GAVI

THE GLOBAL ALLIANCE FOR VACCINES & IMMUNIZATION

Partnering with The Vaccine Fund

January 2005

Progress Report

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

by the Government of

COUNTRY:Georgia

Date of submission: .....15 .05.05.....

Reporting period: 2004 *(Information provided in this report **MUST** refer to 2004 activities)*

(Tick only one) :

Inception report	ρ
First annual progress report	ρ
Second annual progress report	ρ
Third annual progress report	ρ
Fourth annual progress report	ρ
Fifth 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 GAVI partners and collaborators

Progress Report Form: Table of Contents

1. Report on progress made during 2004

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

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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. 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. Financial support for the 3rd sub-account - 20,800 USD was issued to the Government of Georgia in March 2003. The funds are 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.

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.

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 total funds issues to Government of Georgia under the scope of the ISS funds comprised 34,000 USD.

The first trench of 17,000 USD received in 2002 was issued as premial funds of the primary health care providers engaged in NIP throughout the country. The decision was made by ICC and funds disbursed to 66 district public and primary health care centres in March 2003.

In March 2003 the 2nd trench amount of 17,000 USD was granted by GAVI/VF to Georgian NIP. The funds as per ICC decision in 2004 will be also utilized for NIP providers' premial fees. Issuance of the funds were delayed due to the major reform process and staffing structure in the Ministry of Labour, Health and Social Affairs, also affecting the ICC management.

It is planned that by the decision of ICC The 2nd disbursement of 17,000 USD will be issued as primal fees for health care workers involved in implementation of immunization program throughout the country. By May 2005 the distribution of the premial funds is already approved by the Ministry and the line departments, with the premial fees to be delivered to HCWs in June.

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 as in 2003 will be 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.

In 2004 GoG received additional ISS funds of 34,000 USD as a bonus payment for increased DPT coverage. ICC has discussed utilization of the funds for strengthening of the outreach immunization services in hard to reach areas with low coverage rates and support for piloting of the financial management modules for immunization under primary health care reform.

1.1.2 Use of Immunization Services Support

In 2004, the following major areas of activities have been funded with the GAVI/Vaccine Fund ***Immunization Services Support*** *contribution.*

Funds received during 2004 _34,000 US $__
Remaining funds (carry over) from 2003 ___ 17,000___ US $_____

Table 1: Use of funds during 2004

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				
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				
Remaining funds for next year:	51,000				

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

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.
Attach – minutes#29

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

Despite the fact that the ISS funds made available to Government in 2004 has not been issued due to the above-cited transition and reform process in the national health care system, ICC has succeeded to re-establish the new membership and management in 2004 and to ensure high government commitment to strengthening of the national immunization system. The funds available for NIP support (51,000 USD) will be utilised for incentive payments, outreach services and NIP financing moduling in 2005.

Depsite the major obstacles in the NIP management at the central level and delays in launch of the ISS support activities, some notable achievements have been attained under NIP in 2004. Sustained coverage rates for the basic EPI antigens, increase of HepB 3 coverage from 49.3% in 2003 to 63.7% in 2004, introduction of the MMR vaccines, development of FSP are the proven evidence of the programme success. Each of the topics are discussed in further detail below:

1. NIP coverage for 2004:

BCG – timely vaccination rate 90.8%,
DPT 3 – timely vaccination coverage 78%
OPV3 – timely vaccination 65.7%
Measles – timely 86.6%
HepB 3 – timely 64%

The Government is prioritizing to address the gaps in timely vaccination coverage through strengthened advocacy and communication. The country is still struggling to overcome the continued delays in start of the age-appropriate vaccination series. Despite the fact that over 90% of children do receive the 9 NIP antigens up to age of 2 years, under-12 month coverage against DPT3 (78%) and OPV3 (65.7%) should be urgently addressed. The major factor impeding timely completion of the vaccination is the fear of parents and health care providers stemming from the negative media publicity of suspected AEFI cases from Hep B in 2002 and MMR in 2004.

2. As noted HepB-3 timely vaccination has increased from 49.3% in 2003 to 63.7% in 2004. The achievement is conditioned by the continuous IEC and national staff capacity building for changing attitudes to the newly introduced vaccines, though negative publicity from 2002 AEFI is still continued.

