



MINISTRY OF LABOUR, HEALTH
AND SOCIAL AFFAIRS OF GEORGIA

GEORGIA - NATIONAL HEALTH CARE STRATEGY
2011-2015

Access to Quality
Health Care

Tbilisi 2011

THE MINISTER'S FORWARD

The socio-economic policy of the Government of Georgia aims to prepare the grounds for the formation of a successful, wealthy and unified Georgia.

In order to meet the set goals, the Government of Georgia has elaborated a ten point strategic plan for modernization and employment. Specifically, the plan covers:

1. Macroeconomic stability
2. Improving the balance of current accounts
3. Creation and maintenance of a favorable environment for investment and business
4. The formation of Georgia as a trade and logistics hub in the region
5. Improvement of infrastructure
6. Development of agriculture
7. Improvement of the education system
8. Refinement of the social policy
9. Access to quality health care
10. Urban and regional development

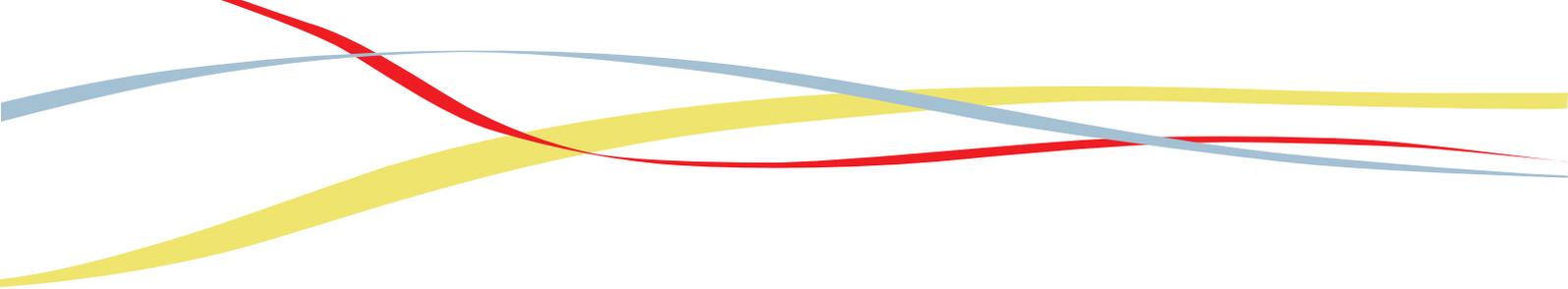
The creation of more highly-paying workplaces and improvement of social welfare (through improvement of health care and social protection) of our citizens are core objectives embraced in the ten-point plan.

The health care strategy document presents a five-year strategy for health sector development, transparency support and public accountability.

I am deeply grateful to the team of the Ministry of Labour, Health and Social Affairs and supporting partners.



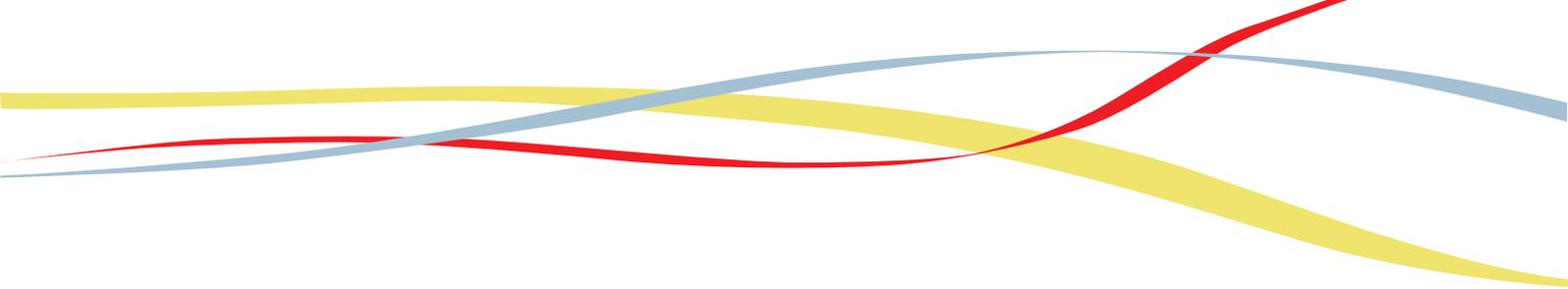
Andrew Urushadze
The Minister of Labour, Health, and Social Affairs



PREFACE

PROVIDING “AFFORDABLE QUALITY HEALTH CARE” IS ONE OF THE KEY ELEMENTS OF THE GEORGIAN GOVERNMENT’S STRATEGIC DEVELOPMENT PLAN - “FOR MODERNIZATION AND EMPLOYMENT.”

Access to quality medical care is one of the main prerequisites for improving the health of the population and for addressing the health care challenges the nation currently faces. This document defines the government’s strategic objectives for 2011-2015 and the key strategic initiatives essential for meeting these objectives. This health care strategy document is a political response to both the population’s health and the health system’s challenges. The Health Care Strategy also aims to inform the Georgian population and medical society about the reforms planned to help ensure their active involvement during the implementation. Transparency of the reforms and the government’s accountability to the public will be essential for the successful implementation of these reforms.



CHAPTER I

Key Principles

1 . EQUAL ACCESS

Unequal distribution of medical resources (infrastructure, human resources) compounded with high unemployment and poverty among the population creates disparities in access to medical services. Equal access to health care should serve as a safety net for all Georgian citizens, especially those living below the poverty line, residents of occupied territories, people with disabilities, the rural population, and prison inmates.

2. PATIENT-FOCUSED HEALTH CARE SYSTEM

The health care system should be focused on a patients' needs rather than their purchasing capacity. State subsidies for individual health care services should be focused on the patients and should ensure the freedom of choice.

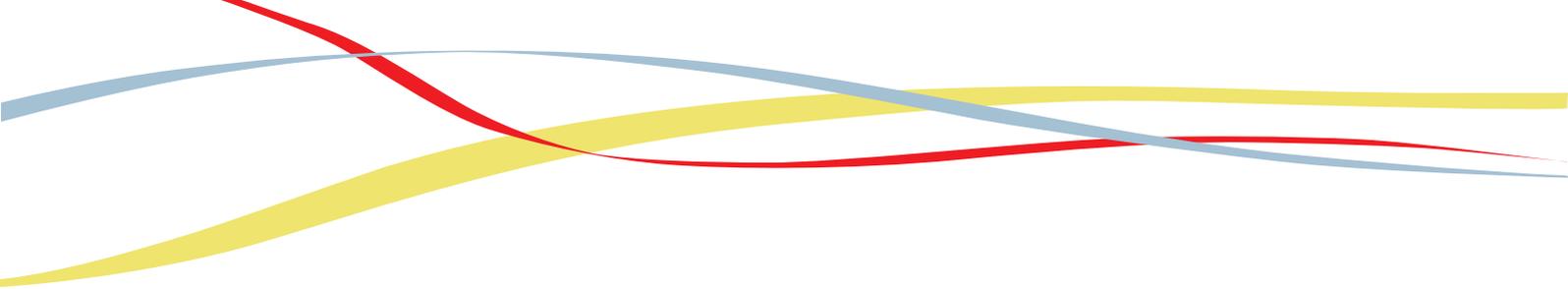
The patient-focused health care system is a system that is focused on the following key values: patient's awareness; freedom of choice; patient's safety and protection from inefficient use of medical services.

3. AFFORDABLE AND EFFICIENT HEALTH CARE

It is the government's responsibility to make public health care services available for all citizens of Georgia. Therefore, the state has established the following priorities in the field of public health: health and healthy lifestyle promotion, prevention and screening of non-communicable diseases, prevention, treatment and vaccination (immunization) for communicable diseases, control of tuberculosis, HIV/AIDS and other especially dangerous infections, management of mental disorders, maternal and child health care, disaster and emergency preparedness.

4. PUBLIC-PRIVATE PARTNERSHIPS AND ENHANCING FREE COMPETITION

The state should not be occupied with the day-to-day management of medical entities but should encourage private initiatives and investments in the health sector. Therefore, it is the Government's responsibility to assure a competitive environment in order to secure better quality and affordable medical insurance and health care services for the population. Consequently, the Government should enact policies that will guarantee the protection of each citizen's legitimate rights in the health sector. Individual health responsibility should be equally divided between the state, the private sector and the citizen.



5. TRANSPARENCY AND PUBLIC INVOLVEMENT

Both the state and the private sector are accountable to the public in the health sector. This should be assured by:

- ▶ Full transparency in the planning and managing budgetary resources for health;
- ▶ Publicity of Government decisions;
- ▶ Easy access to information about the quality and volume of services rendered to the population.

Public Accountability Tools that will be used by the government include:

- ▶ "National Health Report"
- ▶ "Health System Performance Assessment"
- ▶ "National Health Accounts of Georgia"
- ▶ E-portal for citizens.

