

5th HEPATITIS C
TECHNICAL ADVISORY
GROUP
TAG Meeting

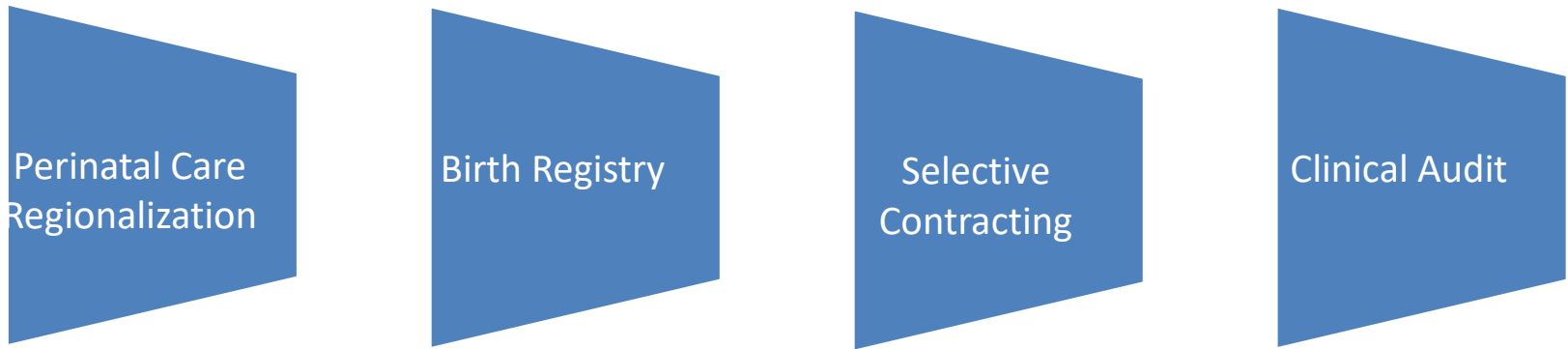
**OVERVIEW OF THE MATERNAL AND
CHILD STATE PROGRAM IN GEORGIA**

Vladimer Getia

National Center for Disease Control and Public Health

National Maternal and New-born Health Strategy for 2017-2030

- “National Maternal and New-born Health Strategy for 2017-2030” with related short term Action Plan (2017-2019) is developed and approved by the Government with the aim to provide long- term guidance and coherent plan of action for the improvement of maternal and new-born health in Georgia. Key constituents of the strategy are:



Perinatal Care
Regionalization

Birth Registry

Selective
Contracting

Clinical Audit

- Perinatal Care Regionalization - “gold” model of maternal and newborn service organization

Perinatal Care Regionalization

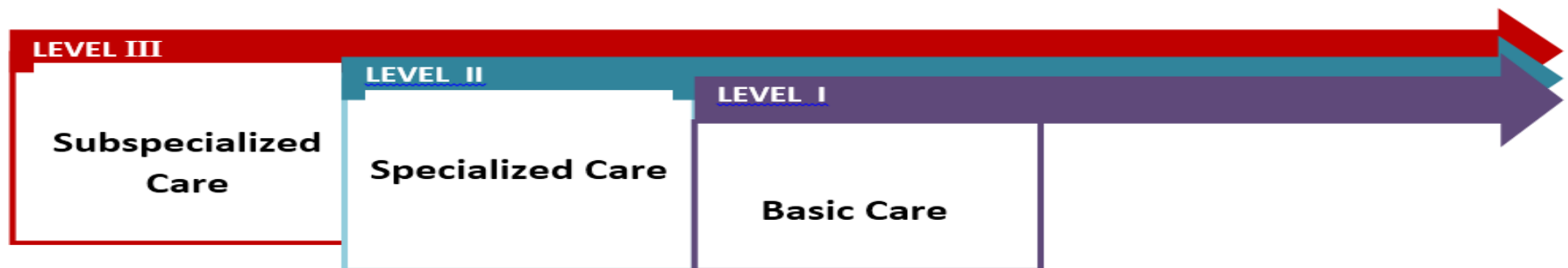
- Goal: to improve the health outcomes and decrease maternal and infant morbidity and mortality through provision of risk-appropriate care.
- Principle: each mother and new-born is delivered and cared for in a facility appropriate for his or her healthcare needs