3. One of the major achivement of the NIP in 2004 was introduction of the tivalent MMR vaccine into the national imunization schedule. The vaccine was introduced through Vishnevskaya-Rostropovich Foundation (VRF) support for 2004-2006 periods. In April 2, 2004 the Ministry of Labour, Health and Social Affairs passed a Decree #73/o that endorsed organization of sub-NIDs in Major cities Tbilisi and Batumi for 13 year old children in April-May and inclusion of MMR vaccine in routine immunization for 1, 5 and 13 years children starting from September 2004). The vaccine introduction was preceded by 12 training sessions for 300 health care providers in Tbilisi and Batumi supported by VRF and 27 training session for 810 HCWs throughout 66 districts carried out by UNICEF assistance. In total 1110 specialists were trained on MMR vaccination and practical issues of immunization. The training courses were facilitated by NCDC experts. 92% of target

population was vaccinated in pilot cities and routine immunization was initiated throughout the country in September 2004. According to the MoLHSA Decree #276/o of October 11, 2004 14 years old children were additionally vaccinated through October-December (coverage rate 54%).

4. In 2004 two sub-national campaigns with Measles vaccine were carried out in response to the Measles epidemic. The campaigns were organized for 1-15 years old children, the first for Refugee children in Pancisy Valley (boarder to Chechnya) and the second for IDPs from Tskhinvali district (South Ossetia). 110% and 76% of target groups were immunised respectively.

5. Monitoring and Inventory of Cold Chain Equipment supported by UNICEF was carried out by NCDC staff in all 66 districts of country in September-November 2004. Regular monitoring of Immunization Information System was implemented jointly by NCDC and Curatio IF (ICC member NGO) staff within the framework of the NIP Health Information System Reform Program.

6. As the follow-up to the Regional FSP w-shop in August 2004 (Budapest, Hungary) ICC members were engaged in preparation of the 2005-2010 NIP Financial Sustainability Plan. The Plan was endorsed by Government and ICC and submitted to GAVI/VF Secretariat in January 2005.

7. As noted the major negative publicity stemmed from media coverage of HepB AEFI case, the publicity renewed in late 2004 due to the court trial is seen as the major obstacle for sustained HepB as well as other NIP antigen coverage.

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 ■

If yes, please 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 report on studies conducted regarding EPI issues during 2004 (for example, coverage surveys).

1. Cold Chain inventory and assessment undertaken in Oct-Nov 2004 by NCDC through UNICEF support

2. Waste Management Assessment and Planning Exercise supported by UNICEF in February 2004 with analysis of existing practices of immunisation injection safety and waste management.

3. EPI coverage survey is planned in 2005 under the Multiple Indicator Cluster Survey supported by UNICEF. The MICS survey finding will contribute to the overall NIP evaluation planned by UNICEF and WHO/Euro in late 2005.

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

1.2.1 Receipt of new and under-used vaccines during 2004

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 and matching quantities of injection supplies on 03.11.2004. The assistance included 159,360 doses of HepB vaccines, 128.000 0.5 ml AD Syringes & 1900 safety boxes.

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.

1. Hep B vaccination management as the integral component of the overall national immunisation programme is strengthened through annual capacity building activities and advocacy/IEC. In 2004 the capacity building in NIP management and the updated programme guidance (including HepB vaccination) supported by GoG/UNICEF/VRF has reached 810 front line workers of the immunisation programme throughout 66 district of the country.

2. In response to the negative publicity towards HepB vaccination in late 2004 the Press briefing by the Ministry (Minister, Deputy Ministers & Public Health Department, NCDC) with participation of the First Lady, Parliamentary Committee for Health & Social Affairs, all ICC partners and the Paediatrics Academy.

3. TV/programmes arranged by GoG & UNICEF were dedicated to the vaccination issues and response to the HepB and overall NIP negative publicity.

4. In order to further raise Hep B vaccination coverage, though acknowledging achievements in successful introduction of HepB Birth dose and notable change in HepB 3 coverage over the last 3 years, ICC members plan to continue national staff training in HepB and AEFI issues. The training as in earlier years will be undertaken under the overall NIP training sessions.

5. In 2004 Ministry of Labour, Health and Social Afairs has endorsed the Health Promotion Strategy for 2-004-2008. The Strategy identified Immunisation as one of the major priorities and focus of the national advocacy and IEC efforts. ICC member agencies will continue to support the Ministry and the Public Health Department to implement the advocacy and IEC (TV/Radio spots and programmes, production of leaflets, posters) in 2005 and beyond.

