

Preventable mortality and morbidity of children under 5 years of age as a human rights concern

- 1. Has your government developed a national policy/strategy/action plan aimed at reducing mortality and morbidity of children under five years of age? Please provide information on provisions that ensure that explicit attention is being paid to specific health and development needs of vulnerable and disadvantaged children and to interventions and service delivery approaches for these children.**

Since 1999 maternal, newborn and child health has been a priority area for the Government of Georgia. At the end of 2012 health authorities have updated National Health System performance assessment and based on these results Ministry of Labour, Health and Social Affairs of Georgia (MoLHSA) is in the process of elaboration of strategic action plan on "Universal healthcare and the quality management for the protection of patients' rights". One of the 9 directions of national strategic framework is child and maternal health promotion which includes following activities: elaboration of regionalization plan of perinatal services and identification and implementation of clinical referral criteria; elaboration of regulatory mechanisms of accreditation process in perinatal services and implementation of voluntary accreditation; antenatal, ensuring continuity of antenatal, perinatal and postnatal management and supervision system.

Maternal and child health promotion and development issues are also depicted in "Social-Economic Development Strategy, Georgia 2020"

Immunization strategy document identifies reduction of mortality and morbidity rates among children as one of the main priorities which should be achieved through the introduction of new vaccines in the national immunization program.

A high-level conference "Investing in Georgia's Future - A National Agenda for Early Child Survival and Development" was organized in June 2013 by the Government and the Parliament of Georgia, with the support of UNICEF. It has resulted in commitment to prioritize Early Childhood Development within Georgia's National Development Strategy – Georgia 2020.

As a follow up, in September 2013, the Ministry of Labour, Health and Social Affairs, together with the Social Service Agency signed a Memorandum of Understanding with UNICEF on “Reforming means tested social protection programmes and making the social protection system more oriented towards children’s needs”. This process is ongoing and includes the revision of already existing cash programmes, specifically the Targeted Social Assistance Programme and exploration of other cash and in-kind benefits targeting specifically households with children.

At the End of 2013, the Government and the Parliament of Georgia set a National Agenda for Children at Risk of Family Separation and Deprived of Parental Care which concentrated around prioritizing family strengthening in all state policies and programs, ensuring inclusion of children with disabilities and ending the use of the residential care institutions for all children younger than 6 years by expanding existing family support services, establishing home care services for children with disabilities, strengthening the prevention measures for child abandonment as well as strengthening foster care and ensuring strong gatekeeping and monitoring of the state and non-state child care services.

The Ministry of Labour, Health and Social Affairs (MoLHSA) is developing a state-run system to address the needs of children living and/or working on the streets. During the Summer-Fall of 2013 all (80) service providers from 3 mobile teams, 3 day-care/crisis intervention centers and 2 transitional 24-hour centers in Tbilisi (pilot region) were trained. This resulted in professionals being equipped with the following essential knowledge and skills, e.g. on mental health issues; on sexual and reproductive health, HIV/AIDS, on intervention plans, communication skills etc. It is estimated that approximately 500 children living and/or working on the streets of Tbilisi will benefit from the quality services provided by these professionals.

The MoLHSA is actively collaborating with Georgia’s non-governmental sector on the establishment of the national standards for day-care centers and the development of the national early intervention programme for persons with disabilities. In 2013 the early intervention services were developed (by UNICEF and the NGO “First Step”) in Kutaisi and Batumi and provided to 97 children with disabilities aged 0-7 years. The need for early intervention services for children with disabilities was identified through the analysis of inflow of infants to the Tbilisi Infant Home. It appeared that around 60% of children originated from Imereti and Adjara regions (of which the capitals are Kutaisi and Batumi). Imereti is a predominantly poor region with the high proportion of children with disabilities. Both, in Kutaisi and Batumi, the buildings for service provision were allocated by local municipalities. Through UNICEF’s support the buildings were renovated, staff trained and the services tested. Sustainability was achieved through agreement with local and central government on allocation of vouchers for children with disabilities eligible to

become the state program beneficiaries. The early intervention services were focused on supporting and stimulating the physical, psychological and social developments of children. The services included occupational and speech therapy, psychological and health assistance, development and implementation of individualized plans for children involved and their families.

The Parliament of Georgia shared the initiative of the Parliament's Human Rights and Civil Integration Committee and declared the year 2014 as a year of Protection of the Child Rights. Child rights related actions will be incorporated into the overall National Human Rights Action Plan that is currently being developed.

