

**Millennium Development Goals and
Reproductive Health Priorities in Georgia**



A. Khomasuridze, J. Kristesashvili, O. Vasadze, L. Kobaladze

**Millennium Development Goals and Reproductive Health Priorities
in Georgia**

**Tbilisi
2003**

Table of Contents

Foreword	4
Introduction	5
Reproductive Health of Population: Evaluation of Current Status and Trends	7
Action Plan.....	25
Objectives and Tasks.....	25
Basic Tasks.....	25
Priority Directions and Measures	25
Basic Indicators	28
Recommendations	28
Annex 1	30
Annex 2	31

Foreword

In 2003, Georgia started preparation of the report on achieving of “Millennium Development Goals”. On the initiative of the Georgian office of the UNFPA 3 working groups have been established to carry out in-depth analysis of the problems of reproductive health sphere that had been considered first priority by thematic groups established by the Government in the process of report preparation.

This publication is developed by a group of experts established to outline priority directions and develop an action plan to evaluate the trends of population’s reproductive health status and achieve the aims of “Millennium Development Goals” and ICPD.

The authors would like to express their acknowledgement to the UNFPA and, especially, to Ms. Tamar Khomasuridze, Assistant Representative and UNFPA Georgia Office. This article has been prepared due to their kind support.

The authors would like to express their special thanks to First Deputy Minister of Labor, Health and Social Security of Georgia, Ms. Marina Gudushauri, Ministry departments and agencies having assisted the working group in preparation of the document.

The group of authors will appreciate all comments, advices and recommendations promoting development of reproductive health in Georgia.

The authors hope that the Government of Georgia, as UNFPA and other donors, will consider the priorities and recommendations of this document and correspondingly reflect them in their future action plans in order to promote development of population’s reproductive health in Georgia.

Introduction

After restoration of independence in 1992, Georgia became the UN member state and, correspondingly, joined the conventions and treaties adopted by the UN member states at international conferences and sessions. One of the most important among them is the Cairo Conference on Population and Development (ICPD). The Cairo Conference has fundamentally changed the understanding and approach to population and development issues. The conference adopted an Program of Action for the following 20 years including a set of specific objectives related to health, women's status and social development.

In 1999, the UN General Assembly convened a special session to review the progress since ICPD. Governments of the participating countries outlined basic measures for further implementation of the International Conference Action Program concerning the issues of population and development.

In September 2000, on Millennium Summit, the UN member states adopted a declaration thus confirming their wish to work in the direction of sustainable development and elimination of poverty. "Millennium Development Goals" reflects covenants, conventions and recommendations of the world conferences conducted under the UN aegis during the last decade. The Goals were universally assumed to be the framework for development progress evaluation. The mentioned Goals focus the world community's effort on improvement of human lives. They develop evaluation standards not only for developing countries but also for developed ones which are to finance the development programs and for international organizations which are to assist the developing countries in implementation of these programs.

"Millennium Development Goals" fully responds to the ICPD Action Plan and the basic measures approved by the United Nations General Assembly session (ref. Annex 1). The works related to implementation of these measures are actively in progress in Georgia since 1994. The ICPD principles and PoA are reflected in the programmes and strategic documents developed in Georgia during the recent years.

In the result of all the above mentioned, Georgia has already developed the State Poverty Reduction Program and the work on achieving the "Millennium Development Goals" has been launched. Georgia should consider (and is considering) the specificity of its own needs that are to be reflected in action plans (e. g. national health policy, strategic plan for health care in Georgia, etc.).

Political events, civil war and ethnical conflicts taken place in Georgia in the period following restoration of independence caused severe socio-economic crisis having resulted in the most acute demographic situation. This is expressed by reduced reproduction (reduced child birth rate), complicated with the increased mortality rate (mothers and children mortality), external migration thus creating the danger of country's depopulation. Therefore, improvement of the population's reproductive health has special meaning for development of the country. At the same time, development and management of relevant State policy for development of the population has no less meaning.

During the recent years, the UNFPA works in Georgia in the limits of ICPD and mandate of “Millennium Development Goals” and Georgian Government considers it to be the basic partner in accomplishment of goals IV, V and VI of “Millennium Development Goals” (Annex 1). To achieve these very goals, the UNFPA established a working group in order to analyze problems, identify prioritized directions and develop strategic action plan in the sphere of reproductive health. The work was closely coordinated with two other working groups (in the fields of reproductive rights and perfection of strategic-demographic data base) also established by the UNFPA.

This publication represents the result of the Working Group performance and covers the following:

- Assessment of current status and trends of reproductive health in Georgia;
- Basic objectives and tasks;
- Prioritized direction and measures to be carried out;
- Recommendations.

Reproductive Health of Population: Evaluation of Current Status and Trends

As it was already mentioned in the Introduction, active work on achieving of “Millennium Development Goals” is in progress in Georgia and it is correspondingly reflected in the State Poverty Reduction Program. Besides, health of mothers and children is one of the most prioritized directions of the National Health Care Policy in Georgia and Strategic Plan for Health Care Development in Georgia. The status of health of mothers and children in Georgia needs purposeful and expanded effort in order to improve the situation. Despite special attention paid to mothers and children by the State, due to restricted budget financing the majority of problems is still unresolved and requires significant effort in order to improve the situation. Despite of several current State (Annex 2) and international assistance programs being directed to improvement of mothers’ and children’s health, achieving of realistic results needs more active and wide intervention. It is evident, that without international assistance, Georgia will not be able to make progress in this field some more years.

Improvement of reproductive health is one of important directions, as development of reproductive health has not only medical meaning but also social and even political, as the country faces very serious demographic situation. Each component of reproductive health has its own significance as from the point of view of reduction of mothers and children morbidity and mortality so for prevention of diseases (STD, HIV/AIDS, etc.) and development of proper reproductive behavior. For instance, family planning is necessary pre-condition not only for avoiding undesirable pregnancy, induced abortion and related complications, but also for sound, prepared motherhood and stable childhood.

Children's Health

According to the data of the Ministry of Labor, Health and Social Affairs, in 2002 total number of live born children equaled to 45,033. Out of 43,899 children born in hospitals, 93.3% was due fetus and 6.7% - undue. 4,767 children were born ill or got ill. Among them, there are registered 4,416 cases of separate status and 351 cases of congenital anomalies emerged in the prenatal period. Indicators of uterus internal hypoxia and asphyxia, hemolytic diseases caused by izo-immunization and septicemia a bit increased in comparison with the previous years but in general this is caused by improvement of basic disease registration and formulation of diagnosis (Table 1).

Table 1

Newborn Morbidity

	2001		2002	
	Quantity	Per 1000 live births	Quantity	Per 1000 live births
Congenital anomalies	375	8.1	351	8.0
Sepsis	37	0.8	40	0.9
Respiratory disorder syndrome	517	11.7	476	10.8
Retarded growth	675	15.2	636	14.5
Skull and other birth traumas	790	17.2	743	16.9
Inter-uterus hypoxia and asphyxia	1,722	38.8	1,780	40.6
Hemolysis diseases due to immunization	240	5.4	250	5.7

Source: Health Care, Georgia, 2002 Sstatistical Guide.

It should be mentioned that in the indicators of mortality of children under 5 the leading place belongs to mortality of infants under 12 months. High mortality of infants is basically caused by neonatal (among them early neonatal) mortality that reconfirms the necessity of perfection of human resource and material-technical base of maternity homes and children's hospitals and antenatal care of pregnant women. Infants, born ill or having fallen ill at the age of 0-6 days, do not always get special-purpose and quite expensive assistance. In order to improve current situation, the country has State programs for safe motherhood and ambulatory and hospital medical aid for children under 3 years, medical aid referral system for high risk newborns, modern standard Prenatal Center of Tbilisi equipped with the most advanced equipment and stuffed with highly qualified health care providers thus providing timely hospitalization of patients and qualified medical aid. Medical staff involved in referral system services is continuously trained according to purposefully developed programs. In the result, recently, for the first time, there was registered insignificant decline of infant morbidity according to actually all nosologies.