6. NIP programme communication has been a key focus under the 2005-2008 NIP Operational Plan developed by ICC through WHO/Euro support. The ICC members have identified the respective roles and contributions to the NIP advocacy and IEC component.

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. Budget allocation was approved by Parliament in early 2003 and accordingly

implementation of the activities started thereafter. By end 2003 major part of the financial contribution has utilized 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. **Balance by end 2003 comprised 14,603 USD**

In 2004 total of 1490.15 USD was utilized for custom service and vaccines transportation, leading to the balance of **13,112.85 USD** by end 2004.

The balance funds will be utilised for arrangement of the national level conference in 2005 (postponed from 2004 due to the reform process) and addressing any emerging needs within the national immunization programme in 2005.

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

Injection safety supplies provided by GAVI/VF for national immunisation programme received during 2004, including:

BCG AD syringes – 84,500 units
0.5 ml AD Syringes – 345.200 units
2 ml reconstitution syringes – 6,300units
5 ml reconstitution syringes – 9,600units
Safety boxes – 2700 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.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharp 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 provided with 2nd annual report to GAVI/VF in 2004. 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	Accomplished as of FY 2004		
4. Introduction of the injection safety	FY 2002	Injection safety policy and plan		

policy and plan at the national and sub-national levels		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	FY 2003	Accomplished within the scope of training on implementation of the revised Ministerial Decree #122/n		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 and major transition process within health care system	FY 2005
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. Injection safety training included in NIP training in 2003 & 2004 based on Ministerial Decree.		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 equips "bundled" to vaccine supplies ensured throughout reporting period.	Waste mngt assessment completed in Feb'04. Discussions underway on follow-up to recom-mendations re: waste mngt	Continue to supply matching quantities of injection safety supplies. Provision of incinerators & construction of waste disposal pits – FY 2005-06.
10. Local adaptation/ implementation of the waste	YY 2003-2005	Waste management assessment and planning exercise completed in		

management plan according to destruction methodologies chosen.		February 2004. Discussions underway on implementation of the consultant's recommendations		
11. Transition to AD syringes for all injections	YY 2002-2005	Exclusive use of Ads for immunisation achieved by end 2004. Disposal & reconstitution syringes used for lyophilised vaccines.		
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 endorsement of 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 sadety	FY 2006	Exclusive use of Ads for immunisation achieved by end 2004. Disposal & reconstitution syringes used for lyophilised vaccines.		Ensure continued monitoring of the procurement and utilization of injection supplies for NIP.

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. 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 available resources based on the ICC decision and inclusion in NIP FSP will be utilized for procurement of waste management disposal equipment (incinerators) and construction of the NIP waste disposal settings (ground pits as per waste management consultancy recommendations in 2004).

2. Financial sustainability

Inception Report:	Outline timetable and process for the development of a financial sustainability plan . Describe assistance that may be needed for developing a financial sustainability plan.
First Annual Progress Report:	Submit completed financial sustainability plan by given deadline. Describe major strategies for improving financial sustainability.

The Financial Sustainability Report was endorsed by the Government of Georgia and ICC and submitted to GAVI/VF in January 2005. The main objectives of the national immunization program articulated within the NIP Financial Sustainability Plan envisage (in order to prioritization):

1. Improving the timely immunization coverage against all 9 antigens up to 90% at the national levels and at least to 80% at all district levels throughout the country

2. Sustaining Polio free status and continuing accelerated disease control activities for Measles and Diphtheria
3. Decreasing vaccine wastage rates
4. Introduction of new vaccines based on epidemiological and cost-benefit analysis
5. Improving immunization coverage and program management capacities in conflict affected zones

The following strategic priorities were identified with corresponding key progress indicators and actions to address the financial gap:

Strategy component and elements	Output indicators	Actions
1. Resource Mobilization & Advocacy	• Share of actual domestic expenditures on recurrent costs of immunization program/amount budgeted for recurrent costs within the last fiscal year • Well established Financial Planning process involving all financiers	
1.1 **Error! Reference source not found.**	• Purchase of quality vaccines with use of international procurement mechanism or direct procurement with price differential of less than ten percent from UNICEF prices	-1. To revise the legislation to enable state procurements directly from UNICEF -2. To conduct market assessment to identify suppliers with the lowest prices (meeting quality standards) -3. To strengthen state procurement capacity and transparency
1.2 **Error! Reference source not found.**	Donor expenditures and pledges: Donor actual expenditure in the past year expressed as a percentage of the gap between total costs estimated for the multi-year strategic plan (MYP) and expected national expenditures.	-1. To update the FSP (as an advocacy and planning tool) regularly together with ICC partners -2. To conduct intensive consultations with the ICC partners during the planning of their programming cycles
1.3 **Error! Reference source not found.**	Existence of laws (budget law), statutes, regulations and/or official decrees specifying amounts or allocations to be dedicated to immunization programs	-1. To present the findings of the FSP to policy makers in the MoF and achieve consensus -2. To hold working meetings with the policy makers and technical decision makers (in charge of MTEF) in the MoLHSA
2. Efficiency & effectiveness	• Trends of vaccine stock-outs, by region #,% • Trends in wastage rates over time, by antigen, particularly for OPV and DTP which can be reused	
2.1 **Error! Reference source not found.**	• Technical documents and training materials available • Number of managers / professionals trained (or in % out of total)	-1. To prepare technical documents and training materials (Preparation, adaptation, translation, printing and distribution of technical documents and training materials, based on MLM and IIP modules) -2. To train managers (conduct EPI Mid-Level Management (MLM) training course for region and district immunization managers) -3. To translate and adopt the WHO-UNICEF Effective Vaccine Store

Strategy component and elements	Output indicators	Actions
		Management (EVSM) Initiative -4. To conduct vaccine store management and immunization safety training course - 12 regions and 66 districts for 2-3 days
2.2 **Error! Reference source not found.**	• Existence of an accounting system for the immunization program or a broader accounting system where expenditures can be disaggregated by program	-1. To upgrade existing software for the MIS to meet more advanced (managerial) requirements -2. To conduct a training course on EPI and standard used software for regional and district Public Health Centre (PHC)
2.3 **Error! Reference source not found.**	• Reimbursement schemes of PHC providers consider appropriate incentives for immunization services	-1. To participate in the elaboration of the PHC provider reimbursement schemes -2. To develop policy recommendations -3. To conduct workshops & debates
2.4 **Error! Reference source not found.**	• Cold chain equipment at PHC level is incorporated in the standards of the primary health care facilities • PHC medical personnel responsibilities are defined in the payment contracts and enforced	-1. To participate in the design of PHC facility standards (enforced by licensing or contracting mechanisms) and integrate the needs of the NIP -2. To participate in the design of the functional plans and the scope of work of medical professionals of PHC institutions to integrate the needs of the NIP -3. To participate in the human resource development planning and ensure that training (education) curriculum reflects immunization related topics -4. To participate in the development of PHC provider contracts and suggest mechanism for their enforcement concerning the NIP objectives

Subsequent Progress Reports:

According to current GAVI rules, support for new and under-used vaccines is covering the total quantity required to meet country targets (assumed to be equal to DTP3 targets) over a five year period (100% x 5 years = 500%). If the requested amount of new vaccines does not target the full country in a given year (for example, a phasing in of 25%), the country is allowed to request the remaining (in that same example: 75%) in a later year. In an attempt to help countries find sources of funding in order to attain financial sustainability by slowly phasing out GAVI/VF support, they are encouraged to begin contributing a portion of the vaccine quantity required. Therefore, GAVI/VF support can be spread out over a maximum of ten years after the initial approval, but will not exceed the 500% limit (see figure 4 in the GAVI Handbook for further clarification). In table 2.1, specify the annual proportion of five year GAVI/VF support for new vaccines that is planned to be spread-out over a maximum of ten years and co-funded with other sources. **Please add the three rows (Proportion funded by GAVI/VF (%), Proportion funded by the Government and other sources (%), Total funding for … HEPB ……. *(new vaccine))* for each new vaccine.**

Table 2.1: Sources (planned) of financing of new vaccine ……HEPB ……. *(specify)*

Proportion of vaccines supported by *	**Annual proportion of vaccines**									
	2002..**	**2003..**	**2004..**	**2005..**	**2006..**	**2007..**	**2008..**	**2009..**	**2010..**	**2011..**
A: Proportion funded by GAVI/VF (%)***	100	100	100	100	50	25	25	0	0	0
B: Proportion funded by the Government and other sources (%)	0	0	0	0	50	75	75	100	100	100
C: Total funding for ……. *(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 first year should be the year of GAVI/VF new vaccine introduction*
**** Row A should total 500% at the end of GAVI/VF support*

In table 2.2 below, describe progress made against major financial sustainability strategies and corresponding indicators.

