MINISTRY OF LABOUR, HEALTH AND SOCIAL AFFAIRS OF GEORGIA

NATIONAL CENTER FOR DISEASE CONTROL AND PUBLIC HEALTH

HEALTH CARE

GEORGIA

SHORT STATISTICAL HIGHLIGHTS

2013

GEORGIA, 2012

Area, km^2	69 700
Population	4 483800 (by January 1, 2013)
Administrative units	11 regions, 64 districts
Capital	Tbilisi
Ethnical Composition (2002)	Georgian - 84%, Azerie - 6.5%, Armenian - 5.7%, Russian - 1.5%, Other - 2.3%
Main religions (2002)	Orthodox Christian - 84%, Muslim - 9.9%, Armenian Apostolic - 3.9%, Catholic - 1%.
State system	Presidential Republic
Independence	Since 1991
GDP per capita	3,519.60$
Increase of GDP	12.3% - 2007, 2.3% - 2008, -3.8% - 2009, 6.3% - 2010, 7.2% - 2011; 6,1% - 2012
Human Development Index	0.745*
National currency	Lari
Membership in international organizations	International Monetary Fund, United Nations, World Health Organization, World Bank, International Trade Organization, etc.

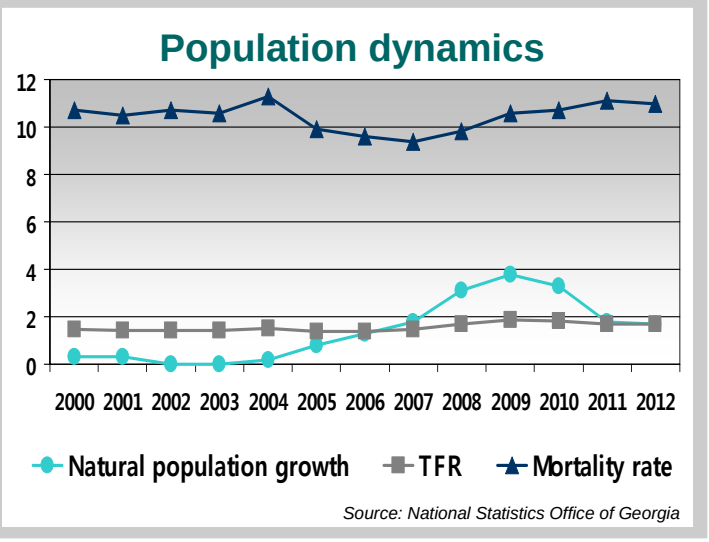
Demographic Indicators

Population

Annual Mid-year Population	4 490700	Age structure	
Males	2141300 (47.7%)	Under 1	56900 (1.3%)
Females	2349400 (52.3%)	Under 15	762100 (17.0%)
Urban population	2401300 (53.5%)	65+	618200 (13.8%)

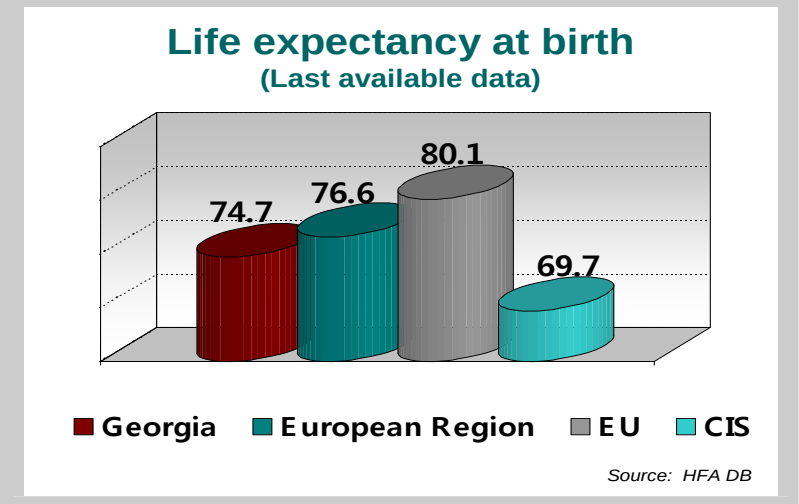
Population dynamics

Number of life-births and birth rate per 1,000 population	**57031 (12.7)**
Natural population growth and natural population growth rate per 1,000 population	**7683 (1,7)**
Number of deaths and mortality rate per 100,000 population	**49348 (11.0)**
Number of still-births and still-birth rate per 1000 births	**664 (11.5)**
Number of marriages and marriage rate per 1,000 population	**30412 (6.8)**
Number of divorces and divorce rate per 1,000 population	**7136 (1.6)**
Number of migrants and migration rate per 1,000 population	**-21500 (-4.8)**



* *Human Development Report 2013; The Rise of the South: Human Progress in a Diverse World*

Life expectancy



Georgia, 2012	
Both sexes	74.7 years (IN 2001 – 71.6)
Males	70.2 years (IN 2001 – 68.1)
Females	79.0 years (IN 2001 – 74.9)

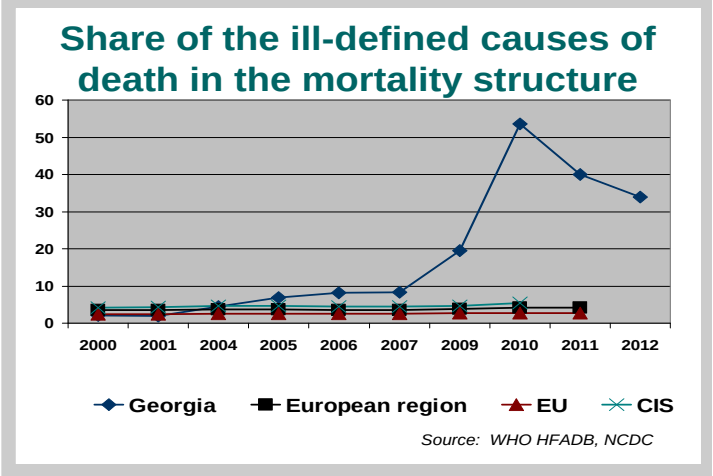
The life expectancy in Georgia is almost the highest among the post-Soviet countries.

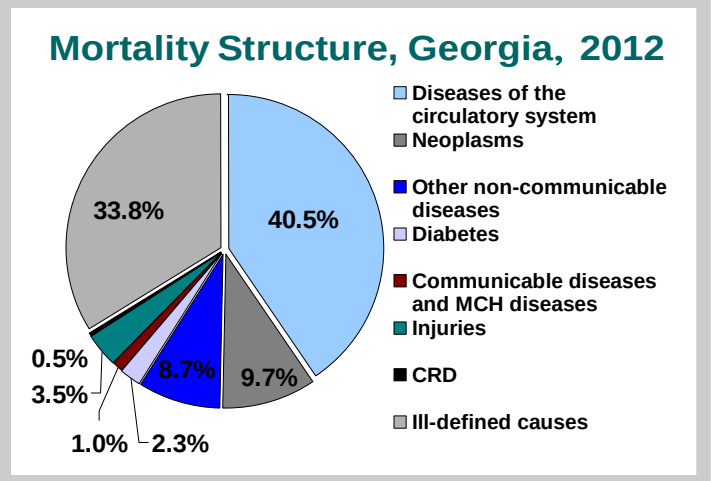
Mortality

In 2012, the general mortality rate amounted to 11.0 per 1,000 population (in 2011, for CIS countries – 11.9; for the European region – 7.9; for the EU countries – 5.9). The total number of deaths was composed of 51.6% males and 48.4% females.

