

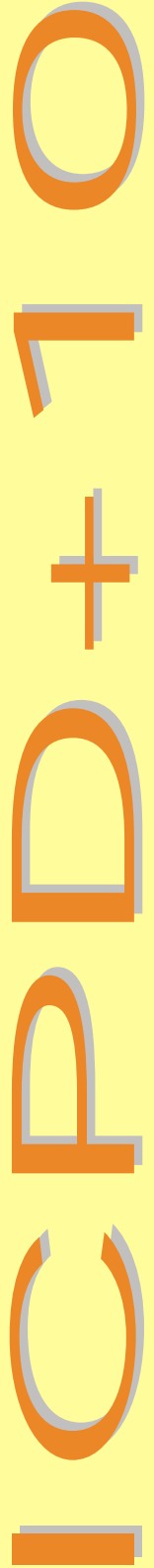


ICPD

Principles

in Action

Georgia





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Principles

in Action

Tbilisi, 2003

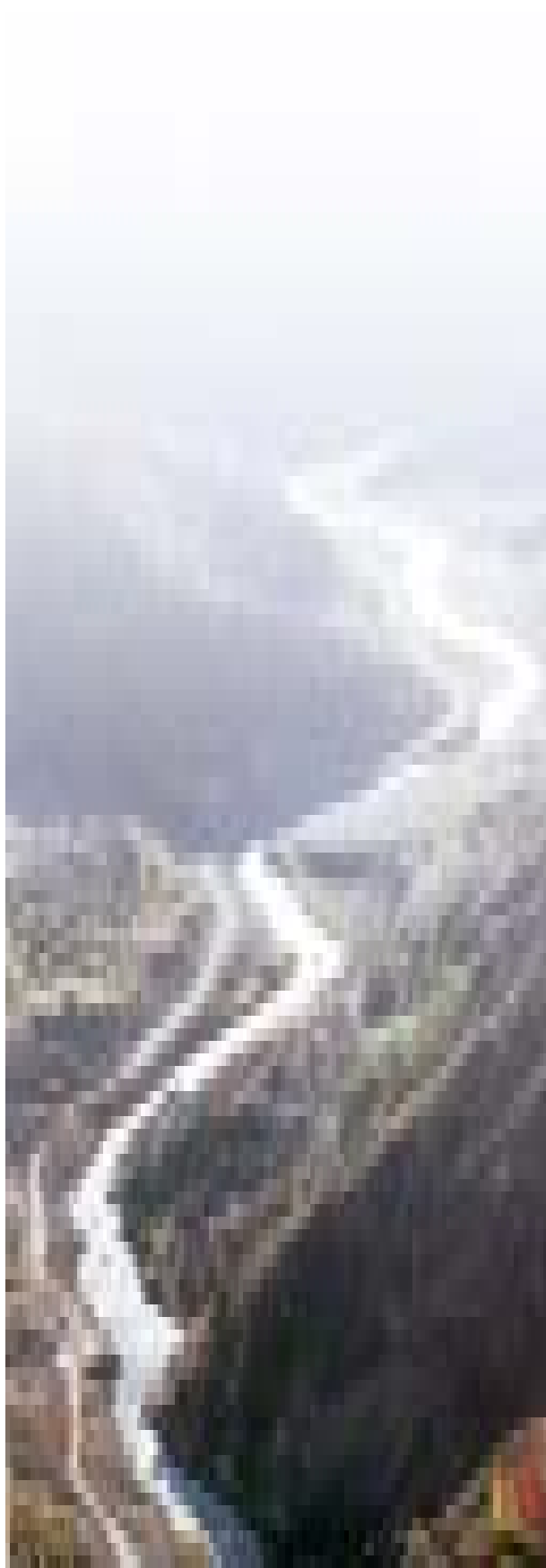
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INTRODUCTION

About Georgia

Georgia is located to the south of the Caucasus Range, between the Black and the Caspian Seas. The most part of the country is mountainous. From the north and the north-east Georgia is bordered by Russia, from the south-east – by Azerbaijan and from the South – by Armenia and Turkey.

Georgia enjoys a long and rich cultural history. Tbilisi, with the population of one third of the country is the capital of Georgia representing its cultural and economic center. Georgian is the state language being one of the ancient among the living languages of the world. Orthodox Christianity is the major religion of the country.

Georgia is a Presidential Republic. Its population totals 4.4 million and its geographical area covers approximately 69,000 square kilometers.

Georgia is a multi-ethnic state. The country is inhabited by the people of ninety-four various nationalities; Georgians make up the majority of the country's population.

The level of economic development in Georgia is low. In the year 2000 the GDP of the country amounted to 3.825 million USD. The same per capita indicator constitutes less than 765 USD.

Georgia is a member of various international and regional organizations. On July 31, 1992 Georgia became 179th member of the UN.

Development Efforts

Since 1991, Georgia entered a long period of transition from a centralized, totalitarian system to an autonomous administrative, political, economical and socio-cultural system whose priorities are state capacity building, building of democratic society and the development of a market economy.

Economic, health care and social system reforms launched by the Georgian Government in 1994 are in the process of implementation and are focused on economic development, poverty reduction and the improvement of social and health conditions of the population. The goals of reforms and national policies, endorsed by the government are based on internationally recognized fundamental principles and development targets, set by international conferences and conventions.

The Cairo Conference on Population and Development in 1994 has fundamentally changed the understanding and approach to population and development issues. The Conference adopted a

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Programme of Action (PoA) for the following 20 years, including a set of specific objectives for all countries relating to health, women's status and social development. The ICPD strategy focuses on meeting the needs of individual women and men rather than achieving demographic targets. Key to this approach is empowering women and providing them with more choices through expanded access to education, Health services and opportunities. The PoA has been reflected in all aspects of the development issues. The ICPD goals became the guiding principles for the Health and Social Reforms (adopted in 1994) and National Health Policy (1999).

In June-July 1999, the United Nations General Assembly convened a special session to review progress since the International Conference on Population and Development. Governments agreed on a set of key actions to further implement the ICPD PoA. Government delegation of Georgia participated in both important forums and presented a 5-year country report to General Assembly on a special session in 1999.

Implementing ICPD Programme of Action, Georgia is making positive steps to reduce poverty and to reach Millennium Development Goals. Assistance of donor countries and international organizations, particularly UN programmes and agencies are playing crucial role in the process.

The results of UNFPA supported projects are visible and widely recognized not only by the government and population, but by the international community as well. UNDP/UNFPA Executive Board visiting Georgia in 1999 gave a positive to the results achieved in the field of reproductive health and rights during the years of the Fund's assistance to the country.

