



**WHO Barcelona Office for Health Systems Strengthening  
Division of Health Systems and Public Health**

**UHC Partnership in Georgia**

**Assessment of SSA Organizational Capacity and Governance  
to Introduce Strategic Purchasing**

**DRAFT TECHNICAL REPORT**

**February 2018**

## Contents

Acknowledgements .....	3
Background .....	4
1. Scope of the report .....	4
2. Methodology.....	4
3. Assessment of SSA organizational set-up, performance and capacity to implement strategic purchasing .....	5
Strategy .....	5
Structure.....	6
Systems.....	9
Staff .....	12
Skills .....	13
Style .....	13
Shared Values .....	14
4. Preliminary roadmap to support SSA capacity building on strategic purchasing .....	15
Appendix 1 .....	17

## Acknowledgements

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## Background

The WHO-EU-Luxembourg UHC Partnership (UHCP) enables the WHO Regional Office for Europe to scale up its support to Georgia over the next 2-3 years as the Government of Georgia seeks to move towards universal health coverage (UHC): ensuring all people can use the quality health services they need without experiencing financial hardship. WHO's support focuses mainly on developing the capacity of the purchasing agency (the Social Services Agency, SSA), with a view to enhancing efficiency in the organization and delivery of publicly financed health services.

The first phase of the UHCP in Georgia lasts from July to December 2017, during which WHO will work with the Ministry of Labour, Health and Social Affairs (MOLHSA) to develop a longer-term action plan that builds on the experience and outcomes of the activities implemented during first six months. In this first phase, the focus is on five areas of activity:

- 1 Preparing an action plan for strategic purchasing
- 2 Support to strengthen strategic purchasing by using SSA invoicing data
- 3 Support to increase the SSA's capacity for strategic purchasing
- 4 Developing best practice patient pathways for selected priority clinical areas
- 5 Operationalising the primary care strategy 2016-2030

This report concerns activity 3.

## 1. Scope of the report

Current report intends to provide an assessment for the organizational capacity and governance arrangements of the SSA in terms of its ability to be an effective and accountable agency for strategic purchasing. Assessment covers only part of the SSA functions dealing with purchasing of health services and management of relations with health service providers and beneficiaries<sup>1</sup>. In addition, key support units of the SSA, like Information Technology and Human Resource Management, were included into the scope of the assessment to understand organizational support and capacity to handle development of internal resources of the SSA.

The report aims to give structured recommendations and roadmap how to improve the SSA's organizational capacity for strategic purchasing. Provided recommendations and roadmap are preliminary and should be validated and prioritized during the following mission.

## 2. Methodology

In order to conduct the organizational assessment of the SSA, the McKinsey 7S framework has been used. Given methodology provides well-structured analyses throughout for all major categories of an organizational capacity and performance:

- **Strategy** – critical assessment and relevance of strategy, linking strategy and operational management;

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<sup>1</sup> Labor and social affairs related functions of the SSA are not part of the scope of this report.

- **Systems** – the efficiency of management systems in place, relevance and impact of management systems to organizational performance, core and support processes management, corporate governance system;
- **Structure** – organizational set-up principles, organization of work and teams, structural alignment around the strategy, structural efficiency;
- **Staff** - availability, HR management and development principles, efficiency of human resource management, motivation of people;
- **Skills** – conformance of strategic challenges and competency of staff, the system to identify and manage staff development and training needs;
- **Style** – leadership and management style, teambuilding;
- **Shared values** – what are shared values of the organization and are they followed.

The assessment of the SSA's organization capacity bases on the interviews with key management and specialist staff of the SSA central organization, leaders of the governing agency (MOLHSA), chairman of the relevant Parliament Committee. Interviews were held also during the field visits to Gori Regional Office of the SSA and to the local hospital in the same region (see the list of people met in the appendix 1). During the interviews data evidence and additional documentation was collected if it was available.

Current report summarizes the key challenges and preliminary proposals for improvement of the SSA's organizational management and governance as a synthesis of conducted interviews and available background materials. Key challenges and preliminary proposals will be discussed during the next mission (February 2018) to validate their relevance and feasibility and these will be used as an input to finalize the roadmap how to strengthen the SSA's organizational capacity in short- and medium term.

