

26 December 2014

Tbilisi

**On Approval of the 2014-2020 State Concept of Healthcare System of Georgia for
'Universal Health Care and Quality Control for the Protection of Patients' Rights'**

Article 1

In accordance with Article 5 of the Law of Georgia on the Structure, Powers and Rules of Procedure of the Government of Georgia, the attached 2014-2020 State Concept of Healthcare System of Georgia on 'Universal Health Care and Quality Control for the Protection of Patients' Rights' be approved.

Article 2

This Ordinance shall enter into force upon promulgation.

Prime Minister

Irakli Garibashvili

Annex

The 2014-2020 State Concept of Healthcare System of Georgia on the 'Universal Health Care and Quality Control for the protection of Patients' Rights'

Introduction

The 2014-2020 State Concept of the Healthcare System ('the Concept') represents a vision for the development of the healthcare system, which integrates the fundamentals of the development of this sector with respect to internationally and nationally recognised principles and values. The document also sets out the main aspects of strategic action plans and reforms to be implemented with respect to fundamental characteristics of the healthcare sector and for the effective prevention and control of priority diseases. The national policy in the field of healthcare involves both epidemiologic, social and economic realities and internationally recognised political declarations and platforms for action in healthcare.

This document has been prepared under the guidance of the Ministry of Labour, Health and Social Affairs of Georgia ('the Ministry'), and in consultation with experts in the healthcare sector and representatives of governmental and non-governmental sectors.

Fundamental values, principles and arguments

The national policy in the field of healthcare relies on fundamental values, such as the protection of human rights and justice, which, in addition to other areas, involves tackling inequities in access to healthcare services and granting rights to participate in decision-making processes.

The Concept includes the fundamental principles for the development of the healthcare sector of the country, such as universality, sustainability, cost effective and transparent governance and the consolidation of interagency cooperation for healthcare purposes.

Economic arguments in the field of healthcare have essential importance, according to which public health is crucial in the the social and economic development of the country. The morbidity, mortality and limited capabilities of people entail significant losses in terms of productivity of human resources and economic development in general. In addition, healthcare is one of the most important sectors in terms of employment, research and development of new technologies and economic activities in general.

The basis of the above values, principles and arguments is internationally and nationally recognised political declarations and platforms for action, of which the most important are the Universal Declaration of Human Rights; the Millennium Declaration and approved healthcare goals; the Declaration of Alma-Ata on Primary Healthcare; an action plan within the framework of the International Conference on Population and Development (Cairo Platform); the Constitution of the World Health Organization and the Health 2020 platform of the Regional Office for Europe of the World Health Organization; the Adelaide Statement on Health in All Policies; the Paris Declaration for the effective harmonisation of assistance in the international



development; the Political Declaration on Social Determinants (the Rio Declaration), and others.

At the national level, the concept is based on the following political and legal documents: the Socio-Economic Development Strategy 'Georgia 2020'; obligations undertaken by Georgia under the EU-Georgia Association Agreement; the governmental programme for 2012, 2013 and 2014 'For Strong, Democratic, United Georgia'; a report on the basic data and areas of development; the Law of Georgia on Health Care, the Law of Georgia on Public Health, the Law of Georgia on Medical Activities, the Law of Georgia on Patient Rights and subordinate acts based thereon; the national health care policy and the strategy for its implementation in 2000-2009; the national health care strategy for 2011-2015 'Access to Quality Health Care'; and the Report on the Assessment of Health Care System Effectiveness for 2013.

General review of current conditions in the healthcare sector

1. Health status: the health condition of the population measured according to such indicators as life expectancy at birth, greatly improved from the second half of the 1990s and in 2013 the life expectancy at birth increased to 75.2 years. This positive tendency is accompanied by an increase in the portion of the population aged 65 and higher (from 9% in 1989 to 14% in 2013) and by a reduction in the portion of the working-age population, which creates additional challenges for the health and social sectors (LEPL - the National Statistics Office of Georgia).