- 2. Does your government collect data on the health status of children under five, including information on vulnerable and disadvantaged groups? How is this data used in the development, implementation, monitoring and evaluation of policies, programs and services relating to mortality and morbidity of children under five?**

National Center for Disease Control and Public Health monthly and annually collects maternal and child morbidity and mortality data from the medical facilities. Alternative sources of the data are reproductive health survey conducted by the international organizations (2000, 2005, 2010) and Multi-indicative Cluster Survey (2005). Child health mortality and morbidity data and reasons are also recorded in the database of Civil Registry,

For better monitoring of maternal and child mortality cases emergency notification system has been started in February 1, 2013, which ensures urgent provision of information on maternal mortality, 0-5 years infant mortality and stillbirth cases. Each medical organization is obliged to notify MoLHSA by phone call within an hour in case of maternal or 0-5 child mortality and stillbirths and in the next 24 hours confirm the call by the written notification.

Information is accumulated in the database and qualitative and quantitative analyzes are conducted. Monthly data is being compared and presented to the MCH Board of the MoLHSA with the data received by the routine statistics and that of unified information system of disease control.

According to the national data, the mortality rate of children under five years of age in 2012 was 14.4 and major causes of mortality were perinatal complications, congenital anomalies, respiratory and infectious diseases.

Government has mobilized resources to tackle the problems related to MCH service fragmentation in Georgia by preparing the background for the introduction of the new

Maternal and Child Health Management Information System (i) capable to track Mother and Child throughout the entire lifecycle (pregnancy, delivery and perinatal care, child care until child reaches the age of 6); (ii) well thought to ensure access to the lacking data; (iii) proficient enough to transform the raw data into useful information and serve as a powerful tool for MCH quality management with consequent evidence-based decision and policy making.

UNICEF has supported the Government in this endeavor and as a result the instruments for data collection and data analyses have been developed; they need to be tested and endorsed. Besides, the recommendations are provided for the harmonization of vital registration system among the key players (MoLHSA/NCDC&PH; MOJ/Public Service Development Agency; National Statistics Office of Georgia).

- 3. What coordination, monitoring and redress mechanisms are in place to ensure effective implementation of the national policy/strategy/action plan at all levels? Please provide information on how such mechanisms ensure transparency, as well as participation of all relevant stakeholders, including national human rights institutions, civil society and community representation.**

In order to improve maternal, child and reproductive health control, working group was created at the National Center for Disease Control and Public Health in 2011, which studies and analyzes the maternal and child health status on a regular basis and makes recommendations for the efficient response of the state.

Maternal and Child Health Coordinating Council was created by the Order № 01-113/o of May 16, 2013 of the Minister of Labour, Health and Social Affairs of Georgia. Council is represented by all stakeholders for ensuring transparent policy recommendations and promoting planning of maternal and child health activities and improving implementation and monitoring mechanisms.

The Council examines maternal and child morbidity and mortality data and on the bases of evaluation of the capacities of current antenatal, perinatal and postnatal services prepares proposals for defining maternal and child health national policy and priorities of state programs, including development of human resources and quality and capacity building of health service delivery, accessibility and quality improvement of perinatal, neonatal and pediatric services.

In 2013 evaluation of perinatal units has been conducted. Regionalization plan and referral clinical criteria have been prepared which ensures provision and continuous supply of quality services and interventions at different levels throughout the country.

Due to the high proportion (30-35%) of caesarean sections, pilot research of maternity houses was conducted by the financial support of JSI in June, 2013 in Tbilisi. Based on the results of the research, national clinical protocol "Caesarean section" has been developed (Order № 01-220 /o of October, 30, 2013 of the Minister of Labour, Health and Social Affairs of Georgia).

Ministry of Labour, Health and Social Affairs of Georgia with UNFPA support is elaborating Induced Abortion Protocol on the basis of the best international standards of WHO and other international recommendations. Also, amendments package will be finalized which includes medical as well as social preconditions of termination after 12 weeks of pregnancy and requirements to the medical facilities where abortions at different term of pregnancy will be conducted.

In order to reveal sex ratio disbalance at birth, qualitative survey on selective abortaion and sex selection will be conducted by UNFPA since February, 2014. According to the survey outcomes legislative amendments will be drafted for regulation selective abortion.

4. How is your government ensuring that underlying determinants such as safe drinking water and adequate sanitation, safe food and adequate nutrition, adequate housing, healthy environmental conditions and gender equality are taken into consideration in the prevention of child mortality and morbidity?

In order to reduce child morbidity and mortality following sanitary standards and technical regulations have been elaborated as a preventive measures for ensuring safe drinking water, sanitation and safe food.

- Sanitation norms and rules of food organizations at preschool facilities;
- Sanitary-hygienic requirements of drinking tap water quality;
- Technical regulations of drinking water;
- Technical regulations of food fortification;
- Standards of day center services for the persons with disability;
- Definition of the medical interventions classification and primary health care facilities requirements;
- The Law on gender Equity;
- Action Plan of Gender equity 2014-2016 (Project).