	Main causes of death (2012)	%
1	Ischaemic heart diseases	12.2
2	Cerebrovascular diseases	10.7
3	External causes of morbidity and mortality	3.5
4	Diabetes mellitus	2.3
5	Malignant neoplasms of trachea, bronchus and lung	1.7
6	Diseases of the nervous system	1.2
7	Infectious and parasitic diseases	1.0
8	Certain conditions originating in the perinatal period	0.9
9	Malignant neoplasms of breast	0.9
10	Malignant neoplasms of stomach	0.9

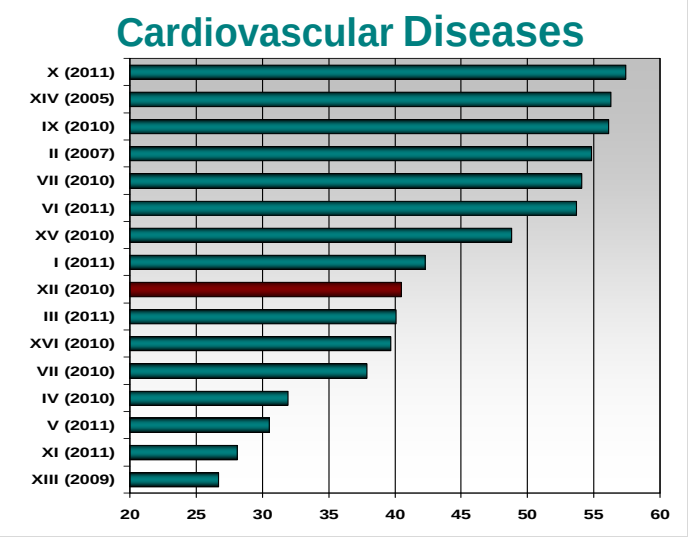
The share of the ill-defined causes in the structure has been growing since 2007. In 2010, this share reached 50%. In 2012 the ill-defined causes share constituted 34%. The increase of the ill-defined causes deteriorated the actual mortality structure*.

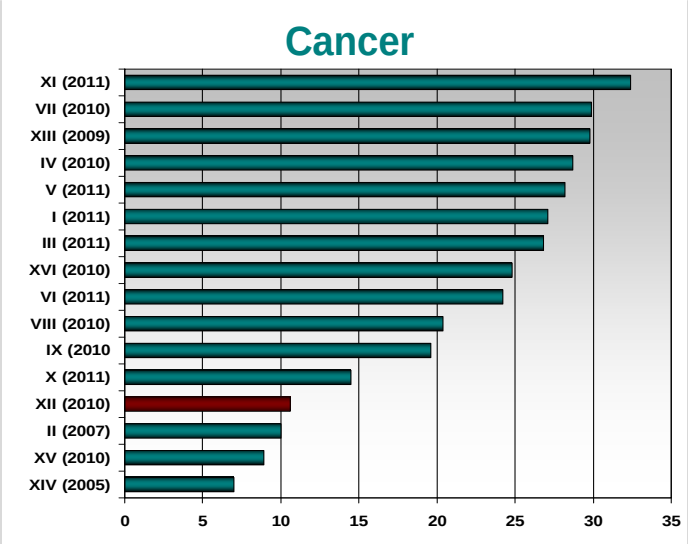


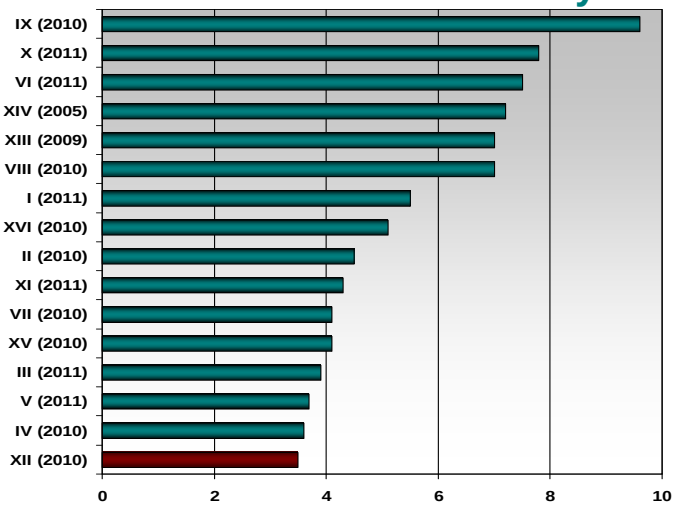


* *Currently joint efforts of the Ministry of Labour, Health and Social Affairs, NCDC Georgia, and the Ministry of Justice are directed on minimization of the ill-defined causes of deaths.*

“Main killers”, share in the mortality structure (%)







I	Austria
II	Azerbaijan
III	Germany
IV	UK
V	Spain
VI	Estonia
VII	Italy
VII	Latvia
IX	Lithuania
X	Moldova
XI	Netherlands
XII	Georgia
XIII	France
XIV	Uzbekistan
XV	Kyrgyzstan
XVI	Sweden

Source: WHO HFADB

Maternal and child health

Maternal mortality

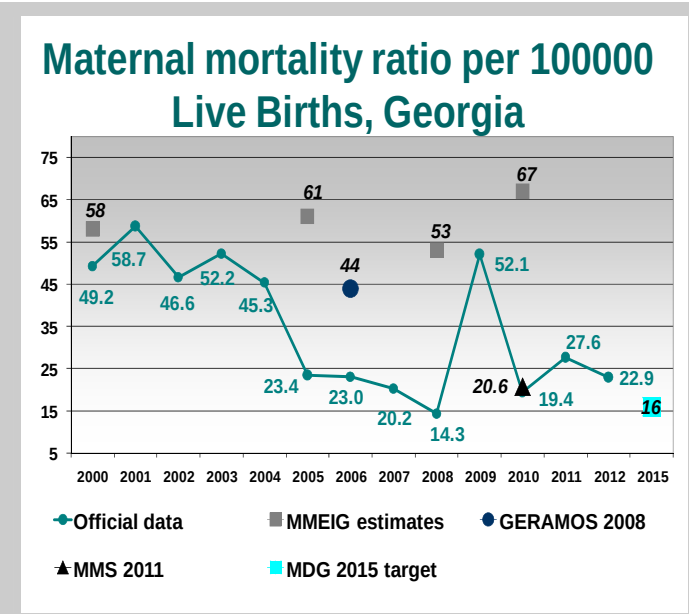
The Millennium development goals* (MDGs) set out the goal of reducing the maternal mortality ratio by ¾ by 2015.

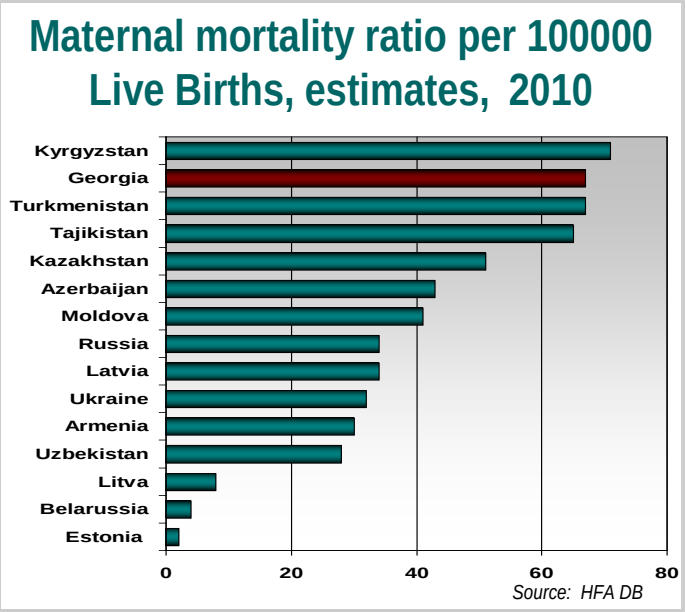
The National Statistics Office of Georgia and health statistics produced by the National Center for Disease Control and Public Health are official sources of maternal mortality registration. Different types of surveys estimate the official data.

Over the last years, according to the official statistics, the maternal mortality ratio has followed a downward trend. In 2009, the indicator reached its maximal value. The causes for this have been the general improvement of the death registration and extra deaths due to the pandemic influenza.

Data for 2006, collected by the Georgian Reproductive Age Mortality Study (GERAMOS), differed from the official statistics. According to this study the maternal mortality ratio was twice as big as reported by the official statistics. In 2011 the Maternal Mortality Study (MMS) was conducted. This study covered all in-patient mortal cases of women aged 15 – 49 during the year 2010. The results of the MMS were similar to the official statistics.

Despite the decline of the MMR, international organizations' estimates of the maternal mortality for Georgia are relatively high compared to other post-Soviet countries.