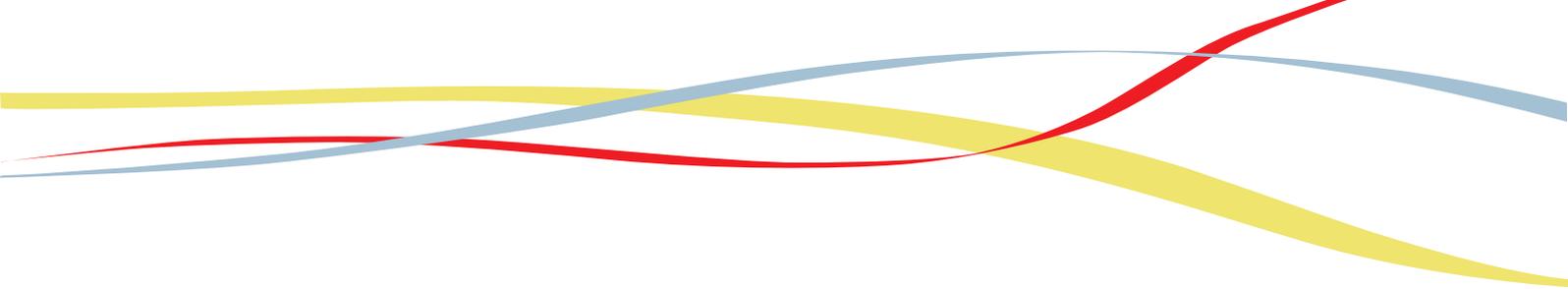
6. ADEQUACY OF RESOURCES RELATIVE TO NEEDS

Health care resources should be adequate and sufficient to perform the tasks faced by the health care sector.

The number and qualification of medical and managerial staff (both in the state and the private sector), financial resources, infrastructure should be requisite to meet the health needs of the nation.

7. INTER-SECTORAL APPROACH

Many challenges and problems currently faced by the health sector require productive cooperation between different agencies, as well as the coordination of activities of the state, private and non-governmental sectors. The country has a number of successful examples of cooperation between ministries and other state agencies, as well as between the private sector, NGOs and donors.



CHAPTER II

Key Health and Health System Challenges

The Georgian health care faces several challenges, in particular:

1. DEMOGRAPHIC CHALLENGES

For the past several years, life expectancy has been slowly growing in Georgia and reached 73.6 years in 2010, which indicates an improvement in the health of the population. This positive trend was accompanied by an increased fertility rate, which has risen significantly over the past several years and reached 1.86 per reproductive aged women in 2010, nevertheless, it is still less than the population replacement rate - 2.15. However, the demographic changes of the past decades have contributed to an imbalance in the ratio of the number of older people to the younger. For example, the number of elderly above the age of 60 has increased from 15% to 19% over the past twenty years. According to United Nations Population Division (UNPOP) projections, this number is expected to increase to up to 26% by 2050, unless the fertility rates in Georgia rise above the natural replacement level. Therefore, the aging population, along with the reduced number of working age individuals due to low fertility, pose significant challenges for both the economic development of the country and the health care system of the nation.

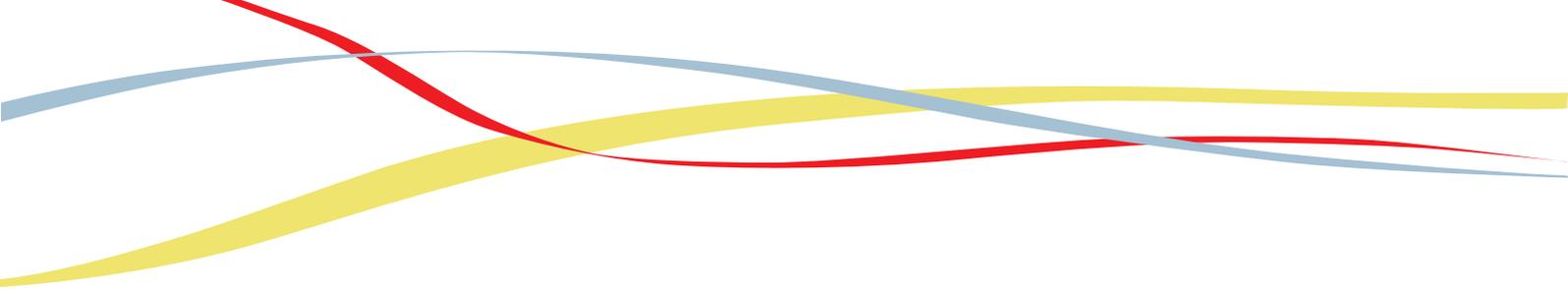
This demographic outlook is further compounded by approximately 47,000 deaths annually. One-fourth of these occur among the working age population and are due to preventable causes: cardiovascular disease, cancer and trauma. This further weakens the demographics and consequently, the economic potential of the nation.

The level of perinatal loss additionally aggravates the demographics of Georgia. Although infant and under-5 mortality rates in recent years reveal a decreasing trend, the current rates are still significantly higher than the EU average and that of eastern European post-Soviet countries.

2. POPULATION HEALTH CHALLENGES

Population health challenges vary by different age groups, therefore:

- ▶ Infectious diseases, most of which are preventable by existing and new vaccines, account for 56% of the disease burden seen among children up to 15 years old. This places a heavy economic burden on both their families and society;
- ▶ Perinatal losses and birth-related complications largely related to weak antenatal supervision and low quality obstetrical-delivery services further increase the disease burden seen among children, which is three times higher than the European average;

- 
- ▶ Mental and cardiovascular diseases, cancer and trauma collectively account for 69% of the disease burden observed among the working age population (aged 15 to 60);
 - ▶ Cardiovascular diseases, vision and hearing impairment, and cancer account for 79% of the disease burden among people older than 60;
 - ▶ Behavioral risk factors like tobacco consumption, unhealthy diet and physical inactivity are also significant contributors to the national disease burden. Furthermore, new risks are also emerging because of globalization. Increased food imports to Georgia and more international travel have raised the risk of pandemic prone diseases.

According to the World Health Organization (WHO 2009), the overall disease burden for Georgia is high. Consequently, the country faces significant economic losses due to disease, death and disabilities (health care spending and temporal or long-term disability of the economically active population), therefore, reducing the disease burden is important for the stable economic development of the country. Thus, the difference in health problems of various age groups calls for differentiated preventive and curative interventions. Moreover, risks posed by existing and emerging infectious diseases call for strengthening the infectious disease surveillance system and initiating a timely and coordinated response to emerging biological risks.

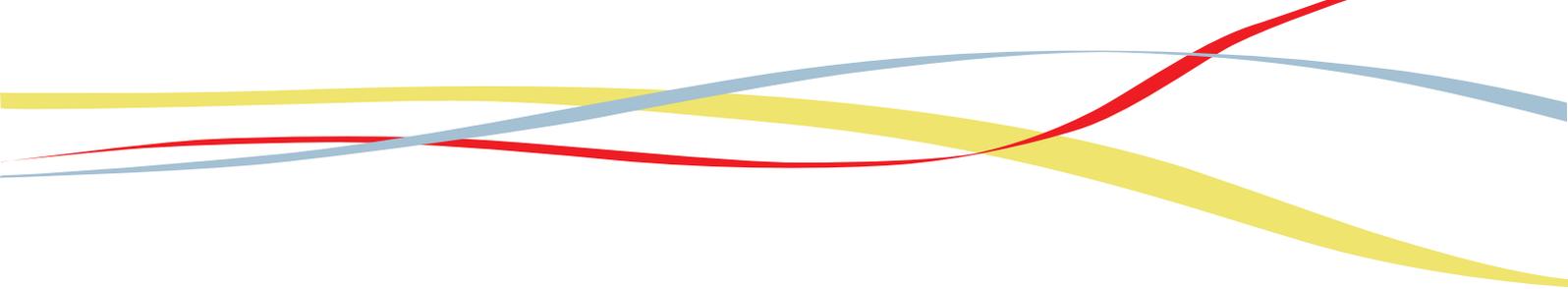
3. HEALTH CARE SYSTEM CHALLENGES

3.1 Health Care Financing

Total health care expenditures have significantly increased in the past several years and reached 10.1% of the GDP in 2009, which is almost twice as high as that of countries with a comparable economic development to Georgia's. Georgia is on par with Germany, Denmark and Switzerland, which devote a comparable percentage of their nation's wealth to health. However, 72% of this spending comes from households, which imposes a heavy burden on Georgian households. It should be noted that this financial burden grew significantly between 2001 and 2009. In 2001, household expenditure on health care was around 15% of its disposable income, while in 2009, it reached 34%. Increased spending level for outpatient drugs is major contributor to this growth.

Because a third of a household's disposable income is being spent on health, little is left for other goods and services. This has an adverse effect on the economic growth potential of the nation.

The retail sale of outpatient drugs accounts for the highest portion in national health spending, amounting to 42% of the total health expenditure in 2009; or approximately 4% of the GDP. Accordingly, the share of pharmaceutical expenditures in Georgia's total health care spending is significantly higher than in developed economies: 15% in the Netherlands, 20% - Germany, 25% - Poland, etc.



Because of government's health care financing reforms during 2007-2008, the number of the population that had either private or state-funded medical insurance reached 1.5 million people (or 33% of the population) towards the end of 2010. Health service utilization and financial protection among the insured population also had increased. However, this has not positively affected the total health service utilization in the nation. Among the European continent, Georgia has recorded the lowest hospital and outpatient service utilization rates after Azerbaijan. This indicates that a significant part of Georgia's population still faces major challenges related to financial access barriers to health care.

