

DFID "GEORGIA PRIMARY CARE DEVELOPMENT" PROJECT PROGRESS

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1. Project description

2.1. Organizational-functional description

1.1.1. Background

Georgia health strategy is based on development of primary care as a priority direction. It focuses on development primary medical care and prevention rather than treatment-oriented system.

According to the Decree of the President of Georgia #179 from May 7, 2000 on "Urgent Measures on Implementation of the Conceptual Principles of Georgia Social Development" was approved National Health Policy of Georgia and Strategic Health Plan (2000-2009). Main element of the Plan is improvement the quality of primary care by the development of family medicine institution based primary care system.

On purpose to support development of primary care in Georgia the Know-How fund project "In-service training for general practitioners in Georgia" was implemented during 1997-1999. The Project has fulfilled the following activities:

- 16 GP trainers have been trained, this created an important capacity for training other general practitioners;
- Specialty "General Practitioner/Family Physician" was included in the list of physicians and pharmacists (Decree of the Minister of Health # 425/O, 27.10.1997, on "Awarding the State Certificate and License to the High and Middle-level Medical and Pharmaceutical Personnel").
- 47 GP have been re-trained. Thus, together with 8 GP trainers, trained on the initial stage of the Project, 55 GPs were certified;
- Curriculum (930 hours) and appropriate training materials for GP training were developed and approved;
- GP Certification Program has been developed.

Department for International Development had strong political support from the Ministry of Health and Municipal Health Department. In August 1999 in London was held the first official meeting between the representatives from DFID and Georgian part, namely, Ministry of Health, Municipal Health Department, National Health Management Center of Georgia, "Curatio" International Foundation and GP trainers trained within know-how fund Georgia PHC project "In-service training of general practitioners in Georgia". At the meeting were discussed the perspectives of implementation of a new project for promotion of primary care development in Georgia, importance of such project and the roles of each partner in its implementation.

DFID approved funding of Georgia Primary care Development Project in amount of 1.300.000 pound sterling.

1.1.2. Project objectives

Objective of the Project is to assist Government of Georgia in development of sustainable family medicine based primary care system in order to improve the quality and accessibility of primary care. This, in turn, will contribute to the improvement of health status of the population of Georgia.

The Project aims on:

1. Establishment of National Family Medicine Training Center (NFMTC) in Tbilisi, regional (Ajara, Imereti, Shida Kartli) training centers, 5 operational family medicine demonstration sites in Tbilisi (at Medical-Preventive Center #1, adults polyclinic #9, children's polyclinic #9, adults polyclinic #17 and #28), which implies their refurbishment and equipping;
2. Development and testing of new sustainable financing model for primary care;
3. Strengthening of workability of human resources through re-training of GPs, nurses and managers, which implies training-retraining of 5 manager trainers, 20 practice managers, 20 general practice nurse trainers, 20 GP trainers, about 100 practice nurse and 300 GP through development of appropriate training materials;
4. Development and implementation of primary care basic drugs use scheme and family medicine demonstration sites.

2.1.3. Legal basis of the project

By the Governments of Georgia and UK was signed the Memorandum of Understanding and Project Logical Frame, identifying the responsibilities of the parties and the list of activities to be undertaken.

From the UK Government the Memorandum of Understanding is signed by Mathew Wyt, Head, DFID Eastern Europe and Central Asia Department, and from Georgian side Minister of Labour, Health and Social Affairs of Georgia Avtandil Jorbenadze.

2.1.4. Project resources

DFID approved funding of Georgia Primary care Development Project in amount of 1.300.000 pound sterling.

According to the Project financial support from the Ministry of Labour, Health and Social Affairs (MOLHSA) of Georgia and Tbilisi Municipal Health Department (TMHD) implies:

1. Participation in refurbishment and equipping of NFMTC and two demonstration sites in Tbilisi (TMHD);
2. Funding of salary fund of demonstration sites staff for the first year of the Project before the new financial model will be implemented (TMHD);
3. Training of GPs, nurses and managers (MOLHSA);
4. Financing of pilot project for implementation of primary care model-family physician institute (MOLHSA).