### 3. Assessment of SSA organizational set-up, performance and capacity to implement strategic purchasing

#### Strategy

According to the Statute, the SSA is a legal entity under the public law subordinated to the MOLHSA. The aim of the SSA is to implement and support realization of the state policy in the fields of the labour, health and social security. The Statute defines a list of operational responsibilities for the SSA, including execution of national programs. However, Statute does not mention that the SSA has own organizational strategy or has relation with any other national strategy.

It was mentioned by all interviewees that the SSA carries out operational functions only and the MOLHSA defines the strategy and national health policy. Even if elements of national policy exist, it is not available in a comprehensive and detailed manner to guide SSA's organizational development. One can say that these policy elements may exist in a rather fragmented manner and do not provide clear strategic direction for the SSA as an organization, there are no defined goals nor measurable targets that SSA should achieve. The SSA as an organization does not have its own organizational strategy nor strategy for development and execution of its core functional areas, for example the strategic purchasing of health services.

With no intention to over-emphasize bureaucratic aspects, it is hard to manage strategically meaningful initiatives if those are not clearly articulated, documented, coordinated and taken under systematic implementation.

*During the next mission: it should be double checked with the representatives of the MOLHSA what kind of strategies are developed and how strategies lead the performance of executive organizations. In addition, the status and the expected role of the Strategic Development Direction by 2030 (strategic document developed jointly by the Parliament and the MOLHSA) should be discussed further. An overall impression is that there is no strategic management practice in place in the MOLHSA, perhaps except few areas like vertical programs for certain disease groups.*

Despite lack of clearly defined and written strategic guidelines, political will in Georgia and its leading public institutions like the MOLHSA and the SSA have successfully introduced reforms, including the UHC program. However, once health care related developments get more sophisticated and systems advanced, more careful planning of new initiatives and systematic execution of strategy is needed.

#### **Recommendations: \_**

- The SSA as an organization has many functional areas (pillars) and it is out of the scope of current assignment to recommend to design SSA's "holistic" organizational strategy. Considering the importance of "strategic purchasing" for the successful implementation of the UHC program in Georgia, it is advisable to develop specific strategy for strategic purchasing and to align the SSA as an key responsible agency as well as other organizations (MOHLSA, State Agency of Regulating Medical Activities, etc) around that.
- Develop and introduce strategy execution system and appropriate tools for the SSA:
  - planning and reporting system;
  - governance arrangements;
  - communication and coordination with key stakeholders including service providers;
  - ownership and responsibilities of the execution;
  - reward system.

It has to be considered that as much as important is the strategy, is also the strategy execution. Most often failure in strategic level can be seen due to the weak execution system and little discipline, not because of bad strategy.

- In order to get an understanding of the principles of strategic management, it is recommended to organize 1-2 day training seminar with an aim to draft a practical framework for SSA "strategic purchasing" strategy during the next mission in February 2018.

#### **Structure**

The overall set-up of the SSA as an organization is a traditional vertical organization with distribution of core functional segments and support units. Three core functional segments in the SSA – Labour, Health and Social Affairs – are subordinated to the Director of the Agency. Two out of these three segments, the Labour and Social Affairs, have Deputy Directors to lead the segment, while the Health segment has no Deputy Director at a moment and is

managed/coordinated directly by the Director of the SSA. According to interviewed heads of departments and Director of the SSA, this is not seen as a problem for handling daily operations. Also, none of the interviewees saw the need to improve general system level governance and apparently, all stakeholders are used to the existing structures and ways of “doing business”. At the same time there is an openness to accept that there are elements in the existing structure that can be improved. Although almost all interviewees acknowledged that current mandate of the SSA is very broad covering three big areas, there is overall acceptance that establishing separate health services purchasing agency is not realistic due to the Government policy to optimize public sector.

Director of the SSA is also Deputy Minister of the MOLHSA, what potentially creates conflict of roles being at the same time in a position of “with one hand making policies” and “with another hand executing these policies”. It was explained by the Minister and Deputy Ministers, that they have distributed internally the responsibilities of Deputy Ministers in a way to avoid potential conflicts, however they shared the view that combining policymaking and executing roles in one position is not sustainable solution. For example, decision about selective contracting of maternal and child health services is done by one Deputy Minister, but implemented by other Deputy Minister responsible for the SSA being in a role of the Director of the SSA.

