

Georgia Health Security and Health System Brief

Overview of the needs identified¹

Georgia's health system requires substantial support to improve its HRH and procurement systems. Additionally, it needs some support for its labs, surveillance, One Health, rapid response teams, health services, cross-border collaboration, health financing, and governance systems. E-SPAR 2021 IHR Country Average of all Capacities /Global Average of all Capacity scores: 63%/65%.² The 2021 GHS Index Country Profile: 52.6 Index Score; 40/195 Rank.³

Laboratory systems

A total of 34 private and state labs conduct PCR-analysis. Specimen transportation is performed through courier contracts as well as by the National center for Disease Control and Public Health (NCDC) from more than 80% of country's intermediate level/district laboratories to national laboratories for advanced diagnostics. The NCDC's Lugar Center is the national reference laboratory. It provides trainings for international partners from former Soviet Countries as well as other countries of the region.

Major gaps include lack of integration between the health and lab information systems (HIMS/LIMS), and lack of quality assurance system for private labs.

Real time surveillance and reporting

The country has one single national electronic system called Electronic Integrated Disease Surveillance System (EIDSS) for the surveillance of infectious diseases. EIDSS has 194 human and veterinary data entry sites across the country and ensures the exchange of information in real-time between the health care and veterinary sectors. The lab based infectious disease surveillance, sentinel surveillance for influenza/ respiratory infections, e-

registration of COVID-19 tests and guidelines/ algorithms are in place.

Major gaps include an insufficient early warning system, a weak M&E framework and system for infectious disease control; inadequate feedback and information sharing from central level to local health authorities and health facilities, and insufficient capacity (hardware, software) for data analysis, including for animal health.

Data integration/One Health

The NCDC has created the One Health Division. There is a functional electronic integrated disease surveillance system for reporting Human/ Animal data. There is an integrated surveillance system in place in the animal health and public health sectors for zoonotic diseases/ pathogens identified as joint priorities. Public health laboratories (the NCDC local centers) provide essential services including disease and outbreak detection, emergency response, environmental monitoring and disease surveillance. Surveillance of zoonotic diseases is based on both passive and active (brucellosis) systems.

The NCDC's local labs perform data analysis and standard reporting through EIDSS, which includes both passive and active (brucellosis) surveillance of zoonotic disease including vaccination of brucellosis, anthrax and rabies.

Rapid response teams/ systems

Georgia established a Public Safety Command Center 112 (PSCC) under the Ministry of Internal Affairs. The Ministry of Health has an Emergency Coordination and Emergency Assistance Center (ECEAC), which is intended to provide fast and quality emergency medical and referral care and coordination both during ordinary times and during emergencies (including epidemics and pandemics).

¹ The majority of information in this brief is based on national assessments conducted between June 2021 and August 2021 under TA6535 and has not been updated unless otherwise specified.

² <https://extranet.who.int/e-spar>

³ <https://www.ghsindex.org/country/georgia/>

In addition, the NCDC has established a Public Health Emergency Operations Centre (PHEOC). An Interagency Coordination Council (ICC) has been established under the Prime Minister's office in response to the COVID-19 pandemic. Georgia has launched COVID-19 contact tracing efforts, led by the contact tracing group of the NCDC and municipal public health centers. They bring together epidemiologists and infectious disease specialists.

Main gaps include: PHEOC, PHC as well as hospitals lack capacity for prompt response to emergencies, including maldistribution of health staff, oversupply of doctors, shortage of nurses, low payments and no mandatory CPD/ CME.

Cross-border coordination mechanisms

There is a joint plan/ cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency. Cross-border surveillance, thermal screening, medical examination, and quarantine facilities are in place at cross border points. Different Ministries are responsible for various aspects at the borders and Points of Entry for human and animal health as well as for transportation of goods.

There are insufficient cross-border agreements, protocols or MoUs with neighboring countries or amongst regional groups on animal health emergencies. Besides inter-sectoral information sharing, joint risk assessment and joint incident management is insufficient.

