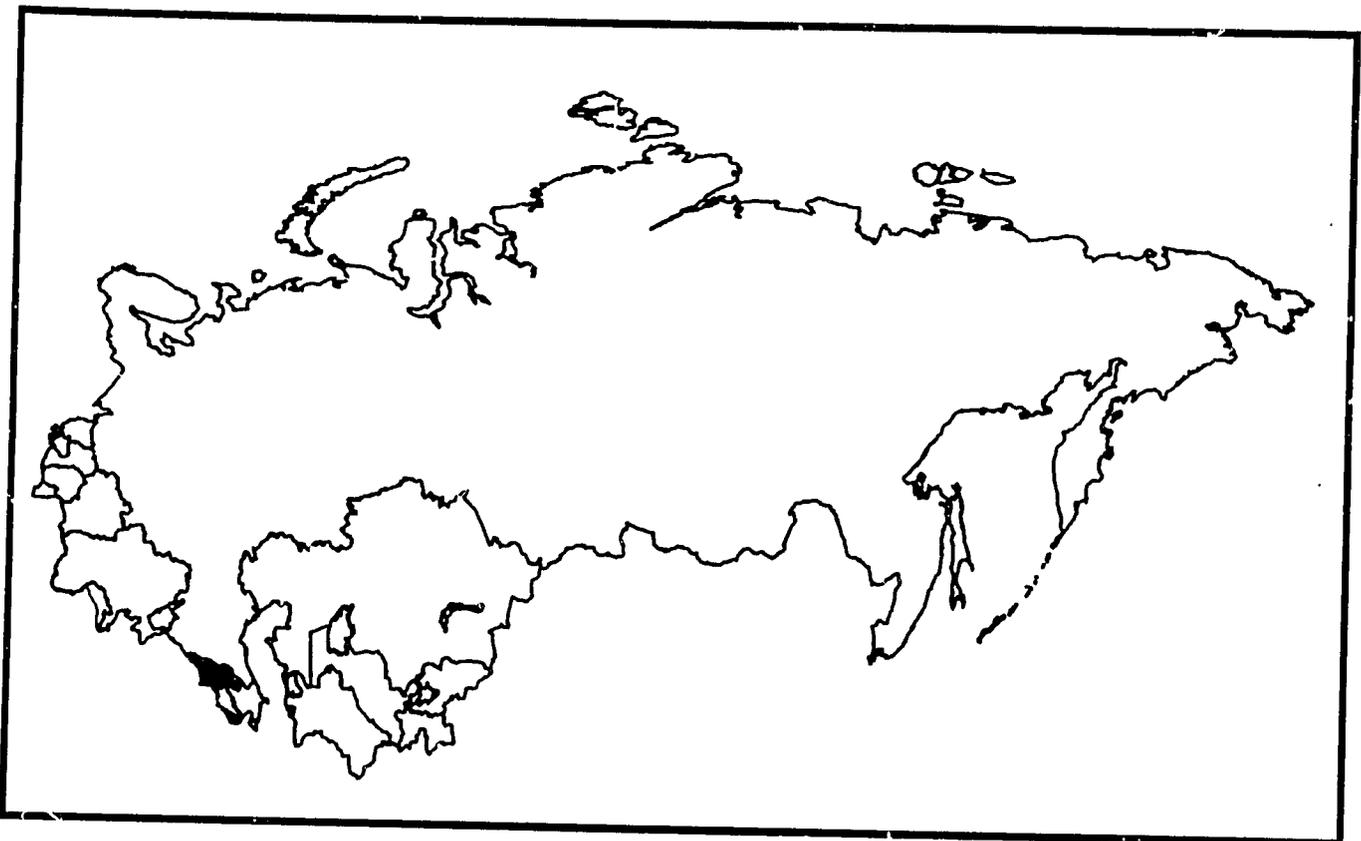

Georgia

USAID Health Profile

(Selected Data)

June 19, 1992



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The Center for International Health Information, a division of ISTI, operates the USAID Health Information System under the Child Survival Action Program – Support project, #936-5951.13, contract number DPE 5951-Z-00-8004-00 with the Office of Health, Bureau for Research and Development, U.S. Agency for International Development.