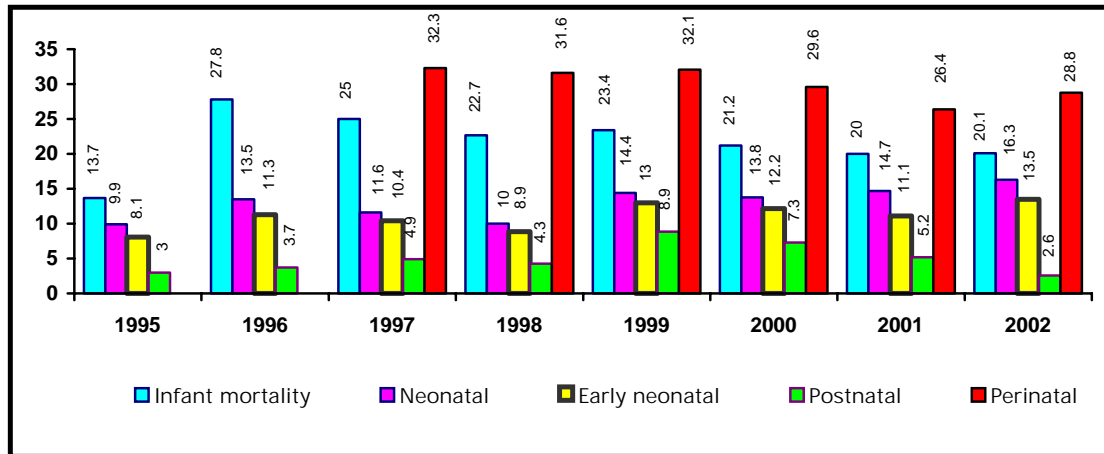
In 2002, died 614 infants under six days (indicator 13.5 – per 1000 live births).

In 2002, medical institutions of Georgia (hospitals, polyclinics) registered death of 907 infants (mortality indicator represents 20.1 per 1000 live births). This indicator has not almost changed in comparison with the previous year (2001 – 20.0 per each 1000 live

births). The indicators of early neonatal, neonatal and prenatal mortality have increased and postnatal mortality has decreased (fig. 1)

Figure 1

Infant mortality (per 1000 live births)



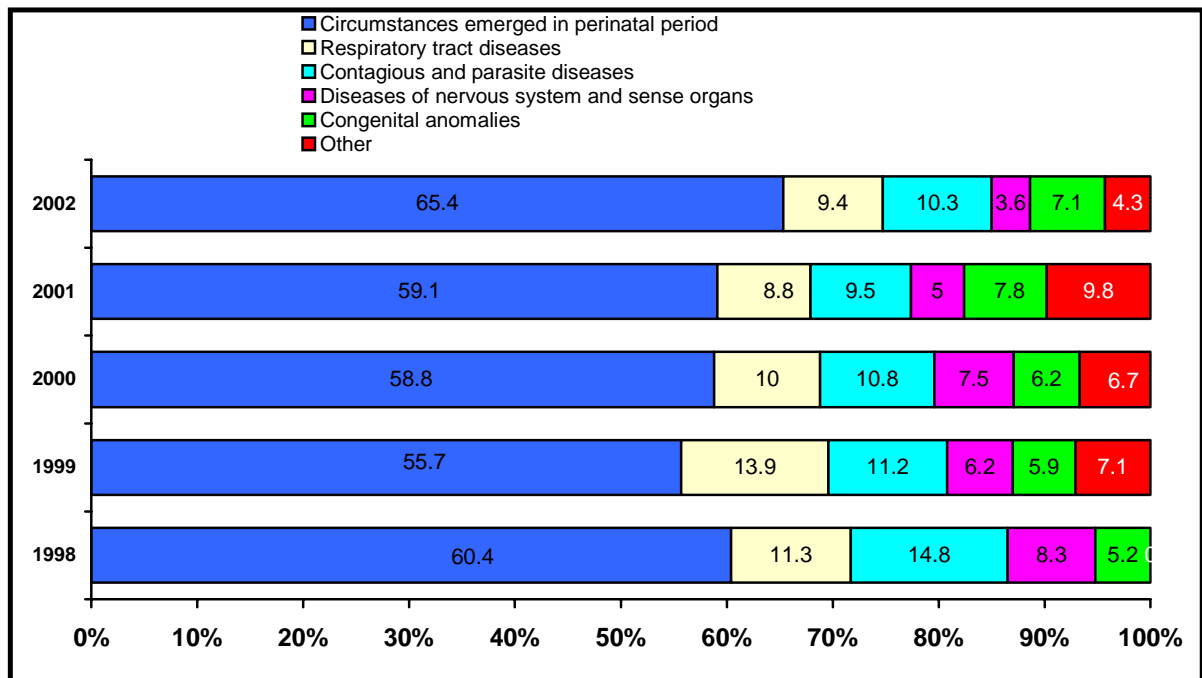
Source: Health Care, Georgia, 2002, Statistical Guide.

In reduction of infant mortality, important role belongs to the implementation of pregnant women, women in childbirth, women recently confined and infant referral system and expert studying of each fatal case. In the result of work performed in this direction the status of infant medical aid has relatively improved, the issue of seriously ill infant hospitalization and registration of fatal cases has been regulated.

In the structure of infant mortality, the leading place is occupied by the conditions emerging in prenatal period – 65,4%; contagious and parasite diseases – 10,3%; respiratory tract diseases – 9,4%; congenital anomalies – 7,1% (fig. 2).

Figure 2

The Structure of Infant Mortality Reasons

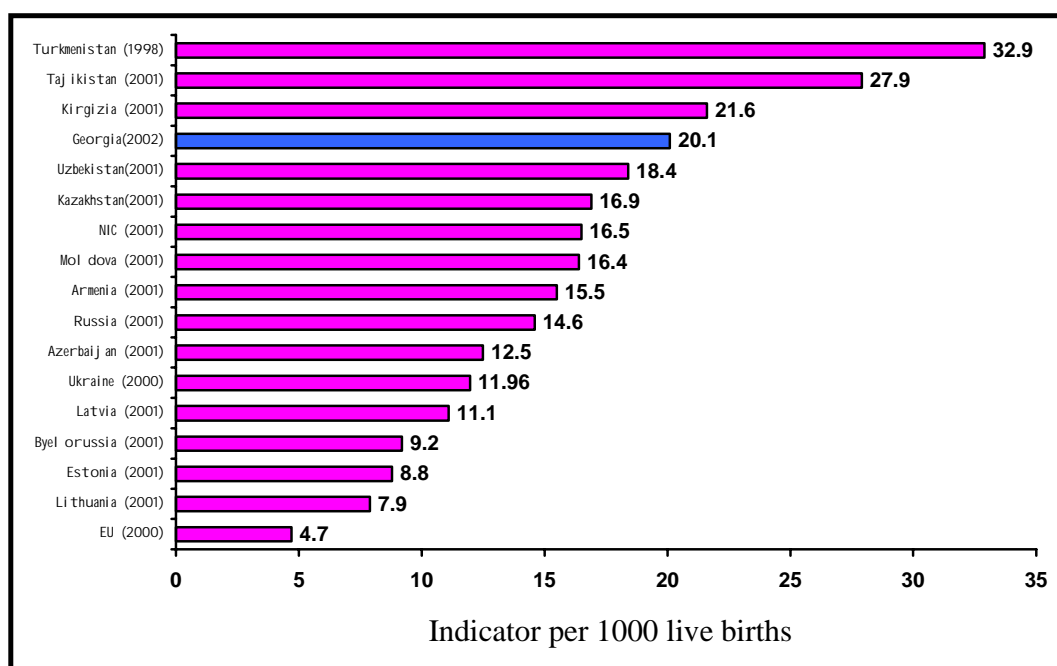


Source: Health Care, Georgia, 2002, Statistical Guide.

Officially registered indicator of infant mortality in Georgia is higher in comparison with the other former Soviet republics and significantly exceeds average indicator for the EU (fig. 3).

Figure 3

Infant Mortality (current latest data)



Source: Data base "Health for Everyone", www.who.dk/hfad

Due to imperfect statistical data for the years 1999-2002 and irregular registration of infant mortality cases, there was brought up a question of conducting a special investigation and infant mortality expert evaluation which was partially carried out and the State Department of Statistics published new, recalculated data on infant mortality (Table 2).