On initiative of the National Center for Disease Control and Public Health a maternal mortality surveillance system was developed to improve maternal mortality registration. The system requires notification within 24 hours for each case of death of a woman of reproductive age and an epidemiological investigation of cases according to the relevant protocols, including, but not limited to the use of the verbal autopsy method.

According to the order of the Ministry of Labor, Health and Social Affairs, since February 1, 2013, each case of maternal and under-5 death and stillbirth is subject of emergency notification by the health care provider.

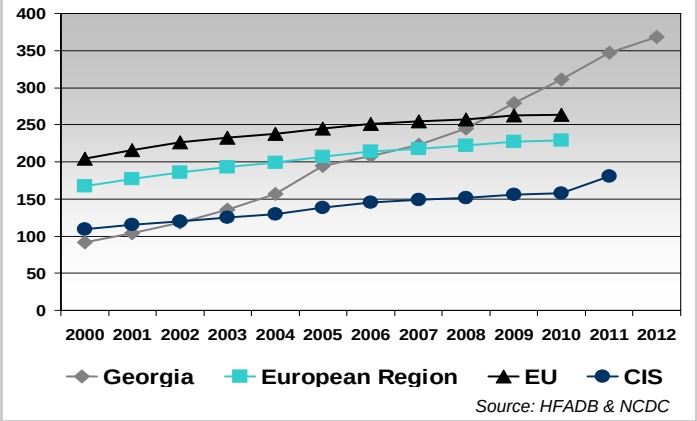
Proportion of births attended by skilled health personnel (MDG* 5a.2)

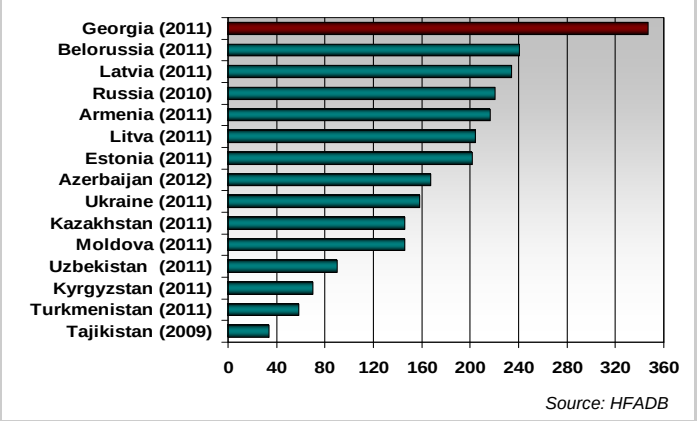
The proportion of births attended by skilled health personnel is traditionally high in Georgia. Last year it has been stable around 99%. In 2012, this indicator reached 99.8%.

Caesarean sections and abortions

According to the World Health Organization Georgia is one of the countries identified as over-utilizing caesarean sections.

* The Millennium Development Goals (MDGs) are eight *international development goals* that were officially established following the *Millennium Summit* of the *United Nations* in 2000, following the adoption of the *United Nations Millennium Declaration*. All 193 United Nations *member states* and at least 23 *international organizations* have agreed to achieve these goals by the year 2015. *Each county, which signed the Declaration, assumed the responsibilities to develop national strategies* whose aim is to accelerate progress on the Millennium Development Goals (MDGs), and to publish periodic reports on their efforts to tackle poverty and inequality.

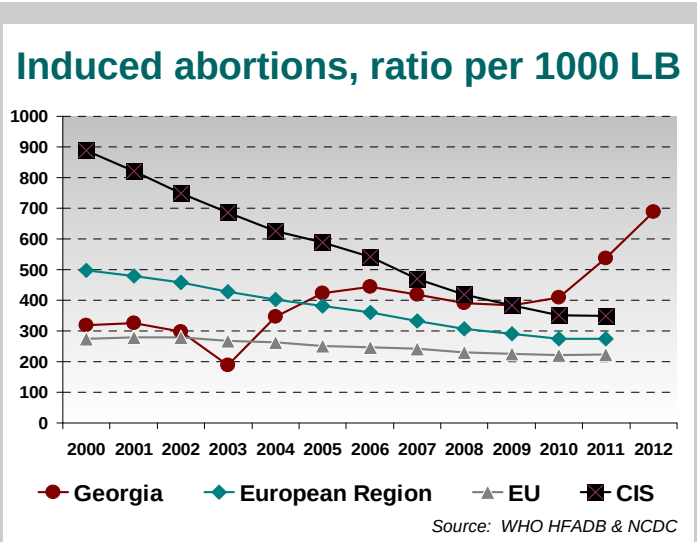




According to the WHO recommendation, the normal share of the deliveries by caesarean sections is from 10% to 15%.

In 2012, the share of deliveries by caesarean section was 36.5% from the total number of deliveries; this is a four-fold increase compared to 2000.

The Reproductive Health Studies confirmed the increase of the share of deliveries by caesarean section: the indicator increased four-fold between surveys.



Over the last years the number of registered abortions has been increasing due to the general improvement of statistical registration. In 2007-2010, the difference between official statistics and the results of reproductive health surveys has decreased to 44%.

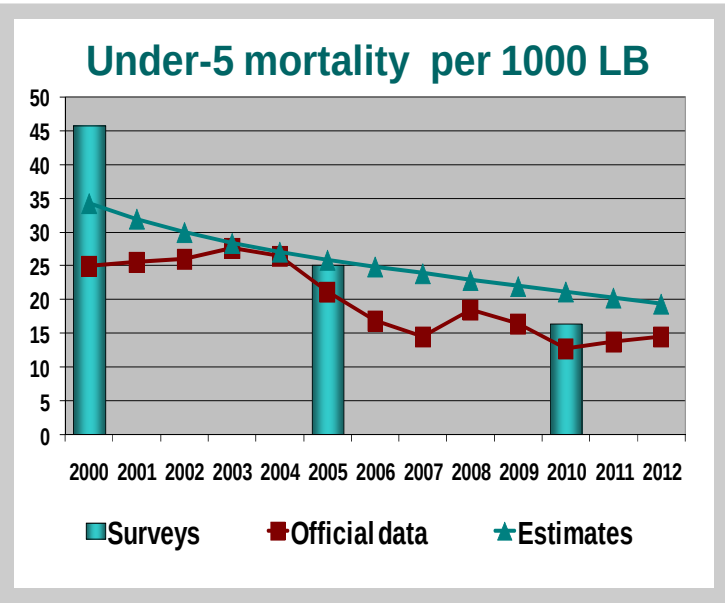
In 2012, the total number of 40,075 pregnancies with abortive outcomes has been registered. Especially younger women were recipients of abortions:

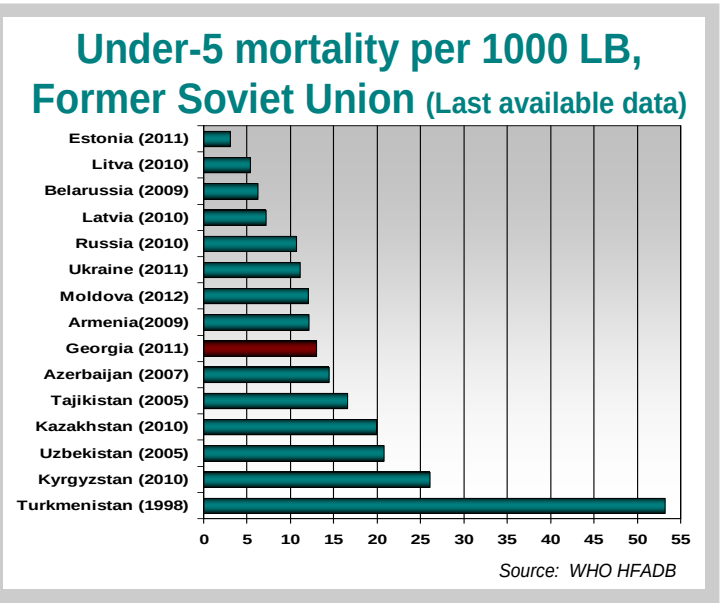
20–29 years of age– 48.0%,
30–34 years of age – 26.6%.