Right Patient

Right Place

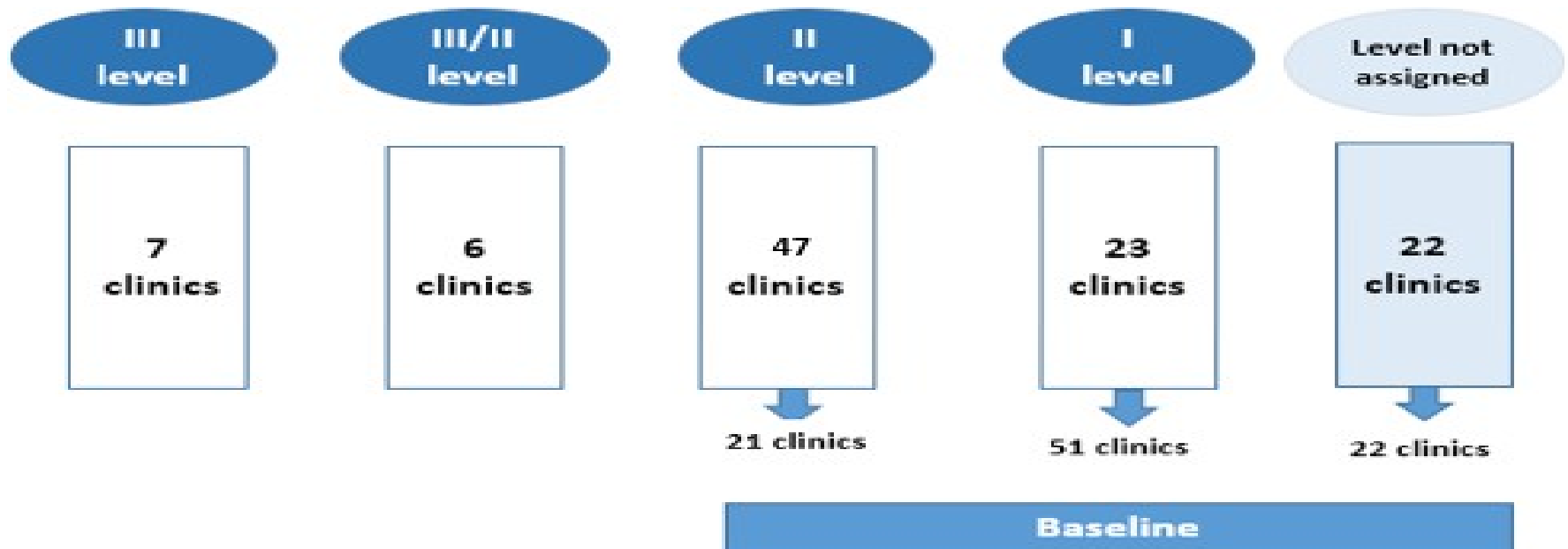
Right Time

- **Process:** all facilities providing maternal and newborn care services are divided by levels of care according to their capacity.



Perinatal Care Regionalization

- 105 facilities were evaluated, 82 facilities received designated levels of care. All 82 facilities strengthened their capacity, including infrastructure/equipment and competencies of service providers according to the level requirements. In 2018, the regionalized facilities looked as follows:



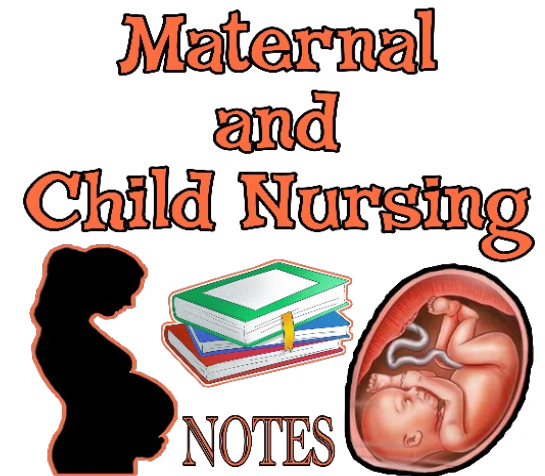
Birth Registry

- In 2016, in order to improve the maternal and child health surveillance in the country, an “Electronic Module for Pregnant and Newborn Health Surveillance”, so-called "birth" registry was introduced.
- Each pregnant woman, starting from the first antenatal visit, including childbirth, is continuously monitored through the electronic module.
- The system also records newborn's health status. This initiative is a crucial step forward for Georgia.