Table 2

New Data on Infant Mortality

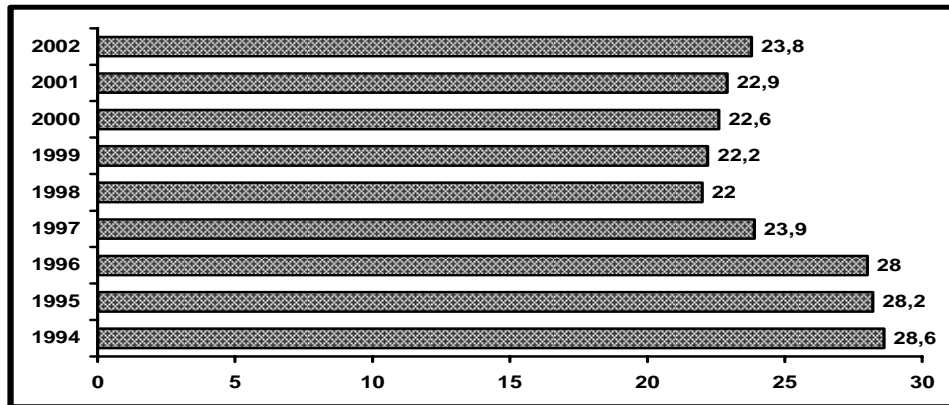
Indicator	1999	2000	2001	2002
Mortality of infants under 5 (SDS)	25.2	24.9	25.5	26.0
Infant mortality (SDS)	22.2	22.6	22.9	23.8
Infant mortality (MSIC)	23.36	21.2	20.0	20.14

The indicators given in Table 2 have been obtained on the basis of corresponding data of Health Care and rates corresponding to the Coal-Dole model tables (SDS has calculated the data for the years 1980-2002 over again). According to given data, the indicators are not decreasing, on the contrary, they are increasing by 3.2% and 7.2% (what was expected) and pointing to improvement of mortality case registration. It should be mentioned here, that the SDS indicators calculated by means of new methodology are characterized by serious trend toward decreasing from 1994 (28.6) inclusive 2002 (23.8),

though they are significantly higher compared with infant mortality indicator for Europe and former Soviet countries (fig. 4).

Figure 4

Infant Mortality Rate (per 1000 births)

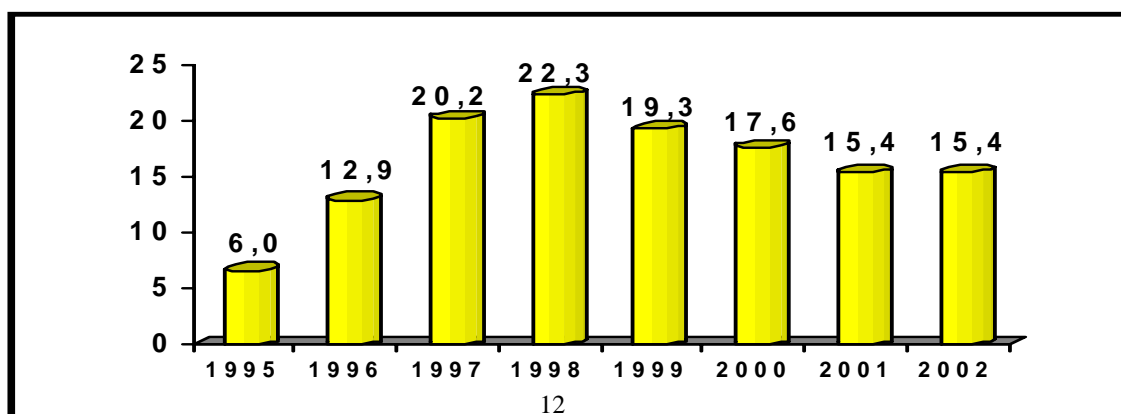


Due to socio-economic difficulties, the indicator of stillborns is still high. This is caused, on one hand, by worsening of women health status, inflexible performance of medical staff employed in the Health Care system and in some cases by their low qualification and, on the other hand, by low medical preventive education (low level of women labour, recreation, living conditions) among women and negligence of medical care in the period of pregnancy.

Significant increasing of the indicator of stillborns in the second half of the 90-ies of the last century was caused by adoption of joint Order # 334/O, # 134 and # 95/S (dated November 9, 1993) “On Registration of Birth, Stillbirth and Children Mortality in the Republic” of the Ministries of Health Care, Justice and Committee of Socio-Economic Information, on the basis of which, upon recommendation of the World Health Organization, the country adopted a new system of live birth registration. In 2002, there were born 702 stillborns (stillbirth indicator – 15.4). In comparison with the year 2001, the number of stillborns has been reduced by 2.8% thus representing continuation or stillbirth indicator reduction trend having commenced in previous years (fig. 5).

Figure 5

Stillbirth Indicator



Source: Health Care, Georgia, 2002, Statistical Guide

Out of 43,899 live born delivered in maternity homes, 96.8% (42,720 infants) are naturally fed. Among them, 28,349 (64.2%) infants were breast fed during the first hour, 7,405 (16.8%) – during 1-8 hours and 4,347 (9.9%) – during 8-24 hours. According to the data of children’s polyclinics, 15,405 (34.9%) infants among twelve months babies were breast fed during the first three months in 2002.

Before 2000, there was no routine statistics on mortality of children under 5. Starting from 2000, there are already being registered children under 5 who died in hospitals and from 2002 – who died at their homes. In 2002, 1,091 children who died at the age of 0-14 years were registered in medical institutions (hospitals, polyclinics). Out of them 907 – under twelve months, 87 – under five.

Serious problems were due to current socio-economic conditions in families, which, very often, have no opportunity to take proper care of infants. As a result, infant morbidity was progressively increasing. However, these data decreased in 2002: there are registered 64,296 cases of infant morbidity (indicator 145710.0) (Table 3).

Table 3

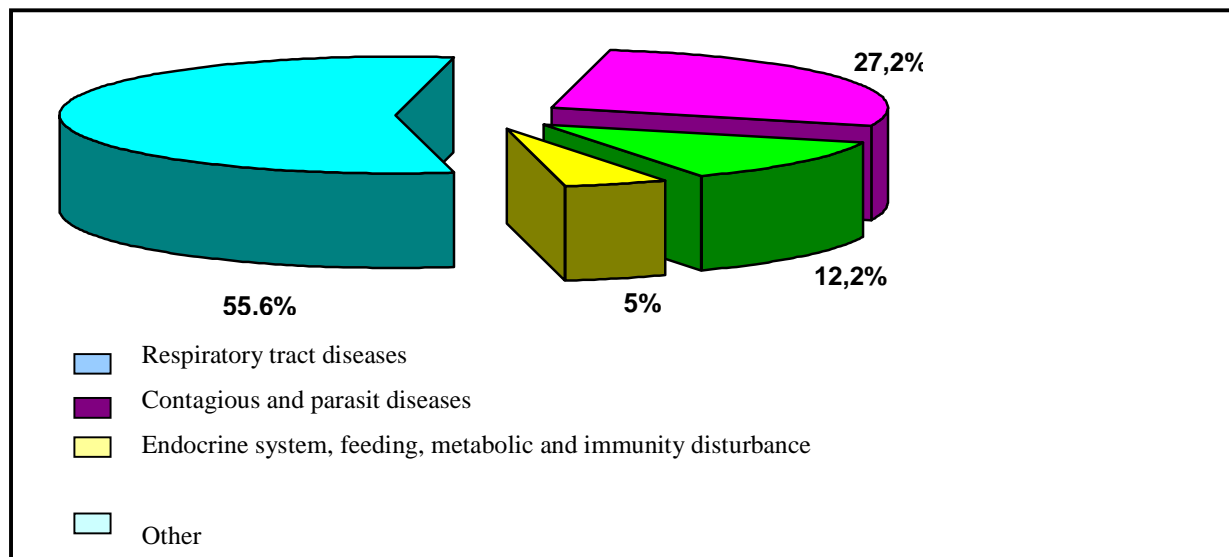
Infant Morbidity	
Year	Quantity
1998	80,396
1999	81,331
2000	83,282
2001	84,951
2002	64,296

Source: Health Care, Georgia, 2002, Statistical Guide

In 2002, medical institutions registered 292,198 cases of morbidity among the children at the age of 0-14 years (morbidity indicator – 32,717.4), including 190,211 cases with diagnoses identified for the first time in the children’s lives (morbidity indicator 21,297.9). The number of morbidity cases among children is high in the following classes of diseases: respiratory tract diseases – 105,717 (morbidity indicator – 11,837.1); contagious and parasite diseases – 23,156 (morbidity indicator – 2,592.8); endocrine system, feeding, metabolic and immunity disorders – 9,452 (morbidity indicator – 1,058.3) (fig. 6).

