

Joint appraisal report

Country	Georgia
Reporting period	January – December 2015
Fiscal period	January - December
If the country reporting period deviates from the fiscal period, please provide a short explanation	N/A
Comprehensive Multi Year Plan (cMYP) duration	2012-2016, 2017-2021 cMYP to be finalized by the end of 2016
National Health Strategic Plan (NHSP) duration	2011 - 2015

1. SUMMARY OF RENEWAL REQUESTS

Programme	Recommendation	Period	Target	Indicative amount paid by Country	Indicative amount paid by Gavi
NVS – PCV in existing presentation	Extension	2017	174,000	US\$ 440,000	US\$ 155,500

Indicate interest to introduce new vaccines with Gavi support*	Programme	Expected application year	Expected introduction year
	HPV demo	2016	2017

2. COUNTRY CONTEXT

Key changes and events since the last Joint Appraisal (conducted in June 2015):

- Ministerial Decree #183 (core document for immunization) reviewed and updated to include introduction of new vaccines (hexavalent, bOPV) – November 2015, #01-57
- Transition Action Plan approved by the Government of Georgia and Gavi Alliance partners – December 2015
- Transition Grants signed with UNICEF and WHO – December 2015 and April 2016 respectively
- Introduction of hexavalent vaccine with government funds – December 2015
- Full self-financing of rotavirus vaccine – as of January 2016
- Partnership Framework Agreement signed – February 2016
- Development of the national level parliamentary network on immunization – 2015-2016; parliamentary hearing on results of immunization program – April 2016.
- cMYP 2017-2021 development to be finalized – Q3 2016
- Parliamentary elections planned for October 2016
- Visit of Dagfinn Høybråten, Gavi's former Board Chair and current Special Envoy for Gavi – planned for December 2016
- Primary Health Care reform – under way, expected to be completed in 2018
- Coverage survey under way (with support of CDC); results expected by December 2016, final report – by March 2017

Key country data (2016):

- 2015 GNI – US\$ 4,160 (reported on 1 July 2016). Up from US\$ 3,720 in 2014
- Transition status – accelerated transition phase. End of transition phase – December 2017. Full self-financing of vaccines as of 2018.
- Eligibility status: no longer eligible to apply for new vaccines, with the exception of HPV in September 2016
- No major challenges with respect to coverage and equity, with the exception of lower coverage in some regions (Abkhazia, South Ossetia)
- Continued procurement of Gavi and routine vaccines through UNICEF Supply Division, with the exception of hexavalent vaccine

Key recommendations for 2017 based on JA Update discussions and review of country performance:

1. Continue strengthening resource mobilization capacities to maximize EPI program’s ability to be self-sustainable following transition from Gavi support.
2. Conduct necessary preparatory activities and analyses to ensure successful introduction of HPV vaccine and its acceptance by parents and medical personnel.
3. Continue addressing lower coverage in Abkhazia through designated technical assistance targeting communication, cold chain, and medical personnel training.
4. Continue addressing medical workers’ concerns about safety of new vaccines and immunization in general to ensure their ability to properly identify contraindications and reduce false contraindications;
5. Continue addressing vaccine hesitancy and refusals through use of qualitative research, and through development and implementation of communication strategies aiming at behavior change; and
6. Continue improving data quality and aligning data systems with international requirements by conducting a data quality review and implementing its recommendations
7. Continue implementation of recommendations of the 2015 Joint Appraisal (provided in Section 4 below) until they are fully addressed.

3. GRANT PERFORMANCE AND CHALLENGES

3.1. New and underused vaccine (NVS) support

3.1.1. Grant performance, lessons and challenges

Programmatic performance:

Georgia’s National Immunization Programme (NIP) hosted by the National Centre for Disease Control (NCDC) remains a strong performing program in the EURO region despite recent challenges linked to declining vaccine coverage and difference in coverage between districts.

2015 coverage against most of the 12 antigens administered within the NIP framework was above 90%, as confirmed by WHO/UNICEF coverage estimates, disease surveillance and epidemiology. Penta3 coverage increased from 91% in 2014 to 94% in 2015, and Penta1-3 dropout fell from 10% to 3%. Lower coverage was noted for rotavirus vaccine (72%, a marginal increase from 67% in 2014) and 3rd dose of PCV vaccine (16%). Rotavirus vaccination continues to lag behind that of other vaccines due to missed opportunities to vaccinate (caused by short-term contraindications, age restrictions, and lack of effective call and recall system). Low PCV3 coverage in 2015 can be explained by the fact that the vaccine was introduced in December 2014 and not the entire cohort had reached the required age for the 3rd dose by the end of 2015. Coverage with the 1st dose of PCV vaccine in 2015, according to official country estimates, was 99%.

