Translation

Website, 29/12/2014
Registration Code
470020000.10.003.018343

- Government of Georgia
Ordinance #724

26 December 2014, Tbilisi

On Approval of Georgian Healthcare System State Concept 2014-2020 “Universal Healthcare and Quality Management for Protection of Patient Rights”

Article 1

Georgian Healthcare System State Concept 2014-2020 “Universal Healthcare and Quality Management for Protection of Patient Rights” shall be approved under the article 5 of the Law of Georgia “On Structure, Authority and Rule of Activity of the Government of Georgia”.

Article 2

The Ordinance shall enter into force upon promulgation.

Prime-Minister ***Irakli Garibashvili***

Enclosure

Georgian Healthcare System State Concept 2014-2020
“Universal Healthcare and Quality Management for Protection of Patient Rights”

Introduction

Healthcare System State Concept 2014-2020 (“Concept” hereinafter) is a vision of healthcare system development that comprises basics of the sector development in relation to principles and values recognized at international and national levels. The document also demonstrates principle aspects of main characteristics of the healthcare sector, and strategic reforms and action plans to be implemented for the effective prevention and management of priority diseases. State health policy takes into account epidemiological, social and economic

reality of the country, as well as political declarations and operational platforms recognized in the healthcare sector internationally.

This document has been developed under the guidance of the Ministry of Labor, Health and Social Affairs of Georgia ("Ministry" hereinafter), through consultations with field experts, representatives of governmental and non-governmental sectors.

Main Values, Principles and Arguments

State policy in the healthcare sector is based on the principle values, such as protection of human rights and justice; these, together with other directions, include elimination of inequality in terms of universal access to medical services and the right to participate in decision-making process.

The concept embraces the main principles of the healthcare sector development in the country, such as universalism, sustainability, cost-effective and transparent governance, and strengthening of cross-sectoral cooperation for the purposes of healthcare.

Vital importance is attributed to the economic arguments of healthcare, according to which health of society is the most important condition for social and economic development of a country. Population morbidity, mortality and disability cause significant losses in terms of productivity of human resources and in terms of economic development in general. Moreover, healthcare itself is one of the most significant sectors for employment, new technology research and development, and regarding economic activities in general.

The basis of these values, principles and arguments is constituted by political declarations and operational platforms recognized at national and international levels, most important of which are Universal Declaration of Human Rights; Millennium Development Declaration and Agreed Healthcare Goals; Alma-Ata Declaration on Primary Health Care; Action Plan for International Conference on Population and Development (Cairo Platform); World Health Organization Constitution and the World Health Organization European Regional Bureau "Health 2020" Platform; Adelaide Agreement "Health in All Policies"; Paris Declaration for effective harmonization of support for international development; political declaration on social determinants (Rio Declaration), etc.

At the national level the concept is based on the following political and legal documents: Social-economic development strategy of Georgia "Georgia 2020"; obligations assumed in the framework of EU-Georgia Association Agreement; 2012, 2013 and 2014 governmental program "For Strong, Democratic, United Georgia"; Report on main developmental data and directions; laws of Georgia "On Health Care", "On Public Health", "On Medical Activities", "On Patient Rights", and by-laws derived from them; national healthcare policy and strategy for its implementation 2000-2009; national healthcare strategy "Accessible Quality Healthcare" – 2011-2015; "Healthcare System performance assessment Report" – 2013.

Overview of Current Situation in the Healthcare Sector

1. Health status – population health status measured by the indicator such as life expectancy at birth has significantly improved since the second half of 1990-ies and was 75.2 years in 2013. This positive trend, together with the increase in share of 65 and older population (from 9% in 1989 to 14% in 2013) and decrease in the share of employable population, poses additional challenges to the healthcare and social sectors (LPPL – National Statistics Service of Georgia).