Significant progress has been made in the reduction of maternal and child mortality. In 2000, maternal mortality was 49.2 per 100 000 mature infants and decreased to 27.7 in 2013. The under-five mortality rate in 2000 was 24.9 per 1 000 mature infants; and in 2013, this figure decreased to 12.0 (LEPL - the L. Sakvarelidze National Center for Disease Control and Public Health). This year, the Georgian routine statistical data have been used for the first time in the child mortality reports of the United Nations International Children's Emergency Fund (UNICEF), World Health Organization, World Bank and United Nations. In this respect, Georgia is in the first position among post-soviet countries.

Non-communicable diseases are in the leading position among the causes of death: in 2013, 39% of deaths were due to circulatory system diseases, and 10% were due to malignant tumours. Also, a significant portion of morbidity falls on respiratory diseases and makes up 38-40% of the overall incidence (LEPL - L. Sakvarelidze National Center for Disease Control and Public Health).

In 2012-2014, important steps were taken towards improving the control of communicable diseases (e.g. the introduction of new vaccines, the facilitation of hepatitis C treatment); however, tuberculosis, HIV and hepatitis is still a challenge for public health. Despite a low prevalence of HIV/AIDS, the tendency of new cases is still growing.

In the case of tuberculosis, the main issue is the considerable portion of multi-drug-resistant tuberculosis. Viral hepatitis and some vaccine-preventable infections (e.g. measles) are characterised by a high incidence rate.

2. Financing of healthcare: a top priority of the Government of Georgia is to increase access to and improve the quality of healthcare services for the population, which is reflected in an unprecedented increase in state allocations for the healthcare sector. If, according to data of 2012, the portion of out-of-pocket payments for healthcare services made up about 79% (National Health Accounts), a significant reduction is expected after launching a universal healthcare programme (verified data will be available in the beginning of 2015, after the current research on household costs of healthcare and utilisation is completed).

The State created a mechanism to protect each citizen from disastrous costs for healthcare services, when from February 2013, all citizens with no state or private insurance have become the beneficiaries of the State Universal Health Care Programme (a minimum service package). This programme was expanded in July of the same year and today it covers scheduled outpatient, urgent outpatient and inpatient, and scheduled surgical services, cancer treatment and childbirth (a basic package). As of November 2014, all citizens of Georgia have already been provided with healthcare services, including 496 000 people with private or corporate insurance, while the rest of the population is covered under the State Universal Health Care Programme.

According to a survey conducted by the United States Agency for International Development (USAID) in 2014, 80.3% of interviewed beneficiaries were content with outpatient services under the programme, while 96.4% expressed their content regarding emergency healthcare services received in hospitals. In addition, according to survey data, the population notes that after the launch of the programme the ability of people to afford outpatient services (77% of respondents) and inpatient services (88% of respondents) has increased.

Despite this success, a unified approach for financing inpatient services and establishing appropriate prices for healthcare services still needs to be developed in the country. The financial resources allocated for state programmes are mainly determined by the system of precedent-based planning.

The major challenge for the country's healthcare system is to ensure the future financial sustainability of healthcare services that have been previously provided by the financial support of international donor organisations (including the Global Fund, the Global Alliance for Vaccination and Immunisation (GAVI), and USAID) based on state expenses. Intensive work on these issues is underway in the process of medium-term budget planning.

3. Medicinal products: irrational pharmacotherapy, self-treatment, and 'pharmacy narcomania' represent long-standing problems. A number of legislative changes have been implemented to overcome these problems and ensure patient safety, including the prohibition of over-the-counter sale of pharmaceutical products falling under the second group. In the light of future issues to be focused on, it is also important to improve quality control and monitoring mechanisms of pharmaceutical products.

One vivid example of the increase of access to expensive medicinal products was the launching of the Hepatitis C Treatment Programme that covers diagnosing hepatitis C in persons placed in detention and prison facilities and their treatment (with pegylated interferon and ribavirin), and includes a 60% discount for hepatitis C medicinal products for 10 000 beneficiaries within the civil sector.