The progress report for the 2005-2010 is not applicable for the current reporting period. The progress update will be provided to GAVI/VF Secretariat with the subsequent annual report in 2006.

3. Request for new and under-used vaccines for year 2006

*Section 3 is related to the request for new and under used vaccines and injection safety for **2006**.*

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								
	2004	2005	2006	2007	2008	2009	2010	2011	2012
DENOMINATORS									
Births	46299[1]	46299	46299	46299	46299	46299	46299	46299	46299
Infants' deaths	1100 [2]	1100	1100	1100	1100	1100	1100	1100	1100
Surviving infants	44,252[3]	44252	44252	44252	44252	44252	44252	44252	44252
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with **1st dose** of DTP (DTP1)*	38974 88%	40720 92%	42040 95%	42040 95%	42040 95%	42040 95%	42040 95%	42040 95%	42040 95%

[1] The number of live-births is preliminary, final official data will be available in mid 2005
[2] Official figure of infants death for 2003 amounts to 1,100. 2004 year data are not available, therefore previous year figure is provided.
[3] Number of surviving infants is derived from the Immunization HIS which is based on the target groups (under 1 year) defined by the districts.
[4]

Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with 3rd **dose** of DTP (DTP3)*	34476 78%	38450 87%	39380 89%	40660 92%	42040 95%	42040 95%	42040 95%	42040 95%	42040 95%
NEW VACCINES **									
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with **1st dose** of DTP (DTP1)* HEPB1..... *(new vaccine)*	34844 75%	37632 81%	40420 85%	42798 90%	43980 95%	43980 95%	43980 95%	43980 95%	43980 95%
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with 3rd **dose** of...HEPB3..... *(new vaccine)*	28177 64%	31700 72%	35220 80%	38740 88%	42040 95%	42040 95%	42040 95%	42040 95%	42040 95%
Wastage rate in 2004 and plan for 2005 beyond*** ..... HEPB ..... *(new vaccine)*	1.22	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18
INJECTION SAFETY**									
Pregnant women vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with TT2	NR								
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with BCG *	42021 92.6%	43980 95%	43980 95%	43980 95%	43980 95%	43980 95%	43980 95%	43980 95%	43980 95%
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with Measles *	38261 86%	38950 88%	39860 90%	42040 95%	42040 95%	42040 95%	42040 95%	42040 95%	42040 95%

* Indicate actual number of children vaccinated in 2004 and updated targets (with either DTP alone or combined)
** Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced
*** Indicate actual wastage rate obtained in past years
**** Insert any row as necessary

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 correspond to the 2004 WHO/UNICEF JRF.

It is envisioned that in mid 2005 Official Statistical data will be available. Denominators provided by the Official statistics may exceed the figures given in the table 3, Consequently coverage rates will be recalculated based on the Official denominators. Number of the vaccinated children is final and is not subject to changes.

This is to confirm that the updated coverage data (if different) will be forwarded to WHO/EURO and UNICEF HQs to ensure compliance of country level

reporting to WHO/UNICEF and GAVI/VF.

3.2 Availability of revised request for new vaccine *(to be shared with UNICEF Supply Division)* for 2006

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

The updated forecast for HepB vaccine and injection safety supplies for 2006 will be incorporated in the overall NIP supply forecast in October 2005 for UNICEF SD reference.