Coverage for two other vaccines – Hepatitis B (birth dose) and DTP1 – declined slightly compared to 2014. The main reason is attitude of pediatricians at maternity houses to HepB vaccine. Its coverage is traditionally lower than BCG coverage rates. For instance, HepB coverage in Tbilisi City is 85%, while BCG coverage - 95%. Based on the monitoring data, pediatricians at maternity houses often do not vaccinate newborns as they consider further three HepB doses (2,3, 4 months of age, included in combined hexa vaccine) enough for protection against disease. False contraindications is also one of the reason for lower coverage. There are also issues with accurate reporting of coverage data due to use of inconsistent calculation techniques for the number of surviving infants.

Table 1. Reported Vaccination Coverage, 2010-2014.

Vaccine/coverage	2015 (%)	2014 (%)	2013 (%)	2012 (%)	2011 (%)	2010 (%)
BCG	96	96	95	95	96	96
HepB (birth dose)	93	95	80	92	93	95
DTP1 (pentavalent 1)	97	99	99	94	92	99
DTP3 (pentavalent 3)	94	91	96	92	94	92
Polio3	91	91	94	93	88	88
MCV2	91	87	89	79	77	94
Rota2	72	69	56	-	-	-
PCV3	16	-	-	-	-	-

Source: WHO-UNICEF estimates

Georgia experiences some issues with equity in terms of immunization coverage across regions - only 49% of the districts had measles coverage above 95% (compared to 63% in 2014), and 4 of the 65 districts (6%) had DTP3 coverage below 80%.

There are no identified problems with access to immunization services in Georgia, especially in major cities where vaccinations are provided regularly. Rural health centers vaccinate children on designated dates (in some areas – once a month) due to low number of children per health facility in rural areas. School doctor/nurse system is being re-introduced and will help to increase awareness about vaccination status among parents.

DTP dropout rates in 2015 were in accordance with the UNICEF and WHO-suggested targets. The reported dropout rates for rotavirus and PCV vaccines were significantly above targets due to issues with administering the last dose described above. Vaccine wastage rates were consistent with the WHO-recommended targets.

Immunization coverage reported through JRF presented slight differences compared to country’s official estimates due to the different denominators used. Quality of denominator data remains an issue in Georgia (with the denominator used by health facilities being considerably lower than the number of live births, which suggests that some infants are not being registered and vaccinated in health facilities).

Table 2. Reported Vaccine-preventable Diseases

	2015	2014	2013	2012	2011	2000
Diphtheria	1	2	4	0	1	28
Measles	431	3'188	7'872	31	64	50
Mumps	50	55	52	50	44	2'646
Pertussis	176	94	115	346	33	84
Polio	0	0	0	0	0	0
Rubella	100	149	224	75	64	428
Tetanus (neonatal)	0	0	0	0	0	0
Tetanus (total)	4	7	2	6	5	6

Source: WHO

During 2015, Georgia continued to register a high number of measles, mumps, rubella and pertussis cases compared to other countries in the region, even though the number of measles cases went down significantly compared to 2014 (from 3,188 to 431 cases). This was achieved through specific outbreak response activities, including vaccine campaigns and supplementary immunization targeting 1-30 year olds and incentive payments to doctors of GEL 1 per person vaccinated with MMR vaccine.

New introductions:

December 2015 introduction of hexavalent vaccine with government support was successful, with vaccine introduced across the country, including in the Abkhazia region. Due to Georgia’s effective national procurement mechanisms, the country succeeded in procuring hexavalent vaccine at less than half the average commercial market price.

Immunisation financing:

Besides Gavi support, Georgia’s health care sector has benefitted from funding provided by other international donor organisations, such as the World Bank, USAID and the Global Fund. However, external support to Georgia is gradually phasing out, with USAID having stopped its support in 2015, and Gavi and Global Fund assistance ceasing in 2018 following the country’s transition to self-financing.

Despite the gradual reduction in external funding for immunization and for health sector overall, there is no perceived risk to the sustainability of Georgia’s NIP, as immunization remains a high priority for the government. This is shown by a significant increase in the budget allocated to the immunization program (from 4.4 million GEL in 2014 to 14.3 million GEL in 2016 and further projected increase to 19.4 million in 2018-2019). The government is committed to finance all routine vaccines (including hexavalent) in the coming years, and to ensure full payments for rotavirus and pneumococcal vaccines once Gavi support stops.

