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COVID-19
VACCINATION IN GEORGIA AND THE ROLE OF LOCAL GOVERNMENT IN DEFEATING THE PANDEMIC

POLICY PAPER 2021

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INTRODUCTION

The COVID-19 pandemic has tested both Georgia and the entire world on a massive scale and completely changed countries' social, economic, and political lives. COVID-19 has far transcended the scope of public health systems and health care systems in general, and tackling this virus has become a top priority for governments in all countries.

Since December 31, 2019, the disease (COVID-19) caused by the new coronavirus (SARS-CoV-2) has spread rapidly around the world since the first cases of the virus were reported in Wuhan, Hubei Province, China. The World Health Organization (WHO) declared a state of international public health emergency on January 30, 2020, and assessed it as a pandemic on March 11.[1] The first case of coronavirus in Georgia was recorded on February 26, 2020. Since then (November 3, 2021), 732,965 confirmed cases of coronavirus have been reported, with 6024 cases in the last 24 hours. 673,640 patients have recovered and 10,185 citizens have died, including 49 individuals in the last 24 hours.[2]

This data also shows how difficult the situation in our country is. Georgia is ahead of neighboring countries in terms of both infection and death rates.[3] The National Vaccination Program against COVID-19 was launched on March 15, 2021. As of today, 942,397 citizens have been vaccinated twice, and a total of 1,986,729 vaccinations have been administered.[4] The COVID-19 vaccine is a tool to deal with the pandemic, and the benefits of vaccination far outweigh the risks. The target rate of population immunization that the country should reach by the end of 2021 to protect its citizens and promote recovery and economic development was set at 60%. This means that 60% of the adult population over 18 years of age should be fully vaccinated.[5] This target was set in January 2021.

1 COVID-19-ის წინააღმდეგ საქართველოს მთავრობის მიერ გატარებული ღონისძიებების ანგარიში (Government of Georgia, Tbilisi, 2020).

2 StopCoV.ge website, www.stopcov.ge.

3 "COVID-19 Coronavirus Pandemic," Worldometer website, https://www.worldometers.info/coronavirus/?utm_campaign=homeAdvegas1.

4 "ვის შეუძლია ვაქცინაცია," National Center for Disease Control and Public Health website, https://vaccines.ncdc.ge/vaccinationprocess/.

5 საქართველოში COVID-19-ის ვაქცინის დანერგვის ეროვნული გეგმის დამტკიცების შესახებ, Decree No. 67 (Government of Georgia, Tbilisi, January 21, 2021) https://matsne.gov.ge/ka/document/view/5084798?publication=1.

Since then, the situation has changed due to the spread of the Delta variant, and now many European countries aim to vaccinate 80-90% of the population to reach collective immunity.

The purpose of this policy document is not to assess pandemic and immunization management in Georgia but to analyze the positive and negative decisions that have affected the spread of the virus and, consequently, the lethality rate. Another goal of this document is to increase trust in the COVID-19 vaccine and increase public acceptance and demand for it, especially at the municipal level.

WHY IS VACCINATION NECESSARY?

Vaccination remains the only effective way to fight viral and bacterial infections. Vaccination is one of humankind's greatest achievements in medicine and science in general. The world's first vaccination in was done by Edward Jenner. In 1796, he administered material obtained from cowpox-damaged tissue to an eight-year-old boy, thus vaccinating him against smallpox. Smallpox was a serious disease that killed every third infected person and was completely eliminated through global vaccination.[6] In the following years, a rabies vaccine and diphtheria antitoxin were developed, the importance of which was equal to the discovery of a smallpox vaccine. In 1974 an extended immunization program was launched, and immunization has been an essential component of public health programs since 1978.[7] Thanks to vaccination, smallpox has been completely eradicated around the globe, and eradication of polio is in its final phase. Immunization among the greatest medical achievements of all times alongside penicillin, X-rays, insulin, anesthesia, and the discovery of DNA.

We can cite many historical facts about the benefits of vaccination to prove that vaccination protects the population from manageable infections and the serious health problems they cause. Today, the world is vaccinated against

6 Kaki Zoidze, "კაკი ზოიძის ბლოგი: ვინ არიან და რა ამოძრავებთ ანტივაქსერებს?"Batumelebi website, 2021, https://netgazeti.ge/news/555451/.