Under-five mortality rate

The Millennium Development Goals (MDGs) set the goal of a reduction of the under-5 mortality rate worldwide by two-thirds between 1990 and 2015.

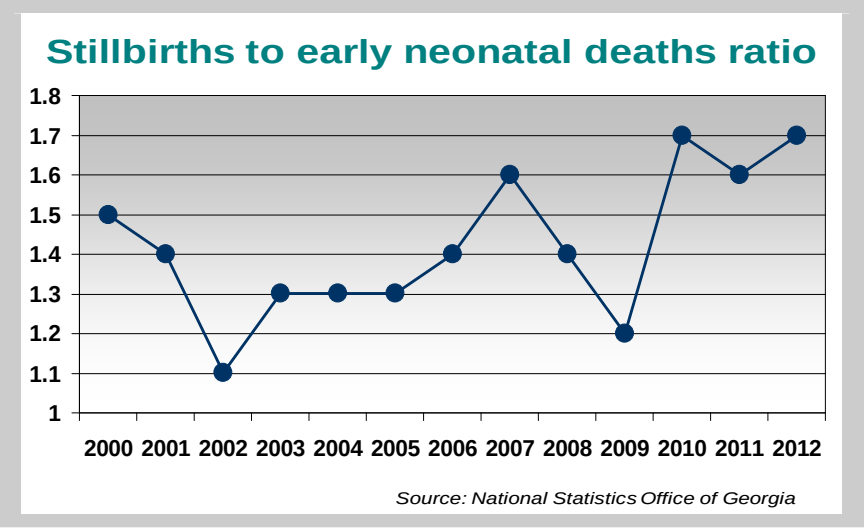
Between 1990 – 2011, according to the official statistics, the under-5 mortality rate reduced by 44.3%, although, according to other estimates the reduction constituted 56%. In 2012, the under-5 mortality rate increased by 4.3%, compared to 2011, making it increasingly difficult to reach the MDG. The under-5 mortality rate still is high, compared to European and CIS countries.





Top 5 causes of under-5 mortality (2012)	%
Conditions originating in the perinatal period	54.0
Congenital malformations	11.3
Diseases of the nervous system	6.2
Diseases of the respiratory system	3.6
External causes of morbidity and mortality	3.5
Infectious and parasitic diseases	1.8

By the NCDC data in 2012 infant mortality constituted up to 87.5% of the under-five mortality (according to the National Statistics Office of Georgia – 86.8%). Certain conditions originating in the perinatal period constituted 76.8% of the infant mortality. Stillbirths amount to more than half (55%) of perinatal mortality. Appropriate correlation of the components of perinatal mortality (stillbirths and early neonatal deaths) is essential.



In Georgia the ratio of stillbirths to the number of early neonatal deaths is approximately 1.2, accordin to the WHO.

In 2012, the stillbirth rate in Georgia was 11.2 per 1,000 births (in 2011, in the CIS countries – 9.3; in EU countries – 5.3). This puts Georgia into sixth place among CIS countries.

Morbidity of children under-5

Top causes of morbidity (2012)	Incidence per 100,000 children
Intestinal infections	2837.5
Diseases of the nervous system	2833.3
Diseases of the skin and subcutaneous tissue	2584.5
Anemia	2201.2
Pneumonia	1696.7
Endocrine, nutritional and metabolic diseases	1192.9
Inluenzae	1052.1
Conditions originating in the perinatal period	761.9

Population health status

Top 10 incident diseases (2012)

		Number of new cases	Incidence per 100,000 population
1	Acute upper respiratory infections	337639	7518.6
2	Diseases of the digestive system	280122	6237.8
3	Diseases of the genitourinary system	127148	2831.4
4	Infectious and parasitic diseases	83014	1848.6
5	Diseases of the eye and adnexa	77822	1733.0
6	Diseases of the nervous system	68169	1518.0
7	Injury, poisoning and certain other consequences of external causes	67898	1512.0
8	Hypertensive diseases	65504	1458.7
9	Endocrine, nutritional and metabolic diseases	60284	1342.4
10	Acute respiratory infections	60268	1342.1

Top 10 prevalent diseases (2012)

		Number of registered cases	Prevalence per 100,000 population
1	Acute upper respiratory infections	355837	7923.9
2	Hypertensive diseases	261145	5815.2
3	Diseases of the genitourinary system	198555	4421.5
4	Endocrine, nutritional and metabolic diseases	186867	4161.2
5	Diseases of the eye and adnexa	159139	3543.7
6	Diseases of the nervous system	156826	3492.2
7	Diseases of the skin and subcutaneous tissue	127162	2831.7
8	Ischaemic heart diseases	115913	2581.2
9	Infectious and parasitic diseases	99732	2220.9
10	Diabetes mellitus	92504	2059.9

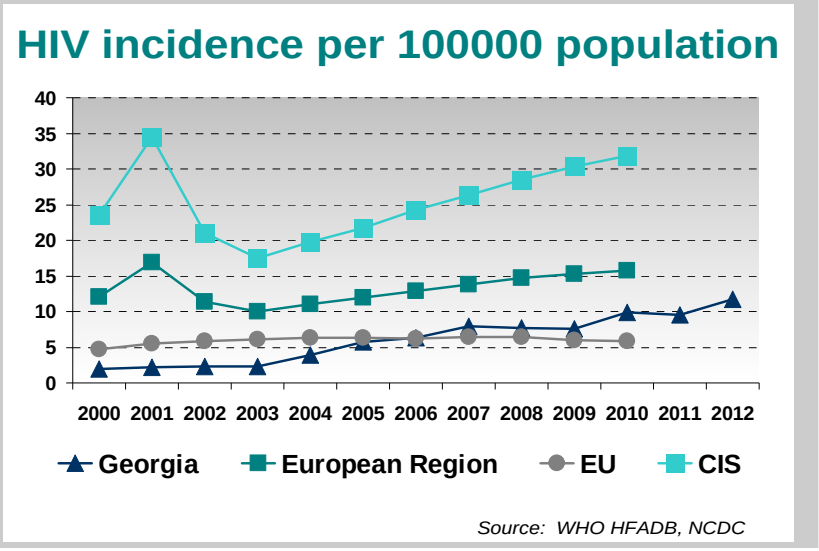
Communicable diseases

HIV / AIDS

Georgia is considered as a country with low prevalence of HIV/AIDS.

However, in recent years Georgia has witnessed an increase in HIV/AIDS incidence. In 2012, there were 11.7 new cases per 100,000 population registered (in 2011, ***CIS – 32.1, European Region – 15.8; EU – 5.***7), and 110 deaths attributed to AIDS.

HIV modes of transmission:	
Injecting drug use	43.0%
Heterosexual contacts	44.3%
Homosexual contacts	9.3%
Blood or blood products transfusion	1.7%
Vertical transmission	0.8%
Unidentified	1.0%

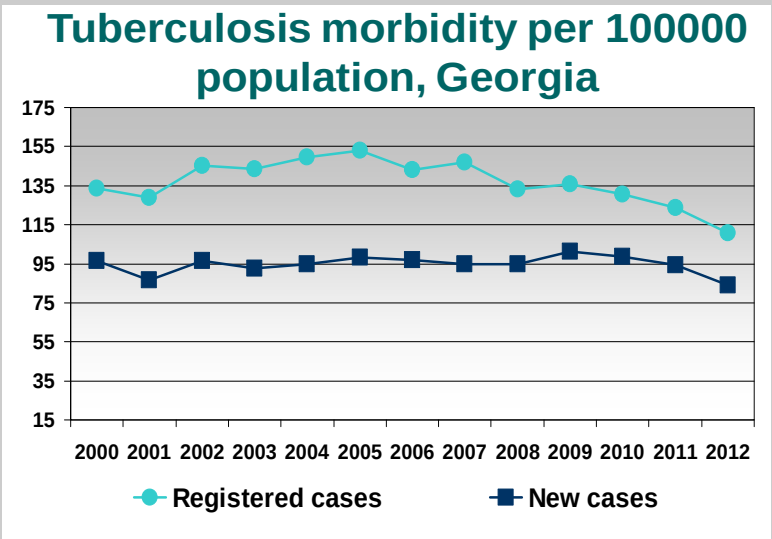


There is a rather high level of HIV / AIDS late detection, and this represents a serious problem. Over the past years, under the framework of the state program, testing for HIV / AIDS of pregnant women, blood donors, high-risk population and other groups, including voluntary testing of accused / prisoners in the penal system, was implemented. There is universal access to retroviral treatment in Georgia.