Maternal and Child State Program

- Goal: Reducing maternal and newborn mortality by reducing the number of preterm births and congenital anomalies by increasing effective patronage and the availability of high-quality geographical and financial assistance and medicines for pregnant women.



Program Services

- Antenatal care
- Early detection of genetic pathologies
- Determination of hepatitis B and C, HIV/AIDS, and syphilis in pregnant women and prevention of mother-to-child transmission of hepatitis B in pregnancy women
- Screening of newborns and children for hypothyroidism, phenylketonuria, hyperphenylalaninemia, and cystic fibrosis
- Diagnostic study of a hearing loss in a newborn
- Providing drugs and nutritional supplements
- Medical services for suspected syphilis

Antenatal Care

- Since 1996, Georgia has been implementing the “Maternal and Child Health Program” (formerly the “Program for Safe Maternity and Child Survival”), which provides free antenatal care.
- In 2017, WHO updated its antenatal care recommendations based on expert opinion on increasing the coverage of pregnant women with antenatal care, as well as the need to plan visits and improve quality.
- In accordance with the new WHO model, at least 8 antenatal visits were identified in cases of physiologically ongoing pregnancy.
- Georgia shared the recommendations of WHO and, from February 1, 2018, introduced a model of 8 visits for pregnant women as part of the State Program for Maternal and Child Health.

Antenatal Care

- Until November 2015, the first antenatal visit included screening for HIV, hepatitis B, and syphilis.
- Hepatitis C screening was added as part of the first antenatal visit in November 2015, as part of the Hepatitis C Elimination Strategy for 2016–2020.
- All pregnant women living in Georgia are entitled to use the services provided under the antenatal care component.
- Antenatal screening for HIV/AIDS, hepatitis B and C, and syphilis can be available to all pregnant women who have not registered for the state program, or are registered in the electronic module for pregnancy and newborn care after 13 weeks of pregnancy, or have not used the first visit.
- Since 2011 the NCDC has been implementing Centralized procurement of screening tests and delivery to antenatal care providers through Municipal Public Health Centers.