2.2. Organizational-functional solution of the Project

Project activities were determined by the priority problems of primary care, particularly, institutional organization of primary care and development of flexible and rational financing model and training of primary care staff. The Project includes four main components:

1. Establishment of National Family Medicine Training Center and 5 operational family medicine demonstration sites in Tbilisi, that, in turn implies:

- Refurbishment;
- Equipping at modern level (furniture and medical equipment);
- Development of basics for accreditation of general practice;
- Identification of team composition;
- Determination of roles, duties and competencies of team members;
- Design of job descriptions;
- Development of local guidelines and protocols;
- Establishment of educational clinics for health promotion and individual and group training (for adolescents, healthy population, pregnant and children, elderly, high risk and chronic patients and their families) and their provision with necessary visual, materials, booklets, posters, etc.;
- Carrying out social marketing for patients enrolment;
- Active involvement of patients/community in health care.

2. The implementation of a sustainable and affordable financing model for primary health care, that, in turn implies:

- Study of possible options for primary care financing through household surveys;
- Determination of possible roles of for consumer contribution to health care;
- Identification of possible roles for public funds;
- Development of mixed public-private financing model.

This component ties in very tidily with the World Bank, who is studying options for financing of the health system as a whole.

3. Increased Ministry of Labour, Health and Social Affairs capacity to train PHC staff, that, in turn implies:

- Support for establishment of national and regional training centers;
- Development of basis for accreditation of general practice as training institution;
- Training of FP trainers for Tbilisi and regions;
- Training of practice nurses and practice nurse trainers for Tbilisi and regions;
- Training of practice managers and practice manager trainers for Tbilisi and regions;
- Development of curricula for training family medicine staff (physician, nurse, manager);
- Development of training materials for training family medicine staff (physician, nurse, manager);
- Development of legal basis for training and re-training of family medicine staff;
- Establishment of continuous medical education in family medicine.

4. Development and implementation of population-based risk pooling in order to cover the costs of essential PHC drugs at the FM demonstration sites. This component of the Project works very closely with the financing component and explores two key issues namely:

- Identifying the source of funds to be pooled to cover essential primary care drugs;
- How the providers (or drug suppliers) will be paid.

2.2.4. Project progress

(1) Component one

The establishment of 5 operational family medicine model demonstration sites

- a) Among 5 demonstration sites 2 of them are privatized and refurbishment costs they covered by their own. At other three sites refurbishment costs were covered by the Georgian Social Investment Fund (SIF), Tbilisi Municipality and DFID.
 - Basic medical equipment and furniture were purchased in UK and Georgia for all five-demonstration sites.
 - Temporary Statute for Family Medicine Practice (center/department is developed;
 - Temporary Statutes and competencies were developed and approved for:
 - FP
 - General Practice Nurse
 - General Practice Manager
- b) Protocols (disease management in practice) were developed for following conditions: hypertension, diabetes mellitus, medical examination of well person and new patient, periodic medical examination of elderly, . It is planned to pilot the protocols and after their revision implementation in practice.

(2) Component two

The implementation of a sustainable and affordable financing model for primary health care

Working group in this area (Experts from London School of Hygiene and Tropical Medicine Sara Bennett and Kent Ransom, experts from "Curatio International Foundation George Gotsadze and David Gzirishvili) carried out the following activities:

1. Study of financial, staffing and functional conditions of all pilot institutions participating in the Project for last three (1997-2000) years. Consultations with chiefs and staff of all institutions. Identification their demands to and expectations from the Project.
2. Social household (quantitative) survey in December 2000 at areas attached to the pilot polyclinics (Due to assistance from the world Bank the target area of the survey was expanded and covered the whole city). Detailed report in Georgian and English were prepared and forwarded to all institutions and (central and city) health authorities.
3. Preparation of the document describing the financing of primary care in Tbilisi. It gives the detailed information about each institution, gives different initiatives in health financing in the country and develops possible alternatives of pilot financing model within the Project.
4. On the basis of developed document and consultations with chiefs of pilot polyclinics particular proposals were prepared for development of financing and organizational models of family medicine centers. These were discussed with all involved institution, but were not approved due to different reasons. Next attempt was related to another financing model which, based on the household survey data, suggested to pilot polyclinics market approach to the development of financing model.
5. It was decided to review the financing model in frames of 2002 Tbilisi Ambulatory Care Program. In result it was developed a document, expertise by group members, pilot polyclinics, Municipality health service and other health institutions of Tbilisi.
6. It was developed the strategy of information provision (population education) for 2002 Tbilisi Ambulatory Care Program and pilot polyclinics.
7. For study the possible versions of primary care financing was held the household survey (2500 respondents) and on the basis of data obtained was determined the possible roles for

consumer contribution to health care. The work is in progress regarding identification of possible roles for public funds and development of mixed public-private financing model.

