

A Conversation with Georgia's Minister of Labor, Health, and Social Affairs

Appointed to the position of Minister of Labor, Health, and Social Affairs of Georgia on December 29, 2001, Amiran Gamkrelidze brings with him a wealth of experience in healthcare, clinical education, and health policy. Gamkrelidze—who received advanced degrees from institutions including Tbilisi State Medical University, Moscow Postgraduate Medical School, Jena (Germany) Institute of Clinical Immunology, Linköping (Sweden) University Hospital's Department of Pediatrics, and the Moscow Institute of Immunology—has a background in immunology and allergic reactions, and has been lecturing on these topics at the Tbilisi State Medical University since 1974. He served as head of the University's Department of Epidemiology, Immunogenetics of Allergic Diseases from 1991-1996; was the Director of the Georgian National Health Management Center from 1994-1997; and joined the Ministry of Health in 1995 as Deputy Minister; from 1997 to 2001 he was the First Deputy Minister; since 2001 he is Minister of Health. CommonHealth staff recently had the opportunity to speak with Minister Gamkrelidze at his office in Tbilisi. During the conversation, he discussed some of the challenges his country is facing as it works to reform its health system; what has been accomplished so far; and goals for the future.

CommonHealth: *What are the main health concerns of the Georgian people today, and how are these concerns different than they were 10 years ago?*

Gamkrelidze: The most pressing problem currently facing the healthcare system in Georgia is lack of funding. Even though

government spending has increased from about one dollar per capita in 1993 to approximately eight dollars funded for each person today, that is still not nearly enough. This, of course, greatly affects the health status of the Georgian people. The past decade has seen a dramatic increase in infectious disease, including tuberculosis and diphtheria and other ailments stemming from contaminated water sup-

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plies. In part, this rise of infectious disease can be attributed to the break in the chain of immunization that occurred in 1990. With assistance from WHO, UNICEF, the United States of America and Japan, we were able to reestablish a comprehensive immunization program

between 1994 and 1998, so the problem is getting a little better.

CH: *In addition to funding, what are the major challenges the Ministry faces as it seeks to address the health problems of the Georgian people?*

Gamkrelidze: Funding will always be a challenge, but another obstacle for us is the fact that our healthcare system is based on a Soviet model that left us with a huge surplus of facilities and human resources. We currently have three or four times the number of hospital beds that we actually need and, consequently, three or four times the number of clinical personnel necessary. We must also work to change the mentality of the Georgian people who, in Soviet times, became accustomed to the idea that healthcare services were available to them free of charge. Compared to Western standards, the care wasn't of a very high quality—in those days we did not possess modern diagnostics and other equipment—but whatever we did have was available at no cost to the patient. Still, we are trying to provide certain basic health services to our people free of charge.

CH: *What services are currently available as part of the basic healthcare coverage for the Georgian people?*

Gamkrelidze: All services provided by the state are financed by different state programs, such as State Insurance, Public Health, Municipal Programs, etc. These programs cover a basic package which includes immunization; safe blood transfusion; substance abuse prevention; diagnostics; iodine supplements; maternal



Amiran Gamkrelidze

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care and services for children under the age of three. The basic package also includes partial coverage of dialysis; cancer treatment; additional medical care for vulnerable people; treatment of infectious diseases; cardiosurgery treatment; kidney transplantation; provision for specific patients with pharmaceuticals among them patients with diabetes; and some other major medical services. Unfortunately, the basic package of healthcare services is now very limited and only covers approximately 20 percent of the needs of the population. However, on the positive side, our healthcare system nowadays is developing, and innovative services and technologies that were once beyond our reach in the past in Georgia, such as computer tomography and cardio-surgery, are available.