The report highlights result achieved by Georgia since Cairo Conference. The working group initiated by the ICPD-Georgia Committee and UNFPA-Georgia included the representatives of State Chancellery, respective ministries and non-governmental organizations.

The working group expresses its' gratitude to all involved partners, particularly, to UNFPA office in Georgia for its' contribution and support.



CHAPTER I

Population and Development



“Sustained economic growth within the context of sustainable development is essential to eradicate poverty. Eradication of poverty will contribute to slowing population growth and to achieving early population stabilization”... (ICPD Programme of Action)

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The development of events at the start of the 90-ies has adversely impacted the building of Georgia's statehood. The social and political crisis caused by the break up of the Soviet Union, dismantling of the traditional economic ties, paralysis of industry and production and the internal political confrontation have caused mass impoverishment of the population resulting in economic disintegration within the country.



In 1991 Georgia - at one time one of the wealthiest republics of the Soviet Union - experienced a period of political destabilization and civil confrontation. The collapse of the Soviet Union has led to break up of trade relations. The civil conflicts in Abkhazia and Tskhinvali region added to the above resulting in mass displacement of the refugees. All these factors have adversely impacted Georgia's economy and in 1994 the Gross National Product of the country made up one third of the level of 1991. In 1990-1995 production decreased by 70 percent, production capacity in industry declined approximately by 20 percent compared with the levels preceding 1989. Agriculture was seriously damaged and collapsed; incomes generated from tourism significantly dropped down. A considerable amount of external debt has been accumulated.

A weak fiscal and monetary policy resulted in a serious budget crisis. By the end of 1993 an inflation reached 8.4 percent.

Georgia has been continuously improving its economic situation and building a stable political environment since acquiring independence. In order to ensure an uninterrupted economic growth and attract foreign investments, the Government of Georgia has undertaken the following steps during this period:

- Creation of a stable democratic institutional structure. New Constitution based on the democratic principles was adopted in 1995.

- Implementation of an economic stability program from 1994, envisaging the improvement of taxation and banking supervision systems, liberalization of trade and privatization policy. Today, Georgian market is the most liberal one amongst the Commonwealth of Independent States (CIS) and is based on the legislative framework of free market as well as on the independent regulatory and anti-monopoly institutes.

- Implementation of a complete structural reform program of economic rehabilitation and pursue international monetary policy under the assistance of the World Bank and the International Monetary Fund. In 1995 this resulted in the growth of the GDP which exceeded 10 percent in 1996-1997. By 1997 inflation was reduced to a one digit figure. In 1994-1997 foreign currency deficits dropped from 20 percent of the Gross National Product to 4.6 percent whereas the current bank account deficit – from 35 percent to 11 percent.

- Stable monetary policy. A new national currency – Lari was introduced in 1995, which has become one of the most stable currencies among the CIS countries since 1996.

- Fundamental reform of the health system, education and social spheres.

Today the official subsistence minimum in the country has reached 120-125 GEL whereas the poverty line is in the order of 50-55 GEL (equivalent to the age of a capable male adult).

With respect to the subsistence minimum, the poverty level is approximately in the range of 51-52 percent. This indicator made up 80 percent in 1994 and 60 percent in 1995.

In spite of a certain progress achieved by the country, economic problems including poverty, low living standard, and the lack of funds still exist. Education and public expenses for social protection constitute one third of

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the country's budget which amounts to 90 GEL per capita on average.

Single pensioners, the disabled, households with disabled members, internally displaced persons, people living in the hazardous ecosystem areas and elderly people have found themselves in particularly difficult economic and social situation.

A state social assistance program for the most vulnerable and poor strata of the population has been implemented in Georgia. In the years 1998-1999-2000, at its various stages this program addressed the needs of 50,000 families and more than 45,000 vulnerable families in 2001. By 2002 the number of beneficiaries increased to 65,000 families.

International financial institutions, local governance bodies as well as social assistance and postal offices are actively involved in the implementation of the aforementioned program. Financial support of the program is provided from central and local budgets according to the Georgian Law "on Budget".

With the support and assistance of the friend countries and international organizations Georgia endeavors to improve the social and economic conditions of the internally displaced persons.

The State carries out significant measures to address social needs of the displaced population: the social allowance is established, people living in IDP settlements are exempt from communal fees, beneficial tariffs (50 percent) for traveling by the Georgian Railroad is in effect, IDPs registered in Tbilisi are entitled to a free use of the subway.

In order to provide employment to the refugees/IDPs a target program for temporary employment of the internally displaced persons was developed, in 1997. Nearly 200 business plans were drawn up, implementation of which enabled to provide jobs to approximately 2,000 IDPs. Over 3,800 IDPs have been trained and provided employment by the vocational educational and retraining centers free of charge. With the assistance of the international organizations approximately 1,700 refugees were provided job opportunities (in 2001 more than 4,800 IDPs were officially registered).

A new medical care system has been put in place for the internally displaced persons and refugees; three regional services, eleven polyclinics, two dispensaries, women consultation centers, etc. are operational country-wide.

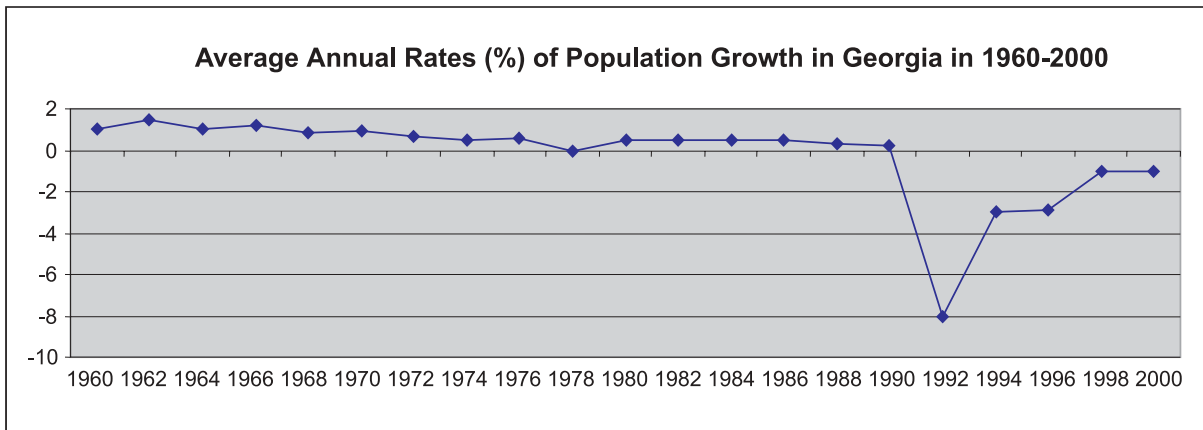
As noted above, the most part of the territory of Georgia is mountainous. A special medical care/services program has been put in place and operates for the people living in such areas; wage increments are provided; a Governmental Commission for housing the families-victims of natural disasters and addressing the social and legislative problems has been set up.

