CASE STUDY

GEORGIA

Public-private partnerships for UHC

CONTEXT

Georgia, a country in Eastern Europe, has a population of 3.7 million. Despite substantial economic growth, over 420 000 citizens live in socially vulnerable households[154] and 6.8% of children live in extreme poverty.[155] The government launched its flagship UHC programme in 2013.[156] This showed that countries with limited resources can significantly improve access to health services for their citizens, including for women, children and adolescents. The success is particularly interesting in a context where over 85% of health care providers are owned and operated by the private sector. Currently over 90% of the population has access to a basic package of primary, emergency and in-patient services, complemented by 23 disease-specific programmes funded or co-funded by government. Progress has been made against maternal and child health indicators, though Georgia still lags behind the European average. Out-of-pocket (OOP) expenditures for health are high. However, they were substantially reduced from 73.4% in 2012 to 54.7% in 2017.[157]

Experiences

- Participants emphasized that despite successes of the national health system, health governance could be more open, as a critical element of accountability. For example, respondents noted public reporting of health system data and analysis could be improved: **"Reports, particularly those which concern children's, women's and [older people's] health must be more available to public."** *(KII, Health worker).* Participants also stressed the need to establish an independent advisory body to critically assess or advise on health sector performance. Such mechanisms would also help to address the perceived lack of mutual accountability: **"The topic of accountability is extremely important…but everyone avoids it. People must be involved in health-related planning processes."***(MSD, CSO)*

- **Accountability is based on partnerships…but we don't have this accountability. Sometimes state and healthcare institutions communicate and cooperate, but the process is not transparent."** *(KII, CSO).* The private sector is an important partner in UHC implementation, but improvements could be made to ensure systematic engagement in dialogue or decision-making that directly affects its workforce and services. The participation of professional associations and patient groups in decision-making could also be strengthened.

- Georgia has universal, common reporting tools for health statistics and financial reporting for public and private providers. However, monitoring and reporting mechanisms could be expanded beyond mainly quantitative and financial measures to incorporate feedback mechanisms on performance. Participants also suggested public reports should present a balanced, critical assessment of the overall performance of UHC or the health sector in general, to address the concern that: **"They talk about small achievements, while totally ignoring great problems and weaknesses."** *(KII, CSO)*

- Patients and UHC stakeholders can claim their rights through the professional council (within the health ministry), courts or the office of the ombudsman. However, **"Many people have the wrong insight on health. We need more activities to raise awareness. Universities should support such activities… this would also contribute to establishing an accountability culture."** *(KII, medical student)*

RECOMMENDED ACTIONS

The case study identified emerging actions for consideration at the country level to address the accountability challenges related to private-public partnerships in Georgia.

1. **"The same businesses which own hospitals also own insurance companies and pharmaceutical companies. The UHC programme allowed big businesses [to] grow even further. Businesses must be effectively regulated by the state…"** *(KII, academia).* Participants emphasized the need to strengthen the stewardship capacity of the national health authority. Although private health services are regulated, improved monitoring, reporting and responding to health sector challenges is critical in a business-dominated health sector. This environment should also assure adequate quality of services and the financing of common goods for health.

2. **"[Stakeholder] involvement is very insignificant. Relationships need to expand and get stronger."** *(KII, health professional association).* It is critical to improve dialogue, partnerships and mutual accountability among all stakeholders. The government should establish mechanisms for systematic engagement of professional associations, private sector, civil society, health service users and international development partners in dialogue about how to strengthen UHC, specifically for women, children and adolescents. The engagement should include policy advice on standard-setting, continuous medical education and protection and promotion of health-related rights of patients and health workers. Partnerships with the media should also be expanded to ensure more regular coverage of UHC topics and to raise awareness about the health and rights of women, children and adolescents.

3. **"I think we have enough resources; good management would give much better outcomes even today."** *(KII, health worker).* Participants recommended that opportunities for diversification of UHC financing sources, including from the private sector, should be further scrutinized, to ensure **"more effective use of available scarce public resources"** *and to* enhance private-public partnerships in the sector.[158-162] Case study participants suggested further exploring the potential of innovative local and international PPPs to address gaps in reproductive health commodities for women, children and adolescents, and other limitations of UHC, including to provide universal access to high-cost diagnostics, treatment of rare diseases, oncology or rehabilitation services.

4. Focus on quality assurance/quality improvement (QA/QI) of UHC to address the issue that **"the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs Of Georgia neither demands external accreditation [of healthcare facilities], nor has its own standards."** *(KII, health worker).* Building on the successful reform of the QA/QI system in perinatal care for maternal and newborn health, partnerships should be established with national and international stakeholders to develop and support an effective independent QA/QI and accreditation system in health. While Georgia demonstrated sound public health and multi-sectoral emergency response during the pandemic, study participants noted some concerns with the crisis management, such as patients being turned away from hospitals of their choice for diagnostics and/or treatment. Overall, COVID-19 was also seen as an opportunity for strengthening collaboration within health and across sectors, including with the media and the public.

5. **"Primary health care is the level which must fill gaps in people's health education. Not only family physicians, but also nurses, need to be prepared to educate people."** *(KII, patient representative).* It is critical to provide relevant health education and information as part of UHC to promote the health and rights of women, children and adolescents. This includes building the health literacy capacity of health workers, working closely across government, academia, civil society, patient groups, the media and youth-led organizations, among others.

Stakeholder commitment is critical for next steps and a clear plan of action, including who will do what, by when and how progress will be monitored, reviewed and acted on. The first in-country follow-up already planned includes discussion with an expanded group of stakeholders, followed by agreeing roles and responsibilities for advocacy, capacity building and technical support for the implementation of specific recommendations.

The full country case study is available at: www.iapewec.org/reports/annual-reports/iap-2020-report/casestudies.

REFERENCES

154. სტატისტიკური ინფორმაცია მსდაშბ. (http://ssa.gov.ge/index.php?lang_id=&sec_id=1450).

155. UNICEF. The Welfare Monitoring Survey 2017. Tbilisi, Georgia: UNICEF, June, 2018.

156. საქართველოს მთავრობის დადგენილება №36 სჯგმგ ზღშ. (https://matsne.gov.ge/ka/document/view/1852448?publication=0).

157. Ministry of Labour, Health and Social Affairs of Georgia. Results of National Health Accounts 2011-2017. 2017. (https://www.moh.gov.ge/uploads/files/2019/Failebi/02.05.19-2012-2017-geo.pdf).

158. Verulava T, Jorbenadze R, Barkalaia T. Introduction of universal health program in Georgia: Problems and Perspectives. *Georgian Med News* 2017; **262**(1): 116-20.

159. Verulava T. Forms of Ownership of Medical Organizations, World Practice and Georgia. *The Institute for Development of Freedom of Information (IDFI) Georgia 2020* 2016.

160. Mathauer I, Theisling M, Mathivet B, Vilcu I. State budget transfers to health insurance funds: extending universal health coverage in low-and middle-income countries of the WHO European Region. *International journal for equity in health* 2016; **15**(1): 57.

161. Murphy A, Chikovani I, Uchaneishvili M, Makhashvili N, Roberts B. Barriers to mental health care utilization among internally displaced persons in the republic of Georgia: a rapid appraisal study. *BMC health services research* 2018; **18**(1): 306.

162. Open Society Georgia Foundation. სუსტი პირველადი ჯანდაცვა. (https://osgf.ge/wp-content/uploads/2019/12/Primary-health-report-printed-version.pdf).