Considering the lack of evidence related to water, sanitation and hygiene conditions in Georgia's pre-schools, nationwide WASH survey was initiated by the Government and carried out with UNICEF support. 548 pre-schools (514 public and 34 private) have been assessed. The information was stratified by the regions, as well as by urban-rural and ethnic minority groups.

The surveys showed existing unequal opportunities in the country in pre-school institutions, namely: i) pre-school children in rural areas have worse sanitation conditions than the children in urban areas; (ii) children with physical disability unlike the healthy children, do not have access to drinking water, hand washing and sanitation facilities adapted to their needs and this situation is even more visible in rural areas; (iii) only 30% of the care givers in pre-schools have received training in hygiene education and maintenance of WASH facilities.

The survey finding has been presented to major state and non-state stakeholders including the parliamentary committees on Health and Education issues. The MoLHSA is planning to develop the WASH (Water, Sanitation, Hygiene) standards in close collaboration with the Ministry of Education and the Local Municipalities.

5. How has your government incorporated human rights in planning and implementing universal coverage of primary health services for children? In particular, how have the criteria of availability, accessibility, acceptability and quality of health services been considered?

Maternal and child health care services are integrated in the state programs to improve mothers, infants and young children's health condition.

Maternal and child health state program aims to reduce maternal and infant mortality rates by efficient patronage of pregnant women and increasing affordability and accessibility of high quality medical care. The program envisages ensuring safe pregnancy and delivery, reduction of transmission of infectious diseases from mother to child and declining child mortality. Besides, within this program antenatal patronage (4 visits) of pregnant women and screening for HIV/AIDS, Hepatitis B and genetic pathologies is conducted. Screening on hypothyreosis, phenylketonuria, hyperphenylalaninemia and mucoviscidosis and hearing examination of newborns and children are provided as well.

Beneficiaries of the State Health Insurance Program are children 0-5 years, children with disabilities 0-18 years, women and children registered in the "Unified Database of Socially Vulnerable Families" with rating score under 70000, children living in boarding schools, children in reintegration or foster care. According to the data of 2013, the total number of

state health insurance program beneficiaries is 296741 children under the age of 6 and 95070 children of 6-18 years.

On February 28, 2013 the Universal Healthcare Program was launched for the citizens without medical insurance. The first phase of the program ensured citizens with the basic medical package, including primary health care and emergency hospitalization. Since July 1, 2013 the program has been expanded and covered expanded services of primary health care and emergency hospitalization, emergency outpatient care, planned surgeries, treatment of oncological diseases and child delivery. By the end of 2013, more than 2 million citizens were insured (303 296 children of 0-18 years).

The State Immunization Program aims to protect the population, including the children, from infectious diseases through immunization. The calendar of immunization includes following vaccinations: BCG, HepB, DPT-HepB-Hib, DPT, OPV/IPV, MMR and DT. Rotavirus vaccination was added in 2013 and Pneumococcal vaccination will be included in 2014.

Government supports state programs focused on public health and health needs. Special attention is paid to the children's health on primary health care level. State programs are specifically oriented to the screening of children with development delay of 0-6 age group. Under this program mild and moderate mental development disorders of children are diagnosed and prevention of mental retardation is conducted as well.

The MoLHSA is leading the process of development of clinical care standards. In 2009 the Georgian Ministry of Labour Health and Social Affairs (MOLHSA) approached the National Institute for Health and Care Excellence (NICE), through the World Bank, for help with its ongoing healthcare reform programme, with the aim of improving the quality and access to care and at strengthening its clinical guidelines programme. In response NICE International (NI) began scoping a collaborative project with health officials from the MOLHSA to gain a better understanding of the state of clinical guidelines and standard development/implementation in Georgia and to identify areas of needs that it could help address. These included providing support for the existing National Guideline Accreditation Board, formalizing the topic selection process, developing technical capacity to support the development of evidence informed guidelines and producing a methods manual for guideline development in Georgia.

The methods manual for guideline development has been endorsed and since then the clinical standards have been developing in accordance to the manual. Georgian professional associations are vigorously engaged in actual drafting of the standards. As soon as the

standards are endorsed by the National Guideline Accreditation Board, they will be published on the official website of the Ministry. The set of clinical care standards and treatment protocols (30 +) for children under age of 5 are mainstreamed within the system.

Georgia joined CEDAW Committee on the Elimination of Discrimination against Women without reservations in 1994. The principles of equality, regardless of one's sex, are embedded in Georgia's Constitution and all the other major legislative acts. Moreover, there has been formulated a *State Concept on Gender Equality* (2006), laws against trafficking in human beings and domestic violence (2006) with relevant action plans and last but not least *Gender Equality Law* (2010) and Gender equality Action Plans (2007-2009; 2011-2013) and National Action Plan on Women, Peace, and Security (2012-2015).