

# Country report Georgia – August 2017



Report by Zurab Klimiashvili, MD

National CVD Prevention Coordinator for Georgia  
Director of Cardiology Clinic LTD "Cardionet Pineo", Tbilisi, Georgia

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Health care | Risk factors | Prevention methods | Prevention activities | Cardiac Rehabilitation | Future

## Acknowledgement

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- Georgian Society of Cardiology
- National Center for Disease Control and Public Health

## Baseline information about Georgia

Georgia is since 1991 a parliamentary republic with 3.717 million inhabitants. Its area of 70.000 km<sup>2</sup> can be compared to Austria.

The country has a life expectancy at birth of 72.9 years. It has a young population with only 14.3% above the age of 65. The population is mainly orthodox Christian Georgian. The annual growth in economy is around 3%.

## I. Structure of Health care in Georgia

Georgia has made a significant effort to adapt health policy and the health system to the new environment. The health sector is one of the priority sectors for the government of Georgia. The Ministry of Health is the central administrative authority in the health sector, being responsible for the stewardship of the system and for its regulatory framework, and partly, for its financing for a series of conditions that are defined annually by the government. The Georgian government is responsible for the Georgian health care system.

The structure of health care in Georgia has three levels: national, region and sub-regional (local).

- **The national level** resorts under the Ministry of Health Care in Georgia, this includes national health care facilities of different kinds.
- **The regional level** is administrated by regional state administrations. This includes state ambulatories and hospitals but even facilities such as regional hospitals, diagnostic centers etc.
- **The local level** is in the hands of the department state administration: these are mainly local medical facilities which are the responsibility of the city councils.

Medical care in Georgia is provided both at state owned health facilities and at private institutions. After 2003-2004 the healthcare system was reformed into a mainly privatized model. The state retained control over a few medical facilities dealing with mental illness and infectious diseases, while all other hospitals and clinics were privatized. Primary care is delivered by general practitioners. All patients have direct access to specialists. It's not necessarily to have a referral from primary care physician.

The Georgian government provides financial coverage through a state agency, the Social Service Agency, though patients must share the cost of some services through co-pays. While the state finances healthcare, the delivery of healthcare is largely reliant on private medical facilities and personnel

### **Current stage of the reforms**

In 2013, a new wave of the reform started. The government started the State health program "Health for All". The government maintained the already existing State Health Insurance program and from February 2013, the Universal Health Care (UHC) Program was launched for more than two million citizens. With the implementation of the new program the government gave a health care guarantee for the entire population. The goals of UHC are:

- to increase geographic and financial access to primary health care
- to rationalise expensive and high-tech hospital services by increasing PHC utilisation
- to increase financial access to urgent hospital and outpatient services.

The first stage of the UHC program stipulated services of primary healthcare doctors/local (district) doctors and management of emergencies both at the inpatient and the outpatient level. More than 80% of clinics nationwide were involved in the realisation of the UHC program countrywide. From 28 February until 1 July 2013, three blocks of services were provided under the UHC:

- Urgent outpatient assistance
- Urgent hospital assistance
- Scheduled outpatient and policlinic services.

The second stage of the UHC program started on 1 July 2013. Contrary to the first stage, the Ministry of Health offered six blocks of medical services to citizens:

- Primary health care services
- Urgent outpatient assistance
- Extended urgent hospitalisation
- Planned surgeries
- Treatment of oncological diseases
- Child delivery.