7 Tamar Tsertsvadze, "Development and Use of Vaccines," Tbilisi State University.

diseases such as diphtheria, tetanus, pertussis, hepatitis B, some pneumonias and meningitis strains, measles, rubella, mumps, poliomyelitis, rotavirus, tuberculosis, rabies, yellow fever, typhoid, Japanese encephalitis, chickenpox, human papillomavirus, meningococcus, and herpes zoster. According to the World Health Organization, vaccines ensure the survival of two to three million children each year and prevent more than half a million serious diseases.[8]

The National Immunization Plan of Georgia provides free vaccinations governed by the Law of Georgia on Public Health and lower-level regulations. The goal of the state immunization program is to protect the population of the country from vaccine-preventable infections, to provide the population with rabies vaccines and immunoglobulin for post-exposure rabies prophylaxis, and to establish a strategic stock of specific serums, immunoglobulins, and vaccines. The program is based on a well-maintained "cold-chain" network (continuous storage of the vaccine at the required temperature) and a well-assembled monitoring and supervision system. Immunization is a top public health priority for the Government of Georgia, as evidenced by the substantial increase in funding for the program. Four million laris were allocated to the immunization program in 2012, and this increased to 22.8 million laris in 2019.[9]

This is also confirmed by a report by the National Center for Disease Control and Public Health stating that Georgia had several important preconditions in terms of readiness for vaccination against COVID-19. There is a routine immunization system in the country with appropriate cold-chain-network storage, the state immunization program is a national priority with the immunization budget having been increased six times in the last eight years, the country only purchases WHO pre-qualified vaccines for planned vaccination, four new vaccines have been introduced in Georgia in recent years (mainly with GAVI facilitation), several training sessions have been conducted for medical personnel involved in the immunization process, and the country cooperates with international partners such as the WHO, UNICEF, GAVI, COVAX, WB, USAID, and ADB in its immunization program.[10] However, these are not used effectively in the

8 "Vaccines and Immunization," World Health Organization website, https://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1.

9 National Center for Disease Control and Public Health, 2019.

10 Report of the National Center for Disease Control and Public Health - COVID-19 in Georgia, 6th Revision, 2021.

administration of comprehensive vaccination against coronavirus. The problems the vaccination process is facing today and the challenges that need to be addressed will be discussed in the next section of this document. First, however, we will explore the Law on Public Health, which clearly explains the role and responsibility of individual citizens or the population in general in the field of public health.[11]

ARTICLE 5:

1. Every person on the territory of Georgia shall be obliged to:

a) restrain from carrying out activities posing the risk of spreading communicable or noncommunicable diseases, and other risks related to public health;

b) undergo all medical procedures, as required by appropriate authorities, necessary to prevent health risks for other persons, in case of danger of emergence and spread of communicable diseases;

f) undergo vaccination, in the absence of medical contraindications, in the case of a risk of a possible outbreak or spread of a communicable disease or a threat of an epidemic;

g) undergo immunisation, if his/her occupation is related to a high risk of exposure to communicable diseases.

h) observe the National Immunisation Schedule in accordance with the procedure and within the framework established by the legislation of Georgia.

11 Law of Georgia on Public Health (Legislative Herald of Georgia, Tbilisi, July 12, 2007) https://matsne.gov.ge/ka/document/view/21784?publication=37.

2. Every person on the territory of Georgia shall have the right to:

a) be protected from communicable diseases at health care facilities;

b) refuse to undergo immunisation procedures, if there is no risk of epidemic or pandemic; a person, whose occupation is related to a high risk of exposure to communicable diseases shall not have the right to refuse to undergo immunisation procedures;

c) live in a healthy environment;

d) be timely provided with comprehensive information on the essence and necessity of a preventive shot, expected clinical outcomes, the risks associated with the preventive shot, and possible consequences of refusing to receive the preventive shot.

The Law on Public Health clearly defines both the obligations and the rights of every person in Georgia. It also clearly states exceptional cases when these rights may be violated. It is true that this law generally applies to preventive vaccines, but at the same time it requires those whose activities are associated with a high risk of spreading disease to be vaccinated, as is the case is with the pandemic. Unfortunately, these articles of the law are not properly enforced, thus hindering the process of comprehensive vaccination against COVID-19. "Neither citizens nor the state fulfill their obligations in this area," remarked health specialist Ketevan Chkhatarashvili.[12] Given that winter is coming and there is a high incidence rate of the virus, there is a significant probability of another wave, the so-called "fifth wave." This disease is characterized by a wavy course as cases of infection periodically increase and then decrease. This trend is confirmed by the experiences of other countries as well.