The structure of health care related functions in the SSA is built into two major functional pillars – Department of Universal Health Care and Department of Health Care Programs. Structure of the Universal Health Care pillar is rather fragmented, units are organized to provide separate operations – receiving and monitoring of documents, management of primary documentation, management of fulfilled documentation and units for technical supports for the UHC program. The units within the pillars and their relations between the pillars support traditional “silo” effect where mono-profile functions overdrive the cooperation need within the pillar and between the pillars. The challenge is to overcome this fragmentation of structure and to provide higher level of integration of health care functions. Health Care Programs by nature are also part of the Universal Health Coverage Program with minor exceptions, but there are very little interactions between the pillars.

The functions distribution at the regional and central levels of the SSA is not well balanced. Operations that have routine character (e.g. handling of patient applications for planned surgery) could be handled at the regional level only, but at the moment are brought to the central units where they partly duplicate the work done in regions. At the same time, central units should provide more system development and process management support but they are too occupied with routine operations.

The fragmentation of core functions is mirrored also at the regional level (based on the example of the Gori Regional Unit). Considering the need for better integration of health care functions under the UHC umbrella, the challenge to re-design of responsibilities and business processes at the regional level remains rather high.

Support units in the SSA exist in traditional manner. During the assessment an attention was paid on Administration and IT Departments as most relevant support units for core

departments responsible for health care. Functional assessment of performance what these units deliver will be elaborated in the next chapter “Systems”.

IT Department provides mostly in-house development of programs, databases and the infrastructure. Significant number of people are contracted for temporary terms which indicates high level of flexibility of the SSA to keep the staff number controlled and enables to pay higher salary that would not be possible under the public service regulation. Units of Programming and Technical support are traditionally separated<sup>2</sup>.

- Unit of Testing and Business Processes – it is challenging to imagine that given unit can be efficiently occupied all the time. Potentially it also hinders the responsibility of programmers to take care of program development till successful closure of projects, including piloting and testing and providing full support till the full launch of the project. Testing provides often useful information and empowers programmers with valuable hands-on competencies.
- Unit of Statistical Analyses – there is always a challenge if keeping analytics separately from “business units”. Namely, it is difficult to build good understanding of essence of “business” and provide high quality analytics for the organization if positioned farther. Often these units can provide reasonable routine and standardized data collection but it comes very challenging to build relevant capacity to cover different analytical needs and aspects of core functions. Also, it becomes even more difficult if higher flexibility is needed and non-standardized analyses are requested.

### **Recommendations:**

- Considering the need for sustainable clarity of the regulator and strategic purchaser roles of the MOLHSA and the SSA management, it would be recommended to separate the roles of the Deputy Minister of the MOLHSA and the Director of the SSA. It is also recommended to add more capacity to the SSA by filling the Deputy Director position responsible for health care, particularly when strategic purchasing will be launched step by step.
- It is recommended to introduce Processes Management principles in the SSA which allows to provide different view on organizational structure and would allow to align the structure around the core processes and value delivery. These principles should cover:
  - Analyses of the set-up of “business processes” of health care pillars in the SSA and aligning structure around that by providing better integration of functions and clarifying responsibilities;
  - Analyses and re-design of the most resource consuming processes to achieve efficiency, not failing to comply with regulatory requirements;
  - Automation of processes and critical analyses to decentralize routine operational functions (handling of documentation) can un-freeze resources at the central level;
  - Introduce quality management principles with standardization of key health care related processes in the SSA;
  - Un-freeze resources from inefficient processes and use these to raise motivation of existing staff and to hire new people with relevant technical competencies.

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<sup>2</sup> There are two other units under the IT Department which need further discussion and should be studied more closely during the next mission.



