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The Permanent Mission of Georgia to the United Nations Office and other International Organizations in Geneva presents its compliments to the United Nations Office of the High Commissioner for Human Rights (OHCHR) and in reference to its Note Verbale, dated 18 June 2012 (Reference: GVA-0328) has the honour to transmit herewith the information from the Government of Georgia on Children's Right to Health.

The Permanent Mission of Georgia to the United Nations Office and other International Organizations in Geneva avails itself of this opportunity to renew to the United Nations Office of the High Commissioner for Human Rights the assurances of its highest consideration.

Enclosure: 4 pages



United Nations Office of the High Commissioner for Human Rights
Geneva

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Information from the Government of Georgia on Children's Right to Health

in response to the OHCHR request

in accordance with the Human Rights Council resolution 19/37

1. Please provide information on the main health challenges related to children that your country is facing.

Many years of economic hardship and devastated healthcare system had overall very negative effects on the health status of population and especially that of children. Poverty, lack of access to health and social services still reflect in higher mortality rates among children compared with western countries. Major improvements are undertaken in the fields of protection of children's right including access to housing, food and healthcare, and as a result mortality rates are slowly declining.

2. Please indicate the current status of the child's right to health under your country's legal framework. Please include information on legal provision (including Constitutional provisions) which explicitly recognize the child's right to health. Also provide information on legal recognition of key determinants to children's health, including access to safe and adequate nutrition and housing, to water and sanitation, and to health-related education and information.

Article 37 of the Constitution of Georgia enshrines the universal doctrine that everyone has a right to access healthcare and to live in the healthy environment. Moreover, Law on Healthcare declares a responsibility of the government to care for health of mothers and children.

Law of Georgia on Protection and Support for Breastfeeding and Use of Baby Formula of September 9, 1999 sets the framework for ensuring supporting environment for the breastfeeding mothers and requirements for baby formulas.

Further, numbers of legal documents regulate drinking water safety, food safety and requirement for baby formulas.

In addition, during the last few years, legal and regulatory documents overseeing adoption, housing and reintegration of children have been revised in line with international standards.

3. Please provide information on national policies, strategies and plans of action for addressing the priority concerns and challenges identified in question 1. Please include information as to whether the child's right to health, including the right to health care is explicitly referred to in existing policies, strategies and plans of action.

Georgia's National Health Care Strategy for 2011-2015 "Access to Quality Health Care" sets the national policy for healthcare. It is explicitly based on ensuring adequate protection of maternal and child health and one of the key outcomes of the implementation of the Strategy is to avert premature death among children. One of the key challenges that the strategy is addressing is child mortality and perinatal losses. It sets clear objectives:

- Ensure immunization services in order to avoid mortality and morbidity among children due to vaccine-preventable diseases – for this purpose, the Ministry of Labour, Health and Social Affairs of Georgia plans to increase the effectiveness of the immunization program by reaching and maintaining high immunization coverage rates. To this end, the information system on immunization management will be upgraded implying the improvement in both - immunization information and information systems on immunization logistics management. The immunization system will be strengthened in collaboration with respective governmental organizations, in particular, the Civil Registry Agency, the Ministry of Education and Science, and the private medical sector. Moreover, new vaccines will be added to the national immunization calendar, which will help prevent those infectious diseases that currently place a heavy economic burden on families and society;
- Address lack of capacity and quality of perinatal services to reduce perinatal losses – for this purpose, the Ministry of Labour, Health and Social Affairs of Georgia is upgrading related infrastructure. Further, in accordance with the general plan of perinatal service development, effective functional links will be established between different levels of perinatal services, which will ensure adequate management of obstetric and neonatal diseases, complications and emergencies. Special attention is devoted to increase provider expertise and capacity with the assistance of foreign experts. New perinatal guidelines are being developed and implemented. A special unit is established within the National Center for Disease Control and Prevention to improve the surveillance of maternal, child and reproductive health issues. The unit is regularly studying and analyzing maternal and child health and as a result, develops recommendations for the government to design effective responses to emerging challenges.

Further, the Strategy sets out the framework for accessibility and affordability of health care through rehabilitation and construction of modern healthcare facilities in the country – in rural, as well as urban areas - and through provision of health insurance to increase affordability of healthcare services.

