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The New Public Health in Georgia: Achievement and Challenges

Medical Science

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ABSTRACT

This paper aims to present transformation of public health system and overview current public health in Georgia with regard to global health from the point of view of developing a new public health concept. Consideration of new Public Health ideology has began in 1995 after planning and implementing radical reforms in the Health System of Georgia. Shifting from Sanitary-Epidemiological Surveillance Network to New Public Health System needed the new generation of human resources with new competences. The paper describes the Institutional capacity in Public health Education. The country has attained the significant achievement; however public health system is still facing challenges in the frame of concept of New Public Health including the human resources. Strengthening international cooperation in the academic field of public Health Education is necessary for ensuring high quality Education and Research, especially on Master and PhD level.

Introduction. Since 90s of the 20th century the health care system in Georgia has undergone substantial transformation. The reason was dissolution of the united central government. Basis of the Health care system was so-called "Semashko" model, which was built on the principles of the universal availability to health care services, developing central administration and extensive development of budget financing. It reflected transfer of political statement into the health care field, where the citizens had to be equally provided with all levels of medical services. Besides, by the means of the Sanitary-Epidemiological Surveillance Network (SESN), the state had to fully control the sanitary-epidemiological situation in the country, despite the forms of the structural belonging and the property ownership. Together with the declared preventive measures, the main control mechanism was inspection and sanctioning of accordance with the standards, which, in the conditions of funding deficiency became ineffective and unwanted, leaving the system incapable.

In the first years of independence, health care system in Georgia was left without funding and it had no financial (40 US cents per capita), infrastructural and administrative capacity, to ensure public safety and disease management for individuals and for the whole population (Gamkrelidze A. 2002). Therefore, it was necessary to structure a new health care system, appropriate to the new requirements of the country.

On 23rd of December, 1994, the government of independent Georgia made a bold statement (based on resolution N400) about system reorganization, which would cardinally change funding, service delivery, medical education and science, and sanitary-epidemiological issues. Taking health care system out the collapse and population's health preservation were based on three tasks: compatibility of socio-economic profile of the country to reformed health care system, transfer of system to self and program financing and delivery of main state liability health care services. The purpose of the reform was optimization of human and material resources, maintenance, development and delivery of urgent services to the population, disease prevention, minimization of dangerous, infectious diseases by means of epidemiological control and healthy lifestyle promotion, reduction of maternal and infant mortality and spread of diseases. Understanding of main state responsibility health care service delivery was based on new, so-called, "New Public Health" concept, which would take into account Georgian reality.

Public health in Georgian Legislation. A term „Public Health" is explained by many scientist and health care researcher as health and welfare of individual, population, community, group, and can be reached by complex measures of managing factors affecting on health. As a classic definition by the American public health leader, Charles-Edward A. Winslow (1920) -„ Public health is "the science and art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health."

Georgian legislation gives definitions of public health in two Laws: „Law on Health Care" (22.11.2002) and „Law on Public Health" (27.06.2007). The Law on Health Care defines public health as „a system of state obligations, it's aim is maintaining human physical and mental health, disease prevention, study and control disease spread, establishing healthy lifestyle by establishing safe environment for human health". According to „The Law on Public Health" Public Health Care represent „unity of measures designed for the improvement of the population's health, disease prevention and control".

The first definition is focused on state obligation, conducting research and concrete spheres that determine health-to create favorable environment for health and carry out appropriate interventions. The second definition generally states, that it is assembly of all measures aimed to improve public health. In spite of different definitions, substantive elements of public health remain unchanged: „improving health through unified, complex use of all available measures". It should be also mentioned here, that the term „public health" is identified with „public health care". Hence, both terms will be used in the text with presented meanings.

The main components of public health laid out in Georgian legislative acts reflect conducting vital statistics, studying causes of epidemic, epidemiological laboratory surveillance, making evidence-based decisions, focusing the system on entire population, communities and separate groups, forming the system

of providing services, social justice and responsibilities, focusing on prevention, environment health monitoring and research through the implementation of behavioral epidemiological surveillance.

Structure and functions of Public Health System.

