Preventable maternal mortality and morbidity and human rights

What steps has your Governrnent or organization taken to utilize a human rights-based approach in policies and prograrrirnes to eliminate preventable maternal mortality and morbidity, including in the context of humanitarian settings? How has the technical guidance assisted your Government or organization in designing, implementing, revising and/or evaluating such policies and programmes?

Important progress has been made in some respects in the past decades, Georgia still lags behind in several ways when it comes to reaching internationally agreed targets in the field of maternal and child health and compares negatively to European averages for various reproductive health indicators. Georgia has made great strides in reducing maternal, neonatal and under-5 mortality; however the progress has been slower for mothers. According to the MMEIG estimates, the MMR has declined from 60/100,000 live births in 2000 to 27.4/100,000 live births in 2018, yet being still more than double the similar average level for the European region.

Over the last decade, the government made significant efforts to improve maternal health care in the country. This was done under the ongoing general healthcare reforms as well as through reforms addressing maternal and child health in particular.

In June 17, 2014 Government of Georgia adopted Decree N400 "Social-economic Development strategy – Georgia 2020", one of the main priorities of which 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 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 developed 10 priority directions for the development of the healthcare sector, one of which is support of maternal and child health.

The Government of Georgia has the intention to substantially improve Maternal and New-born Health (MNH) in the coming 14 years. To this end it has developed a long-term strategy (2017-2030) and a closely related short-term Action Plan (2017-2019). Because MNH is closely related and strongly influenced by quality of Family Planning and of Sexual and Reproductive Health of young people, these two fields are also included in this MNH strategy.

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).

Maternal and Newborn Health Strategy is based on the following political and legal documents: WHO Global Strategy on maternal, newborn, child and adolescent health; "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", laws of Georgia "On Health Care", "On Public Health", "On Medical Activities", "On Patient Rights" and etc.

What challenges does your Government or organization face in implementing a human rights-based approach in policies and programmes to eliminate preventable maternal mortality and morbidity? Please elaborate on the nature of these challenges and steps taken to address them.

Government expenditure on health is about 3% of GDP and main challenge is lack of financial recourses.

Please provide information on the main areas of concern specifically in relation to maternal morbidities in your country and/or context. Please elaborate on the main causes leading to maternal morbidities in your country and/or context?

- Relatively High Maternal Mortality Ratio compared EU countries
- Weak continuum of care for MNH through enhancing preconception, antenatal, intrapartum and postpartum/ postnatal care connected with effective referral system to improve pregnancy outcomes

Is there particular group of women and girls who are more at risk of maternal morbidities? (For instance, adolescents, women living with HIV, indigenous women, women of African descent, women from rural areas etc.)

Georgia maintains a strong commitment to prevent mother-to-child transmission of HIV and syphilis (EMTCT) and integrated EMTCT into the National MNH Strategy. The specific plan for meeting elimination targets has been developed by the national elimination committee. EMTCT interventions are part of the national maternal and child health care programs and are offered to the population free-of-charge.

The Government of Georgia pays particular attention to minors living and working on the streets (Homeless children). They are at higher risk of violence, abuse and exploitation, including economic exploitation and poor health. Amendments to the legislation

concerning homeless children were adopted by the Parliament of Georgia on 22 June, 2016 and came into force on 10 August 2016. It. The amendments aims at giving temporary status-confirming document to children who are living and working on the streets and don't have identification documents that prevent them to receiving services and benefits including school, health care etc.

What type of measures are in place to prevent maternal morbidity, including laws, policies and programmes? How has a human rights-based approach informed such measures?

As mentioned above, in 2017, a comprehensive long-term (2017-2030) Maternal and New born Health Care Strategy has been approved, which defines next 14 years' state policy of maternal and new born health, family planning, sexual and reproductive health.

The MoIDPsLHSA has established a Maternal and Child Health Council comprised of leading experts to address the major challenges in the field with particular focus on maternal and neonatal mortality. However, the response activities need further strengthening.

Significant step toward improvement of maternal and newborn health outcomes was initiation of perinatal care regionalization in 2015. From May 2015 started the perinatal care regionalization process, which is a significant step forward in strengthening the maternal and newborn health care system. Perinatal care regionalization is "gold" model of maternal and newborn service organization. Aim: to improve the health outcomes and decrease maternal and infant morbidity and mortality through provision of risk-appropriate care. Principle: each mother and newborn is delivered and cared for in a facility appropriate for his or her healthcare needs. In 2017 the regionalization of perinatal services covered the whole country and categorization was provided to all existing providers of perinatal services, in accordance to which primary and secondary sections were protocoled and in case of need of third section was indicated as referral. 105 facilities assessed, 82 facilities have designated level of care. All 82 facilities strengthened their capacity for infrastructure/equipment and competencies of service providers according to the level requirements.

In March 2017 the Ministry initiated a selective contracting of facilities providing perinatal care services. LEPL Social Service Agency contracts only those facilities which demonstrate required compliance with pre-defined quality criteria. Currently 30 facilities, providing perinatal care services from three largest cities of Georgia (Tbilisi, Kutaisi and Batumi) are involved in selective contracting process. The existed contract includes 10 quality indicators, covering the critical issues related to obstetric and neonatal care in Georgia.

The routine clinical audit of cases of stillbirth and maternal and neonatal mortality has been introduced by the MoLSHA in 2017 with aim to advance practice of obstetrics and neonatal care and improve the quality of services through detailed clinical analysis of selected mortality cases. The comprehensive audit process allows identification of root

causes of gaps and deficiencies in existing practices and in the health system and planning the corrective policy and practice measures at the local and national level.

What measures are in place to support women and girls affected by maternal morbidities, including targeted programmes aiming at addressing their specific needs?

Several maternal and child healthcare programs related to antenatal care have been funded by the State, such as: identification and management of high-risk pregnancies; early detection of congenital anomalies; screening of pregnant women for HIV, hepatitis B and C, and syphilis; free provision of folic acid and iron supplements for pregnant women; free childbirth and caesarean section services as part of UHC. From February 2018, to prevent maternal mortality and morbidity, the MoIDPsLHSA implemented 8 antenatal care visits according to the latest guideline of WHO.

Does your Government or organization regularly collect and analyse disaggregated data and information on maternal morbidities? Please elaborate on good practices and challenges in this regard.

To improve health information system in 2013, the the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia (MoIDPsLHSA) implemented the maternal, under-5 deaths and stillbirths' urgent notification system. Every case must be notified within 24 hours for further investigation and research. According to Order of the Minister (07.03.2016 No 01-11/n), healthcare providers are obliged to call the hot-line of the Emergency Coordination and Response Department operating under the Ministry and notify about the death event. The information must be reported to the Health Department of the Ministry electronically on daily basis. Health facilities are obliged to submit copies of medical records to the Health Care Department within 5 days.

In 2012, National center for Disease Control and Public Health (NCDC&PH) implemented an active surveillance of death of reproductive age women (15-49y). Since 2015 the system also covers under-5 child mortality. The notifications are recorded by local public health offices that are responsible to collect information from local health facilities through Electronic Integrated Disease Surveillance System (EIDSS).

In January 2016, MoIDPsLHSA and NCDC&PH launched an electronic registry "Mother's and neonate's health surveillance system", so called "Georgian Birth Registry" (GBR) supported by UNICEF. The system contains information on all cases of pregnancy-, delivery-, postpartum-, abortion, including maternal deaths, stillbirths and early neonatal deaths. Yet, a functioning and user-friendly health information system to assist in data collection, as well as communication and coordination between levels of care, and between providers and patients still needs further development.