Table 3. Government expenditure on health and immunization

Government Expenditure (M GEL)	2012	2013	2014	2015	2016	2017 (forecast)	2018 (forecast)	2019 (forecast)
Nominal GDP	26,167.3	26,847.4	29,352.0	30,663.8	33,909.8	37,205.8	40,625.9	44,360.5
Overall MoH Budget	1,793.9	2,126.5	2,632.6	2,885.1	3,162.0	3,100.9	3,151.0	3,201.0

MoH Budget as a % of GDP	6.8%	7.9%	8.9%	9.4%	9.3%	8.3%	7.7%	7.2%
Health Care Program budget	332.8	435.5	577.5	770.8	801.0	835.5	880.5	890.5
Health Care Program budget as a % of GDP	1.3%	1.6%	2.0%	2.4%	2.3%	2.2%	2.1%	1.9%
State Immunization Program	3.2	6.0	4.4	11.2	14.3	18.0	19.4	19.4
Immunization Program as a % of Health Care Programs	0.96%	1.4%	0.76%	1.58%	1.54%	1.62%	1.71%	1.67%
Routine Vaccine Expenditure	1.65	2.95	1.47	8.04	9.8	14.06	15.0	15.0
Routine Vaccine budget as a % of Health Care Programs	0.49%	0.89%	0.28%	1.09%	1.29%	1.35%	1.32%	1.28%

Government utilizes centralized vaccine procurement and UNICEF Supply Division procurement services (currently for all program vaccines, with the exception of hexavalent vaccine) to assure supply of high quality vaccines at optimum prices.

Georgia has consistently fulfilled its co-financing requirements on time since the start of co-financing arrangements in 2009. The country was briefly considered in default in 2010 due to a miscommunication on the modality of procurement of co-financed doses. This issue has been cleared and the country is considered a good performer. Georgia’s co-financing requirements for 2016 have already been fulfilled.

Other strong points of Georgia’s immunization program integrated immunization information system and increased government funding for cold chain and effective vaccine distribution mechanisms.

Although health and immunization remains a clear government priority, government health expenditures are increasing at high pace due to implementation of the Universal Health Insurance reforms. A potential slowdown in economic growth in Georgia may limit further expansion of health budget and may have negative pressure on the immunization financing, even though the immunization program will require increasing funds for the next several years. In addition, it should be noted that the country’s population is ageing and the number of children needing immunization is slowly decreasing (from 58,000 surviving infants in 2011 to 53,000 in 2015), which in the future may lead to reduction of resource requirements for immunization and may potentially change health budget allocation priorities due to the changing demographic and population health profile.

Status of implementation of previous HLRP recommendations:

Key recommended actions in 2015 Joint Appraisal were the following:

1. Maintaining immunization as a high-level political priority and securing sufficient financial resources for the NIP, notably through expanding resource mobilization efforts
2. Strengthening primary health care system and exploring performance incentives for medical service providers in order to improve quality and performance of immunization services at the primary health care centers
3. Further expanding advocacy efforts and continuing to educate medical workers on immunization benefits and safety and other key immunization-related issues, such as immunization contraindications, case detection and AEFI; incorporating immunization module into continuous education programs
4. Addressing challenges of lower coverage with routine vaccines in regions of Georgia with lower performance
5. Developing comprehensive communication strategy and allocating sufficient resources for immunization campaigns, trainings and information materials
6. Finalizing the roll-out and successful implementation of the electronic immunization register, and adding analytical functions to immunization module
7. Further improving cold chain and vaccine management, notably with respect to avoidance of stock-outs, use of pre-qualified equipment, and wider use of computerized data management systems.

The country has started addressing some of these recommendations – programme staff has been trained on resource mobilization at a WHO Regional meeting in November 2015, the government immunization budget has been further increased, cold chain needs have been assessed and cold chain infrastructure upgraded, a primary health care reform aimed at strengthening primary health care system and ensuring medical presence and quality of immunization services even in remote areas has been launched, and electronic birth registries have been introduced. The country has also not experienced stock-outs in 2015, with the exception of Abkhazia, where there was a short stock-out of pentavalent vaccine due to a change in vaccine presentation supplied by the UNICEF Supply Division.

In order to fully address the remaining recommendations, the country is counting on technical support from Gavi Alliance partners, the majority of which is foreseen to be provided through the Transition Action Plan. Transition grants with WHO and UNICEF have already been signed and funds disbursed, and implementation of some of the activities already begun.

Status of strengthening surveillance systems (for AEFI and disease surveillance)

Georgia continues to conduct sentinel surveillance for rotavirus diarrhea, which began in 2006, as part of a WHO-supported rotavirus sentinel surveillance network in the region. Rotavirus vaccine was introduced in Georgia's National Immunization Programme in March 2013.

