Assessment of non-EU Countries' Capacities (ANECC) Georgia

ANECC Closing Plenary Meeting (sectoral review)

TBILISI, 15 November 2019

Assessment scope

- **Health Governance**: legislation, organisational structures, institutional sustainability, cooperation with ECDC;
- **Human Resources Development**: capacity in field epidemiology and microbiology, education and training;
- **Surveillance** of communicable diseases and outbreak detection and control;
- **Preparedness and Response** to public health emergencies: preparedness plans, international reporting, risk communication
- National system of public **health microbiology laboratories**
- **Disease Programmes** (ARHAI, FWD, EVD, VPD, TB, HIV/AIDS, STI, influenza)

Section 1: Health governance

System strengths

- National legislation for CDs is in place: the list of notifiable disease exists, the flow and frequency of reporting is defined, and reporting responsibilities are stipulated
- The legislation includes inter-institutional communication
- Other non-health institutions have responsibilities in emergencies mentioned in the legislation
- The local and national institutions responsible for CDs surveillance are appointed and functional

Section 1: Health Governance

System weaknesses

- Early warning system is not implemented
- Preparedness functions are not clearly mentioned in NCDC statute, even if a dedicated department is in place at NCDC, including IHR focal point functions
- The fragmented funding mechanisms of the system may contribute to inequities in access to healthcare
- The list of reportable communicable diseases is not entirely in accordance with the EU list, and the excessive focus on especially dangerous pathogens may draw attention away from important CD issues
- Personal data protection and data security needs further attention

Section 1: Health Governance

Suggestions for improvement

- Update the legislation in line with Decision 1082 on serious cross-border threats to health and related implementing decisions (list of diseases, case definitions, EWRS)
- Clarify roles and responsibilities of the NCDC regional branches and PHCs in order to avoid redundancy and ensure more efficient use of human resources
- Implement the data protection/data security requirements in accordance with the EU legislation (GDPR)
- Invest in further improving and promoting the use of primary healthcare services

Section 2: Human resources capacity development

Strengths

Capacity in applied / field epidemiology

- NCDC epidemiologists - 39 National; 22 sub-national
  - ✓participating in integrated disease surveillance, reporting and control
- Two-year training (FETP)
- In country training
  - ✓Applied field epidemiology (20/yr);
  - ✓Clinical Infectious Diseases (40/yr);
  - ✓**front line courses (20 participants - 3 month at NCDC + local training – mentors)**
  - ✓Public health graduate programmes (TSMU)

Institutional co-operation (NCDC / TMSU teachers; trainees)

Section 2: Human resources capacity development

System Weaknesses

- Limited continuing professional education
- No relicensing programmes relevant to either public health or modern epidemiologist practice.
- Ageing workforce (epidemiologists) and low replacement rates

Section 2 Human Resources

Suggestions for improvement

- Invest in GPs training in communicable diseases
- Local specific staff training needs
- Develop strategic plans for workforce planning and development

Section 3: Surveillance and control

System strengths

- There is a comprehensive regulatory framework for surveillance and control
- There is an advanced electronic data system (EIDSS)
- The surveillance for TB, HIV and hepatitis C in these vertical programmes is working well
- There is collaboration between health sector and food/animal health sector in surveillance and outbreak control

Section 3: Surveillance

Weaknesses

- The sensitivity of the notification-based surveillance system is low for several significant diseases, particularly due to low use of microbiological testing by physicians and the non-availability of a number of important tests
- Several diseases under EU surveillance are not under surveillance in Georgia, and the Georgian national disease case definitions differ from EU surveillance case definitions
- Surveillance for STI, AMR and Healthcare-Associated Infections (HCAI) does not function according to international standards
- Division of tasks/responsibilities within the health sector and with food safety/veterinary sector in surveillance and outbreaks are not based on SOPs
- There are parallel surveillance systems with their own dedicated data systems

Section 3: Surveillance

Suggestions for improvement

- Harmonize surveillance data systems
- Develop Standard Operating Procedures for physicians on the use of microbiological laboratory testing, and support the adoption of a wider range of tests, particularly for invasive infections
- Align national surveillance case definitions with EU case definitions and commence continuous surveillance for all diseases under EU surveillance
- Strengthen the surveillance for STI, AMR, HCAI

Section 4: preparedness and response

Strengths

- Most related legislation of interest is adopted. There is political commitment in all sectors
- Regional-Central and multisectoral coordination mechanisms are established
- There are high-level structures and human resources at central level

Section 4: Preparedness and Response

Weaknesess

- Detailed planning and SOPs are still to be developed and reviewed
- The health sector does not seem to be well integrated in the SimExes carried out so far
- The One-Health approach to prevention and outbreak control is not well established at every level

Section 4: Preparedness and Response

Suggested actions

- Clarify and assign functions to the PH Emergency Unit at the NCDC and promote early warning and response capacities
- Develop specific PH SimExes or increase the weight of PH components in SimExes
- Increase regional empowerment for PH preparedness and response by increasing participation in planning and SimExes and increase capacities by training.