The state has purchased houses in various regions of Georgia for eco-migrants and has transferred land parcels to their private ownership. The measures that have been planned for the future include: management of expected migration processes, projection of anticipated migration from natural disasters-prone and demographically saturated regions, identification of the categories of ecological migrants, providing settlement for the aggrieved population or creating conditions to ensure their better adaptation and integration in case of their displacement.

Georgia is known as a country of long-livers. Today, almost none of the families having the elder/long-liver members earn the income corresponding to the established subsistence minimum in the country. In order to improve this situation, a special medical and social assistance program for the elder long-livers is being implemented from 2002.

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The social and economic developments in Georgia over the last decade have had a significant impact on the demographic processes. Today, the demographic situation in the country is extremely serious. Depopulation has begun and birth rate has reached a critical limit.



Tsuladze, Maglaperidze, Vadachkoria, Demographic Overview of Georgia, UNFPA 2002

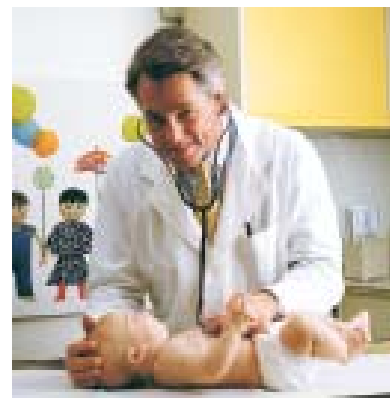
Georgia has stepped into the 21st century as a country where the population is decreasing both due to natural decline and external migration. The development of such processes poses demographic threat to the country. Due to the aforementioned the assistance of international organizations in this direction has been increased significantly. On the initiative of the President of Georgia a national program of poverty reduction and economic growth was created and has already yielded its first results.

Such an assessment of economic and demographic situation has become possible only after national Census, conducted in Georgia through the support of international organizations, particularly UNFPA, which assists country in formulation and implementation of comprehensive population policies as a central part of sustainable development strategies, and UNDP and the governments of the Netherlands and UK. As a result of international assistance the accuracy of the statistical data was significantly improved.

It was therefore impossible not to react adequately to the current demographic-economic situation in the country. At the first stage, the issue of recording demographic indicators was addressed; the demographic policy concept of the country is in the process of development the adoption of which will contribute to the improvement of the current situation.

The analysis of the situation in the country throughout the last decade allows us to state that in the course of the recent years Georgian government has made certain progress in terms of achieving economic stabilization process. They were, however, unable to overcome the budget crisis, strengthen State funds, reach rapid and sustainable economic growth rates that would have contributed to the significant improvement of the social condition of the country's population.

The existing situation has revealed that the country needs a long-term action strategy which will provide a new impetus to the growth and development of its population. Upon the initiative of the President of Georgia and thanks to the comprehensive support of the international community, a large-scale Economic Development and Poverty Reduction Program (EDPRP) has been developed and approved in Georgia. The program covers all areas of economy and all layers of country's population. The implementation of the EDPRP program will considerably contribute to address the existing problems and will ensure sustainable economic growth in the country.



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CHAPTER II

Equity and Empowerment of Women



“Countries should act to empower women and should take steps to eliminate inequalities between men and women... by establishing mechanisms for women’s equal participation and equitable representation at all levels of the political processes and public life in each community and society and enabling women to articulate their concerns and needs”... (ICPD Programme of Action)

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The issue of gender equity in Georgia has been reflected in national folklore and classical literature as well as in legal and historical documents.

Throughout the Soviet period women actively participated in the ongoing processes of industrialization and intensive urbanization, scientific-technical developments and changes as well as in the cultural life of the country

A severe social and political post-communist crisis has considerably worsened the situation of women in the country.

The independent Georgia has become a member to following international conventions:

The Universal Declaration of Human Rights;

The Convention on Elimination of All Forms of Discrimination against Women (CEDAW) (September 22, 1994);

Convention No 100 “Discrimination (Employment and Occupation)” (May 5, 1995) ;

Equal Remuneration Convention No 100 concerning equal remuneration for men and women workers for work of equal value (May 6, 1996), (June 22, 1993), etc.

The major government bodies such as the Ministry of Health, Labor and Social Affairs, Ministry of Education, Ministry of Internal Affairs, the Ministry of Refugees and Housing, the Public Defender’s office and a relevant State Commission were made responsible for meeting the international requirements.

The rights and interests of women in Georgia are protected by:

The Constitution of Georgia;

The Labor Code of Georgia;

The Civil Code of Georgia;

Presidential Decree “on the establishment of the state commission for elaborating the state policy for women’s development”;

Presidential Decree “on the approval of the action plan of 1998-2000 for the improvement of the condition of women”;

Presidential Decree “on the establishment of the state commission for the development of the program targeted at improving the condition of women and children”.

The Committee for human rights and ethnic minorities and a special sub-committee for the protection of the rights of mothers, children and families are currently in place in the Georgian Parliament.

The Deputy Secretary of the National Security Council in the human rights protection issues serves at the National Security Council of Georgia. A Department for Demography, Women and Children Protection



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and Family Development operates at the State Chancellery of Georgia.

There are 16 women members in the Georgian Parliament. There are two women ministers and five deputy ministers. There are seventy women Judges in Georgia. Women are leaders of the political organizations; they actively participate in the activities of the local administration bodies.

Particular attention in the country is drawn to women's healthcare. Numerous medical projects are underway including the programme on obstetrical care. The objective of the program is to ensure safe motherhood, pregnancy and delivery and adequate medical care in case of complicated child delivery.

According to the state policy of Georgia, everyone has an equal right to education. The State ensures the compliance of the educational programs with the international norms and standards. Primary and general education in Georgia is free of charge and from 2004 the secondary education will also be free of charge.

In order to eliminate violence against women, a three-year national program has been prepared in Georgia which envisages the establishment of crisis centers, the expansion of consultation services to provide assistance to women and the development of a program for the rehabilitation and reintegration of the women, which are victims of sexual abuse.

There is still much to be done in order to improve the condition of women in the country.

The Ministry of Labor, Health and Social Affairs is working on a large-scale plan of activities which is aimed at:

- *the improvement of the economic status of women through their training and retraining, promoting the participation of women in all areas of national economy;*
- *the adoption of the essential health standards for the employment of women and elimination of direct or indirect discrimination against women at the labor market based on this standards;*
- *Stirring up the actions to reduce the mortality rate among mothers and children and a high abortion rate.*

The Economic Development and Poverty Reduction Program of Georgia has reflected the existing gender problems and has identified the ways of addressing them which, on the basis of economic recovery, gives hope for the future improvement of the situation.