As part of a WHO-supported invasive bacterial vaccine-preventable diseases (IB-VPD) surveillance network in the region, Georgia has conducted sentinel surveillance for IB-VPD (i.e., *Streptococcus pneumoniae* (Spn), *Neisseria meningitidis* (Nm), and *Haemophilus influenzae* (Hi)) since 2009. A paper entitled "Cost-effectiveness of pneumococcal conjugate vaccination in Georgia" was published in *Vaccine* in 2015. Even though the decision to introduce PCV10 was made before the study was initiated it provided important economic evidence in support of that decision. This cost-effectiveness study used data from multiple sources including IB-VPD sentinel surveillance (<http://www.ncbi.nlm.nih.gov/pubmed/25919165>). At the 10th International Symposium on Pneumococci and Pneumococcal Diseases in June 2016, a poster entitled "Global Pediatric Bacterial Meningitis Disease: Data from 54 Countries Who Report to the Global Sentinel Site Invasive Bacterial Vaccine-Preventable Disease (IB-VPD) Surveillance Network" was presented using pooled data for each WHO region including Europe. One of the key findings was that the highest prevalence of *Neisseria meningitidis* was in the European and African regions.

Even though Georgia continues to conduct rotavirus and IB-VPD sentinel surveillance, the sustainability of these activities after the end of Gavi support is uncertain, as they are heavily dependent on technical assistance from Gavi Alliance partners.

6 AEFI cases have been reported in 2015.

There is a need for continued health worker trainings to properly identify contraindications and reduce false contraindications.

Data management:

Georgia has not conducted a data quality desk review in recent years.

Georgia continues to experience challenges with denominator setting and inaccurate population estimates, leading to imprecise estimation of coverage (e.g. administrative data reported above 100% PCV 1 coverage).

Electronic birth registries have been introduced in Georgia. The country is working on linking these with the immunisation registry.

A coverage survey is currently underway, with final report expected in March 2017.

Key implementation bottlenecks and corrective actions

Despite the continuous strong performance of Georgia's immunization program, a number of challenges and implementation bottlenecks still remain, notably:

- Existence of vaccine hesitancy and anti-vaccine sentiment in certain population groups, especially in Abkhazia region. Several initiatives at the country level have been taken to address this, including mobile application and incentives for health workers. Coverage survey will be used for identifying the extent of hesitancy issues, and a concrete plan for addressing them will need to be developed.
- No calculation of immunization coverage is being done at the primary health facility level;
- Monitoring of program performance by District Public Health Centers and within primary health facilities remains insufficient with limited data analysis;
- Routine supervision by NDC is not yet in place due to budgetary constraints;
- Known issues around denominator and inaccurate population estimates (inconsistency between reported live births and surviving infants and target population estimate problems at district level)
- Geographic distribution of coverage is uneven in the country (while most parts of the country have Penta3 coverage of 80% or more, some parts have coverage below 50%);
- Low motivation and lack of immunization-related education of healthcare personnel;
- Insufficient knowledge among health care providers, leading to false contraindications;

- Implementation of the EVM improvement plan recommendations delayed due to delay in approval of Transition support;
- NITAG capacity needs to be strengthened; implementation functions of NITAG secretariat bring additional workload for immunisation programme;
- Lack of information on characteristics of un/undervaccinated children and reasons for not being vaccinated
- Anticipated gaps in the availability of a qualified technical assistance and capacity building opportunities for the NIP after the exit of major health sector donors in 2018

Operational activities of the NIP (such as training, supervision, monitoring, upgrade of cold chain & logistics) and support of non-vaccine costs of introducing hexavalent vaccine require continued increase in domestic funding, especially taking into account the significant depreciation (above 35%) of national currency in 2015.

Additional challenges to the financial sustainability of NIP due to the recent macroeconomic and fiscal developments in the country. It may be challenging for Georgia to maintain and increase coverage of immunization after the end of external financial and, more importantly, technical support (particularly in training and M&E areas, currently covered by donor funding only).

3.1.2. NVS future plans and priorities

As of 2018, Georgia will transition to full self-financing of its traditional and new vaccines, with Gavi support continuing only for HPV demonstration programme (for 24 months after introduction in 2017, if the country applies for support and receives it). The key plans and priorities, as communicated by country representatives, are thus the following:

- ensuring smooth transition out of Gavi support,
- addressing lower coverage in regions that fall behind national immunization targets (notably Abkhazia) through increased communication efforts, procurement of necessary cold chain equipment, and adequate training of medical workers; developing effective measures to improve access to vaccination in hard-to-reach areas (e.g. mountainous zones);
- successfully integrating new vaccines (HPV and hexavalent) into the national immunization calendar,
- maintaining sufficient government funding for immunization program,
- promoting vaccine demand, notably for the new vaccines;
- continuing to address vaccine hesitancy and knowledge gaps among medical personnel,
- pursuing sentinel surveillance for rotavirus and IB-VPD,
- strengthening the NRA and NITAG,
- operationalizing the electronic immunization module;
- conducting a pre-transition EVM assessment, as 2017 will be the last opportunity for the country to benefit from WHO support for this activity prior to transition; and
- implementation of performance-based approaches in NIP planning and financing (absence of performance-based institutional and individual level incentives for immunization services may negatively affect the immunization results, especially with respect to primary health care facilities that do not treat immunization as a priority, such as large private polyclinics with inpatient departments. This in turn may eventually lead to the erosion of the existing immunization coverage levels).