3.2 Medical Infrastructure

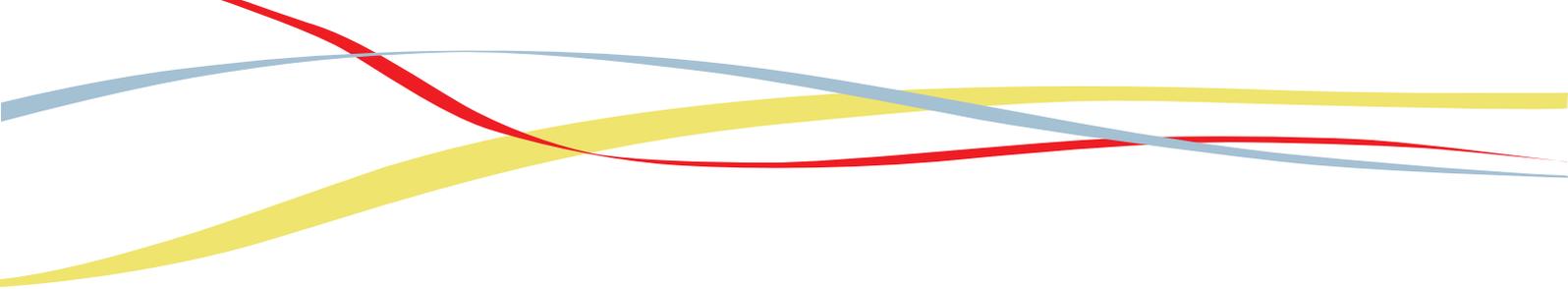
Medical infrastructure, which fell into disrepair after the country gained its independence is undergoing a gradual upgrade and rehabilitation. Public and private investments have been mobilized for construction and/or the refurbishment of medical facilities. Consequently, towards the end of 2011, fifty hospitals had been completely remodeled or constructed.

Improving the quality of health infrastructure is an essential precondition for improving quality of medical services and enhancing access. Therefore, renovating and constructing new health care facilities and equipping them with modern medical equipment, as well as spatial and functional planning of a provider network must be adequately addressed in the new strategy.

3.3 Health Human Resources

The country is facing major challenges in health human resources. In Georgia, the number of physicians is higher than the European average, where there are 462 doctors per 100,000 people, compared to 327 in European countries. At the same time, the country faces an acute shortage of nurses, both in urban and rural areas. The country's educational institutions produce far more doctors than needed. Approximately 1200 doctors (excluding dentists) enter the labour market every year, whereas only about 100 nurses graduate every year from nursing schools. Therefore, Georgia's annual physician production count per 1,000 inhabitants is three times higher than the European average, while the number of nurses produced by educational system is more than ten times less than observed in Europe. The excessive number of doctors in the sector contributes to a low productivity. On average, a hospital physician in Georgia treats only 2.6 patients a month while a physician at an outpatient setting sees roughly three patients a day.

The current system for undergraduate and postgraduate medical education does not prepare students with adequate theoretical knowledge and clinical skills, which further aggravates the human resource problems. State qualification and certification examinations (market entry barrier) place a greater emphasis on knowledge assessment than on the evaluation of professional and clinical skills of recent graduates. Furthermore, the system of continuous professional education is also weak. Consequently, the quality of human resources poses significant challenges to the sector.



3.4 Patient Rights Protection

Current mechanisms for patient safety and rights protection lack effectiveness, which are frequently reflected in patient's complaints about the quality of medical services. It is essential to develop and implement new mechanisms that assure the rights of the patients are protected during the provision of medical care and when dealing with private insurers.

3.5 Information Technologies

Existing health information systems are outdated. It is absolutely vital to improve Health Management Information Systems (HMIS). This must be built on new information technologies and must offer new approaches for data collection and analysis.

In response to these challenges, the government has developed a new strategy for National Health Management Information System development.

Furthermore, on March 1st 2011, the International Classification of Primary Care (ICPC-2-R), Nordic Classification of Surgical Procedures (NCSP), and the International Statistical Classification of Diseases and Related Health Problems (ICD-10) came into force. The project was supported by USAID.

Georgia has additionally introduced the practice of annually producing and disseminating *the National Health Report, National Health Accounts and Health System Performance Assessment reports*.



CHAPTER III

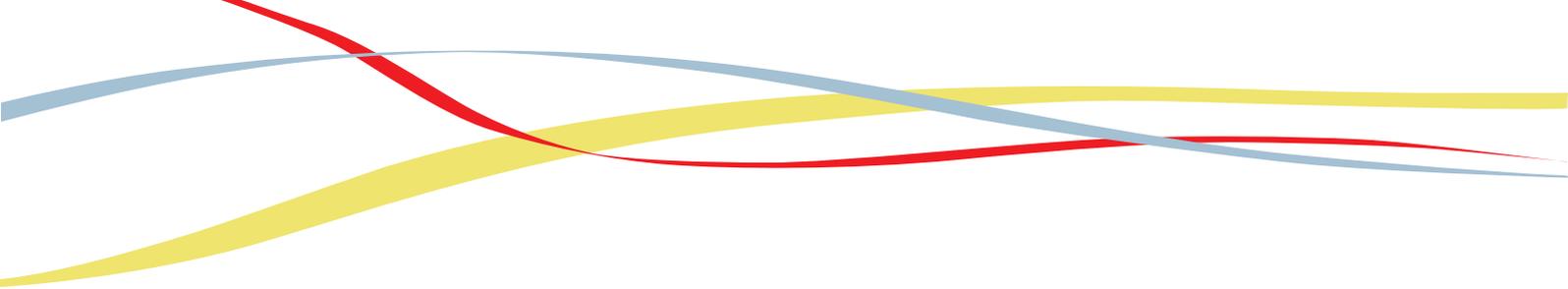
The Goal of the Strategy

Under the current strategy, the government intends to improve population health through a reduction of disease burden and mortality by 2015.

As a result, between 2011-2015:

1. Population's life expectancy will rise because of reduced mortality resulting from averted premature death, primarily among children, as well as other age groups.
2. The quality of life will improve because of reductions in morbidity and associated disability rates.

In order to achieve these goals, the government of Georgia has drawn up five strategic objectives and defined 26 strategic initiatives described below.



CHAPTER IV

Strategic Objectives and Government's Strategic Initiatives

STRATEGIC OBJECTIVE #1

Reduce Inequalities in Access to Medical Care

Equal financial and geographic access to health care services is one of the primary objectives of the government.

The government will meet this objective through the implementation of the following strategic initiatives:

1.1 HOSPITAL SECTOR DEVELOPMENT PLAN FOR 2011 –2015

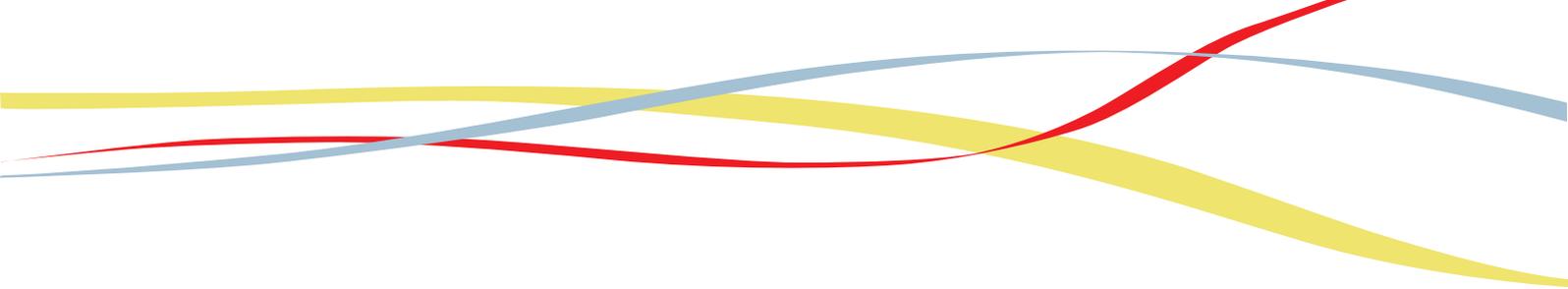
The government's hospital sector development plan calls for an investment of 1.2 billion GEL in hospital sector over the next two years. For the past several years, up to 50 modernly-equipped hospitals have started functioning, including: the National Center for Lung Diseases, Ambrolauri, Kutaisi and Zugdidi regional hospitals, Mental Health and Narcology Center, the Emergency Department of the Republican Hospital, Medina Clinic, MediClub Georgia, the University Clinic at the First Clinical Hospital, the Scientific Research Institute of Experimental and Clinical Medicine, New Hospital etc.

Within the frames of the health infrastructure development program, 150 medical facilities are targeted to be renovated and/or reconstructed by 2013. The new facilities are expected to emerge on the principles of a referral network and will offer inpatient, outpatient and pre-hospital (ambulance) services. At the same time, these facilities are expected to be multi-profile, in order to provide greater comfort to patients.

Because of this initiative, every administrative-territorial unit will possess a new medical center and 8,000 hospital beds will be created in the country within the completely renovated medical infrastructure.

National permit requirements for health care facilities, established and updated by the Georgian government, will be mandatory when planning for and equipping new hospitals.

As a result, all Georgian citizens will be able to receive high quality medical services in close proximity to their residences.



1.2 INCREASE THE NUMBER OF INSURED CITIZENS

In 2006, the government of Georgia initiated reform of the health care financing system. The reform aimed to provide health insurance for the population and develop an insurance system by supporting private insurance companies. For the past five years, the number of insured people has increased from 40,000 to 1.5 million. As of 2011, more than one million people are covered by state-funded medical insurance, including more than 900,000 citizens living below the poverty line.

The goal of the government is to raise the number of insured population to at least 2.5 million by 2015, which will be possible through a gradual increase in a number of insured people financed from the state budget and generally through the development of health insurance market.

Meanwhile, to increase the number of privately insured citizens and corporate insurance coverage, the government plans to support the development of affordable and geographically accessible insurance products on the insurance market. As part of this initiative, the Government plans to introduce the notion of basic insurance coverage (the basic insurance package).