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CHAPTER III

Demography

“Countries should recognize the interrelationships between fertility and mortality rates and aim to reduce high levels of infant, child and maternal mortality”... (ICPD Programme of Action)



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The birth rate in Georgia, like in many other developed countries of the world, is going down, mortality rate is going up to a certain extent; birth rates become increasingly more controllable, family formation is happening in the young age mainly, the number of families having one and two children and external migration are increasing, which results in the reduction of the number of young generation and growth of the percentage of population above 60 years of age; this means that the population is aging demographically.

These processes have become particularly pronounced in the recent years and have been most clearly manifested (as they used to be before) among the autochthonous Georgian population – which resulted in the further aggravation of already unfavorable demographic situation of the country.

The country's severe demographic situation has been conditioned by the sharp deterioration of the living standard of people as well as the growth of the level and depth of poverty over the last ten years. According to the Georgian household survey data, a large part of the families and, accordingly, of the population lives in poverty. It is on the basis of this conclusion that we read in the report of World Bank experts: "Poverty in Georgia is essentially linked with the situation in the labor market. Unemployment and the low level of wage-generated incomes represent the principal reasons due to which the families living in Georgia are unable to escape poverty" (Georgia – Poverty and Income Distribution", the first part of the report, 1999). Due to a severe social and economic situation, the majority of mothers have refused to have the desirable number of children, actually ending up with only one child.

Throughout the last decade the birth rate in Georgia, compared to the last periods, has dropped significantly. According to the official statistical data, 100,000 children were born in Georgia in 1940; 104,000 children – in 1961 whereas in 2000 this number fell by 2.6 times and the number of the new-born children was 40,000. (Per the data provided by the Statistics and Information Center of the Ministry of Labor, Health and Social Affairs, this number makes up – 46.7 thousand babies). The birth level has also reduced considerably. If in 1940, 27.4 children were born per 1,000 population, in 1989 this indicator made up 16.7 and in 2000 – 8.9. The aforementioned situation is even more clearly reflected by the number of children delivered by a woman in the course of her entire life. In order to ensure a simple reproduction of population in our country, this indicator needs to be equal to 2.15. If in 1969 there were 2.6 children per one woman in Georgia, in 1989 this indicator made up 2.1 and in 1999 it constituted 1.07 children which is one of the lowest indicators in the world.

The regions with very low birth rates were identified in Georgia for the first time in 1990-ies. At the same time, if during the prior years the natural decline in population was recorded only in Racha, in 1998 this phenomenon was also recorded in Kakheti and Guria, in 1999 – in Imereti and Samegrelo-Mtianeti as well as in Shida Kartli. In the same year, for the first time total number of the dead exceeded the number of the born by 928..

The birth rate among the Georgian population is relatively low compared with that of the other nationalities. In 1989, 16.1 children were born per every 1,000 Georgian population 28.6 babies – per every 1,000 Azerbaijani population and 31.0 babies – per every 1,000 Kurd population of Georgia.

In addition to the aforementioned, the trend of having few children becomes increasingly widespread among the Georgian population residing in Georgia. If in 1960 the percentage of the third child and more than three children made up 36.5 percent in the overall number of the new-born babies, in 1999 this indicator fell to 14.6 percent.

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Georgia has stepped in the 21st century as a country where the population has been decreasing both as a result of natural decline and external migration. Such situation poses demographic threat to the country. In the recent years the ethnic demographic balance in the South Caucasus region at large has been changing for the worse. As a result of a systematic decline in birth rate among the Georgian population, the percentage of the Georgians in the overall population of the region has dropped significantly.

On 17-24 January of 2002 for the first time during the history of its statehood Georgia independently carried out the general census of its population (only on the territories being under Georgia's jurisdiction with the exception of the uncontrollable territories of Abkhazia and the former South Ossetian Autonomous Republic).

As of January 17, 2002, the overall number of the permanent population of Georgia across the territory under country's jurisdiction made up 4,409,8 thousand people.

During 1989-2002 essential changes took place in the territorial and gender-age distribution of the country's population. For instance, the percentage of the urban population in the overall number of Georgia's population grew steadily through 1989 making up 55.8 percent in 1989. By the year 2002 the urban population declined to 52.4 percent and, accordingly, the percentage of the rural population increased from 44.2 percent to 47.6 percent. Such change can be partially explained by the return of the urban residents to their villages, on one hand caused by the shutting down of the industrial enterprises in the cities and the deterioration of the economic condition of the workers and employees. On the other hand, the reason for such changes also lies in the fact that due to unemployment, it is the urban population which is predominantly involved in labor migration searching for jobs outside the country – in the neighboring and distant countries. This has undoubtedly reduced their percentage in the overall number of the population. For example, compared to the year 1989, the number of the urban population declined by 24.8 percent in 2002 whereas the decrease of the rural population made up only 13.9 percent. Therefore, such an unusual de-urbanization process of distribution of the urban and rural population number is accounted for by the significant number of internal (from the cities to the villages) and external migration flows. In addition, it is also important to note that while the older age population is mainly engaged in internal migration, it is the youth that is predominant in the external migration process which considerably reduces the demographic potential of the country.

In the event of a continuous decline in the autochthonous population and disturbance of the demographic balance established in the South Caucasus region in general, Georgia will find it extremely difficult to accomplish its strategic, geopolitical, geo-economic and, in general, national objectives; its spiritual and territorial integrity will be threatened; the features and peculiarities typical to our nation, its customs and traditions will lose their former attractiveness. Under such circumstances the deterioration of the national consciousness and, ultimately, the modification of the nation's gene pool will become inevitable.

The Government of Georgia is working on the development of a single demographic policy. Concrete steps have been planned to improve the situation. However, the results could be anticipated probably only after overcoming the political and economic difficulties existing in the country are overcome.

CHAPTER IV

Reproductive Rights and Reproductive Health



“Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and have the information and means to do so”...

“All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015”... (ICPD Programme of Action)

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In the nineties of the 20th century, as a result of social-economic and political shifts in Georgia, the health condition of the population of Georgia has significantly declined. The centralized health care system has experienced a complete collapse. Financing of the social sphere has decreased to a critical level; mothers and children mortality indicator has gone up; birth rate has declined. Internal and external processes have strengthened. All these developments pose a threat of depopulation to the country.



