Mission debrief

Mission debrief: Georgia 28 February – 2 March 2017
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I Mission context and objectives

Georgia will fully transition from Gavi support by the end of 2017. In this context, Mr. Dagfinn Høybråten, Special Envoy for Gavi, the Vaccine Alliance conducted a visit to Georgia to learn about early achievements, lessons learnt as well as challenges and risks ahead.

The objectives of the Georgia visit were to:

- Recognise the country's achievements and commitment to immunisation.
- Understand remaining challenges related to coverage and equity of immunisation and related actions.
- Discuss Gavi catalytic support for HPV and envisaged steps to ensure a successful HPV demonstration program (24 months of support with planned start date in Q4 2017).
- Learn about the country's experience of the Gavi transition process and concerns related to the post-transition period.
- Advocate for sustained investment and prioritisation of immunisation.
- Contribute to a regional workshop on immunization legislation organised by the Sabin Vaccine Institute with participation of representatives from Armenia, Georgia and Moldova.

Mr. Dagfinn Høybråten and Gavi team met the following stakeholders during the visit: the Minister and Deputy ministers of Labour, Health and Social Affairs; Deputy-Minister of Finance; Chair and other members of the Health and Social Affairs Committee of the Georgian (as well as members from the Moldovan and Armenian Parliament); Director of the National Center for Disease Control and the National Immunisation Program team; Alliance partners WHO (Regional and Country Office); UNICEF, CDC and Sabin, the Vaccine Institute; local government and Primary Health Care family doctors at Mtskheta polyclinic.

II Achievements noted during the mission:

a. Georgia has established a strong and broad political commitment to immunisation.

Georgia is a good example of the success of the Gavi model: with a relatively modest contribution from Gavi (USD $ 5,6 million), the National Immunization Programme (NIP) has been able to introduce three life-saving vaccines – pneumococcal, rotavirus and pentavalent vaccine. The country consistently and timely fulfilled its co-financing requirements over the years. Since 2016, Georgia is fully self-financing pentavalent and rotavirus. As of 2018, Georgia will transition to full self-financing of its new vaccines, while still benefiting from the HPV catalytic support opportunity.

The government tripled its immunisation budget between 2012 and 2015 (from US$ 1.6m to US$ 5.8m). This included investments in the cold chain system and strengthening of vaccine management. Georgia also introduced the hexavalent vaccine (DTP+HebB+Hib+IPV), fully financed by the government, in December 2015.

Despite the complexity of adding new vaccines, **Georgia has maintained strong coverage rates for most of the 12 antigens in its national program (DTP3 at 94% in 2015).** In 2015, the coverage against the majority of the antigens exceeded the previous year coverage rates, although it did not meet the set targets of 95%. Administrative and WUENIC coverage estimates are consistent.

Georgia is rolling out an integrated health and immunization information system, which captures and manages information on all aspects of healthcare in Georgia and is integrated with the civil and birth registry through a unique ID number. **The difference between the number of new-borns and under 1 population receiving immunisation services has decreased as a result from 6,3% in 2015 to 2,5% in 2016.**

Given the disease burden and on recommendation of the NITAG, Georgia decided to benefit from the catalytic HPV support opportunity and submitted an application for a demonstration project to provide HPV 2-dose vaccine to a cohort of 9 year olds, across 4 distinct provinces with diverse socioeconomic and religious backgrounds over the course of two years (starting in Q4 of 2017). The application was recently approved.

The HPV demonstration programme will be used to identify the most appropriate communication strategies to address concerns about HPV vaccine safety. Georgia's National Centre for Disease Control, in collaboration with UNICEF, will conduct context-specific formative research to better understand barriers and enablers to HPV vaccination to help inform communication strategies that will address their specific needs. Results of the demonstration project will guide decision-making about strategies for nation-wide implementation.

All routine immunisation vaccines (except hexavalent) are procured through UNICEF Supply Division, to assure uninterrupted supply, high quality and balanced costs of vaccines. Vaccine funds are secured through use of a separate budget line. Adequate forecasting of vaccine needs is in place. By government decision, all vaccines procured for routine vaccination are WHO prequalified. **The government firmly expressed its intent to continue to procure vaccines through UNICEF SD post-transition, which is also stated in its budgeting legislation.**

Georgia has developed a unified laboratory network and surveillance system with 12 laboratories established across the country, of which 3 are already accredited by WHO (polio, influenza and Measles/Rubella). With US government funding, **the Lugar Centre for Public Health Research was set up, which is a leading facility in the region, responsible for epidemiological surveillance and security and bio-medical research.**

Georgia embarked on the world's first hepatitis C virus (HCV) elimination program in 2015. Georgia is among the countries worldwide with the highest prevalence of HCV infection. In 2015, in collaboration with CDC and other partners and having secured free antiviral HCV medications, Georgia embarked on a program to eliminate HCV infection, defined as achieving a 90% reduction in prevalence by 2020, which is well on track to achieve its intended targets.

b. Georgia has introduced Universal Health Care, implemented through a public-private partnership model.

