



Partnering with The Vaccine Fund

Updated February 2004

Progress Report

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

by the Government of

COUNTRY: Georgia

Date of submission:28.05.2004.....

Reporting period: 01.01.03 – 12.31.03

*(Information provided in this report **MUST** refer to the previous calendar year.)*

Second annual progress report ρ

*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

Progress Report Form: Table of Contents

1. Report on progress made during the previous calendar year

- 1.1 Immunization Services Support (ISS)
 - 1.1.1 Management of ISS Funds
 - 1.1.2 Use of Immunization Services Support
 - 1.1.3 Immunization Data Quality Audit
- 1.2 GAVI/Vaccine Fund New and Under-used Vaccines
 - 1.2.1 Receipt of new and under-used vaccines
 - 1.2.2 Major activities
 - 1.2.3 Use if GAVI/The Vaccine Fund financial support (US\$100,000) for introduction of the new vaccine
- 1.3 Injection Safety
 - 1.3.1 Receipt of injection safety support
 - 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste
 - 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

2. Financial Sustainability

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

- 3.1 Up-dated immunization targets
- 3.2 Confirmed/revised request for new vaccine (to be shared with UNICEF Supply Division) for year...
- 3.3 Confirmed/revised request for injection safety support for the year...

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

5. Checklist

6. Comments

7. Signatures

1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

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 (Ref.: GAVI/01/199/jd dated 10.12.2001), 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. Hep B vaccine supply support for 2004 national immunization programme (138,000 doses of HepB, 122,500 AD syringes and 1,375 safety boxes) was received 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 (50,400 BCG ADs, 178,700 0.5 ml ADs, 14,500 reconstitution syringes and 2,700 safety boxes) for FY 2004 was provided in February 2004.

No expenditure has been issued against the cash assistance provided by GAVI/Vaccine Fund to GoG for all three sub-accounts until 2003. 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 (17,000 USD) and the supplementary 100,000 USD assistance was elaborated and approved by ICC in 2002.

Implementation of the plans approved by ICC for ISS and New and Under-used Vaccine sub-accounts started in 2003. Details of the fund utilization and performance are provided in sections 1.1, 1.2 and 1.3.

Financial support for the 3rd sub-account - 20,800 USD issued to the Government of Georgia in March 2003 is planned to be utilised for ensuring sustainability of injection safety supplies and improvement of injection and waste management practices within NIP for 2005 and beyond.

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 the grant amount was delayed till 2003.

The 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.

Planning for the second trench of 17,000 USD has been discussed by ICC and considered more reasonable to integrate the resources in the overall NIP sustainability plan to be finalized and endorsed in 2004. Details for utilization of the contribution will be provided within the NIP sustainability plan to be submitted by GoG to GAVI secretariat by 1 September 2004.

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 _____17,000\$ (Year: 2003) _____

Remaining funds (carry over) from the previous year __17,000\$ (Year: 2002) ____

Table 1 : Use of funds during reported calendar year 2003

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	16900	2 600 \$ - 15.4%	1 500 \$ - 8.9%	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:	34,000	2 600 \$ - 15.4%	1 500 \$ - 8.9%	12 800 \$ - 75.7%	0
Remaining funds for next year: 2004	17,100				

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

Minutes of the ICC Meeting (2 May, 2002) approving allocation of the ISS financial support for Premial Funds has been provided to GAVI/VF along with the 1st Annual Progress Report submitted in October 2003 (ref.: Attachment #1 to the 1st Annual Progress Report)

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 49.3% for HepB to 89.3% for BCG, although overall coverage per each EPI antigen exceeds the national targets of 85% for BCG, OPV3, DPT3 and Measles.