4. Provision of healthcare services: after the launch of the State Universal Healthcare Programme, there has been an increase in the number of referrals for hospitalisation (from 7.8 in 2011 to 8.7 in 2013 per 100 people) and in the number of people referring primary healthcare institutions (from 2.1 to 2.7 per capita) (LEPL - the L. Sakvarelidze National Center for Disease Control and Public Health). According to 2013 data, the inpatient bed use still remains low in the country (50%), as opposed to an average value of EU countries (76%) (LEPL - the L. Sakvarelidze National Center for Disease Control and Public Health).

To fully implement state healthcare programmes, it is necessary to ensure geographical access to healthcare services in addition to the affordability of healthcare services. In view of the above, in 2013, the State constructed and equipped 82 new outpatient facilities in different municipalities of Georgia.



In 2014, the Ministry commenced the construction of a new, multi-profile university clinic in the village of Rukhi of Zugdidi municipality, which is designed for 220 in-patient beds and will be equipped with all necessary auxiliary infrastructure. In 2014, the Ministry also commenced the construction of an emergency medical services centre in the village of Tkviavi of Gori municipality.

In 2013, an assessment of emergency medical services was performed. In December of the same year, the LEPL - the Emergency Medical Service Center was established, which provides healthcare services in the respective field throughout the country (except Tbilisi). A unified dispatching service has been established; the fleet is being completely upgraded, and training for the medical personnel are organised. A pattern for the prioritisation of emergency calls has been developed and introduced. It is necessary to develop a system ensuring the quality of emergency medical services and improve the internal work (operational) procedures.

In 2011, the Central Public Health Reference Laboratory (CRL) and 8 regional laboratories were opened. In 2013, the Richard Lugar Public Health Research Center moved into the healthcare system and became part of the LEPL - the L. Sakvarelidze National Center for Disease Control and Public Health, which is important for the systemic enhancement of the capacities of the network of public healthcare laboratories.

In 2014, a concept of public-private partnership (PPP) in the healthcare sector was developed, which may be efficiently used for the development of strategic facilities and creation/improvement of infrastructure.

Activities for the improvement of the mechanisms of ensuring the quality and safety of infrastructure and human resources (permits, licenses and a certification system) are underway, as well as for the determination of the levels of healthcare services. The first step to be taken with regard to the above is a perinatal care regionalisation plan developed in cooperation with international organisations (USAID/SUSTAIN, UNICEF, UNFPA) and the determination of clear criteria of a referral (transfer) system for high-risk pregnant women and newborns.

5. Human resources: as compared to average figures in Europe, the number of doctors in Georgia is quite high (456.3 per 100 000 people in 2013), while the number of nurses is significantly lower as opposed to the figures in Europe (328.2 per 100 000 people) (LEPL - the L. Sakvarelidze National Center for Disease Control and Public Health). At the same time, there is an uneven geographical distribution of medical personnel in the country. The popularisation of nursing is still a problem due to the stereotypes established in society and the absence of appropriate systems (qualification requirements and financial incentives) to encourage academic and professional training.

In 2013-2014, a new edition of the list of medical professions, a residency programme in 48 medical specialisations, and 4 new programmes for medical sub-specialisations were prepared and approved; and the determination of the competences of doctors and preparation for their re-certification is in progress.

A Post-Graduate Medical Education Programme has been approved, which provides for the funding of post-graduate education and/or residency in shortage and priority medical specialisations for high mountainous and border municipalities. The programme aims to improve the continuity of provision of, and a geographical access to, healthcare services (40 vacancies in 8 medical specialisations have been envisaged) in the said regions.

In addition, it should be noted that the state system of qualification and certification exams needs to be improved to provide an adequate mechanism for evaluating the level of knowledge, professional skills and clinical thinking. It is necessary to develop a mechanism for a periodic evaluation of the qualification of doctors (re-certification) and establish a state regulation system (registration/certification) for post-graduate and continuous professional development of nurses.