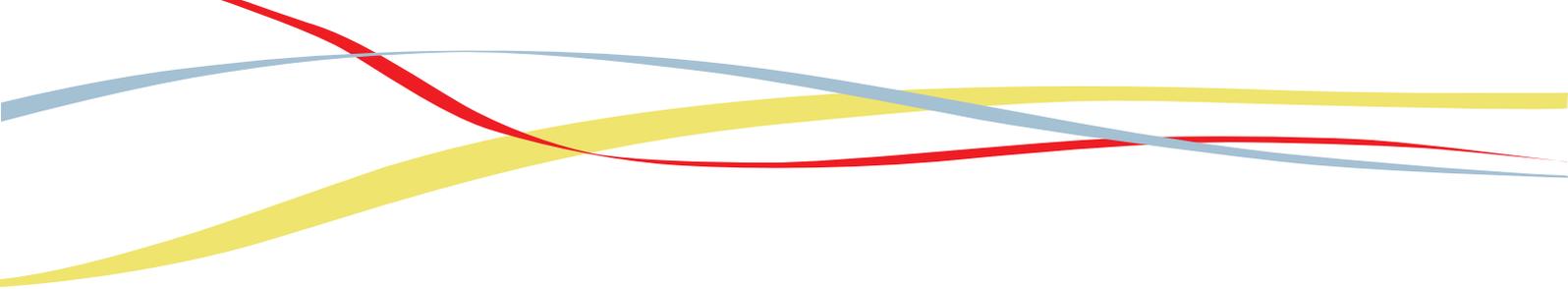
1.3 DEVELOP PRIMARY HEALTH CARE

All citizens, especially in rural areas, should have access to primary health care (PHC) services. In order to improve access to PHC services, the government will contribute to the functional integration of rural and district PHC facilities with other levels of medical care. Ensuring a continuity of treatment, integration of preventive service delivery in PHCs, and improving coordination of PHCs with other levels of health care is the ultimate goal of this integration. Moreover, PHCs will become fully integrated in the unified health information system. As for cities, PHCs and outpatient services will be provided by both independent providers and newly constructed hospitals.

1.4 IMPROVE ACCESS TO MEDICINES

In 2009, through amendments in the “Law on Drugs and Pharmaceutical Activities” the government introduced mutual recognition and parallel import regimes to reduce market entry barriers for new pharmaceuticals. Also:

- ▶ “Conflict of interests” were defined, which prohibits using patients for personal gain by a care provider and bans medical staff to engage in drug advertising and making deals with pharmaceutical industry representatives;
- ▶ New prescription rules and forms were introduced, which led to an increase in volume and range of generic medicines imported to Georgia;
- ▶ Reduction in market entry barriers and simplification of drug registration rules delivered initial results: 300 new medicines were registered through a mutual recognition regime and 450 drugs entered Georgia via the parallel import regime;
- ▶ New regulations also facilitated the import of drugs registered in EU, USA and other highly regulated markets, which also improved the quality of imported medicines.

- 
- ▶ New pharmacy networks of medicines have emerged, which stabilized retail prices and/or caused a 30-50% price reduction for of certain groups of drugs.

Improving the population's health and increasing financial protection from ill health will not be possible without improved access to outpatient drugs. Therefore, under this strategic initiative the government plans to further increase competition in the pharmaceutical market.

1.5 INCREASE ACCESS TO MEDICAL CARE FOR PEOPLE WITH SPECIAL NEEDS

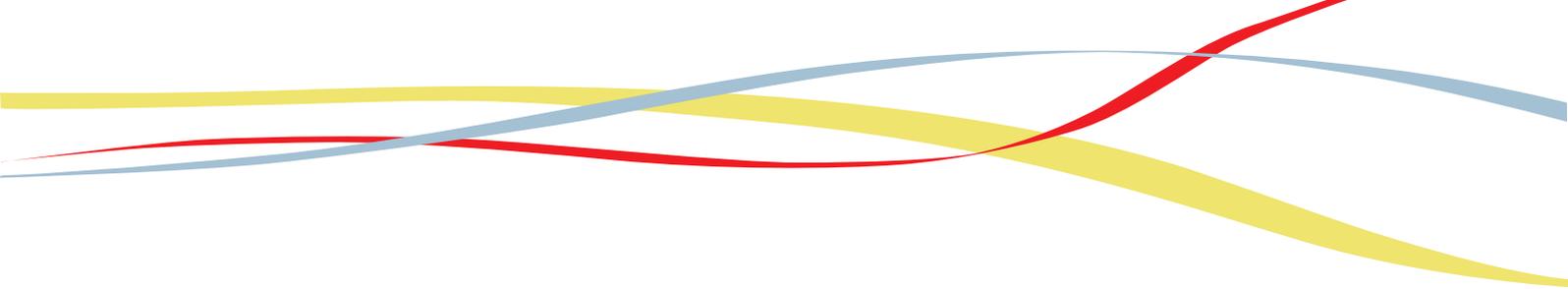
The government plans to reduce physical access barriers to medical service for people with disabilities by developing infrastructural requirements and incorporating them in permit regulations for health care establishments. Interpretation services are also considered for citizens facing language barriers. It is also planned to reduce barriers for people living in the occupied territories with the help of state funded programs.

1.6 HEALTH CARE IN THE PENITENTIARY SYSTEM

The Ministry of Labour, Health and Social Affairs (MoLHSA) and the Ministry of Corrections and Legal Assistance will further cooperate in order to improve the health status of inmates. They will cooperate in several fields: the regulation of the penitentiary health care system will be subordinated to the rules and regulations governing the public system (collection of statistical information, disease surveillance, permit and quality control regulations, etc.); upgrading medical infrastructure of the penitentiary system; implementing penitentiary PHC reforms; training and motivating medical staff to improve the quality of medical services; implementing tuberculosis (TB) and HIV/AIDS prevention and treatment in prisons; effective organization of medical services for prison inmates.

STRATEGIC OBJECTIVE #2 Improve Quality of Medical Services

Assuring and improving the quality of medical services is a priority objective for the Government. The quality of service implies that clinically necessary care is available at the right time and is delivered from an adequately equipped facility at an appropriate price. Quality improvements are planned to be achieved through: the development and introduction of new state permit requirements for service providers; the training of motivated and qualified health personnel and improvement of their knowledge and skills by accrediting educational programs and clinical training sites; improved regulations governing medical facilities and improved quality monitoring systems; the creation and development of the pathology services; and by supporting the implementation of evidence-based clinical guidelines.



2.1 NEW PERMISSION REQUIREMENTS FOR MEDICAL INSTITUTIONS

In order to ensure the quality of medical care, the MoLHSA aims to improve the system of permits, which should define the list of minimum mandatory requirements to be met by an inpatient facility. These requirements will be geared towards assuring patients' safety in a health care setting.

The development of quality assurance systems is also planned for outpatient and laboratory service providers.

2.2 MOTIVATED AND QUALIFIED MEDICAL PERSONNEL

Regulating the production of human resources for health is an essential pre-requisite to balance human resources for health with the population needs. Reducing the number of physicians and increasing the number of nurses is an essential pre-requisite to meet the country's needs for health care personnel. Achieving the proper balance will help to avoid: unjustified costs spent on human resource development, undesirable clinical outcomes and the challenges of employing an excessive number of physicians in the health sector.

The key objective in this direction will be to popularize the nursing profession and increase the number of students in nursing schools, which will stimulate further development of academic foundations for nursing education. Georgia needs approximately 350 doctors and 1,400 nurse graduates annually to be on par with an average European country. It is imperative that medical schools plan their production volumes according to the country's needs.

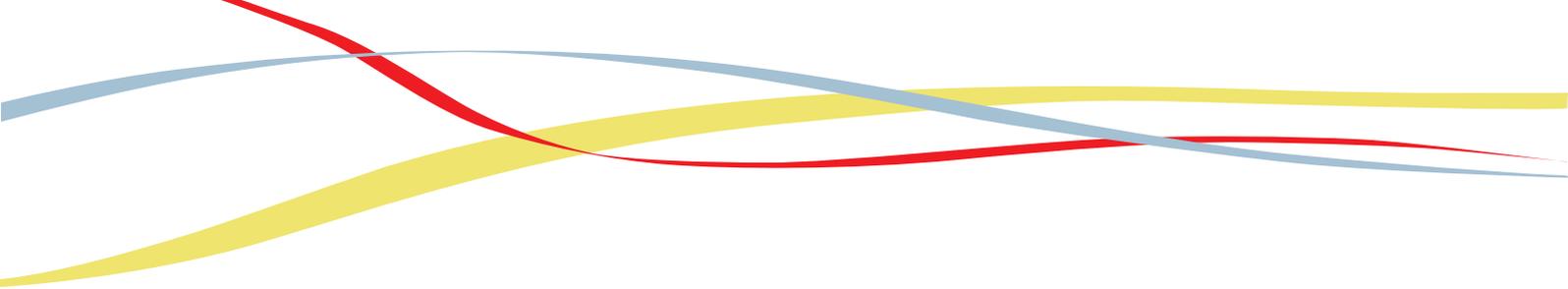
Doctors' certification tools will be enhanced from 2012. Doctor certification exams will focus more on the evaluation of clinical competencies and clinical problem solving skills rather than on knowledge assessment only. Accredited professional associations are expected to play an active role in the development and implementation of these mechanisms.

Competences of nurses will also be defined and tools for their professional competence and skills assessment will be developed, in order to gradually start a nurse certification process in 2012.

A Medical Simulation Training Center will be established and equipped with modern clinical skills training technologies in order to improve the quality of training medical staff.

In cooperation with private investors and medical training institutions, mechanisms which encourage the involvement of medical facilities in teaching and assure the quality of clinical skills training will be developed, so that links between training and clinical facilities is strengthened, thus ensuring adequate training of clinical skills among the students.