Tuberculosis

UN MDGs targeted on the sharply decrease of the global burden of tuberculosis by 2015.

In Georgia, since 2009 a reduction of tuberculosis morbidity has been registered. In 2012, 84.1 new cases of tuberculosis per 100,000 population have been registered.

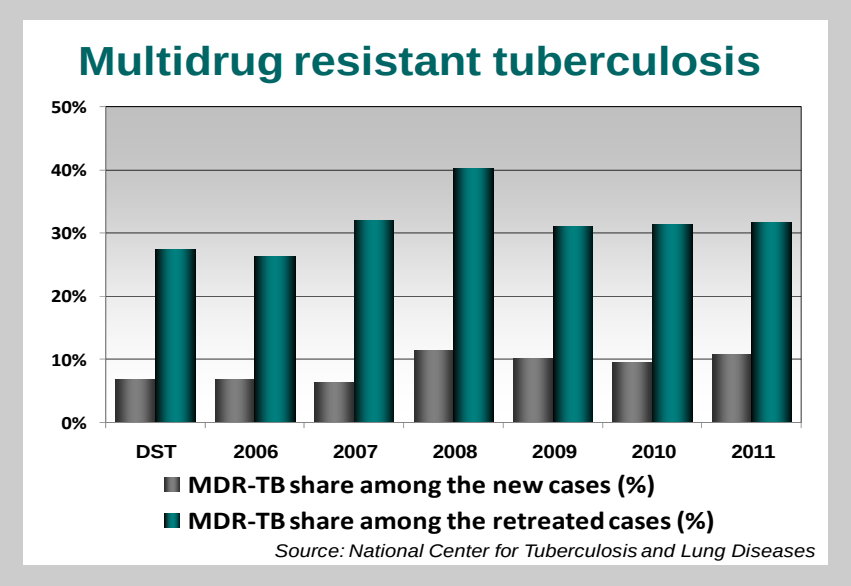


The share of new cases of pulmonary tuberculosis constitute 75% of new cases of all forms of tuberculosis (incidence of pulmonary tuberculosis – 63.1 per 100,000 population).

In 2012, according to the National Statistical Office of Georgia data, mortality caused by tuberculosis was 3.9 per 100,000 population.

The “successful treatment” of the new cases of pulmonary BK+ tuberculosis is a good assessment characteristic of the general tuberculosis control and management. “Successful treatment” is calculated based on the sum of recovered cases and completed treatment cases. The World Health Organization, in 2005, set 85% of treatments being performed successfully as an indicator of the National tuberculosis control programme’s good functioning. However, in 2005 “successful treatment” of new cases of pulmonary BK+ tuberculosis reached only 64.1%. In 2012, this indicator increased up to 76%.

Worldwide, according to World Health Organization data, multi-resistant forms constitute 3.7% of the new cases and 20% of the retreated cases.



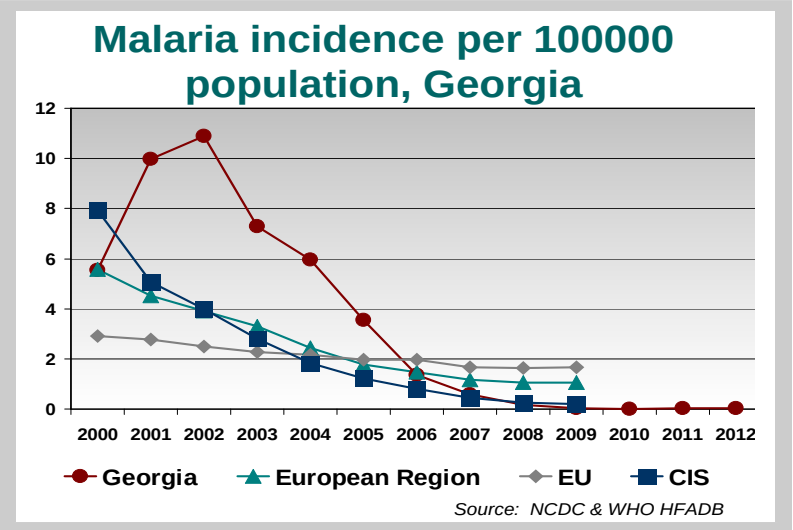
In 2004-2006, under the auspices of the World Health Organization, a multidrug resistance survey has been conducted in Georgia (in compliance with MDR Survey/DST). The survey revealed that multidrug resistant cases constitute 6.8% of the new cases and 27.4% of the retreated cases.

In 2012, 9.2% of the new cases and 31.2% of the retreated cases have been multi-resistant.

The frequency of interrupted treatment is high among the multidrug resistant cases. Hence, an upward trend of the multidrug resistance has been registered among new cases. This indicates the high risk of spreading of multidrug resistant tuberculosis in the society.

The World Health Organization, based on estimates, assigned the status of a country with a “high burden” of multiresistant tuberculosis to Georgia. 13% of tubercullosis cases are registered in prisoners.

Malaria morbidity



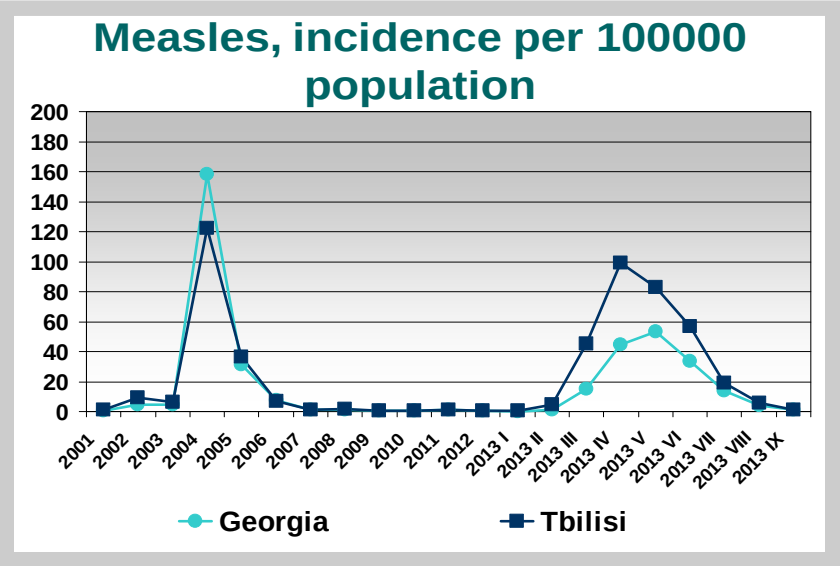
Georgia, after signing the Tashkent declaration “The move from malaria control to elimination” in 2005, has been committed to action against malaria. It is very likely that Georgia will obtain the WHO certification of malaria elimination in the near future.

Since 2002 malaria incidence has been sharply reduced and in 2012 it constituted 0.02 per 100,000 population.

There were no deaths due to malaria registered in Georgia during last years.

Measles

Measles registration and epidemiological surveillance in Georgia are obligatory, like in all other countries. In 2004 and 2013 peaks of morbidity were registered.



The 2013 peak was caused by the failure of the mass immunization campaign in 2008, resulting in the accumulation of a nonimmune layer of the population, which aided the conditions for a measles epidemic.

Achievement / maintanance of 95% coverage of the population with two doses of vaccinations and the establishment of supervision for each case (including lab testing) are necessary for elimination of measles.

