Statement on Non-Communicable Diseases

Georgia - 09/27/2018

Dear Excellences, Distinguished Delegates and Colleagues,

This is our honor to speak at this High Level Meeting on Non-communicable diseases (NCD). Georgian Government is fully committed to the political declaration on NCDs adopted by UN high level meeting today.

NCD make the greatest proportion of the total burden of disease and injuries in Georgia affecting the most productive years of life. According to WHO 2014 Health Report, non-communicable diseases account for nearly 94% of all deaths, among them 69% due to CVDs, 14% - cancer, 1% - diabetes, 4% - chronic respiratory diseases; they make influence not only on health but also on sustainable development of the country.

Among CVDs the biggest share in terms of mortality and morbidity falls on Hypertension (more than 50%) and tobacco. It worth to say that quite a serious success has been achieved – Since May 30 the new Tobacco Control laws are in force; Georgia has been selected as a FCTC2030 project Partner Party among other 14 countries that is a new initiative of WHO FCTC Secretariat to directly help countries to scale up tobacco control measures. Georgia is the only country being selected from the European region. One of the selection criteria was the motivation of the country to advance tobacco control and demonstration of some significant achievements in this regard.

For the effective prevention and control of NCDs it is essential to have timely access to precise and reliable information, to monitor and interpret health indicators, to monitor and evaluate the impact of interventions. For the effective NCD surveillance Georgia implemented The WHO STEPwise approach; 2 rounds of STEPS surveys have been conducted in 2010 and 2016 with technical and financial assistance of the WHO-Euro and WHO-HQ and giving us the unique possibility to compare the data not only with other countries but to monitor and evaluate patterns and trends of NCDs and risk-factors in Georgia. These are the first steps to contribute to building sustainable surveillance systems, which improved national capacity and provided the better health information and thus better opportunities necessary for effective NCD prevention and control to improve the health of our citizens.

Based on the information provided by the STEPS surveys the multisectoral state council on NCDs prevention and control was established in 2015; National Strategy of NCDs Prevention and Control and 4-year AP has been endorsed in January this year; and etc. Based on the STEPS and other survey data and according the strategy and AP the essential drugs for major NCDs for Georgia – IHD and stroke, asthma and COPD, Diabetes type 2 and thyroid gland dysfunction for the most vulnerable populations are arranged into the Universal Healthcare Program that is operational during the last 4 years and covers basic benefit package services and some medications at the primary healthcare level.

Data on NCD risk-factors are important for predicting the future burden of chronic disease in all populations and also for identifying potential interventions to reduce the future burden; with the assistance of the WHO-Euro and other international organizations we are using all possibilities to obtain the information on NCDs and their risk-factors through the surveys such as GYTS, RHS, Migrant Health Survey, Hep C survey, HBSC, COSI, National Iodine Survey, micronutrients deficiency sentinel surveillance systems that are piloting in 4 regions of Georgia, cancer registry, birth registry, and etc. National Iodine Survey results confirmed that Georgia has a sustained, effective USI program with more than 90% coverage of the population with quality iodized salt; Optimal iodine nutrition status has been achieved and sustained, but further monitoring of iodized salt use and iodine nutrition is recommended to assure permanent IDD elimination and optimal iodine nutrition in Georgia.

Georgia has one of the highest smoking prevalence among the countries of World Health Organization European Region. 33% of Georgian adult population are current smokers of whom about 40% want to stop; smoking prevalence is also increasing among adolescents.
According to the “Investment Case” within the frames of the project „FCTC 2030 Georgia“ 11,400 Georgian citizens die annually because of tobacco-related diseases, out of which 9,300 annual deaths due to smoking and 2,100 annual deaths due to second hand smoke exposure. Annual tobacco-related premature deaths result in 189,000 years of life lost and 19,600 years lived with disability each year. Tobacco is responsible for 13% of Georgia’s GEL 2.5 billion total healthcare expenditure. Total annual direct and indirect costs associated with tobacco-use is GEL 824.9 million that is equivalent to an annual loss of 2.43% of GDP. Without implementing four priority FCTC measures, over 15-year period 171,300 Georgian citizens will die prematurely from tobacco-attributable diseases, tobacco-attributable healthcare costs will reach a cumulative GEL 4.9 billion and total economic costs from tobacco will reach GEL 12.4 billion. Investments in four FCTC measures will save 53,100 lives and have positive impact for future well-being of Georgian citizens and will result in GEL 3.6 billion total economic gains over 15 years. For every GEL 1 invested in key FCTC interventions now Georgia receives total economic gain of GEL 161 over the first 5 years and GEL 357 after 15 years.

In conclusion I would like to emphasize that NCDs and risk-factors surveillance has great potential to orientate not only the primary but also secondary prevention, disease screening and management. That is our enormous challenge at this moment and we do hope that with WHO assistance we’ll be able to overcome this challenge in the nearest future in light of planned reforms in primary as well as public health systems of Georgia.