6. Information systems: working on a new, innovative electronic healthcare system has commenced, which will connect healthcare providers, pharmaceutical institutions and regulatory authorities.

Since 2013, the following electronic components have been introduced within the framework of the integrated electronic healthcare system: management of the Universal Healthcare Programme, the registration of pharmaceutical products, infectious diseases (including tuberculosis), immunisation and/or vaccinations, monitoring and management of priority areas and public healthcare programmes (including psychiatry, drug addiction, HIV, etc.) and electronic systems for certification and accreditation of medical personnel.

In 2013, a new system of statistical recording of in-patient cases was created. It is planned to involve outpatient facilities in a similar system from 2015.

In addition, the preparation of an epidemiology bulletin of cancer and its gradual introduction throughout the county begun in 2014. The centralised system for the registration of prescriptions and the medicinal products search system are functioning. The latter allows for the search of medicinal products according to their groups.

The electronic system for the provision of state healthcare programmes with special medicinal products has been functioning since 2013. The system comprises subsystems of registering medicinal products and record keeping of beneficiaries of state programmes for mothers and children, diabetes monitoring, dialysis, oncologic incurable patients, and state programmes for monitoring rare diseases. The system of dispensing medicinal products at discounted prices to patients being registered as suffering from hepatitis C has been functioning since 2014.

The current healthcare information system still contains a lot of challenges in terms of obtaining data and generating evidence. Although data is collected by using standard tools, it is necessary to create an effective system to ensure the quality of data, which will be reflected in the reliability of statistical information.

7. Leadership and governance: activities that are agreed between the agencies and related to certain serious healthcare matters are put into practice in Georgia, such as a unified coordination council for HIV and/or AIDS, tuberculosis and malaria. However, beyond some successful initiatives, efforts of different governmental, donor or non-governmental organisations still remain detached and are less harmonised in the process of developing and implementing healthcare policy.

Legal grounds for the quality, continuity and consistency of healthcare services need to be reviewed within the current healthcare regulation system. Mechanisms for the development of an evidence-based healthcare policy need to be improved as well.

The grant programme for the development of state standards (protocols) for the monitoring of clinical conditions was completed and 133 protocols were prepared in 2014. At present, in total 159 (24 of them within the framework of the above programme) guidelines and/or protocols for the monitoring of various clinical conditions have been approved in the country.



However, the systems of development, regular revision, and introduction and monitoring of guidelines and protocols will need to be significantly improved.

Today, there are two key mechanisms operating in the country to protect the rights of patients. The LEPL - the State Regulation Agency for Medical Activities under the government supervision of the Ministry ensures protection of the rights of patients with regard to the quality of healthcare services. The LEPL - the Medical Mediation Service under the government supervision of the Ministry has been established to consider financial disputes arising between patients and healthcare facilities within the framework of state programmes and to resolve them through alternative, non-judicial procedures.

Priorities of the national healthcare policy in 2014-2020

The national healthcare policy is intended to increase the possible life expectancy of the population of Georgia, reduce maternal and child mortality, and improve health status and quality of life. These aims may be achieved through universal access to quality healthcare services and modern medicinal products, the balanced distribution of financial burdens in healthcare and increased financial security, the efficient use of existing resources, and establishment of a system of flexible management and of an adequate response to the healthcare needs of the population.

Based on internationally declared principles, the epidemiologic picture and general socio-economic data, the Ministry shall formulate the following 10 priority areas for the development of the healthcare sector in 2014-2020:

1. Health in All Policies - a common state multi-sectoral approach.
2. Development of healthcare management.
3. Improvement of the system of financing the healthcare sector.
4. Development of quality healthcare services.
5. Development of human resources in the healthcare sector.
6. Development of information systems for healthcare management.
7. Facilitation of maternal and child health.
8. Improvement of the prevention and management of priority communicable diseases.
9. Improvement of the prevention and monitoring of priority non-communicable diseases.
10. Development of the public healthcare system.