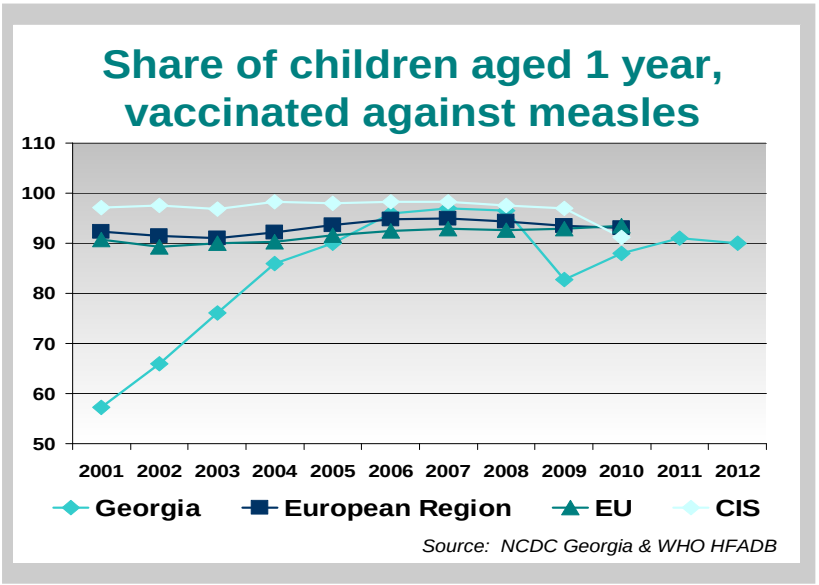
To prevent a spreding of measles immunizations of under-7 incompletely vaccinated children, persons in contact with them and some other groups of the population are being administered in Georgia since March 2013. This campaign is financed from the state budget. As a result of the campaign the incidence of measles as in country, so in Tbilisi has been significantly decreased.

Children aged 12-23 months immunized against measles

For 2010, the recommended level of coverage by the European Center for Disease Control and the World Health Organization with the first dose of vaccine against measles was 95%.

In Georgia, an increase of the coverage with immunization against measles has been registered over the last years, except for the year 2009. The decrease in 2009 can be explained by the longtime shortage of the vaccine in the country. In 2011, the coverage was 91%.

In 2012, the coverage has declined to 88%.The coverage with the second dose of vaccine (children aged 5 years – 5 years 11 months and 29 days) was 82%.



Immunization (2012)

All vaccinations and immunizations included into the National vaccination calendar are free of charge to the population.

In March 2013, vaccination with rotavirus vaccine started. By the end of 2013 vaccination of children under-1 with pneumococcal vaccine will start.

Immunization, Georgia, 2012

Vaccine	Age of vaccination (according to the National Vaccination Calendar)	Coverage (%)
BCG–1	0 - 1 years	95
Hepatitis B–0	0 - 24 hours	93
DPT-1	2 months – 11 months 29 days	88
DPT-3	4 months – 11 months 29 days	87
DPT-4	18 – 24 months	85
Hepatitis B–1	0 - 24 hours + 25 hours – 11 months 29 days	88
Hepatitis B–3	3 months – 11 months 29 days	87
Hip-3	4 months – 11 months 29 days	87
Polio-1	2 months – 11 months 29 days	88
Polio -3	4 months – 11 months 29 days	87
Mumps	12 - 24 months	88
Measles-1	12 - 24 months	88
Rubella	12 - 24 months	88
Measles -2	5 years - 5 years 11 months 29 days	82

Non-communicable diseases

At present time, such non-communicable diseases as diseases of the circulatory system, neoplasms, diabetes and chronic respiratory diseases represent the principal part of morbidity and mortality burden, and constitute 63% of worlwide deaths. In September 2011, the UN General Assembly for the second time focused on health issues, particularly on non-communicable diseases, on their control and on prevention plans.

Diseases of the circulatory system

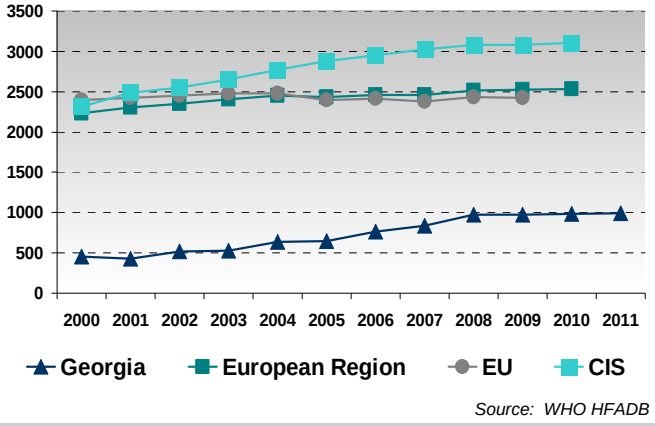
Diseases of the circulatory system constitute 16% of all registered cases of diseases in the country, and 8% of all new cases. High morbidity and mortality rates are specific for such diseases as hypertension, ischaemic heart diseases and cerebrovascular diseases. From 2000 to 2012, prevalence of diseases of the circulatory system in Georgia have followed an upward trend.

Hypertension

The share of hypertension in Georgia constitutes more than half of the cardiovascular diseases structure (2000-2012).

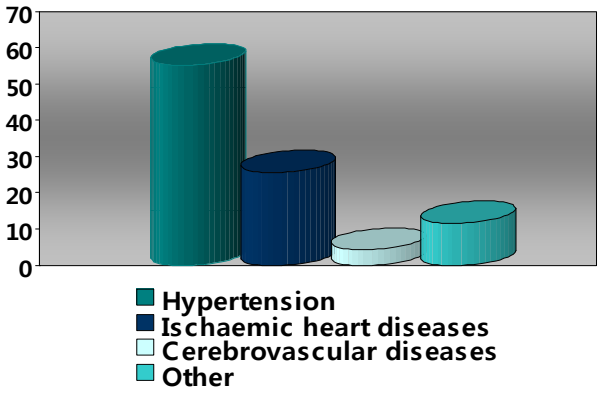
According to surveys data, about 34% of the population suffers under either developed or potential hypertension; 7.5% of the population use self-treatment to control hypertension; 49.3%, including 37.4% of males, never had blood pressure measured by a health worker (STEPS-2010*).

Circulatory system diseases, hospital discharges per 100000 population



Source: WHO HFADB

Circulatory system diseases, structure (%), Georgia, 2012



Ischaemic heart diseases

Ischaemic heart diseases constitute about one forth of all diseases of the circulatory system: stenocardia – about 25%; stenocardia – about 8.6%; acute myocardial infarction and other acute ischaemic diseases - about 4.1%.

In 2012, 45.3% of hospital admissions due to acute myocardial infarction were done in a timely fashion (within the first 24 hours from the onset of symptoms).

Cerebrovascular diseases

Cerebrovascular diseases stand in third place among diseases of the circulatory system. Over the past years the cerebrovascular diseases prevalence rate has followed an upward trend.

According to the survey results, about 75% of the first manifestations of hemorrhagic stroke developed on the background of unidentified hypertension (STEPS-2010).

Malignant neoplasms

In recent years the collapse of the dispensary registration system caused a lack of statistical data on malignant neoplasms, and deterioration of the cancer morbidity. Therefore, incidence and mortality rates of malignant neoplasms in Georgia have been significantly lower than in the CIS and European countries. In 2012, 94 new cases of cancer per 100,000 population were registered in Georgia, including 51.7% of cases in women.

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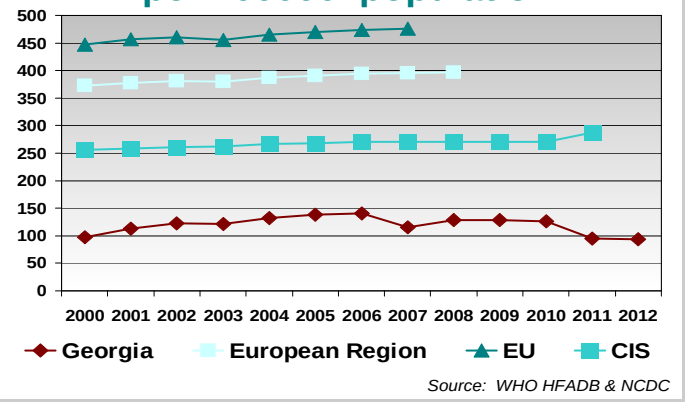
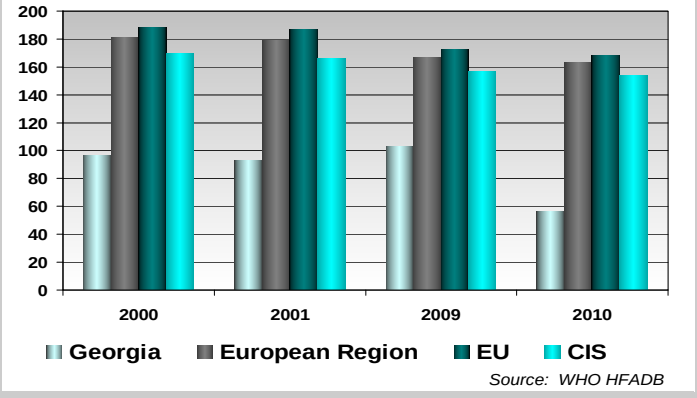
* *In 2010, the National Center for Disease Control and Public Health, with support of the WHO and EU, conducted the first full-scale national survey, entitled "Non communicable diseases risk-factors" (STEPS-2010).*





The National Center for Disease Control and Public Health is implementing a population-based cancer register within the state program to improve the situation. In 2012, the share of malignant neoplasms diagnosed at the third and forth stages accounted to 65%.

