

Maternal care in Georgia

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Valorization

Introduction

Maternal health depends on the functioning of the health system of a country, particularly, on the adequacy of maternal care services. With a background in medicine and global public health, the author of this dissertation is aware that maternal care is influenced by a complex set of factors. Empirically, maternal care services can be characterized along three dimensions: access to care, quality of care, and costs of care. However, to ensure financial and geographical access with good quality of maternal care, it is still a challenge for low- and middle-income countries. The shortcomings in access, quality and financing of maternal care that persisted during the transition period, are important factors attributable to the public health problems in Georgia. Therefore, a comprehensive analysis of these shortcomings is crucial to improve the health and well-being of mothers.

Target audience

During the last three decades, Georgia was challenged by healthcare reforms, which also influenced maternal health. The dissertation aims to increase our understanding of the financing, access, and quality of maternal care in Georgia. Thus, policymakers, hospital managers and medical doctors in the health system, are the prime target audiences of this dissertation, while reproductive age women and their households are the ultimate beneficiaries.

Products and contents related to results

This dissertation has determined that the absence of regulated market competition and cost control resulted in market failures in the Georgian health system. That leads to a poor quality of maternal care. The transition of the Georgian health system from the Semashko model to a privatized system had a positive influence on efficiency. However, this research found that due to the lack of regulatory control over the private market and the existence of information asymmetry, massive privatization without effective regulatory mechanisms, the absence of regulated market competition and cost control, resulted in market failures. The empirical findings suggest that healthcare reforms and public-private partnership with human capacity influence maternal care quality. The State implements free antenatal and natal care in the private sector without proper regulation. Moreover, there is no CPD for physicians in the country. All these contribute to substandard maternal care. The lack of medical skills and knowledge among medical staff is one of the reasons to utilize services of a

“personal doctor”. In the deregulated maternal care system, responsiveness of pregnant women and their household is high. A “do-it-yourself” approach was adopted by mothers and their relatives to address their demands and needs during antenatal, natal and immediate post-natal period. Therefore, overuse of maternal care services is one of the ways to get what is not guaranteed by the state. Most of the pregnant women pay extra to cover the cost of a “personal doctor”. Our findings indicate that the high price does not ensure high quality of maternal care services. Pregnant women and their households are paying out of pocket to get the best available services in the country.

To improve quality of and access to maternal care services, establishment a regulatory mechanism and reimplementation of CPD is high priority. Furthermore, recognition of the needs of pregnant women and the implementation pro-poor oriented policies are crucial to facilitate desired outcome of maternal health. Based on the target stakeholders’ opinion and effective evidence-based practices, this dissertation argues that deconcentrating the maternal care facilities from urban to the rural settings and equitable access to good quality maternal care for the entire population would improve efficiency and reduce unethical practices in the health system. These steps would promote the effective use of scarce public resources as well as protect populations from health-related expenditures. Additionally, instituting a national maternal care policy that would be logical, consequent and account for previous policies would improve maternal care in Georgia. This dissertation addressed loopholes in the overall maternal care reforms and proposes strategies to close them.

Dissemination of products

Effective implementation of the research findings depends on the motivation of policymakers, capacity building for maternal care providers, adequate regulation, policy creation and consensus building among key stakeholders. Depending on the context and feasibility, the following approaches are chosen to disseminate the research findings. The key findings of the dissertation will be discussed with and submitted to the National Council of Maternal and Child Health as well as MoLHSA and the Director General of the NCDC. To further dissemination the findings, a workshop will be arranged involving maternal care providers, medical doctors, representatives of Georgian Association of Obstetricians and Gynecologists. The dissertation will be presented to the country’s developing partners, including WHO, UNFPA, UNICEF, World Bank and the Ambassador of the Kingdom of the Netherlands in Georgia. The candidate will play an active role in dissemination the results within following year successful completion of the PhD project.

Projected impacts

The methodology of an inclusive approach to investigating access, quality and cost of maternal care services has a number of social and scientific implications, as it addresses macro and micro-environment factors of healthcare. The methodological approaches and findings will be applicable in cross-border settings with similar contexts. The methodological approaches and findings will be applicable in cross-border settings with similar contexts. The strategies for improving maternal care services are based on empirical findings, and the effects of these measures will be cross-checked with effective practices elsewhere. Moreover, a complete and in-depth understanding of access, quality and cost of maternal care services will reduce frustrations during analysis of maternal care services.

This project also illustrates the effects of health reforms in a post-Soviet country like Georgia and the factors underpinning these; additionally, being funded by the Dutch Government, this research itself serves as valuable input in the debate on the impact of globalization. This dissertation will provide a solid foundation for future researchers to investigate healthcare reforms in Georgia. Successful implementation of the recommendations with the necessary adaptations will ultimately contribute to equitable access to and quality of maternal care services, as well as to countries economic development.

Lastly, the candidate's motivation to play a role in promoting the maternal health of the global population through research and involvement in academia also contributes to achieving the vision and mission of Maastricht University.