

Public Health Administration, Management and Policy: Country Research Paper-Georgia

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1. Introduction and overview

Deterioration of health of population in recent years is acknowledged as one of the biggest problems of Georgia. Poverty, meager social protection provided by the state to extremely limited segment of population, environmental conditions, improper diet and food insecurity, exposure to high level of stress, ineffective health policy and improper management of health care facilities, low accessibility of health care- all these contribute to the decline in health.

Dissolution of the Soviet Union caused the disruption of the existing system of health care. Answering the need of establishing different from centralized system of health care in 1995 health care reform was launched. New laws set ground for the launching of the health care reform in 1996. The main focus of the reform was on privatization of health care facilities and transition to the coverage of population by the state insurance system. Reform also entailed reorganization of medical education, creation of licensing system and accreditation of courses, continuing medical education. Reform aimed also on reducing the number of medical facilities and decrease of the number of people occupied in health care.

Today thirty two, two state and thirty private, medical Universities grant degrees in medicine. Two of them offer degree course in public health care and management. Students of half of the medical universities have from 18 to 96 hour course in public health care and management. Head doctors of all clinics are physicians by education, but since last years a certificate in public health care, management and organization is required from them. The certificate is obtained through passing exam.

The system of continuing education which was launched in full in May and 2003 targets at ensuring that medical staff is upgrading its theoretical knowledge and skills. Initially certification and in consequent every five years re-certification through collection of credits and/or exams is required for getting license to practice medicine.

The courses in public health care and management for medical personnel are available at the National Health Management Center and State Medical Academy.

2. Country profile

2.1. Health care system before the Independence

Georgia is situated to the South of the Caucasian mountains, bordering Russia in the North, Turkey and Armenia in the South, Azerbaijan in the East. Its Western part is washed by the Black sea, while the northern is dominated by high mountains of the Great Caucasus range with some of the highest peaks above 5,000 meters. The climate ranges from subtropical Mediterranean to continental. The location and difference in altitude contributes to the diversity of relief, climate and soils, which on their part determine the diversity of agriculture, way of living and traditions.

After more than a century of Russian occupation and seventy years of being a part of Soviet Union, Georgia declared its independence in 1991. The population of Georgia is about 4,600,000, 57.8% of which is urban. The majority are ethnic Georgians (70.1%), while the large minorities are Armenians (8.1%), Russians (6.3%) and Azeris (5.7%) (Statistical Yearbook of Georgia, 2000). Georgia adopted Christianity in IV century. The majority of the population belongs to the Eastern Orthodox Church. There are also significant numbers of Armenian Gregorians, Catholics and Muslims. The state languages in Georgia are Georgian and Abkhazian (on the territory of Autonomous republic of Abkhazia). Georgian has its original alphabet, dating back to 5th century AD or even earlier. Georgia is a presidential republic. The Parliament has 235 seats, elected through mixed - proportional and majority voting system. Georgia strives for integration with Europe. In 1999 the country became a member of the European Council.

Dissolution of the Soviet Union and transition to market economy resulted, among other things in the disruption of existing health care system and negatively reflected on the health of population.

Before declaring Independence in 1991 Georgian health care system was part of the Soviet healthcare system, which operated on the bases of "Basic Law on Health in the USSR and Soviet Republics" enacted in 1964. This was a totally

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centralized, entirely publicly owned and controlled system. All the planning, allocation of resources and controlling was concentrated in Moscow. The system guaranteed population's access to health services. It was free, although out-of-pocket payments for received services were quite common. Every person was registered at district polyclinics and was attached according to her residence to doctor whom one was not able to change. Besides general practitioners polyclinics had specialists, but in case of serious problems polyclinics referred patients to hospitals. Hospitals provided treatment, medication and food free of charge. Patients paid for the medication prescribed in polyclinics. Polyclinics as well as majority of hospitals, despite their big size and a great number, were usually crowded.

2.2. Health care reform

After declaring independence financially and organizationally weak Georgian state was not able to maintain expensive, overstaffed and oversized healthcare system. There were no possibilities to cover the costs. Deterioration of the system was farther aggravated by improper administration (Gzirishvili & Mataradze, 1999).

In 1993 Georgian experts in close cooperation with the World Bank designed Georgian healthcare reform package. Reform itself was launched in 1995. Its enactment was based on the legislation passed in June 1995 and several Decrees issued by the President and the Cabinet of Ministers in 1994 and 1995. The legislation outlined the principles of privatization of healthcare institutions either by allowing the employees to buy shares or by auctioning it. Institutions were given one of the three categories: those, keeping in-patient profile for 10 years; those maintaining an outpatient profile for 10 years; those privatized unconditionally.

The main objectives of the Reform can be summarized as the following (Gzirishvili & Mataradze, 1999):

- Decentralization of healthcare
- Innovation on financial and economic foundations, including program based funding
- Prioritization of primary care
- Transition to medical insurance coverage
- Privatization
- Accreditation and licensing of all medical institutions and personnel
- Restructuring medical education, medical science, information service and drug policy

Health care reform proved to be one of the most controversial among all reforms carried out since independence. In fact it pitted doctors and patients against each other and resulted in discontent of both sides. Already seven years passed since its launching and although undoubtedly necessary, the reform has not brought until now any relief to population. Morbidity steadily increases across almost all nosologies.

2.3. Health status of population

Inefficient registering system does not allow to draw reliable conclusions on the dynamics of mortality and morbidity. By the official statistics mortality reduced, but according to experts estimates mortality rate increased steadily from 6,4 in 1996 to 8,2 in 2000 (Tsuladze & Maglaperidze, 2000). The difference may be explained by the fact that a considerable number of deaths are not at all registered. In rural areas there is no real need to register death which also is associated with expenses.

The numbers reflecting cases of diseases per 100000 population are not also absolutely reliable due not only to inefficient registration but also due to unreliability of the data on population size. The census before the last, 2002 census was carried out in 1989. Since that time considerable migration occurred which is largely unregistered. All this, together with the low rate of attendance of health care facilities point to the higher than registered and presented in statistical compendium rates of morbidity. Still the data show some trends in the dynamics of population's health.

The data of the center of health statistics and information (Healthcare, 2002) demonstrates the steady tendency of deterioration of health of population beginning from the on-set of reform.

