20,800 USD received in March 2003). Injection safety supplies provided by GAVI/VF for 2003 national immunisation programme 2003 was received in November 2002, including:

BCG AD syringes – 49,400
 0.5 ml AD Syringes – 313,000
 2 ml reconstitution syringes – 5,000
 5 ml reconstitution syringes – 6,000
 Safety boxes – 4,150

Supply assistance (48,700 BCG ADs, 161,800 0.5 ml Ads, 13,500 reconstitution syringes and 2,500 safety boxes) for FY 2004 will be delivered in November 2003.

1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

→ Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Progress Achieved in implementation of Immunisation Injection Safety Policy and Plan – 2002-2006 Ref.: Attachment #13 of the GAVI/VF Application

Indicators	Targets	Achievements	Constraints	Updated targets
1. Injection Safety Assessment	FY 2002	Assessment as per WHO/SIGN methodology carried out in Oct 2002 by WHO/EURO experts. Final report enclosed. Financial support provided through UNICEF/USAID.		
2. Waste Management assessment and planning	FY 2002	Recruitment process for international consultant underway for waste management assessment and planning. Financial support provided through UNICEF/USAID.	Delay in implementation of injection safety assessment	Waste management plan to be completed by end 2003-early 2004.

Indicators	Targets	Achievements	Constraints	Updated targets
3. Elaboration of detailed plan of action for injection safety, including safe disposal	FY 2002		Subject to finalisation of the waste management planning	End 2003-early 2004
4. Introduction of the injection safety policy and plan at the national and sub-national levels	FY 2002	Injection safety policy and plan incorporated in the revised Ministerial Decree on NIP management #122/n – June 2003. Training of EPI staff supported at all levels of programme mngt.		
5. Develop training curriculum for physicians, nurses, pharmacists and other health professionals on injection safety	FY 2003	Training curriculum developed in 2002 and included in the Ministerial Decree #122/n.		
6. Train focal points on management and surveillance of injection safety, including safe disposal, AEFI and	FY 2003	Accomplished within the scope of training on implementation of the revised Ministerial Decree #122/n	Need for further training of health care workers and increasing awareness on AD syringes	Continuous training of health care providers prioritized within NIP.
7. Inclusion of injection safety in the education curriculum for medical students	FY 2003	N/A for the reporting period	Delay in adoption of the Ministerial Decree might reason postponement of the programme target	FY 2004
8. Advocacy and communication on injection safety	YY 2002-2006	Advocacy and communication workshop with involvement of 40 PHD and MLHSA rep-s supported by UNICEF in Nov'02. Training on injection safety by BD International in Feb'02 for 24 rep-s of NCDC/PHDs.		Continuous advocacy and training on injection safety prioritised within NIP planning.
9. Provision of adequate supplies of safe injection and disposal equipment (safety boxes and incinerators) at national and sub-national levels	YY 2002-2006	Non-interrupted provision of injection safety equip ‘‘bundled’’ to vaccine supplies ensured throughout reporting period.	Provision of incineration equipment subject to waste management assessment planned by end 2003.	Continue to supply matching quantities of injection safety supplies. Provision of incinerators – FY 2004.

Indicators	Targets	Achievements	Constraints	Updated targets
10. Local adaptation/ implementation of the waste management plan according to destruction methodologies chosen.	YY 2003-2005	N/A – subject to waste management assessment and planning exercise – end 2003-early 2004.		
11. Transition to AD syringes for all injections	YY 2002-2005	AD syringes “bundled” to all immunization supplies provided through UNICEF Georgia (USAID funded) and GAVI/Vaccine Fund.	Disposable syringes procured for immunization supplies through state funding – DT, Td, Mumps. Constraint: cost of the supplies procured through state budget	Advocacy efforts from ICC partners to ensure provision of AD syringes for state funded vaccines. Exploring opportunity of international procurement services for cost saving in gov procurements.
12. Revise the open vial policy	FY 2003	Open vial policy adopted and included in the Ministerial Decree #122/n		
13. Establish AEFI monitoring and surveillance system at all levels of service delivery	YY 2003-2004	AEFI surveillance system revised and included within the new health information systems for NIP management (#122/n decree)		Continuous monitoring and supervision for successful implementation of the AEFI surveillance system
14. Review potential for local production of safety boxes	FY 2005	N/A for the reporting period		
Revise and refine the safe immunization policy in compliance with WHO recommendations	YY 2002-2006	Safe immunisation policy continuously discussed and revised by ICC partners		
15. Evaluate impact of injection safety policy	YY 2004-2006	N/A for the reporting period		
16. Achieve 100% immunization injection safety	FY 2006	As per injection safety assessment results, none of the immunisation injections are administered by sterilizable injection equipment.		Exclusive use of AD syringes for immunization injections to be achieved by 2006

N/A – not applicable

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

➔ The following major areas of activities have been funded (specify the amount) with the GAVI/The Vaccine Fund injection safety support in the past year:

20,800 USD for the injection safety sub-account in lieu of supplies provided by UNICEF Georgia for 2002 national immunisation programme was transferred by GAVI/VF to the National Centre for Disease Control in March 2003. Thereby utilisation of the grant amount in 2002 was not feasible. Detailed budgeting of the grant amount will be submitted to and approved by ICC as for the 1st and 2nd sub-accounts of the application.

