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25 Years for Better Health Systems

Universal Health Coverage and TB Services in Georgia: Can country challenges and experiences inform the MODELLING for UHC?

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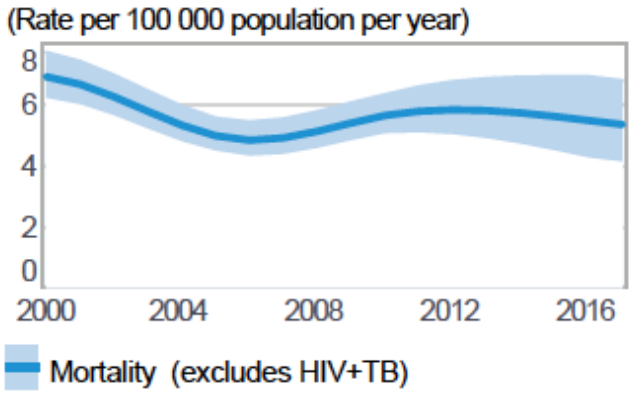
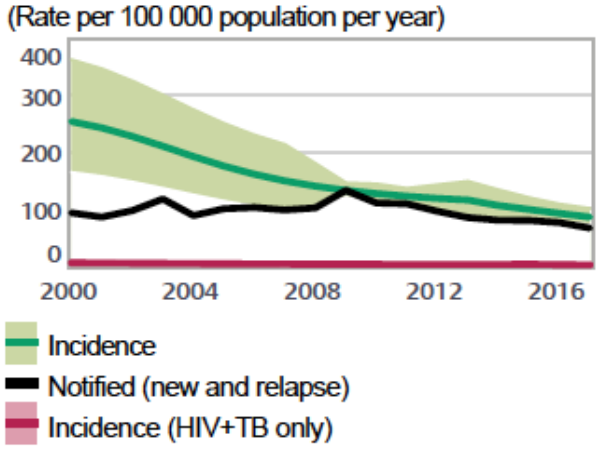
Brief Country Info

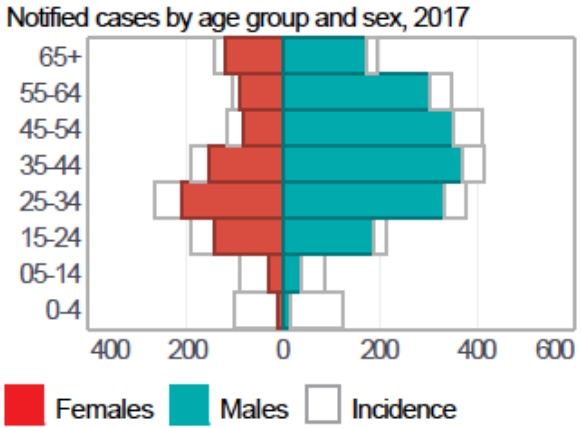
- **Population:** 3.717 million (2017)
- **Universal Health Coverage** initiated in 2013 and currently coverage reaches 90% of population
- **GDP per capita** $4,400 (nominal, 2018 est.)

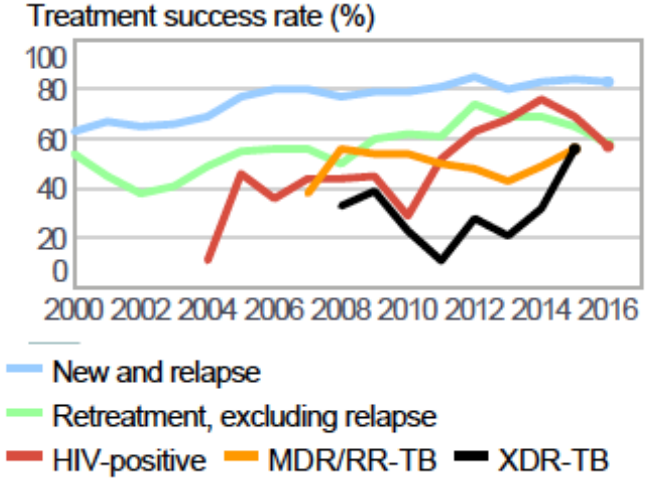
  $11,485 (PPP, 2018 est.)
- **Total health expenditure:** 7.6% of GDP (2017)
- **Public spending on health:** 38% of THE (2017)