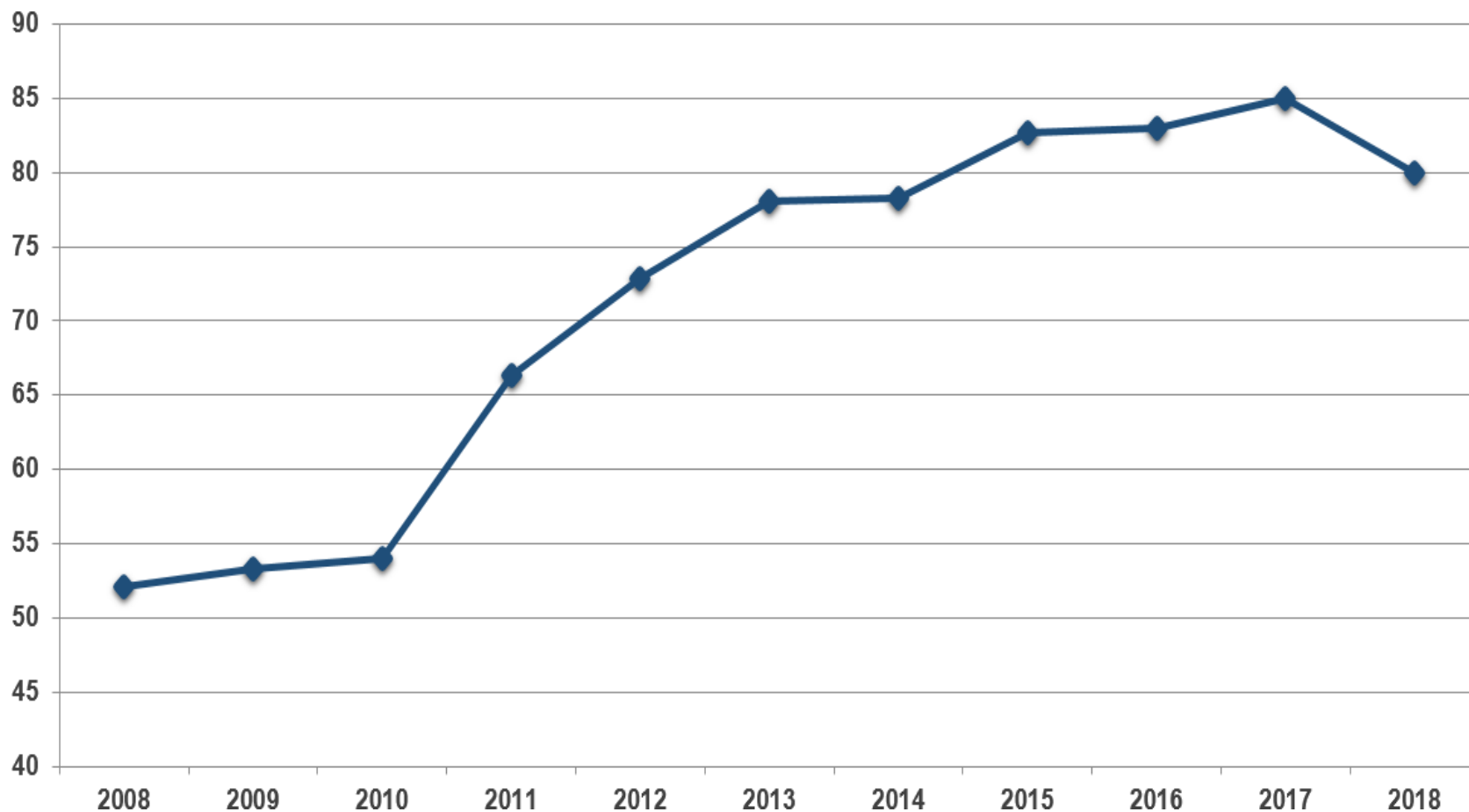
Antenatal Service Providers

- Antenatal services are provided by 298 medical facilities, 185 of which are under the State Maternal and Child Health Program.

Main indicators of reproductive health

	2015	2016	2017	2018
Coverage with at least 4 antenatal care visits	88.3%	81.2%	85.0%	81%
Timely initiated antenatal care	83%	85%	89.1%	80%
Number of deliveries	58,830	55,940	52,660	50,468
Full term deliveries	82.1%	81.9%	86.8%	92%
Normal deliveries	55.0%	52.7%	52.4%	55%
Pathological deliveries (caesarean sections, forceps, vacuum delivery, all delivery process complication)	45.0%	47.3%	47.6%	44.6%
Adolescent pregnancy rate	48.6	43.6	36.2	32.3%
Proportion of births attended by skilled health personnel	99.8%	99.9%	99.9%	99.9%

Share of pregnant women (%) initiating antenatal care within the 1st trimester



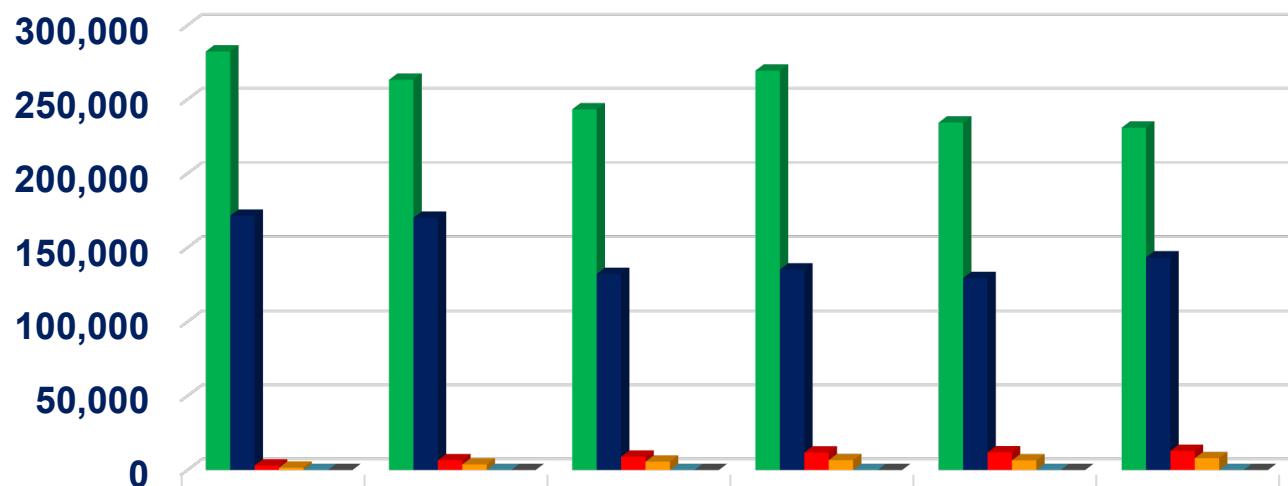
Sample and information flow – HCV and HBV Testing at the Lugar Center, HIV Testing at the AIDS Center