****Table 1****

Number of cases of diseases by nosology per 100 000 population

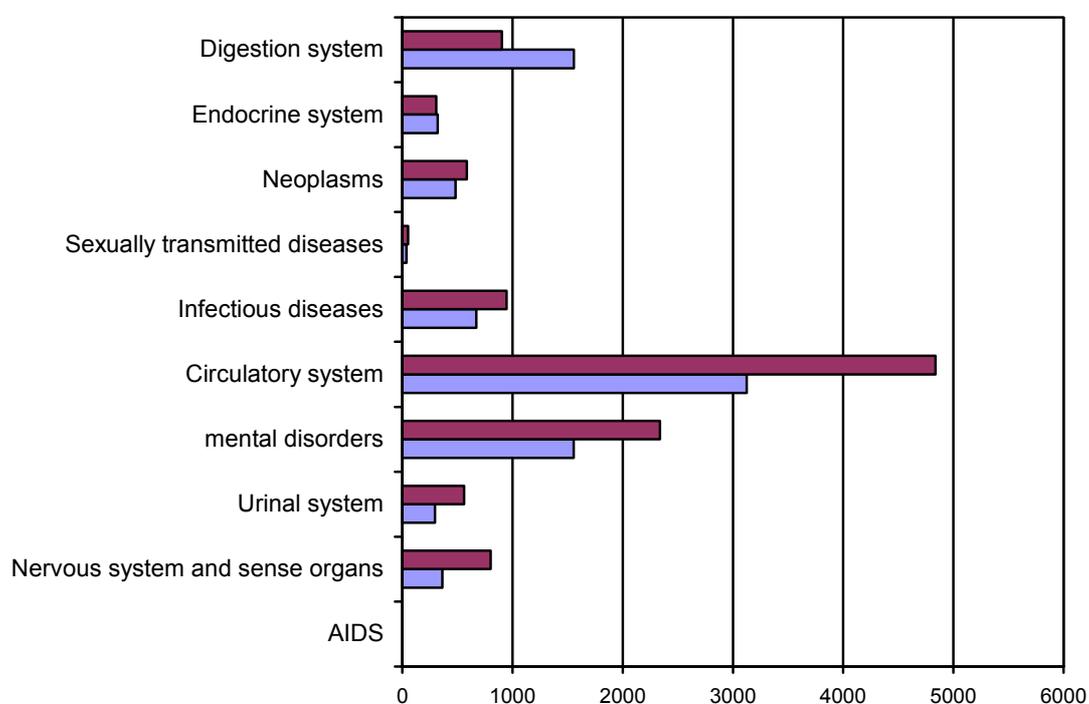
No	Disease	1996	1997	1998	1999	2000	2001
1	Infectious and parasitological diseases	671,3	738,2	729,1	715,9	659,3	945,3
2	Tuberculoses	*	*	*	*	133,4	128,8
3	Sexually transmitted illnesses	37,2	66,2	77,6	45,6	33,5	50,3
4	AIDS and HIV	0,2	0,4	0,5	0,7	1,8	2,1
5	Neoplasms	482,5	475,1	501,9	539,9	557,4	586,6
6	Diseases of endocrine system	320,2	329,7	246,8	313,2	333	306,5

7	Mental disorders	1554,9	1689	1850,9	2193,2	2192,6	2338,5
8	Diseases of circulatory system	3124,1	3221,3	3527,1	4524,7	4257,4	4838,1
9	Diseases of respiratory system	*	*	*	*	3382,8	3532,7
10	Diseases of urinal system	296,8	304,7	351,2	529,5	476,9	569,2
11	Diseases of digestion system	1555,7	1021	863	899,4	628,9	902,7
12	Diseases of nervous system and sense organs	363,7	459,9	644,9	781,9	718,6	800
13	Traumatism and poisoning	*	*	*	*	*	535,1

Comparison of morbidity rates of 1996 to 2001 rates, presented in Graph 1 shows a clear pattern of increase in all nosological groups, where data is available except in digestion system diseases and in a much lesser extent in endocrine system diseases. Of a considerable concern is a huge, 10.5 times increase of instances of AIDS and HIV infection.

Graph 1

Number of cases of disease per 100 000 in 1996 and in 2001



2.4.Reasons for increase in morbidity

The reasons for the deterioration of health of population do not lie entirely in ineffective health policy and improper management, which we will discuss later, but are also due to the wider specter of the problems which the country faces.

The budget of the country is meager. Poverty, which is spread among more than a half of Georgia's population has a manifold and a complex impact on health. Not only it does not allow a person to seek professional assistance in case of illness, but causes the illness or contributes to its development due to malnutrition, low education, lack of exercise, bad sanitation conditions, air pollution and water and soil contamination. Environmental factors, consequences of health policy of the country and health related behavior of the population are all interlinked, but for clarity they will be discussed apart.

2.4.1.Environmental factors

By different estimations environment contributes to 20-22% of population's health (National Report, 2000). Political and economic situation in the country resulted in closing down of industry. This had a positive effect on environment.

Amount of toxic substances emitted from immovable sources in 2000 constituted 24,200 tones, but at the same time increased pollution from transportation (192,700 tone of toxic substances emitted in the air). Abundance of old and badly kept automobiles, together with the bad quality of fuel, bad conditions of roads contribute to such a high index of air pollution by transport facilities.

Recent years were marked with decrease of potable water resources. According to the data of the State Department of Statistics, the index of use of clean water compared to 1999 decreased by 28.1%. Contamination of water by waste increases. Although there is high coverage by the central sewerage system-78% of houses have it, system is in a very bad condition. 70.3% of it is worn out. In the country do not work water purification stations. In a number of water supply systems high portion of Chloroform is found, which often poses risk to population's health. 60% of water supply system is old and is of unsatisfactory sanitary and technical condition. On 70% of them water is not treated with chlorine. Bad condition of pipes of water and sewage systems and their proximity resulted in the mixing of sewage with potable water, causing hepatitis infections, amebioses and diarrhea in different regions of Georgia.

There were many cases of contamination of surface waters by industry. E.g. in 2000 river Kazretula was contaminated by copper and tin. Their concentration in water was 286 and 187.

Concentration and lack of utilization and treatment of waste results in contamination of soil. In 2000 accumulated waste comprised of 64,500,000 tones. In 2000 in Georgia were functioning 98 chemically dangerous facilities. On their territories were concentrated 2893,6 tones of toxic chemical substances. The considerable risks to the health of population pose domestic and medical wastes. The majority of health care facilities does not sort medical waste according to the threat classes. By the calculations medical waste in 2000 comprised of 52724 cubic meters. In many locations, especially in rural areas there are no dumps. 64.6% of existing dumps has not any special techniques, 98.4% has no special sites and water supply for disinfecting and washing of waste collecting transport. There is no immunization of animals against mouth and feet disease and brucellosis, which also causes soil contamination.

