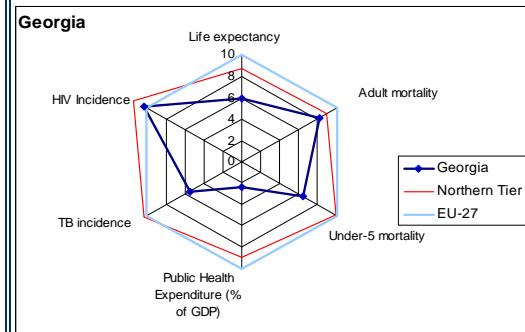




**Overview:** Georgia's health and social services sectors are struggling to overcome the ill-effects of low government spending in these areas since independence in 1991. Health facilities have not been well-maintained and maternal and child mortality rates are high. Despite this, Georgia has managed to keep its life expectancy rate stable and keep vaccine preventable diseases in check. In the years following the Rose Revolution, the government has undertaken major reforms of its social sectors. A top priority of USAID's assistance is to support these reforms while addressing the priority areas of reproductive, maternal and child health and control of infectious diseases such as tuberculosis, and HIV.

## Health Statistics

**Population:** 4.4 million (2007)  
**GDP Per Capita (nominal):** \$2,450 (2009)  
**Population below the poverty line:** 30% (2008)  
**Life Expectancy:** 72 (2007)  
**Adult Mortality Rate (15-59):** 150 per 1,000 (2007)  
**Under Five Mortality Rate:** 30 per 1000 live births (2007)  
**Total Health Expenditures Per Capita:** \$240 (2008)  
**Public Health Expenditures:** 1.8 % of GDP (2009)  
**Reported HIV Incidence:** 62.2 per 1 million (2006)  
**Estimated Tuberculosis Incidence:** 92 new 100,000 (2008)



*Northern Tier refers to the Czech Republic, Hungary, Poland, Slovakia, and Slovenia.*

## Health Vulnerability Highlights

**Under-five mortality**, though declining, is still a serious issue as 3% of children die before reaching the age of five. This rate is almost 4 times greater than in the US.

Based on extensive USAID-funded 1999 and 2005 Georgia Reproductive Health Surveys, the Total Induced Abortion Rates (TIAR) were 3.7 and 3.1, respectively. The Georgian abortion rate of 3.7 abortions per woman in 1999 was considered the highest documented rate in the world. Although it has declined to 3.1 abortions per woman, it is still extremely high,

Despite the dramatic increase in health spending by the Government of Georgia (GoG) during last 5 years, in 2009 **public health expenditures** still remained at a 1.8 % of country's GDP, the 3<sup>rd</sup> lowest in the E&E Region. Although decreasing, out-of-pocket spending still accounts for more than two thirds of total health spending (66.4%). More than half of GOG's health spending is targeted for the poorest of the poor and other disadvantaged population groups (about 1,000,000 - 25% of the total population)

Although **HIV incidence and prevalence** are currently low in Georgia, risk factors are increasing. Injecting drug use has increased rapidly in the past few years. Injection drug use itself accounts for 60% of reported HIV cases, and one-third of heterosexual transmissions involved sex with a partner who injected drugs. As a result, injection drug use is at the root of approximately 70% of HIV infections in Georgia. Georgia reportedly has 100% DOTS coverage. However, poor case management of **tuberculosis (TB)** contributes to development of drug resistance. This is an increasing concern in this country (27.4% in treated patients and 6.8% in new and relapse cases are multi-drug resistant (MDR-TB)) and requires immediate and sustained attention.

*\*This graph compares the country's health status against EU and E&E regional averages. For each indicator, a score of 10 corresponds with the EU average, suggesting ideal performance. A score of 1 indicates the poorest performance in that indicator in the E&E region. The country's performance is then plotted against this scale. A score of 10 is ideal performance for all indicators and all countries.*

## USAID Health Programs

**TB Treatment and Control Program (03/2003 - 09/2010)**: This USAID-funded project, considered a pilot for the Global Fund, creates an effective tuberculosis program, providing the technical basis and background for the implementation of Directly Observed Therapy - Short Course (DOTS). Establishment of DOTS Spots within clinics has increased case detection rate (Georgia has surpassed the WHO estimated case detection target: 113% vs. an estimated target of 70%), and improved treatment success rate (63% in 2003 to 75% in 2008), all leading to reductions in TB mortality and morbidity and the complexity of multi-drug resistant TB. *Implementer: Medical Service Corporation International (MSCI)*

**Strengthening Emergency Medicine Capacity (09/2007 - 09/2010)**: This activity assists the GoG to strengthen its capacity to deliver emergency medicine services by helping to establish a state-of-the-art emergency department at the country's largest hospital. The Central Republican Hospital will also be the site of a national emergency medicine training center for physicians and nurses throughout the country. *Implementer: Emory University*

**Health System Strengthening Project (10/2009 - 10/2014)**: The goal of the project is to support GoG's health reform efforts, which are aimed at improving the health status of the population, and increasing the quality of, access to, and satisfaction with health services. The project will contribute to these efforts by strengthening insurers' capacity to provide quality health insurance services; strengthening providers' capacity to manage and deliver quality health care services; and strengthening the government's capacity to guide and monitor health reforms. *Implementer: Abt. Associates, Inc.*

**HIV Prevention Project (01/2010 - 12/2014)**: The goal of the HIV Prevention Project is to support HIV prevention among high-risk groups in Georgia in order to avert the spread of HIV to the general population. The activities will focus on: prevention in primary risk groups such as intravenous drug users; men who have sex with men and commercial sex workers; interventions with secondary risk groups most likely to be infected next (youth); and stigma reduction. *Implementer: Research Triangle Institute (RTI)*

**Georgia Sustaining Family Planning and Maternal and Child Health Services Project – Sustain (10/2009 - 10/2014)**: The project will meet critical maternal and child health and family planning needs while laying the foundation for long-term, sustainable family planning and maternal and neonatal health programs in the private sector, through private insurance industry plans, existing health clinics and planned health training units, while promoting a broader range of contraceptives available in pharmacies throughout Georgia. *Implementer: JSI*

**Hepatitis B Catch-up Vaccination (09/2009 - 03/2011)**: The project will provide vaccinations for 3,000 medical students and approximately 6,000 sero-negative healthcare workers throughout Georgia, and an estimated 8,000 adolescents in Tbilisi. In addition, seminars for chief medical doctors and key opinion leaders in vaccinology will lead the way to the screening program for health care workers. All vaccinations will be administered on a voluntary basis. *Implementer: Rostropovich Foundation*

**Nursing Vocational Education Project (10/2009 – 10/2011)**: The immediate goal of this project is to improve the competencies of nurses currently practicing in Georgia through an intensive training program. An important segment will be teaching leadership and management skills to key nursing staff, and demonstrating how to provide continuous in-service education in their respective hospitals. The initial focus of this activity will be the forty-two hospitals owned by Block Georgia. A long-term goal is to establish a degree-granting school of nursing in cooperation with the Government of Georgia that will help to improve the nursing profession in Georgia. *Implementer: Emory University*