The most frequent localizations of the malignant neoplasms (2012)

Females		Males	
Breast	37.1%	Trachea, bronchus and lung	21.2%
Cervix	8.6%	Prostate	9.1%
Colorectum	6.7%	Stomach	8.3%
Melanoma	5.5%	Lymphoid, haematopoietic and related tissue	7.3%
Corpus uteri	4.8%	Colorectum	7.0%

In 2006, the Ministry of Labour, Health and Social Affairs introduced the first breast and cervical cancers screening program in Tbilisi (using mammography and Pap test).

Since 2010, the vaccination program for 13 years-old girls is being implemented in Tbilisi.

Since 2011, the following screening programs are being implemented countrywide:

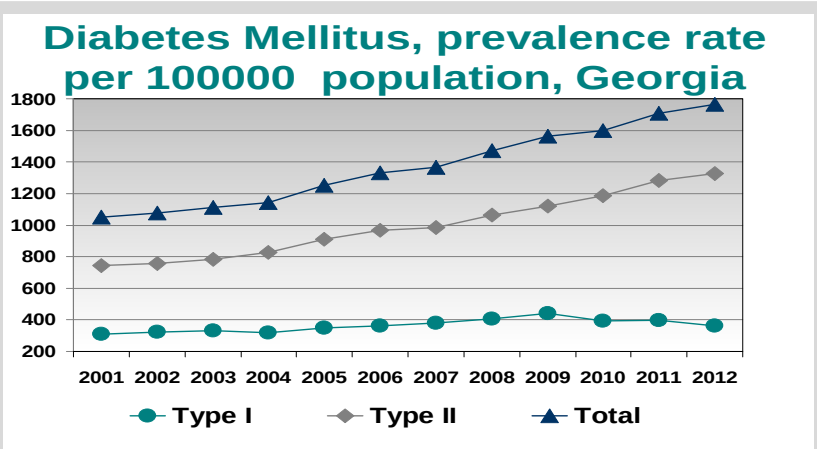
- breast cancer screening for women 40-70 years of age;
- cervical cancer screening for women 25-60 years of age;
- prostate cancer screening for men 50-70 years if age;
- colorectal cancer screening for population 50-70 years of age.

Diabetes melitus

In recent years an upward trend of diabetes melitus has been registered. In 2012, 3.3% of cases of insulin-dependent diabetes (type I) were registered in children.

Risk-factors, which are considered to be influencing the rise of the diabetes morbidity indicators:

- malnutrition
- obesity
- tobaco consumption
- over use of alcohol
- hypertension
- intolerance toward glucose
- stress
- immunity imparment



Diabetes increases the risk of developing heart diseases and stroke at least two-fold.

People who developed diabetes need 2-3 times more health resources compared to people without diabetes.

Diabetes during pregnancy is associated with life-threatening complications and poor pregnancy outcomes.

Chronic respiratory diseases (CRD)

Chronic respiratory diseases (asthma, respiratory allergic diseases, chronic obstructive pulmonary diseases) constitute the main share of diseases of the respiratory system.

In 2012, chronic obstructive pulmonary diseases (COPD) contributed 59.1% of all registered cases of lower respiratory diseases, while asthma made up 33.0%.

Chronic and unspecified bronchitis represented the largest share of the group of chronic pulmonary diseases (66.1%); in children this share was 74.9%. The mentioned indicators have significantly increased compared to the previous year.

Over the past years, asthma and status asthmaticus morbidity rates are almost unchanged.

Tobacco smoke (including passive smoking) is the main cause of chronic pulmonary diseases. Air contamination in buildings, atmosphere air pollution, occupational dust and chemicals also constitute risk factors.

Risk-factors

Georgia, according to the World Health Organization, is one of the countries with the highest level of tobacco consumption in the European region and the world. In Georgia, 59% of males and 6% of females are smokers. Meanwhile, the level of alcohol consumption in Georgia is not considered problematic.

According to the Chronic Disease Risk Factors Survey (conducted in 2010 by the National Center for Disease Control and Public Health), 30.3% of population consumed some kinds of tobacco products (males – 55.5%; females – 4.8%). The highest rate of consumption was registered in the population aged 25 – 44 (36.1%), the lowest – in 55 – 64 years olds.

On 15 March 2013 the Government passed a resolution and set up a governmental commission (with membership of the first persons from 10 ministries), under the leadership of the Prime Minister, to strengthen tobacco control measures, and bring them in compliance with international and national legislations, and to initiate a large-scale tobacco control movement (campaign). Functions of the Secretariat of the Commission have been awarded to the National Center for Disease Control and Public Health. A Tobacco Control Strategy, an action plan and program for 2013-2018 were developed, and legislative changes were prepared. An international team of experts (representatives of the Convention Secretariat, UNDP and the World Bank) performed needs assessment for the enforcement of the World Health Organization Framework Convention on Tobacco Control.

Alcohol consumption is rather high (78.5%). The highest rate of alcohol consumption was registered in the 18 – 24 age group. In Georgia the level of alcohol consumption (6 liter per capita per year) is lower than in other European countries.

Currently, there is no valid statistical data on the number of illicit drug users and drug abusers. In Georgia, there are about 40,000 injection drug users (1.5% of the population aged 15 – 64).

There are no regularly conducted population surveys to assess the spread of health risk factors such as tobacco, alcohol and illicit drug consumption, obesity, low physical activity and malnutrition. Developing a good level of understanding of these risk factors and identifying measures to reduce their influence is an essential strategy to act against the leading causes of mortality and morbidity.

The World Health Organization annually defines a particularly significant topic for the health of the population. In 2013, arterial hypertension has been selected as a priority topic. In Georgia, high blood pressure is a leading cause of the medical aid appealability. A national arterial hypertension screening and control strategy, an action plan and a state program for 2013 – 2018 have been developed.

Health care resources

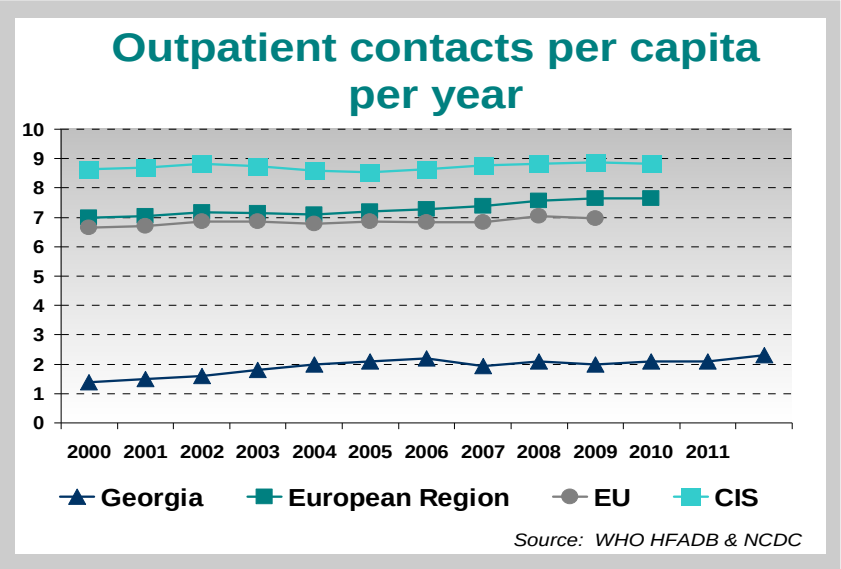
Georgia 2011			
Physicians	21501	In-patient facilities	238
Number per 100000 population	478.8	Polyclinics	213
Nurses	13486	Women consultancy centers (independent)	22
Number per 100000 population	300.3	Ambulance stations	39
Number of hospital beds	11348	Blood transfusion facilities	7
Number per 100000 population	252.7	Nurseries for infants	2
Encounters with physicians	8812847	Scientific research institutes	12
home visits of physicians	272036	Rural physician-entrepreneurs	1241

In Georgia, there is an unbalanced ratio of physicians to nurses. While the number of physicians per 100,000 population is rather high, compared to the European region, the number of nurses per 100,000 population is one of the lowest. Since 2004, health-staffing indicators have been declining. In addition, there is an uneven geographic distribution of medical staff: in 2012, the staffing indicators in Tbilisi were 3-4 times higher than in all other regions.