Figure 6

The Structure of Children Morbidity



Source: Health Care, Georgia, 2002, Statistical Guide

Mothers' Health

Taking into consideration the complicated demographic situation in Georgia, it is important to improve mothers' health and reduce their mortality.

In 2002, 45,263 women delivered in Georgia, being by 1,107 deliveries less than in previous year. Among them, 44,091 women (97.4%) bore in maternity homes (departments) and 1,172 (2,6%) – at home.

In 2002, there were conducted 5,504 Cesarean sections, representing 12.2% of the general number of deliveries. It is worth mentioning, that the number of Cesarean sections is increasing every year: 1999 – 8.1%, 2000 – 9.2%, 2001 – 10.3%, 2002 – 12.2%. Urgent Cesarean operation was performed in 52.9% of the cases and planned – in 47.1% of the cases (in 2001 – correspondingly, 54.7% and 45.3%) (Table 4). At the same time, the number of urgent Cesarean section has decreased and the number of planned ones has increased thus indicating positive trend.

Table 4

The Data on Delivery and Cesarean Section

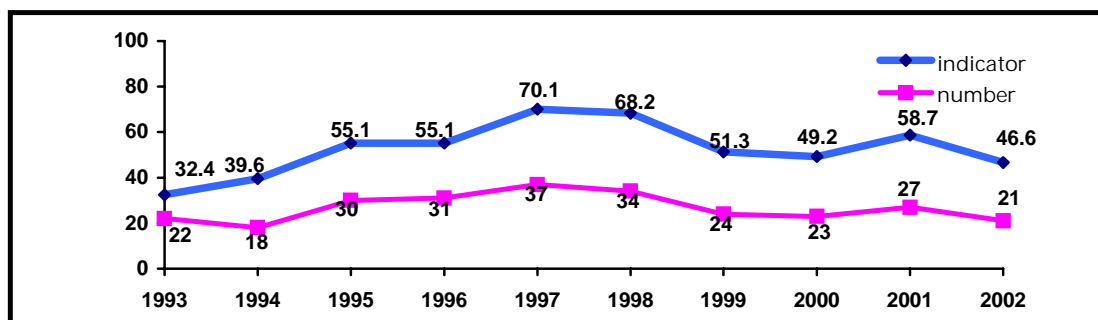
	2001		2002	
	Aabs.	%	abs.	%
Total delivery, among them in maternity homes at home	46,370		45,263	
	44,787	96.6	44,091	97.4
	1,583	3.4	1,172	2.6
Cesarean Section among them: planned emergency	4,752	10.3	5,504	12.2
	2,152	45.3	2,592	47.1
	2,600	54.7	2,912	52.9

Source: Health Care, Georgia, 2002, Statistical Guide

Mothers mortality related to pregnancy, delivery and abortion complications represents a peculiar indicator reflecting the status of health not only of pregnant women, but morbidity of women population, the level of pregnant women care and general obstetrics aid, qualification of health care providers. On the background of quite fast increasing of this indicator, the trend of its decreasing, having commenced in 1997, continued in 2000 (the only exception was the year 2001). In 2002, 21 mothers died (among them, 5.6% who delivered at home and 5.6% - in the result of abortion, or 46.6 per each 100,000 live births) (fig. 7).

Figure 7

The Dynamics of Mothers Mortality Indicator

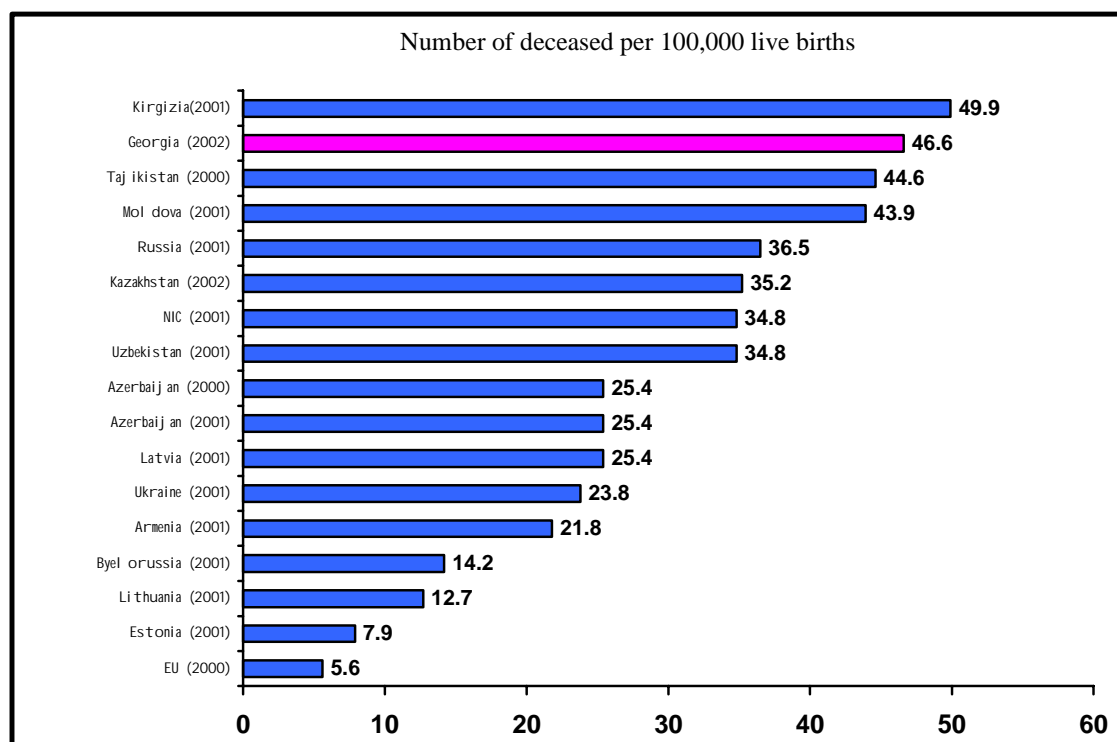


Source: Health Care, Georgia, 2002, Statistical Guide

It should be mentioned that mothers mortality indicator is one of the highest not only in Europe, but also among the former Soviet countries (fig. 8).

Figure 8

The Structure of Mothers Mortality

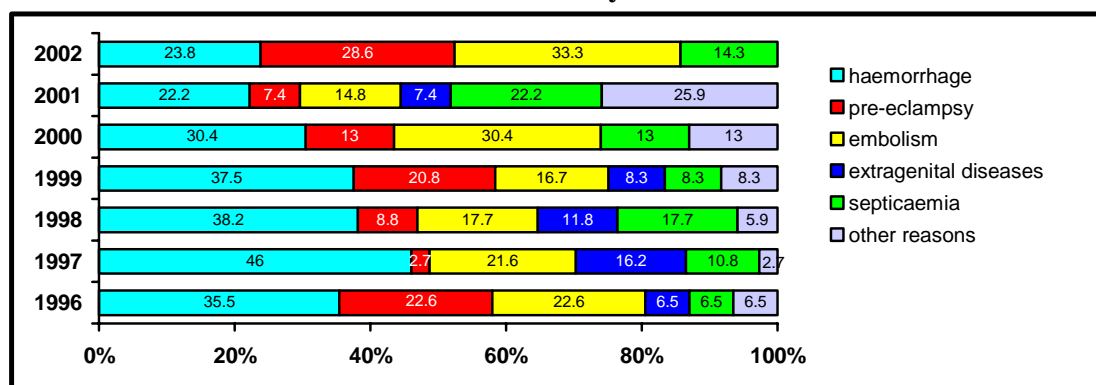


Source: Data Base "Health for Everyone", www.who.dk/hfadb

The structure of mothers mortality, on the basis of revision of the cases in 2002 and consideration of approximate reasons of mortality (clinical materials), sharply changed in comparison with 2001 and represents the following according to nosologies: thromboembolism – 7 (2001 – 4); eclampsy – 6 (2001 – 7); hemorrhage – 5 (2001 – 6) and septicemia – 3 (2001 – 6) (fig. 9). The number of fatal cases among mothers according to pregnancy weeks is the following: up to 12 weeks – 1; 12-20 weeks – 1; 20-30 weeks – 3; up to 30 – 15; in one case it was impossible to define the period of pregnancy (delivery at home). The pregnancy period of the majority of the mothers who died in 2002 represented more than 30 weeks, which is worth mentioning as it reveals necessity of identification of pregnant women, their registration and improvement of the level of their medical-preventive education. At the same time, more attention should be paid to strengthening of primary health care system and antenatal management of pregnant women.