Bad condition of Rentgen apparatus, 50.2% of which were produced before 1985 (the time of their exploitation is determined from 5 to 10 years) is a source of serious concern. Also serious is radioactive contamination of ex-military bases of Soviet army, which caused a number of serious radioactive incidents among army personnel. Gamma-ray shooting of Tbilisi and West Georgia revealed Chernobyl patches.

2.4.2.State health policy

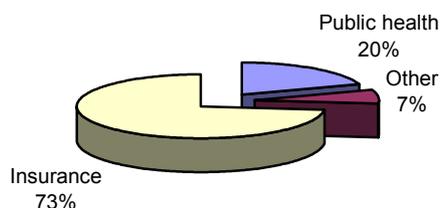
As an outcome of 1996 health care reform all health care institutions now are independent legal entities. They function as either private or joint stock companies and are administratively and financially autonomous from the state budget.

Overwhelming majority of services are paid. State covers only a limited number of programs. Expenditures on health care as % of GDP in Georgia fell down from 4.1% in 1991 to 0.59% in 1999 and in 2001 comprised 7.3 USD per capita, while the minimal expenditure for performing basic functions set out by WHO is 60 USD.

In 2001 the state actually financed three main directions by 25 214 306 USD: 1.Public health programs-19.8%; 2. provisional, so called "Other" health programs-6.8%; 3. State program of mandatory health insurance-73.4%. Besides state budgets also funds special institutional medical networks, allocating to them from five to eight million USD. These are medical networks of the Ministry of Internal Affairs, Ministry of Defense, Ministry of Security, Department of Border's Defense, Governmental Defense and Academy of Ministry of Security (Bragvadze, et al., 2002).

****Graph 2****

State financing of health



Besides meager planned sums the state does not fulfill budget liabilities. E.g. In 2000 health programs did not get 19% and in 2001 9.8% of planned sums (2001 Report of the Ministry of Labor, Health and Social Protection). Provided funds are often transferred to clinics with great delays. This results in clinics inability to pay salaries to their employees and to buy medication and thus prevent hospitals to carry out their function. One recent example is widely covered by Media, the case of Joann Medical Center. The hospital refused to perform the urgent heart surgery on children due to the lack of resources.

As can be seen in Graph 2 the biggest share of funding falls on state program of health insurance. Creation of State Medical Insurance Company was based on the Law of Medical Insurance, enacted in 1997. Its fund is filled by the special healthcare taxes, the 3% of wages paid by employer plus 1% of employees' income and transfers from the state budget. Ministry selects clinics and makes contract with them for serving patients holding state health insurance. The criteria for selection of clinics are not known, as there are no Hospital Performance Indicators in Georgia on which objective selection could rest.

The amount of people, 615 165 person of about a five million population by 2001 date, or 12.3%, covered by health insurance is negligible.

****Table 2**** Rank order of state programs of health insurance

No	Program	Share of received funds % (Total sum 18740,9 USD)
1	Medical assistance to children	24.2
2	Medical assistance to vulnerable groups	19.1
3	Delivery	15.3
4	Phtiziatic assistance	7.5
5	Psychiatric assistance	7.3
6.5	Treatment and prevention of oncological diseases	6.3
6.5	Dialeze	6.3
8	Provision of medication for specific diseases treated by drugs (e.g.diabetes)	5
9	Treatment of infectious diseases	3.9
10	Organizational expenses of insurance company	2.9
11	Treatment of heart ischaemia diseases	0.7
12	Medical service of Internally Displaced Persons resided in Samegrelo-Upper Svaneti region	0.6
13	Treatment of population of Tskhinvali district	0.5

14	Transplantation of organs and tissues	0.3
	Total	100

Health insurance program is mainly targeted at vulnerable groups (65%) and children (23%). Vulnerable population can get basic health package and other service on cost-sharing or co-payment principle. Co-payment in some cases is a fixed amount, which insured patient should pay for obtaining a pre-determined by the program service, e.g. delivery. In other cases co-payment means patient's sharing expenses with the state on fifty to fifty bases, i.e. patient paying half of the expenses out-of-pocket. The treatment scheme of each nosology is strictly determined by the state standards, any addition to it is covered by patient. Children's assistance program contains four subprograms-acute cases of children under three in Tbilisi, children's cardiosurgery, assistance to orphan infants, assistance to orphans and children in need of continuous treatment. The National Health Policy targets at the coverage of the whole population of the country by insurance for 2010. A slight tendency of increase in the scope of coverage can be observed as an increasing number of organizations offer its employees and their families health insurance package. The coverage is still very low and does not exceed 0.9% of population. State institutions, e.g. Tbilisi state University has a contract to health facility through state insurance company, while private organizations usually contact private insurance companies. Private insurance companies themselves choose the clinics to serve the insured and in some, more expensive packages also offer hospitalization abroad. The procedure of choice of medical facility does not rest on any common strategy of private insurance companies.

Although clinics which are now half empty due to population's inability to pay for medical services, are happy to get contract from Ministry, the delays in transfer of funds create real problems to clinics and push them to cover the costs from the patients payments-which is a source of tension in patient-doctor relationships. In 2001 State Insurance Company was not able to pay clinics for 1,600000 USD worth services that they have provided.

Table 3 presents ranking of fifteen state public health programs according to the amount actually allocated to them in 2001. About two thirds of finances of the public health program went to the medical assistance for rural population, for population of high altitude regions, immunization and safe blood programs.

****Table 3** Rank order of State public health programs in public health**

No	Program	Share of received funds % (Total sum 4816,5 USD)
1	Additional medical assistance to rural population	37.2
2	Additional medical assistance to population of high altitude regions	12.5
3	Immunization	12.3
4	Safe blood, prevention of AIDS and sexually transmitted diseases	11.5
5	Monitoring of epidemiology, prevention, control and management of infections	3.9
6	Prevention of drug addiction	3.8
7	Check-ups for iodine deficiency related diseases	3.6
8	Massive check-ups of population	3.4
9	Prevention of malaria	3.1
10	Cancer diagnostics	2
11	Prevention of circulatory system diseases	2
12	Establishment of healthy life style	1.9
13	Medical examination of citizens called up for military service	1.3
14	Service costs of public health program	1.2
15	Prevention of traumas	0.3
	Total	100

As can be seen from Table 4 more than the half of the budget of provisional or so called "Other" health programs went to cover rehabilitation of health care facilities, and science and education.