To ensure universal health coverage, Georgia has implemented several reforms of its health care system and doubled its health budget over the past 4 years. A market based approach and privatization of public facilities were the major characteristics of the reform process. **In 2013, the government launched the Universal Health Care 'Health for All' programme with free immunization services guaranteed under the minimum basic package**. The goals of UHC are to increase geographic and financial access to primary health care; to rationalize expensive and high-tech hospital services by increasing Primary Health Care utilization; and to increase financial access to urgent hospital and outpatient services.

A WHO sponsored survey in 2015 has shown that, **as a result of the reform, over 90% of the population now benefits from publicly financed health coverage, up from 40% in 2012 and 25% in 2010**. Over half of these people did not have any health coverage before the reform. The survey also indicates that people are more likely to consult a health care provider when sick; financial barriers to access and out-of-pocket payments have fallen, especially for outpatient visits and hospital care; and user experience of the health system has improved.

To improve efficiency and effectiveness of the health care sector, the public- private mix system is subject to further reform to strengthen the government's purchasing and regulatory functions to contain costs and to monitor quality of care. **Focus is on further improving Primary Health Care service provision and**

quality and management of care, supported by a health management information system (e-health), which is linked to the civil and birth registry.

c. Georgia has developed a strong partnership and coordination model, which promotes country ownership.

Georgia has developed a strong partnership framework for immunisation with government, parliament private sector and technical partners working closely together. Within the government there is multi-sectoral approach and accountability for health care through the Health in all Policies approach which is set as a priority for 2014-2020. This is also reflected in the governance model that oversees the National Centre for Disease control, which Board consists of the Ministries of Labor, Health and Social Affairs, Ministry of Finance, Ministry of Agriculture, Ministry of Education, Ministry of Defense and Ministry of Economy and Statistics.

An Immunisation Coordination Council was established to strengthen oversight over the National Immunisation Program and decision making process and **since 2014 there is an independent National Immunisation Technical Advisory Group (NITAG)**, supported through the transition grants.

Georgia's health care sector has benefitted from funding and technical assistance from a number of partners, including the US government, the World Bank, the Global Fund to fight Aids, Tuberculosis and Malaria, NGOs and various universities and research centres. **External support for the health sector is currently phasing out and the government has already taken over most of the costs related to prevention and treatment**.

The Ministry of Health is still depended on and benefitting from technical assistance through the Gavi supported transition grants and Targeted Country Assistance under the Partnership Engagement Framework until 2018 as well as catalytic support for an HPV demonstration program; support for operational costs for HIV and TB through Global Fund grants until 2020, and operational and research support, in particular from the US government, for surveillance and biological security through the R. Lugar Center for Public Health Research.

Challenges noted during the mission:

a. Longer term sustainability

In spite of remarkable progress, **Georgia's public spending on health (5% in 2015 and 8% in 2016) remains low** in comparison to other countries in the region. Total health expenditure per capita is 300 USD per capita, while government expenditure on health per capita is 104 USD, demonstrating high out of pocket health spending.

The activities supporting transition, including surveillance, operational costs, such as supervision, and strengthening of NRA and NITAG are currently affordable through partner support, but should be considered as part of the state budget and will require additional funding, when Gavi supports ends.

Although health and immunization are currently a clear government priority, government health expenditures are increasing at high pace due to implementation of the Universal Health Insurance reforms and exit of external donors. Currently, the national health system is financed through the general budget's revenues. There is no perceived immediate risk to the sustainability of Georgia's NIP due to the strong political commitment and forecasted economic growth for the coming years.

A potential slowdown in economic growth in Georgia in the future may, however, limit further expansion of the health budget and could have negative pressure on the immunization financing as the immunization program will require increasing funds for the next several years. The government plans to

contain costs through more controls and regulation over private providers and strengthening of its purchasing function to ensure resources are used as efficiently as possible.

b. Coverage and equity in coverage of immunisation

In the de-facto independent Republic of Abkhazia, the immunization situation is challenging and may deteriorate after Georgia's transition from Gavi support in 2018. Even though Georgia supplies Abkhazia with vaccines, there is no equipment or capacity-building support from the Georgian authorities to the region. The immunization coverage for pentavalent vaccine coverage (third dose) is 37.0%, measles-containing vaccine coverage (first dose) is 59.3% while polio-vaccine coverage (OPV, third dose) is 54.2%.

Since the end of the Georgian-Abkhaz conflict in 1992-93, UNICEF is main international organization working in Abkhazia in the field of immunization, but **UNICEF may not be able to maintain staff in Abkhazia after 2016 due to lack of funding, following exit by Gavi.** There is no WHO presence in the region, and the Georgian authorities have very limited access due to tensions with the local Abkhaz authorities and population. This situation could affect the immunization program and pose a risk of potential disease outbreaks in the region and beyond, considering high mobility of population with Russia, which has declining coverage rates.