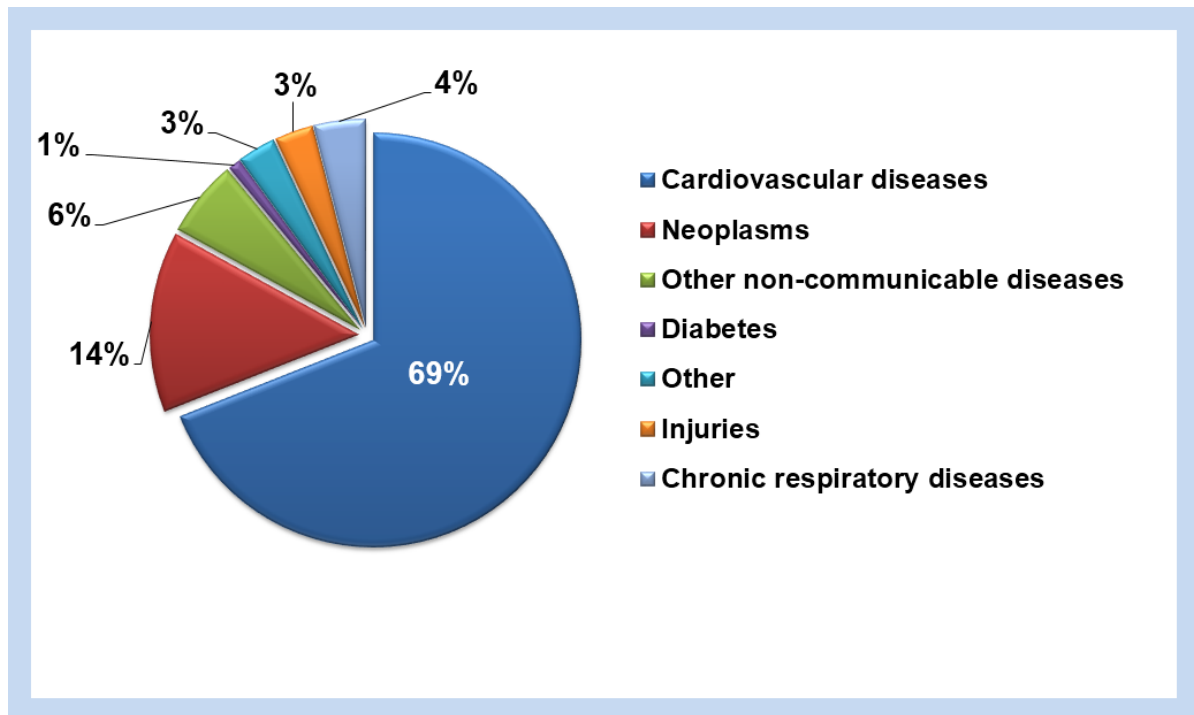
Besides, the volume of primary healthcare and emergency inpatient services has increased significantly.

At present there are 30.7 cardiologist per 100 000 inhabitants.

## II. Risk factor statistics

In Georgia, like in the most of the countries over the World, non-communicable diseases have the largest share in the mortality structure.

### Mortality structure, Georgia (WHO estimates, 2014)



Source: World Health Organization

In 2013, the Institute for Health Metrics and Evaluation (IHME) at the University of Washington, in collaboration with the National Center for Disease Control and Public Health, conducted Global Burden of Disease Study (GBD), which was a scientific method of presentation of the number of years lost due to deaths, diseases, injuries, and risk factors. Complementing information on deaths by age, sex, cause, geography, and time with equally detailed information on disease incidence, prevalence and severity, is key to a balanced debate in health policy. For this reason, the Global Burden of Disease Study (GBD) uses the disability adjusted life year (DALY) combining years of life lost (YLLs) due to mortality and years lived with disability (YLDs) in a single metric.

### Cardiovascular diseases

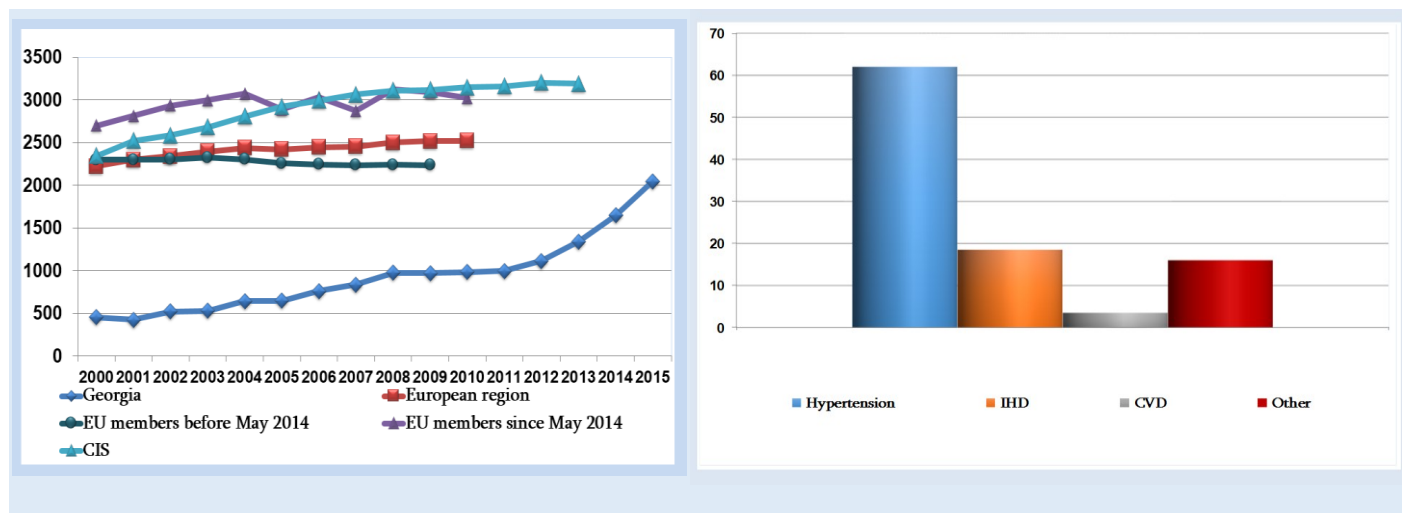
Diseases of the circulatory system constitute 15.5% of all registered cases of diseases in the country, and 8.6% of all new cases. High morbidity and mortality rates are specific for such diseases as hypertension, coronary heart disease and cerebrovascular disease. In 2000 - 2015, prevalence of all diseases of the circulatory system in Georgia has followed the upward trend. This reason of this trend is at present under investigation