It should be noted that in 2002 Ministry of Labour, Health and Social Affairs supported by USAID/PRHplus/Curatio International Foundation (CIF) 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 improving quality of monitoring and reporting system within NIP. Coverage data for the year 2003 revised as per updated HIS database:

BCG – timely vaccination rate 89.3%,
DPT 3 – timely vaccination coverage 77.2%
OPV3 – timely vaccination 76.7%
Measles – timely 82.4%
HepB 3 – timely 49.3%

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). In efforts to support awareness raising of the HCWs and parents on the updated schedule and the Ministerial Decree, UNICEF has supported NCDC to produce and distribute 1,000 posters and 50,000 leaflets throughout the PHC and maternity services implementing child vaccination programmes. The capacity building activities are planned to be supported in 2004 at regional and district levels, based on analysis of the programme performance provided by district Public Health Centres.

Hereby ICC is pleased to note that the consultation and joint planning process in late 2003 between GoG and Vishnevskaya-Rostropovich Foundation has been successful, leading to endorsement of the cooperation agreement for introducing MMR vaccination into the routine immunization schedule starting from 2004. The substantial support offered by the Foundation is seen as a crucial step towards improvement of national efforts for reducing Measles morbidity and prevention of congenital rubella syndrome. MMR vaccine will be provided to 1, 5 and 13 year age groups thereby ensuring at least 2-dose coverage for Measles and Rubella for the child population. The assistance is planned to be provided for 2004-2006 period, with further negotiations and planning to be reflected into the overall NIP sustainability plan.

Initiation of a wide scale primary health care reform process by the Ministry of Labour, Health and Social Affairs has affected the overall infrastructure and financial reimbursement mechanisms for the immunization programme, with introduction of performance-based remuneration schemes.

Since 2000 MLHSA, NCDC, UNICEF, Curatio (CIF) and other ICC partners have been supporting arrangement of annual programme review meetings with all public health departments throughout 12 regions and 66 districts of the country. The meeting served as a common forum for discussing NIP related achievements, constraints, short-term and long-term priorities as well as strategies for overcoming the programme obstacles. In 2003 ICC has prioritised to support expanded advocacy meetings on National Immunization Programmes at all regional levels with participation of the local governments, health and education authorities, media and community representatives from respective regional centres and districts. The meetings planned to be arranged starting from mid-2004 will ensure that the discussions on the successes and obstacles within NIP are discussed with expanded inter-sectoral partnership forums at the sub-national levels.

Targeting at improvement of the overall NIP performance for 2004 Ministry of LHSA and UNICEF will be also supporting comprehensive inventory of the cold-chain equipment at national and sub-national levels. The latter will ensure targeted distribution of the cold-chain equipment procured by the Government through GAVI/VF assistance as well as technical support provided by Japan Government (JICA).

1.1.3 Immunization 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

Although the Data Quality Assessment has not been implemented in 2003 it is suggested that the new health information system introduced in NIP management 2002 (USAID/PRH^{plus}/CIF) 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.

Not Applicable

Please report on studies conducted regarding EPI issues during the last year (for example, coverage surveys).

No EPI evaluation has been implemented in 2003, though is planned to be supported by UNICEF in late 2004- early 2005 in line with MICS Survey.

ICC would like to acknowledge support provided by GAVI and WHO/Euro for assessment of the HepB vaccination programme in 2003 – facilitated by Dr. Andrei Lobanov and Dr. Oya Afsar. The consultancy report from the study is enclosed to the annual progress report (attachment #4)

Furthermore waste management assessment for National Immunisation Programme planned in 2003 was performed in through UNICEF support in February 2004 (report enclosed – attachment #5).

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**

Start of vaccinations with the new and under-used vaccine: MONTH...September..... YEAR...2002.....

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.

Supply assistance - 137,940 doses of HepB vaccines (6-dose vials), 122,400 AD syringes and 1,375 safety boxes for 2004 immunization programme was received in August and September 2003.

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. In efforts to improve the public awareness and commitment for timely compliance to the national immunisation programme and HepB vaccination in particular in 2003 UNICEF has supported MLHSA to produce and distribute IEC packages (1,000 posters and 50,000 leaflets) on child immunisation programme providing brief overview of the vaccine preventable diseases, comparative risk assessments, NIP schedules, contraindications, AEFI, etc.

However it is acknowledged that further emphasis is 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. *i.e. HepB coverage data -2003*

HepB 1 – 90.3% timely vaccination

HepB 2 – 67.4% timely vaccination

HepB 3 – 49.3% timely vaccination

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.