New introductions and switches:

Georgia is considering a possibility of applying for demonstration program for HPV vaccine, with the target group being 9-year-old girls in selected regions of Georgia. The country plans to conduct HPV demonstration program through health facilities rather than a school strategy.

A national conference, facilitated by the NCDC and WHO RO and CO staff, was organized on 1 July 2016 with participation of the leading medical workers (clinicians, pediatricians, gynecologists) to discuss this opportunity, and a strong interest for the vaccine was expressed by the members of the medical profession. Georgia's NITAG made a formal recommendation for the introduction of the vaccine in the country.

The country is currently working on preparing its HPV demo application, to be presented for validation to ICC (chaired by the Minister of Health) in August 2016 and submitted to Gavi in September 2016. Introduction is planned for September 2017.

Considering an earlier failed attempt to introduce HPV in Georgia in 2010 (coverage rate was far below target and reached only 13%, which was attributed to poor planning of introduction and lack of pre-introduction trainings and insufficient communication campaign), Georgia will require significant technical support to ensure successful introduction and roll-out of the vaccine. TA will be specifically required for cost-effectiveness analyses, and for communication materials and strategies, including building preparedness for vaccine safety events.

Achievement of set targets:

Even though the targets set by the country with respect to its immunization programme are ambitious, they are reasonable in Georgia's context. As confirmed by Georgia's EPI program, vaccine coverage for PCV3 is expected to reach 93.8%, and wastage will be kept at 1%. The projected dropout rate is estimated at 7%.

Risks to future implementation and mitigating actions

Withdrawal of Gavi support from Georgia, especially with respect to technical support from Alliance partners, presents an important risk to successful operations of Georgia's immunization programme, especially in ensuring both financial and technical sustainability of VPD surveillance and capacity building that are currently heavily dependent of donor support.

Future need for technical support:

- Support for introduction of HPV vaccine (communication, advocacy, cost-effectiveness, KAPB study, building preparedness for vaccine safety events, demand generation, medical staff training, etc.)
- More training for health staff on immunization and supportive supervision (delayed vaccinations, false contraindications, vaccine safety, missed opportunities, misperceptions, inadequate communications)
- Continuing to address vaccine hesitancy and knowledge gaps among medical personnel; developing a concrete plan for addressing vaccine hesitancy, notably based on the finding of the coverage survey
- Further support for rotavirus and IB-VPD surveillance
- Further support for NITAG and NRA strengthening (to be addressed through the Transition plan), and set-up on NITAG in Abkhazia
- Specific TA to address lower immunization rates in Abkhazia (communication, cold chain procurement, maintenance and repair trainings to medical personnel, mobile outreach)
- Support for data quality assessment to identify data-related gaps and needs and address existing challenges (including persistent denominator issue)
- Impact study for PCV vaccine
- Training to medical personnel on using the electronic immunization system
- Strengthening the country's self-procurement capacity in view of transitioning of Gavi support and self-procurement of some vaccines (e.g. hexavalent)
- Support for conducting an EVM Assessment in 2017.

3.2. Health systems strengthening (HSS) support – N/A

3.3. Transition planning

Transition Assessment in Georgia was conducted in October 2014, and Transition Action Plan, covering the period of 2015-2017, was finalized by Gavi Alliance Partners and shared with the country for final validation and endorsement in early 2015. Following discussions and several rounds of clarifications with country stakeholders, the Transition Action Plan was endorsed by Georgia's ICC and Ministry of Health in September 2015.

The total proposed budget for implementation of Transition activities is US\$ 758,767, to be channeled primarily through WHO (US\$ 534,483) and UNICEF (US\$ 104,760). US\$ 119,524 of unspent Gavi HSS funds that remained in Georgia's treasury were authorized for implementation by the Ministry of Health of transition activities (primarily health staff trainings).

Transition grants target the following strategic areas: vaccine management and immunization logistics, communication and advocacy (including advocacy for resource mobilization), evidence-based decision-making (including strengthening of the NITAG), data quality, vaccine procurement, and strengthening pharmacovigilance function of the NRA.

WHO and UNICEF have started implementation of their respective activities, including:

- Provision of support to continue rotavirus and IB-VPD surveillance to country – relevant contracts were made by the WHO CO with NCDC
- Consultancy support by the WHO regional office with installation of cold chain equipment;
- Details of carrying out coverage survey is under discussion with the WHO and US CDC;

The Ministry of Health will start its dedicated interventions funded through the Transition grant in August 2016, including supportive supervision activities And health staff trainings.

Implementation of the Transition Action Plan will be monitored on quarterly basis by in-country and regional partners and Gavi Secretariat, and will be aligned with Gavi’s monitoring processes.