Figure 9

The Structure of Mother Mortality



Source: Health Care, Georgia, 2002, Statistical Guide

From the point of view of age of the mothers died in 2002, there can be noticed certain change, namely, 17 mothers (pregnant women) died in 2001 were of age between 20 and 30, the same trend was maintained in 2002 – 12 (57.1%), then the age increased – 7 pregnant women between the age of 30 and 40 (2001 – 4.33,3%) and then it went down to 20 years – 2 (2001 – 4, 9.6%); there was no fatal case among the pregnant women over 40.

Below are given mother mortality cases according to regions: Tbilisi – 8 (2001 – 10), Ajara – 4 (2001 – 2), Imereti – 4 (2001 – 3), Kvemo Kartli – 3 (2001 – 7) and Shida Kartli – 2. The number of deaths has reduced by 6 compared with the previous year, correspondingly, the mother mortality indicator has reduced per 100,000 live births and just two or three women died among those who delivered at home. Mother mortality in the result of abortion related complication has reduced by 1 case.

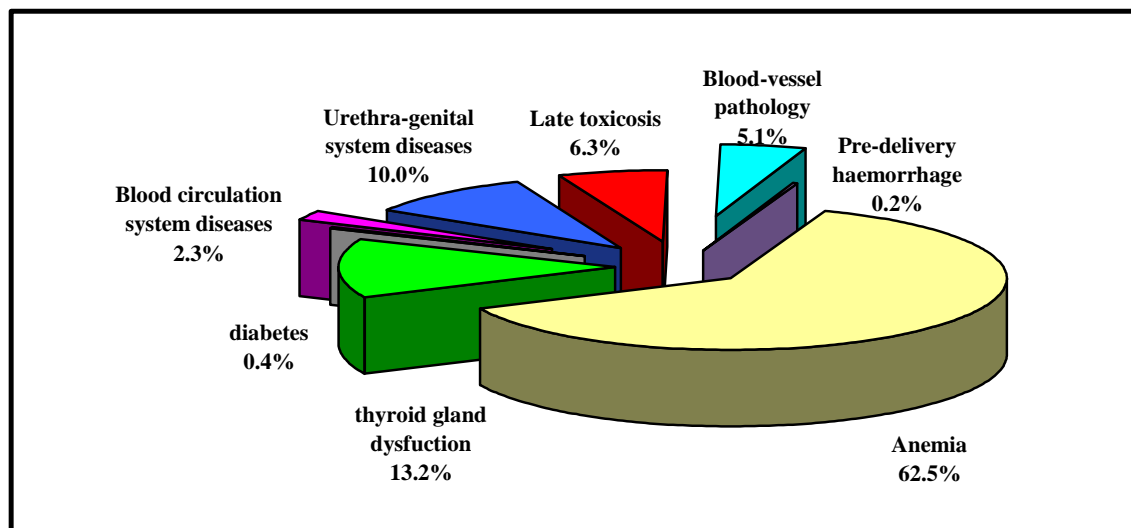
In 2002, 60,055 women were registered in Georgia at antenatal clinics, among them, out of 43,885 pregnant women registered in 2002 51.7% were registered earlier than 12 months of pregnancy. 38,532 women maintained pregnancy for the whole period. 61.3% of them referred to antenatal clinics for four full times (this is by 2% more than in 2001). 3.5% of pregnant women had early delivery.

36,647 pregnant women were investigated concerning rhesus-factor and syphilis. Syphilis was identified in 52 cases being twice as much as the data for the year 2001.

In the result of investigation of the causes of complications among pregnant women, women in childbirth and recently confined, it has been revealed that in 2002 anemia was in the first place (62.5%), then came thyroid gland dysfunction (13.2%), urethra-genital system diseases (10.0%), late toxicosis (6.3%), blood-vessel pathology (5.1%), blood circulation system diseases (2.3%), diabetes (0.4%), pre-delivery hemorrhage (0.2%). High rate of anemia and thyroid gland dysfunction in the structure of mentioned diseases needs special attention and reaction. It is necessary to strengthen preventive measures and struggle against the diseases caused by iodine deficit (fig. 10).

Figure 10

The Diseases Revealed During Pregnancy In Antenatal Clinics (%)



Source: Health Care, Georgia, 2002, Statistical Guide

Special attention should be paid to early prevention and treatment of those oncological diseases in women which have direct effect on reproductive health.

Despite the fact that currently AIDS does not occupy significant place in morbidity and mortality structure of the country's population and Georgia belongs to AIDS low prevalent state, considering the indicators of risk-factor prevalence revealed in the result of conducted situation analysis (intra-vein drug-addiction, the level of prevalence of HIV/AIDS transmission high risk behaviour, etc.), in Georgia there do exist all preconditions for quick development of HIV/AIDS epidemic, as since 1996 the indicator of mortality and morbidity is sharply increasing thus reflecting fast prevalence of HIV/AIDS. For instance, number of new cases of the infection (incidence) increased 12 times between 1996 and 2002. In the case of complete financing of corresponding State programs, it will be possible to implement large-scale preventive measures against these diseases. Besides, additional financing obtained by Georgia from the Global Fund to Fight AIDS, Tuberculosis and Malaria will significantly promote achievement of the goals during future five years (USD 12 million for the years 2003-2007).

Reproductive Health and Family Planning

Recently, significant results have been achieved in the sphere of reproductive health, though certain problems are still remaining. In the process of family planning, abortion still maintains leading place. Its number (only registered cases) reached 13,908 in 2002 (less by 7.9% than in 2001) thus constituting 30.9 cases per each 100 live births. 5,143 among them are mini-abortions (Table 5).

1.7% (271) out of the total number of abortions were made during first pregnancy. These data are increasing every year (2000 – 1.2%; 2001 – 1.6%). It should be mentioned that the number of abortions have increased among under age girls. In 2002, 9 girls under 14 artificially terminated pregnancy (2001 – 1).

Table 5

Abortions in Georgia in 1999-2002

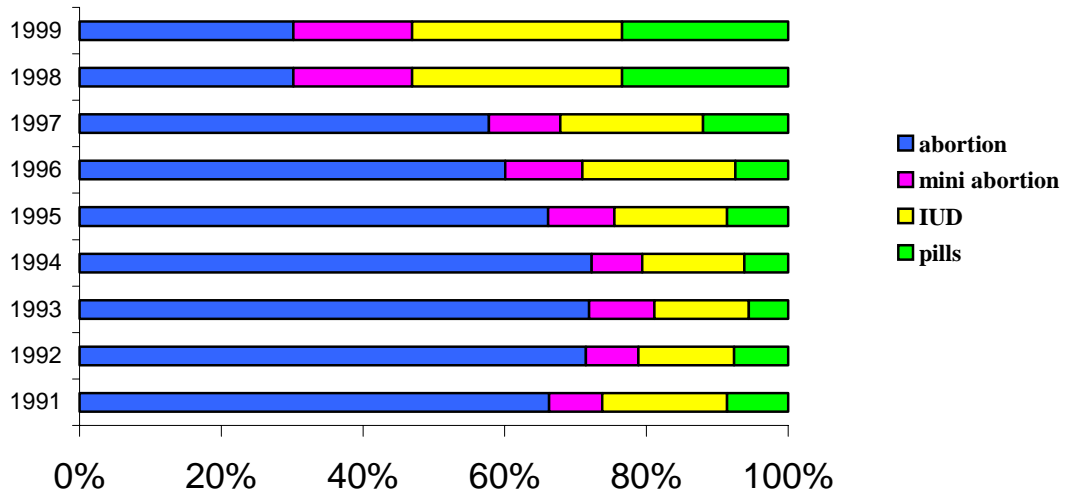
Year	Number of live births	Abortions in total	Mini-abortions among them	Indicator of abortions per 1000 live births
1992	72,631	50,748	10,256	730.8
1993	61,594	45,131	8,391	789.4
1994	57,311	45,858	10,295	857.9
1995	56,341	39,538	7,522	715.2
1996	53,300	30,003	5,867	554.1
1997	52,851	23,403	5,541	447.6
1998	49,588	21,018	6,806	423.8
1999	46,827	18,306	6,549	390.9
2000	46,765	14,951	5,414	319.7
2001	46,006	15,008	5,330	326.2
2002	45,033	13,908	5,143	308.8

The number of abortions is steadily high among the girls under 15-19 (2002 – 789, 2001 – 857). Increasing of the number of abortion among under age girls should become a subject of special consideration and it is necessary to develop specific measures for youth reproductive health care. Despite the reducing number of registered abortions, their number is still high in comparison with other European countries.