Main areas of the development of healthcare

1. Health in All Policies - a common state multi-sectoral approach: the 2010 Adelaide Statement Health in All Policies and the strategy of the Office for Europe of the World Health Organization 'Health 2020,' emphasise the necessity of inter-sectoral approaches for health and well-being, and the use of benefits received through improvement of the health of the population for purposes of other sectors.

Within next six years, the Ministry intends to develop efficient mechanisms for interagency coordination and bilateral/multilateral action plans through the active participation of the Ministry of Education and Science, the Ministry of Agriculture, the Ministry of Corrections and Legal Assistance, the Ministry of Defence, the Ministry of Environment and Natural Resources Protection and other ministries in relation with the following issues:

- prevention and control of communicable and non-communicable diseases;
- raising the awareness of the population;
- health of the young and elderly populations;
- healthy environment;
- safety of water and food;
- preparedness for emergencies and disasters;
- reduction of risk factors and health support;
- reduction of injury rates;
- improvement of the health status of persons placed in prison facilities;
- facilitation of the development of medical education and biomedicine;
- provision of healthcare services to internally displaced persons and refugees;
- and others.

2. Enhancement of the management of healthcare sector: development of the healthcare strategy for 2014-2020 will be completed in the near future in



cooperation with governmental, non-governmental and international organisations. The strategy shall prescribe in detail the measures for implementation of the provisions of the Concept and the management measures, the expected results and target indicators, and monitoring, evaluation and accounting procedures. In order to provide high-quality healthcare services, the preparation of the national quality control plan and development of the frame of national indicators is planned at the national level from 2015. A system of accreditation of healthcare facilities will be established in close cooperation with professional associations; the grounds for the accomplishment of new mechanisms of adapting and gradually updating national recommendations (guidelines) and state standards (protocols) for disease management will be prepared. Healthcare information systems and health care research will be supported both at population and institutional levels and an appropriate legal framework will be established.

One of the fundamental objectives is to harmonise pharmaceutical regulations, including procedures for the registration of pharmaceutical products, in accordance with European Union legislation.

In order to protect the rights of patients, the existing regulatory mechanisms and legal leverage will be improved.

The activities of responsible agencies will be expanded to ensure a safe environment and quality services to patients.

3. Improvement of the healthcare financing system: the gradual increase of state financing of healthcare sector will be advocated annually based on the need for the analysis of the fiscal field and on the programme needs of the healthcare sector. Through optimisation of the basic package and facilitation of the introduction of principles of rational pharmacotherapy, the affordability of essential pharmaceutical products will be increased.

The further development of healthcare policy and programmes, including the Universal Healthcare Programme, will reduce the disastrous costs of the population for healthcare services and the risks of impoverishment of the population. In addition, further focus will be on the gradual increase of the package of healthcare services, improvement of the quality of healthcare services and on improvement of affordability of medicinal products as part of the Universal Health Care Programme.

More financial resources will be invested in healthcare and different preventive services in order to increase the primary, secondary and tertiary prevention of serious diseases in terms of morbidity and mortality, and, accordingly, to protect people with chronic diseases from the disastrous costs of healthcare services.

In addition to the issue of a unified mechanism for the procurement of basic services provided for by state healthcare programmes, the issue of introduction of an internationally approved integrated system of financing of health care services will be considered. Work will commence from the end of 2014 to put into effect a unified standard of record keeping and price-making in the near future. Cost efficiency of budget funds will increase by improving the administration of state healthcare programmes and by the consolidation of primary healthcare.

From 2016, priority programmes (immunisation, HIV and/or AIDS, tuberculosis) that are financed by international organisations (Global Fund, GAVI, USAID) will gradually shift to state financing through the preparation of financial sustainability plans for respective programmes, the identification of detailed financial obligations and through their reflection in the fiscal field.