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Georgia
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This is one of a series of country profiles produced by the Center for International Health Information (CIHI), a USAID resource managed by the International Science and Technology Institute (ISTI). The U.S. Bureau of the Census (BUCEN) made available its extensive demographic data files. Each profile includes summary descriptions, tables and graphs about the demographic and health conditions in each country. The series of profiles is intended to provide current and trend data in a concise format for project design teams, evaluation teams, technical consultants, and other interested individuals and organizations. As summary documents, they do not provide comprehensive descriptions of either the demographic profile or health sector of the countries.

As part of the profile series, CIHI has produced 15 country profiles describing the most current situation in the C.I.S., Georgia, and Baltic republics. The incipient nature of the newly independent republics necessitates the reporting of information from the era of the former U.S.S.R. While dated in some instances, policy changes in the U.S.S.R. made in the latter part of the 1980's, including the introduction of new forms of health insurance and arrangements to encourage private health providers, may well provide the foundation for the shape of the health sector in the coming decade.

The first edition of these 15 profiles was compiled rapidly with readily available data. Occasionally, where the background documentation of the source material was sketchy and time prevented further verification, the data was included anyway in hopes that the mere inclusion of the data would stimulate further clarification by the various users of the profiles. On behalf of USAID, CIHI is planning to update the profiles as rapidly as new data becomes available and in response to commentary on the data in the current profiles. Accordingly, the authors of the profiles request that any more recent or more accurate data be forwarded to CIHI at the address below or to CIHI care of the USAID, Bureau of Research & Development, Office of Health, SA-18, Room 1200, Washington, D.C. 20523-1817.

Requests for additional information regarding CIHI's health and population profiles for selected countries and other reports prepared by CIHI should be transmitted directly to CIHI or through USAID as described above.



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**Georgia
USAID Health Profile**

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GEORGIA

Capital: Tbilisi

President: Gamsakhurdia
(unf./ January 6, 1992)

Prime Minister: Tengiz Sigua
(Named as head of provisional government by the Military Council)

TERRITORY

Size¹: 70,000 sq. km.
Percent of former USSR¹: 0.3%

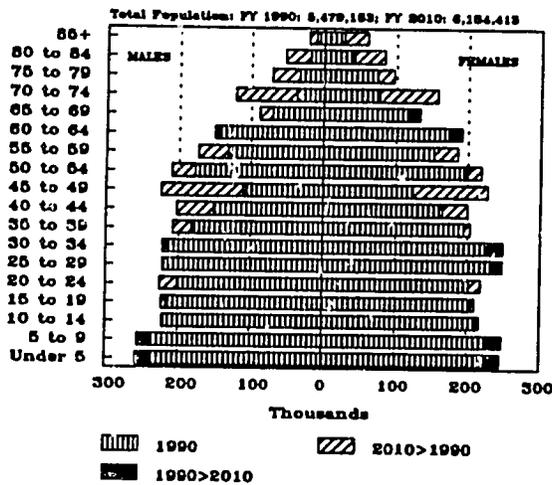
Georgia is bordered by Armenia, Russia, Turkey and the Black Sea.

POPULATION

Total¹: 5.5 million
Percent of former USSR¹: 1.9%

In 1989, there were 4,776,000 males and 5,424,000 females for a ratio of 881 males to every 1,000 females.

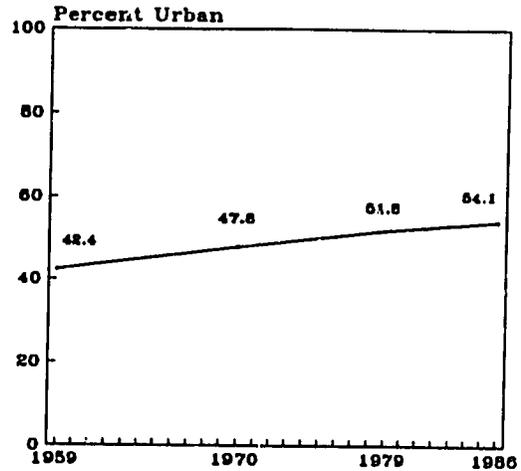
Figure 1:
Current and Projected Population by Age and Gender in Georgia: 1990-2010



Level of urbanization

The level of urbanization in Georgia has increased by more than 10 percent over the past 30 years.³ By 1989, 56 percent of Georgia lived in urban areas, with 3,036,000 living in urban and 2,407,000 in rural.²