Though the number of women using contraceptives is still low, but, in recent years, the total number of IUD and hormone contraceptive consumers seems to be increasing in comparison with the number of abortions (fig. 11).

Figure 11

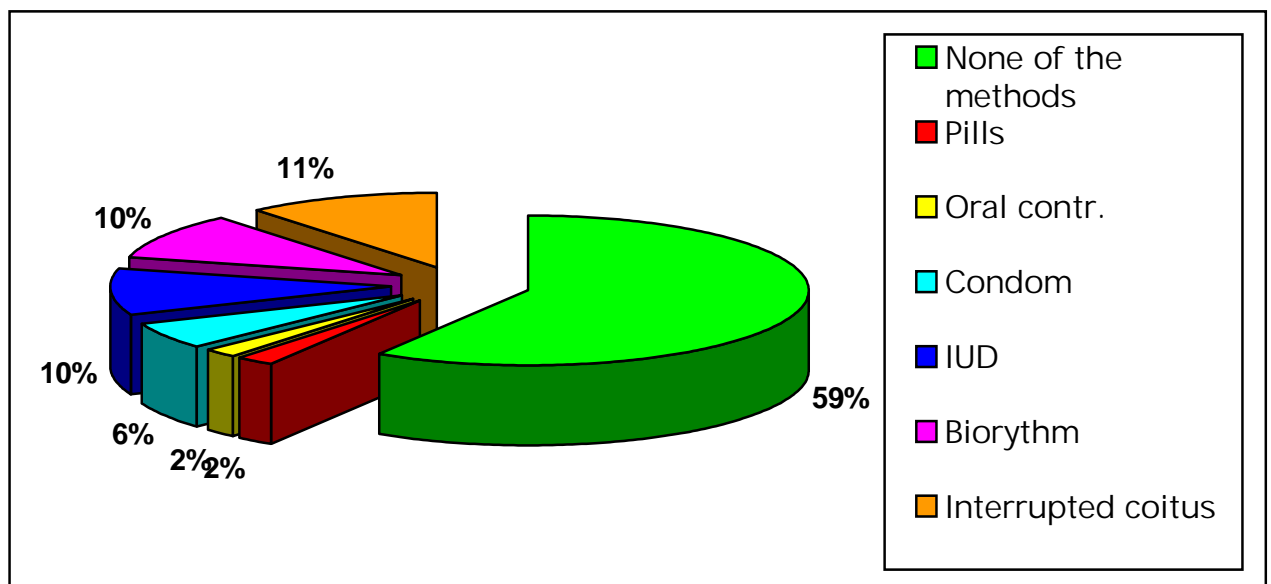
The Service Provided to Women by Medical Institutions of Georgia in 1991-1999 in the Field of Family Planning



In Georgia, the number of women using contraceptives is still low; however, contraception becomes more and more popular and diverse due to modern methods. The most realistic picture of application of different contraception methods in Georgia can be found in the results of women's reproductive health review for the years 1999-2000 (Figure 12).

Figure 12

Application of Specific Contraceptive Methods in Georgia by Married and Unofficially Married Women



Source: Women's Reproductive Health Review, Georgia, 1999-2000

As the figure shows, contraceptives are used by 41% of married or unofficially married women. It is evident, that actually, different methods of contraception are used by more women and youth among them.

Table 6

Fertility and Abortion Indicators, Awareness and Application of Family Planning (FP) by Different Groups of Population in Georgia

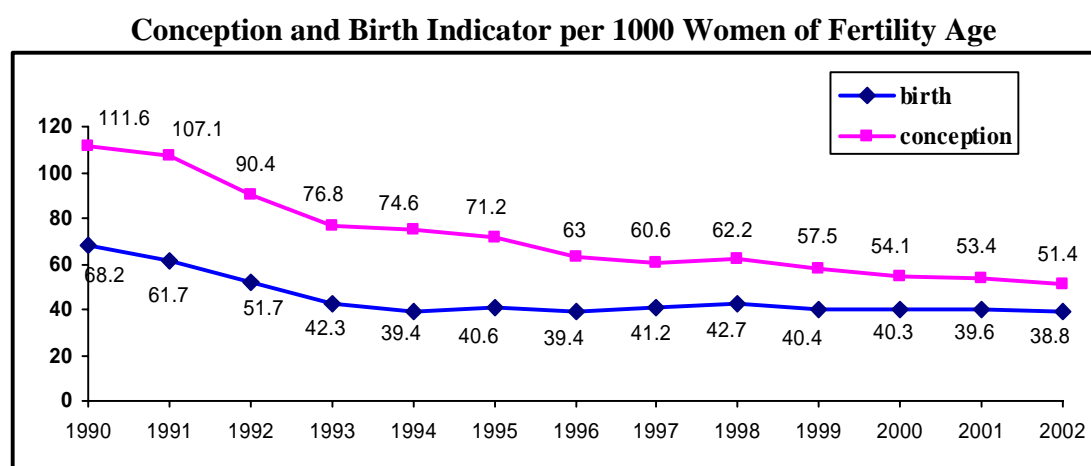
	Tbilisi	Urban Population	Rural Population	Socio-economic status		
				Low	Average	High
<i>Fertility Indicator</i>	1.6	1.5	2.0	2.1	1.5	1.7
Abortion Indicator	3.7	4.4	4.1	3.6	3.8	3.4
FP methods awareness (%)	97.8	94.0	84.6	81.5	95.3	99.5
Current application of FP methods (%)	44.9	42.4	37.2	33.8	43.4	44.3

Source: Women's Reproductive Health Review, Georgia, 1999-2000

Fertility and abortion indicators differ as differ levels of awareness and application of family planning methods among the population in Georgia's towns and villages. The situation is the same in the groups of different socio-economic status (Table 6).

Unfortunately, indicators of conception and birth among the women of fertility age are decreasing – this indicator is twice less compared with 1990 (Fig. 12).

Figure 12



Source: Health Care, Georgia, 2002, Statistical Guide

The mentioned problem is not limited only to extremely low birthrate, characterizing the central regions, but there is also the problem of high level sterility comprising 10-15% of the population. This means that in our country, at the moment, at least 30,000 couples are childless. It is added by the problem of artificial abortion indicator which has significantly reduced in Georgia, but still remains high. The most painful is the problem of illegal abortions as the complications resulting from them occupy significant place in mother mortality structure. Sexually Transmitted Diseases (especially, chronic forms) are one of the most significant reasons of sterility. This problem needs special attention. At the moment, STD morbidity is very high in Georgia caused by low sexual culture of the population and gross violation of treatment schemes by medical staff (irrational consumption of antibiotics, resulting in drug resisting culture development, etc.) thus causing chronic status and irrevocable complication of such diseases.

As it is shown in the situation analyses given above, health of mothers and children in Georgia needs targeted and strong effort toward improvement of the situation. Though several State (Annex 2) and international assistance programs are directed specifically to improvement of mothers' and children's health, achieving of realistic results needs more active and expanded intervention.

Improvement of reproductive health is one of important directions, as development of reproductive health has not only medical meaning but also social and even political, as the country faces very serious demographic situation. Each component of reproductive health has its own significance as from the point of view of reduction of mothers and children morbidity and mortality so for prevention of diseases (STD, HIV/AIDS, etc.) and development of proper reproductive behavior. As it is well-known, behavior is formulating in adolescent age therefore proper and targeted information and education of adolescents regarding reproductive health and family planning are very important. Family planning is mandatory precondition not only for prevention of undesirable pregnancy, induced abortion and related complications, but also for sound, well-prepared motherhood and reliable future of children. It is evident, that men have not less importance in improvement of reproductive health and family planning. At present, men's reproductive health is paid less attention in Georgia though it is impossible to achieve significant effect in STD prevention, treatment and effective management of many other problems without paying attention to men. There has not been conducted any research in this direction in Georgia, there are no State or international programs oriented to men; actually, they are ignored. This problem requires urgent regulation.