2. Financial sustainability

First Annual Report:

Report progress on steps taken and update timetable for improving financial sustainability
Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

Financial sustainability plan under development to be submitted to GAVI/VF by the set deadline – November 30, 2003. A national workshop will be organized for finalization of the plan with participation of ICC members agencies – MLHSA, PHD, NCDC, Ministry of Finance, UNICEF, WHO and USAID. ICC will seek advice of the GAVI/VF secretariat for any clarification needed in development of the financial sustainability plan.

3. Request for new and under-used vaccines for year2004..... (indicate forthcoming year)

Section 3 is related to the request for new and under used vaccines and injection safety for the **forthcoming year**.

3.1. Up-dated immunization targets

➔ Confirm/update basic data (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 10) . Targets for future years **MUST** be provided.

Table 2 : Baseline and annual targets

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Births	46765	46006	45033****	49533****	49533****	49533****	49533****	49533****
Infants' deaths	989	920	907	907	907	907	907	907
Surviving infants	45776	45086	44126****	48626****	48626****	48626****	48626****	48626****
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	44875 (97.6%)	45923 (39219)*** 101.9% (87.0%)***	45455 (37805)*** 103.0% (85.7%)***	42790 88.0%	43,909 90.3%	45076 92.7%	46195 95%	46195 95%
NEW VACCINES								
Infants vaccinated with __HB3__ * (use one row per new vaccine)	16596 (72.2%)	28098 (15300)*** 62% (33.0%)***	50554 (22552)*** 114.6% (51.1%)***	33455 68.8%	37734 77.6%	41965 86.3%	46195 95%	46195 95%
Wastage rate of **HB..... (new vaccine)	1.7	2.4	(1.4)	1.25	1.18	1.18	1.18	1.18
INJECTION SAFETY								
Pregnant women vaccinated with TT	NA	NA	NA	NA	NA	NA	NA	NA
Infants vaccinated with BCG	44427 95%	44724 (41828)*** 97.2% (90.9%)***	45836 (41073)*** 101.8% (91.2%)***	47056 95%	47056 95%	47056 95%	47056 95%	47056 95%
Infants vaccinated with Measles	44403 97%	43,674 (26,190)*** 95.4% (57.2%)***	47251 (29722)*** 104.8% (65.9%)***	46195 95%	46195 95%	46195 95%	46195 95%	46195 95%

* Indicate actual number of children vaccinated in past years and updated targets

** Indicate actual wastage rate obtained in past years

*** Indicated timely vaccination coverage rates or age-appropriate. i.e. DPT 3 coverage reported among under-12 month infants

**** Due to unavailability of EPI performance data from conflict zones, target group and coverage rates for YY 2000-2002 are provided for child population of Georgia excluding Abkhazia and South Ossetia. Since 1994 GoG is regularly providing vaccine and injection safety supplies to the conflict zones, however reporting is not available from Abkhazia and South Ossetia. Thereby in planning for subsequent years (2003-2007) cohort and surviving infants are calculated by adding est. 4,500 infants (born in Abkhazia and Ossetia) to the total child population - actual number of live births and surviving infants reported in 2002.

→ Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

Justification for difference in reported coverage vs. WHO/UNICEF Joint Reporting Form:

WHO/UNICEF JRF completed by GoG in April 2002 and 2003 provided preliminary information on denominators and coverage rates based on Centre for Medical Statistics and Information (CMSI), MLHSA. By mid of the year the information available at the CMSI are revised and finalized in the annual publication. The revised target groups (birth cohort and surviving infant) and coverage rates presented in the current report are recalculated based on annual statistical report of CMSI as per data generated through new health information system database implemented in 2002-03.

Comment request of the request from GAVI Secretariat (ref.: GAVI/02/249/jj, 26 November 2002) re: increase in baseline data for 2000 from the figure in the approved country proposal (31,177) and the figure in the inception report (44,875 children):

The country application indicated 31,177 children reached through DPT3 as a baseline data stemming from the survey findings – 1999 MICS survey. Due to unavailability of reliable national statistics, the GoG has included survey data as the baseline indicator.

In the inception report all data provided by ICC was based on the national (administrative) statistics. For 2000 the existing DPT 3 coverage (44,875 children) was the non-desegregated data for age-appropriate immunisation. Only since 2001 the MLHSA was enabled to report on timely vs. overall coverage rates and thus define more reliable and accurate EPI performance data. For the subsequent years target coverage for DPT 3 was re-calculated with gradual increase of rates till 2006 target – 95% national wide.

