### Title: The Health Promotion Capacity Assessment in Georgia

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#### Abstract: Introduction/Objectives

The specific objectives of the research were:

1. To identify the shortfalls, requirements and opportunities in health-promotion communication through qualitative research.
2. To define and analyze healthcare workers’ knowledge, attitude and practice (KAP) related to health promotion/communication aspects, the level of the professional development and requirements for their future training/retraining.

#### Methods

The research methodology was developed by UNICEF and the National Center for Disease Control and Public Health (NCDC&PH) based on recommendations made by an international UNICEF expert. The following methods were used:

- Analysis of focus group discussion findings
- Analysis of data of in-depth interviews

#### Results

Legal provisions for health promotion exist in the country but corresponding enforcement mechanisms are lacking. Health promotion and prevention of the non-communicable diseases are not a priority for Georgia even on paper. No formal mechanism for inter-institutional cooperation and networking exists within health-system management and this shows how weak and inefficient the management system is. Cooperation with other sectors, like mass media, “Public Broadcasting” television station, parliament, donors, organizations, etc. is also weak.

There is obvious neglect of the importance of professional groups’ involvement in planning and financing processes of preventive interventions; the state also fails to mobilize donor and private sector resources. There is a lack of reliable methodologies on undertaking research, data gathering and analysis in Georgia. There is no system for financing of health promotion programs.

The shortage of qualified human resources in health promotion is due to the absence of financial incentives. Even though state healthcare bodies are legally entitled to decide on program financing independently at central and regional levels, at municipal level no activities are financed due to the lack of interest. Health promotion programs are absent from both state and private insurance programs.

Health promotion service provision in primary healthcare centers is unstructured and disorganized. Managers in healthcare institutions are not interested in providing relevant services.

#### Conclusions/Recommendations

The decentralization of health promotion system should be continued, but it should not mean that the state gives up its responsibility for stewardship in this area; rather it should strengthen it;

An inter-sectoral approach to health promotion should be established. A special state commission/body (representatives of government, experts from different areas, NGOs, donors, mass media, etc.) should be formed, with the premier as the person in charge;

Contemporary standards/guidelines for health promotion should be developed and their implementation should be supported through trainings for primary healthcare workers.

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**Presentation:** Oral