Figure 2:
Urbanization in Georgia



Population by nationalities

Ethnic Georgians make up 70 percent of the republic's population; while eight percent are Armenian, six percent are Russian and almost six percent are Azeri.¹

Nationalities in Georgia²

Total	5,401,000
Republic Nationalities	
Georgian	3,787,000
Russian	341,000
Ukrainian	52,000
Byelorussian	9,000
Uzbek	1,000
Kazakh	3,000
Azerbaijani	308,000
Lithuanian	1,000
Moldovan	3,000
Latvian	1,000
Kyrgyz	0
Tajik	1,000
Armenian	437,000
Turkmen	0
Estonian	2,000
Other*	190,000
Autonomous Republic Nationalities	
Ossetian	164,000
Buryats	96,000

* includes Jews and others

GEORGIA: USAID Health Profile (continued)

ECONOMIC OVERVIEW

Georgia has a broad industrial and agricultural base and high levels of education.

Production

Oil, Gas and Coal Production in Georgia ^d			
	Oil*	Gas**	Coal
1970	>0.0	>0.05	n/a
1975	0.3	>0.05	n/a
1980	3.2	0.3	n/a
1985	0.6	0.1	n/a
1986	0.2	>0.05	n/a
1987	0.2	>0.05	n/a
1988	0.2	>0.05	n/a
1989	0.2	0.1	n/a

- * Crude oil production, including gas condensate, in million metric tons
- ** Natural gas production, in billion cubic meters

EMPLOYMENT OVERVIEW

Approximately 2.2 million people were employed in Georgia in 1989. This total is distributed as follows⁵:

Employment by Branch (1989)	
Industry	488,000
Agriculture*	314,000
Transportation	196,000
Communications	28,000
Construction	243,000
Public services**	279,000
Social security***	168,000
Education	228,000
Culture & art	47,000
Science & services	63,000
Credit & state insurance	10,000
Administration	46,000
Other	61,000

- * includes employment on state farms and in forestry, does not include collective (self-financing) farms
- ** includes employment in trade, public dining, material technical supply and procurement, housing and municipal economy
- *** includes employment in health, physical, cultural and social security

HEALTH OVERVIEW

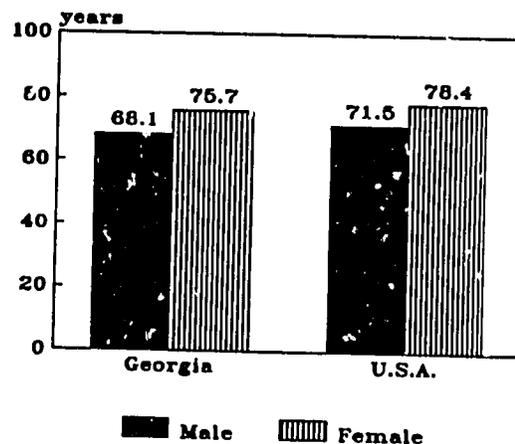
Total population ¹	5.5 million	1990
Crude birth rate ^b	17.0 per 1,000 population	1990
Crude death rate ^b	8.4 per 1,000 population	1990
Infant mortality rate ^c	24.3 per 1,000 live births	1987
Maternal mortality ratio ^d	54.9 per 1,000 live births	1990

The health system in Georgia, as is characteristic of all the former republics of the USSR, suffered years of neglect, substandard technology and poorly trained staff. A lack of basic medical services including prenatal care, diagnostic capabilities and childbirth assistance are some of the deficiencies contributing to the poor health of the population.

Life expectancy

Life expectancy at birth in 1989 was 68.1 years for males and 75.7 years for females, compared to 71.5 and 78.4 years for males and females, respectively, in the United States in 1987.⁹

Figure 3:
1989 Life Expectancy at Birth;
Georgia Compared to U.S.A.*



*U.S.A. Data is for 1987

GEORGIA: USAID Health Profile (continued)