Significant progress has been achieved in terms of decreasing maternal and child mortality. Maternal mortality in 2000 was 49.2 per 100000 live-births; it has decreased to 27.7 in 2013. Child mortality below 5 years of age was 24,9 per 1000 live-births in 2000; in 2013 this indicator decreased to 12.0 (LPPL L. Sakvarelidze National Center for Disease Control and Public Health). For the first time this year routine statistical data of Georgia were used in the UNICEF, World Health Organization, World Bank and UN Child Mortality Report - Georgia is the first country among post-soviet countries in this direction.

Non-communicable diseases are leading causes of mortality - circulatory disorders constituted 39% and malignancies - 10% of death cases in 2013. Likewise, significant share of disease burden is formed by respiratory system disorders, comprising 38-40% of the total incidence (LPPL L. Sakvarelidze National Center for Disease Control and Public Health).

In 2012-2014 important steps were undertaken for improving management of communicable diseases (e.g. introduction of new vaccines, support of hepatitis C treatment), though tuberculosis, HIV infection and hepatitis still remain the challenge to the public health system of the country. Despite low prevalence of HIV/AIDS a trend of new cases is still increasing. As for tuberculosis, significant share of multi-resistant forms of the disease is a main problem. Viral hepatitis and some of the controllable infections (e.g. measles) were characterized by high incidence

2. Health financing –increasing population's access to medical care and improvement of its quality are the main priority of the Government of Georgia; this was reflected in unprecedented increase in the volume of state funds allocated to the healthcare sector. If according to 2012 data share of out of pocket payments for medical care was approximately 79% (national health reports), their significant reduction is expected after the launch of the universal healthcare program (specified data will be available after completion of the ongoing research on household healthcare expenditure and unitization, at the beginning of 2015).

The state has created a mechanism to protect every citizen from catastrophic expenses on medical care, when from February 2013 all citizens, not covered by state or private insurance, became beneficiaries of the State Universal Healthcare Program (minimum service package). In July 2013 the Program was expanded and today it comprises planned outpatient, emergency outpatient and hospital, planned surgical services, treatment of oncologic diseases and deliveries (basic package). According to November 2014 data, all citizens of Georgia are covered by health services, including about 496 thousand individuals

covered by private or corporate insurance, and the rest of the population covered by the State Universal Healthcare Program.

In accordance with a research undertaken by United States Agency for International Development (USAID) in 2014, 80.3% of interviewed beneficiaries were satisfied by the outpatient services received through the Universal Healthcare Program, whereas 96.4% were satisfied by the hospital emergency - services. Simultaneously, according to the research data the population emphasizes that with the implementation of the State Universal Healthcare Program outpatient (77% of the interviewed) and hospital (88% of the interviewed) services became more financially affordable to them.

In spite of achieved success the country still has to develop universal approach to financing of hospital cases and pricing of medical services. Financial resources allocated for the state programs are mainly defined by precedent-based planning system.

The necessity to ensure future financial sustainability of the state expenditure for medical services supported financially by international donor organizations (incl. Global Fund, Global Alliance of Vaccines and Immunization, USAID) is an important challenge for the healthcare system of the country. Intensive work on these issues is underway in the medium-term planning process of the Budget.

3. Pharmaceuticals – irrational drug therapy, self-treatment, "drug store abuse" were systemic problems. To overcome these problems and to protect patient safety a number of legislative changes were undertaken, e.g. from 1 September 2014 selling without prescription of pharmaceutical products assigned to the 2nd group is prohibited. In terms of the future focus it is also important to improve pharmaceutical product quality control and monitoring mechanisms.

One of the obvious examples of increased access to expensive pharmaceutical products was the launch of the hepatitis C treatment program that includes provision of hepatitis C diagnosis and treatment (with pegylated interferon and ribavirin) to persons in penitentiary institutions and places of confinement and extending 60% discount on hepatitis C drugs for 10000 beneficiaries of the civil sector.

