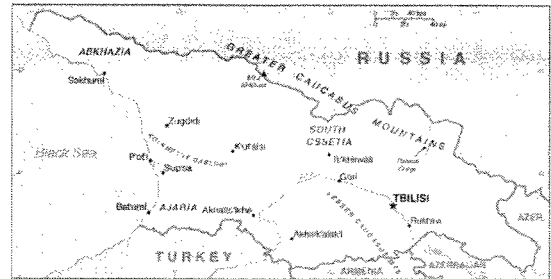




# GEORGIA

August 2008



## THE PRESENT CONTEXT

Ranking 96 on the UNDP Human Development Index, Georgia has about 4.4 million people, of which 52% live in urban areas. Due to a significant decline in socioeconomic conditions in the 1990s, the health status of the population deteriorated seriously, particularly life expectancy for men. No health indicators are favourable in comparison with western countries. 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. Georgia has about 250 000 internally displaced people.

## MAIN PUBLIC HEALTH ISSUES AND CONCERNS

### Health Status

- Infant and under-five mortality appear to be underreported. The 2001 nationally reported under-five mortality rate was about a half of the WHO estimate (32/1000). In 2006, infant and under-five mortality are estimated at 28 and 32/1000 respectively. Maternal mortality is 66/100 000 live births.
- The leading cause of mortality is noncommunicable diseases. Cardiovascular-related deaths increased to 639.6/100 000 population in 2001. Malignancies take second place among the main causes of death, though rates of related mortality are lower than in other newly independent states (98.7/100 000 population). Mortality and disability resulting from accidents is a problem and causes serious economic damage. Violence also contributes to the high adult mortality.
- The high prevalence of smoking is a major health problem; 53% of males and 15% of females aged 10 to 74 were smokers in 1998. 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.

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. TB, malaria, sexually transmitted diseases and HIV/AIDS are still problems.

- During the 1992-1996 period, TB morbidity was among the highest level in the WHO European Region, with incidence among both children and adults rising from 29.7 to

## Main indicators<sup>1</sup>

Total population in million (2006)	4.43
% under 15 (2005) <sup>2</sup>	18.9
% of urban population (2004) <sup>2</sup>	52
Life expectancy at birth m/f (2006)	66/74
Infant mortality ‰ (2006)	28
Under-five mortality ‰ (2006)	32
% population using an improved water source (2004) <sup>2</sup>	82
% population using improved sanitation (2004) <sup>2</sup>	94
Adult literacy rate	...
Gross National Income (GNI) per capita US\$ (2005) <sup>2</sup>	1429
% population living below income poverty line \$4 a day (2000-04) <sup>2</sup>	61.9
Total public and private expenditure on health as % of GDP (2005)	8.6
Total per capita health expenditure US\$ (2005)	123
Per capita government expenditure on health US\$ (2005)	24
Nurses/midwives /10000 (2000-06)	40
Physicians /10000 (2000-06)	47
Hospital beds /10000 (2000-07)	37
TB prevalence /100000 (2006)	84
TB mortality /100000	9
Adult HIV/AIDS prevalence (2005) <sup>2</sup>	0.2
Reported # of people receiving ARTs	...
Total fertility rate (2000-05)	1.4
% antenatal care coverage (1997)	75
% birth attended by skilled personnel (2000)	92
Maternal mortality /100000 (2006)	66

### Sources:

- <sup>1</sup> WHO unless indicated otherwise  
<sup>2</sup> UNDP Report 2006

145/100 000 population between 1988 and 1997. It has declined to 84/100 000 population in 2005. It remains a severe problem within the penitentiary system.

## Health System

- Since independence in 1991, Georgia has looked to new models for the health sector. The Ministry of Labour, Health and Social Affairs is the key strategic health decision-maker. Much of the decision-making power and responsibility for funding at the local level belongs to 12 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. A plan to privatize hospitals was initiated in 2007. Nearly all dental clinics and pharmacies have already been privatized.
- The Government finances programmes such as TB, HIV/AIDS, immunization, mother and child health and provides insurance coverage for the population under the poverty line (currently estimated at 600 000 people). This covers a rather limited basic package of services.
- Health infrastructure is inadequate.
- The total health expenditure is relatively low at 8.6% of GDP (2005), of which 80% is private expenditure. Government expenditure on health as a percentage of the GDP dropped from just over 4% in 1991 to 1.8% in 2005, with an all-time low at 0.5 in 1999. Public sector expenditure on health as a percentage of the total government expenditure is at 5.9% (2005). Levels of financing are below those required to provide basic care to the population and maintain the health care facilities.
- Since 1995, efforts have been made to implement the National Anti-TB Programme, as a result of which reporting improved significantly in 1995-1996.
- 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.

## MAIN HEALTH PRIORITIES

WHO's priorities in Georgia focus on:

- Strengthening stewardship and the capacity to address health financing issues within the Ministry of Health and Social Welfare;
- Maternal and child health and integration of services within primary health care;
- Emergency and preparedness;
- TB, HIV and malaria control;
- Noncommunicable diseases.

## AUGUST 2008 CONFLICT

Looking at recent reports, civilians in South Ossetia need access to water, food and medical services. There are no signs yet of massive population displacement, nor major health concerns of a communicable disease risk nature.

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*References* – see also the WHO *Country Cooperation Strategy Brief* at [http://www.who.int/countryfocus/cooperation\\_strategy/ccsbrief\\_geo\\_en.pdf](http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_geo_en.pdf)