3.4. Financial management of all cash grants

During 2015, Georgia has not received any cash support from Gavi (PCV introduction grant was disbursed in 2013). Funds remaining from the PCV VIG as of 1 January 2015 (US\$ 21,870) were fully utilized in 2015 for post introduction monitoring.

2015 financial statements have been submitted through the country portal as per Gavi requirements. NVS and HSS funds are held in separate NCDC&PH bank accounts. Cash balance remaining from the HSS grant (which ended in 2011) amounts to US\$124,500. These funds are held at the National Treasury account and are earmarked specifically for the NIP. They have been approved for use in the context of the Transition Action Plan and have been made available to the NIP for implementation of the transition activities (mostly surveillance and health worker trainings).

No FMA has been conducted in Georgia during the years of Gavi support. There were also no audits of previously disbursed cash grants due to their amounts being below the established threshold.

4. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

The table below presents a list of high-level findings from 2015 Joint Appraisal.

Prioritised strategic actions from previous joint appraisal / HLRP process	Current status
<p>1. Maintain immunization as a high-level political priority and secure sufficient financial resources for the NIP, notably through expanding resource mobilization efforts</p>	<p>In progress. Country representatives attended WHO Regional Workshop on resource mobilisation in November 2015. In-country work on resource mobilization is scheduled to take place in Q3-Q4 of 2016 with technical support from WHO. The cMyP (which will be finalized before the end of 2016) will have specific provisions on resources for immunization. In the current government budgets, allocations for immunisation have been further increased.</p>
<p>2. Strengthening primary health care system and exploring performance incentives for medical service providers in order to improve quality and performance of immunization services at the primary health care centers</p>	<p>In progress. Primary Health care reform is under way and is expected to be completed by 2018. Many of the recommended actions under this areas are budgeted under the transition grants (development of SOPs for primary health care facilities, AEFI trainings, temperature monitoring study, capacity building of the NRA, etc.), and will be implemented under this funding source in 2016-2017.</p>
<p>3. Further expanding advocacy efforts and continuing to educate medical workers on immunization benefits and safety and other key immunization-related issues, such as immunization contraindications, case detection and AEFI; incorporating immunization module into continuous education programs</p>	<p>In progress. Medical staff at health facilities has been trained on the use of electronic immunization module. Country representatives attended a regional training on contraindications in Vienna in early 2016. A national meeting on this issue is planned for December 2016. Specific activities are planned under the Transition grants (AEFI trainings, refresher trainings on immunization to medical staff). National level vaccine safety training is planned for December 2016.</p>

<p>4. Addressing challenges of lower coverage with routine vaccines in regions of Georgia with lower performance</p>	<p>In progress. Vaccines continue to be provided to Abkhazia (including the newly introduced hexavalent vaccine). UNICEF continues active implementation of capacity building and outreach work in Abkhazia. Further efforts are however needed for improved coverage, especially in remote areas.</p>
<p>5. Developing comprehensive communication strategy and allocating sufficient resources for immunization campaigns, trainings and information materials</p>	<p>In progress. UNICEF will conduct the KAP survey later in 2016. Comprehensive communication strategy will be developed based on the findings of this survey.</p>
<p>6. Finalizing the roll-out and successful implementation of the electronic immunization register, and adding analytical functions to immunization module</p>	<p>In progress. Electronic birth registries have been introduced in Georgia. The country is working on linking these with the immunisation registry.</p>
<p>7. Further improving cold chain and vaccine management, notably with respect to avoidance of stock-outs, use of pre-qualified equipment, and wider use of computerized data management systems.</p>	<p>In progress. Georgia's Government continues to allocate necessary funds for procuring required cold chain equipment. Representatives from Georgia participated in vaccine practitioners' forum in 2015. A comprehensive review of vaccine procurement practices will be done under the transition grants in 2016-2017. Acute needs in improvement of cold chain capacity, and especially its maintenance, exist in Abkhazia. Further TA will be needed to address these needs.</p>