12 Viktoria Mghebrishvili, "რატომ ვიხვეწებით იმას, რაც კანონით ისედაც მოქალაქის ვალდებულებაა?!- ჯანდაცვის სპეციალისტი," Business Media Georgia website, last modified September 24, 2021, https://bm.ge/ka/article/quotratom-vixvewebit-imas-rac-kanonit-isedac-moqalaqis-valdebulebaaquot--jandacvis-specialisti/91701/.

In addition to what is required by law, it is extremely important to inform citizens about the safety and efficacy of COVID-19 vaccines. An unprecedented combination of political will, global cooperation and funding has enabled the rapid development of highly effective COVID-19 vaccines whose safety is determined by a strict regulation process. Prior to obtaining authorization from the World Health Organization and national regulatory authorities, COVID-19 vaccines are rigorously tested in clinical studies to confirm that they meet internationally recognized standards of safety and efficacy. The introduction in Georgia of vaccines authorized by the World Health Organization or its strict regulatory bodies guarantees their quality, safety, and efficacy. The percentage of efficacy for each vaccine is individual and is based on the three-phase studies described in the annotations for all vaccines. The efficacy of the vaccines currently being used varies **from 60% to 95%**.[13]

Several types of COVID-19 vaccines are available worldwide. There are vaccines made with new technologies as well as vaccines created using traditional methods. Among the vaccines made with these new technologies, the Pfizer and Moderna's vaccines made with mRNA technologies are especially noteworthy alongside the vector vaccines produced by AstraZeneca and Johnson & Johnson. Vaccines made with traditional technologies include the Sinovac and Sinopharm vaccines made from inactivated virus. There are also protein vaccines, made from a fragment of the virus, such as Novovax.[14] Experience has shown that all vaccines recognized by the World Health Organization are highly effective in protecting against severe disease caused by COVID-19.

The best vaccine is the one that is the most accessible! The following types of vaccines are available in Georgia today: Pfizer-BioNTech, Oxford/AstraZeneca, Sinopharm SARS-CoV-2 Vaccine (Vero Cell) inactivated, and Sinovac CoronaVac (Vero Cell) inactivated. COVID-19 vaccines are administered at more than 300 vaccination points in Georgia.

13 "ვაქცინების ტიპები: რა უნდა იცოდე ვექტორულ ვაქცინებზე," National Center for Disease Control and Public Health website, https://vaccines.ncdc.ge/vaccines/.

14 Ekaterine Berishvili, "ვაქცინაციის პროცესი საქართველოში და მსოფლიოში. ქართველი ექიმი შვეიცარიიდან," National Center for Disease Control and Public Health website, last modified May 31, 2021, https://vaccines.ncdc.ge/blog/vakhtsinatsiis-protsesi-sakharthveloshi-da-msophlioshi-kharthveli-ekhimi-shveitsariidan/.

There is other evidence that there is no alternative to vaccination in the 21st century. According to a study presented by the U.S. Centers for Disease Control and Prevention on August 24, unvaccinated people are 29 time more likely to be hospitalized. The new study also found that they were almost five times more likely to be infected with COVID-19 than those who were vaccinated.[15] Also, statistics show that the probability of death among the fully vaccinated is minimal. In the UK, from January to July 2021, 51,000 people died of COVID-19, of whom only 256 were fully vaccinated and some 71% of those were suffering from chronic conditions.[16] To stop the pandemic, in parallel with vaccination against COVID-19, it is necessary to continue enforcing preventive measures such as wearing a mask, maintaining a distance of at least one meter, and regular hand hygiene.

