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# Support to the Public Administration Reform in Georgia

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*Policy Dialogue on Development of  
National Health Strategy of Georgia*

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# Policy Dialogue on Development of National Health Strategy of Georgia

Policy dialogue is part of the policy and decision-making processes, where they are intended to contribute to developing or implementing a policy change following a round of evidence-based discussions/ consultations on a particular subject. Policy dialogue should be seen as an integral part and a principle of the policy-making process rather than just a simple tool for ensuring production of a high quality, inclusive and comprehensive policy brief.

A policy dialogue serves to guide policy development, by facilitating interactions between stakeholders, integrating knowledge and information to carry out policy development, and supporting participatory and consultative processes. A policy dialogue needs to have clear objectives, be inclusive and transparent, provide an opportunity for reflection on the applicability of scientific evidence in different contexts, and directly impact on the decision itself. Policy dialogue includes any communication or contact between people who are contributing in some way, shape, or form to a process which culminates in a policy decision.

The impacts of policy dialogues can be seen on individual level, community/organizational level, and system level. Individuals' awareness and knowledge are improved through enhanced communication addressing policy issues and strengthened relationships with stakeholders. On community and/or organization level impact could mean empowerment among stakeholders through strengthened capacities of individuals. Further to impacts on individual and community/organization levels, policy dialogues intend to disseminate information and improve knowledge related to the main objectives of an action. Policy dialogue can be conducted at any level of the health system where a problem is perceived and a decision, policy, plan or action needs to be made.

Overall, policy dialogue on health system strengthening and reform influences the decision makers' and policy makers' agenda, which, in turn, leads to change in health policy, improved health care delivery and better health of population. Therefore, development and implementation of a framework for a strong, structured and consistent policy dialogue is central to achieving the health development programme's objectives and sustainability of the action.

Policy dialogue on the development of National Health Strategy consists of events to be organized over the next few months and will provide the opportunity for stakeholders and partners for discussing concepts and strategic plans, as well as the implementation of the National Health Strategy. The Public Administration Reform Project funded by the European Union supports the development of national health policies and contributes to a shift in policy-making towards an evidence-based and outcome-oriented strategy development and implementation process by strengthening the culture of monitoring and evaluation. The comprehensive and open policy dialogue process is expected to support inter-sectoral efforts toward achieving the Sustainable Development Goals, in particular SDG 3, and Universal Health Coverage, and ensuring health and well-being for all. The process might be aligned and coordinated with the support of the UHC-Partnership, which supports policy dialogue on national health policies, strategies and plans, with a view to promoting universal health coverage and strengthening good governance in the health sector.

Please find the policy dialogue matrix for the development of the National Health Strategy in *Annex 1*.

## Preparation for policy dialogue

The below steps are suggested for the preparation for the policy dialogue process.

1. *Set clear objectives* – Successful policy dialogue needs to have a clearly defined objectives, coupled with a clear vision of which outcomes and results are expected. It is also imperative that policy dialogue preparation includes gathering of relevant information, preferably evidence-based, as the presentation of available evidence will invariably help justify the implementation of policy reform.
  - Clarify the objectives of the policy dialogue; define timing of the policy dialogue considering the due time of decision making; define the extent to which the aim of the policy dialogues is to reach a consensus and the ways in which the policy dialogue is intended to feed into the policy development and implementation process.
  - Ensure that the objectives are shared with all stakeholders. Define markers or measures of success according to the objectives (e.g. coherent recommendations to policymakers).
  - Make sure to address two basic equity matters: (i) whether policy options and implementation strategies proposed bear the risk of increasing inequities in vulnerable groups affected by the specific policy; and (ii) whether vulnerable groups, or their representatives, participate either in consultations to prepare the policy dialogue, or at the policy dialogue itself.
2. *Set date/s and agenda* – Sufficient preparation time is crucial to ensuring that all the relevant evidence can be gathered, and stakeholders prepared so that they can participate meaningfully.
  - Set the date strategically, adapted to policy processes and ensuring participants can attend the event/s.
  - Plan the agenda and consider an appropriate length for the policy dialogue.
  - Clearly elaborate on the group's members, tasks, activities and role in the process.
3. *Identify and know key stakeholders* – Stakeholders are development partners, implementing agencies, government agencies, health care providers, research institutions, professional associations, NGOs and other civil society organizations play key role in policy dialogue. They discuss and align their aims and activities with the overall policy and planning cycle and assist the MoH by providing information and other input to the policy making process.
  - Identify stakeholders who represent a range of interests, expertise and perspectives and can inform on the political, economic and on-the-ground realities of implementing the action. This may include policymakers, political staff, service providers, consumer representatives, researchers, professional organizations who can speak on behalf of given stakeholders/organizations, in addition to policy implementers (e.g. health care providers and managers).
  - Explore to understand the power and interest of stakeholders, including their values, perceptions and abilities to influence the direction of the policy, and anticipate behaviours/dynamics during the policy dialogue.
  - Ensure that there is fair and balanced representation among stakeholders.