- Antenatal health care provider collect sample from screening positive pregnant and entered notification into Birth Registry.
- NCDC mobile units ship samples for testing Hep B or Hep C to the Lugar Center or regional Lab and for testing HIV to the AIDS center (within 5 days from collocated cities; within 10 days from other districts of the region).
- Pregnant women with positive test results for syphilis are referred to a specialized medical institution near their place of residence and they receive confirmatory testing and special treatment.
- Newborns of women with Hepatitis B receive vaccination against hepatitis B and immunoglobulin against hepatitis B at birth.
- Pregnant women with AIDS receive antiretroviral treatment

Pregnant Women with HCV

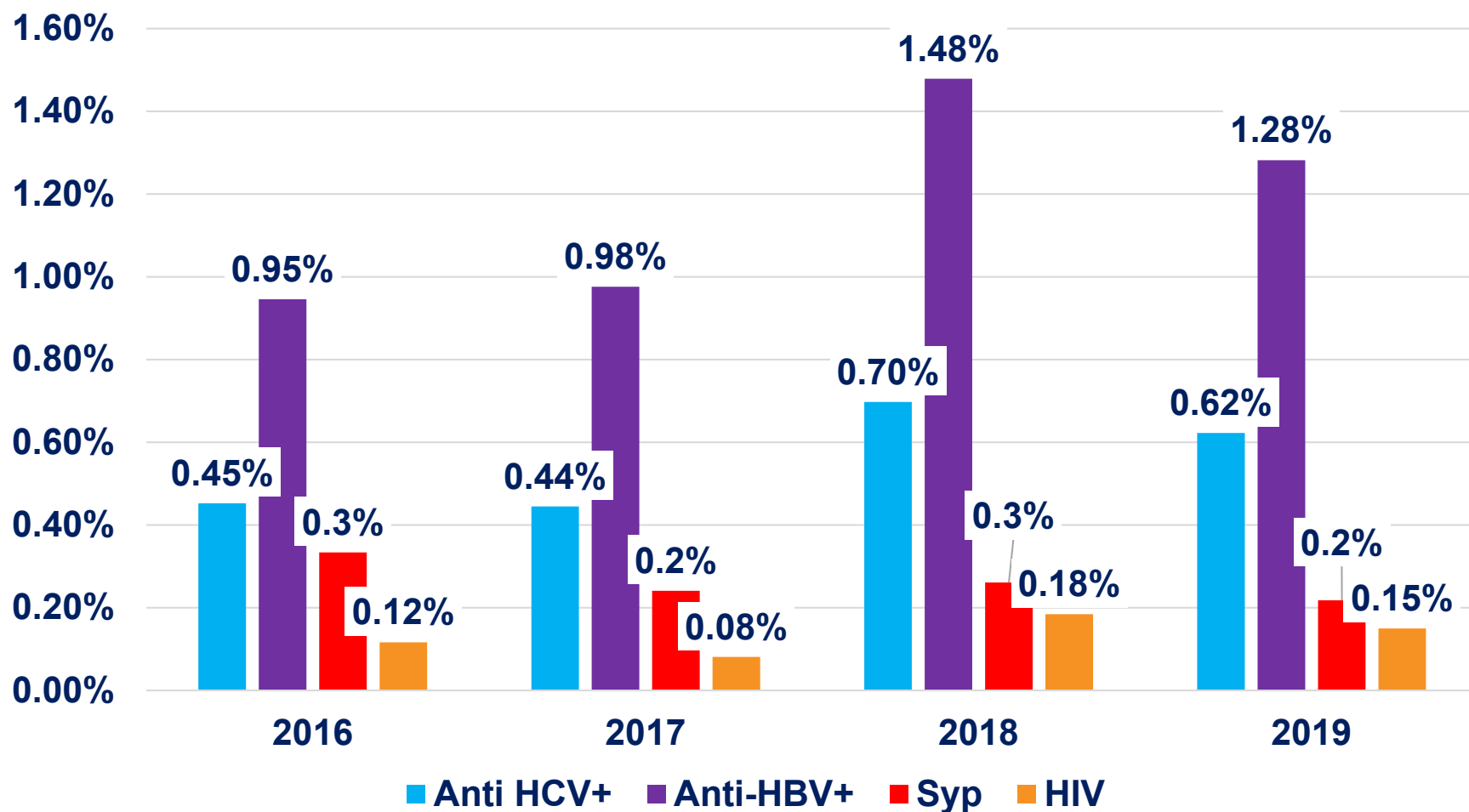
- Pregnant with Hepatitis C, can not initiate treatment for hepatitis C during pregnancy

