



Georgia



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Total population (millions, 2005) ¹	4.4
% population 0–14 years old (2001) ¹	20.4
% population rural (2004) ¹	48.8
Life expectancy at birth (2005) ¹	73.1
Mortality rate among children <5 years per 1000 live births (2004) ¹	45
Maternal mortality rate per 100 000 live births (2004) ¹	45.3
Total expenditure on health as a % of GDP (2005) ²	5.8
General government expenditure on health as a % of general government expenditure (2005) ²	7.1
Human Development Index rank of 177 countries (2004) ³	97
Gross National Income (GNI) per capita US \$ (2004) ⁴	1040
Adult (15+ years) literacy rate (%), 2003) ¹	100
% of population with sustainable access to an improved water source (2002) ¹	58
% of population with sustainable access to improved sanitation (2002) ¹	83

Sources:

¹European health for all database [online database]. Copenhagen, WHO Regional Office for Europe , 2007
(<http://www.euro.who.int/hfadb>, accessed 27 April 2007)

²National health accounts: Georgia [web site]. Geneva, World Health Organization, 2007
(<http://www.who.int/nha/country/geo/en/>, accessed 29 April 2007).

³Human development report 2006. Beyond scarcity: power, poverty and the global water crisis. New York , United Nations Development Programme, 2006
(<http://hdr.undp.org/hdr2006>, accessed 27 April 2007).

⁴ WHO Statistical Information system

Georgia is situated in the central and western parts of the Caucasus. It borders Armenia, Azerbaijan, the Russian Federation and Turkey. On 9 April 1991, the Supreme Council of Georgia adopted a declaration on the independence of Georgia. On 31 July 1992, Georgia became the 179th Member of the United Nations. In early 2004, Georgia welcomed major changes in its political situation. Mr Mikhail Saakashvili was elected President of Georgia by popular vote on 4 January 2004. Georgia's main economic activities include: the cultivation of agricultural products, such as citrus fruits, tea, hazelnuts, and grapes; mining of manganese and copper; and the production of alcoholic and non-alcoholic beverages, metals, machinery, and chemicals by a relatively small industrial sector. The annual average real Gross Domestic Product (GDP) growth for 2006 was 9% (preliminary figure).

HEALTH AND DEVELOPMENT

Health status of the population. Owing to a significant decline in socioeconomic conditions in the 1990s the health status of the population deteriorated seriously. There have, however, been some positive trends recently. The main issue of concern continues to be poverty, which is the single most important contributor to ill-health. There has been an increase in tobacco consumption and drug use. With regards to communicable diseases, the situation was at its worst in the middle of the 1990s (lower immunization coverage, re-emergence of communicable diseases) followed by a slow recovery. Tuberculosis (TB), malaria, sexually transmitted diseases and HIV/AIDS are still problems for the society.

Health system development. Since becoming independent, Georgia has looked to new models for the health sector. The Ministry of Labour, Health and Social Affairs remains the key strategic health decision-maker. Much of the decision-making power and responsibility for funding at the local level has been allocated to twelve regional health departments. The State United Social Insurance Fund and the Ministry of Finance are the key financial players in the health care system. Decentralization has been a major component of the health reform process since 1995 and was reiterated in the 2000–2009 strategic health plan. This has made most health care providers financially and managerially autonomous. A plan to privatize hospitals has been approved and the process is expected to take place in 2007. Nearly all dental clinics and pharmacies have already been privatized.

Health financing. Government expenditure on health as a percentage of GDP dropped substantially from just over 4 in 1991 to 0.70 in 1998 to 0.5 in 1999. Levels of financing are below those required to provide basic care to the population and maintain the health care facilities. After the Rose Revolution in 2004, Government expenditure on health has been increasing both as a percentage of GDP (from 1.37 in 2003 to 1.75 in 2005) and as percentage of total health expenditure (from 26.6 in 2003 to 30.6 in 2005). Total health expenditure is relatively low – 5.8% of GDP, of which a large part is private expenditure.

Noncommunicable diseases and lifestyles. The leading cause of mortality among the Georgian population is noncommunicable diseases. There has been a certain increase in the number of cardiovascular-related deaths (639.6 per 100 000 population, 2001). Malignancies take second place among the main causes of death, though rates of mortality from malignancies are lower than in other newly independent states (98.7 per 100 000 population). The number of external causes of death has increased as well. Mortality and disability resulting from car accidents is a serious problem and causes serious economic damage.

Healthy lifestyle. The high prevalence of smoking among the adult population, and adolescents in particular, represents a great health problem in Georgia. Fifty-three per cent of males and 15% of females in the 10–74 years age-group were smokers in 1998. This is a 10% increase in both genders compared with 1985. The epidemic of tobacco consumption is directly associated with the increased mortality and morbidity related to cancer, cardiovascular diseases and respiratory diseases. The numbers of alcohol and illicit drug users have increased dramatically as a consequence of the difficult economic situation, the decline in living conditions, general frustration and pessimism.

TB. Georgia saw a rise in TB morbidity in 1992–1996, reaching almost the highest level in the WHO European Region. The incidence of TB has risen among both children and adults. From 29.7 per 100 000 population in 1988, it rose to 145 per 100 000 population in 1997. Since 1995, efforts have been to implement the National Anti-TB Programme as a result of which reporting improved significantly in 1995–1996. Although there has been a decline in the TB morbidity rates, the levels are still unacceptably high (98.1 per 100 000 population, 2005 – Health and Health Care Statistics, Ministry of Labour, Health and Social Affairs, National Centre for Disease Control and Medical Statistics). TB remains a particularly severe problem within the penitentiary system.