As a result of the reforms initiated in 1993-1994, the institutional arrangement of the health care system has changed. Decentralized system shifted to program based management and medical insurance principles were implemented. The state committed itself to provide basic medical services to the people; primary health care, the improvement of the health condition of mothers and children and minimizing the mother and children mortality indicator were declared as a priority.

In 1993-2000 the country adopted number of new laws which reflected major principles of International Conference on Population and Development (ICPD):

“Everyone shall have the right to use the health insurance as a means of available medical care”...

“Discrimination of a patient on the basis of his/her race, sex, religion and political opinions is inadmissible”...

“The State shall promote safe motherhood”...

“The State shall ensure medical observation of expectant mothers, their deliveries and medical care following their delivery by means of medical insurance”...

“Every citizen of Georgia shall have the right to independently determine the number of their children and the time of their birth. The State shall ensure the exercise of human rights in the area of reproductive health”...

Protection of the health of women through high accessibility of contraceptives is deemed the priority objective of the State.

Traditionally, the principal services related to family planning in Georgia were provided by the maternity welfare centers/clinics (women’s consultation clinics) and village ambulatories. These entities used to take care of the reproductive health of women. In the aforementioned years abortion was the major birth control method. A liberal Soviet legislation did not forbid artificial termination of pregnancy (1955). And from 1987 early abortions (by vacuum-extraction) became extensively widespread in the country.

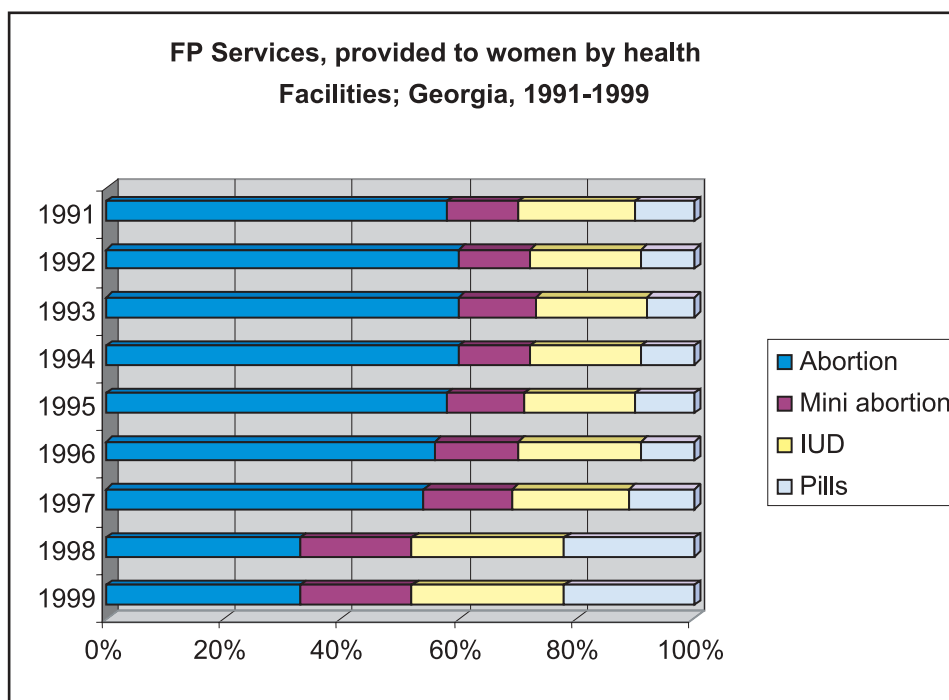
The birth rate trends in the aforementioned years were relatively high country-wide falling to approximately 2.3 deliveries per woman. Since 1993, due to the political, social and economic developments this indicator has dropped sharply reaching the lowest level in 1999 (1.1 delivering per one woman). In the nineties, abortion still remained one of the major family planning methods. Similarly high was pregnancy related morbidity and mortality indicator, for example, in 1997 the number of recorded complicated pregnancies, deliveries and post-natal complications made up 5,945 cases (112 per every 1,000 live-born infant). Maternal mortality rate was also high in the same year (40 on every 100,000). This indicator relatively declined in 1999 (51.3 per every 100,000 live-born babies). Infant mortality rate also decreased: from 24/1,000 in 1997 to 23.4/1,000 in 1999.

The trends of improvement of the health of population resulted from the implementation of the mandatory medical insurance, obstetrics and children medical care state programs since 1995. Under these

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programs it became possible to ensure safe delivery and the improvement of the pre- and perinatal observation systems, to expand the availability of financing and geographical coverage of pre- and perinatal medical care, to raise the prophylactic education level of women, to optimize specific institutions and implement special sub-programs for the high risk pregnant women, women in childbirth and infants..

UNFPA provided its important support to Georgian Government in provision of Reproductive Health care through wider choice of Family Planning methods, strengthening of RH services and information for population. Improved access of vulnerable youth, women and men to RH information and Services in underserved regions of Georgia is one of the main outputs of the project which will be reached through Mobile Teams regular visits to underserved districts, population Information, Education and Communication, improvement of RH services and capacity building through workshops and on-job trainings.



UNFPA is also the only international organization that supplies contraceptives to Georgia. The fund supported two Contraceptive Supply Projects during 1993-1996 and 1997-1999. These projects greatly contributed to the development of Reproductive Health Services in Georgia and provided the population with a wide choice of family planning methods.

In November 1999, with the assistance of UNFPA, country adopted a “National program for reproductive health services development in Georgia”. The objectives of the program were: expansion of the network of family planning services, strengthening the actions targeted at the reduction/prevention of sexually transmitted diseases and the HIV/AIDS, the observation of the embryonic stage and perinatal observation, sexual education of the population, training of health care professionals and the improvement of the quality of medical services.



In order to strengthen the reproductive health services in the country and increase the level of awareness of people in this area, the mobile teams supplied with vehicles, medical equipment, contraceptives and informational-educational materials have been set up with the assistance of the UNFPA in the three leading reproductive health centers of Georgia – Tbilisi, Kutaisi and Batumi.

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As a result of the foregoing, the major objectives have been accomplished in the country – the number of unintended pregnancies and abortions declined by 50 percent; 55 reproductive health and family planning regional centers and units (consulting rooms) were opened in the various regions of Georgia; over 400 doctors and nurses were trained, the reproductive health and family planning centers and consulting rooms were better equipped with medical facilities and contraceptives; the awareness of the population with respect to family planning and reproductive rights has increased; large-scale surveys have been carried out to study the reproductive health condition of women and adolescents in Georgia.



A complicated economic situation prevalent in Georgia and budget crisis cause delays in funding medical programs. The situation cannot be improved drastically, considerable increase of medical expenditures per person and expansion of existing medical programs cannot be carried out.