Number of HCV screening in female population, including Antibody detection rate (at current age)



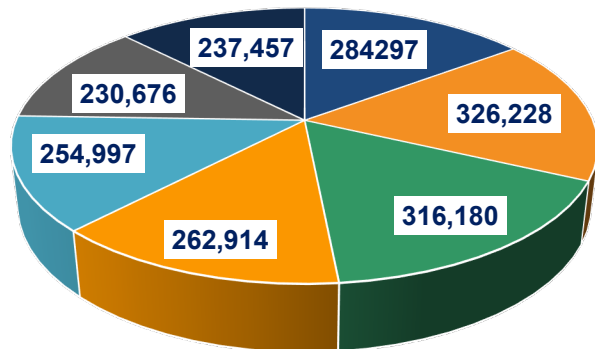
Target	18-29	30-39	40-49	50-59	60-69	70<
	282,350	263,186	243,273	269,385	234,353	230,913
Screened	171,493	170,143	132,228	135,219	129,476	143,396
Target of antibody positive by survey 2015	3,106	6,580	9,001	11,853	11,952	12,931
anti-HCV+ by screening	1,607	3,774	5,651	6,652	6,525	7,977
Covering by screening of HCV %	60.7%	64.6%	54.4%	50.2%	55.2%	62.1%
Number of identified persons with anti HCV+	51.7%	57.4%	62.8%	56.1%	54.6%	61.7%

Dynamics of screening positive rate in pregnant women



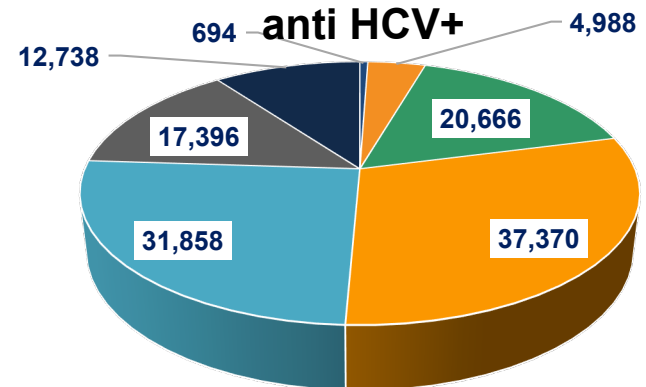
Structure of screenings by age

Screened



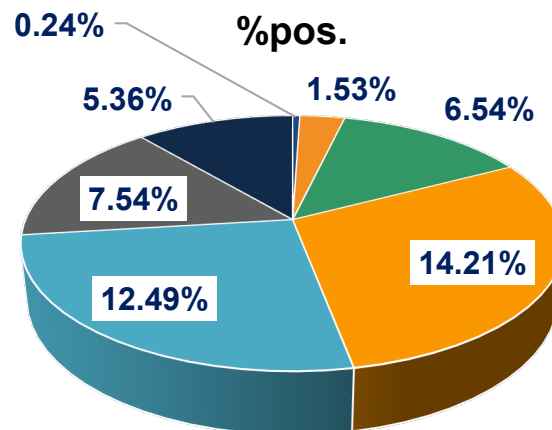
■ 0-18 ■ 18-29 ■ 30-39 ■ 40-49 ■ 50-59 ■ 60-69 ■ 70+