Up to end 2003 major part of the financial contribution has been committed as per initial budget planning approved by ICC, namely:

1. **Capacity building** – Within the scope of the programme MLHSA has supported 1-day training sessions on Immunization with focus on Hep B vaccination for 900 health care providers at central/regional and district levels in August-September 2003. The component has also covered international training programme

for national experts with participation of 3 national consultants at the Flagship Course on Health Care Reform and Immunisation held in June 2003 in Budapest, Hungary. Total expenditures for the programme component comprised 22,603 USD.

2. **Issuance of the New Ministerial Decree** – 2,564 USD has been utilised for printing of 3,000 copies of the Ministerial Decree #122/n distributed throughout the PHC and maternity services in the country implementing the national immunization programme.
3. **National level consultation meeting** planned in late 2003 with representatives of the central, regional and district public health departments has been postponed to 2004 in due consideration of the political and social transformation following the November revolution in the country.
4. **Cold-Chain equipment** – 50,800 USD has been committed for procurement of the cold-chain equipment as per initial planning for the 100,000 USD supplementary assistance. Total of 8 refrigerators (MK 4010), 176 vaccine carriers, 3 generators, 22 stabilizers, 310 stop-watch indicators and 340 ice-packs were procured within the GAVI/VF assistance. The distribution of the supplies will start in July-August after finalization of the ongoing cold-chain inventory at national, regional and district levels supported by the MLHSA and UNICEF.
5. **Monitoring and evaluation** –1,178 USD was utilized for field monitoring visits to regional and district centres undertaken by NCDC experts in 2003 with focus on monitoring implementation of the HepB vaccination programme.
6. **Project Support Costs** – 8,252 USD has been expended for programme and logistics support arrangements.
7. **Remaining funds** for next year – 14,603 USD. The balance funds will be utilised for arrangement of the national level conference and addressing any emerging needs within the national immunization programme through ongoing monitoring and assessment.

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 units
0.5 ml AD Syringes – 164,000 units
2 ml reconstitution syringes – 5,000 units
5 ml reconstitution syringes – 6,000 units
Safety boxes – 2,500 units

Additional safety supplies provided by GAVI/VF for 2004 national immunisation programme was received in February 2004, including:

BCG AD syringes – 50,400 units
0.5 ml AD Syringes – 178,700 units
2 ml reconstitution syringes – 6,200 units
5 ml reconstitution syringes – 8,300 units
Safety boxes – 2,700 units

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

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

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	Waste management assessment and planning exercise completed in February 2004. Financial support provided through UNICEF/USAID.	Delay in implementation of injection safety assessment and political turmoil in the country in 2003	
3. Elaboration of detailed plan of action for injection safety, including safe disposal	FY 2002			FY 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.		
4. Develop training curriculum for physicians, nurses, pharmacists and other health professionals on injection safety 5.	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	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.

Indicators	Targets	Achievements	Constraints	Updated targets
7. Inclusion of injection safety in the education curriculum for medical students	FY 2003	Pending	Delay in adoption of the Ministerial Decree reasoned 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 equipments "bundled" to vaccine supplies ensured throughout reporting period.	Waste mngt assessment completed in Feb'04. Discussions underway on follow-up to recommendations re: waste mngt	Continue to supply matching quantities of injection safety supplies. Provision of incinerators & construction of waste disposal pits – FY 2004.
10. Local adaptation/ implementation of the waste management plan according to destruction methodologies chosen.	YY 2003-2005	Waste management assessment and planning exercise completed in February 2004. Discussions underway on implementation of the consultant's recommendations		FY 2004-2005
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. Negotiations started with GoG to utilize int'l procurement services or to use suppliers from the list of WHO pre-qualified manufacturers.	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 through 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