4. Development of quality healthcare services: particular attention will be given to the creation/introduction of systems for quality control of healthcare services, within the framework of both the outpatient and inpatient laboratory services. This includes a system for monitoring quality indicators, their integration into accounting forms and healthcare information systems, as well as the mechanisms of internal audit and accreditation.

A national plan for facilitation of the development of healthcare infrastructure will be developed by 2015, which will describe the state regulation mechanisms of the correct planning of relative portions of the public and private sectors and their obligations.

The development of regional plans for organising and launching perinatal care services will be completed by 2015. This will ensure optimal access to these services and timely referrals of patients to healthcare providers having relevant capacities. At the same time, the types of healthcare facilities will be determined. It is also planned to facilitate the development of high-tech healthcare services.

Based on particular needs of the population (e.g. the population living in high mountainous regions and areas adjacent to conflict zones, people with limited capacity, etc.), the Government of Georgia shall facilitate the further development of healthcare infrastructure both through state allocations and through the attraction of private investment.

A primary healthcare concept shall be developed and gradually introduced. Based on the analysis of existing infrastructure in the healthcare sector, a determination of the levels of healthcare services and by taking particular needs of the population (e.g. the population living in high mountainous regions and areas adjacent to conflict zones, people with limited capacity, etc.) into consideration, the Government of Georgia shall facilitate the further development of healthcare infrastructure both through state allocations and through the attraction of private investment.

From 2015, the development of norms and standards of clinical and public healthcare laboratories has been initiated.

5. Development of human resources in the healthcare sector: from 2015, work on the human resources development policy and a long-term plan in the health care sector shall be initiated, which shall also determine the need for human resources taking into account shortage/priority medical specialities and the specificity of distributing specialists in the regions. In addition, targeted programmes for the training of specialists shall be introduced. The consolidation of international cooperation shall be an integral part of the concept for the development of human resources in the healthcare sector.

Reform of the system of medical education and certification shall be carried out and the regulatory framework of human resources in the healthcare sector shall be revised/improved to activate practical mechanisms of motivation.

A framework document will be prepared on nursing education and activities, which will regulate the mechanisms of registration/certification/re-certification of nurses and their involvement in the system of continuous professional development.

The State will finance residents in shortage specialities who will be employed in border and high mountainous regions for at least three years.

The issue of the establishment of a unified methodological centre in cooperation with medical schools is being considered. The centre will ensure the coordination and standardisation of pre-graduate, postgraduate and advanced medical education programmes.

For the purpose of the development of the science of biomedicine, the Ministry will support the implementation of priority scientific research both within state and international grant programmes. The above will be implemented based on active cooperation with disease control centres of the USA



and Europe, leading medical schools/universities, medical foundations and other international partner organisations.

6. Development of information systems for healthcare management: the regulatory framework necessary for the introduction of a unified healthcare information system will be developed by 2016. The regulatory framework will include relevant regulations for maintaining confidentiality of information related to patients and for the timely provision of information by healthcare facilities

The gradual shifting of inpatient and outpatient facilities to a case-oriented reporting system has been initiated; registries (of malignant cancers, births) will be developed/modified and/or will start operating throughout Georgia. Users involved in statistical accounting systems will be continuously re-trained in terms of using ICD-10 and other international classificators.

7. Improving maternal and child health: the measures for the improvement of the quality of perinatal care services are being implemented. These measures include an assessment of perinatal care services, promotion of effective perinatal care practices, planning of regionalisation (division by levels) of services. (The piloting of perinatal care services will start with the support of USAID/Sustain in the Imereti and Racha-Lechkhumi regions)

In order to improve the record keeping of maternal and child deaths and stillbirths, determine and analyse the causes of death, the system of mandatory notifications will be improved and mechanisms of active supervision will be involved.

It is planned to pilot a model of home visits with the support of UNICEF to ensure early detection of developmental delays in children under the age of 3 and their timely referral to appropriate health care facilities.

To ensure universal affordability of modern methods of family planning, recommendations are being considered regarding the involvement in state financing schemes of the supply of contraceptives from 2017 and the provision of respective counselling services.