4. Please indicate what role schools have in promoting children's right to health. Is health promotion included in the school curricula?

"Safe and healthy School" initiative and strategy document elaborated through collaboration among the Ministry of Labour, Health and Social Affairs of Georgia, Ministry of Education and Science of Georgia, National Center of Disease Control and Prevention, non-governmental sector and international organizations sets out health education and prevention activities that are undertaken at school to ensure health of the children.

5. Please provide examples of good practice undertaken by your Government to protect and promote children's right to health, particularly in relation to children in especially difficult circumstances.

Major changes of child healthcare system are taking place in Georgia to achieve the Millennium Development Goal 4 set out in international declarations and country commitments. Impacts of those changes are: increasing live birth rate, reduced Neonatal mortality, reduced Infant Mortality, reduced Neonatal Mortality and reduced Perinatal Mortality.

1. In order to ensure affordability of health services for its citizen, the Government of Georgia implements health insurance programs:

Starting from 2008 all children living in poor households (measured with a specially designed program) receive fully subsidized health insurance coverage. Insurance benefit covers primary healthcare, necessary out-patient and in-patient surgical care, as well as limited drug benefit. Same type of coverage is provided to all children living in state institutions. Starting from September 1, 2012 all children 0 to 5 will also be receiving health insurance coverage.

Along with health insurance coverage, number of preventive care services is also available to children. Those include immunization, preventive newborn screening for number of Phenylketonuria, Congenital Hypothyroidism and Cystic Fibrosis, hearing screening program and others, as well as monitoring of child development and mental health, TB and HIV treatment.

Further, new vaccines are added to the national immunization calendar, which will help prevent those infectious diseases that currently place a heavy economic burden on families and society. In 2012 Georgia introduced Rotavirus vaccine and the country is committed to the introduction of Pneumococcal Vaccination from 2013.

Out of total public spending for health over 3% is spent to provide services related to gestation and delivery. Those services include universally available free antenatal care, hospital-based care for complications during the pregnancy and complicated delivery. HIV, B hepatitis and syphilis screening is provided as a part of antenatal care to ensure mother's health and prevent mother-to-child transmission. At the start of the program required supply of test kits was supplied by international organizations such as Global Fund, UN agencies, etc., however, starting from 2011, Georgia had committed funds to procure required supplies from the State budget. Annually over 50 thousand females (over 80% of all pregnant compared to 60% in 2001) complete full 4 antenatal care visits, which is free and geographically accessible. From the quality of care considerations, it is important that increasing number of females start antenatal care earlier than a gestational age of 12 weeks and 90% of all pregnant are screened for the main infections.

2. Rehabilitation of health infrastructure and improvements in the quality of healthcare: One of the limiting factors to ensure access to needed healthcare was a lack of service providers, especially outside of the capital city. Most of the infrastructure in the country was bulky and deteriorated, with no heating, access to clean water and sanitation. With the recent reform, over 150 new facilities were constructed or rehabilitated. Stricter regulations and requirements for healthcare facilities also ensure that those facilities meet international standards for medical care setting and provide safe and quality services.

Complete renovation of health infrastructure in the country will be completed by 2013, which will ensure access to modernized healthcare facilities in every region of the country. This reform addresses lack of access to healthcare for children, particularly those, living in rural and remote areas. Now all essential care can be accessed close to the place of residence, thus reducing inequalities in access to healthcare and as a result in mortality and morbidity among children. Over 10% are already constructed in rural areas with comparatively dense ethnic minority population, making healthcare more accessible. It is notable that ethnic and lingual minority groups that compactly settle in certain areas also regained access to healthcare facilities within their region that ensures that more treatment will be sought through formal healthcare system, especially that by mothers and children. As a result, for example, number of deliveries without attendance of skilled obstetricians had declined from 8% (1999) to less than 1% (2010).

In order to improve access to quality healthcare services, special attention is paid to the regulation of healthcare facilities and training of qualified personnel.

In 2010, Georgia had established new national requirements for healthcare facility regulations. Those requirements had been gradually enforced and from 2012 all