Indicators	Targets	Achievements	Constraints	Updated targets
14. Review potential for local production of safety boxes	FY 2005	N/A for the reporting period		
15. 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		
16. Evaluate impact of injection safety policy	YY 2004-2006	N/A for the reporting period		
17. Achieve 100% immunization injection safety	FY 2006	As per injection safety assessment results, none of the immunisation injections are administered by sterilizable injection equipment.	Disposable syringes still procured through state funds and distributed among immunisation centres. Negotiations started with GoG to utilize international procurement services or to use suppliers from the list of WHO pre-qualified manufacturers.	Exclusive use of AD syringes for immunization injections to be achieved by 2006

N/A – not application

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. Up to date no funds have been utilized from the injection safety support sub-account considering the upcoming financial sustainability plan and need for continuous inter-agency discussions for the best appropriate utilization of the cash assistance. The 20,800 USD are planned to be incorporated within the NIP sustainability plan to be finalized in 2004 and the funds will be utilized specifically for improvement of injection safety practices (procurement of injection safety supplies, procurement of safe waste disposal equipment and/or IEC activities targeting at improvement of the injection safety practices). Detailed utilization plan for the injection safety sub-account funds will be provided within the National Immunization Programme financial sustainability plan.

2. Financial sustainability

As per the 1st annual progress report submitted by the Government of Georgia to GAVI in October 2003, development of the financial sustainability plan was underway with planning to finalize the document at a national level workshop in late 2003. However the political and social transformation processes taking place in November 2003 followed by the revolution and substantial structural changes within the governmental sector have delayed the joint consultative process requiring thoughtful participation and active engagement of the Ministries of Health and Finance.

Despite the very high commitment expressed by the new leadership for continuous support of the immunization programme and the ICC work, the time available since assignment of the new management could not provide enough space for initiating active interagency coordination and discussions within the health and finance sectors. Accordingly ICC in order to seek full participation and endorsement of the financial sustainability plan from the government sector considers submission of the finalized sustainability plan to GAVI secretariat at a later stage – 1 September 2004.

However as part of the preparatory process in joint agreement of the ICC member agencies, Curatio International Foundation (CIF) has offered to support the NIP sustainability planning exercise through contracting an external consultant. The drafting of the plan will proceed in compliance to the updated GAVI FTF guidelines and will be discussed with the Ministries of Health and Finance through series of consecutive meetings for final endorsement and approval of the plan.

Table 2 : Sources (planned) of financing of new vaccineHepB..... (specify)

Proportion of vaccines supported by	Annual proportion of vaccines									
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Proportion funded by GAVI/VF (%)	100	100	100	50	50	25	25	0	0	0
Proportion funded by the Government and other sources (%)	0	0	0	50	50	75	75	100	100	100
Total funding for ... HepB... (new vaccine) *										

* Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine

The projected sources of vaccine and injection safety supplies for the national immunization programme will be provided in detail within the NIP financial sustainability plan (to be submitted by ICC no later than 1 September 2004). Meanwhile the table 2 provides preliminary planning consideration for HepB vaccine security. Prior to GAVI/VF marking end of support to the Hep B vaccination programme, Government of Georgia will be seeking possibilities for financial sustainability for the new vaccine and possibility for applying to the GAVV/VF for continuous assistance for the HepB vaccine support halving the supply component for the 2007-2008 with subsequent reduction and phasing out from the assistance. Hereby ICC acknowledges that possibility for re-submission of the country application will be subject to the programme performance and achievements demonstrated throughout 2002-2006 period.

3. Request for new and under-used vaccines for year2005..... (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 approved with country application: 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 12). Targets for future years **MUST** be provided.

Table 3 : Update of immunization achievements and annual targets

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS									
Births	46765	46006	45033	44,509 ¹	49,000 ²				
Infants' deaths	989	920	907	823	880	880	880	880	880
Surviving infants	45776	45086	44126	43,686	48,120	48,120	48,120	48,120	48,120
Infants vaccinated / to be vaccinated with 1st dose of DTP (DTP1)*	45610 99.6%	44743 99.2%	42720 96.8%	38675 88.5% ³	43645 90.7%	44655 92.8%	45714 95%	45714 95%	45714 95%
Infants vaccinated / to be vaccinated with 3rd dose of DTP (DTP3)*	44875 98%	39308 87.2%	37805 85.7%	33,722 77.2% ³	39988 83.1%	42,875 89.1%	45714 95%	45714 95%	45714 95%
NEW VACCINES **									