To enhance the system of immunisation, the existing pattern of delivery and monitoring of services will be revised, the centralised logistic system for vaccines and vaccination supplies will be enhanced, and the motivation of service providers will be improved.

In parallel with the economic growth of the country and reduction of funding from donor organisations, the State will attract investment for the procurement of both traditional basic antigens (BCG, DPT, polio vaccine, MMR and others) and new vaccines.

8. Improvement of the prevention and control of priority communicable diseases: to reduce late detection of HIV/AIDS cases, the introduction of a provider-initiated testing and counselling (PITC) policy that is based on diseases indicating HIV/AIDS will be expanded in the health care sector. The testing of TB patients for HIV to reduce the possibility of co-infection and the routine detection and treatment of latent tuberculosis among HIV infected patients will continue.

Taking into account the high morbidity rate due to hepatitis C, special attention will be paid to the reduction of prices for medicinal products (including new generation direct-acting antiviral (DAA) medications) on the local market. Work is underway to increase the affordability of a new generation of direct-acting agents (Soposbuvir). A national plan for the elimination of Hepatitis C is being developed with technical support from Emory and Bristol Universities.

For early identification of possible TB cases, it is important to facilitate the integration of TB services in general hospitals and to consolidate the screening programmes and the directly observed therapy (DOT) programmes within the Epidemiological Services of the LEPL - the L. Sakvarelidze National Center for Disease Control and Public Health and within the penitentiary system. In order to facilitate the rapid and accurate diagnosing of drug-resistant tuberculosis, it is planned to introduce rapid diagnostic methods, to consolidate the mechanisms for ensuring and controlling the quality of the network of TB laboratories, to organise advanced professional training for the staff, and to introduce new reporting forms, including the TB programme management e-module, both within the civil and penitentiary systems.

To prevent drug-resistant tuberculosis, the medication adherence services will be consolidated, and the legislative framework of tuberculosis control will be enhanced. In parallel with the reduction of donor funding for HIV/AIDS and tuberculosis, the State will ensure a continuous supply of relevant medications to patients and an unrestricted affordability to both diagnostic and inpatient and outpatient services.

It is important to consolidate the epidemic surveillance mechanisms during the malaria prevention phase, prior to the certification of the country as a malaria-free zone. It is necessary to continue preventive measures against the transmission and spread of malaria, taking into account the entomological, ecological, epidemiological and socio-economic conditions in high-risk territories.

Along with the European integration process, the functioning of the system of epidemiological surveillance, control, laboratory research and response to disease will be gradually improved based on the requirements of the European Commission. Plans for the response to biological, chemical and radiological incidents and a multi-sectoral training programme for the parties to the International Health Regulations will be developed.

9. Improvement of the prevention and control of priority non-communicable diseases: the measures for the prevention of non-communicable diseases include legislative and programme initiatives regarding main risk factors and threats to public health; the facilitation of a systematic integration of screening programmes organised at a primary health care level; actions towards raising the awareness of the population (especially in teens and the young generation); and development of standard protocols at a primary health care level and their introduction in routine practices of patient management.

The following strategies and action plans for their implementation have been developed and will be approved in the near future, which will contribute to improving the control of non-communicable diseases: the Non-communicable Diseases Prevention and Control Strategy; the Cancer Prevention and Control Strategy; the Chronic Respiratory Diseases Prevention and Control Strategy; the Injuries and Violence Prevention and Control Strategy; the National Health Promotion Strategy; the Alcohol Abuse Reduction Strategy; the Diabetes Prevention and Control Strategy; the Obesity Prevention and Control Strategy; the Salt Consumption Prevention and Control Strategy; and the Food and Healthy Nutrition Strategy.

In order to improve the control of non-communicable diseases, the State Mental Health Concept was approved in 2013, and a multi-year action plan is being developed. A step by step process for the development of available mental health services and introduction of community-based modern services will begin in 2015. The psycho-social rehabilitation and home care services will be enhanced.