4. Provision of medical services – after the launch of the universal healthcare program has increased utilization of hospital (from 7.8 per 100 individuals in 2011 to 8.7 in 2013) and primary health care (PHC) services (from 2.1 to 2.7 per capita) (LPPL L. Sakvarelidze National Center for Disease Control and Public Health). According to 2013 data bed occupancy rate (50%) in the country still remains low compared to an average rate (76%) of EU countries (LPPL L. Sakvarelidze National Center for Disease Control and Public Health).

In terms of comprehensive implementation of state medical programs, apart from financial aspects, it is necessary to ensure geographical accessibility of medical services. In relation to this in 2013 the state completed construction and equipping of 82 new outpatient clinics (ambulatories) in various municipalities of Georgia.

In 2014 the Ministry started construction of a new multidisciplinary university clinic in Zugdidi, village Rukhi that is planned for 220 beds and will have all necessary supporting

infrastructure. In 2014 was also started construction of an emergency medical service center in Gori district, village Tkhviavi.

Evaluation of the emergency medical services was undertaken in 2013. In December 2013 was established LPPL Emergency Medical Service Center - provider of relevant medical services throughout the country (excluding Tbilisi). United operations control center was formed; full modernization of the car park and retraining of medical personnel are underway. Identification of call priority model was developed and implemented. Emergency medical services quality assurance system has to be developed and internal operational procedures need to be improved.

Public health central referral laboratory (CRL) and 8 regional laboratories were opened in 2011. In 2013 Richard Lugar Public Health Research Center of Georgia was transferred to the healthcare system and became a part of the LPPL L. Sakvarelidze National Center for Disease Control and Public Health; this is an important fact in terms of systemic strengthening of the public health laboratory network capacities.

In 2014 public and private partnership concept (Public-Private Partnership – PPP) was developed which could be effectively used in Georgian situation for the development of strategic objects and development/improvement of the infrastructure.

Work is underway to improve existing quality and safety assurance mechanisms in relation to infrastructure and human resources (permits, licenses and certification system), and to define levels of medical services. First step in this direction is a regionalization plan of perinatal services and clear criteria for high risk pregnant women and newborn referral (transfer) system developed in cooperation with international organizations (USAID/SUSTIN, UNICEF, UNFPA).

5. Human resources – number of doctors per patient is rather high (456.3 per 100000 individuals, 2013) compared to an average data of the European region, whereas number of nurses is significantly lower compared to the regional indicators (328.2 per 100000 individuals) (LPPL L. Sakvarelidze National Center for Disease Control and Public Health). Simultaneously, geographical distribution of medical human resources in the country is uneven. Promotion of nursing is still problematic due to the society stereotypes and absence of system of incentives relevant to an academic or professional training (qualification requirements and financial incentives).

New edition of the list of medical specialties, residency program in 48 medical specialties and 4 new programs in medical subspecialties were developed and approved in 2013-2014; the process for identifying doctors' competencies and preparation for recertification is underway.

Has been approved "Postgraduate Medical Education Program" that envisages financing of postgraduate/residency training of medical specialty applicants in medical specialties that are in shortage and priority for high-mountain and near-border municipalities. The aim of the program is to improve continuity of medical service delivery

and geographical accessibility in the mentioned regions (40 vacancies are envisaged in 8 medical specialties).

It should also be mentioned that a system of state qualification and certification examinations needs to be improved in order to ensure adequate mechanism for evaluation of knowledge level, professional skills and clinical reasoning. Mechanism for regular evaluation of doctors' qualification (recertification) has to be developed and a state regulation system for postgraduate and continuous professional development (registration/certification) of nurse has to be designed.

6. Information systems – work has started on a new, innovative electronic healthcare system that will connect medical service providers, pharmaceutical organizations and regulatory agencies.

Within the framework of the united electronic healthcare system in 2013 were implemented electronic components such as universal healthcare system management, pharmaceutical product registration, infectious diseases (including tuberculosis), immunization/vaccination, monitoring and management of priority sectors and public health programs (including psychiatry, drug abuse, HIV-infection, etc.), electronic systems for certification and accreditation of medical personnel.