To ensure continuity of care and better coordination between various types of medical services, the MoLHSA will support the creation and strengthening of a group of generalists, both at the PHC and hospital level. One of the main focus of the human resources development agenda will be reintegration of Georgian doctors working abroad into the medical community of the country. In order to contribute to sharing of the best practices, the MoLHSA will support cooperation of local professional groups with Georgian doctors and nurses working abroad. For this purpose, joint conferences and educational projects will be planned and implemented.



2.3 ACCREDITATION OF MEDICAL PROGRAMS AND CLINICAL PLACEMENTS

Based on an updated list of specialties and competencies for physicians, in 2013, the MoLHSA will introduce new accreditation requirements for postgraduate programs. One of the focuses of accreditation of the clinical training centers will be on the quality of on-site training and support for the active involvement of a resident in the clinical process.

2.4 QUALITY IMPROVEMENTS IN HEALTH CARE

A voluntary accreditation system of medical facilities will be gradually established. Accreditation, as an indicator of quality, is expected to increase the competitiveness of accredited providers on the health care market. Therefore, it is expected that facility managers will become genuinely interested in a continuous quality of improvement to meet accreditation requirements.

The Ministry will also foster the development and introduction of an external quality control system for laboratories. Participation in this will be one of the essential criteria for accreditation of a facility.

The supervision system over the quality of medical equipment and technologies will be developed and institutionalized.

The Ministry will continuously strengthen drug quality and safety mechanisms, and will provide oversight over efficient use of medicines.

2.5 PROMOTING EVIDENCE BASED CLINICAL PRACTICE

The MoLHSA, in collaboration with professional associations (which will play a leading role in the process) and health care investors, will support the development, implementation and regular update of evidence-based guidelines. Special attention will be paid to improving the development of national clinical practice guidelines to ensure that recommendations are effectively adapted to the local settings and compatible with local technologies and available financial resources.

In order to disseminate evidence and utilize it, medical school accreditation criteria will be reviewed. The accreditation criteria will require medical schools to provide students with an access to evidence-based electronic resource databases recommended by the MoLHSA. Moreover, the regular involvement of medical staff in continuous professional development programs and the upgrading of competencies will become one of the essential criteria for the accreditation of a medical facility.

In order to put the recommendations of clinical guidelines into practice, the MoLHSA will develop comprehensive contracting mechanisms that will encourage a systematic evaluation of the quality of care that will serve as the basis for reimbursement. This will foster development of the clinical audit system and create a precondition for the enactment of outcome-oriented payment schemes. At the same time, a diagnosis-related group (DRG) payment system will be introduced in the country.

2.6 CREATE AND DEVELOP PATHOLOGY SERVICES

The control and improvement of the quality of medical care is impossible without development of pathology as a medical discipline and respective services. This is an important prerequisite for the improvement of the quality of diagnostics and curative services, medical education and health care in general.

It is important the population has access to pathology laboratories (both financial and geographical) to obtain quality diagnostic services, which in turn positively impacts treatment outcomes. For this purpose, the Ministry plans to support the development of pathology laboratory capabilities.

STRATEGIC OBJECTIVE #3 Protect Patient's Rights

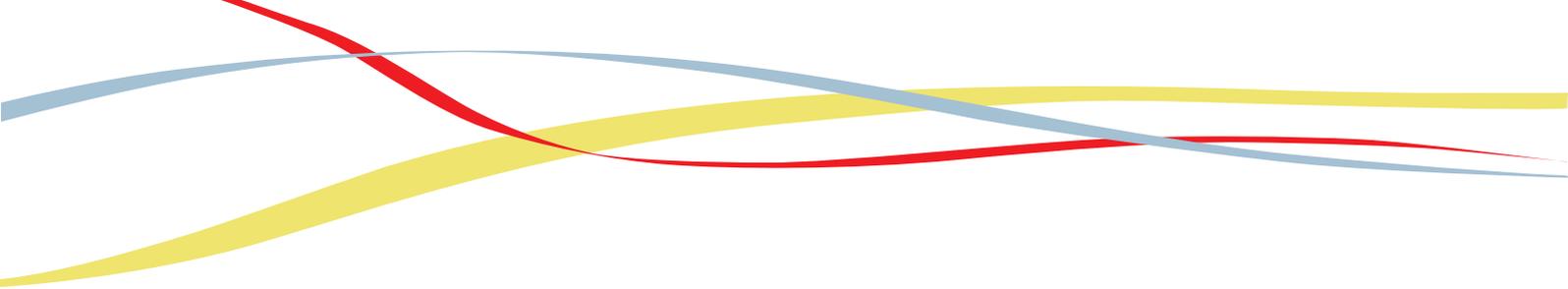
Protecting patient rights in dealings with insurance companies and medical establishments is one of the key objectives for the Government. Therefore, the Government plans to improve insurance regulations in order to a) protect the interests of insured people and b) to facilitate the expansion of the number of self-insured in the country. Furthermore, the Ministry plans to develop a mediation service and an electronic portal to facilitate patients' rights protection.

3.1 DEVELOP MEDIATION SERVICE

- ▶ The government will support the improvement of insurance regulation and self-regulation mechanisms, which will focus on increasing awareness about insurance and the protection of the interests of insured people.
- ▶ The MoLHSA will support the enhancement of a Health Insurance Mediation Service; the Mediation Service and the Regulation Agency will be merged and their functions will be integrated.
- ▶ The MoLHSA plans to develop a flexible system for dispute resolution between a patient, medical facility and an insurance company.
- ▶ Financial sanctions for patient's right violations will be introduced for insurers and medical facilities. This is expected to enhance the effectiveness of the Mediation Service.

3.2 ELECTRONIC PORTAL FOR CITIZENS

The government considers that information disclosure about medical facilities, insurance companies and educational institutions is a key mechanism for self-regulation so that a citizen, the government, and the private sector, can obtain required information about a specific facility or personnel and make an informed decision.



Along with the development of the health information system (which is a part of strategic objective 5), the government will facilitate the development of an electronic database about insurers and medical facilities, which will include key indicators describing their performance (including quality). This information will be available via the Internet to any interested person. As a part of this initiative, by 2014, it will be vital to define principles, elaborate methodologies and develop regulations and systems for data collection, processing and dissemination.

STRATEGIC OBJECTIVE #4

Prevent Diseases and Assure Preparedness and Response to Health Threats

One of the key functions of the state is disease prevention and protecting the population from health risks posed by the environment. This encompasses health risk assessment, bioterrorism and pandemic preparedness and response, in addition to monitoring water, environment and food safety etc., which requires a multi-sectoral approach, international cooperation and coordinated actions.

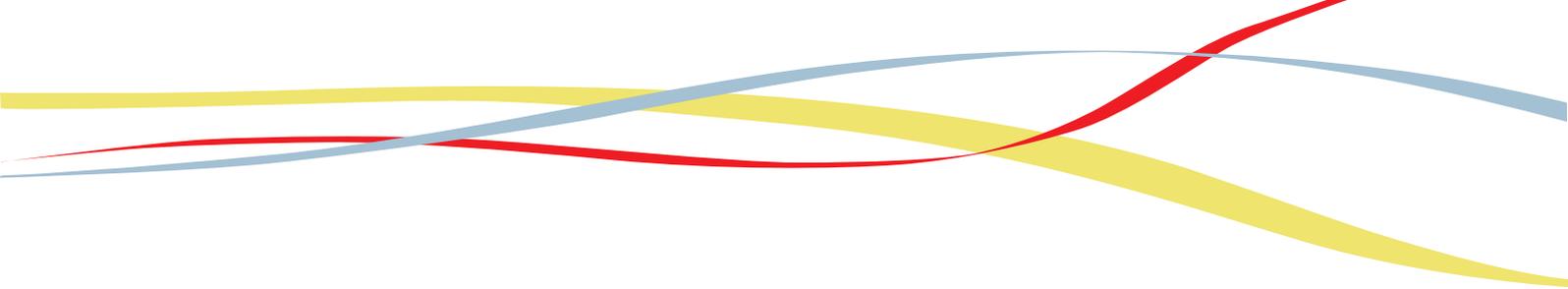
The National Centre for Disease Control and Public Health (NCDC), in cooperation with the governmental and civil sector, will assume a leading role for the implementation of this objective.

4.1 MONITOR POPULATION HEALTH AND CARRY OUT HEALTH RISK ASSESSMENT

Routine monitoring of population health is important for policy development and intervention selection. In order to effectively perform these functions, the MoLHSA seeks to obtain reliable information and enhance information analysis and interpretation capacity.

The routine health care information system (statistical reporting) will be improved to enhance population health monitoring and health risk assessment functions. This is part of Health Management Information System (HMIS) reform. For this purpose, the NCDC will develop a minimal number of national health indicators, based on which, the population's health will be continuously monitored and evaluated, while trends will be analyzed and reported. Moreover, the methods for data collection and analysis will be standardized to assure comparability of the collected information over time. For information standardization, the systems of national classifications will be regularly updated according to international standards.

In order to evaluate health risks, the MoLHSA will plan, fund and conduct diverse studies on an annual basis, which will primarily focus on evaluating behavioral risks and environmental hazards. As a result, population health risks will be appropriately identified.



Efforts will additionally be made to increase NCDC's access to the databases of those organizations involved in environmental monitoring to assure a timely assessment of environmental risks. These efforts will be supported by international cooperation in sharing best practices, which will help develop sufficient expertise for the statistical and epidemiological analysis of the environmental data.

Information about the population's health and health risks will be reflected in the National Health Report designed to be published annually. To improve the quality of this report, the MoLHSA will update and approve the content as well as the methodology for its preparation.

