

Information of the Government of Georgia for the report on the practical application of the technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children under 5 years of age

- **Report of the Office of the United Nations High Commissioner for Human Rights**

Georgia has not adapted a Charter on children's rights in hospitals at national level. Accordingly it has not been adapted by the hospitals. Therefore, the paediatric hospitals surveys were conducted in Georgia aiming to identify and assess the gaps between the full respect of children's rights in hospitals and the actual practice. The assessment was supported by the National Center for Disease Control and Public Health of Georgia (NCDC) and the WHO Regional Office for Europe.

The assessment was carried out in 8 children's hospitals. The main goal of the project is to reduce child mortality and morbidity through strengthening national health systems capacity by improving area of children's and partners'/carers' rights.

The findings revealed areas that need more attention in hospitals in Georgia include quality of care in terms of protocols and continuous training of health professional.

The assessment identified the main gaps, like: the lack of attention to children's right to play, information and participation; There is problems with geographical accessibility with palliative care. The main recommendations include enacting monitoring and evaluation mechanism on protection children's rights to information and participation, to food and to play.

- **Monitoring and evaluation**

Monitoring and evaluation of data relating to child mortality and morbidity, collected regularly and rigorously, are required to track fulfillment of relevant human rights as well as to inform policies, programmes and services. Well-functioning health information and surveillance systems should ensure that data are reliable, transparent and consistent, while protecting the right to privacy of children and their families. Data should be disaggregated to reveal which groups of children are being left behind and should be regularly used to track progress and direct action.

Vital registration, health information system, and surveys are the main tools for monitoring and evaluation of the mortality and morbidity of children under-5.

Vital registration collects data on births and deaths and is used for mortality assessment.

Health information systems in Georgia:

1. Routine Medical Statistics, which includes data collection, analysis, interpretation and dissemination.
2. Notifiable communicable disease surveillance system, which includes data collection, case notification, analysis, interpretation and dissemination.
3. Administrative Health Information System, which covers state vertical programs, universal health care program, health recourses, etc.
4. Reproductive age women mortality surveillance system, which includes notification within 24 hours for each death event and case investigation, using the verbal autopsy method.
5. Maternal and under-5 mortality and stillbirth surveillance system, which includes case emergency notification by the health care provider.

Now the routine statistics system is moving from the paper-based reporting toward:

1. case-based data collection and
2. registers.

Case-based data collection for hospital sector was introduced in January 2014. In 2014, the annual report for in-patient facilities was done implementing only electronic system “Record on the patients’ discharge (Form N066)”, no parallel paper-based data collection was used. The introduction of the electronic system “Record on the patients’ enrollment with the outpatient system (Form N025)” is scheduled for January 2016.

Population cancer register has already been implemented over the country since January 2015. Since 2016, a population-based so called “birth registry” has been scheduled for implementation in the healthcare system. The registry will include health information about mothers and children starting from the moment of initiation of the antenatal care till the age of 5. The registry will have a regular detailed information about all episodes, including involvement in the healthcare programs (e.g. vaccination, screenings. treatment) and outcomes of treatment, including death.

Electronic medical record (EMR) is under a development process.

Surveillance system also contains information about children under-5. Such sub-system as notifiable disease surveillance (EIDSS), tuberculosis, HIV contain information about age and sex of all enrolled patients, including children.

In addition, risk-factors surveillance through population-based surveys organization is implemented in the country.

Data in all above mentioned systems could be disaggregated by age and sex groups and by administrative units.

- National accountability mechanisms should monitor, review and recommend remedial action based on their findings. Monitoring means providing data on the health status of children, the quality of children’s health services, and how much is spent, where, on what and on whom. This should include both routine monitoring and periodic, in-depth evaluations. Reviewing means analyzing the data and consulting children, families, other caregivers and civil society to determine whether children’s health has improved and whether governments and other actors have fulfilled their commitments. Acting means using evidence emerging from those processes to repeat and expand what is working and to remedy and reform what is not.

Data collected within the systems mentioned in the paragraph “Monitoring and evaluation”, are routinely used for health status assessment. The systems provide information on incidence and prevalence of diseases. Data about health services consumption will be available after the full-scale implementation of registers, case-based systems and EMR. This will help in measuring the quality of the health services.

- **States are required to:**
 - (a) Regularly review their health information system, including vital registration and childhood disease surveillance, with a view to its improvement;

Regular work to improve the HIS performance is in place:

1. routine data collection tools are annually updated;
2. different system databases are compared to improve the coverage and quality of registration;
3. ill-defined causes of death are compared with registries to establish the underlying cause. If found impossible, a verbal autopsy and medical record revision are conducted.

- (b) Create a well-structured and appropriately-disaggregated set of quantitative and qualitative indicators that encompasses key recommended child health indicators within and beyond the health sector, with a view to measuring changes in child health and survival, tracking progress towards established targets and addressing any discrimination;

HIS contains data for calculation the majority of quantitative health indicators, which are included in different lists. As it is mentioned above, case-based either registry-based collected data can be disaggregated to fulfill all demands. For health-monitoring purposes, the NCDC regularly produces the following lists of indicators:

1. Main indicators list for health care system monitoring;
2. HFA indicators list;
3. MDG indicators.

(f) Monitor and evaluate non-State actors' fulfilment of their human rights responsibilities relevant to child health and survival, including that of private sector providers of health and ancillary services;

According to the Georgian legislation¹ all providers, including private property, are involved in the obligatory statistical reporting. Thus, private health sector actively participates in all kinds of data collection.

(h) Conduct regular reviews of child deaths in order that lessons may be learned at all levels of health and other systems, as a way to inform actions to prevent future child deaths;

Child death structures by underlying causes, weight at birth, place of death, and geographic locations are regularly included in all relevant publications.

(j) Disseminate the findings of child health monitoring and evaluation efforts and use the data to adapt and improve policies, programmes and services relating to child mortality and morbidity;

Produced indicators are regularly published and available for the public. The lists of indicators include child health monitoring indicators, as a natural part. The following types of publications are available:

- **NCDC regular publications (available paper and web-based):**
 1. ***Health and Health Care in Georgia***. This is the annual set of tables containing main indicators. Publication is prepared by the Department of Medical Statistics and covers the following topics: health status, human resources, health resources utilization, vaccination, etc.
 2. ***Health Care in Georgia***. This annual publication containing texts, graphics and tables, prepared by the Department of Medical Statistics, covers the following topics: demography, health status, human resources, health resources utilization, maternal and child health, vaccination, health financing, risk-factors, etc.

¹ "Law on Health Care" (articles 20, 43, 55) issued in 1997 and revised in 2007.

"Law on Statistics" (articles 2, 6, 11, 12, 17) issued in 1998.

"Law on Public health" issued in 2007.

3. **Health Care, Georgia, Short Statistical Highlights** – short annual publication containing texts, graphics and tables, prepared by the Department of Medical Statistics, covers the following topics: demography, health status, human resources, health resources utilization, vaccination, maternal and child health, health financing, risk-factors, etc.
 4. **Epidemiological reviews**, which are produced quarterly and prepared by Departments of Communicable and Non-communicable Diseases, etc.
- **NCDC irregular publications (available paper and web-based):**
 1. **Reports of population-based surveys**, which follow surveys and produced on demands, usually prepared by all departments involved.
 2. **Factsheets, policy briefs, leaflets, etc.**, also produced on demands and prepared by all departments involved.