



## Right to Health:

# Sexual and Reproductive Health and Primary Healthcare System

### SUMMARY OF KEY ISSUES FROM PREVIOUS CYCLES

In 2015, Georgia accepted five recommendations on healthcare including sexual and reproductive health issued by other member states (Algeria, Rwanda, Denmark, Brazil, Belarus). Despite their status is being technically implemented, key obstacles are related to weak primary healthcare system; lack of SRHR indicators for primary healthcare ; lack of preparedness of crisis. According to SDG 3.7 By 2030, the state should ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes and Primary healthcare is the main gatekeeper to ensure universal access to SRH.

### NATIONAL FRAMEWORK

Georgia has strengthened national institutional and policy framework related to women’s rights to health. However, the obligations taken through national action plans have not been implemented. Indeed, the lack of allocation of sufficient financial resources, weakness and no readiness of health system especially primary healthcare system hinders the possibilities to implement those policies into the practice. Family planning services are not fully integrated into primary healthcare services and are unsystematically undertaken as part of the duties of different specialists.

### CHALLENGES

1. Weak Primary Healthcare System
2. Low readiness of PHC to integrate SRHR, absence of SRHR indicators for primary healthcare
3. Lack of clear referral chain in PHC
4. Inaccessibility of continuous education program on for family /Village Doctors
5. Deficit of Specialized Nurses in PHC

### IMPACTS

- A. PHC services are significantly underutilized. Since the UHC introduction outpatient per capita visits per annum increased by 61% (2018) in Georgia, however, it is twice lower compared to the WHO European region estimate. Moreover, PHC in Georgia has a poor gatekeeping role, it fails in effective management of preventive services including SRH services.
- B. Readiness of Primary healthcare system to integrate SRH services are challenging due to various reasons: The absence of relevant indicators on SRHR in primary healthcare level for all groups of the population during whole life-cycle, approaches focused on the dissemination of information on family planning and contraceptives by the State creates significant barriers to accessing services,
- C. Family planning services are not fully integrated into primary health care services and are unsystematically undertaken as part of the duties of different specialists. Service provision at PHC level is fragmented and PHC referral System is vague.
- D. There are no accessible training or continuing education for family/village doctors, midwives and nurses on the modern medical achievements on SRHR, that significantly reduces the quality of maternal health services.
- E. There is no official list of nurse’s specialists neither registry to identify those specialized for PHC. Unlike to other medical personnel, there is no professional competences and responsibilities of nurses written and approved by the ministry. The low salaries and lack of job descriptions results in deficit of nurses with modern knowledge and competences. According WHO data, Georgia ranks 52 among 53 countries of Europe with number of nurses per 100,000 population.



**CHALLENGES**

6. Lack of Preparedness and Adequate Response of PHC in the state of Pandemic

**IMPACTS**

F. Georgia’s health system demonstrated lack of readiness and weak capacity to protect people amidst a major healthcare crisis through late response of engaging family/village doctors in the management of cases, lack of knowledge on modern and innovative technologies to provide hotline and online counseling and support during the second outbreak of the virus. Under the conditions created by COVID-19 pandemic, women employed in the service sector in medical facilities, found themselves under serious psychological pressure and stigma from the side of both their family members and relatives, as well as from the side of the community. The lockdown from the COVID-19 pandemic and the subsequent transportation restrictions left rural women and girls isolated, and aggravated existing affordability and accessibility barriers. Online digital alternatives of services were also inaccessible due to lack of knowledge of innovative technologies and technical barriers.

Georgia achieved some progress in the country’s preparedness to implement the MISP (The Minimum Initial Service Package for Reproductive Health) on the onset of an emergency. A coordination mechanism has been set up under the leadership of the government – with representation MoH, HERA XXI, UNFPA and other counterparts and cooperating with the UN Disaster Management Country Team (DMCT) led by WHO. Despite progress, there is still no integration of a minimum package of reproductive health services (MISP) In the emergency preparedness and response plans of the Ministry of Labor, Health and Social Affairs of Georgia .

**RECOMMENDATIONS**

1. Work out primary healthcare development strategy with unified definition of primary healthcare system itself covering organizational arrangement of primary health care, policies of human resources development, financing and evaluation;
2. Develop and integrate SRHR indicators in primary healthcare system for all groups of population during whole life-cycle;
3. Ensure the implementation of quality control mechanisms provided under the guidelines and protocols and implement internal and external audits and referral chain management to ensure the Availability, Accessibility, Acceptability and Quality of SRH services in PHC.
4. Ensure accessible continuous education for family/village doctors to provide quality gender sensitive and human rights based sexual and reproductive health counselling and ensure adequate referral.
5. Develop registry of nurse’s specialists to identify those specialized for PHC.
6. Develop and integrate Pay for Performance (P4P) in PHC for improving the performance of the health care providers through incentivizing and motivating behavior change for the desired output.
7. Ensuring service continuity in line with the Minimum Initial Services Package for Reproductive Health in Crises during the COVID-19 Pandemic and its integration in the Emergency Preparedness and Response Plans of the Ministry of Labor, Health and Social Affairs of Georgia .
8. Strengthen capacities of medical providers from PHC on electronic Health Management Information System and ensure Case Registration, Medical Provider Reporting, and Patient Confidentiality.

**SOURCES**

Georgia Primary Health Care profile: 6 years after UHC program introduction, Curation International Foundation, 2018 [http://curatiofoundation.org/wp-content/uploads/2019/09/Georgia-primary-health-care-profile\\_ENG.pdf](http://curatiofoundation.org/wp-content/uploads/2019/09/Georgia-primary-health-care-profile_ENG.pdf)

“Primary Health Care Systems” (PRIMASYS) Case Study from Georgia, Curation International Foundation, 2018 [http://curatiofoundation.org/wp-content/uploads/2018/03/Georgia-PRIMASYS-published-version\\_7.03.2018.pdf](http://curatiofoundation.org/wp-content/uploads/2018/03/Georgia-PRIMASYS-published-version_7.03.2018.pdf)

Sexual and Reproductive Health and Rights Indicators for the SDGs -Recommendations for inclusion in the Sustainable Development Goals and the post-2015 development process, 14 p.

The quality indicators of reproductive services in the primary health care, HERA XXI, 2020

Primary Healthcare in Georgia, Analysis of System and Recommendations for Real Changes, HERA XXI, <http://hera-youth.ge/wp-content/uploads/2020/06/Pirveladi-Jandacva.pdf>

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