3.2 → **Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year 2004 (indicate forthcoming year)**
Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

Table 3: Estimated number of doses of HepB vaccine by end 2003 - 93,940

		Formula	For year ...2004...
A	Number of children to receive new vaccine	Birth Cohort X 85.8% for HepB 1 target + Surviving Infants X 77.6% for HeB 2/3	117,967
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100
C	Number of doses per child		1
D	Number of doses	$A \times B/100 \times C$	117,967
E	Estimated wastage factor	(see list in table 3)	1.18
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	139200
G	Vaccines buffer stock	$F \times 0.25$	N/A
H	Anticipated vaccines in stock at start of year		N/A – vaccines to be shipped in August 2004
I	Total vaccine doses requested	$F + G - H$	139200
J	Number of doses per vial		6
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	130944
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	0
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	1454

Table 3 : Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

3.3 Confirmed/revised request for injection safety support for the year 2005 – Not applicable for the Country Proposal:

The country application submitted by Government of Georgia to GAVI/VF in Sept 2001 envisaged the following request for injection safety sub-account:

1. Cash assistance in lieu of injection safety supplies provided by UNICEF Georgia office in 2002, and
2. Injection safety supplies for EPI (BCG, Measles, DPT1-3) in 2003 and 2004.

Please refer to p.22, section 1.3 of the application.

1. Cash assistance of 20,800 USD in lieu of supplies provided by UNICEF in 2002 was transferred by GAVI/VF in March 2003
2. Injection safety supplies for 2003 EPI was provided to GoG in November 2002, while
3. 2004 EPI supplies are expected to be delivered in November 2003

Accordingly, Government of Georgia is not requesting support for injection safety sub-account for 2005 EPI, hereby confirming that financial support for procurement of EPI injection safety supplies for FY 2005 are secured through UNICEF/USAID assistance.

→ *If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.*

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4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

Indicators	Targets by year 2002	Achievements	Constraints	Updated targets
Drop-out rate for DPT3 and HepB3	13.8 % (DPT 3) 21.6% (HepB 3)	11.5% - DPT3 drop-out 30.7% – HepB drop-out	High drop-out rate for time-appropriate HepB 3 coverage reasoned by late completion of vaccination series. Low awareness and commitment to the new vaccine remains a key constraint.	Targets identified in the country application are left unchanged DPT 3 drop out: 11.6 – 2003 9.4 – 2004 7.2 – 2005 5.0 – 2006 HepB drop-out: 15.3 - 2003 9.7 – 2004 5.0 – 2005-06
Overall and age-appropriate HepB-3 coverage;	HepB 3 - 68.8%	Overall coverage - 112.3% Age-appropriate – 51.5%	Low awareness and commitment to the new vaccine remains a key constraint. The suspected AEFI case to HepB in 2002 further increasing mistrust to the new vaccine among the population	Hep3 coverage targets: 68.8 – 2003 77.6 – 2004 86.3 – 2005 95.0 – 2006-07
Vaccine wastage – DPT and HepB	1.33 (DPT) 1.33 (HepB)	DPT wastage – 1.7 HepB wastage - 1.4	Open vial policy for no-lyophilised vaccines introduced in 2003, expected to improve the existing rates of vaccine wastage	DPT and HepB wastage: 1.25 – 2003 1.18 – 2004 1.18 – 2005 1.18 – 2006

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	X	
Reporting Period (consistent with previous calendar year)	X	Report covering Jan-Dec 2002 period
Table 1 filled-in	X	
DQA reported on	X	
Reported on use of 100,000 US\$	X	
Injection Safety Reported on	X	Attachments #4 – Injection Safety Assessment Report
FSP Reported on (progress against country FSP indicators)	X	FSP to be submitted in November 2003
Table 2 filled-in	X	
New Vaccine Request completed	X	
Revised request for injection safety completed (where applicable)	X	Not applicable for the report
ICC minutes attached to the report	X	Attachments #1, 2, 3
Government signatures	X	
ICC endorsed	X	ICC meeting held on 29 th September has revised the preliminary draft of the report. Revised document signed by ICC on 13 th October 2003

6. Comments

→ ICC comments:

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7. Signatures

For the Government of**Georgia**.....

Signature:

Title: ...Minister of Labour, Health and Social Affairs

Date: ...11 October 2003

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
MLHSA – Public Health Department	Ramaz Urushadze, Director			USAID/Caucasus	Tamar Sirbiladze, Health Project Manager Assistant		
National Centre of disease Control (NCDC)	Paata Imnadze, Director			UNICEF/Georgia	Mariam Jashi APO Health		
National Centre of Disease Control	Levan Baidoshvili, Deputy Director			WHO/Georgia	Rusudan Klimiashvili, Liaison Officer		
NCDC – Department of Immunization and Logistics	Tamar Dolakidze, Head			WHO/Georgia	Nino Mamulashvili Project Officer		

~ End ~