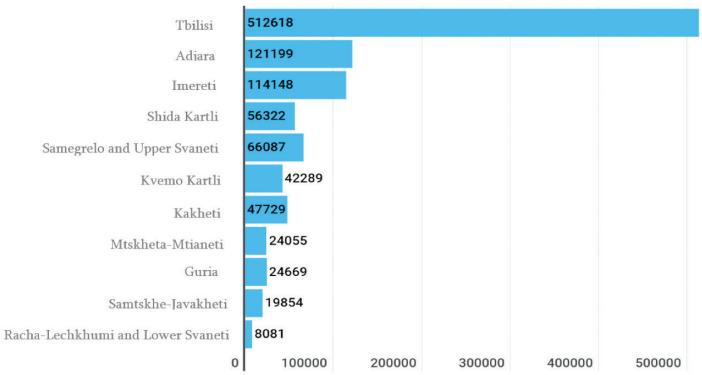
15 Berkeley Lovelace Jr., "CDC Study Shows Unvaccinated People Are 29 Times More Likely to Be Hospitalized with Covid," CNBC website, last modified August 24, 2021, https://www.cnbc.com/2021/08/24/cdc-study-shows-unvaccinated-people-are-29-times-more-likely-to-be-hospitalized-with-covid.html

16 "Covid deaths rare among fully vaccinated – ONS," BBC website, last modified September 21, 2021, https://www.bbc.com/news/health-58545548.

MAIN ISSUES IN THE VACCINATION PROCESS

Today, 33.5% of the adult population of Georgia has been vaccinated twice, while in the United Kingdom it is 67.2%, 68% in France, and 56.8% in the United States.[17] Almost half of the world's population is vaccinated with at least one dose. The current rate of vaccination in Georgia is extremely low, and achieving the 60% target set by these data by the end of the year will be a major problem for the country. According to statistics from the National Center for Disease Control and Public Health:

Vaccination Against COVID-19 (at least one dose) by region, March 15-November 1, 2021

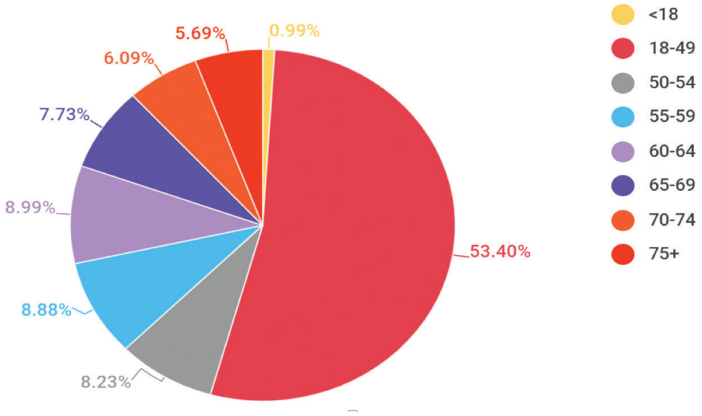


Source: National Center for Disease Control and Public Health

This diagram clearly shows that the vaccination rate is very low in Georgia's regions, especially among the rural population. If we look at the age gap between those who are vaccinated against COVID-19 and those who aren't, it's clear that most vaccinated citizens are in the 18-49 age group. Unfortunately, people over sixty are frequently unvaccinated even though they are, in fact, the most vulnerable group for this virus.

17 "Coronavirus (COVID-19) Vaccinations," Our World in Data website, https://ourworldindata.org/covid-vaccinations?country=OWID_WRL.

Vaccination Against COVID-19 (at least one dose) by Age Group, March 15-November 1, 2021



Source: National Center for Disease Control and Public Health

According to statistics from the Ministry of Health, only 12% of citizens over the age of 80 are vaccinated in Georgia. In the 70-80 age group, the rate is relatively better, at 29%, but completely insufficient since 167,000 citizens of this age are still vulnerable at the onset of the expected fifth wave.[18] "This data gives us grounds to assume that in the coming months, when a new wave hits, the virus will result in a loss of a much larger percentage of older people in the regions than in Tbilisi," stated Zurab Chiaberashvili, a former Minister of Health. There are many problems and challenges in the vaccination process today. In early 2021, Giorgi Gotsadze, one of the authors of the COVID-19 National Vaccination Implementation Plan, stated, "Vaccination progress needs: (A) a large amount of work by the political leadership to raise public confidence and sort out organizational issues, (B) a well-planned, organized, and managed health care and vaccination system, and (C) efficient coordination and enforcement in areas where local government is aware of the severity of the challenge in order to efficiently manage and coordinate on-site health care, medical facilities, and other services involved in immunization and be in communication with the public."

"Let's wait and see what comes out," the author of the article wrote in January. We waited, but practically nothing has changed since then – the country still faces these challenges. The vaccines are readily available to Georgian citizens today, although as discussed, the vaccination rate is very low.