Reproductive Health Services

Establishment of special reproductive health service system started in 1985. By 1990, 23 reproductive health offices were functioning all over the country. After well-known events, their activities, unfortunately, were significantly squeezed for 5-6 years, and by 1996 there were functioning just 3 offices. From 1997, in the framework of the UNFPA and with participation of Zhordania Institute, the mentioned offices started recovery and functioning and expansion of their network.

At the moment, the Reproductive Health Care Service System has the following form:

- Head Organization – National Centre – Zhordania Human Reproduction Scientific-Research Institute;
- Regional Centers – in large towns, such as Kutaisi, Batumi, Rustavi;
- Reproductive Health Centers – in Tbilisi and other regions of the country (27 centers in total);
- Reproductive Health Stations – in various medical institutions (primary health care objects) (94 in total);
- Mobile Groups – for provision of reproductive health care in remote regions of the country. The mentioned groups are staffed with the medical personnel of the above listed services.

This System operates on the basis of unified organizational and methodological management. The Zhordania Institute and Reproductology Chair of Doctors' Post-Diploma Training Medical Academy developed programs (the programs are already working) for doctors' post-graduate courses and continuous medical education in the field of reproductive health care. At the moment, only licensed specialists are working in the Reproductive Health Care Service System. In the framework of the UNFPA projects GEO/96/P01 "Strengthening of Reproductive Health Services in Georgia" and GEO/00/P01 "Support to Improvement of Reproductive Health Care Information and Services", the above mentioned services were re-equipped and medical staff was provided with continuous education through training (family planning and reproductive health care, application of special information-registration cards, etc.), there is published a special, original handbook "Reproductive Health". Besides, since 1993, through the UNFPA assistance, the country's population is provided with free modern contraceptive means. Notwithstanding the significant volume of the work done, the System requires further perfection and development, which, in its turn, needs support of the State and international organizations.

It should be mentioned, that the process of establishment of reproductive health care services is not any more restricted to training of health care providers, distribution of contraceptives and instruments, etc. Activity spheres of these services have been expanded and now they cover the issues of youth reproductive health care and rights as well as reproductology of climacteric age, etc.

Besides, education of population of all ages in the reproductive health care field is put to the forefront. In the frameworks of the UNFPA's above mentioned projects, there has been conducted the work of impressive volume on reproductive and sexual health issues with the purpose of education of the population taking into consideration local cultural-traditional peculiarities, namely: in 1997 there was held a national forum on family planning which has no analogue even in the whole world, there were prepared video-clips on family planning issues, there were prepared and published several thousand editions of brochures (of 8 kinds) on family planning and reproductive health according to the needs of the population of all ages (adolescents, the population of reproductive and menopause age), there were prepared and published different posters and poster-calendars, informative-educational articles and answers on readers' questions were systematically published in magazines and newspapers, there were held interactive radio broadcasts, etc.

Special attention deserves the fact that cooperation with the UNFPA in the reproductive health care field has extremely consistent and regular character. In Georgia, in the framework of projects implemented by the UNFPA, there has been developed the

national reproductive health care program representing a management directive for development of this sphere. The program, apart from other issues (family planning, perinatal care, information, education and communication (IEC) of population in the reproductive health care field, STD, etc.) emphasizes the adolescents' reproductive health as in this very age it is important to have education in the issues of reproductive health and establishment of relevant reproductive behavior being effective preventive means for reproductive disorders related to early sexual activity, pregnancy, abortions, STD, etc. Mentioned program envisaged implementation of qualitative research of reproductive health in adolescents that was conducted in the framework of the UNFPA project GEO/00/P01 "Support to Improvement of Reproductive Health Care Information and Services". The results of the conducted research reflect the adolescents' view and requirements that should be considered when developing educational programs in reproductive health care for adolescents.

Therefore, on the basis of the situation analysis certain problems are revealed; without urgent resolution of these problems it will be impossible to improve reproductive health of children and mothers and population in general. The problems also served as the basis for development of the objectives and tasks, strategic directions, measures and recommendations of this document.

Problems

- Imperfection of the legal-normative base;
- Lack, instability and non-purposefulness of State financing;
- Non-existence of State reproductive health care program;
- Inadequate availability of reproductive health care services for different groups of the population and lack of service quality control mechanism;
- Lack of programs in reproductive health care sphere oriented on population's focus groups (adolescents, men, etc.);
- Imperfection and lack of statistical-informational systems (correspondingly unreliability).

Action Plan

Objectives and Tasks

Objective

Improvement of reproductive health care service availability for the population of all ages and ethnic groups in Georgia, with the purpose of securing of the reproductive rights.

Basic Tasks

- ❖ Improvement of regulatory legal framework in the reproductive health care field;
- ❖ Expansion of reproductive health care services network and improvement of their quality;
- ❖ Improvement of the level of awareness and education (especially among adolescents) of population in the sphere of reproductive health care and rights, development of effective communication system with the purpose of improvement of high quality reproductive service availability and understanding of personal reproductive rights;
- ❖ Rising of financial resources in the State sector as well as among international donors in order to fulfill basic objectives and tasks of the Action Plan.

Priority Directions and Measures

- Improvement of legal framework in the reproductive health care field:
 - *Adoption of the law on reproductive health care;*
 - *Adoption of the law on reproductive health rights of the population;*
 - *Adoption of the law on artificial abortion;*
 - *Establishment of reproductive health care service registration and licensing regulatory legal framework;*
- Expansion of reproductive health care service system and improvement of service quality:
 - *Equipping of the network and supplying the population with free contraceptives, educational-informative materials, etc.;*
 - *Maintenance of special operating mobile groups for the remote regions;*
 - *Diagnosis of sterility and improvement of treatment quality;*
 - *Development and implementation of service quality control and improvement.*

- Provision of improvement of medical staff education level in reproductive health care and family planning sphere through continuous medical education system in order to improve reproduction health care service quality:
 - *Establishment of training centres in reproductology;*
 - *Development and implementation of training programs according to modern levels;*
 - *Development of modern handbooks on reproductology and contraception;*
 - *Establishment of post-diploma training centers in the sphere of reproductive health care and development of corresponding training-normative base;*
 - *Short- and long-term trainings for medical staff.*

- Identification of real demand on contraceptive means in the country and finding out maximally effective and advantageous ways for demand satisfaction:
 - *Special quantitative-qualitative research on identification of real demand on contraceptive means;*
 - *Rising of relevant financing (within the State programs or with partial assistance of donor organizations) in order to improve availability of reproductive health care services for population.*

- Improvement of the level of STD diagnosis in reproductive health care services, close cooperation and integration of work of reproductive and sexual health services in order to improve availability of STD, HIV/AIDS and hepatitis diagnosis and treatment:
 - *Special trainings for reproductive health care service medical staff in STD diagnosis and treatment;*
 - *Implementation of special mandatory guidelines for STD treatment;*
 - *Development of special cooperation system in order to integrate reproductive and sexual health care services and improve diagnosis and treatment of STD, HIV/AIDS and hepatitis.*

- Perfection of informational-registration systems in the sphere of reproductive health care:
 - *Perfection of informational-registration systems in the reproductive health care sphere and integration into unified informational-registration systems of health care;*
 - *Training of medical staff in working with informational-registration system in the reproductive health care sphere.*

- Conducting of qualitative sociological research in the sphere of reproductive health care (both for women and men) and development of effective Information-Education-Communication strategies for population on the basis of research results and implementation of the strategies for different target groups:
 - *Popular articles in magazines and newspapers, TV and radio broadcasts, preparation of radio and TV clips and regular broadcasting of them through central and regional TV and radio networks, publishing and dissemination of*