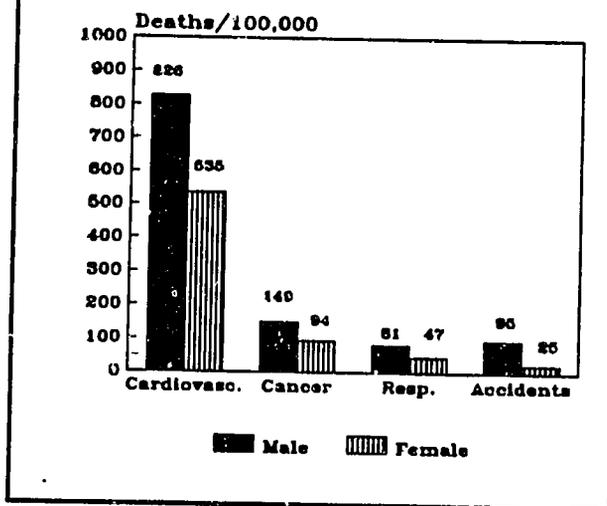
Mortality rates

In general, since the early 1970s, age-standardized mortality rates in all of the former Soviet republics have generally followed the trends typical for the former USSR. Mortality rates generally worsened for more than a decade before steady improvement began in 1985-86. By the late 1980s, Georgia had a mortality rate lower than the all-Union level.¹⁰

Causes of death

In Georgia in 1988, a total of 1,304.6 males per 100,000 population died of various causes of death. During the same time, 773.4 females per 100,000 population died. Cardiovascular disease was the most common cause, followed by cancer, accidents and respiratory disease.⁸

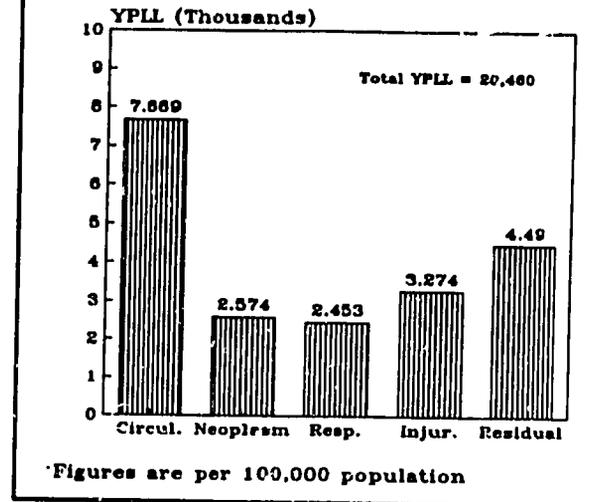
Figure 4:
Mortality Rates by Cause
of Death in Georgia



Years of potential life lost by cause of death (YPLL)

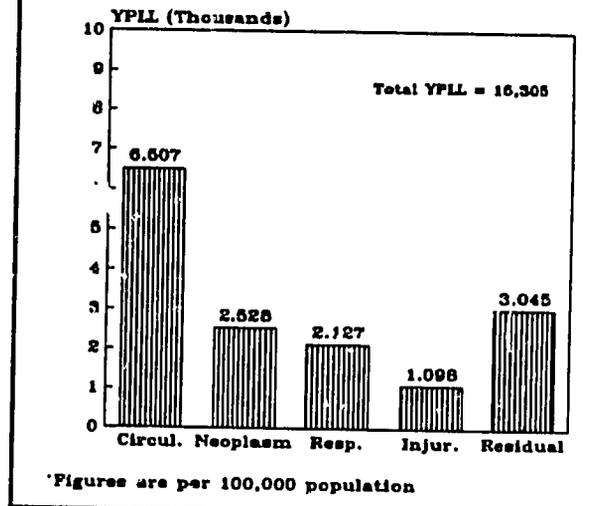
Each year in Georgia, males lose a total of 20,460 years of potential life per 100,000 population due to various causes of death. Circulatory conditions cause the greatest loss, causing 7,669 YPLL. Respiratory conditions total 2,453 YPLL, injuries 3,274 YPLL, neoplasms 2,574 YPLL, and residual (other) causes account for 4,490 YPLL.¹¹

Figure 5:
Years of Potential Life Lost by
Cause of Death in Georgian Males



Females in Georgia annually lose a total of 15,305 years of potential life per 100,000 population due to various causes of death. Circulatory conditions are the most common, causing 6,507 YPLL, residual conditions account for 3,045 YPLL, respiratory conditions total 2,127 YPLL, neoplasms 2,528 YPLL and injuries 1,098 YPLL.¹¹