18 Zurab Chiaberashvili, "მივხედოთ მოხუცებს რეგიონებში," Publika website, last modified September 26, 2021, https://publika.ge/article/mivkhedot-mokhucebs-regionebshi/.

Thousands of misinformation or conspiracy theories about COVID-19 vaccines are being shared in the media, especially on social media. It is especially important to provide correct information to those who are uncertain about getting a vaccine to ensure that they get vaccinated on time. We often encounter myths and conspiracy theories that negatively affect the immunization process. Some myths and scientifically accurate counterinformation include:

- **"mRNA vaccines modify DNA."**
- **It is impossible for a vaccine to modify human DNA.**

"mRNA technology is new and has not yet been tested."

- **Development of this technology has been ongoing since the 1990s.**

- **"If I can still get infected, why should I get vaccinated?"**
- **Vaccination does not mean that a person will not acquire a particular disease. But if you do acquire the disease, you are likely to be either asymptomatic or recover easily.**

- **"An embryo is used to make a vaccine."**
- **That is simply not true.**

- **"The vaccine causes infertility. It can also not be done during pregnancy or lactation."**
- **Among the myths and conspiracy theories surrounding vaccination, the most common view is that mRNA vaccines damage sperm, which has not been proven by studies. There are also myths that the Pfizer and Moderna vaccines are the cause of miscarriage in early pregnancy. This myth has been rejected by numerous studies: placental protein has no binding spike synthesized in the body after vaccination. The Pfizer vaccine has been approved for use by pregnant and lactating women.**

- **"If it were good, why would it be administered for free?"**
- **COVID-19 vaccines are currently free to the general public in all countries. They were bought by governments from the manufacturers, and a lot of money has been paid for them. For example, the price of a single dose of Pfizer is USD 19.50, while AstraZeneca's is priced from USD 2.15 to USD 5.25. In some cases, countries have received a certain number of vaccines as a gift from friendly countries. In Georgia, much like COVID-19 vaccines, all vaccines included in the planned vaccination calendar are free.**

Several other misconceptions and unsubstantiated information are circulating in public. In this context, it is very important to build public trust in the vaccine, and this is possible through thoughtfully planned and effective communication. The National COVID-19 Vaccination Implementation Plan states that "clear and effective communication is essential for the successful implementation of the COVID-19 vaccination program, and this must be done prior to the availability of vaccines. In addition to public awareness, there are three factors that affect vaccine acceptance that need to be considered to understand the problem and identify strategies: a supportive environment, social impact, and motivation." Unfortunately, the lack of a communication campaign and communication plan in general was observed at the very beginning of the vaccination process. Informing and persuading the population is critical and necessary to increase the number of vaccinated people before mechanisms for mandatory vaccinations are put in place. In Vietnam, one of the most successful countries in the fight against COVID-19, the Government Communication Strategy has been instrumental in the overall success of their efforts, and its effectiveness has been crucial in achieving the desired cognitive, emotional, and behavioral outcomes. According to a study conducted by the Vietnamese government, thanks to their communication campaign, Vietnamese people have adequate information and knowledge about the COVID-19 pandemic. Due to this awareness, most of them are less anxious and do not suffer from fear, stress, and panic. Moreover, the communication strategy has established health and safety-promoting behaviors in society.[19]

Unfortunately, there are many problems in Georgia getting people vaccinated against COVID-19 at various levels throughout the system ranging from issues with the registration portal crashing several times during the critical registration period to the post-vaccination death of a nurse in Akhaltsikhe which was never explained in detail to the public. This extremely unfortunate fact has dramatically hampered the vaccination process across the country. However, despite the challenges, the highest vaccination rate was in August, when more than 30,000 people were vaccinated daily. It is a pity that this pace could not be maintained, and today the daily vaccination rate does not exceed 3,000. The reasons are

19 L.T. Tam, H.X. Ho, D.P. Nguyen, et al., "Receptivity of Governmental Communication and Its Effectiveness During the COVID-19 Pandemic Emergency in Vietnam: A Qualitative Study," Global Journal of Flexible Systems Management 22 (2021) 45-64.

related to management mechanisms at the government level and the expression of political will. As mentioned at the outset, the fight against coronavirus, including vaccination, is a national security task that requires government action across sectors. According to health specialist Kaki Zoidze, all branches of government should be involved in the vaccination campaign and the issue should be considered a national security challenge.[20]

THE ROLE OF LOCAL GOVERNMENT IN VACCINATIONS

In the context of existing problems, the role of local government and its active involvement in the vaccination process is even more obvious.