Section 5: PH Microbiology Labs

Strengths

- Specialized microbiologists throughout the public health sector are skilled, well-educated/trained and are eager to work more.
- There are also skilled microbiologists in the private sector that can be of benefit if incorporated further in the surveillance and report system.
- Laboratory infrastructure is relatively new and has been renovated in the last years. The Lugar center is a center of excellence, fulfills reference laboratory functions and it is especially well equipped for EDPs regarding biosafety and biosecurity.

Section 5: PH microbiology labs

Weaknesses

- Clinicians are not using efficiently the lab capabilities.
- The extensive privatization is not conducive to a multi-level laboratory system
- Diagnosis based on simple bacteriological culture for infections of public health importance is limited, especially in the regions.
- The out of pocket payment of certain patient groups for basic tests might interfere with laboratory diagnosis.
- There is a ageing work force, especially in the regions.

Suggestions for improvement

- Improve clinicians' use of microbiological testing in the routine management of patients, which will improve patient safety.
- Increase and strengthen co-operation between microbiologists and clinicians.
- Increase training, recruitment, and retention of microbiologists to ensure the sustainability of the system

Section 6: Disease Programmes

- Antimicrobial resistance (AMR)
- Healthcare-associated infections (HAI)
- HIV, STI and Viral Hepatitis (HIMH)
- Tuberculosis (TB)
- Influenza and other Respiratory Viruses (IRV)
- Food- and waterborne diseases and zoonoses (FWD)
- Emerging and vector-borne diseases (EVD)
- Vaccine-preventable diseases (VPD)

Good documentation on laws, orders, system construction, guidelines already acquired together with some data

More evidence of real functioning would be beneficial!

Section 6

1. **Antimicrobial resistance (AMR)**
    1. Regulation and plan good,
    2. Surveillance town limited,
    3. Animal feed not yet forbidden,
    4. Antimicrobial prescription restrictions very very limited
2. **Healthcare-associated infections (HAI)**
    1. Regulation good,
    2. a national prevalence survey lacking,
    3. hospital committee very limited,
    4. ICN non existent.
3. **HIV, STI and Viral Hepatitis (HIMH)**
    1. HIV screening, counseling, treatment in place,
    2. contact tracing limited,
    3. international program evaluation effective
    4. STD surveillance extremely limited
    5. Hep C great effort

Section 6

1. Tuberculosis (TB)

1. Decreasing but still high incidence and prevalence,
2. Full compliance with recent WHO guidelines,
3. Good proportion of lab diagnosed and of treated,
4. Diagnostic and treatment capacities updated.
5. Program evaluation constant

2. Influenza and other Respiratory Viruses (IRV)

1. Sentinel surveillance only in town
2. Virological surveillance limited
3. Vaccination not offered to elderly
4. Medical personnel vaccinated

Section 6

1. **Food- and waterborne diseases and zoonoses (FWD)**
    1. Good cooperation between PHC, NCDC and FNA
    2. Limited number of outbreaks identified and investigated
    3. Limited cases of Food associated investigated (in 2018 of 36,826 1471 tested (4%) No res.)
    4. Limited diagnostic capacity (no Listeria…….)
    5. High incidence of Shigellosis
2. **Emerging and vector-borne diseases (EVD)**
    1. High incidence of tick-related cases (Lyme, Q fever, CCHF)
    2. Occasional vector surveillance
    3. Good diagnostic capacities
    4. High incidence of zoonosis (Brucella, rabies, leptos, leishm)
3. **Vaccine-preventable diseases (VPD)**
    1. High coverage, beneficial a validation of method
    2. Good Cold chain and distribution
    3. Still high incidence of VPD (Pertussis, Measles, Hep B)
    4. Lack of antivaccine movements

Thank you for your attention!

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