Table 4: Estimated number of doses of ...HepB... vaccine *(specify for one presentation only):* *Please repeat this table for any other vaccine presentation requested from* GAVI/The Vaccine Fund

**Please report the same figure as in table 3.*

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

		Formula	For 2006
A	Infants vaccinated/to be vaccinated with 1st dose of .....HepB..... (new vaccine)*	birht cohortX85% target	39 354
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		3
D	Number of doses	*A x Bx C*	118 062
E	Estimated wastage factor	*(see list in table 3)*	1,22
F	Number of doses (incl. Wastage)	*A x C x E x B/100*	144 036
G	Vaccines buffer stock	*F x 0.25*	36 009
H	Anticipated vaccines in stock at start of year 2006 (including balance of buffer stock)		
I	Total vaccine doses requested	*F + G - H*	180 045
J	Number of doses per vial		6
K	Number of AD syringes (+10% wastage)	*(D + G – H) x 1.11*	171 019
L	Reconstitution syringes(+10% wastage)	*I / J x 1.11*	N/A
M	Total safety boxes (+10% of extra need)	*(K + L) / 100 x 1.11*	390

RemarkS

- **Phasing: Please adjust estimates of target number of ch new vaccines, if a phased introduction is intended. If target differ from DTP3, explanation of the difference should be provided**
- **Wastage of vaccines: Countries are expected to plan fo 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vaccine in a10 or 20-dose vial; 10% for any vaccine (either in 1 or 2-dose vial.**
- **Buffer stock: The buffer stock is recalculated every yea vaccine requirement**
- **Anticipated vaccines in stock at start of year 2006: It is counting the current balance of vaccines in stock, including stock. Write zero if all vaccines supplied for the current ye buffer stock) are expected to be consumed before the start with very low or no vaccines in stock must provide an expla the vaccines.**
- **AD syringes: A wastage factor of 1.11 is applied to the of vaccine doses requested from the Fund, excluding the w**
- **Reconstitution syringes: it applies only for lyophilized v for other vaccines.**
- **Safety boxes: A multiplying factor of 1.11 is applied to for areas where one box will be used for less than 100 syrin**

3.3 Confirmed/revised request for injection safety support for the years 2006 -2007

Table 6: Estimated supplies for safety of vaccination for the next two years with ..... *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

Not application for Georgia NIP starting from 2005.

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

N/A

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%	11.5% - DPT3 drop-out 19 % – 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) 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 for DPT3 and updated for HepB3 for realistic targets DPT 3 drop out: 10 % – 2005 7 %– 2006 6 % -2007 HepB drop-out: 15 % – 2005 12 % – 2006 10 %- 2007

Age-appropriate HepB-3 coverage;	HepB 3 – 64 %	Age-appropriate – 64 %	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: 72 – 2005 80 – 2006 88-2007
Vaccine wastage – DPT and HepB	1.18 (DPT) 1.18 (HepB)	DPT wastage - 1.3 (from 1.48 in 2003) HepB wastage - 1.22 (from 1.38 in 2003)	Open vial policy for non-lyophilised vaccines introduced in 2003, expected to improve the existing rates of vaccine wastage.	DPT and HepB wastage: 1.18 – 2005 1.18 – 2006 1.18 – 2007

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	X	11 May 2005
Reporting Period (consistent with previous calendar year)	X	Report covering Jan-Dec 2004 period
Table 1 filled-in	X	
DQA reported on	X	
Reported on use of 100,000 US$	X	
Injection Safety Reported on	X	
FSP Reported on (progress against country FSP indicators)	X	Progress report N/A for 2005-2010 FSP
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
Government signatures	X	
ICC endorsed	X	ICC meetings held on 11 May 2005 has revised the preliminary draft of the report. Revised document was signed by ICC on 12st May and endorsed by MLHSA on 12h May 2004

6. Comments

ICC/RWG comments:

7. Signatures

For the Government of ……Georgia……

Signature: ……

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

Date: ……15 May……2005……

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	Nikoloz pruidze,Deputy of minister	11.05.05			
MLHSA – Public Health Department	LevanBaramidze, Director	11.05.05	UNICEF/Georgia	Mariam Jashi APO Health	11/05/05
National Centre of disease Control (NCDC)	Paata Imnadze, Director	11.05.05	WHO/Georgia	Rusudan Klimiashvili, Liaison Officer	11.05.05. R. Klimiashvili
National Centre of Disease Control	Levan Baidoshvili, Deputy Director	11.05.05	Curatio International Foundation	Mamuka Jibuti – HIS Programme Officer	11.05.2005
NCDC – Department of Immunization and Logistics	Lika Jabidze, ICC Secretary	11.05.05	Vischnevskaya-Rostropovich Foundation	Tamar Dolakidze, Country Director	11.05.05 pm
USAID/Caucasus	Tamar Sirbiladze, Medical Project Officer, Humanitarian Response Office	11.05.05			

~ End ~