- Align structure around the strategy – new functions need organizational upgrade, including new structural units and leveraging existing ones (health needs assessment, health economics, pricing, payment methods including DRGs, quality control and assurance, contracting).
- Innovation of IT solutions would increase quality of data, supports decision making and processes management, fastens the processes throughput, lowers the cost of processes, enables more focus on knowledge demanding area.
  - It is recommended to consider integration of the analytics function into the core health care business unit to provide more sustainable quality for given functions.
- An overall it is recommended to follow the principle: FORM FOLLOWS FUNCTION

## Systems

This chapter gives an analytical assessment of the key management systems of the SSA.

**Planning and reporting.** Following above mentioned lack of strategic planning and management practice, the absence of translation of strategy into operations is logical sequence. According to the interviewees there is no systematic annual and operational planning of key developments and initiatives. No evidence of short or medium term goal setting can be found, no prioritization of developments. During the interviews it was mentioned that most of initiatives which remain out of the routine are decided on an ad hoc principle. Also, little coordination can be found between the units, even often the scope of development initiatives is broader than borders of one unit. The only area where the elements of planning are taking place, is the budgeting which also includes the vertical national programs. Hence, budget setting principles are not fully clear and need further exploration during the next mission.

Reporting covers mostly execution of the budget and is arranged quarterly. Execution and reporting of programs, including indicators, is responsibility of the MOLHSA. Reporting, monitoring and feedback practice in the SSA is very vague. It is not used internally to reflect the performance and achievements and to use as an internal learning opportunity. Instead control and audit dominates above reporting and learning, both the MOLHSA and the SSA have audit units who look after the performance of the SSA. Also, the State Audit Office does its routine financial audits of the SSA financial performance and time to time audits of specific area within the SSA.

**Governing practice.** The SSA has no governing system and practice in place. The SSA is subordinated to the MOLHSA and regular oversight after the SSA performance is done by the ministry. As mentioned earlier, there is no transparent reporting practice as one of the governing tools, despite absence of formal governing structures. In rare cases, the SSA's issues are discussed in the relevant Parliament Committee but usually topics are discussed between the Minister and the Director of the SSA and brought to the Government level if needed.

Considering the scope and potential impact of strategic purchasing to the health care sector and society in general, more formal and operational governance practices would be needed

to secure execution of strategic directions by the SSA and oversight after the SSA's performance as well. There is needed broader stakeholder engagement than MOLHSA only.

**Meeting practice and decision making.** Operational information is shared in a weekly management meetings of the SSA and in other meetings with specific scope. Director of the SSA attends also relevant MOLHSA meetings. Smaller operational decisions can be made in the meetings, however any formal decision should be made with written order by Director of the SSA. Meetings have usually a nature of information sharing and discussion of a specific topic, minutes of the meeting are not usually recorded with appropriate decisions and follow-up need. Decision making nature is traditionally vertical top-down.

**Processes and quality management.** Key processes related to the health care are regulated in different normative acts, sometimes very detailed and highly regulative. However, there is missing holistic view on how processes and performance are organized in detail, how different stakeholders and particularly beneficiaries should behave within the frames of the SSA service. The challenge is to get SSA turned closer to the beneficiaries and the health care service providers, to analyze set-up of current services and processes and to re-engineer these to figure out where the potential entry points and opportunities exists. For example, the business process of handling patient applications for planned surgery can be organized in a significantly simpler way through automation of document handling and removing non-value adding duplications.

The processes need also responsible "owners" to enable regular monitoring of performance. Furthermore, the measurable process indicators when applicable with benchmark opportunity between the regions would be useful tool to support managerial function. In addition, there is inevitable need to simplify and automatize the SSA's core processes, to operationalize process delegation to the regional level and to get processes throughput shorter and more efficient.

**Purchasing for health services.** Currently the SSA has an open commitment to pay for health care services provided by the providers without any contractual relations which would enable to define the responsibilities of purchaser and provider; what and how is purchased with which volume and price; rules of monitoring and quality assurance, etc. From that perspective the SSA has no tools in hand to intervene into health service delivery and has little influence on the rationale how public funds are used.

At present, the SSA does not deal with the quality assurance of the health care services. Given responsibility is given to the State Agency of Regulation of Medical Services. There is anecdotal evidence about exchange of information between these two agencies but the SSA is not in the capacity to monitor, measure or intervene with the objective to strengthen the quality of health care services nor to protect patient rights and interests.