Procurement and supply chain

Georgia has a central Procurement Agency that ensures open, transparent and competitive state procurement procedures. The central government e-procurement system and portal is managed by the Ministry of Finance. The Law on Public Procurement, which was adopted in 2005 and last amended in 2020, determines the general legal, organizational and economic principles for

conducting public procurement, and applies to all types of public procurement.

There is a national procurement protocol in place, which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies and medical supplies for routine needs. These ministries as well as NCDC in cooperation with the State Procurement Agency (SPA) implement procurement during emergencies.

Main gaps include: poor international cooperation, insufficient guidelines, suboptimal quality of pharmaceutical production, slow GDP/GMP certification process, as well as high out-of-pocket expenditure on medication and irrational use of medicines.

Health financing

The UHC program has been improving in terms of increased coverage, better targeting of most vulnerable population. Increased funding has gone towards vaccines, TB and HIV treatment, procurement of laboratory materials and reagents, and the launch of various state health programs (including influenza surveillance, and introduction of new vaccines).

Effective mechanism for financing COVID-19 response exist. The STOPCOV fund was established under the collaboration framework with the private sector. The government has allocated GEL 158 million (USD 47 million) to implement a national COVID-19 vaccination program. The financial planning for health financing in the primary health care sector as well as for specialized care remains insufficient.

Governance

Georgia adopted a National Disaster Risk Reduction Strategy as well as a corresponding Action Plan for 2017-2020. The National Disaster Risk Reduction Strategy has a section dedicated to "biological hazards", which covers pandemics, outbreaks of highly dangerous infections, veterinary hazards and phytosanitary hazards.

By the time of national assessment (August 2021), no COVID-19 intra- or after-action reviews has been done to identify gaps or best practices.

Overall, Georgia's health sector remains highly privatized and monopolized with a low share of public hospitals, which has resulted in limitations for the country's COVID-19 response.

Regional health cooperation

Priority areas ⁴

- Improve information sharing, joint risk assessment and joint incident management.
- Organize joint capacity building program for lab personnel at all levels.
- Develop joint M&E framework for infectious disease control and conduct trainings in surveillance and data analysis, coordination, and outbreak response.
- Develop regional capacity (incl. for emergency preparedness at PHC and hospital level).

Active regional initiatives

- The Biosurveillance Network of the Silk Road (BNSR) – aiming at development of effectively-functioning disease surveillance network in Eastern Europe.
- Support the social and economic development of Georgia's border regions with Armenia and Azerbaijan - under EU.
- Horizon 2020 - EU Research & Innovation programme including health.
- Deep and Comprehensive Free Trade Area (DCFTA) – to deepen Georgia's economic ties with the EU.
- Organization of the Black Sea Economic Cooperation (BSEC).

Policy documents with regional cooperation mentioned

- Law of Georgia on Public Health
- Law of Georgia on Tobacco Control

- The EU-Georgia Association Agreement
- Georgian Healthcare System State Concept 2014-2020: Universal Healthcare and Quality Management for Protection of Patient Rights"
- National Strategy for National Center for Disease Control and Public Health - 2018-2022
- Vision for Developing healthcare system in Georgia by 2030.

National Institutes responsible for or involved in regional cooperation

- Ministry of Internally Displaced Persons from Occupied Territories, Labor, Health and Social Affairs - Department of Policy, and International Relations Unit
- National Centre for Disease Control & Public Health
- State Regulation Agency for Medical Activities
- Emergency Situations Coordination and Urgent Assistance Centre
- National Health Agency
- National Food Agency, Ministry of Environmental Protection and Agriculture
- Committee of Health and Social Affairs/ Parliament.

⁴ Defined based on results of the national assessment as well as outcomes of the CAREC workshop conducted in Tbilisi in October 2022, which are in line with the Regional Investment Framework.