Although Georgia has strong coverage rates for most of the 12 antigens in its national program (DTP3 at 94% in 2015) in the rest of the country and the coverage against the majority of the antigens exceeded the previous year coverage rates, it has not yet met its set targets of 95% coverage. In particular, **Rotavirus vaccination continues to lag behind due to missed opportunities to vaccinate (caused by short-term contra-indications, age restrictions and the lack of an effective call and recall system). In 2015, a number of districts had relatively low performance with respect to DTP3 coverage with 7 districts (10%) of the country's 65 districts achieving below 80% coverage.** A national coverage survey is currently underway, with the final report expected in March 2017, which early results indicated that timeliness of administration of second doses in the three largest cities is one of the major challenges. The outcomes of a recently conducted Knowledge, Attitudes and Practice survey shall assist in further understanding specific barriers to immunisation.

c. Limited control over service quality by private immunisation service providers

The majority of health service providers, including at primary health care level, are private providers and there is limited regulation in place allowing MoLHSA to monitor their services. This creates barriers to the overall system management and quality/efficiency control of the services provided. The focus on curative services has weakened the capacity of health providers to conduct effective health promotion and immunisation awareness activities.

d. Technical Assistance and networking support

Government stakeholders expressed need for continued technical assistance by partners' in the post- transition phase. It was encouraged that countries in post transition remain having access to a technical assistance pool as independent expertise will continue to be required for the next years. It was also encouraged that **Georgia is to be onsidered as a country which can share lessons learnt with others in the region**, through participation in European regional events and research and peer learning networks.
Parliamentarians expressed a specific need for a regional parliamentary network, to allow to share best practices, lesson learnt and share experiences among parliamentarians.

IV Follow-up actions

The Ministry of Labour, Health and Social Affairs:

- Critical to sustain prioritisation and investment in immunisation to ensure long term sustainability. It is recommended to continue advocacy to increase the health and immunisation budget to be able to cover immunisation operational costs and to ensure that activities currently funded by partners will be considered as part of the state budget.

- Critical to strengthen the government's purchasing and regulatory functions vis-a-vis private providers and private insurance, in particular to be able to contain costs and to monitor quality of care. The focus on prevention, through strengthening of primary health care level service provision is encouraged. Immunisation services are to include a strong health promotion component and health workers are to be trained in this regard. This will contribute to improving confidence by consumers in the health system, in particular ambulatory care.

- There is a lack of information on characteristics of un/under vaccinated children and reasons for not being vaccinated. It is recommended to continue to conduct further equity analysis to understand missed opportunities as well as remaining barriers to access immunisation and develop tailored approaches to reach missed children.

- Vaccine safety concerns and anti-vaccine sentiment in certain population groups, especially in Abkhazia, are an increasing concern. The planned formative research to better understand barriers and enablers to HPV vaccination will help inform communication strategies to address vaccine safety concerns.

Technical Partners

- Critical to continue to support the MOLHSA with advocacy and resource mobilisation for immunisation to ensure long term sustainability. Discussions on the absorption of the state budget of current funded activities by Gavi and partners should be actively pursued, including the funding situation for Abkhazia.

- As Abkhazia is fully donor dependent at this time due to its specific situation, UNICEF is encouraged to continue to fund raise for Abkhazia specific support, taking into account the ending of Gavi funding. The introduction of HPV vaccine in Abkhazia should also be used as an opportunity to further strengthen the immunization system.

- Government stakeholders encouraged to consider Georgia as a country which can share lessons learnt with others in the region, through participation in European regional events, research and peer learning. Partners are recommended to identify how this could be further supported.

Gavi, the Vaccine Alliance:

- Government stakeholders expressed need for continued independent technical assistance and capacity strengthening by partners' post- transition, to consolidate gains, support reforms, provide specialist technical assistance and contribute to continued innovation.

- Gavi is encouraged by partners and government to continue to play a role in advocacy for immunisation post-transition through continued engagement with leadership and stakeholders.

- The National Centre for Disease control requested Gavi to lobby with UNICEF SD for the inclusion of hexavalent vaccine.

- Parliamentarians from Moldova, Armenia and Georgia expressed a specific need for the establishment of a Regional Parliamentary Network, to allow to share best practices, lesson learnt and share experiences among parliamentarians. This was already raised by the Chair of the Moldovan Parliamentary Committee for Health and Social Affairs with the WHO Regional Director and immunisation could be a good entry point to start this initiative.

- The Minister of MOLHSA requested support for its Rabies mitigation strategy and vaccine procurement, which Gavi team has shared with the WHO Regional Office for Europe, who is currently looking into potential support.