4. *Make practical arrangements* – Policy dialogue processes should also be underpinned by an adequate level of funding and resources, in order to avoid the process of stalling and/or losing momentum.
  - Invite participants early to the event. Follow-up invitees to ensure concerns and questions are being met and answered. Keep track of invitees.
  - Choose and book a suitable, neutral and attractive meeting venue.
  - Make sure travel arrangements are made to ensure that all participants arrive on time and do not leave before the conclusion of the policy dialogue.
  - Ensure that arrangements for high-quality interpretation are made as necessary.
  - Brief rapporteurs, interpreters and the chairperson (if applicable) regarding their roles and responsibilities during the meeting, their contact person in case of problems, and of the agenda and related policy dialogue processes.
5. *Engage and prepare participants* – Context and stakeholder analysis should also be carried out as part of the policy dialogue preparation. The exercise can help increase the participants' knowledge of the landscape, by identifying the status quo, the work that has previously been carried out in this field, areas for improvement, potential bottlenecks, key actors as well as their respective strengths/expertise.
  - Circulate relevant materials to the participants in advance.
  - Share expectations to enable participants to be aware of what will happen with the information they provide (e.g. whether the information will be integrated to further develop policy options).
6. *Ensure relevant knowledge and skills of the facilitator* – The facilitator needs to be skilled, knowledgeable and neutral, and able to encourage mutual understanding and innovative thinking within the group. Facilitator needs to prepare for the policy dialogue by reviewing the proposal and related content.

## References

- Briefing Note on Policy Dialogue: What it is and how it can contribute to evidence-informed decision-making, European Union, Grand Duchy of Luxembourg, World Health Organization, 2015
- EU-Luxembourg-WHO Universal Health Coverage Partnership: Supporting policy dialogue on national health policies, strategies and plans and universal health coverage, European Union, Grand Duchy of Luxembourg, World Health Organization, 2016
- Policy dialogue preparation and facilitation checklist, World Health Organization, 2016

## Annex 1 - Policy Dialogue Matrix for the National Health Strategy of Georgia

Main objective	Problem / Issue	Stakeholders	Message for stakeholders	Entry points for policy dialogue	Policy dialogue lead
People and communities in Georgia receive the quality health services they need, and are protected from health threats, without suffering financial hardship	In Georgia, health indicator scores despite significant improvements are among the lowest in the WHO European Region. The obstacles of access to quality health care for the population of Georgia are many: inefficient funding of the health sector; weak and ineffective health care delivery system; insufficient quality of health care providers; low level of health-related awareness of the population; and geographical inaccessibility of health providers in some regions <sup>1</sup> .	Population of Georgia; Government of Georgia; Administration of the Government; Sub-national Governments; Ministry of Finance; Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs (MoIDPLHSA); Social Service Agency (SSA); National Centre for Disease Control and Public Health (NCDC); State Regulation Agency for Medical Activities; Emergency Situations Coordination and Urgent Assistance Centre; Non-Governmental Organizations/Civil Society Organizations; professional associations;	- Achieve universal health coverage, which ensures equitable access to affordable and quality health services for everyone with financial risk protection. - The proposed National Health Strategy builds on the achievements of Universal Health Care Programme. - Georgia is committed to achieve Universal Health Coverage on the basis of its health system structured around result-based financing and significant out-of-pocket payments. - Therefore, Georgia develops a new financing mechanism that will be conducive to objectives of universal health coverage.	Strategic planning Policy making Budget process Annual performance and review	Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs (MoIDPLHSA)

<sup>1</sup> In Georgia, share of public expenditure in total health expenditure (36% in 2015), in GDP (2.9% in 2015) and in the state budget (8.6% in 2015) is low. Life expectancy at birth was 77.3 for women and 68.4 for men years in 2017. The mortality rate of children under the age of five was 11.1 per one thousand live births in 2017 while the maternal mortality rate was 17.8 per one thousand live births in 2016. Non-communicable diseases are leading among mortality factors: in 2016, 35% of deaths were caused by cardiovascular system diseases and 13% by cancers. In terms of increasing access to healthcare, the most important achievement was the implementation of the universal healthcare program in 2013 which led to the universal coverage of the population with state-funded healthcare services. The lack of compulsory licensing and accreditation of private facilities however will pose a challenge to government in ensuring that the care that citizens receive is of acceptable standards.