(3) Component three

Increased Ministry of Labour, Health and Social Affairs capacity to train PHC staff

- In cooperation with UK partners (Neil Jackson, Patrick McCartney) was developed the concept of postgraduate education in medicine;
- 43 family physicians are being trained for Tbilisi at National Health Management Center (NHMC) and for regions their training will begin after the family medicine centers are opened;
- 16 GP trainers are improving their knowledge and qualification under 1 year training program. UK consultants (Steve Chapman, John James) conduct 7-10 day training and consultation meetings on monthly basis and assist the trainers in development of training materials and other documents needed for training;
- 6 new Family Physician Trainers went through additional training course-"Pedagogic skills-Learning and Teaching in General Practice" and were awarded as FP trainers.
- Training of 8 practice nurse trainers completed;
- Training of 5 practice manager trainers completed;
- Following documents have been developed and approved (Ministrial decree 103/o. 15.04.2002):
 - GP retraining temporary program ;
 - Practice Nurse retraining temporary program;
 - Practice Manager retraining temporary program ;
 - Temporary Statute of GP trainer ;
 - Temporary Statute of Practice Nurse trainer;
 - Temporary Statute of Practice manager trainer ;
 - Temporary Statute of family Medicine training practice.
- With support of NHMC was prepared and published first Georgian textbook "Family Medicine";
- Within the program 13 GP trainers provided 10-day training course for 90 physicians in western regions (Guria, Imereti, Samegrelo)
- Re-training programme for 8 family physician Trainers from three regions (Imereti, Kartli, Adjara) of Georgia commenced in July 2002 at National Family Medicine Training Center.

(4) Component four

Development and implementation of population-based risk pooling in order to cover the costs of essential PHC drugs at the FM demonstration sites

a) The "Estimating drug requirements" was developed by the GPs, experienced health service staff from The National Family Medicine Training Centre, for which the treatment schedules are intended, who are familiar with diagnostic possibilities and prescribing patterns and are able to advise on what is feasible in practice and on the treatments what they consider most effective.

Estimating the budget, when almost no information is available, is nearly impossible. Still, some estimation has to be done, even if it is not very accurate and based on very rough and simple data.

The patient morbidity-standard treatment method was used, calculated from:

- Population based morbidity data (incidence-for acute cases and prevalence-for chronic illness), studies, audits done in the practice.
- The number of episodes of each health problem treated by the polyclinic (1986, 1992,1996) for which drug requirements are to be estimated.

- Average standard treatment schedules agreed for each health problem defined. (The drug treatment schedules have been developed after reviewing a large number of standard treatment manuals and consultations with people involved in practical health care-clinicians and specialists.)
- Data (national, regional, local) of incidence and prevalence expressed as rates per thousand of the population at risk.

The main steps have been identified:

1. Decide what health problems are to be treated at GP practice level.
2. Prepare drug list
3. Review standard drug treatment schedules for quantifying drug requirements, based on average doses.
4. Collect appropriate morbidity and drug use data from collected information.
5. Calculate future drug quantities required for the calculating the cost of the estimated drug quantities.

An average drug treatment schedule contains the following information:

- The name of the health problem and ICD-10 number of the diagnosis it includes.
- The generic (mostly) name, dosage, form and strength of each drug to be used in the treatment.
- The average dose.
- The average number of doses per day
- The average number of days these dose are to be given
- The total average quantity of each drug used for a standard course of treatment

Activities under this component are being conducted in cooperation with WHO. The experience of DFID funded WHO drug reimbursement program. Implemented in Kutaisi will be taken into consideration. This program included some risk-pooling elements, which made possible to redistribute the resources from rich to poor and from healthy to ill population.