- informative-educational booklets on reproductive health care and family planning;*
- *Development of school program on sexual education considering sociological research results and cultural-traditional peculiarities;*
 - *Popularization of the sound life style and safe sex through forums and other mass cultural measures;*
 - *Popularization of condoms in risk-groups;*
 - *Development of leader-educator system in target groups and regular working with them.*
- Development of communication means for population in order to create awareness of availability of reproductive health care service and reproductive rights:
 - *Development and operation of a “helpline”; improvement of the level of awareness and education of population and selection of topics taking into consideration the results of the “helpline” performance;*
 - *TV and radio broadcasts with phone contact with the audience;*
 - *Regular training of medical staff in order to improve communication with population on the issues concerning reproductive health care.*
 - Securing the full coverage of population (all age groups) in the sphere of reproductive health:
 - *Conducting researches of reproductive health both of women and men in Georgia;*
 - *Development and implementation of special reproductive health program for men;*
 - *Development and implementation of special program on menopause management;*
 - *Development and implementation of mass screening programs with the purpose of early diagnosis and treatment of reproductive organ oncological diseases;*
 - *Improvement of prenatal care quality through implementation of programs on mass prenatal diagnostics of genetic and congenital pathologies.*
 - Development of youth centers in order to improve adolescents’ reproductive health status and integration of these centers into the reproductive health care network:
 - *Special training of medical staff working with adolescents, especially in the consultancy sphere;*
 - *Establishment of sound living style among youth;*
 - *Prevention of undesired pregnancy and abortions, unsafe sex, STD, HIV/AIDS;*
 - Rising of relevant financing in order to achieve the basic objective and tasks of the Action Plan:
 - *Attraction of the State and non-state organizations’ and medical society’s attention to reproductive health care;*
 - *Even necessary minimum program financing of the reproductive health care sphere by the State;*

- *Cooperation with international organizations and local and international non-governmental sector.*

Basic Indicators

- Mother mortality;
- Newborn mortality;
- Infants and children (under 5) mortality;
- Abortion indicators;
- Contraceptive application indicators;
- STD frequency indicators;
- Marriage and divorce age indicators;
- Rate of schools (%) having sexual education programs;
- Rate of population informed in the sphere of reproductive health care and rights and level of their awareness;
- Number of informative-educational booklets, articles, TV and radio broadcasts;
- All the indicators being necessary for monitoring of future projects and programs in the sphere of reproductive health care.

Recommendations

- Development of long-term State policy and programs in the sphere of reproductive health improvement and development of population;
- Free contraceptive means supply for reproductive age women. Development and implementation of long-term State policy on supplying with contraceptives (as this has been done by the UNFPA up to now and situation like this can not last forever, the State should think of financing);
- Integration of reproductive health care services into primary health care system and differentiation of the duties and obligations of these services according to levels;
- Development of programs on the basis of scientific work results and practical experience for various regions of Georgia (according to the level of socio-economic development);
- Initiation of programs focused on men and adolescents in the sphere of reproductive health care as the programs existed up to now were basically oriented at women of reproductive age;
- Due to the highly serious demographic situation in Georgia, development and implementation of State program on identification and treatment of sterility reasons;
- Provision of social (free) advertising through mass media;
- Provision of active mass preventive examinations of adolescents with the purpose of early identification of reproductive health disorders;
- Strengthening of partnership with donor organizations in order to improve reproductive health of Georgian population and mobilize financial and technical resources;

- Requesting the UNFPA to assist the country in development and implementation of long-term programs in the sphere of population development and reproductive health care.

Annex 1

Indicators for Reproductive Health (RH) to Monitor Cairo Conference Action Program (CCAP) and “Millennium Development Goals” (MDG)

RH Objectives	Related CCAP Objectives	Related MDG
Each person and couple (during their whole life) are satisfied with good reproductive health and family planning and sexual health, among them	<ul style="list-style-type: none"> • Universal availability of reproductive health care services and family planning, among them by the year 2015; • Reduction of mother and child mortality; • Reduction of HIV/AIDS 	<ul style="list-style-type: none"> • Mothers’ health improvement (MDG 5); • Reduction of child mortality (MDG 4); • Struggling against HIV/AIDS, malaria and other diseases (MDG 6)
RH Indicators	Tasks related to CCAP, CCAO+5 and other international conferences	Related MDG tasks
Mother mortality indicator	CCAP: half way reduction of mother mortality by 2000 and in the same volume – by 2015	Task 6: Reduce mother mortality by 3/4 between 1990 and 2015
Rate of childbirth in the presence of trained medical staff	CCAP+5: by 2005, where mother mortality is high at least 40% of child delivery should be carried out in the presence of qualified medical staff, by 2002 – at least 50% and by 2015 – 60%. By 2005 at least 80% of child delivery should be carried out in the presence of qualified medical staff, by 2010 – at least 85% and by 2015 – 90%.	
Unsatisfied family planning demand	CCAP+5: proportional difference between those using contraceptives and who wish to limit growth of their families should be reduced at least by 50% in 2005, at least by 75% in 2010 and by 100% in 2015	
HIV/AIDS prevalence in pregnant women of 15-24 years	CCAP+5, UNGASS: reduction of HIV/AIDS prevalence among young men and women of 15-24 in the countries where they have the highest rate of prevalence: by 25% by 2005 and by 25% by 2010 in the whole world	Task 7: suspension of HIV/AIDS prevalence by 2015 and its further reduction

Rate of 15-24 years old population having comprehensive, correct information on HIV/AIDS	UNGASS: by 2005, 90% of 15-24 years old population should have comprehensive, correct information on HIV/AIDS and 95% - by 2010. CCAP+5: information, education and services should be available for at least 90% of 15-24 years old population by 2005 and for at least 95% of them by 2010	
Mortality of children under 5	CCAP+5: reduction of mortality of children under 5 by 1/3 by 2000, or down to 70 fatal cases per 1000 live births and to 45 fatal cases per 1000 live births by 2015 worldwide	Task 5: reduction of mortality of children under 5 by 2/3 between 1990 and 2015

Annex 2

State Programs for the Year 2003 of the Ministry of Labour, Health Care and Social Security of Georgia

#	Title
I	State Program on health support, disease prevention and epidemic control
1	Program on support of sound living style and disease prevention
2	Programs on prevention of socially dangerous diseases (drug addiction, AIDS, STD, diseases caused by iodine and other micro elements deficiency, etc.)
3	Program on epidemiological supervision and management of epidemic situation
4	Science and education component
5	Component of rehabilitation of strategically important institutions, development of medical technologies and management of medical reserves
6	Component of medical service efficiency evaluation and monitoring
7	Program on restructuring of hospitals in Georgia
8	Program on registration and specific assistance to the families of killed and lost in the war for territorial integrity, freedom and independence of Georgia
9	Fund for one-time assistance to vulnerable population
II	State program on out-patient care for population
1	Component of out-patient care for population (including population of mountainous areas)

#	Title
2	Component of immunization
3	Component of special out-patient care including tubercular, psychiatric, oncological and pregnant women care
4	Out-patient care sub-component including examination and dental treatment
5	Component of medical examination of the citizens subject to drafting to military forces of Georgia
III	State program on hospital service for the population
1	Component of psychiatry aid
2	Component of tubercular aid
3	Component of obstetrical aid
4	Component of children's medical care
5	Sub-component of medical rehabilitation of the children with disabilities
6	Component of additional medical aid for vulnerable population
	including the component of assistance to the families of killed and lost in the war for territorial integrity, freedom and independence of Georgia
7	Component of contagious disease treatment
8	Component of diagnostics and treatment of oncological diseases
9	Component of organs and tissues transplantation and dialysis
10	Component of cardio-surgical aid (including cardio-surgery for children)
11	Component of referral aid
12	Program on urgent services to be provided to population
13	Resort rehabilitation program
14	Component of additional medical examination of the citizens subject to drafting to military forces of Georgia
15	Component of medical aid to children lacking parental care and children requiring permanent substitutional treatment (on the base of Zhvania Pediatric Clinic of Tbilisi State Medical University)
IV	Program on provision of population with special medical supplies
1	Component of provision adults with diabetes with medical supplies
2	Component of treatment of children and adolescent with diabetes (on the basis of Association for Protection of Diabetic Children)
3	Component of treatment of children and adolescent with hemophilia

#	Title
4	Component of provision with medical supplies patients with incurable oncological diseases
5	Component of provision with medical supplies patients with transplanted kidney
6	Provision of patients with diabetes insipidus with aduretine