People in SSA's branch units, but also at central level are very loaded with manual work and it should be recognized. Particularly this concerns claims management and handling of applications for planned surgery.

**IT development and support.** As described earlier, IT units at the central level provide full support to all SSA pillars and units.

- Main activities of the IT are the programming of SSA applications and database, infrastructure development, supporting business units to provide SSA services, and to support regional units to manage their routine operations.
- The challenges of the IT system support are:
  - There is no standardized platform in use and in-house development of separate applications is going on. This may be an risk for sustainability in long run despite well functioning connectivity and data exchange routine at the moment. Also, considering the increasing role of data management in strategic purchasing, the technology platform issue will raise.
  - In-house tailor made solutions make SSA very dependent and vulnerable on few key IT programmers, as the overall turnover of IT staff is high and in-house competencies may leave SSA.

Central IT unit supports also service providers to use relevant SSA programs for data transfer. However, an issue of reliability and quality of data remains rather high, and it has to be considered how to overcome this issue to secure high quality decision making support for strategic purchasing.

#### **Recommendations:**

- There is evident need to take SSA into next development level in terms of being able to manage new strategic initiatives like strategic purchasing and to deliver respective results. This needs proper planning and reporting system with practical toolbox of structured plans and reports, coordinated timeframes and alignment of plans and reports around the strategy:
  - starting from strategic planning of priority areas and the system of top-down translation of strategy into operational plans to make change happen;
  - bottom-up transparent reporting and feedback on progress.
- Considering the scope and potential impact of strategic purchasing it would be recommended to consider introducing governing mechanisms and practices to oversee the development of given initiative and to balance stakeholder interests. It is recommended to balance political and technical competencies and representation in the governing structure and to secure that given body does not carry formal character only, but is equipped with relevant rights and responsibilities to intervene into development of strategic purchasing.
- It was mentioned under previous chapter that it is highly recommended to introduce processes and quality management system. This is just to emphasize once again that particular system will support capacity building in the SSA and allows to build continuous development principles within the SSA as an organization.
- It is recommended to design medium and long term plan how to implement and strengthen the concept of strategic purchasing which will be a trigger to development health care pillar in SSA. It is recommended to align SSA's complementary health care related developments under one umbrella of strategic purchasing which would enable to overcome isolation of "silos" and to align parallel developments within SSA. These complementary system developments can be:
  - Development of quality control and monitoring to support strategic purchasing;

- Payment methods and pricing;
- Contracting to providers.
- Proactive public communication and “marketing” to win support on implementation of strategic purchasing, based on transparent and measurable reporting of performance (support to leverage good governance practice);
- There is a need to define and develop key support functions to build organizational capacity:
  - Monitoring, analyses, forecasting and planning functions;
  - Competencies development;
  - IT – systematic support to business units.

## Staff

Altogether, there are ... staff members in the healthcare departments in the SSA. In central organization there are ..., and ... persons in the branch offices.

The biggest challenge for the SSA in HR management is the high turnover of staff. Often people get reasonable skills and knowledge about area they work and leave due to the low salary in the SSA. Consequently, a lot of effort is made to hire new people. The process of recruitment is very complicated due to the governmental regulation and requires a lot of time from many related people. It would be reasonable to simplify the process of recruitment, however governmental regulation leaves little freedom for innovation and optimization at the SSA level. One of the challenges to consider is to reduce the engagement of Selection Committee who drives the process, and leave more responsibility and bigger role to the heads of unit to form their own teams.

In overall, people met and interviewed were very enthusiastic and motivated. They had also great expectations towards potential introduction of strategic purchasing, although the knowledge about it are rather vague.

## Recommendations:

- It is recommended to lower the working load of selection committee and selection process, not conflicting with governmental regulation in key terms, and putting more responsibility on unit heads and responsible people of units in selection process of their team members.
- To explore existing payroll system with new elements of motivation:
  - financial compensation for extra good results or for temporary extra workload;
  - non-financial motivation elements like “worker of the month” with non-financial bonuses;
  - to find consensus with MOF to use un-frozen financial resources from efficiency and automation of working processes for upgrading the payroll conditions in SSA.
- It would be recommended to introduce annual personal development interviews between the manager/supervisor and the employee about work organization, satisfaction, person expectations to employer and other motivation related issues. This approach helps potentially to prevent high staff turnover if people are heard and they can feel that changes take place.