****Table 4** Rank order of provisional health programs**

No	Program	Share of received funds % (Total sum 1656,9 USD)
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1	Rehabilitation of health care system institutions	29.1
2	Support of medical science and education	24.1
3	Liquidation of the effects of catastrophes and renewal of medical reserves	15.6
4	Unpredicted expenses	10.1
5	Provision for statistical and informational systems	8.3
6	Management of medical institutions and support of reform	7.6
7	Hygienic standards and their control	2.7
8	Monitoring state programs	2.5
	Total	100

Newly formulated health policy has several consequences on health of population. Increase of morbidity is in a considerable degree determined by the fact that people usually visit medical facilities when the illness is already advanced. Inability of population to cover medical costs, distrust to doctors, lack of basic medical knowledge are the main reasons that hinder the population to seek professional help. As a result of a very low budget of health care, an extremely low coverage of population and services by insurance company, hospitals have to rely mainly on out-of-pocket payments of patients.

Doctors refuse to carry out the treatment, even in emergency without prepayment by patients. To raise own income doctors often offer patients unnecessary treatment schemes, diagnostic tests and even operations. These leads to serious arguments between doctors and patients, feeling of resentment and creates the atmosphere of distrust towards doctors.

High, compared to the income medical costs does not allow population to seek professional help. According to UNDP survey only 27.5% of those who said that needed medical help visited the doctor (UNDP, 2002). Poverty reflects on the seeking of medical assistance. If in 1991 179,377 persons underwent surgery in 2000 the number amounted only to 69,360, i.e. 2.6 less people. Similarly in 1991 1,164,685 persons used the service of emergency while in 2000 so did only 150,645. i.e. 7.7 times less people. Many go to medical institutions only in extreme cases when the effective help is often already impossible. Instead people seek informal advice from friends as how to treat the symptoms and take the medication on the basis of such advice. This pattern often leads to the further aggravation of patients' health condition. The purchase of drugs without prescription and consulting doctor are the common practices in Georgia. The business of private pharmacies is flourishing. In 2001 51 million USD worth drugs were imported, although part of it was re-exported. Besides 2 million worth local pharmaceutical products were distributed (Healthcare, 2002).

2.4.3. Health related behavior

Besides the accessibility of health care, health status is associated with the nutrition, especially among children. Nutrition status of children under 5 also serves as an indicator of nutrition problems in a population. Two most commonly used indicators are: wasting -acute malnutrition and stunting -chronic malnutrition. The study carried out by UNICEF revealed that chronic malnutrition, stunting as a result of a diet insufficient in quality not allowing the child to reach its growth potential is a problem in Georgia.

Nutrition is a potent factor in health. According to statistics, 51.8% of population consumed food of less than 2500 kilocalories per day. Recent years were marked with decrease of usage of animal products. In 2002 the annual per capita use of milk and milk products was 213 kg., meat 19,8 kg. and fish 1,2 kg. Food security is an issue of much concern. The violation of norms and standards are observable at all stages from food production to its realization. 14% of checked food products did not satisfy the food security norms.

The population is not well aware of health hazards and do not follow the healthy life style. Poverty and stress as well as the lack of sports facilities push the population to cheaper, in the immediate time context, sources for stress relief and pleasure. These are mostly smoking and drinking. By its scope and growth rate smoking can be considered as the main menace for nation's health. According to WHO by tobacco consumption per capita Georgia is on the first place among NIS countries.

In Georgia cigarettes are widely advertised. Huge posters advertising different brands can be found along the highways and main streets. After midnight there are advertises on TV as well. Cigarettes can be purchased anywhere, in vicinity of school as well, almost at any time of day or night. There are no restrictions on smoking at public places.

The nationwide survey which was carried out by the department of statistics in 1999, estimated 31.1% of smokers among population over 14 years old. The average daily consumption of cigarettes is 14.5. Especially dangerous is the spreading of smoking among the pupils. Study on smoking among pupils of Tbilisi schools (Sumbadze & Kitiashvili, 2002) demonstrated that a bit less than half of the questioned pupils (42%) smoked on average eight cigarettes a day. At

the age of ten more than a half (55.1%) of smoking pupils already were smokers. 60.4% of smoking pupils have a negative attitude to smoking and are in a considerable degree aware on its adverse effects on health (majority links smoking with cancer and lung problems). Many of them want to quit, but are not able to do so. Survey of statistical department demonstrated even more negative attitude towards smoking among adult population. 71.4% of respondents are against smoking and 59.9% has a wish to quit smoking. In the country anti-smoking campaign does not exist and there are no programs for those who want to quit.

74% of population is not engaged in any sport activities. Especially low is enrollment in sports in rural areas and among poor (Sumbadze & Tarkhan-Mouravi, 2003).