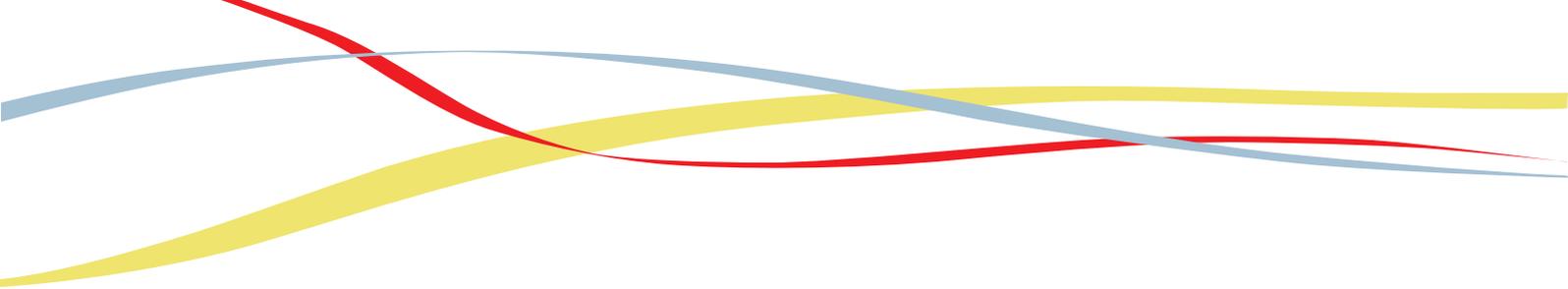
4.2 ENHANCE PUBLIC HEALTH SYSTEM

For the prevention and control of existing and newly emerging communicable diseases, the country should have a well-functioning disease surveillance system, coordinated response plan and mechanisms in which health care, veterinary, local government and other sections of the government are engaged. The government aims to develop an integrated disease surveillance system, which will be equipped in accordance with modern standards, including the necessary information infrastructure, upgraded laboratory network and highly qualified personnel. The public health laboratory network will meet international quality requirements, in order to serve public health needs and provide needed services to the reformed hospital sector. At the regional level, the disease surveillance function, laboratory services and public health care will be integrated into one entity and brought under unified management, which will provide Georgia with the opportunity to efficiently utilize available resources (human, infrastructural and financial). Existence of strong public health units at the regional level will contribute to the creation of a safe health environment.

To improve the quality of medical services through the prevention of hospital-acquired infection, the government will enhance the management and control of nosocomial infections through an enhanced surveillance system. The Government will support the development and introduction of modern infection control standards for medical facilities. These standards will be included in facility accreditation requirements. Furthermore, the Government will fund studies for evaluating antibiotic resistance of pathogens, which will inform guidelines and training materials aimed at infection control within the health care setting. Consequently, necessary legislation and regulation will be developed/updated and enacted to facilitate infection control within health care settings.

4.3 ENHANCE MATERNAL AND CHILD HEALTH SERVICES

To reduce child morbidity and mortality, the MoLHSA plans to increase the effectiveness of the immunization program by reaching and maintaining high immunization coverage rates. To this end, the immunization management information system will be upgraded, which implies improvement in both immunization information and immunization logistics management information systems. The immunization system will be strengthened in collaboration with respective governmental organizations, in particular, the Civil Registry Agency, the Ministry of Education and Science, and the private medical sector. Moreover, new vaccines will be added to the national immunization calendar, which will help prevent those infectious diseases that currently place a heavy economic burden on families and society.



In order to reduce maternal and child mortality, perinatal services will be upgraded. In accordance with the general plan of perinatal service development, effective functional links will be established between different levels of perinatal services, which will ensure adequate management of obstetric and neonatal diseases, complications and emergencies. Special attention will be devoted to increase provider expertise and capacity with the assistance of foreign experts. New perinatal guidelines will be developed and implemented. A special unit will be established within the NCDC to improve the surveillance of maternal, child and reproductive health issues. The unit will study and analyze maternal and child health routinely and develop recommendations for the government to design effective responses to emerging challenges. In particular, maternal and child health indicators will be updated, surveillance methodology will be developed, main health and service delivery problems will be identified. As a result, key program priorities will be established.

4.4 PREVENTION AND CONTROL OF TUBERCULOSIS AND HIV/AIDS

For tuberculosis and HIV/AIDS control, the MoLHSA will adhere to the respective strategic plans for these diseases with the aim of reducing morbidity and improving treatment outcomes. In particular, TB prevalence is expected to decline by 25% in 2016 compared to 2005 levels. The government plans to achieve this through early detection and introduction of adequate infectious disease control measures in health care settings and in the penitentiary system.

In regards to HIV/AIDS, the Government intends to stabilize the epidemic growth, which will be achieved by improving the quality of prevention programs and increased coverage of risk groups with preventive interventions. Therefore, by 2016, HIV prevalence is aimed to be fewer than 5% in high-risk groups, less than 0.04% among the pregnant and late diagnosis of HIV will be reduced to 25%.

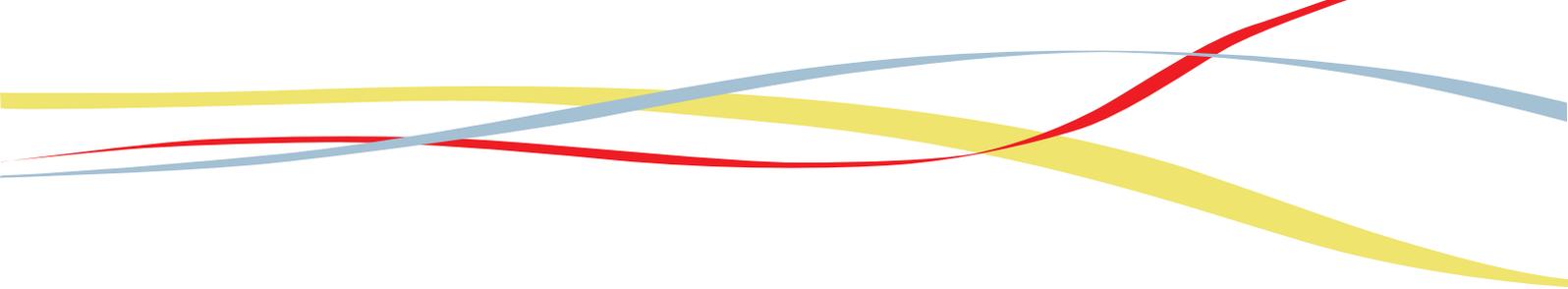
4.5 PREVENTION AND SCREENING OF NON-COMMUNICABLE DISEASES

In order to reduce the burden caused by non-communicable diseases and improve their surveillance, the NCDC will develop chronic disease registers (for details see Strategic Objective 5.2), based on which, the country will plan and implement specific preventive measures. These measures will be based on modern methodologies and strategies. The initiative will be implemented in targeted groups of the population and the coverage will be expanded gradually with funds from the state budget.

The MoLHSA will support the financing and implementation of population screening programs for early detection of cardiovascular diseases and cancer. In close cooperation with the insurance industry, the MoLHSA will develop mechanisms for the integration of prevention measures into insurance schemes and PHC services.

4.6 MENTAL HEALTH SUPPORT

Increasing physical and geographical access to psychiatric services for the population of Georgia is one of the MoLHSA's top priorities. For the sufficient provision of mental health services, the state plans to build a



mental health care system with an approach that is radically different from existing practices as it is based on the principles of balanced, integrated and continuous care. This implies the establishment of a balance between the types of treatment, continuum of care and the support of social integrity. To reach these goals, the state will support and take active part in improving the quality of rendered services by upgrading the infrastructure, opening new types of mental health centers and increasing the skills of the medical teams. It is absolutely paramount that the country increases the qualification of human resources and has mental health professionals aware of modern approaches and that they use them. The state will also ensure the introduction of new forms of medical and social services and help increase public awareness in order to reduce stigma against people with mental health problems.

4.7 HEALTH PROMOTION AND HEALTHY LIFESTYLE

Health promotion combines educational, prevention and measures that create a healthy environment. It is essential that each citizen be fully aware of the adverse effects of unhealthy behavior. The government will support the creation of an environment that will inspire people to take care of their health.

To promote a healthy lifestyle, the government will collaborate with private and non-governmental organizations to initiate educational campaigns increasing public awareness about behavioral risk factors (drug abuse, unhealthy diet, physical inactivity, alcohol and tobacco consumption and road safety). Therefore, the MoLHSA will develop and implement information, education and communication initiatives aimed at increasing the population's awareness about health and healthy life-style issues.