Emergency and disaster preparedness: Due to its natural particularities (mountains), environmental conditions and geo-political position, Georgia is vulnerable to both man-made and natural disasters, like earthquakes, landslides, floods and avalanches. At present, there is no comprehensive approach to management of the potential risks. A system of monitoring and forecasting natural catastrophes is being developed.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Development of a democratic society after the <i>Ros Revolution</i> in 2004. Efforts by the Government on the economic front, as well as a full-scale fight against corruption. The presence of a multi-donor community in the health sector. Aspiration to future European Union (EU) membership and current collaboration with the EU through the European Neighbourhood Policy. Strengthened WHO presence in the country and continuous WHO support through Biennial Collaborative Agreements. 	<ul style="list-style-type: none"> Defragmentation of the health system, with focus on the system as a whole rather than on individual programmes. The need to improve health financing and the health resource base. The necessity to synergize donor support in the key areas of health reform, including health financing. The growing economic pressure resulting from reduced trade with and increased prices of several commodities imported from the Russian Federation. Inadequate health infrastructure; the poor health status of vulnerable populations.

PARTNERS

The main stakeholders in the health sector are: the American International Health Alliance, the European Union (AIHA), the Georgia Foundation (OSGF), the Consortium GOPA/EPOS, the International Committee of the Red Cross (ICRC), Kreditanstalt für Wiederaufbau (KfW), Medical Emergency Relief International (MERLIN), the Open Society Institute (OSI), the United Kingdom Department for International Development (DFID), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the United States Agency for International Development (USAID), the World Bank (WB) and the World Health Organization (WHO). Approximately 70% of the total assistance provided comes from the International Monetary Fund (IMF), the European Union (EU), the Government of the United States of America and WB. The United Nations Development Programme (UNDP) is active in three major areas in Georgia: (1) human resources development (through improvement of governance); (2) poverty and economic growth; and (3) the environment.

Coordination mechanisms for different health fields have been established, such as: (i) the Inter-agency Coordination Committee (ICC) (in relation to communicable diseases), with the participation of the Public Health Department, other ministerial authorities, UNICEF, USAID and WHO; (ii) the Country Coordination Mechanism (CCM) (in relation to HIV/AIDS, TB and malaria) under the leadership of the Ministry of Labour, Health and Social Affairs and with the participation of major international organizations; (iii) the TB Task Force, with the participation of the Consortium GOPA/EPOS, ICRC, KfW, MERLIN, WHO, the Ministry of Internal Affairs, the Ministry of Justice and the health authorities of Georgia; (iv) the joint five-year primary health care development project (2003-2008) of the Government of Georgia and international experts in relation to primary health care development (PHC) with the support of DFID, EU and WB. The key objectives of this project are broadly: to improve access to health

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> WB support for health sector reform. The active participation of many United Nations agencies and numerous nongovernmental organizations (NGOs) in health-related programmes. The launch of poverty reduction initiatives supported by the donor community, with health as an important component. • 	<ul style="list-style-type: none"> The privatization of hospitals and the resulting implications in relation to fragmentation of the health system. Coordination of external aid from many different organizations, which often have their own views on reform modalities. Reducing dependency on aid and the potential shrinking of the donor community.

WHO STRATEGIC AGENDA (2008-2013)

Since becoming independent, Georgia has made a significant effort to adapt health policy and the health system to the new environment. Although some achievements can be acknowledged, the prerequisites for health development are still not fully in place in the country. National capacity with regards to many technical areas has been strengthened; however, the overall stewardship function will be further addressed. The health system is in the midst of a transition process. The following areas are crucial to the success of the reforms:

Strengthening stewardship and the capacity to address health financing issues within the Ministry of Health and Social Welfare. The provision of technical assistance by WHO to review the existing system, its development and health financing mechanisms, is relevant. WHO will assist in (i) strengthening capacity for health system research and evidence-based decision-making; (ii) conducting health system performance assessment; (iii) overall health policy guidance; (iv) developing and assessing health financing options; (vi) the institutionalization of national health accounts within the context of the overall strengthening of the Ministry of Health and Social Welfare. WHO cooperation will also include: drug policy and reimbursement; and human resources policies.

Maternal and child health and integration of services within primary health care. WHO will assist in integrating maternal and child health, reproduction health services and immunization with primary health care.

Emergency and preparedness. WHO will assist in strengthening the capacity of the Ministry of Health and Social Welfare to respond to emergencies and participate in regional and international alert mechanisms.

TB, HIV and malaria control: The National TB Control Programme is based on the WHO Directly Observed Treatment, short course (DOTs) strategy. The Programme still depends on external assistance. WHO will continue to provide technical assistance to the implementation of this programme. Although HIV and malaria work is also supported by The Global Fund to fight AIDS, TB and Malaria, WHO will continue its assistance in these two areas, ensuring the health system dimension. WHO will also assist in strengthening the surveillance system, enhancing health personnel skills through training, and developing national guidelines.

Noncommunicable diseases (NCD): WHO will assist in developing and implementing integrated policies, strategies and regulations for NCD prevention and control.



ADDITIONAL INFORMATION

WHO headquarters country page: <http://www.who.int/countries/geo/en/>

WHO Regional Office for Europe country page: <http://euro.who.int/countryinformation/CtryInfoRes?COUNTRY=GEO&CTRYInputSubmit>

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