TB Epidemiology & Program Outcomes









Source: WHO

UHC Service Providers in Georgia & their Roles in TB Program

- Rural PHC Facilities – **timely referral to TB services and DOTs**

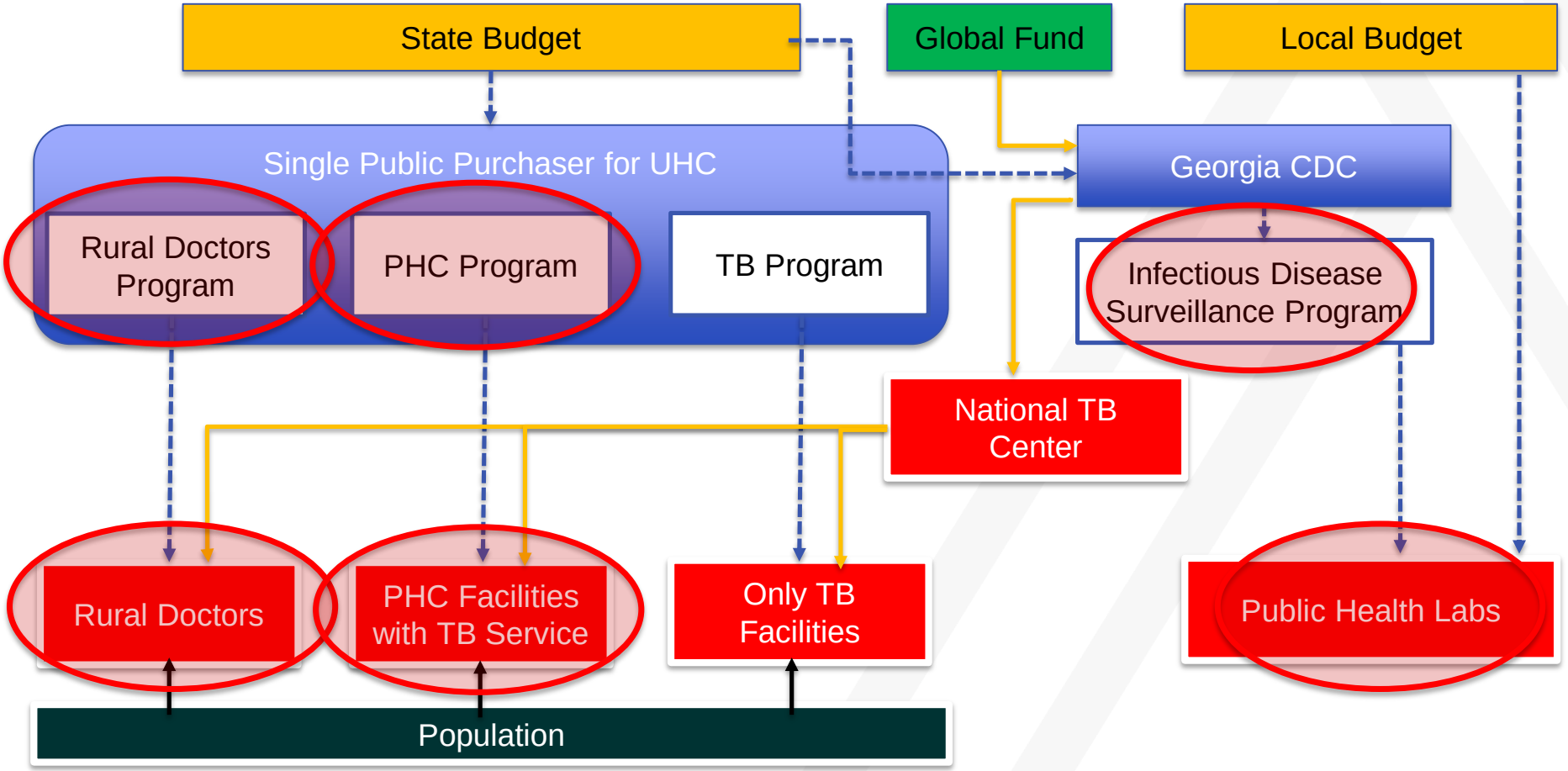
- Specialized outpatient services (separately standing or integrated in the PHC) in urban and semi-urban locations – **diagnosis and treatment**