Hospital case-based new statistical registration system was designed in 2013. Inclusion of ambulatory/outpatient organizations into the similar system is planned from 2015. Simultaneously, in 2014 was started development of a cancer population register and its stepwise implementation throughout the country. Centralized prescription registration system is operational, as well as pharmaceutical product search system that ensures search of pharmaceutical products according to groups.

Electronic system for provision of special pharmaceuticals for the state programs is operational from 2013; the system includes maternal and child health, diabetes management, dialysis, incurable cancer patients, rare disease management state program beneficiaries registration and pharmaceutical registration subsystems. The system for registration of hepatitis C patients and distribution of discount-price pharmaceuticals has been operational since 2014.

Existing health information system still has many shortcomings in terms of data collection and evidence generation. In spite of the fact that the data are collected by means of standard instruments, the country has to develop effective data quality assurance system, and this will be reflected on the reliability of statistical information.

7. Leadership and governance – practice of inter-sectoral agreed activities in relation to specific serious health problems is established in Georgia, e.g. country coordination mechanism for HIV infection/AIDS, tuberculosis and malaria. Though, apart from individual successful initiatives, efforts of different governmental, donor or NG organizations in health policy development and implementation process is still fragmented and lacks harmonization.

Legal basis for quality, continuity and consistency of medical services of the current health sector regulation system needs to be revised. Besides, mechanisms for development of evidence based health policy in the sector still needs to be improved.

In 2014 "Grant Program for Development of State Standards (Protocols) for Management of Clinical Conditions" was completed and 133 protocols were prepared. For the time being 159 guidelines and/or protocols for management of different clinical conditions (including 24 - in the framework of the abovementioned program) are approved. Though, the systems for guideline and protocol development, regular revision, implementation and monitoring need considerable improvement.

Two main mechanisms for protection of patient rights operate today in the country. LPPL Agency for State Regulation of Medical Activities under the state control of the Ministry ensures protection of patient rights in relation to medical service quality. LPPL Medical Mediation Office is formed under the state control of the Ministry to consider financial controversies arising between patients and medical institutions in the framework of the state programs and to solve them in an alternative, non-judicial manner.

2014-2020 State Policy Priorities in Healthcare Sector

The aim of the state policy in the healthcare sector is to increase life expectancy of Georgian population, reduce maternal and child mortality, improve health status and quality of life; this aim could be attained through provision of universal access to quality medical services and modern pharmaceutical products, balanced distribution of financial burden and increasing financial protection in the healthcare sector, effective use of existing resources, adequate response to population's health needs and development of flexible governance system.

Taking into account principles declared at international level, epidemiological image and social/economic reality of the country, the Ministry develops following 10 priority directions for the development of the healthcare sector:

1. Health in all policies – general state multi-sectoral approach.
2. Development of the healthcare sector governance.
3. Improvement of healthcare financing system .
4. Development of quality medical services.
5. Development of human resources in the healthcare sector.
6. Development of health management information systems.
7. Support of maternal and child health.
8. Improvement of prevention and management of priority communicable diseases.
9. Improvement of prevention and control of priority non-communicable diseases.
10. Development of public health system.

Main Directions of the Healthcare Sector Development

1. Health in all policies – general state multi-sectoral approach – 2010 Adelaide agreement "Health in All Policies" and the World Health Organization European Bureau strategy "Health 2020" emphasizes the necessity of inter-sectoral approach for the attainment of health and welfare, and use of benefits, received by improving population health, for aims of other sectors.