## I. Hypertension

The share of hypertension in Georgia constitutes about 62% of all CVD (2015). In 2010, the NCDC with support of the WHO and EU conducted the first large-scale survey on the noncommunicable diseases risk-factors (STEPS-2010). According to surveys data, about 34% of the population suffers from either high blood pressure or pre-hypertension.

Diseases of the circulatory system, hospital admissions per 100000 population:

Diseases of the circulatory system, structure (%), Georgia, 2015:



Source: NCDC; World Health Organization HFA DB

## II. Coronary heart disease

Coronary heart disease constitute about 18% of all diseases of the circulatory system: angina pectoris (6.8%); acute myocardial infarction (1.0%), other acute ischaemic diseases (1.6%). In 2015, 55.8% of patients with acute myocardial infarction were admitted to hospital timely (within the first 24 hours from the onset of symptoms).

## III. Cerebrovascular disease

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

### Risk factors

Age-standardised prevalence of tobacco smoking among persons 15 years and older: 29.6 %, however there is a major gender difference; 58% of the male population is smoking in contrast to 6% among women. Alcohol consumption amounts to 12.6 l/year for men and 3.4 l/year for women.

Obesity (BMI  $\geq 30$  kg/m<sup>2</sup>) is more frequent in women (25.9%) than in men (17.9%), with a prevalence in general population of 22,1%. The prevalence of diabetes (raised fasting blood glucose) is estimated to be 15% of the population without a gender difference.

In the age group above 18 years 29% of male and 24% of women have elevated blood pressure. One in five Georgians are insufficiently physical active.

### **PCI resources**

In Georgia there are in total 41 percutaneous coronary intervention (PCI) centres (26 in Tbilisi, 15 in regional centres). The number of PCI centres is 11 per 1 million inhabitants with all day around access to services.

### III. Main actors and Prevention methods

The main actors in CVD prevention in Georgia are:

- The Ministry of Labour, Health and Social Affairs of Georgia
- The National Centre for Disease Control and Public Health (NCDC)
- the Georgian Society of Cardiology (GSC)
- the Georgian association for CVD Prevention and the Rehabilitation (GACPAR)
- Georgian Heart Foundation
- Cardiovascular preventive care in Georgia is mainly delivered both by family doctors and by cardiologists, who are employed at the state medical services (hospitals, out-patient clinics) and in private medical facilities.

**Education:** There is one state medical university, 4 private medical universities and medical faculties in several state and private universities in Georgia.

The different fields of cardiovascular prevention are taught in educational programs in medical institutions/universities and postgraduate medical education. However, there are no separate efforts to monitor and audit CVD prevention on the national level. So far preventive cardiology is provided by physicians only, no other profession groups (nurses, dieticians or physiotherapists) are engaged yet.

**Guidance** is obtained through the [European Guidelines of CVD Prevention in Clinical Practice \(ESC\)](#). They are presented in lectures, on conferences by the countries' leading scientists-cardiologists. The main aspects of prevention, diagnosis and treatment are included in national CVD protocols of the Ministry of Labor, Health and Social Affairs of Georgia.