		Tbilisi State Medical University and other medical universities in Georgia; National Family Medicine Training Centre; local health authorities; primary health care facilities and other health facilities, both public and private; Donor Coordination Council and development partners.			
Specific objective	Problem/Issue	Stakeholders	Message for stakeholders	Entry points for policy dialogue	Policy dialogue lead
Strengthen governance	see above; in particular, to ensure sustained, equitable access to essential, quality health services responsive to people's needs without financial hardship (i.e. Universal Health Coverage), it is necessary to strengthen the health care system. This action should be compatible and complementary with the aims of the UHC partnership in Georgia <sup>2</sup> .	Government of Georgia; Administration of the Government; Sub-national Governments; Ministry of Finance; Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs (MoIDPLHSA); Social Service Agency (SSA); National Centre for Disease Control and Public Health (NCDC); State Regulation Agency for Medical Activities; Emergency Situations Coordination and Urgent Assistance Centre; local health authorities	<ul style="list-style-type: none"> <li>- Strengthen planning, monitoring and evaluation;</li> <li>- Ensure accountability and transparency;</li> <li>- Improve management capacities at central and subnational levels;</li> <li>- Increase autonomy of public health facilities;</li> <li>- Strengthen public health administration (e.g. surveillance, epidemiology, and laboratory services), and develop and implement infection prevention and control at all levels;</li> <li>- Develop national health information system;</li> <li>- Strengthen intersectoral cooperation;</li> <li>- Improve cross-programmatic efficiency;</li> </ul>	Strategic planning Policy making Budget process Annual performance and review	MoIDPLHSA

<sup>2</sup> The UHC Partnership, financed by the EU and other partners and implemented by WHO, aims to promote universal health coverage by fostering policy dialogues on strategic planning and health systems governance, developing health financing strategies and supporting their implementation, and enabling effective development cooperation.



			- Introduce health in all policy in public administration.		
Ensure adequate and sustainable funding and improve efficiency of health financing	see above	Government of Georgia; Sub-national Governments; Ministry of Finance; Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs (MoIDPLHSA); Social Service Agency (SSA); local health authorities; Donor Coordination Council and development partners.	<ul style="list-style-type: none"> <li>- Introduce strategic purchasing of health services;</li> <li>- Increase public funding for health and improve mobilization of resources;</li> <li>- Promote equity in the allocation of financial resources;</li> <li>- Ensure adequate and sustainable financing for health;</li> <li>- Develop efficient financing techniques to improve efficiency of financing of health care services;</li> <li>- Improve efficiency of financing through efficient management of financial resources and management of health facilities;</li> <li>- Develop public-private partnership in health system</li> </ul>	Strategic planning Policy making Budget process Annual performance and review	MoIDPLHSA
Build up human capital; Ensure efficient procurement and supply of high quality, effective and safe medicines; Ensure health facilities and necessary equipment of high quality and safety; Extend digitalization and e-health solutions and develop health management information system.	see above	Sub-national Governments; Ministry of Finance; Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs (MoIDPLHSA); National Centre for Disease Control and Public Health (NCDC); State Regulation Agency for Medical Activities;	<ul style="list-style-type: none"> <li>- Build up human capital - Improve HR planning and development (e.g. qualification standards, job descriptions, performance assessment, continuous professional development, employment conditions, incentive system, innovative research, etc.);</li> </ul>	Strategic planning Policy making Budget process Annual performance and review	MoIDPLHSA