During following 6 year the Ministry aims to develop effective mechanisms and bilateral/multilateral action plans for inter-sectoral coordination through active participation of the Ministry of Education and Science of Georgia, the Ministry of Agriculture of Georgia, the Ministry of Corrections and Legal Assistance of Georgia, the Ministry of Defense of Georgia, the Ministry of Environment and Natural Resources of Georgia and other ministries in relation to following issues:

- prevention and control of communicable and non-communicable diseases;
- education of population;
- health of young generation and elderly population;
- healthy environment;
- water and food safety;
- preparedness for emergency situations and catastrophes;
- risk factor reduction and health promotion;
- reduction of injuries;
- improvement of health of individuals in institutions of confinement;
- support development of medical education and biomedical sciences;
- health services for internally displaced persons – refugees;
- etc.

2. Strengthening of healthcare sector governance - in cooperation with governmental, non-governmental and international organizations development of the healthcare strategy 2014-2020 will be completed in the near future with detailed description of measures for implementation and management of provisions of the concept, expected results and target indicators, monitoring, evaluation and accountability rules. In order to provide high quality medical services, from 2015 it is planned at the national level to prepare national quality management plan and to develop framework for national indicators. Foundation will be established for accreditation system of medical institutions; the basis for putting into action new mechanisms for adaptation and regular update of national recommendations (guidelines) and state standards for disease management (protocols) will be prepared in close cooperation with professional associations. Support will be provided to health information systems and health research (population-based, as well as at the organizational level), and relevant regulatory base will be developed.

One of the main objectives is to harmonize pharmaceutical sector regulations, including rules for registration of pharmaceutical products with current EU legislation.

In order to protect patient rights existing regulation mechanisms and legislative levers will be improved. In order to provide safe environment and quality services to the patients, activities of responsible institutions will be expanded.

3. Improvement of healthcare financing system –stepwise increasing of healthcare sector state financing will be advocated annually based on the analysis of financial environment and health sector programmatic needs. By optimization of basic package and support of implementation of rational pharmacotherapy financial accessibility to necessary pharmaceutical products will be increased.

Further development of healthcare sector policy and programs, including universal healthcare program, will ensure reduction of catastrophic healthcare expenses and the risks of impoverishment of the population. Simultaneously, in the framework of the universal healthcare program further emphasis is made on stepwise increasing of medical services package, on improvement of quality of medical services and affordability of pharmaceutical products.

More financial resources will be invested in primary care and various preventive services in order to strengthen primary, secondary and tertiary prevention of the highest burden diseases in terms of morbidity and mortality, and thus, to protect population with chronic diseases from catastrophic health expenses.

Apart from "unified procurement mechanisms" of basic services envisaged by the state healthcare programs, the issue of implementation of integrated financing system approved in the world is being considered. From the end of 2014 the work will be started to put into operation unified accountability and pricing standard in the near future. Through improvement of administration of the state healthcare programs and strengthening of primary care, efficiency of budget resource spending will be increased.

From 2016 priority programs (immunization, HIV infection/AIDS, tuberculosis) financed by international organizations (Global Fund, GAVI, USAID) will be gradually transferred to state financing by development of financial sustainability plans of these programs, by detailed allocation of financial obligations and reflection of these obligations in the financial space.

4. Development of quality medical services – special attention will be paid to development/implementation of health care quality management systems for outpatient, hospital and laboratory services. This includes systemic monitoring of quality indicators, their integration into the accountability forms and health information systems, mechanisms of internal audit and accreditation.

State healthcare infrastructure development support plan will be designed by 2015 with explanation of mechanisms for proper planning of shares of state and private sectors and for state regulation of obligations.

Development of regional plans for organization and setting up perinatal medical services will be completed by 2015; this will ensure optimal access to these medical services and timely referrals of patients to medical service providers with relevant capacities. In

parallel to this types of medical institutions will be defined. Support of high technology medical services is also planned.

In accordance with special needs of population (e.g. population in high mountain regions and on the territories adjacent to conflict zones, persons with disabilities, etc.) the government of Georgia will support further development of the health infrastructure through state funds, as well as through support of private investments.

