HEALTH SYSTEM BAROMETER

#HSBarometer

Georgia Primary Health Care profile: 6 years after UHC program introduction

CURATIO INTERNATIONAL FOUNDATION

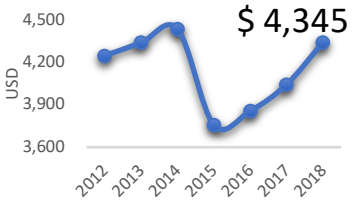
25 Years for Better Health Systems

The document was prepared using the Primary Health Care Performance Initiative (PHCPI) tool – Primary Health Care (PHC) Vital Signs Profiles.

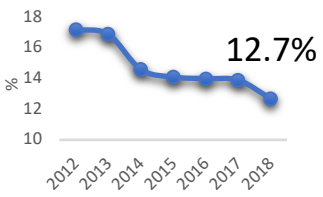
COUNTRY CONTEXT AT A GLANCE

Population 3.72 mln

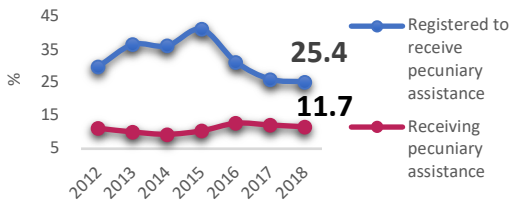
GDP per capita (current $)[1]



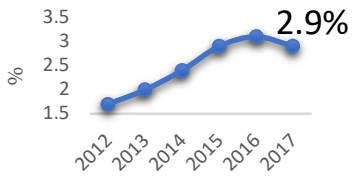
Unemployment (%) [2]



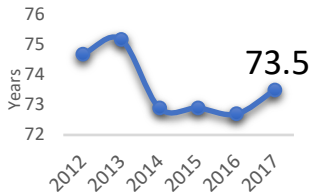
Population receiving pecuniary assistance (%)[3]



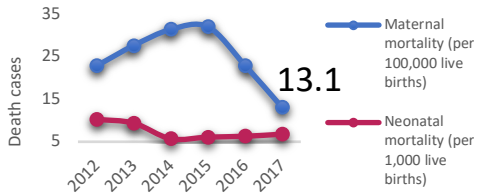
Government health spending as % of GDP[4]



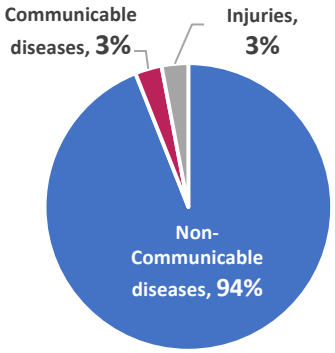
Life expectancy at birth[5]



Maternal & Neonatal mortality[5]



Causes of death (2017)[5]

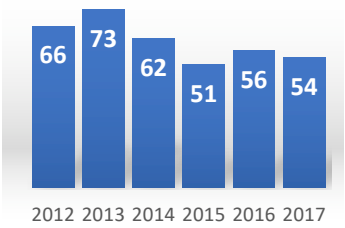


Georgia Health System – General overview

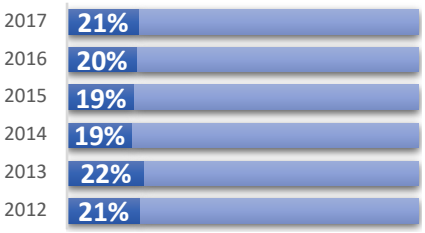
- The **government is a single health service purchaser** although not an active one with selective contracting throughout the system, but more an administrator of budgetary funds
- The Ministry of Health runs **UHC program** with outpatient and inpatient components, certain **Disease-Specific Programs** so-called "vertical programs" including the **Rural Doctor Program** to provide services to the population
- **Close to 95% of health service provision** in the country is private
- Under existing legislation, **market entry is easy**, requiring to obtain license for the type of services delivered, hiring of appropriately certified medical personnel and meeting some infrastructure/facility requirements

PHC FINANCING

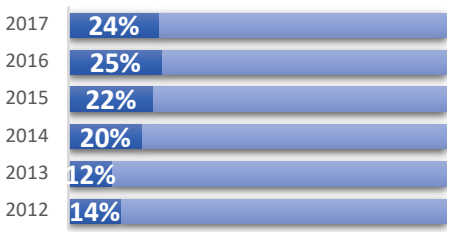
PHC spending per capita (Current $)[4]



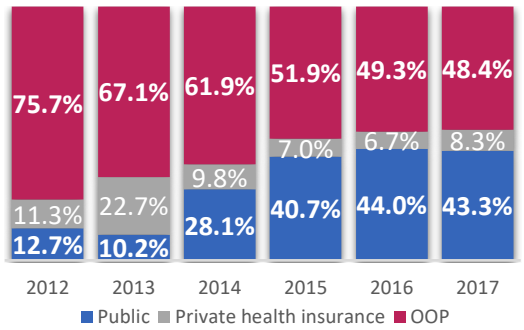
Current PHC expenditure as % of current health expenditure[4]



Public PHC expenditure as % of public health expenditure[4]



Sources of PHC spending[4]



- PHC has been acknowledged as a priority direction in the political agenda of the Government of Georgia since introduction of UHC program in 2013,
- although PHC spending landscape proves the opposite:
  - Only ¼ of government health spending goes to PHC
  - ½ of PHC expenditure is made up of households out-of-pocket (OOP) payments
- Thus, PHC spending remains a significand health financing burden for the population.