Currently it has been planned to increase state expenditures for health care at least by 1 percent of the budget on an annual basis in order to achieve at least 12-14 percent of these expenditures instead of 7.6 percent. This will enable us to develop the health care system in the following areas:

- Implement the effective primary health care system in the country;

- Carry out integrated management of major illnesses of the childhood age;

- Ensure an effective perinatal care;

- Prepare a legal and legislative framework necessary for medical-social protection of mothers and children and protection of their rights;

- Create and implement an optimally acceptable organizational model of medical and social protection of mothers and children;

- Upgrade patient care and medical-rehabilitation institutions, provide prospective (forward-looking) planning of the existing network;

- Improve the cooperation between women consulting centers/rooms and obstetrics- gynecological hospitals;

- Improve financing of the primary health care unit in order to ensure nursing of the pregnant women at home, timely identification of pregnancies and postnatal observation;

- Intensify care for the health condition of women and infants, improve real nursing of expectant mothers and bed-patient pregnant women and improve the quality of extended medical services;

- Raise the level of medical-prophylactic education of women;

- Ensure continuous education of medical personnel in the issues pertaining to the management of life-hazardous obstetrics complications and major infant diseases;

- Ensure geographical and economic accessibility/availability of medical care;

- Improve/refine the operating standards for pregnancy management and delivery management schemes;

- Provide valuable and reliable statistical data reflecting the health condition of mothers and children; prepare reliable and trustworthy indicators (improve birth and mortality registration);

- Systematic control of the heads of institutions with respect to medical documentation-keeping quality;

- Improve employment, labor conditions and remuneration of women.

CHAPTER V

Adolescents and Youth



“Countries, with the support of the international community, should protect and promote the rights of adolescents to reproductive health education, information”... (ICPD Programme of Action)

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In the last decade of the 20th century the events that have developed in our country and a severe social and economic situation particularly influenced health status of adolescence and youth and their living and educational conditions. The function of a family as that of an educational institute has decreased in the country, the number of unintended pregnancies and the frequency of sexually transmitted diseases among the minors and adolescents have increased. The future generation turned out to be unprotected from the negative impact of the street, tobacco smoking, drug addiction, prostitution, etc.

A mixed attitude on the part of the general public to the necessity of sexual education of adolescents has contributed to the deterioration of the situation. This has resulted in existing deficit of knowledge among youth in the area of reproductive and sexual health.

Together donor organizations, UN Programmes and mainly with the support from UNFPA, the Government of Georgia managed to partially improve the information dissemination and the level of awareness of the population including the adolescents and make reproductive health services more accessible.

With the financial support of the United Nations, Government of Georgia has elaborated a concept of the healthy lifestyle and life-skill based education at secondary general educational schools. In order to develop the curriculum, the working groups composed of the pedagogues, psychologists and medics have been created on the basis of the Teacher Training and Retraining Institute. These groups have developed educational topics and requirements for teaching students. The implementation of the program and the commencement of teaching from the first grade have been scheduled for the academic years 2003-2004.

Adolescents' reproductive health survey carried out in 2002 with the support of the UNFPA, has demonstrated that sexual activity among the adolescents is rather high in the country whereas the knowledge of reproductive health related issues is still insufficient, the influence of the street on the young people is fairly strong, adverse health habits are widespread and sportive activity of youth is low. This became clearly apparent at the workshop "The Adolescents, Family and Environment" held by the State Chancellery of Georgia in cooperation with UNFPA on August 10, 2001.

Regardless of the existing economic difficulties, the Government of Georgia seeks to improve the quality of education and medical services of the adolescents, introduce sexual education program at schools, strengthen the informational and educational activity in the area of reproductive health and actively promote healthy lifestyle among the adolescents.



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CHAPTER VI

HIV/AIDS



“Governments and the international community should provide all means to reduce the spread and the rate of transmission of HIV/AIDS infection”... (ICPD Programme of Action)

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According to the data of September 1, 2003 the number of officially registered HIV/AIDS cases in Georgia makes up 475 out of which 289 infected are men and 46 are women. The age of the majority of the patients is in the range of 18-40. Forty nine (49) patients have died. Aforementioned statistics do not reflect the real picture of HIV infection/AIDS spreading in Georgia. According to experts' assumption, in reality, there are more than 1,200 HIV and AIDS-infected persons in the country.



Sixty nine percent (69%) of the registered HIV-infected people are intravenous drug addicts; 25 percent got infected through heterosexual contracts; 33 percent – through homo/bisexual contacts; 1.2 percent – by means of blood transfusion; 0.9 percent were infected through vertical (from mother to child) transmission, 0.6 percent remains unidentified.

The largest number of cases (135) of the HIV/AIDS has been registered in Tbilisi, followed by Samegrelo (57), Adjara (56) and Imereti (24). In other regions of Georgia the number of cases is fewer.

The upward trend of the HIV/AIDS cases has been observed by years: if in 1996 there were only 8 registered new cases of infection, in 1997 this number was 21, in 1998 – 25, in 1999 – 35, in 2000 – 79, in 2001 – 93, in 2002 – 335 and in 2003 – 475 cases.

Although today the rate of HIV/AIDS spreading in Georgia is low but according to the opinion of the international experts which is based on the existing epidemic situation analysis, if immediate measures are not taken for HIV infection/AIDS prevention, the number of the HIV/AIDS infected is anticipated to grow steadily in the future with the ensuing gravest consequences.

The threat of HIV/AIDS growth rate in Georgia is conditioned by the following conducive factors: extensive spread of drug addiction, unfavorable and unreliable epidemic situation in terms of AIDS in the countries neighboring Georgia, increasing migration of the population and broad international contacts, shortage of diagnostic equipment, testing systems and sterilization means, traditionally low demand for condoms, a low level of awareness of the population regarding the danger of AIDS and its prophylactics.

According to international experience, a successful anti-HIV infection/AIDS effort is possible only at the early stage of this epidemic (as the situation in Georgia) whereas in the event of a large-scale epidemic, its localization is difficult and for a country with the economic resources such as Georgia's, HIV infection/AIDS prevention is virtually impossible.

The Government of Georgia realizes the whole seriousness of the HIV infection/AIDS problem. However, the country's severe economic situation does not allow the health system to carry out full-scale prophylactic measures to prevent the spread of the HIV/AIDS and sexually transmitted diseases (STD).