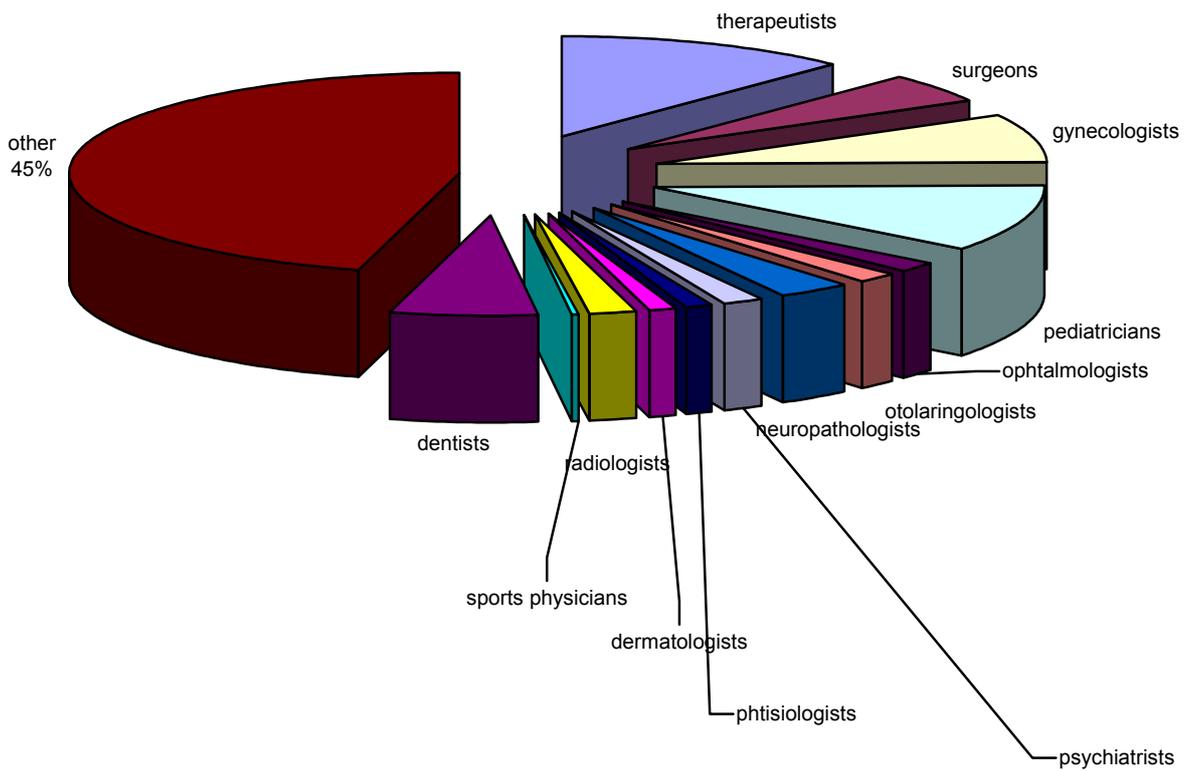
3. Health care system

The Ministry of Labor, Health and Social Protection coordinates the work of health care facilities, actively participates in health policy setting, controls the quality of medical service, is responsible for licensing and accreditation.

The Ministry consists of Minister's staff, sixteen departments, four inspection offices, two centers, two committees and a foundation:

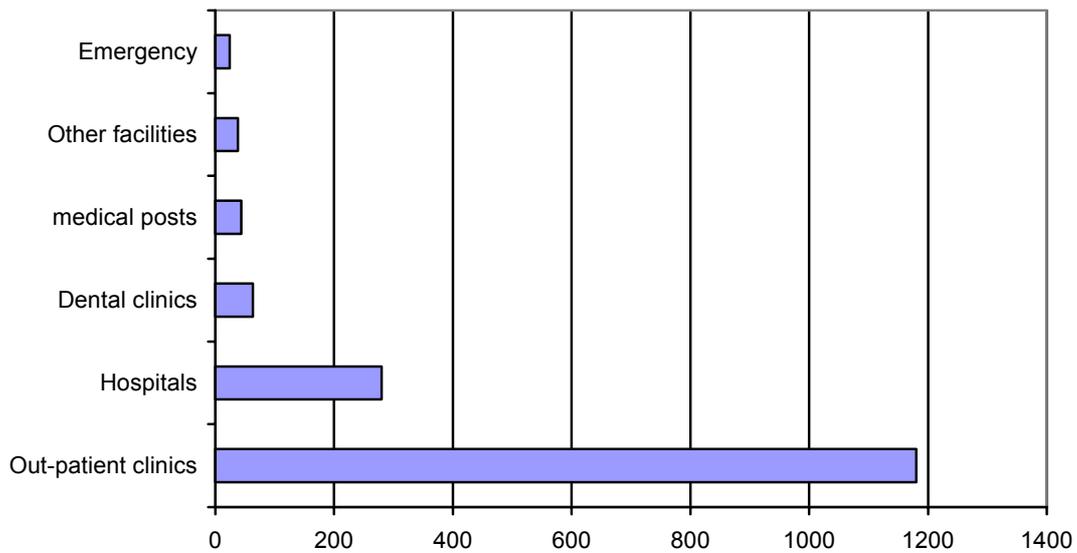
- Minister's staff;
- Department of standards, norms and licensing;
- Department of policy of social issues;
- Department of social protection of invalids;
- Department of management of social insurance and programs;
- Department of technique and technology;
- Legal department;
- Department of the issues of mothers and children;
- Department of management of medical assistance;
- Department of pharmacy;
- Department of science and education;
- Department of labor and employment policy;
- Department of state monitoring;
- Department of medical and social expert opinion;
- Department of demography;
- Department of traditional medicine;
- Department of alternative non-military service;
- State control inspectorate of sanitary and hygienic norms
- State sanitary control inspectorate on state border custom's office
- Inspectorate of quality control of medical assistance
- Labor inspectorate
- Center for implementation of health care and social protection projects
- Center of forensic medicine
- Committee of pharmacopea
- Committee of pharmacology
- Foundation for hospital restructuring

There is an apparent oversize of the number of doctors in Georgia. In 2000 were registered 21,100 physicians, 47,4 per 10,000 of population and 26,200 paramedical personnel, 58,8 per 10,000 of population. Small is the correspondence of doctors with paramedical staff, which is 1:1.2, while in France it is 1:1.7. Therapeutics and pediatricians constitute the biggest group of physicians. The salaries of medical personnel in successful clinics varies from 30 to 400 USD. On average doctors get 130 USD a month.



****Graph 3****
Share of physicians by basic specialties

1629 health care facilities provide service to the population. Among them most numerous are out-patient clinics and diagnostic centers (1180), and hospitals (229 with 21,200 beds). The structure of medical institutions is reflected in Graph 4.



****Graph 4****
Number of medical institutions

In 1998 “Georgia’s Health Care National Policy” was drafted, in which the priority areas and main directions of health care were delineated. A number of international organizations were involved in drafting health policy and its reevaluation, as well as in the improvement of health care facilities management.

In 2000 The World Health Organization (WHO) supported three programs: reevaluation of the components of Georgia’s Health Care National Policy: Strategy development of primary healthcare; and development of health care information system. United States Agency for International Development (USAID) supported two programs: project of primary health care, and health education and teaching of healthcare management. Swedish International Development Agency (SIDA) supported the program in hospital management. Canadian International Development Agency (CIDA) funded three projects which were targeted at the improvement of quality and management of health care information.

4. Overview of public administration education practices

Four Universities in Tbilisi, one in Kutaisi and one in Batumi have MS programs in Public Administration. Best known is the Georgian Institute of Public Administration (GIPA). Institute was launched in 1995. The course lasts for an year. For entering the Institute the Diploma of University education is required. Regular course has 30 students. More thirty students study annually on the evening department. Students are taught by the teachers from USA as well as from Georgia.

GIPA also provides short term training in different aspects (e.g. financing, decision-making) of Public Administration. It also had a program for Local Governance where representatives of Local Governments were trained in Public Administration.

Price for an one year course is 600 USD, for the evening course 1500 USD. 27% of GIPA graduates work in then state organizations.

On the Humanitarian Department of Georgian Technical University students are able to study for the Bachelors (4 years) and Masters (2 years) Degrees. The department is open since 1976. It has annually about 70 students studying for Bachelors and 15 students studying for Masters Degrees. Part of the students study for free, others pay 650 USD annually. The chair of Public Administration has 5 permanent staff and teachers engaged by contract.

Similar to Georgian Technical University, Robakidze University also offers school graduates Bachelors (4 years) and Masters (2 years) Degrees. The program consists of four main blocks: Subjects in: legal sphere, economics and business, management and psychology.