Capacity

PHC providers density per 10,000 population **4.4**[6]

Physicians density working at PHC facilities per 100,000 population **608.5**[6]

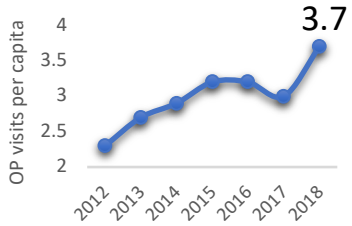
Nurse and midwife density working at PHC facilities per 100,000 population **189.1**[6]

Nurse-physician ratio working at PHC level: **0.3 nurse to 1 doctor**[6]

- **Geographical availability of PHC facilities** is good and population access to a primary care provider within 30 minutes is ensured for **81.2%** of the rural population.[7]
- Georgia overproduces doctors and underproduces nurses resulting in uneven nurse-physician ratio (**0.3 nurse to 1 doctor** at PHC level) that may have negative consequences on the quality of care and overall expenditure to maintain overproduced **HRH resources**. No system for continuous medical education in place.[8,9]
- **Outpatient drug benefit is limited** and **access to medicines is problematic**. Since 2017 the government reimburses limited list of medicines for 6 chronic diseases (including hypertension, COPD, diabetes type 2, thyroid diseases, Parkinson's and Epilepsy diseases) for the poor and pensioners. Although households OOP for medicines have been associated to increased incidence of catastrophic health expenditures in Georgia,[10,11] the State Drug Reimbursement Program budget was not fully consumed in 2017-2018[12] raising concerns around challenges that prevent patients to actually get essential medicines. Almost half of the population **(47%)** emphasize **cost of medicines as the biggest issue of the health system**.[13]
- **Administrative capacity** of the single public purchaser (Social Service Agency) to effectively monitor and manage state health programs implementation is limited mainly due to scarce technical capacity and/or shortage of human resources.[7,8]
- **Health information system** is fragmented and organized by individual programs, with data on overall health systems performance – and especially primary health care – lagging furthest behind.

Performance

Outpatient visits per capita[6]



- **Outpatient per capita visits** have been slightly increased (by 61%) since introduction of UHC program in Georgia. Although it remains twice lower compared to WHO European region estimate (7.53). On the other hand, inpatient service utilization drastically increased (300% increase of urgent surgeries) during this period resulting in over-spending of UHC program budget compared to its planned amounts.
- All of the above emphasize the (1) **limited capacity of PHC to fulfil gatekeeping role** and prevent patient from using costly inpatient services and (2) **paucity of mechanisms at health programs organization level to manage supply induced demand** and avert the health system from increased total health spending.

- UHC program increased population access to health services although **54%** of population still report about **postponed medical treatment because they could not afford it.**[13]
- **Service provision at PHC level is fragmented** due to existing multiple state-funded health programs with perverse health financing arrangements: general outpatient services are financed through capitation, while inpatient services are reimbursed fee-for-service basis leading providers to refer patients at secondary and tertiary levels of care to utilize costly inpatient services and maximize their profits. Consequently, a patient-centered approach is still lacking in most cases.[8]

Referral rates from family doctors to specialists is high - **40%** instead of a more typical international range of 10–15% [7]

- There are **no mechanisms in place – such as monitoring of ambulatory care sensitive conditions** – to manifest poor and best practices in the health system as a basis for effective application of the state financial resources.[7]
- **Population perceived assessment of quality of care is somewhat satisfactory** (70% is satisfied with quality of healthcare), although **quarter of the population is dissatisfied** with received care.[13]

How can Georgia move towards Improved Primary Care that is able to detect, prevent and treat people's illnesses before they spiral out of control, helping to avoid needless suffering?

- Invest more resources in Primary Health Care.
- Improve administrative and technical capacity to monitor program performance on continuous basis.
- Collect and use data for informed and rapid decision making.
- Use mechanisms to encourage PHC service utilization and control supply induced demand for costly services.
- Support patient-centered service provision through motivating providers to deliver comprehensive package of services.
- Adopt strategies to improve population access to essential medicines and prevent patients from experiencing catastrophic payments on pharmaceuticals.
- Improve HRH production and develop continuous medical education system that is essential for improved quality of care.

References:

1. National Statistics Office of Georgia, Gross Domestic Product (2012-2018)
2. National Statistics Office of Georgia, Population employment data (2012-2018)
3. Social Service Agency, Statistical information (2012-2018)
4. Ministry of Labor, Health and Social Affairs of Georgia, National Health Accounts (2012-2017)
5. National Center for Disease Control and Public Health, Statistical Yearbook (2012-2017)
6. National Center for Disease Control and Public Health, Statistical Yearbook, 2018 preliminary data
7. World Bank, Health Utilization and Expenditure Survey, 2015
8. Alliance Health Policy and Systems Research & Curatio International Foundation, Primary Care System Georgia Case Study, 2017
9. Curatio International Foundation, Health System Barometer, 2018.
10. World Bank, Public Expenditure Review, 2017
11. UNICEF, the Welfare Monitoring Survey, 2017
12. Ministry of Finance, State Budget Performance Report 2017-2018
13. NDI, Public Opinion Survey 2019

HEALTH SYSTEM BAROMETER

CURATIO INTERNATIONAL FOUNDATION

25 Years for Better Health Systems