There is a provision in the National Plan for the Introduction of the COVID-19 Vaccine that details both the components of vaccine administration and the responsible parties. According to this plan, it is the responsibility of local government to work alongside other bodies to mobilize population groups that need to be vaccinated. Municipal public health centers are responsible for on-site supervision and logistics of vaccination at the municipal level as well as for vaccinating population groups that need to be vaccinated by mobile units.

The plan clearly states that "the involvement of local authorities is of particular importance in planning, mobilizing, and delivering services to population groups that need to be vaccinated on the ground. In particular, local governments should facilitate COVID-19 vaccinations in their territories and develop and approve, in agreement with the regional headquarters of the Interagency Commission, a local vaccination plan, which must include at least the following components" clarified in detail in the vaccination plan.[21]

There is an order of the Minister of Labor, Health, and Social Affairs on the functioning of municipal public health services that states, "An epidemiologist

20 Mariam Bogveradze, "ვაქცინაციის როლი COVID-ით გარდაცვალების შემთხვევების შემცირებაში," Batumelebi website, last modified July 23, 2021, https://netgazeti.ge/news/555752/.

21 აქართველოში COVID-19-ის ვაქცინის დანერგვის ეროვნული გეგმის დამტკიცების შესახებ.

is the person responsible for immunization who is responsible for planning immunopreventive measures in general, facilitating implementation, and providing information systems, monitoring, and evaluation." The order recommends programs for public health centers in cities and municipalities, including a program that provides information and educational support for vaccination.[22] Provisions at the legislative level are also important. Article 36 of the "Law of Georgia on Public Health" also clarifies the role of local government bodies in the field of public health. [23] Local governments are delegated certain powers in this area, and this includes immunization. The Law of Georgia on Health Care and the Self-Government Code also explain in detail the role of local governments in public health.

Numerous vaccination-related issues came up during conversations with the staff of municipal public health centers and the National Center for Disease Control and Public Health. While public health services are actively involved in the information campaign, the unfortunate influence of anti-vaccination minded rural doctors is enormous. Resistance and/or indifference on the part of the medical sector plays a significant role in this process, especially at the rural and district level. District public health centers do not complain about staff shortages, but they do lack professional epidemiologists and public health specialists. Efficient steps should be taken in this regard – otherwise, there would be a serious shortage of professionals. Some municipalities also point to the problem of aging professionals. Public health centers only employ senior staff, so it is necessary to attract young people and to make them interested in this profession so that in the future it might be possible to reinvigorate public health services with young professionals. Only the Telavi Public Health Center said that they had new additions to their medical personnel during the pandemic.

During the interviews with public health representatives, it was revealed that the budgets of the public health centers did not increase during the pandemic. They are funded by municipalities, and therefore it's impossible to increase their budgets. In most cases, these centers' infrastructure also needs to be upgraded and rehabilitated. The situation is different in the Autonomous Republic of Adjara,

22 On the Functioning of Municipal Public Health Services №01-163/O (Ministry of Labor, Health, and Social Affairs, July 20, 2017).

23 Law of Georgia on Public Health.

where the Ministry of Health and Social Affairs has its own budget and has accordingly allocated additional funding for public health centers and targeted programs in Adjara. Many public health pilot programs are funded there, such as early diagnosis of pelvic-femoral joint dysplasia and congenital prolapse, diagnosing bronchial asthma in target groups, and examining pregnant women's thyroid glands. Adjara is quite advanced in terms of vaccination rates with 112,199 individuals, or 34% of the population, vaccinated as of November 1. In a conversation with the head of the local public health service, it was revealed that the success of vaccination in Adjara is associated with a strong information campaign, proper management of the pandemic both horizontally and vertically, and effective coordination with the central government. Public health center representatives advocate for mandatory immunization among risk groups. This can be seen in the way the flu vaccine has been used over the years. When it became mandatory for medical staff, the vaccination rate immediately increased.

The Government of Georgia issued an additional decree on August 7, 2021, to improve access to COVID-19 vaccines in rural areas. It states that vaccination will be carried out in medical or non-medical facilities, public-gathering places, or at home for people with disabilities.