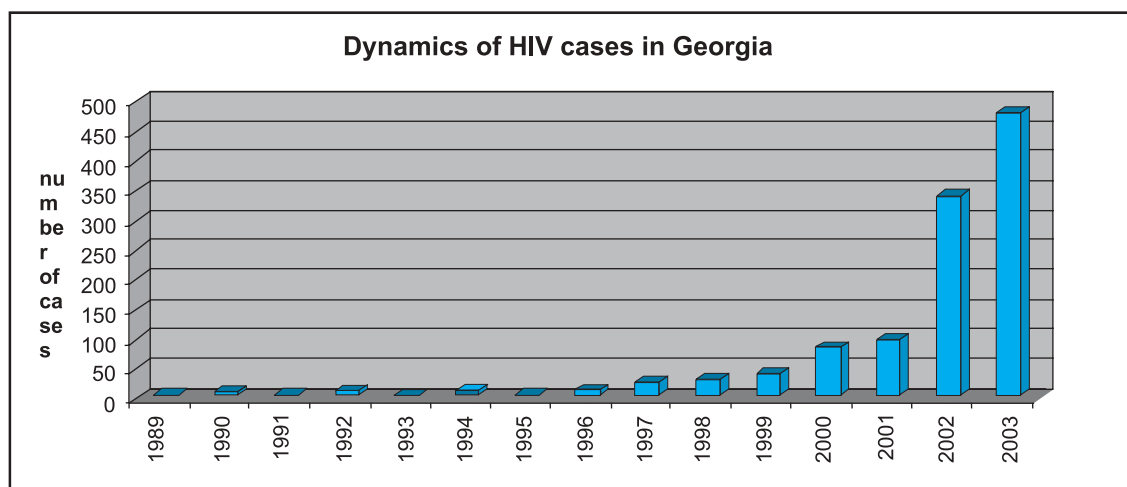
In 1993 Georgia signed the Riga Declaration according to which large-scale prophylactics and cooperation based on the voluntarism and mutual trust were deemed strategic anti-AIDS directions.

In 1995 the Parliament of Georgia passed a law on "The HIV/AIDS Prophylactics". In 2000 the law was changed and amended. The law has become closer to the requirements of international law; it strictly defines the anti-HIV/AIDS related policy of the country and its legal framework.

According to the Presidential Decree # 587 of October 8, 1998, an "HIV/AIDS and STD control" State Commission was formed. The Commission undertakes the governmental leadership of the measures implemented against the HIV infection/AIDS in the country and coordinates the activity of the various

ministries in this area.

The AIDS and Clinical Immunology Research Center has been established in Georgia with over 70 laboratories in various cities and regions of the country subordinated to it.



The Ministry of Labor, Health and Social Affairs of Georgia carries out the state program for “Safe blood, AIDS and STD prophylactics”. The program allows for a mandatory, free of charge testing of the blood-donors on the HIV , B and C hepatitis and syphilis, a free of charge testing and epidemic observation of the high risk group persons on the HIV, a regular medical check-up of the HIV/AIDS infected persons, complying with the anti-epidemic regulations at medical and personal services institutions, training of medical personnel, a wide-scale health/sanitary education activity for the population and promoting a healthy lifestyle.

The AIDS problem, considering its scale, extends beyond the health system framework. Therefore, considering the aforementioned, pursuant to the Decree of the President of Georgia passed on March 14, 2002, the Governmental Commission for the “HIV /AIDS and STD control” was entrusted with the development of an “HIV infection/AIDS and STD prophylactics interdepartmental (multi-departmental/ agency) state program for the years 2003-2007”.

The “HIV /AIDS and STD control interdepartmental state program” envisages an active and coordinated participation of a whole range of other governmental and non-governmental organizations together with the services of the Ministry of Health in an anti-AIDS effort.

The elaboration of the aforementioned program was preceded by serious activities. In particular: with the support of the UNAIDS and UNICEF, a situational analysis of the HIV/AIDS was conducted in Georgia and so-called response actions analysis and a strategic plan for the prophylactics of the HIV infection/AIDS was developed on its basis. In the course of these activities the epidemic situation of the HIV/AIDS, HIV /AIDS high risk groups and risk factors were evaluated as well as the factors contributing to spreading of the HIV infection/AIDS, the intellectual and financial resources available in the country, the legislative framework and the peculiarities of the country were assessed. The major directions of the HIV/AIDS prophylactics are being determined.

UNFPA is conducting activities to address the issue of HIV/AIDS in Georgia. Activities include: prevention of mother-to-child infection and educational-informational activities among the population, condom supply and the advocacy.

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It is to be noted, however, that it is impossible to accomplish an effective anti-AIDS effort in Georgia relying only on the local resources. To this end the support of the international community is of a vital importance representing an integral part of Georgia's national policy.

Georgia has widely responded to the UN Global Fund decision with regard to extending financial assistance to Georgia in its AIDS prevention effort. Global Fund Programme provided \$12 000 000 for five years.

The support of the international community gives us hope that AIDS prophylactics, diagnostics, regular medical check-up (dispensary observation) and treatment programs in Georgia shall be successfully implemented and expanded.



CHAPTER VII

Informational and Educational Activities



“Information, education and communication efforts should raise awareness through public education campaigns”...

“It is especially important that information, education and communication strategies be linked to, and complement, national population and development policies and strategies and a full range of services in reproductive health”... (ICPD Programme of Action)

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There are a number of programs ongoing in Georgia which are targeted at the improvement of the health condition of the country's population as well as at general adoption of the healthy lifestyle in the community one of them is the "Healthy lifestyle" program which envisages the implementation of anti-tobacco and anti-drug measures among the adolescents and youth, the training of primary health network specialists, the development of educational-methodic recommendations and launching a wide-scale public campaign for promoting healthy lifestyle in the country.



The development of a healthy lifestyle and life-skill based education program for schools, supported by the international organizations, is ongoing. The implementation of the program is scheduled for 2003-2004. Every year the posters and essay contest intended to prevent the spreading of the HIV infection/AIDS is held at schools in the month of December. The first stage of the establishment of a Health Promoting School network has been accomplished. In order to raise the activity level of the students, the State Department for Sports arranges matches, championships and tournaments for students.

In order to strengthen the reproductive health services in the country and increase the level of awareness of people in this area, the mobile teams supplied with vehicles, medical equipment, contraceptives and informational-educational materials have been set up with the assistance of the UNFPA in the three leading reproductive health centers of Georgia – Tbilisi, Kutaisi and Batumi. Posters, calendars, booklets and practical manuals in reproductive health have been published. Reproductive health and family planning informational-educational campaign is being carried out. The regular radio programme on RH became available through UNFPA support.

Under the state programs concerning the measures for adopting a healthy lifestyle and drug addiction prophylactics, the preparation of the materials for parents and teachers regarding the ways for identifying drug abuse signs and the impact of drugs on physical and mental health are carried out on a regular basis.