- Specialized TB hospitals – **inpatient treatment phase**

- Public health centers – **surveillance and contact tracing**

- Public health labs – **TB lab diagnostics**

TB Financing in Georgia

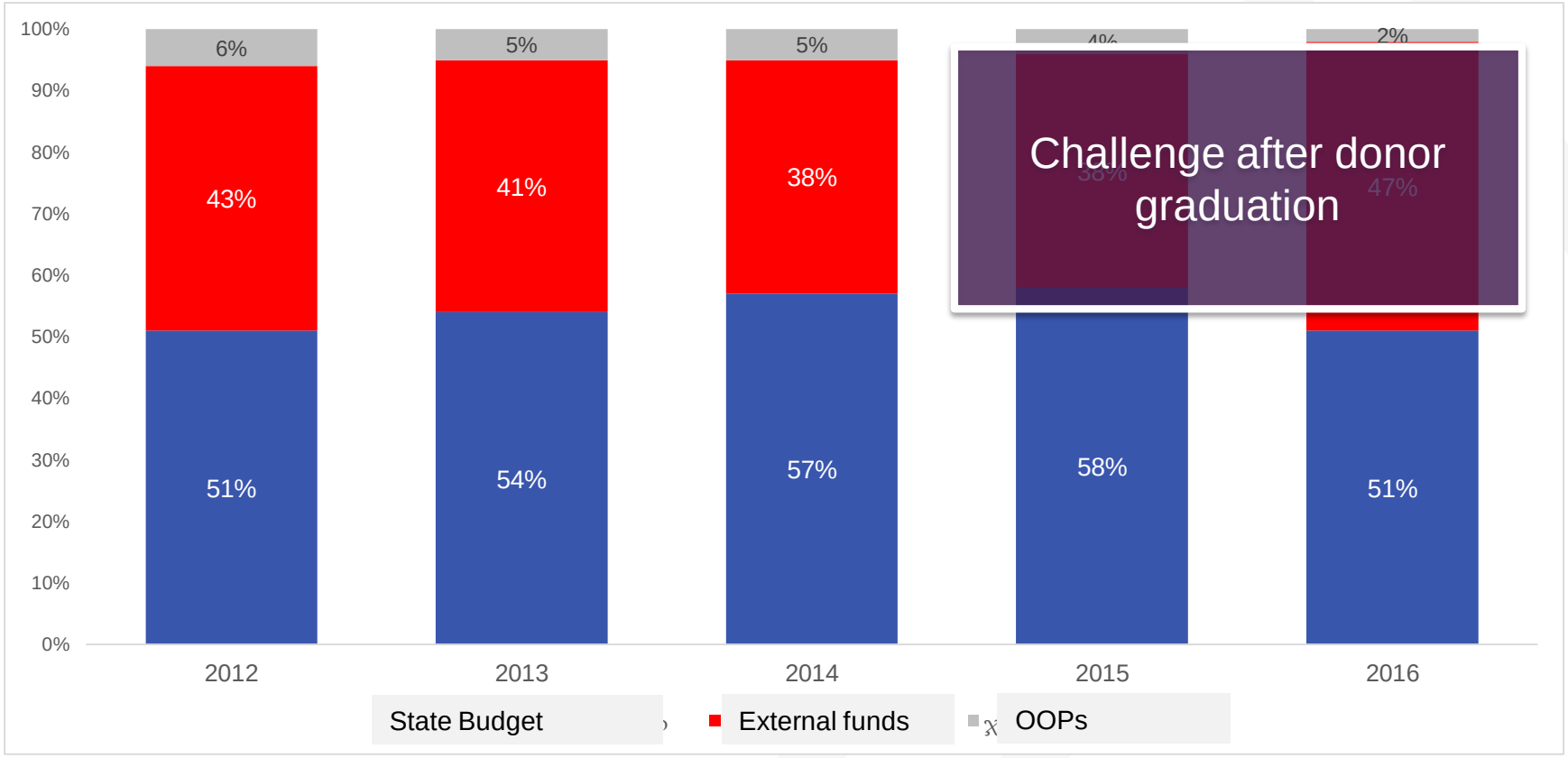


Budget funds

Donor funds

OOP Payments

TB Financing Sources



2019 TB Program STATE Budget

#	Component	Budget GEL
1	Outpatient services	3,121,000
2	Lab component, including sputum logistics	1,312,000
3	Inpatient-hospital services	9,50,000
4	Program management and	37,800
5	First and Second line drugs - 75% of country eds	1,250,000
6	Patient support	410,000
	Total Budget	**15,670,000**

Partially donor funded

Is this being modeled?

Mostly donor funded

Significantly donor funded

Public health centers through surveillance play important role in contact tracing i.e. proactive case detection – But this function is funded out of overall surveillance budget, separate from TB program → how to account for these inputs during modelling?

1 $US = 2.95 Gel

Provider Payment Methods

(rules are same for public and private ones)

Provider Type	Payment Method
Outpatient services	
Rural doctors and nurses	**Global Budget for PHC** Supplements for nurses invo
PH	**Per-capita**
Se	nthly voucher per TB case
Inpatie	
TB Cases without surgery	Per-diem (adverse economic incentives)
Complex diagnostic procedures	Per-diem but fixed duration of
TB Cases with surgical intervention	Case-based payment
Public Health Services & Labs	**Salaried staff & Annual Budge**

How to estimate and reflect shared costs in the model?

Shared Cost

Shared Cost

Shared Cost

UHC, TB Program and Key Challenges

- Declining cases and the need to shut down or re-profile specialized facilities → **Integrate services in the general facilities**

- Modify adverse economic incentives created by provider payment system:
  - For hospital based treatment there is a need to move to case-based payment (DRG Type payment) instead of per-diem
  - For outpatient treatment of MDR cases need for results-based payment introduction

- **Challenges Related to Transition from Donor Support**
  - Need to replace donor funding with national budget and
  - Assure supply of quality drugs and diagnostics

- **Need for better funding of program management**

Expected price increases in small markets -- Experience of GAVI and TGF

Q&A

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