Participating medical institutions located in municipalities were instructed to provide vaccinating teams with appropriate medical personnel and vaccination equipment. Institutions providing planned outpatient services were requested to administer vaccines for the rural population registered in their facility with the involvement of rural doctors and nurses.

Municipal public health centers have been tasked with providing vaccines to appropriate vaccination sites, monitoring the cold chain, and coordinating with local government, vaccination teams, and the groups targeted for vaccination.

Local governments have been instructed to select the appropriate infrastructure for vaccine administration and reach agreements between these centers and the Pharmaceutical Regulatory Agency. Their task also includes mobilizing and inviting individuals that need vaccination, and, if necessary, providing them transportation. In addition, local governments were required to establish operational vaccination headquarters to facilitate the vaccination process.

In conversations with public health representatives, it was revealed that vaccination headquarters have been set up at the regional level to better manage the vaccination process. These headquarters bring together regional and municipal representatives as well as primary health care physicians, inpatient center managers, and, of course, staff from regional public health centers and the Center for Disease Control. Vaccination headquarters are set up at the municipal level. Local governments are responsible for facilitating the vaccination process, identifying problems in a timely manner, and coordinating with the central government quickly and effectively. Municipalities are also actively involved in the vaccination campaign. Their populations can obtain reliable information from leading specialists in the field and, if they wish, get vaccinated on the spot.

It is important to consider international experience in this field. In particular, the U.S. National Strategy for the COVID-19 Response and Pandemic Preparedness states that the involvement of individuals is paramount, and this should be done in context of engagement with local authorities. The U.S. President directly instructs local governments to set up as many vaccination points as possible to administer vaccines to the local population while emphasizing close cooperation between central and local authorities.[24]

Compensating health care providers and local governments for the cost of vaccine administration is crucial for expanding vaccination. The central government should support coordination at the municipal level and promote equal access to vaccines. On their part, municipalities are responsible for coordinating vaccination and opening as many stations as possible. Planning should consider the needs of the local population, local problems, and local challenges. The National Vaccination Education Campaign is essential, with local community leaders playing a key role. The U.S. COVID-19 Response and Pandemic Preparedness Plan is quite comprehensive, including many interesting and efficient interventions, the use of which would be an example of best practice for Georgia.

24 National Strategy for the COVID-19 Response and Pandemic Preparedness (Office of the President, Washington D.C., January 21, 2021) https://www.whitehouse.gov/wp-content/uploads/2021/01/National-Strategy-for-the-COVID-19-Response-and-Pandemic-Preparedness.pdf.

RECOMMENDATIONS FOR LOCAL GOVERNMENTS

- Strengthen the role of municipal, regional, and autonomous-republic public health services and increase their functions. This will strengthen the public health system in general.

- Provide municipal public health services with material and technical equipment in accordance with the National Public Health Recommendation Guidelines and provide transportation to the centers.

- Involve staff from municipal public health services in continuing educational programs to enable specialists to learn the latest trends in epidemiology and public health and continually expand their knowledge.

- Fulfill the obligations set out in the National Plan for the Introduction of the COVID-19 Vaccine in terms of planning and mobilizing the groups that need to be vaccinated on site and addressing issues related to the organization of service delivery and the involvement of local authorities. Also, enforce the rights and responsibilities imposed by the Law on Public Health.

- Coordinate action between the central and local governments to ensure rapid and effective vaccination in villages and towns and, most importantly, increase the budget of the public health centers.

- Deploy an effective educational campaign at the municipal level to maximize and accelerate the vaccination process and inform the public about preventive measures. The campaign should be tailored to the requirements, views, and needs of the local community.

- Involve the population as much as possible. The efforts of the central government alone will not be able solve the problem of vaccination without popular support. Accordingly, the central government urgently needs to coordinate and involve local government, civil society, the private sector, religious leaders, and volunteers.

- Strengthen local public health services, mobilize them fully, and ensure the involvement of rural doctors and nurses in the vaccination process.

- Organize mobile teams and ensure that senior citizens are vaccinated on site in villages and places far from the center.

The development of safe and efficient vaccines against COVID-19 is a major step forward in the global fight against the pandemic. Vaccination has no alternative, and it is a critical prerequisite for ending the pandemic. It is therefore vitally important to mobilize all resources so that most of the population of Georgia is vaccinated as quickly as possible.

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