Infants vaccinated / to be vaccinated with 1st dose of ...HB..... (<i>new vaccine</i>)		31709 69%	22552 50.7%	40195 90.3%	45031 91.9%	45766 93.4%	46,550 95%	46,550 95%	46,550 95%
Infants vaccinated / to be vaccinated with 3rd dose of ...HepB..... (<i>new vaccine</i>)	16596 ⁴ 72.2%	28098 62%	22552 51.1%	21554 49.3% ³	31085 64.6%	38255 79.5%	45714 95%	45714 95%	45714 95%
Wastage rate of ***HepB..... (<i>new vaccine</i>)	1.7	2.4	1.4	1.38	1.18	1.18	1.18	1.18	1.18
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	NA	NA	NA	NA	NA	NA	NA	NA	NA
Infants vaccinated / to be vaccinated with BCG	44427 95%	41828 90.9%	41073 91.2%	39033 86.7% ³	43855 89.5%	45227 92.3.%	46,550 95%	46,550 95%	46,550 95%
Infants vaccinated / to be vaccinated with Measles	44403 97%	26,190 57.2%	29722 65.9%	36377 82.4%	41672 86.6%	43693 90.8%	45714 95%	45714 95%	45714 95%

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

** Use 3 rows for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

¹ Due to unavailability of EPI performance data from conflict zones, target group and coverage rates for YY 2000-2003 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.

² Planning for subsequent years (2004-2008) - cohort and surviving infants as well as target coverage are calculated by adding est. 4,500 infants (born in Abkhazia and Ossetia) to the total child population in order to ensure non-interrupted provision of immunisation supplies for child population in conflict affected zones. ICC partners have prioritised strengthened coordination with international agencies working in the field in Abkhazia and South Ossetia to seek possibilities that for 2004 and beyond performance data are obtained from the conflict affected zones as well.

³ Since 2003 due to implementation of the Reformed Immunization Information System quality of data has significantly improved. Therefore, reduced coverage rates in 2003 reflect reliable rather than deteriorated immunization performance.

⁴ HepB vaccination in 2000 were performed in Urban settings. Target – 23,000 children.

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.

Data provided in table 3 represents updated figures from the 2003 NIP performance reports, generated through the updated Health Information System for Immunization. St the time of submission of the 2003 WHO/UNICEF JRF in April 2004 available reporting data was incomplete. Thereby ICC uses the opportunity to provide GAVI/Vaccine Fund with updated routine coverage for 2003 as well as target coverage for 2004-2008.

This is to confirm that the updated coverage data will be forwarded to WHO/EURO and UNICEF HQs to ensure compliance of country level reporting to WHO/UNICEF and GAVI/VF.

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year 2005... (indicate forthcoming year)

Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

The 2004 forecast for HepB vaccine and injection safety supplies (139,200 HepB vaccines, 131,000 0.5 ml Ads and 1,450 safety boxes) has been shared with UNICEF Supply Division in October 2003. The forecast has been reflected in the 2004 provisional plan for Georgia with the supplies planned to be shipped in August 2004.

The updated forecast for HepB vaccine and injection safety supplies for 2005 will be incorporated in the overall NIP supply forecast in October 2004 for UNICEF SD reference.

Table 4: Estimated number of doses of HepB vaccine by end 2004 - 145,212 (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2005
A	Number of children to receive new vaccine	Birth Cohort X 93.4% for HepB 1 target + Surviving Infants X 79.5% for HeB 2/3	122,276
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	$A \times B / 100 \times C$	122,276
E	Estimated wastage factor	(see list in table 3)	1.18
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	144,286
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 2005
I	Total vaccine doses requested	$F + G - H$	145,212
J	Number of doses per vial		6
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	135,727
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	N/A

Table 5: 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

*Please report the same figure as in table 3.

- **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:** Countries are expected to plan for a maximum of: 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **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... (indicate forthcoming year)

Not applicable – the year 2004 has been the final year for GAVI/VF support for injection safety component of 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) - YY 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 February 2004.