anti HCV+



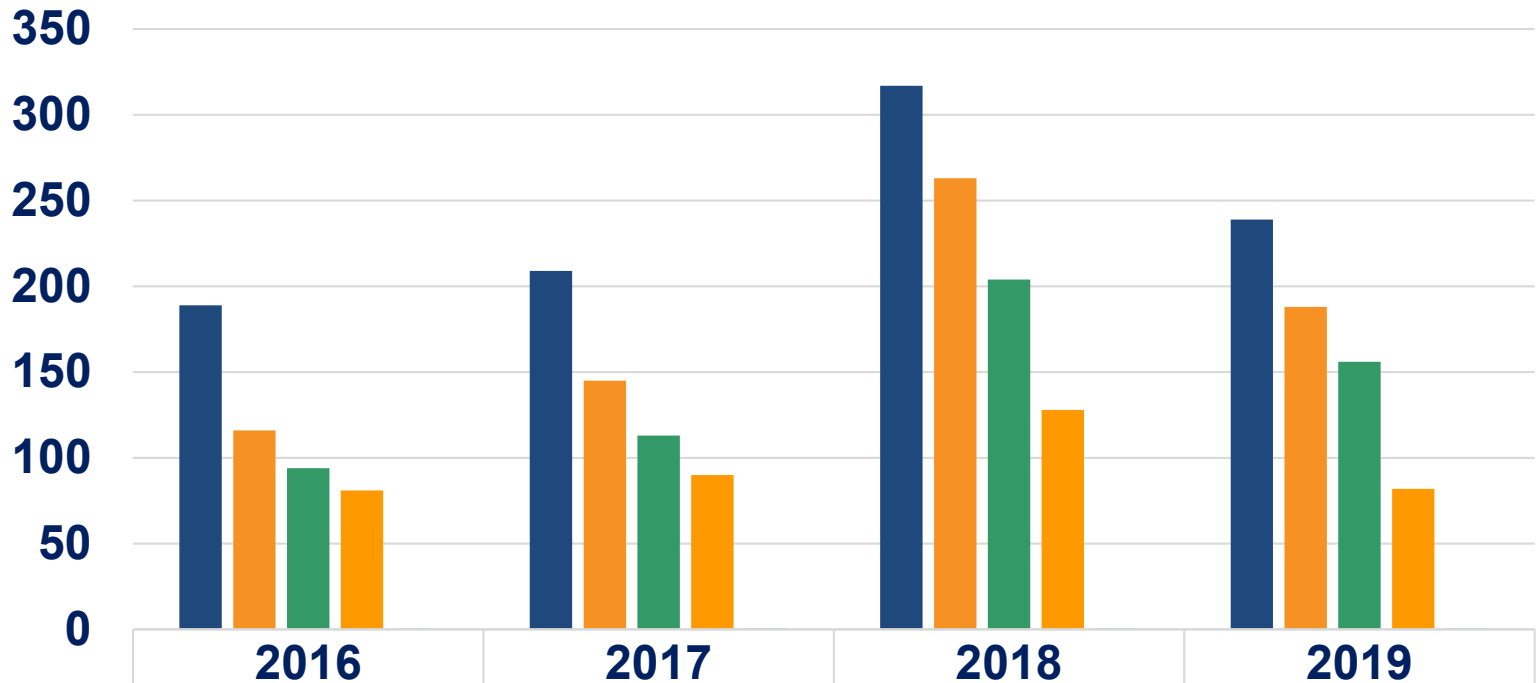
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%pos.



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Anti HCV+ Pregnant Women - Linkage to Care



■ Anti-HCV+	189	209	317	239
■ Confirmed	116	145	263	188
■ Conf.Pos.	94	113	204	156
■ Started Treat.	81	90	128	82
■ % Confirmed	61.4%	69.4%	83.0%	78.7%



Thank you for your attention!