Under the guidance of the Ministry of Labour, Health and Social Affairs of Georgia and the Ministry of Justice of Georgia, interagency cooperation with respect to the introduction of an anti-drug action plan for 2014-2015 has been intensified.



In order to reduce the supply of new psychoactive substances, the system for the coordinated work of government agencies and for the monitoring of the circulation of substances has been established.

It is planned to develop a state initiative for the purpose of the gradual improvement of the affordability of arterial hypertension screening, control and rational medication.

The early detection of cancer remains a top priority. An increase of geographical accessibility and utilization of available screening programs will be focused. The national guidelines and protocols for cancer control will be revised and introduced.

10. Development of the public health system: according to the EU-Georgia Association Agenda, special attention will be paid to the development/improvement of a public health policy and public health programmes in priority areas, such as the control of communicable and non-communicable diseases, drug addiction and mental health, regulations for blood and organ donation, the control of tobacco and alcohol overconsumption, and environmental health.

An integrated system of epidemiological surveillance will be created to ensure the prevention and control of diseases and the protection of health from harmful effects of external factors. The system will be equipped with the latest standards, required information infrastructure, an upgraded network of laboratories, and will be staffed by highly qualified personnel. The improvement of public health units at a local level will contribute to creating a safe condition for health.

The specific priority areas include the facilitation of programmes for non-communicable diseases and interagency cooperation. However, in terms of the improvement of the public health system, the following three areas are worth noting: 1) modification of behavioural risk factors (drug abuse, malnutrition, adynamia, alcohol, tobacco); 2) road safety regulations and public awareness, and 3) the development and implementation of the National Environmental Health Action Plan (NEHAP).

Bibliography

1. Report of the Ministry of Labour, Health and Social Affairs for 2013; www.moh.gov.ge.
2. Assessment of the Universal Health Care Programme, the final report. USAID Health System Strengthening Project (HSSP), 2014; <http://www.moh.gov.ge/files/JAN-USID/1.pdf>
3. Health Management, Georgia, Statistics Book, 2013, National Center for Disease Control and Public Health; <http://ncdc.ge/index.php?do=fullmod&mid=1055>
4. 65th World Health Assembly closes with new global health measures. http://www.who.int/mediacentre/news/releases/2012/wha65_closes_20120526/en/
5. Adelaide Statement on Health in All Policies. http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf
6. CONSTITUTION OF THE WORLD HEALTH ORGANIZATION. <http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>
7. International Conference on Population and Development (ICPD) Programme of Action; <http://www.unfpa.org/public/cache/offonce/home/sitemap/icpd/International-Conference-on-Population-and-Development/ICPD-Summary;jsessionid=601A58E091A75BA2A74F1ADBD79C0589.jahia01#intro>
8. Rio Political Declaration on Social Determinants of Health, <http://www.who.int/sdhconference/declaration/en/>
9. The Paris Declaration on Aid Effectiveness and the Accra Agenda for Action, <http://www.oecd.org/dac/effectiveness/34428351.pdf>
10. United Nations 67th General Assembly: Global health and foreign policy, December, 2012, http://www.un.org/ga/search/view_doc.asp?symbol=A/67/377
11. United Nations: Post-2015 Development Agenda: Sustainable Development Goals, <http://sustainabledevelopment.un.org/sdgsproposal>
12. United Nations, Millennium Declaration, <http://www.un.org/millennium/declaration/ares552e.pdf>
13. United Nations, Universal Declaration of Human rights, <http://www.un.org/en/documents/udhr/>.
14. WHO, Declaration of Alma-Ata „International Conference on Primary Health Care“, http://www.who.int/publications/almaata_declaration_en.pdf
15. WHO, Health 2020: the European policy for health and well-being, <http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being>
16. World Health Organization, Declaration of Alma-Ata International Conference on Primary Health Care, Alma-Ata, USSR, 6-12, September 1978, http://www.who.int/publications/almaata_declaration_en.pdf