The implementation of basic health care services first of all required an appropriate infrastructure with state responsibility. For this purpose, on the national level, according to the decree of Cabinet of Ministers No. 389 from 1995 the Department of Public Health was established at the Ministry of Health of Georgia. At the same time the Department of Sanitary Surveillance and Hygienic Standards was created.



The functions for both departments were as following: a) DHP monitoring of communicable and non communicable diseases, analysis and prognosis of future trends in morbidity, promotion of healthy life; b) DSSHS developing sanitary-hygienic norms and standards, monitoring the compliance to these norms and standards in the country and preventing communicable diseases.

The working principle of the existing public health system was mainly the division of the service delivery amount and responsibilities into levels. The obligations and responsibilities undertaken by the public health system to the population of a given territory for a concrete period were defined with targeted public health programs.

In 1996-2005 the priorities of public health included the implementation of measures of immunization, epidemiological surveillance, blood transfusion safety, trauma and substance abuse prevention, healthy lifestyle promotion and active detection of morbidity, etc.

The programs of infectious disease prevention, chronic disease management and healthy lifestyle promotion were funded at the local level as municipal programs - those services that were needed for the health of the population living in the concrete area and took into account the socio-economic, cultural and natural peculiarities. However, in some cases local funding was symbolic. There was a problem of understanding the real responsibilities and obligations concerning the public health as well as insufficient knowledge at the local level of governance, resulting in an inability to form an adequate budget.

New Public Health in Georgia. Since 2007, right after the enactment of the Georgian Health Care Law, public health services underwent a qualitative transformation. Health care system of Georgia nowadays is a unity of systemic components of primary and public health care, specialized medical (ambulatory, hospital) services and drug provision. The system infrastructure, funding, management methods and responsibility levels are distributed between private and public sectors. Provider sector of primary health care services is completely separated and is under the private management. Funding sources are mixed, primary health care services are performed by the state programs (universal health care program, immunization, etc.), while certain medical services are paid by the service recipients. Public health care services are within the central obligation and responsibility measures. They are provided by the central state budget with co-financing from the international funds, which cover specific programs (tuberculosis, immunization, etc.). Private insurance companies offer various plans of medical services to the population.

The Public Health Department merged with the National Centre for Disease Control. The vast majority of public health services focus on activities associated with the prevention, control and surveillance of communicable diseases (Chanturidze T. 2009). Sanitary Surveillance Service was abolished and its functions were assigned to different ministries and agencies.

The National Center for Disease Control and Public Health was established. Its functions and obligations were the assessment and monitoring of public health, introduction and monitoring of preventive programs, epidemiological surveillance, epidemiological control, laboratory detection and monitoring of infectious diseases, methodological management and coordination of public health measures nationwide.

In 2012, the development of country's laboratory networks underwent a qualitative change, when regional and central laboratory networks, created under a US partnership program, were united with the public health service system (2 zonal and 7 regional laboratories, referral, public health central laboratory – The Lugar Center), thus making the control of especially dangerous and serious [infectious] diseases more effective.

Management of the existing health care system is complex and in some cases effective institutional management of the concrete medical issues becomes difficult. For that reason, in order to maintain usefulness of the system, it is essential to provide delivery of effective population and mixed services disease management, react to global and local health threats, provide fairness and availability of medical services. The abovementioned task is multifactor and requires elaboration of the legal/normative base the way system becomes motivated in conducting public health actions, and health care policies and strategic plans are based on the evidence. An actual issue is how adequately the public health care system is shaped and how responsive it is in a rapidly changing environment, if it is able to solve population's health protection and improvement tasks and if it satisfies the international requirements.

Nowadays the performance and directions of the Georgian public health system in the international context is determined by 8 Millennium Goals. Georgia is among those 189 countries that joined internationally declared goals in the healthcare sphere by the World Health Organization. In 2005 WHO updated its global objectives and ways of accomplishing them. The 2007 report "major threats to global security" listed among such threats epidemics (Cholera, yellow fever, Ebola, foodborne illnesses, accidental and premeditated (toxic chemicals) epidemiological outbreaks, accidents (including radio-nuclear ones), ecological disasters.