Primary health care development concept will be designed and it will be implemented step by step. Taking into account healthcare sector infrastructure analysis, identification of levels of medical services and special needs of the population (e.g. population in high mountain regions and on the territories adjacent to conflict zones, persons with disabilities, etc.) the government of Georgia will support further development of the health infrastructure through support of state and private investments.

Development of norms and standards for clinical and public health laboratories started from 2015.

5. Development of human resources in the healthcare sector – work on health sector human resource development policy and long-term plan will be started from 2015; it will also identify needs for human resources taking into account shortage/priority specialties and specificities of regional distribution of the specialists. Simultaneously, targeted programs for specialist training will be implemented. Strengthening of international cooperation will be an indivisible part of the concept of health human resource development.

Reforms of medical education and certification systems will be implemented and health human resource regulatory base will be revised/improved in order to enact efficient incentive mechanisms.

Framework document will be prepared on nurse education and activities that will regulate registration/certification/recertification of nurses and their inclusion into the continuous professional development system.

The state will finance those residents in shortage specialties who will be employed in the near-border and high mountain regions for minimum three years.

Establishment of a united methodical center in cooperation with higher medical institutions is being discussed; the center will ensure coordination and standardization of undergraduate, postgraduate and continuous medical education programs.

In order to develop bio-medical sciences the Ministry will support priority scientific studies in the framework of state and international grant programs. This will be implemented through active cooperation with disease control centers of the USA and Europe, leading medical schools/universities, scientific funds and other international partner organizations.

6. Development of health management information systems - by 2016 will be completed development of legislative-regulatory base necessary for the implementation of unified healthcare information system, including regulation relevant to protection of confidentiality of patient-related information and uninterrupted provision of information from medical institutions.

Gradual transfer of hospitals and outpatient facilities to a case-based accountability system has started; registers (of malignant tumors, birth registers) will be developed/modified or/and will be put into operation on the entire territory of Georgia. Training of users participating in statistical accountability systems in use of ICD-10 and other international classifiers will be continued without interruption.

7. Support of maternal and child health – measures for improving quality of perinatal services are being implemented; this means evaluation of perinatal services, support of effective perinatal service practices, development of service regionalization (division to levels) plan (piloting will start in Imereti and Racha-Lechkhumi regions through support of USAID/Sustain).

In order to improve registration of maternal and child mortality and stillbirth, identification and analysis of causes of deaths, mandatory notification system will be improved, mechanisms of active supervision will be incorporated.

Through support of UNICEF it is planned to pilot home visit model for early detection of developmental delays before age of 3 and to ensure timely referral of identified cases to relevant medical institutions.

To ensure universal access to modern family planning methods recommendations are being considered in relation to contraceptive supply from 2017 and inclusion of relevant consulting services into the state financing schemes.

For strengthening of the immunizations system existing service delivery and monitoring model will be revised, centralized logistics system of vaccines and immunization materials will be reinforced and motivation of service providers will be improved.

In parallel to economic growth of the country and reduction of financing potential from donor organizations the country will ensure search of financial resources for the procurement of traditional basic antigens (BCG, DPT, polio, MMR, etc.) and new vaccines.

8. Improvement of prevention and management of priority communicable diseases – in order to reduce late detection of HIV infection/AIDS cases, implementation of provider-initiated HIV testing policy (PITC) based on diseases indicating to HIV infection/AIDS will be expanded in the healthcare sector. To reduce co-infection burden HIV testing in TB patients and routine detection and treatment of latent TB among HIV-infected individuals will be continued.

Considering high burden of hepatitis C morbidity, special attention will be given to reduction of prices of pharmaceuticals (including new generation direct action antiviral - DAA preparations) on the local market. The work is going on to increase financial affordability of the new generation direct action agents (Sofosbuvir). Development of national hepatitis C elimination plan is going on with technical support of Emory and Bristol Universities.