Figure 6:
Years of Potential Life Lost by
Cause of Death in Georgian Females

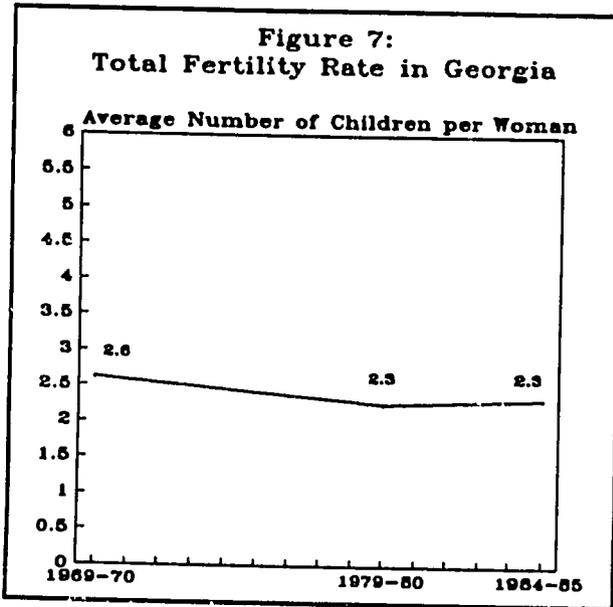


Fertility rate

The total fertility rate (TFR), or the number of children a woman will have during her lifetime, has fallen from 2.6 children in 1970 to 2.3 children in

GEORGIA: USAID Health Profile (continued)

1985.³ To account for under-registration of births, the U.S. Bureau of the Census (BUCEN) adjusted the TFR for 1990 to be 2.2 children per woman. The projected TFR for 2010 is 2.0 children per woman.

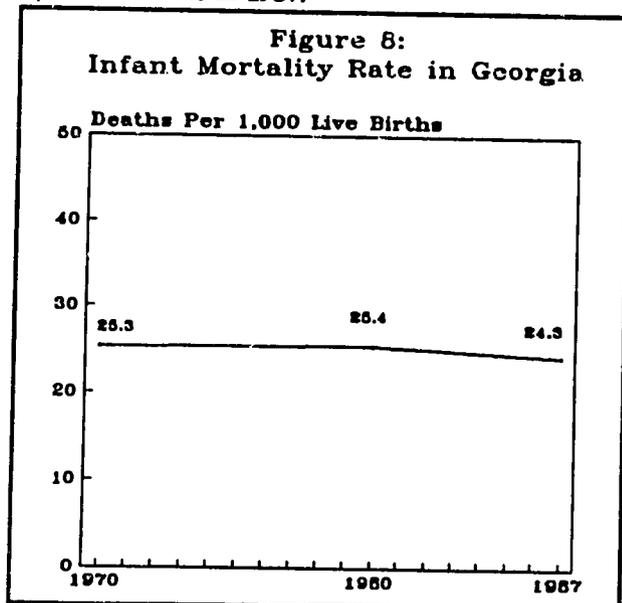


Maternal mortality

The maternal mortality ratio for 1989 was 54.9 deaths per 100,000 live births.⁸

Infant mortality

Infant mortality in Georgia has declined from 25.3 deaths per 1,000 live births in 1970 to 24.3 deaths per 1,000 live births in 1987.⁷

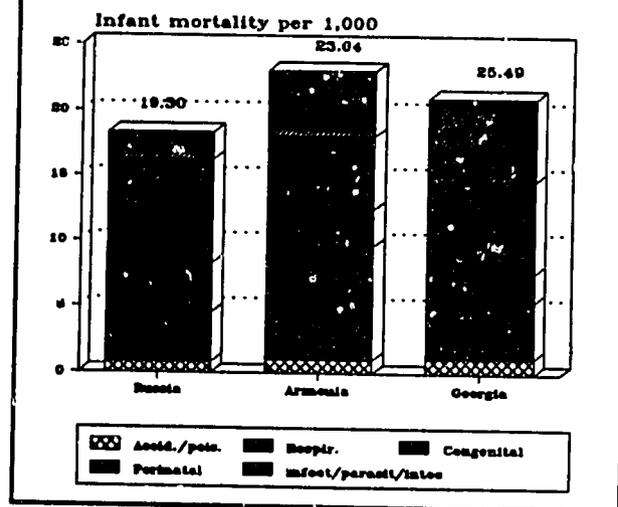


**Infant Mortality Rates (per one thousand live births)³
According to Place of Residence (1975-86)
Georgia vs. Former USSR**