Meanwhile, the workload of health staff is rather low. On average, a physician working in a hospital provides medical services to 45 patients per year, and primary health care physician to about 3 patients per day (the WHO recommended number – 15 patients).

From 2007 to 2012, the number of encounters with the primary health care per person has remained almost unchanged (2.1).According to the World Health Organization, Georgia is on the second to last place compared to other countries of the European region on this measure.

Hospital beds occupancy rate is rather low compared to the European region, although this is on the background of the process of hospital beds reduction, which has continuously taken place in past decades.



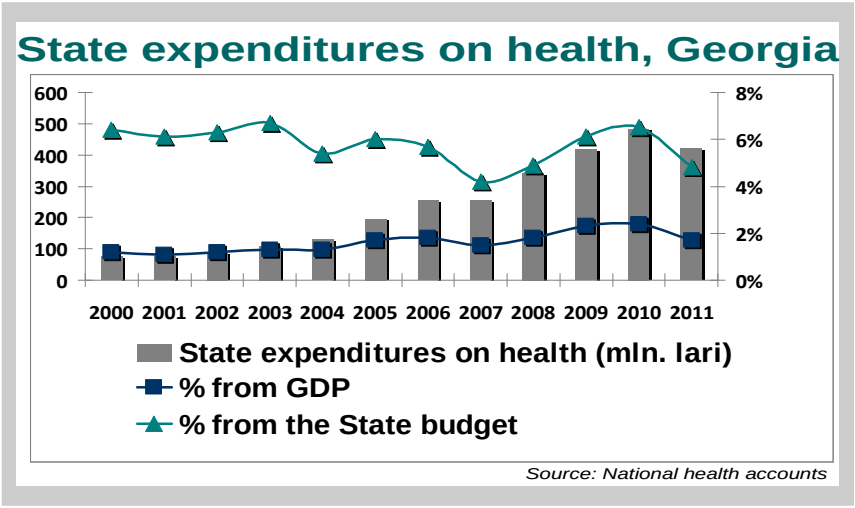
According to the World Health Organization, the acute bed occupancy rate (excluding beds for a longtime treatment – for tuberculosis and mental disorders) in Georgia is lower than the average in countries in the European region and CIS. Because of the reduction of the average length of stay, Georgia is among the leaders in the European region by this indicator.

The primary health care system does not execute a “gate keeper” role; there is a lack in communications between primary health care and the hospital sector, including existing problems of coordination between them. Referrals from the primary health care to the secondary level are seldom utilised.

The system of ambulance services provides the country population with free emergency medical care. 97%-98% of provided services were rendered under the state programme.

Health expenditures

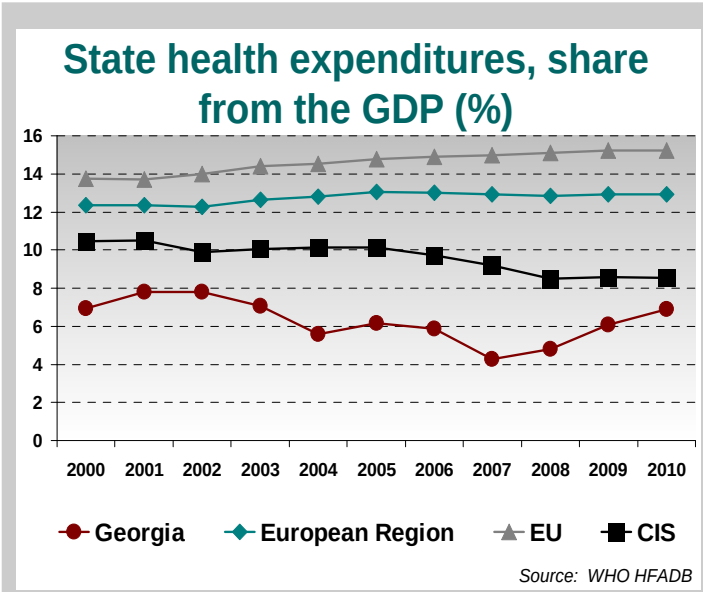
Between 2001 and 2011, the total health expenditure per capita increased from GEL 115 to GEL 511; state health expenditure increased from GEL 17 to GEL 94; private expenditures increased from GEL 88 to GEL 403.

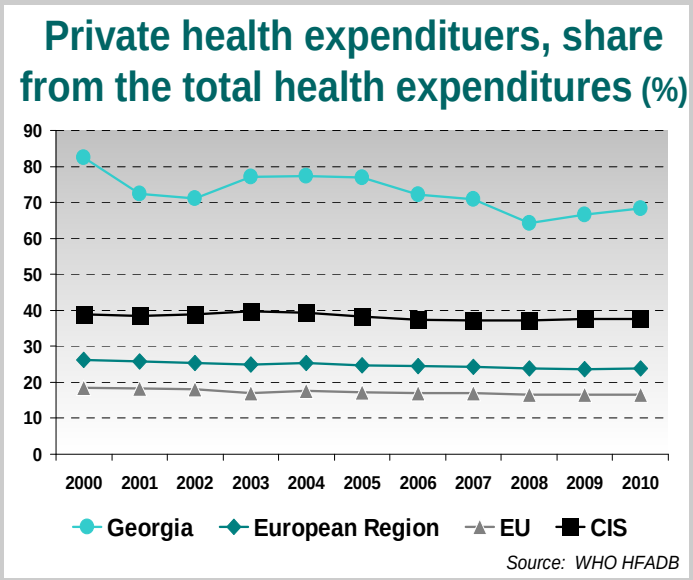


Despite the nominal increase of state health expenditure, its share of GDP (in 2011 -1.7%) and of the State budget (in 2011 – 4.8%) is rather low and levels up only to the poorest countries of the European Region.

Private expenditure makes up 78.8% of the overall health expenditures. Out-of-pocket payments constitute more than 70% of total health expenditure.

In 2013, there has been an unprecedented growth of the state health expenditures (GEL 267 million, or about a 60% increase compared to the previous year). After this, the portion of private and state expenditures will undergo a radical change.





Since September 2012some state vertical programs are being transformed into state insurance programs. State insurance programs for children under-6, pensioners, university students, children with disabilities and persons with pronounced disabilities were put into operation.

On 28 February 2013 the first phase of the universal state insurance program has started. The second phase has started on 1 July.

In the past years expenditures on health surveys and studies gradually decreased, and their share in the total health expenditures decreased. The reduction of health surveys financing points to the fact that fewer numbers of projects in the sphere of medical science get financial support from the Ministry of Education and Science. This can be explained either by a low priority of medical science for the State, or by lower interest of scientists to participate in the State invited tenders.

Use of medications

In 2010, the share of expenditures on medications constituted 57% of private health expenditures.

This indicator is the highest among the countries of the European Region, where this indicator fluctuated within the range of 16%-17%. Thirteen percent of the population of Georgia cannot afford buying the prescribed drugs due to their high price. This share increased by 2%, compared to 2007.

Expenditures on medical supplies, prices of which had been increasing during the past 10 years, settled as a heavy burden on the population. Their share made up almost half of total health expenditures.