The graduates for Public Administration do not serve as health managers due to conviction that only the medical professional should manage health care facility.

None of the discussed above institutes offer courses in Health care management. In fact health care management is taught only at Medical Universities.

5. Overview of current education practices in the area of health care administration, management and policy

Three state and thirty private medical universities are registered in Georgia. They prepare general practitioners and dentists. Overwhelming majority of Universities are located in the capital, Tbilisi. Only three are in regions.

The majority of medical universities offer pre-graduate course lasting 4 years. Persons with Bachelor’s degree can work at the medical facility but not in a position of a doctor. A restricted number of Universities offers graduate courses. For getting Masters degree students have to study for 2 years. Medical University offers course of residency .

After obtaining degree, to work as a doctor or a manager a person has to pass exam to get the certificate. The exams are organized by the Council of Post University and Continuing Education operating at the State Medical Academy of Georgia.

About a half of all registered educational medical institutions provide courses in public health care and management. These are most often 36 to 96 hours courses combined sometimes with epidemiology, hygiene, more rarely also with health statistics. With only one exception, i.e. medical University “Aieti” where teaching is in English and course follows textbooks used in US medical Universities, all other institutions teach by Georgian textbook (Gerzmava. 1998) or without a core textbook. Program covers such issues as main characteristics of health and illness, indices of population’s health, demography, medical statistics, main factors of illnesses, policy and strategy of health care, economics and financing of health care, basics of health care management.

Two state Universities, i.e. Tbilisi State University and State Medical University offer a degree program in Public Health Organization and Management. Duration of MS course in Public health organization in Tbilisi State University is two years. Students with bachelor’s degree are eligible to take a course. They study such disciplines as the organization of public health care, clinical epidemiology, management, law, medical insurance, medical social expert opinion, innovative technologies, mathematical modeling. University has its own textbook for the course of organization

of health care (Urushadze, 2002). As a graduation requirement students present a theses. Number of students presently is six.

State Medical Institute has a course of residency, which was launched in 2000 as a realization of reform in medical education. This is somewhat similar to post-graduate after diploma course, but unlike post-graduate course more oriented at acquiring practical skills. Course lasts three years. Students are placed at the clinics or other health care facilities. Number of students presently is defined by four.

Both courses are at the initial phase, have not any graduates as yet and it is difficult to judge their success.

Head doctors of all clinics in Georgia and heads of other medical facilities have medical education. According to the Health Care Reform for registering medical institution requires a license. A license is issued by the Ministry of Labor, Health and Social Protection. One of the requirements for licensing is the certificate in public health management for the head doctor. For obtaining certificate doctors have to pass exams. The exam is in the form of test questions with the answer options. They cover twenty-five areas of public health management such as: Public health, health law, health care reform, morbidity of population, prevention of illnesses, healthcare management, licensing and certification, Labor Law, primary medical assistance, organization of out-patient and in-patient services, quality control, economics and financing of healthcare system, financing of State Programs, medical insurance, marketing, information systems in healthcare, biostatistics, organization of emergency service, organization of dental service.

Several venues are open for those seeking training in public health administration and management. One is a graduation of a course abroad with a subsequent nostrification of the certificate in Georgia. The second is the graduation of MS course in public health at Tbilisi State University, discussed above. The third is following the course in National Health Management Center and the fourth venue residency in public health management at the State Medical University, already discussed and the fifth is taking a course in Academy of Medicine.

One of the main directions of the health care reform was the reorganization of medical education. This direction was reflected in a number of legislative acts: 1996, June 11 No 379 order of the President of Georgia on : “Additional measures for improving medical education”, requirement of having state certificate for carrying out medical service as reflected in the “Law of Health Care”, 1999, October 1 order No 478 of the President of Georgia on “measures for the development of the medical education system and improvement of human resource management” and the “Law on Medical Service”.

National Health Management Center offers from two to three week courses in public health management once in three months for the head doctors and their deputies. The National Health Management Center prepared the course in cooperation with Scranton University, Pennsylvania on the ground of Health Management Education Partnership (HMEP) subgrant agreement signed in March, 2000. The program funded by USAID was awarded to International Health Alliance (AIHA) which choose University of Scranton as subcontractor. Until today the center prepared 882 managers.

Above cited legislative initiatives laid foundation for realization of the concept of continuing education which is coming into force in the country. Continuing education is defined as the following the diploma phase of professional education which lasts for the whole period of person’s professional activity and is aimed at harmonizing theoretical knowledge and practical skills of doctors with modern achievements and technologies in medicine. The central unit for realization of continuing education is the State Medical Academy of Georgia. The activities are coordinated by the Council of post University and continuing education, which is headed by the Minister of Labor, Health and Social Protection.

According to “The Law on Medical Service” from June, 2001 each doctor to begin or to continue medical practice should have a certificate, which is obtained through passing certification exams. By March, 2002 1800 doctors have passed the exam. By law the certificate should be renewed every five years through re-certification. But due to the low quality of certification exams held until today the re-certification exams until 2006 will be held as certification exams, but with the requirement of having necessary for re-certification credits. The procedure of re-certification entails two possibilities: collection of credits or passing certificate exam. But for obtaining the right to be re-examined the doctor should still collect a certain amount of credits. At the Council of post University and continuing education operates commission for credits, which awards credits to programs. As credit system will begin to operate at the end of 2003, existing courses do not have credit scores.

Health care managers being doctors is not a written law. There are no legal obstacles for Public Administrator to become a head doctor. But none of the health care facilities have head doctors without medical education. Rightness of such a practice is rationalized first of all by the abundance of doctors for whom the employment should be found, the second often pronounced argument is that the big clinics in fact have different managers, e.g. in finance management, in PR and they are not usually people with medical education.

6. Discussion and conclusions

Existing practice of the selection of hospital directors leaves no chance to non-medical personnel to acquire high managerial position in a health care facility. This in turn does not stimulate advancement of health policy or health administration courses in schools of public administration, which are establishing themselves in the country. In the educational settings from which managers are pooled, i.e. medical institutes the main focus in the courses of health administration, which usually are delivered by the doctors is epidemiology. Little space is allocated to management and marketing. The situation is even worse in regard to health policy, which is not taught at any institution.

The sphere of health service is almost entirely occupied by the people with medical education and there is no understanding among them of the need of professional managers in health setting. Doctors demonstrate the unwavering position to secure as many as possible positions in health care service for people with medical education and at present they have all the power to do so. It should be admitted although that there is some rationale in reluctance of accepting people out of medical profession as head doctors, often cited by the doctors-there are so many professionals unemployed, so why to seek out. The medical knowledge serves as an adding value in case of top manager. So possibility of breaking the professional barrier seems improbable in the nearest future. It is much more fruitful in short-term perspective to seek decisions in education and reeducation of health professionals. The introduction of licensing and accreditation practice for medical staff opens some venues for the improvement of the situation.