Informing the youth about the necessity of preventing and protecting themselves from the STDs and the HIV infection/AIDS as well as the individual methods thereof represent the major part of the HIV infection/AIDS and STD control state programs. Brochures and booklets have been published and television information campaigns are underway to this effect.

To promote mental health of the population, consulting rooms have been set up and a trust telephone operates in Tbilisi.

The State Department for Sports has worked out a target program for revitalizing the population and developing mass sports. The program is being implemented under the existing financing on an annual basis contributing along with the other measures aimed at promoting healthy lifestyle among people.

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CHAPTER VIII

Major Surveys



*“Governments should strengthen their national capacity to carry out sustained and comprehensive programmes on collection, analysis, dissemination and utilization of population and development data”...
(ICPD Programme of Action)*

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A whole series of surveys have been conducted in Georgia with the assistance of the UNFPA and other international organizations. The purpose of these surveys was to gather the data on social, demographic, health and education condition of the population and to draw the strategy of future assistance



“Condition of women in Georgia” – the study was carried out in 2000 and financially supported by the RBEC/UNDP regional program under the guidance of the UNOPS.

“The situational analysis of the HIV infection/AIDS in Georgia”, Tbilisi, 2001. The survey was undertaken by the UNAIDS, UNICEF and the AIDS and Clinical Immunology Center;

“Women’s RH Survey in Georgia in 1999”- July 2000 (a preliminary report). The following agencies and organizations took part in the survey: The Ministry of Labor, Health and Social Affairs of Georgia,
The National Center for Disease Control and Prevention,
Medical Statistics and Information Center;
State Statistics Department of Georgia;
Reproductive Health Department, Center for Disease Control and Prevention (CDC), Atlanta, Georgia;
The United Nations Population Fund (UNFPA),
The United Nations Children’s Fund (UNICEF);
The United Nations High Commission for Refugees (UNHCR);
The US Agency for International Development (USAID); and
The American International Health Alliance (AIHA).

“Women and children in Georgia - Situational analysis”, 2000. Carried out with the participation of: The Ministry of Labor, Health and Social Affairs of Georgia;
State Statistics Department of Georgia; and
The United Nations Children’s Fund (UNICEF).

“A multi-indicator cluster survey” was conducted in 2002 with the participation of the following organizations:
State Statistics Department of Georgia;
Medical Statistics and Information Center;
The National Center for Disease Control and Prevention;
The United Nations Children’s Fund (UNICEF).

“Adolescents’ reproductive health survey”, Georgia, Tbilisi – 2002. Participated: Human Reproduction Scientific Research Institute named after I. Zhordania
Social Research Center; and
The United Nations Population Fund (UNFPA).

General census of Georgia conducted on 17-24 January, 2002 with the participation of: The United Nations Population Fund (UNFPA); UNDP, DFID, German and Dutch Governments
State Statistics Department of Georgia;

CHAPTER IX

Partnership Links and Resources



“Recipient countries should ensure the international assistance for population and development activities is used effectively to meet national population and development objectives”... (ICPD Programme of Action)

ICPD + 10

The assistance of the international community and international organizations has been and remains vital to the reorganization process of Georgia's economy, health and social welfare. Due to a fairly low level of economic development, Georgia is not capable to independently cover the costs necessary to reduce poverty, expand generally accessible and quality medical services and to address and overcome a plethora of problems existing in social, labor and employment spheres.

In terms of the volume of assistance that has been provided to Georgia, the United States, the World Bank (WB), the European Union (EU) and the International Monetary Fund (IMF) represent the largest donors.

Since July 17, 1993 Georgia has been the member of the United Nations. Following UN organizations are active in the country: UNDP, UNFPA, UNICEF, UNHCR, WFP, UNOMIG, WHO, UNIFEM. Georgia is the member of the regional commissions of the United Nations Economic and Social Council (ECE, ESCAP).

Since April 27, 1999 Georgia has been the member of the Council of Europe.

Detailed information regarding numerous projects implemented in Georgia with the assistance of international organization is available on the following web pages:

www.assistancegeorgia.org.ge, www.health.net.ge, www.ungeorgia.ge



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**Basic Population and Development Indicators
Georgia 1990-2002**

	Source	1990	1996	1997	1998	1999	2000	2001	2002
Population in Thousands	State Statistics Department	5,456.1	4,850.2	4,857.8	4,871.7	4,604.7	4,604.2	4,452.1	4,409.8
Maternal Mortality Ratio per 100,000 Live Births	State Statistics Department	20.5	18.6	26.9	34.2	22.1	9.9	9.9	
	Ministry of Health	40.9	59.9	70.0	68.6	51.3	49.2	58.7	46.6
Infant Mortality Rate per 1,000 Live Births	State Statistics Department	15.8	17.4	16.3	15.2	17.5	14.9	11.8	
	Ministry of Health	19.7	23.7	23.7	21.3	23.4	21.1	20.0	20.1
Life expectancy at birth	State Statistics Department	71.6	70.9	71.1	71.2	71.4	71.4	71.6	
Male	State Statistics Department	67.5	67.5	67.4	67.5	67.6	67.6	68.1	
Female	State Statistics Department	75.1	74.5	74.6	74.9	75.1	75.0	75.0	
Gross Domestic Product per capita									
GEL	State Statistics Department		833.8	1,009.5	1,094.8	1,229.2	1,301.7	1,448.7	1,633.7
USD (average annual rate)	State Statistics Department		659.9	777.6	786.6	615.3	659.1	698.7	745.0
GDP changes per capita, %	State Statistics Department		111.3	111.0	102.7	102.8	101.7	105.6	106.0
Population below the poverty line, %	State Statistics Department		52.0	46.2	50.2	51.7	51.8	51.2	52.1
Literacy rate, Percent of Population Age 15 and Over									
Male	State Statistics Department	99.5	X	X	X	X	99.8
Female	State Statistics Department	98.5	X	X	X	X	99.6
Primary school enrollment, Gross % of School Age Population	State Statistics Department	98.5	X	X	X	X	90.2	90.2	97.2
Male	State Statistics Department	98.5	X	X	X	X	89.9	90.2	98.2
Female	State Statistics Department	98.4	X	X	X	X	90.5	90.2	96.0
Secondary school enrollment, Gross % of School Age Population	State Statistics Department	77.8	X	X	X	X	67.2	74.1	74.7
Male	State Statistics Department	77.0	X	X	X	X	66.2	73.5	74.8
Female	State Statistics Department	78.7	X	X	X	X	68.1	74.8	74.5
Seats in Parliament Held by Women, Per cent	The Parliament of Georgia	...	X	X	X	X	7.3	7.2	6.8