**Links:**

- [www.gacpar.org](http://www.gacpar.org) (Georgian Association of Cardiovascular Diseases Prevention and Rehabilitation)
- [www.geosc.ge](http://www.geosc.ge) (Georgian Society of Cardiology)
- [www.ncdc.ge](http://www.ncdc.ge) (National Center for Disease Control and Public Health (NCDC))

## IV. Main Prevention activities

Non-communicable diseases make the greatest proportion of the total burden of disease and injuries in Georgia affecting the most productive years of life. According to WHO 2014 Health Report, non-communicable diseases account for nearly 94% of all deaths, among them 69% due to CVDs, 14% to cancer, 1% to diabetes and 4% to chronic respiratory diseases; they make influence not only on health but also on the sustainable development of the country.

Among CVDs the biggest share in terms of mortality and morbidity falls on Hypertension (more than 50%) and tobacco. For the effective prevention and control of NCDs it is essential to have timely access to precise and reliable information, to monitor and interpret health indicators, to monitor and evaluate the impact of interventions. For the effective NCD surveillance Georgia implemented The WHO STEP-wise approach; 2 rounds of STEPS surveys have been conducted in 2010 and 2016 with technical and financial assistance of the WHO-Euro and WHO-HQ and giving us the unique possibility to compare the data not only with other countries but to monitor and evaluate patterns and trends of NCDs and risk-factors in Georgia. These are the first steps to contribute to building sustainable surveillance systems, which improved national capacity and provided the better health information and thus better opportunities necessary for effective NCD prevention and control to improve the health of our citizens.

Based on the information provided by the STEPS surveys the multisector state council on NCDs prevention and control was established in 2015. The National Strategy of NCD Prevention and Control and a 4-year action plan has been endorsed in January 2017.

The National Centre for Disease Control and Public Health ([www.ncdc.ge](http://www.ncdc.ge)) is implementing the State Program on Health Promotion, the largest component of which is tobacco control, which includes a media campaign, training of the quit-smoking line staff and primary care centres, monitoring of enforcement of smoke-free legislation in public premises, developing tobacco cessation mobile application and school educational materials. The other components are among others alcohol, nutrition, physical activity, mental health.

Based on the STEPS and other survey data and according to the strategy and action plan the essential drugs for major NCDs (IHD and stroke, asthma and COPD, Diabetes type 2 and thyroid gland dysfunction) for the most vulnerable populations are now provided through the Universal Healthcare Program. This has been operational during the past four years and covers basic benefit package services and some medications at the primary care level.

Georgia celebrates the World Heart Day every year with different events (World Heart Day run/walk in Georgia, medical conferences etc.) The organisers of these events are the Georgian Society of Cardiology and Georgian Heart Foundation.

## V. Cardiac Rehabilitation (CR)

Cardiovascular rehabilitation unfortunately is not well disseminated at present in Georgia due to insufficient financing. There are not complex CV rehabilitation programs and specialised cardiac rehabilitation centers in Georgia. Only a few centers in the private sector which operate programs for where patients pay out of pocket.

After a coronary event (MI, PCI, GABG) the first stage of rehabilitation in all patients held in hospitals which implies the initial activation of the patients during hospitalisation. It is not common practice to refer patients directly to primary care for secondary prevention. All secondary prevention treatment starts in hospitals and after discharge most patient stay under the supervision of a cardiologist as an outpatient for different length of time.

Expanding cardiac rehabilitative centers across the country would assist in the reduction of CV disability. Therefore it is very important to develop cardiac rehabilitation in Georgia. Of course, support from the EAPC would be highly appreciated. At a first stage it will be very helpful to organise a master class (learning course) in the cardiac rehabilitation for young Georgian cardiologists.



## VI. The Future

NCD's and risk-factors surveillance has a great potential to guide not only the primary but also secondary prevention, disease screening and management. This remains our greatest challenge.

We do hope that with international assistance (such as from the EAPC) we will be able to overcome this challenge in the nearest future in light of already planned reforms in primary as well as public health systems of Georgia.

Our main and immediate goal is to introduce a contemporary system of epidemiological surveillance of the main non-communicable diseases and we aim to start a broad research program. Although at present this is still subject to governmental approval.

The key actions for the next 5 years:

- Systematic assessment of barriers to CVD prevention on the levels of patient, provider, health care system and organizational level.
- Improvement of CVD epidemiology and statistical analysis methods, as well as piloting of various incentives for furtherance of prevention in health care, including the primary care level.
- Cardiac rehabilitation: organising cardiac rehabilitation programmes in all major hospitals and clinics, as well as establishing specialised centers in the major cities.
- We need to study the experience of other countries which have gone through the same transition of societal development and health care restructuring.