For early identification of presumptive TB cases it is important to support integration of TB services into the general practice facilities, to strengthen screening and DOTS programs within the system of LLPL L. Sakverelidze National Center for Disease Control and Public Health epidemiological services and in the penitentiary system. To support timely and

accurate diagnostics of drug resistant TB it is planned to introduce quick diagnostic methods, to strengthen quality assurance and control mechanisms of the TB lab network, ensure continuous professional training of the personnel and implement most innovative accountability forms (including electronic module of TB program management) in the civil and the penitentiary systems.

For the prevention of drug resistant forms of TB patient compliance to treatment services will be strengthened; the work on strengthening of legislative base of TB control is continued. In parallel to reducing donor financing of HIV infection/AIDS and TB, the state will ensure uninterrupted supply of relevant drugs to the patients, and unlimited access to diagnostic, outpatient and hospital services.

In malaria prevention phase, prior to certification of the country as malaria free zone, it is important to strengthen mechanisms of epidemiological supervision. Measures against transmission and spread of malaria should be continued considering entomological, ecological, epidemiological and social-economic situation on the high risk territories.

In accordance with Euro-integration process, stepwise improvement of epidemiological supervision, control, lab research and disease response system functioning will be undertaken based on requirements of Euro Commission decisions. Biological, chemical and radioactive incident response plans will be developed and multi-sectoral training program will be designed for participants of the international health regulations.

9. Improvement of prevention and control of priority non-communicable diseases – non-communicable disease prevention measures include legislative and program initiatives on risk factors and public health threats, support of systemic integration of screening programs organized at the primary care level, activities directed at improving education of population (especially of teenagers and young generation), development of standard protocols at the primary care level and their implementation into the routine practices of patient management.

Strategies promoting non-communicable disease management and their implementation plans have been prepared and will be approved in the near future. These strategies are: non-communicable disease prevention and control strategy; cancer prevention and control strategy; chronic respiratory disease control and prevention strategy; injury and violence prevention and control strategy; national health promotion strategy; alcohol abuse reduction strategy; diabetes prevention and control strategy; obesity prevention and control strategy; salt use prevention and control strategy; food and healthy nutrition strategy.

As part of the improvement of non-communicable disease management, state concept of mental health protection was approved in 2013 and the work on multi-year action plan is continued. From 2015 stepwise process of development of existing mental health services and implementation of modern community-based services will be initiated; psycho-social rehabilitation and home-based services will be reinforced.

Under the leadership of the Ministry of Labor, Health and Social Affairs of Georgia and the Ministry of Justice of Georgia inter-sectoral work has been activated in relation to implementation of 2014-2015 action plan against drug abuse.

To reduce supply of “new psychoactive substances” monitoring system for coordinated work of relevant state institutions and substance turnover will be established.

Work is being planned on state initiative for stepwise improvement of hypertension screening, management and financial affordability of rational drug therapy.

Early detection of oncologic diseases is still the most important priority. Attention will be focused on increasing of geographical accessibility and utilization of existing screening programs. National guidelines and protocols for the management of oncologic diseases will be revised and implemented.

10. Development of public health system – in accordance with the EU association agenda attention will be focused on development/improvement of public health policy and programs in priority directions, such as control of communicable and non-communicable diseases, drug abuse and mental health, regulations of blood and blood organ donation, control of excess use of tobacco and alcohol and environmental health.

To ensure disease prevention, control and protection of health from hazardous impact of environmental factors integrated epidemiological surveillance system will be designed and equipped with the most up to date standards, necessary information infrastructure, modernized lab network and high qualification personnel. Empowerment of the public health units at local levels will support creation and development of safe health environment.

Specific priority directions include support of non-communicable disease and inter-sectoral cooperation programs; however, in terms of strengthening of the public health system special emphasis should be made on following three directions: 1) Behavioral risk-factor modification (drug abuse, improper nutrition, sedentary lifestyle, alcohol, tobacco); 2) road safety regulations and education of population, and 3) National Environmental Health Action Plan (NEHAP) development and implementation.

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