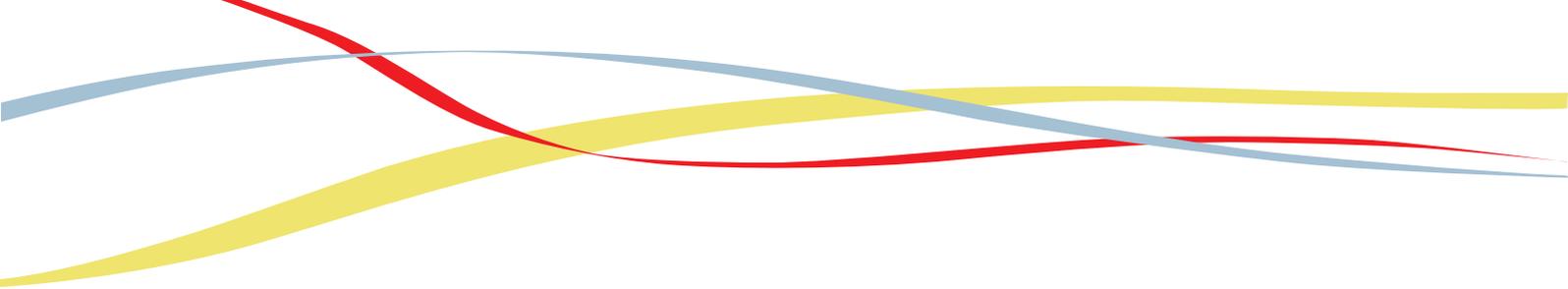
The Government will increase its efforts to promote health by implementing a number of special programs such as: the introduction of the "Healthy School" concept; drug abuse harm reduction; reducing tobacco consumption etc. These measures will be implemented in cooperation with non-governmental organizations, international organizations (the World Health Organization, the European Union etc.) and other state agencies (the National Reproductive Health Council, the MoLSHA, the Civil Registry Agency, the Ministry of Sport and Youth Affairs etc.), which provide a sound foundation for the success of the health promotion strategy.

By 2015, special attention will be devoted to improving legislation and elaborating efficient enforcement measures that assure health improvements. To that end, road safety, reduction of drug abuse, assuring food safety and promoting a healthy urban environment will receive prime attention.

Health promotion activities will require boosting coordination and collaboration between different sectors of the government. The Government will actively work with the public and encourage community initiatives that aim to contribute to the promotion of a healthy lifestyle (see Strategic Objective 5.3 to view details of inter-sectoral cooperation).

4.8 ASSURE EMERGENCY AND DISASTER PREPAREDNESS

The emergence of biological and other man-made or natural hazards poses high economic and social risks to Georgia. To mitigate these risks and reduce the potential damage, the Government will ensure early detection and expedient coordinated response measures.



For emergency and disaster preparedness, the Government will define the roles and responsibilities of central and local structures and develop specific coordination mechanisms. Similarly, plans will be developed for each sector where the roles and responsibilities of the agencies incorporated in the sector will be clearly defined.

The health care sector will play a pivotal role in the early detection of human health hazards, and in the provision of information and methodological guidance to respective agencies. To assure that that health care sector performs this function effectively, by 2015, the government will develop and enhance the following functions: a) develop and institutionalize an early warning system, which will work effectively for biological, chemical, nuclear and other threats; b) develop and introduce standards and procedures for the operation of this system; c) permanently monitor the global and regional epidemiological situation; d) define medicine/vaccine stock requirements and assure their supply; e) perform an adequate communication campaign f) monitor response measures and make respective corrections.

MoLHSA will coordinate activities in the health care sector and delegate some functions to the NCDC. The NCDC will act as the local focal point in accordance with International Health Regulations. As part of the function, the NCDC will provide required information to respective agencies within the country and to international partners.

Where necessary, MoLHSA will review the emergency preparedness plan and adjust it to changing circumstances. Moreover, by 2012, MoLHSA will develop a Biological Threat Reduction Strategy, which will be part of the National Security Strategy. The Biological Threat Reduction Strategy will elaborate on and specify issues related to biological safety and the reduction of risks of transmission of communicable diseases. It will focus on three key directions: increasing national security; reducing risks associated with the misuse of biological science and effective communication and international partnership.

STRATEGIC OBJECTIVE #5

Improve Management of the Health Sector, Increase Efficiency

Increasing role of the private sector in health care financing, in service provision, in medical education, in the supply of medical equipment and medicines presents new challenges to the state. In order to meet these challenges, it is essential to increase the role of the state in the development and introduction of effective regulations and self-regulation mechanisms. Improving health management information systems is equally important in meeting these challenges. Furthermore, these challenges pose greater demands for inter-sectoral coordination and cooperation. Finally, for the efficient implementation of the strategy, generating scientific evidence is necessary to ensure the permanent supervision of the strategy implementation process. To meet these challenges, the government has established the following initiatives:

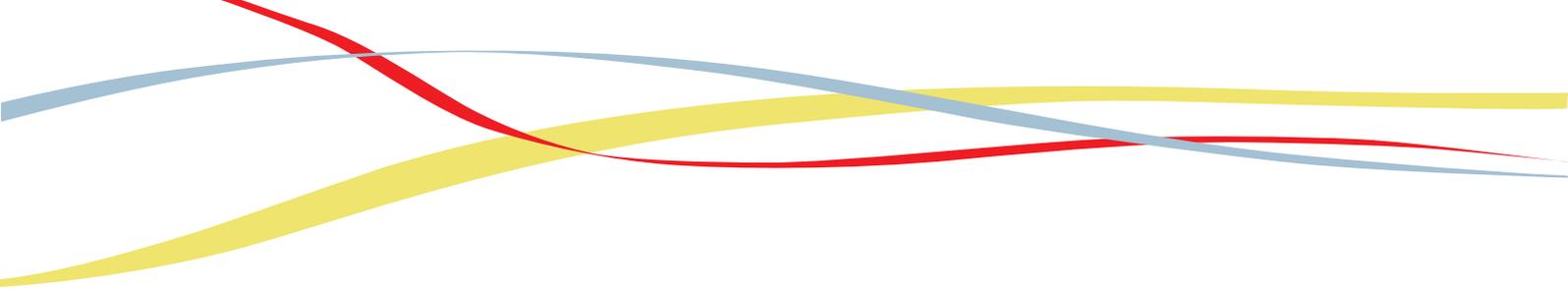
5.1 INCREASE EFFECTIVENESS OF THE HEALTH CARE SYSTEM

MoLHSA will evaluate the effectiveness of the health care system on an annual basis. This will provide essential information about the general efficiency of the national health care system and provide the opportunity to identify achievements and remaining challenges. The following issues will be addressed in the process of evaluating the efficiency of the Georgian health care system: the health status of the population, the quality and availability of medical care, efficient distribution of resources within the health care system, effectiveness and outcomes of medical services, etc. The study results will be published in the following reports: "Health System Performance Assessment," "The National Health Report," "The National Health Accounts." These reports are paramount for the developing/modifying state of health care policies. These reports are additionally effective tools for building transparent relationships with the public.

5.2 ELECTRONIC HEALTH CARE

The existing health information system has significant systemic shortcomings that impede its effective functionality. This is why MoLHSA developed a new strategy for a unified health management information system development – "Healthy Georgia for You," in 2010. A number of aspects of the new HMIS are also linked with the development of service quality assurance systems (hospital norms and accreditation) and the improvement of national policy-making (using evidence in a decision making). Hence, the health management information systems will develop in the following directions:

- ▶ Electronic medical records will be developed that will link information with an individual, rather than a medical facility, so that a patient will be able to freely move through the system along with his/her medical history.
- ▶ An integrated information system will compile and link parts of the information system currently available into fragments. This includes government agencies (public health databases, municipalities and the Ministry of Adjara), service providers (private and state), purchasers (including private insurance companies) and pharmaceutical companies.

- 
- ▶ The system will enhance ties among primary, secondary and tertiary level facilities with the direct support of electronic notifications, prescriptions, electronic referrals and feedback forms.
 - ▶ The integrated system will enhance accounting, reporting, monitoring and evaluating capabilities within the health sector. This will be achieved by compiling information in the integrated database, which will facilitate effective monitoring and supervision of various aspects of service purchasing and delivery.
 - ▶ With changing purchasing arrangements in the health sector (for instance, a state-funded health insurance package for certain segments of the population), it becomes important to use HMIS capabilities to collect information about service prices. This would help the health care budgeting process and also help determine average market prices for certain services in the economy. Regular analysis of this information will simplify the budgeting process (both in the public and private sector). This will help reduce information asymmetry (with the aim of eliminating it) and provide equal conditions for competitors in the health care market. It is believed that healthy competition will help prevent artificial price increases for medical services as well as help people make informed choices. It could also help maintain market stability, facilitate the introduction of new products, trigger innovation, help decrease “market entry barriers” and help regulate the costs.

The same integrated system will help improve health status monitoring capabilities. This will be achieved through enhancements in disease control and surveillance databases located at the NCDC; through improvements in the quality of statistical and epidemiological information; and through better management of data and enhanced analytical capabilities. Governmental agencies will be able to automatically exchange the data (electronic management).

Registers of chronic diseases will be important components of the HMIS system. Their availability is an important part of chronic disease surveillance. NCDC will create and develop national registers for such chronic diseases as cancer, myocardial infarction, diabetes, epilepsy and stroke. The registers will allow the country to get reliable, standardized information and plan and implement evidence-informed preventive interventions.

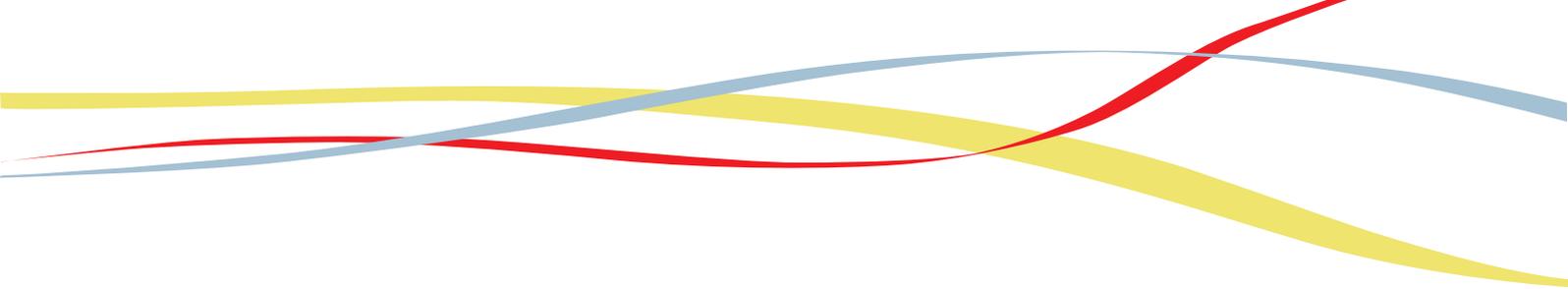
The integrated information system will acquire a new function – it will be a national registry of individual service providers that combines data about the qualifications and certifications of health care specialists. Initially, the system will only provide data about physicians, however, in later stages this will be expanded to include data about nurses as well.