CH: *What role do you think AIHA has played—and continues to play—in health-care reform efforts in Georgia?*

Gamkrelidze: AIHA was the first international organization focusing on healthcare reform to start working in Georgia. In 1992, the Tbilisi/Atlanta partnership became the first step toward changing the mentality of the medical establishment in this country. This partnership laid the groundwork for the clinical and administrative reforms that began in earnest in

1995, and was crucial for the education and training of our doctors, nurses, and health facility managers. Another key element of the AIHA partnerships is that, through the Learning Resource Centers, they bring our clinicians, researchers, and students direct access to the latest scientific data and resources. This has helped improve their knowledge and the quality of services they are able to provide. The success of the Tbilisi/Atlanta partnership led to five other partnerships between Georgian and American institutions and, we hope to establish even more in the coming years.

CH: *Do you see a difference in the healthcare services available at AIHA partnership institutions compared to other facilities in Georgia?*

Gamkrelidze: Definitely, yes. Usually the AIHA partnership sites have innovative pilot projects that introduce new and expanded services. They are models that can be used to test the effectiveness of particular, targeted programs—women's health or primary care, for example. Then it is up to the state to determine whether or not these pilot programs are appropriate for replication throughout the country. That is why the Ministry of Health pays such close attention to all the international health projects currently under way

in Georgia. AIHA programs have been among the most successful. In fact, in 1996 the World Bank financed some other programs in Georgia that were based on the Tbilisi/Atlanta experience. Additionally, the Ministry is currently seeking World Bank funding for a national primary healthcare project. The Primary Healthcare Center established through AIHA's Mtskheta-Mtianeti/Milwaukee partnership will serve as a model for replication at approximately 200 other sites across the country. The negotiations took place in Washington, DC, in May and the loan is expected to be finalized this summer. We are also in negotiations with the European Union, which we hope will fund at least 100 more primary care clinics throughout Georgia.

CH: *In addition to speaking at various AIHA conferences and events, you have also participated in a number of health management education workshops. How do you think these workshops have helped you?*

Gamkrelidze: My own personal contact with AIHA began in 1994 and since then I have indeed taken part in a number of the organization's workshops and events. Coming from a clinical and research-oriented background, I would say I lacked significant experience in general management theories. The workshops I attended changed that and gave me a different perspective on health policy. I have grown both personally and professionally through my participation and have made many contacts with policymakers, healthcare professionals, and educators from around the world.

CH: *Have you implemented any of the strategies and techniques you learned at the health management workshops at the Ministry of Health or in the broader healthcare system?*

Gamkrelidze: I'd like to say that the Ministry—in conjunction with AIHA—is now focusing on preparing future health system administrators. This is taking place at the National Health Management Center, which is a member of the Tbilisi/

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Scranton partnership. Several hundred people in Georgia have participated in the management training courses facilitated through the partnership program, so the new strategies and techniques have spread to many different institutions throughout the country. I've noticed a big difference between the mentality, behavior, and managerial skills of those who have attended the workshops and those who have not.

CH: *How do you hope to broaden the reach of the health management education program and disseminate the knowledge and techniques to other health facility administrators?*

Gamkrelidze: One of the drawbacks of the

workshops is that most of them are very short-term and there are only a few people in Georgia who possess substantial knowledge and experience in the healthcare administration theory taught at these events. We need to develop more long-term programs and are currently working to establish a two-year master's program in healthcare administration and management. We need to get all of our health systems managers to the same level of mutual understanding of certain key concepts and strategies.

CH: *What are the main goals you would like to accomplish as Minister of Health?*

Gamkrelidze: One of our main priorities for the next few years is to develop a comprehensive, affordable primary healthcare system that is easily accessible to the entire population. This includes encouraging people to adopt a healthier lifestyle and to become more knowledgeable about health-related issues. Nurses play a very important role in helping us achieve this goal because they can educate patients and teach them to take more responsibility for their own health. Another priority is to consolidate and restructure the hospital system. By doing this, the hospitals that would be freed up could then be turned into private clinics and the money resulting from their sale could be reinvested into further development of the healthcare sector. This process is actually already under way right now. I realize that much of what I hope for with regard to health sector reform will take perhaps 10 years or more, but my duty to the people of Georgia is to do everything I can to bring them modern, high-quality, affordable medical services on par with what is available in any developed country worldwide. ■