		Emergency Situations Coordination and Urgent Assistance Centre; Non-Governmental Organizations/Civil Society Organizations; professional associations; Tbilisi State Medical University and other medical universities in Georgia; National Family Medicine Training Centre; primary health care facilities and other health facilities, both public and private.	<ul style="list-style-type: none"> <li>- Ensure health facilities and necessary equipment of high quality and safety;</li> <li>- Ensure efficient procurement and supply of high quality, effective and safe medicines;</li> <li>- Extend digitalization and e-health solutions and develop health management information system - Adjust regulatory framework for HMIS/digital health, strengthen digital infrastructure of health facilities, capacity building of health information personnel, etc.).</li> </ul>		
Strengthen health care delivery system and improve quality of health care services	see above in particular, it is necessary to strengthen quality assurance mechanisms, equipment, rehabilitation and integration of vertical programmes as essential elements to the achievement of an improved quality of services at PHC level. Strong linkage to the secondary sector is required, joint training, new legal regulations for referring partners on all levels need to be taught and enforced through mechanisms to be designed. Management of human resources is also imperative for the efficient	Population of Georgia; Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs (MoIDPLHSA); Social Service Agency (SSA); National Centre for Disease Control and Public Health (NCDC); State Regulation Agency for Medical Activities; Emergency Situations Coordination and Urgent Assistance Centre; Non-Governmental Organizations/Civil Society Organizations; professional associations;	<ul style="list-style-type: none"> <li>- Strengthen person-centred community-based integrated primary health care;</li> <li>- Define and ensure basic benefit package for the entire population covered for primary health care;</li> <li>- Develop health promotion, prevention, diagnosis, treatment, and management of diseases at all levels of care;</li> <li>- Develop and implement infection prevention and control at all levels of health care delivery;</li> <li>- Consider integrating vertical programmes into integrated primary health care;</li> </ul>	Strategic planning Policy making Budget process Annual performance and review	MoIDPLHSA

	and effective utilisation of resources available in the country <sup>3</sup> ; in addition, infection prevention and control, and water, sanitation and hygiene (WASH) are crucial cross cutting issues for safe and quality health care services <sup>4</sup> .	Tbilisi State Medical University and other medical universities in Georgia; National Family Medicine Training Centre; local health authorities; primary health care facilities and other health facilities, both public and private;	<ul style="list-style-type: none"> <li>- Reduce morbidity and mortality from infectious diseases by improved vaccination;</li> <li>- Reduce premature mortality due to non-communicable diseases;</li> <li>- Promote health and healthy life-style;</li> <li>- Facilitate equal access to quality health care services to all people;</li> <li>- Provide equitable physical and economic access of the population to essential medicines.</li> </ul>		
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**Stakeholders:** They discuss and align their aims and activities with the overall policy and planning cycle and assist the MoIDPLHSA by providing information and other input to the policy making process: Population of Georgia; Government of Georgia; Administration of the Government; Sub-national Governments; Ministry of Finance; Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs (MoIDPLHSA); Social Service Agency; National Centre for Disease Control and Public Health; State Regulation Agency for Medical Activities; Emergency Situations Coordination and Urgent Assistance Centre; Non-Governmental Organizations/Civil Society Organizations; professional associations; Tbilisi State Medical University and other medical universities in Georgia; National Family Medicine Training Centre; local health authorities; primary health care facilities and other health facilities, both public and private; Donor Coordination Council and development partners.

<sup>3</sup> The actions of the National Health Strategy need to support best practices in the health service delivery and human resources focusing on quality and accessibility of services; district authorities and PHC facilities in the implementation of key processes to ensure increased access to comprehensive and quality assured and integrated PHC services; and the integration of vertical health programmes into PHC, continuity of care with a well-defined and reliable referral system between primary and secondary care services, and increase health knowledge and practice of positive and healthy behaviour of community members.

<sup>4</sup> The actions of the National Health Strategy need to support the development and implementation of infection prevention and control policies and best practices of infection control infrastructure and adequate water supply, essential equipment and commodities at PHC level and secondary care. Capacity building of relevant health care practitioners at all levels will address enhanced monitoring systems and assessments for infection control, quality assurance and continuous quality improvement mechanisms, referral system.

**Entry points:** an issue which may arise in the course of a policy process which provokes dialogue, often (but not always) due to the sensitivity or the wide-reaching consequences of the policy.

**Policy dialogue lead:** MoIDPLHSA must be in or at least be perceived to be firmly in the leading position to lend credibility for the policy dialogue process. The more strongly the MoIDPLHSA takes ownership and leads the dialogue process, the more likely it is that policy implementation will be effective. Taking ownership of the process means ensuring the highest possible visibility within the national public health agenda, advocating for the relevant issues among internal and external stakeholders, and taking initiative in organizing policy events in a timely manner.