The new HMIS will facilitate information transparency to increase public awareness about health and health care issues, as well as facilitate public accountability of the state and private organizations involved in the health sector.

5.3 ENHANCE INTER-SECTORAL COORDINATION MECHANISMS FOR SPECIFIC OBJECTIVES OF THE STRATEGY

Based on the selected priorities, several issues require efficient inter-sectoral coordination, in particular:

For emergency and disaster preparedness, effective coordination between the Georgian government, various ministries and local governments is necessary. Therefore, amendments and supplements will be



made to the Emergency and Disaster Preparedness and Response plan to reflect respective coordination mechanisms.

To reduce road trauma MoLHSA and the Ministry of Internal Affairs (MIA) will enhance cooperation and coordination. In particular, annual monitoring of road traffic accidents will be conducted using the routine statistical information compiled in the system of MoLHSA and MIA. The results of the analysis will be used for the development of specific interventions and will be reflected in the National Health Report.

For health promotion and implementation of a healthy lifestyle strategy, MoLHSA the Ministry of Education and Science, the Ministry of Environment Protection, the Ministry of Sport and Youth Affairs, the Civil Registry Agency and other agencies will enhance their cooperation.

To improve the health status of prison inmates, MoLHSA will actively cooperate with the Ministry of Corrections and Legal Assistance. They will collaborate in several fields: regulation of the penitentiary health care system using public sector norms and regulations (rules and forms for collecting routine statistics, disease surveillance, quality control mechanisms, etc.); upgrading the infrastructure of medical facilities in the penitentiary system; penitentiary PHC reforms; training and motivating medical staff to improve the quality of medical services; TB and HIV/AIDS prevention in prisons; effective organization of medical services for prison inmates, including mental health problems.

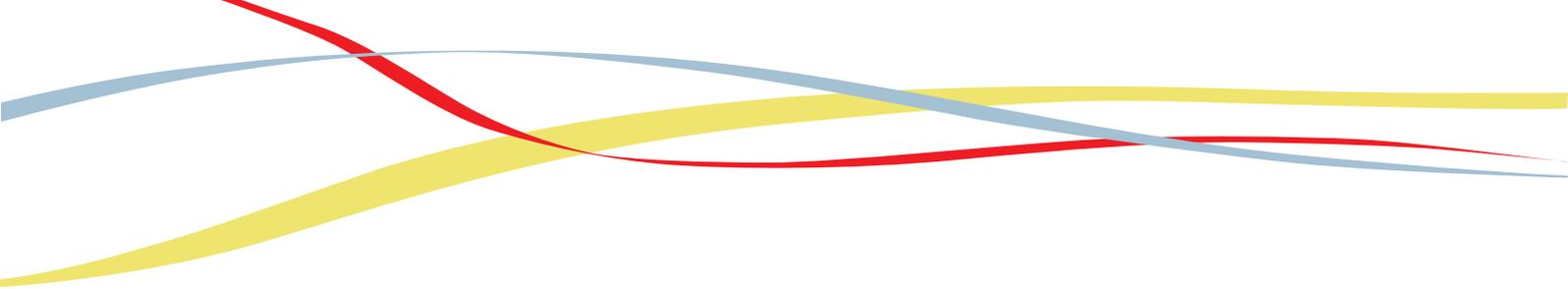
For the creation of the required number of physicians and nurses, promotion of a healthy lifestyle among adolescents, and support of health care science, MoLHSA and the Ministry of Education and Science will commence active cooperation. In particular, the ministries will jointly develop requirements for the accreditation of educational programs; jointly define and regulate the number of physicians and nurses the country needs to establish; integrate a healthy lifestyle into the school curriculum for adolescents; priority studies necessary for monitoring the implementation of the strategy will be planned and funded in close collaboration with different partners.

For the surveillance, prevention and control of communicable and non-communicable diseases MoLHSA, the Ministry of Environment Protection and the Ministry of Agriculture will closely cooperate to ensure food safety and improve access to European markets for Georgian food products. Regulations will be revised for food labeling and packing. The ministries will also define their roles and responsibilities in the operation of the integrated disease surveillance system. MoLHSA will assume a leading role in coordinating the integrated disease surveillance and control system, along with the agriculture and environmental sectors, in accordance with the “One World One Health” concept.

MoLHSA and the Ministry of Finance will actively cooperate in defining budgets for state health programs and for medium-term expenditure planning.

5.4 SUPPORT HEALTH SCIENCE

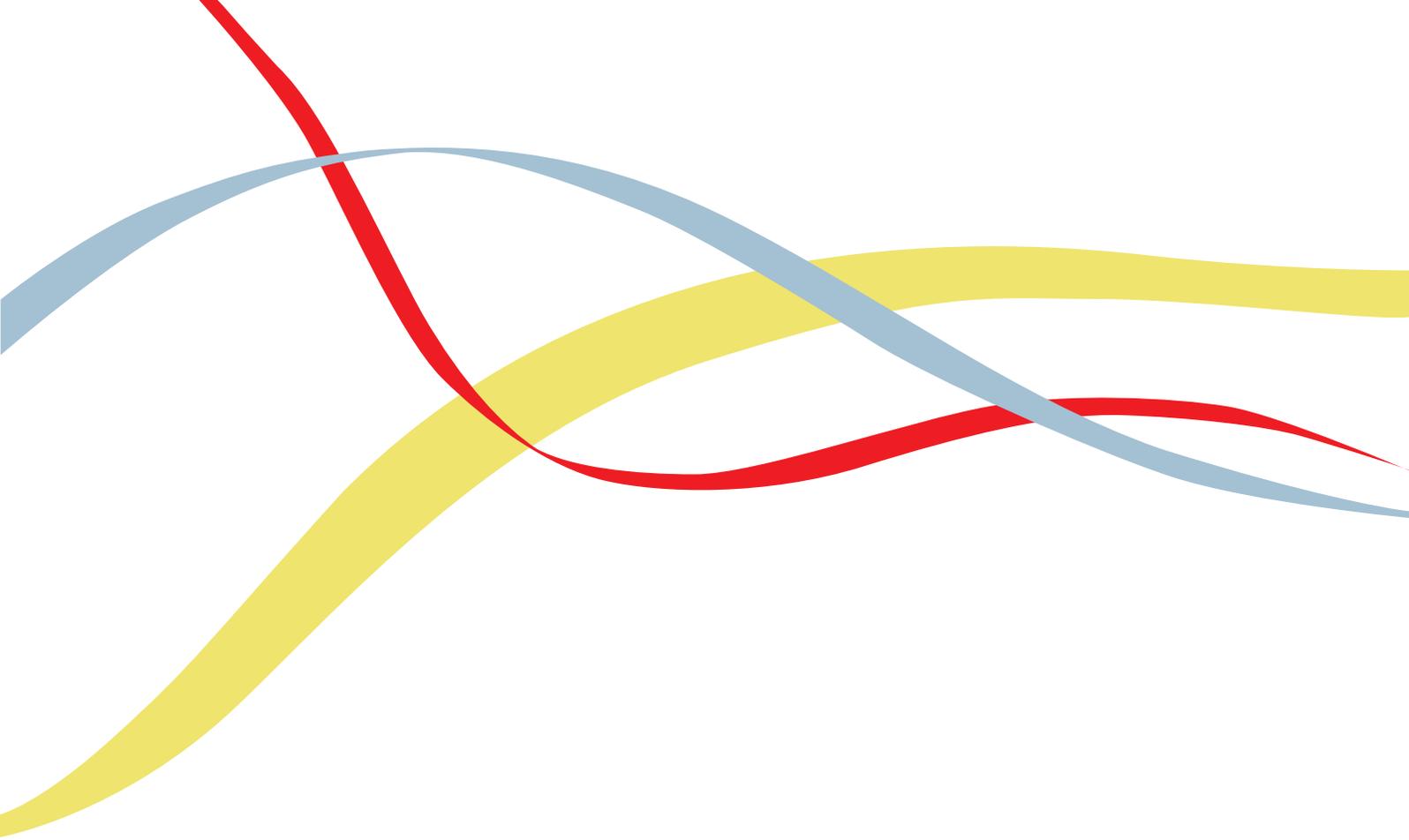
The success of the strategy largely depends on access to evidence, which can be obtained through research using routine/administrative information and data derived from special studies. To ensure effective strategy



implementation, the Government of Georgia assigns top priority to research that has the potential to inform the strategy implementation process; in particular:

- a. Epidemiological studies on the prevalence of difference diseases;
- b. Studies on environmental risks that will readily help identify health risks;
- c. Studies assessing the implementation of particular strategy components so the Government will receive appropriate information in order to implement the necessary corrective measures.

MoLHSA will define a detailed list of research priorities and this list will be submitted to the Georgian government and other stakeholders for approval and support.



144, Ak. Tsereteli Ave., Tbilisi, 0119 Georgia
Telephone: (+995 32) 251 00 38 (1107)
E-mail: health@moh.gov.ge
www.moh.gov.ge