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 YY 2005-2006 are secured through various ICC partners involved in supply assistance for the NIP vaccines, in particular:

Target Groups	NIP Schedule (Vaccines)	Injection Safety Supplies as per NIP Schedule	Funding Source for Vaccines 'Bundled' with AD, reconstitution syringes (if applicable) and safety boxes:			
			Government of Georgia	GAVI/VF	UNICEF/USAID	Vishnevskaya Rostropovich Foundation
0-1 years	BCG	BCG ADs, 2 ml reconst., safety boxes	X (40% - 2005, 50% - 2006)		X (60% - 2005, 50% - 2006)	
	DPT1-3	0.5 ml ADs syringes, safety boxes	X (40% - 2005, 50% - 2006)		X (60% - 2005, 50% - 2006)	
	OPV1-3	N/A	X (40% - 2005, 50% - 2006)		X (60% - 2005, 50% - 2006)	
	HepB 1-3	0.5 ml ADs syringes, safety boxes		X		
1-2 years	MMR	0.5 ml ADs, 5 ml reconst. safety boxes				X
	OPV4	N/A	X (40% - 2005, 50% - 2006)		X (60% - 2005, 50% - 2006)	
	DPT4	0.5 ml ADs syringes, safety boxes	X (40% - 2005, 50% - 2006)		X (60% - 2005, 50% - 2006)	
5 years	DT	0.5 ml ADs syringes, safety boxes	X			
	OPV5	N/A	X			
	MMR	0.5 ml ADs, 5 ml reconst. safety boxes				X
13 years	MMR	0.5 ml ADs, 5 ml reconst. safety boxes				X
14 years	Td	0.5 ml ADs syringes, safety boxes	X			

Longer –term sustainability for the injection safety supplies will be provided within the national immunization FS plan.

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	Achievements	Constraints	Updated targets
Drop-out rate for DPT3 and HepB3	DPT3 – 11.6 HepB3 – 15.3	12.8% - DPT3 drop-out 45,4% – HepB drop-out	High drop-out rate for time-appropriate HepB 3 coverage reasoned by a) introduction of HepB-1 vaccination at maternity houses since September 2003 and b) 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: 8.3 – 2004 4,1 – 2005 1.8 – 2006 HepB drop-out: 31 – 2004 16,2 – 2005 1.8 – 2006
Age-appropriate HepB-3 coverage;	HepB 3 - 68.8%	Age-appropriate – 49.3%	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: 64.6 – 2004 79.8 – 2005 95.0 – 2006-07
Vaccine wastage – DPT and HepB	1.25 (DPT) 1.25 (HepB)	DPT wastage - 1.48 HepB wastage - 1.38	Open vial policy for no-lyophilised vaccines introduced in 2003, expected to improve the existing rates of vaccine wastage	DPT and HepB wastage: 1.18 – 2004 1.18 – 2005 1.18 – 2006

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	X	28 May 2004
Reporting Period (consistent with previous calendar year)	X	Report covering Jan-Dec 2003 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 – Waste Management Assessment Report
FSP Reported on (progress against country FSP indicators)	X	
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 meetings held on 15 May 2004 has revised the preliminary draft of the report. Revised document was signed by ICC on 21 st May and endorsed by MLHSA on 25 th May 2004

6. Comments

→ *ICC/RWG comments:*

7. Signatures

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

Signature:

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

Date: ...25 May 2004

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			UNICEF/Georgia	Mariam Jashi APO Health		
National Centre of disease Control (NCDC)	Paata Imnadze, Director			WHO/Georgia	Rusudan Klimiashvili, Liaison Officer		
National Centre of Disease Control	Levan Baidoshvili, Deputy Director			Curatio International Foundation	Mamuka Jibuti – HIS Programme Officer		
NCDC – Department of Immunization and Logistics	Lika Jabidze, ICC Secretary			Vischnevskaya-Rostropovich Foundation	Tamar Dolakidze, Country Director		
USAID/Caucasus	Tamar Sirbiladze, Medical Project Officer, Humanitarian Response Office						

~ End ~