A stringent criteria should be provided for licensing doctors in health administration. The courses of re-training as well as main training should be much more focused on management and marketing. Going through practical management skills training should become a necessary requirement. Courses in management and marketing should be provided by the specialists of the fields and not doctors. There is a need of coordinating the courses delivered in different high education institutions in health management.

Course in health policy should be developed with the help of international experts as there is not much capacity in the country.

In conclusion it can be said that the public health care and management is gaining importance in a reformed system of health care. But still there is no full recognition among medical workers of the necessity for organizers of public health to have a solid managerial knowledge and skills.

Appendix 1

List of academic courses and training programs in public health management and policy

No	Course name	Affiliation	Address	Participants	Duration	
1	Public health management	State Medical University	Tbilisi33, Vaza-Pshavela str. Tel.392613 Otar Gerzmava Dali Kitovani	Undergraduate physicians Undergraduate dentists	96 hours 76 hours	
2	Public health management and epidemiology	Georgian State Medical Academy	Tbilisi. 29, Chavchavadze av. Tel.230387, 231593 Mamuka Jibuti	Physicians Continuous education	Intensive, one month course	The course is in the process of development
3		National health Management Center	Tbilisi. 51, Iv.Javakhishvili str. Tel. 956680 Otar Gerzmava	Managers of health institutions	Intensive course	Course is developed in cooperation with Scranton University, Pennsylvania
4	Public health care	Tbilisi State University	Tbilisi. 1, Chavchavadze av. Revaz Urushadze	Fifth year physicians and dentists MS course in Public health care	75 hours 3 semesters	
5	Public health care and management	Georgian medical institute "Dostakari".	Tbilisi. 74, Uznadze str. 961678	Third and four year students		
6	Organization of public health and management	Georgian State Medical Academy affiliated with the state institute of qualification of physicians	Tbilisi. 29, Chavchavadze av. Tel: 230387	Fifth year students	18 hours	
7	Social hygiene, organization of public health and management	Tbilisi E.Pipia medical institute.	Tbilisi. 6a, Vaza-Pshavela av. Tel: 985362	Second, fourth, fifth year students-physicians and second and third year dentist students		
8	Public health policy, management epidemiology and statistics	Tbilisi medical school 'Aeti'.. Irakli Sasania	Tbilisi. 29, Vaza-Pshavela str. Tel: 516898	Fifth and sixth year students physicians	180 hours	
9	Management	Medical institute "Panacea"	Tbilisi. 42, A.Tsereteli avenue. 294395	Third and fourth year physicians and dentists		
10	Organization and	Tbilisi academy of classic and	Tbilisi. 16, Kavtaradze str. Tel:	Third year physicians and	72 hours	

	management of public health	traditional medicine.	305575	dentists	36 hours	
11	Organization of health care and management	Medical institute "Clinicist".	Tbilisi. 2, Chiaureli str. Tel: 520976	Third and fourth year dentists		
12	Organization of health care and management	Tbilisi medical institute "Tsodna".	Tbilisi. 47, Kostava str. Tel: 936940	Fifth year physicians		
13		Tbilisi civil medical institute.	Tbilisi.53, Marjanishvili str. Tel: 950296 Goderzi Tabatadze	Physicians and dentists		
14		Medical institute affiliated with the center "Panaskerteli".	Tbilisi. 68, Uznadze str. Tel: 956956	Third year and fourth year physicians and dentists		

Appendix 2

Program in public health care and management Tbil

Program in public health Tbilisi State University

1. The goals and aims of the discipline
2. Content of the discipline-
public health care,
Control of contagious diseases,
Creation of healthy environment,
Health care for special groups of population,
Health promotion,
Supporting effective treatment,
Health economics,
Management.
3. Epidemiology
4. Sanitation

Topics of health management course test for licensing

Test questions have from 4 to 5 answer options to choose from

- Health law (16 questions)
- Health reform (7 questions)
- Public health. Health of population and factors influencing it (13 questions)
- Morbidity of population (24 questions)
- Characteristics of the development of illnesses (28 questions)
- Prevention of illnesses (89 questions)
- Healthcare management. General and of health care personnel (91 questions)
- Licensing and certification (23 questions)
- Labor Law (19 questions)
- Primary medical care (27 questions)
- Organization of out-patient service (23 questions)
- Organization of medical service of rural population (10 questions)
- In-patient service (43 questions)
- Organization of mother-child service (52 questions)
- Quality Control (8 questions)
- Medical-social expert opinion (57 questions)
- Economics and financing of healthcare system (69 questions)
- Financing of State Programs (25 questions)
- Medical insurance (33 questions)
- Marketing (42 questions)
- Information systems in healthcare (38 questions)
- Biostatistics (55 questions)
- Organization of emergency service (18 question)
- Organization of dental service (22 questions)
- Different subjects (200 questions)

Appendix 3

Programs in public health care management

Short term training course for certificate

State Medical University

1. Public health as a science
2. Main characteristics of health and illness and the methods of their study
Main theories of the influence of social environment on health
Indices of population's health
Demographic development of population
medical statistics
3. Main factors influencing health
Social problems of the development of illnesses
The life-style
healthy life-style and characteristics of its formation
4. Policy and strategy of health care
Policy and strategy
Health care in Georgia
5. Economics and financing of health care
Economic foundation of health care
Marketing
Characteristic features of privatization. Forms of ownership
Planning of health care
Systems of financing health care
Insurance
Systems of financing in different countries
6. Foundations of the organization of health care and management
Foundations of health care management
Primary medical and sanitary assistance
Medical ambulatory assistance
Doctor patient relationship. Medical ethics and deontology
Organization of ambulatory and policlinic service in Georgia
Hospital as a social institution
State system of mother-child security
Organization of dental service
Medical work expertise

Public Health Care, management and organization of healthcare

State Medical Academy

The Chair of public health and epidemiology

Course for the health care system managers and epidemiologists

Duration of course: 27 days

Course design: The course consists of 10 modules, each containing lecture materials and practical work

1. Basics of epidemiology (3 days)
2. Basics of biostatistics (3 days)
3. Concept and practice of public health care (3 days)
4. Policy and planning of healthcare (2 days)
5. Information system of healthcare management and monitoring of diseases
6. Financing of healthcare (3 days)
7. Principles of management of healthcare (3 days)
8. Human resource management (2 days)
9. Fiscal aspects of healthcare institutions and financial accounting (3 days)
10. Legal aspects of healthcare institutions (2 days)

The course is in the process of finalizing and evaluation by the local and international experts. The course is intended to be delivered beginning May, 2003.