5. PRIORITISED COUNTRY NEEDS

<p>Prioritised needs and strategic actions</p>	<p>Associated timeline for completing the actions</p>	<p>Does this require technical assistance?* (yes/no) If yes, indicate type of assistance needed</p>
<p>Support for introduction of HPV vaccine (communication, advocacy, cost-effectiveness, KAPB study, building preparedness for vaccine safety events, demand generation, medical staff training, etc.)</p>	<p>2017</p>	<p>Yes – WHO/UNICEF TCA</p>
<p>Training for health staff on immunization and supportive supervision (delayed vaccinations, false contraindications, vaccine safety, missed opportunities, misperceptions, inadequate communications)</p>	<p>2017</p>	<p>Yes – WHO/UNICEF TCA Transition grants</p>
<p>Continuing to address vaccine hesitancy and knowledge gaps among medical personnel; developing a concrete plan for addressing vaccine hesitancy, notably based on the finding of the coverage survey</p>	<p>2017</p>	<p>Yes – WHO/UNICEF TCA Transition grants</p>
<p>Further support for rotavirus and IB-VPD surveillance</p>	<p>2017</p>	<p>Yes – WHO/UNICEF TCA Transition grants</p>
<p>Addressing lower immunization rates in Abkhazia (through support to communication, communication, cold chain procurement, maintenance and repair, trainings to medical personnel, mobile outreach, trainings to medical personnel, mobile outreach)</p>	<p>2016-2017</p>	<p>Yes – WHO/UNICEF TCA</p>
<p>Support for NITAG and NRA strengthening (to be addressed through the Transition plan), and set-up on NITAG in Abkhazia</p>	<p>2017</p>	<p>Yes – transition grants</p>

Support for data quality assessment to identify data-related gaps and needs and address existing challenges (including persistent denominator issue)	2017	Yes – WHO TCA
Impact study for PCV vaccine	2017	Yes – WHO TCA
Training to medical personnel on using the electronic immunization system	2016-2017	Yes – WHO TCA
Strengthening the country's self-procurement capacity in view of transitioning of Gavi support and self-procurement of some vaccines (e.g. hexavalent)	2016-2017	Yes – WHO/UNICEF TCA
Support for conducting an EVM Assessment	2017	Yes – WHO TCA
Implementation of performance-based approaches in NIP planning and financing	2017	

6. ENDORSEMENT BY ICC, HSCC OR EQUIVALENT AND ADDITIONAL COMMENTS

Brief description of how the joint appraisal was endorsed by the relevant national coordination mechanism	ICC validation is not required for JA Update. EPI Manager reviewed the Joint Appraisal update and provided comments, which have been incorporated into the final version of the report
Issues raised during debrief of joint appraisal findings to national coordination mechanism	N/A
Any additional comments from: <ul style="list-style-type: none"> • Ministry of Health • Gavi Alliance partners • Gavi Senior Country Manager 	N/A

7. ANNEXES

Annex A. Description of joint appraisal process

In 2016, Georgia conducted a Joint Appraisal Update instead of a full Joint Appraisal exercise. The Joint Appraisal update was carried out through a Regional Meeting organized by WHO EURO in Copenhagen on July 5-6, with four EURO countries in presence (Armenia, Georgia, Moldova and Azerbaijan).

Participants from Georgia included:

- Dr. Valeri Kvaratskhelia, Deputy Minister of Labour, Health and Social Affairs of Georgia
- Ms. Lia Javidze, Head of Immunoprophylaxis Division at the LEPL National Center for Disease Control and Public Health (NCDC)
- Mr. David Chitaia, Chief Specialist of Finance-Budgetary Division of the Department of Economics at the Ministry of Labour, Health and Social Affairs of Georgia
- Mr. Otar Namicheishvili, Head of Finance-Economic Department of NCDC
- Ms. Tea Jikia, Deputy Head of the Department of Pharmaceutical Activities of the LEPL State Regulation Agency for Medical Activities
- Tako Ugulava – UNICEF CO
- Andrey Tulisov – Abkhazia UNICEF CO
- Ada Abukhba – Abkhazia EPI Manager
- Giorgi Kurtsikashvili, WHO CO

Representatives from UNICEF Supply Division, UNICEF Regional Office, and technical officers from WHO EURO also participated in the Joint Appraisal update discussions. Countries worked in groups to discuss various areas to be covered in the Joint Appraisal Update report, notably 2015 performance against immunization targets, progress on signature and implementation of the transition plans, progress on

completing 2015 HLRP recommendations and addressing 2015 JA findings, and key priorities and TA needs for 2017.

Annex B: Changes to transition plan

Changes proposed	Rationale for changes	Related cost (US\$)	Source of funding for amended activities	Implementation agency	Expected result
Develop advocacy materials to support resource mobilization efforts.	The activity is re-formulated to better reflect the work that needs to be done.	5,000	Transition grant	WHO	The advocacy materials developed
Conduct advocacy meetings to ensure financial sustainability	The activity is re-formulated to better reflect the work that needs to be done.	2,000	Transition grant	WHO	The meeting with stakeholders is conducted
TA to support implementation of the national release for vaccines.	The activity is cancelled as it is not relevant any more.	7,000	Transition grant	WHO	Cancelled
Technical assistance for national vaccine procurement assessment and development of improvement action plan.	During the JA we have recognized the need to conduct the procurement assessment and develop the action plan in area of procurement.	10,000	Transition grant	UNICEF	Procurement assessment report and action plan developed
Capacity building workshop for national level immunization, procurement and financing focal persons.	The country has recognized the need to build capacity of national focal points in procurement area of work.	7,000	Transition grant	UNICEF	National focal points attend the workshop
Develop mid and long term strategic plans for the NRA.	The activity "Provide training to staff on regular basis" is re-formulated and disaggregated into 6 activities to better reflect the work that is relevant for transition process.	10,000	Transition grant	WHO	Strategic plan in place guiding development of the NRA
Train NRA staff on market authorization (on review and assessment of dossiers)		20,000	Transition grant	WHO	Number of staff trained
Train NRA staff on pharmacovigilance		15,000	Transition grant	WHO	Number of staff trained
Provide hands-on training through visit to a well-functioning NRA		10,000	Transition grant	WHO	Number of staff trained