## Skills

Lack of strategy makes more systematic competency development very challenging as defining the staff skills should base on the needs assessment originating from the strategy and organizational development plans. Having explicit strategy would enable to define key competencies (driven from strategic purchasing framework) and to build step by step system to strengthen staff skills. Moreover, it would be advisable to bring some measurability into competency development in order to understand the progress. Also, balancing organizational and personal commitments to develop competencies is advisable as the role of an organization is to provide supportive environment and opportunities but each person has to take responsibility over his or her own development.

### Recommendations:

- In the line with development of strategic purchasing (or other important competencies driven from strategy) it is recommended to introduce systematic way of annual competency needs assessment and planning with different means to support competency development – training, recommended literature to study, best practice exchange and benchmark between regional units.
- It can be considered to introduce “training contracts” for employees who have received high level training which is valued in the market. An idea of these contracts is to agree upon commitments of both sides – for example employer commits to invest in person through training and employee commits to work for employer next 3 years. If person leaves earlier proportional training investments should be compensated for the employer.
- It is recommended to critically analyze and re-distribute responsibilities and competencies:
  - Central office needs higher competencies to analyze situation and needs, plan change and coordinate execution, support regional units in execution, monitor performance, solve escalated issues, cooperate horizontally and externally with stakeholders;
  - In regional units good operations handling skills are needed;
  - Avoid escalation of routine operations which can and should be handled in regions;
  - Introduce and use regularly performance monitoring for internal processes to give feedback and to discuss ways to improve SSA’s operations.

## Style

While assessing organization’s management style, cultural background of the country and people should be considered. There are no universal features of good management style, in different development stages organizations may need different management style as well.

An impression from interviews is that the SSA is managed with authority and confidence but certainly not autocratically. People opinion is asked and is important, however decisions are made by management staff formally.

### Recommendations:

- This area is sensitive and should always be handled by the manager/management team. It can be recommended to conduct once a year staff satisfaction survey and to systematize the feedback received from people. Satisfaction surveys work if employer environment is open and trusted, survey results are not violated but feed into the improvement initiatives.
- Trustful management style can be leveraged if management members act as mentors for selected people they supervise. In long run it can be taken also to lower levels of organization, but this initiative needs good training of mentors first and step by step introduction.

## Shared Values

There are no defined shared values of the SSA as a whole organization nor for the health care pillar. Shared values comprise ultimate beliefs of an organization to follow when they develop or deliver services/functions under responsibility area, even if there are difficult times. Many organizations successfully follow and use these in their “business” development and service provision. If values are not defined, understood and followed by people, often sporadic value elements appear and take the floor.

As the SSA has to serve several very different social groups and consider their needs, perhaps it would not be wise to start looking for common values, but rather think about it when the right time comes for a specific pillar of the SSA. It seems, that currently is the right momentum to start defining the core values for the health care pillar of the SSA to better lead the strategic purchasing.

The following very principal beliefs were repeatedly mentioned by many interviewees, which should not be necessarily considered as an organizational value but rather what people think and feel to be important and what drives them:

- The fact that the SSA is “executive body” was mentioned by almost 100% of interviewees. There is nothing wrong, except over-emphasizing this role may kill the strategic view, drive for development and innovation, and put responsibility on policy makers only and find excuses if situation turns bad. This attitude supports being reactive rather than proactive in organizational development;
- The statement of “cost containment” drives SSA and was prevailing among many interviewees. Efficiency is always desirable, particularly if public funds are used. However, a narrow focus on cost containment is detrimental;
  - It would take attention away from real development needs and strategic challenges remain behind the cost containment driven management;
  - Cost containment is an operational constraint; it does not provide value added and may even undermine efficiency and other aspects of performance.
- An overall feeling of “us” and “our” was missing from people’s attitude, common issues and alignment around that seems to be a challenge. More integration, less “silos” and more alignment around the core “business” is an opportunity to boost organization’s ability to develop.