In order to avert and to efficiently manage possible threats, besides technological and institutional preparedness the World Health Organization determined the directions of activities to be performed by public health professionals. In particular: 1) work on current infectious diseases (Ebola virus, avian flu, swine flu), 2) Tackling environmental problems (food safety and climate change), 3)chronic diseases and reduction of their harm (including the consequences of tobacco smoking and obesity) 4) preparedness of population and its individual groups for actions during disasters, including ecological, biological and chemical, 5) contribution to the formation of health policy (access to services and reduction of inequality), 6) health promotion through educating about health and disease prevention, 7) evidence-based interventions implementation.

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According to the requirement, large-scale targeted and complex preparation of labor force should take place in the countries. Health care professionals need to master the skills and competences of professional ethics, effective communication, work and research in a multicultural environment, program planning and evaluation, systemic thinking.

According to „Health 2020"-European policy and strategy of the 21st century, the priority areas are the improvement of human-oriented health care systems, public health care potential, emergency preparedness, epidemiological surveillance and response. Significant strengthening of health care potential and function will lead to the improvement of health indicators, but the upgrade of public health system and overhaul of provided services, in turn, require reforming of basic education and changes in vocational training. Development of adaptation strategies, sustainability of structures, forecasting reliability and emergency preparedness are also very important.

Based on the abovementioned public health basic/classic services, vaccination, safe jobs, safe and healthy food supply, transport security, control of infectious diseases, ischemic diseases and stroke reduction, family planning, prevention of smoking, maternal and child health care, and enrichment of drinking water with fluoride are the functional basic measures to be implemented.

Public Health Education.

During 1995-2010 the Health System of Georgia changed and became more oriented on the individual and private services. In Public Health such competences as management, social protection and health promotion were out of the definition. There were recommendations for Human Resources Maintenance for Municipal Public Health Centers but they were only for job utility and not mandate. Since 2010 the Government has taken a sharp focus on quality of health services and education, which has underpinned the qualified Public Health Specialists. At the same time educational products are various more than employment areas. While the Health System of Georgia has not the Strategy of Human Resources Development, Educational System asymmetrically developed Bachelor and Master Programs in Public Health. As the result there is an imbalance among educational products and employment areas defined by the Government. Reformed Health System needed human recourses with new competences. Traditionally the basic educational product was produced by "Sanitary-Hygienic" Faculty of Medical University but curriculums less reflected on market demands.

Higher education system of Georgia has been in the process of extensive reforms since 2004. A new "Law on Higher Education" was adopted in December 2004, Georgia joined the Bologna Process in May 2005 and committed itself to become a constituent part of the European Higher Educational Area. Since this time Higher Education System is organized around three cycles, consisting bachelor, master and PhD degree.

During 2000-2013 the Ministry of Education and Science of Georgia has Accredited Public Health Educational Programs at all three levels of education. There are 53 accredited Universities in Georgia. 26 are accredited for all the three levels, 17 Universities have programs in the health directions (Medicine, Nursing, Pharmacy, Dentistry, Occupational Therapy, Public Health), among them 9 Universities have various educational programs in Public Health.

In 1997 at the Faculty of Medicine of I.Javakhishvili Tbilisi State University was opened the Department of Public Health. New curiculum of Public Health Master Program was developed and started in 1999 and new PhD Program in Public Health and Epidemiology in 2011. In 2006 at the University of Georgia was opened School of Public Health. The School of Public Health started with Master Program of Public Health Management and then opened Master Program of Public Health and Health Police. At the same time International School of Public Health was created on the bases of the Public Health Faculty at the Tbilisi State Medical University. In 2011 private Medical University "Aieti" opened School of Public Health where the public health researches and PhD programs were accented. Only 2 Universities (Tbilisi State Medical University and University of Georgia) currently have all three levels of education: Bachelor, Master and PhD programs.

Conclusion. Achieving the new public health goals in Georgia requires creation of intersectoral cooperation, long-term programs with an adequate budget, modernization of the public health system infrastructure and strengthening public health Education.

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