Introduce collaborative agreement procedures for registration of WHO pre-qualified vaccines		7,000	Transition grant	WHO	Registration procedures in place
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Annex C: Progress on implementation of technical support by Alliance partners

WHO:

1. HPV:
 - a. WHO Regional workshop on Vaccination against Human papillomavirus (HPV): Decision making and preparing for introduction for NIP Managers, Chairs of National Immunization Technical Advisory Groups (NITAGs), and national experts in cervical cancer screening from Armenia, Azerbaijan, Belarus, Georgia, Moldova, and Uzbekistan was held in Copenhagen, Denmark on 16-17 March 2016
 - b. Georgia's application preparation planned for early August 2016
2. cMYP: programmatic and costing parts to be finalized before December 2016
3. Resource mobilization: regional training conducted in November 2015; in-country process ready to take off, as soon as the costing and financing components of the cMYP are done (resource mobilization plans will be based on identified funding gaps).
4. Surveillance:
 - a. Rotavirus surveillance activities continued in country
 - b. Invasive bacterial vaccine-preventable disease (IB-VPD) surveillance data from Georgia were used in a 2015 study of the cost-effectiveness of pneumococcal conjugate vaccine in Georgia published in Vaccine. This study supported the decision that had been made to introduce PCV10 in Georgia. In addition, pooled IB-VPD surveillance results from the European region were presented at the 10th International Symposium on Pneumococci and Pneumococcal Diseases in June 2016.
5. Support to the NITAG: NITAG study tour to the Netherlands, participation in SAGE meeting.

UNICEF:

1. In Abkhazia, UNICEF conducted communication and capacity-building activities, purchased mobile SIMs for immunization communications, printed immunization cards, started work for mobile outreach. It also carried out health worker trainings on contraindication and vaccine hesitancy.
2. KAP survey in Georgia will start soon. It will inform the development of a communication strategy. HPV-related questions will be integrated into the KAP survey. These activities will be accomplished by Jan-Feb 2017. After that UNICEF will conduct trainings for health workers on communication skills and will work in parallel on vaccine procurement practices.

Sabin:

1. Materials for advocacy are developed (2015): Desk review, literature review on immunization legislation, budget process review, legislation analysis, and stakeholder analysis.
2. Sabin organized parliamentary and media briefings (October 2015) to put sustainable immunization financing and transition challenges on the political agenda. The briefings were followed by the policy dialogue meeting.

3. In collaboration with the Parliament of Georgia, Sabin Vaccine Institute conducted the Policy Dialogue on Sustainable Immunization Program (7-8 November 2015) and gathered all key stakeholders to advocate for sustainable immunization program, secure required budget for 2016, and review immunization-related legislation.
4. Continuous meetings with the parliamentarians were conducted to develop a national-level parliamentary network for advocacy; In April 2016, the Parliament of Georgia and Sabine Vaccine Institute organized first parliamentary hearing on immunization program results of 2015.
5. Delegation of Georgia, represented by MOH, MOF and parliament, joined the other 17 SIF countries in Kathmandu to participate in the Third Colloquium on Sustainable Immunization Financing (19-21 July).

CDC:

Coverage survey ongoing – CDC completed field work for the CDC-funded part of the coverage survey in three large cities - Batumi, Kutaisi and Tbilisi. Currently CDC is close to finalizing data cleaning and analysis for Batumi, Kutaisi and Tbilisi (with Batumi, the first to have field work, being in the most advanced stage). Coverage survey in the rest of the country will be done before end 2016 with Gavi transition funding (disbursed to WHO under the transition grant).

UNICEF Supply Division:

The Head of State Programmes Department (Vladimer Getia) and the Deputy Head of Finance-Economic Department (Gia Kobalia), both from the National Centre for Disease Control and Public Health, were invited and participated in UNICEF's inaugural Vaccine Procurement Practitioners Exchange Forum (VPPEF), which was hosted by Supply Division on 19-21 May 2015.

The main goal of VPPEF was to bring together relevant stakeholders of vaccine procurement and form a ground for constructive debates and discussions. This exchange of theoretical and practical knowledge was a unique opportunity for joint learning and problem solving by building on the experience of the different countries and experts.