

Response of the Government of Georgia to the questionnaire on the application of the technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidity

- 1. What steps has your Government or organization taken to implement the recommendations in the report of the High Commissioner concerning the application of the technical guidance on human rights based approach to preventable maternal mortality and morbidity?**

In June 17, 2014 Government of Georgia adopted Decree N400 “Social-economic Development Strategy – Georgia 2020”. One of the main priorities of the Strategy is Maternal and Child Health.

In December 2015, Government of Georgia adopted Decree N724 “Georgian Healthcare System State Concept 2014-2020 “Universal Healthcare and Quality Management for Protection of Patient Rights”. The Concept defines state policy in the field of healthcare in the following years, which is directed to increase life expectancy of Georgian population, reduce maternal and child mortality, improve health status and quality of life. Taking into account principles declared at international level, epidemiological image and social/economic reality of the country, the Ministry of Labour, Health and Social Affairs of Georgia develops 10 priority directions for the development of the healthcare sector, one of which is a support of maternal and child health.

- 2. Has the technical guidance assisted your Government or organization in building enhanced understanding of the requirements of a human rights-based approach? If so, please expand upon the impact that such enhanced understanding has for the design and implementation of policies and programmes in this area.**

The Law of Georgia on Health Care reflects the principles of state policy in the field of health care: a) universal and equal access to medical care for the population within the frames of state funded healthcare programs and b) human rights and freedoms protection in the field of health care, recognition of the patient's dignity and autonomy (Article 4).

At the national level Georgian Healthcare System State Concept 2014-2020 adopted in December 2015 is based on the following political and legal documents: Social-economic development strategy of Georgia “Georgia 2020”; commitments undertaken in the framework of the EU-Georgia Association Agreement; laws of Georgia “On Health Care”, “On Public Health”, “On Medical Activities”, “On Patient Rights”.

- 3. In implementing the 2030 Agenda for Sustainable Development and the Global Strategy for Women's, Children's and Adolescent's Health, both of which are grounded in international human rights obligations, how can the technical guidance aid your Government or organization to-design policies and programmes to prevent maternal mortality and morbidity? Please specify any plans in place to utilize the technical guidance in this manner.**

One of the priorities of the Georgian Healthcare System State Concept 2014-2020 is a support of maternal and child health. Increased government funding for maternal and child health and easy access to high quality health care services played an important role in reducing maternal and

child mortality rate. Georgia has been able to reach the Millennium Development Goal 4 in 2014, as the infant mortality rate of 8.5, while the under-5 mortality rate was 9.5 per 1000 livebirth. At the same time, maternal mortality rate was decreased. Maternal mortality in 2000 was 49.2 per 100 000 livebirth and in 2014 decreased to 31.5.

For improving quality of perinatal services, on January 15, 2015 Order N01-2/N of the Minister of Labour, Health and Social Affairs of Georgia was approved on the regionalization of perinatal services levels and patient referral criteria and on January 20, 2015 - Minister of Labour, Health and Social Affairs of Georgia approved the order № 01-12/O on the creation of coordinating group on evaluation of perinatal regionalization service levels and implementation of pilot project. Regionalization of perinatal health services will ensure risk-appropriate and enhanced obstetric and neonatal care for every pregnant woman and newborn.

In May 2015, pilot perinatal regionalization program has been launched in Imereti, Racha-Lechkhumi and Svaneti region. Following activities were conducted under the perinatal regionalization program:

- 20 perinatal service providers were assessed and given specific recommendations for the desired level of compliance;
- Regionalization process monitoring mechanism was developed;
- Level-specific trainings conducted for the 1st, 2nd and 3rd levels of clinics - 60 obstetrician, 65 neonatologist, 55 antenatal care provider obstetrician-gynecologist, 37 nurses (midwives, obstetric and neonatal nurses);
- Emergency Coordination and Regime Department of the Ministry of Labour, Health and Social Affairs of Georgia is responsible unit to coordinate transport of mothers and newborns trained;
- By the Order №01-289 of the Minister of Labour, Health and Social Affairs of Georgia of October 7, 2015 "perinatal regionalization monitoring form" has been approved. According to which, it is mandatory for the medical facilities in the pilot region to submit the filled monitoring form to the Ministry for monitoring effectiveness of the perinatal regionalization process;
- Six months monitoring results has been prepared.

After completion of the pilot project in Imerety, Racha-Lechkhumi and Svaneti Region in May 2016, perinatal regionalization is planned to be expanded across the country.

Georgian Birth Registry (GBR) was elaborated to improve registration of maternal and child mortality and stillbirth, identification and analysis of causes of deaths. The system started operating nationwide from 1st of January, 2016. The GBR will improve the coverage and quality of information and provide knowledge on the target population health status, antenatal, obstetric care, and causes of impaired health and disease development, quality assurance, planning and management. The GBR shall also monitor the regionalization of perinatal care by using of the maternal and neonatal indicators;

From 2011, National Center for Disease Control and Public Health (NCDC) conducts surveillance of all deaths of women of reproductive age and carries out the verbal autopsy and medical records investigation of all eligible women to reveal maternal mortality.

With purpose to improve maternal mortality registration NCDC in cooperation with donor organization JSI inc. conducted Reproductive age women's mortality survey (RAMOS) in 2008 and in 2014. RAMOS studied cases of reproductive age women mortality that happened in 2006 and in 2012 respectively. The study results showed that registration of maternal mortality improved significantly since 2006 and difference in official statistics and Study results was minimal in 2015.

NCDC also conducted Reproductive Health Survey in 1999, 2005 and 2010 with support of UNFPA. A major purpose of the RHS was to produce national and sub-national estimates of factors related to pregnancy and fertility, such as sexual activity and contraceptive use, use of abortion and other medical services, and maternal and infant health.

In the reports about number of mortality in children, made by World Health Organization, World Bank and UNDP, statistical data from Georgia was used for the first time and in this point of view, Georgia is the first country in post-soviet union region.

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

In order to decrease number of mortality of mothers and children, also number of perinatal death from iron deficiency anemia, and number of early delivery and inborn anomalies, from June 2014 all pregnant women are provided with folic acid up to 13th week of pregnancy and in case of iron deficiency anemia – iron medications from 26th week of pregnancy.

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

Maternal and child health state program operates in the country. Ministry of Labour, Health and Social Affairs of Georgia elaborated National Protocol "antenatal care", according to which, was approved state standard of antenatal care, that sets 4 antenatal visits for pregnant women financed by the state.

Guidelines for cesarean section and safe abortion have been elaborated. Also, legislative amendments have been prepared which aims to decrease number of abortion in Georgia and prohibit sex-selective abortion.

4. What challenges does your Government or organization face in implementing the technical guidance? Please elaborate on the nature of these challenges and steps taken to address them.

The main challenge in healthcare field is lack of budgetary recourses (Government expenditure on health is about 2% of GDP). For this purpose Ministry of Labour, Health and Social Affairs of Georgia strives to raise allocations and takes all relevant measures, including expanding of public private partnership to implement effectively the health policy priorities in practice.