

Fwd: Questions for plenary panel include

David Sergeenko

Mon 6/11/2018 1:07 PM

To: Sopo Belkania <sbelkania@moh.gov.ge>;

 4 attachments

ATT72120 1.jpg; ATT00001.htm; INCLUDE_PLENARY 1_Session brief_30_May 2018 (4).docx; ATT00002.htm;

Sent from my iPhone

Begin forwarded message:

From: FIGUERAS MARIMONT, Jose <figuerasj@obs.who.int>
Date: June 10, 2018 at 19:04:22 GMT+4
To: David Sergeenko <dsergeenko@moh.gov.ge>
Cc: EVETOVITS, Tamas Gyula <evetovitst@who.int>, IVANUSA, Marijan <ivanusam@who.int>
Subject: Questions for plenary panel include

Dear Minister Sergeenko,

Thanks very much again for our telephone conversation this week; it was very helpful for the preparation of our panel discussion. As agreed we are coming back with three suggested questions under which you could bring up your key messages. These are included as bullet points under each question. If we were going to go through all bullet points, we would need more than the 5-6 minutes allocated, so you will want to choose those messages that are of more importance to you. Perhaps we need less time on the second section, which is an extension of the first to provide some indication of the impact of the UHC program. At any rate I will be adapting the questions to your points and approach.

1. *Georgia faced a major challenge in achieving UHC with a very fragmented health system providing low population coverage and only for the very poor. In 2013 you put in place a very ambitious reform program that has resulted in a major increase both in population coverage and in the scope of services covered. Can you give us a sense of the main strategies you put in place? And, importantly, what would you say are the key lessons arising?*

- Extending population entitlement to publicly financed health care to the middle classes not just the poorest.
- Increase in public spending which while still low in comparative terms has increased steadily
- Setting up a single pool and purchaser.
- UHC is not only for high income countries.
- Role of political will and choice to achieve UHC.

2. What has been the impact of this strengthened UHC program in terms of, for instance, access to services, level of out of pocket payments and financial protection? Traditionally, both out of pocket payments and catastrophic expenditure have been high in Georgia.

- Improved user experience
- Better access to inpatient care
- Improvements in financial protection
- Decrease in out of pocket payments

3. In spite of enormous progress, there are still challenges ahead in achieving UHC such as: a still relatively low levels of public health expenditure (both in terms of %GDP and share of government budget) and very high co-payments for outpatient medicines causing high incidence of catastrophic expenditure (15% households). What kinds of strategies are you putting in place to address those?

- Put the levels of expenditure in context with other OECD countries
- Measures and challenges to increase public funding and reduce user charges for drugs.
- Build on the single purchasing agency SAA to get more value for money such as by enhancing strategic purchasing, performance based financing and strengthening effectiveness of primary health care
- Support of WHO project being key

I hope these are OK.

I attach the outline for the session.

Thanks again for our discussion and look forward to seeing you in Tallinn.

All the very best

Josep and for Tamas and Marijan