Appendix 4

Programs in public administration

Georgian Institute of Public Affairs

School of Public Administration

List of courses delivered in 2003

ECONOMICS - 45 academic hours

BUDGETING AND FINANCES - 45 academic hours

RESEARCH METHODS - 45 academic hours

STATISTICS - 16 academic hours

ORGANIZATION AND PUBLIC MANAGEMENT - 45 academic hours

HUMAN RESOURCES MANAGEMENT - 45 academic hours

CASE STUDIES - 45 academic hours

POLICY ANALYSIS - 45 academic hours

INTRODUCTION IN PUBLIC ADMINISTRATION - 45 academic hours

ADMINISTRATIVE LAW - 45 academic hours

TAX LAW - 16 academic hours

BASICS OF LAW - 16 academic hours

BASICS OF MANAGEMENT - 20 academic hours

CONFLICT RESOLUTION AND NEGOTIATIONS – 36 academic hours

SOCIETY AND POLITICS - 10 academic hours

ENGLISH LANGUAGE - 100 academic hours

COMPUTER SCIENCE - 100 academic hours

PRESENTATIONS - 10 academic hours

GEORGIAN LANGUAGE – 16 academic hours

DEMOCRATIC DEVELOPMENT HISTORY – 30 academic hours

INTERNSHIP - 4 weeks

Georgian Technical University
Curriculum for Public Administrator
Four year course for Bachelor's Degree

	Hours
1.Informatics	125
2.Russian Language	28
3.History of governance in Georgia	124
4.Basics of law	74
5. Georgian Constitution Law	154
6.Foreghn language	616
7.Philosopy	110
8.Georgian language	248
9.History of religion (non-compulsory course)	55
10.Georgian state (non-compulsory course)	248
11.Documentation and office management	124
12.Speech making	107
13.Microeconomics	84
14.Administrative Law	74
15.Ecology	124
16.Logics	55
17.History of world civilization	110
18.Politology	76
19.State management of international relations	124
20.International relations and politics	124
21.Civic code	74
22.Sociology	55
23.Global ecopolitics	248
24.Law of intellectual property	74
25.Defence of cultural heritage and state policy	124
26.World economy	124
27.Organizational and managerial development	248
28.Art of discussion	124
29.Interpersonal skills	124
30.Financial law	74
31.Social policy	248
32.Psychology	55
33.Mass Media and public policy	95
34.International economic relations	121
35.History of state management of foreign countries	124
36.Business law	74
37.Social psychology	55
38.History of Georgian and world culture	124
39.Labor law	74
40.Theory and practice of state management	248
41.Etiquette	124
42.Management	112
43.Conflictology	110

44.Municipal law	74
45.International law	74
45.Problems of international security	124
46.Political analyses of public sector	248
47.Informational and computer law	74
48.Management systems of tourism industry	248
49.Theses	124
50.Information bases of organizations and management	124
51.Human resource management	124

Appendix 5
List of medical universities

In Georgia two state universities, i.e. State Medical University and Tbilisi State University give degrees in medicine. Next to them operate thirty private universities, twenty seven of which are located in the capital, Tbilisi.

Medical Universities registered in 2002:

No	University	Address	Telephone Area code:+99532
1	State Medical University	Tbilisi. 33, Vaza-Pshavela str.	392613
2	Tbilisi State University	Tbilisi. 1, Chavchavadze av.	943454
3	Georgian medical institute “Dostakari”.	Tbilisi. 74, Uznadze str	.961678
4	Tbilisi medical pediatric institute.	Tbilisi. 21, Lubliana str.	529535
5	Tbilisi medical institute.	Tbilisi. 4, Lubliana str.	
6	Tbilisi medical stomatological institute	Tbilisi. 1, Baku str.	957911
7	.Medical institute “Clinicist”.	Tbilisi. 2, Chiaureli str.	520976
8	N.Kakhiani Tbilisi medical institute	Tbilisi. 5, Lubliana str	527915
9	Medical institute ‘Panacea’	Tbilisi. 42, A.Tsereteli avenue	294395
10	Tbilisi academy of classic and traditional medicine	Tbilisi. 16, Kavtaradze str.	305575
11	Tbilisi medical institute ‘Skhivi’.	Tbilisi.16, Kavtaradze 16	
12	Medical academy affiliated with the state institute of qualification of physicians	Tbilisi. 29, Chavchavadze av.	230387, 231593
13	Tbilisi institute of biological medicine and ecology	Tbilisi. 22, Kazbegi av.	
14	Stomatological institute affiliated with Academy of sports.	Tbilisi. 49a, Chavchavadze av.	
15	Tbilisi medical institute “Medicor”	Tbilisi, 49, Chavchavadze av	253408
16	Georgian independent medical institute “Iveria”	Tbilisi. 9, Tsinandali str.	
17	Tbilisi independent medical institute “Vita’	Tbilisi. 8a, Navtlugi str.	
18	Georgian medical institute of physiotherapy	Tbilisi. 9, Gorgasali str.	720467
19	Tbilisi medical institute ‘Tsodna’.. 936940	Tbilisi. 47, Kostava str	
20	Tbilisi medical institute “Momavlis eqimi”	Tbilisi. 4, Gudamakari str.	
21	Tbilisi medical institute “Sakartvelo”	Tbilisi. 1b, Budapeshti str.	384072
22	Tbilisi E.Pipia medical institute.	Tbilisi. 6a, Vaza-Pshavela av.	985362
23	Tbilisi institute of critical medicine	Tbilisi.27b, Vaza-Pshavela av.	398046
24	Tbilisi medical school ‘Aeti’	Tbilisi. 29, Vaza-Pshavela str.	516898
25	Tbilisi civil medical institute.	Tbilisi.53, Marjanishvili str.	950296
26	Medical institute “Tbilisi”	Tbilisi. 4,Kostava str.	
27	Medical institute “Kavkasia”	Tbilisi. 16, Al.Kazbegi av	
28	Medical institute of plastic surgery and dermocosmetology.	Tbilisi. 3, Kapanadze str.	
29	Medical institute affiliated with the medical center “Panaskerteli”	Tbilisi. 68, Uznadze str. 956956	
30	Batumi medico-ecological institute	Batumi. 16, Asatiani str.	

31	Kutaisi medical institute "Kutaisi"	Kutaisi. 13, Dvalishvili str.	
32	Telavi stomatological institute.	Telavi. 1, Freedom square	

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