It was mentioned by a few high positioned interviewees that the SSA as an organization is underestimated by service providers, SSA does not seem to be on a level of health care market

expectations. In a given situation, defining the core values for the SSA health care pillar may have a long-term and sustainable effect if followed in real life. The role of the SSA should be strengthened as the health care market needs SSA's leadership to improve its performance to attain UHC goals. Also, the SSA identity has to be defined and strengthened.

**Recommendations:**

- It is recommended to define core organizational values of the SSA health care area in parallel with strategy development. It may not bring immediate effect, but in long run if used and communicated properly these values will support the strategy execution and will behave as “organizational glue” between all these 7S of McKinsey methodology.

#### 4. Preliminary roadmap to support SSA capacity building on strategic purchasing

After completion of the assessment phase the following plan can be proposed for the SSA's capacity building, and considering the following key assumptions:

- the work can be started from April 2018 with the establishment of a working group with high-level representation;
- SSA management commits to work intensively with issues listed below at least 1 week of intensive work every second month;
- there is homework to be done between consultants missions and SSA commits to do that, consultants distance support is provided;
- All other ongoing initiatives in strategic purchasing (other technical assistance by WHO; initiative by other development partners; etc.) should be aligned around the strategic purchasing strategy.

**Roadmap initiatives:**

1. Defining the concept of strategic purchasing and developing strategic purchasing strategy that guides SSA's organizational development – June 2018 (initial scoping starts in February 2018).
2. Developing appropriate systems and organizational tools for strategic purchasing – October 2018:
  - Describing the systems and core processes (for example contracting and monitoring of contracts, claims handling, etc);
  - Describing other essential support processes;
  - Developing necessary tools and templates to handle core and support processes.
3. Designing the structure aligned around strategy, assessing HR needs according to specialty areas – October 2018.
4. Identify essential skills and competencies needed – October 2018:
  - Defining competency and training needs;
5. Assessing the development needs of essential IT solutions to better support the strategic purchasing function - October 2018
6. Designing planning and reporting system to support execution of strategic initiatives and provide transparent feedback on progress and achievements. Reporting should include set of management indicators in addition to narrative part – December 2018.





## Appendix 1

Persons and organization met during the mission (6-10 Nov, 2017)

### **Monday, 6 November 2017**

Meeting with Head of Parliamentary Health Committee – Akaki Zoidze

Meeting with Deputy Minister of MOLHSA – Nino Berdzuli

### **Tuesday, 7 November 2017**

Deputy Director, Tengiz Abazadze and Head of IT Department, Irakli Tabatadze

Head of Department Administration of Universal Healthcare – Maia Maghlakelidze-Khomeriki

Deputy Head of Healthcare Programs – Magda Nasyidashvili

Meeting with Head of Administration Department – Goga Gogoladze

Head of HR Unit – Manoni Khachidze

Acting Head of Apparatus of Director – Nutsa Onoprishvili

Director of SSA - Zaza Sopromadze

### **Wednesday, 8 November 2017**

Regional office of SSA in Gori – Malkhaz Gochashvili,

Regional hospital Gormedi, Director – Gia Svanidze

Regional hospital Gormedi, Deputy Clinical Director, Paata Kharabadze

### **Thursday, 9 November 2017**

Deputy Head, State Agency for the Regulation of Medical Activities – Temur Pirvelashvili

Head of Control Department, State Agency for the Regulation of Medical Activities – Nino Khutsishvili

Head of Information Analysis department, State Agency for the Regulation of Medical Activities – Lia Mikeladze

Head of Licensing and Accreditation Department, State Agency for the Regulation of Medical Activities – Irma Burduladze

Head of Division of Health Policy under the Department of Health Care, MOLHSA – Ketevan Goginashvili

Minister of Labour, Social Affairs and Health – David Sergeenko

### **Friday, 10 November 2017**

Director of the NCDC – Amiran Gamkrelidze

Two hour feedback meeting with key representatives from MOLHSA and SSA, planning next steps – Zaza Sopromadze, Nino Berdzuli, Maia Maghlakelidze-Khomeriki