	1975		1980		1986	
	Georg.	USSR	Georg.	USSR	Georg.	USSR
Urban	29.4	25.8	24.3	23.5	27.6	21.1
Rural	35.8	37.0	26.5	32.5	23.1	31.4

In 1986, of the 25.5 infant deaths (per 1,000 live births), 4.3 were due to infectious, parasitic and intestinal disease, 10.1 to respiratory, 2.0 to congenital anomalies, 7.1 to perinatal conditions and 1.2 were caused by accidents, including poisoning.¹⁰

**Figure 9:
Infant Mortality Rates (1986) by Cause
In Russia, Armenia and Georgia**



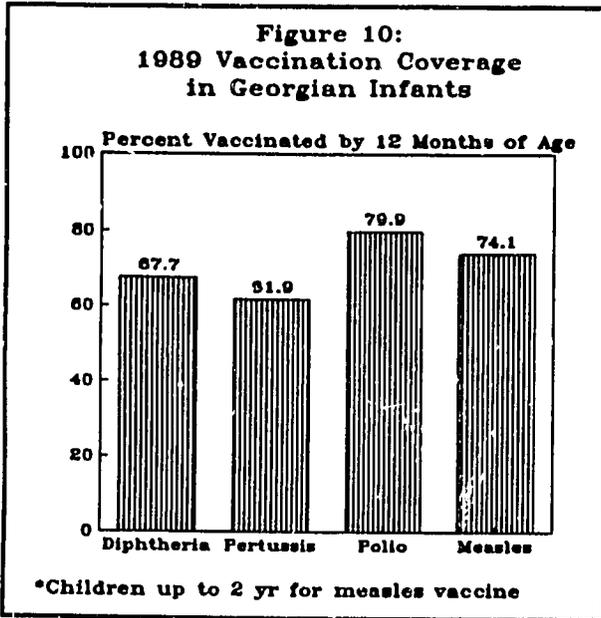
The official Soviet statistics for infant mortality rates understate the actual levels by approximately 50 percent, according to BUCEN estimates. The definition of infant mortality in the former USSR varied significantly from the standard international definition from WHO. BUCEN adjusted infant mortality for 1990 to 33.4 deaths per 1,000 live births, and a projected decrease by 2010 to 15.3 deaths per 1,000 live births.¹²

Vaccination coverage

By 1989, vaccination coverage of infants up to 12 months in Georgia had reached the following reported levels: 79.9 percent were vaccinated

GEORGIA: USAID Health Profile (continued)

against polio, 67.7 against diphtheria and 61.9 percent against pertussis. Vaccination coverage against measles in children by 24 months of age was 74.1 percent.¹³



Vaccines and drugs, previously obtained from Moscow or Comecon countries, are no longer available because of a lack of hard currency. Vaccination coverage for children has seen high levels in the past, but it may become very difficult to maintain high levels of coverage.

GEORGIA: USAID Health Profile (continued)

Sources

1. U.S. Information Agency. "Georgia: Fact Sheet."
2. Center for International Research. U.S. Bureau of the Census. U.S. Department of Commerce. "Supplement to USA/USSR: Facts and Figures." October 1991.
3. Joint Economic Committee. Congress of the United States. "Gorbachev's Economic Plans." Vol. 1. November 23, 1987.
4. U.S. Bureau of the Census. U.S. Department of Commerce. "USA/USSR: Facts and Figures." 1988-89.
5. Heleniak, Tim. "Employment by Branch for the USSR and Republics: 1960 and 1989." Center for International Research. U.S. Bureau of the Census. May 1990.
6. Center for International Research. U.S. Bureau of the Census. U.S. Department of Commerce. 1990.
7. Rowland, Diane, and Alexandre V. Felyukov. "Soviet Health Care from Two Perspectives." Health Affairs. Fall 1991:71-86.
8. Center for International Research. U.S. Bureau of the Census. U.S. Department of Commerce. "Commonwealth of Independent States: Health Status." January 1992.
9. Kingkade, W. Ward. "Health." Center for International Research. U.S. Bureau of the Census. U.S. Department of Commerce. August 1991.
10. Mezentseva, Elena, and Natalia Rimachevskaya. "The Soviet Country Profile: Health of the U.S.S.R. Population in the 70s and 80s--An Approach to a Comprehensive Analysis." Social Science and Medicine 318 (1990):867-877.
11. Kingkade, W. Ward. "Regional Variations in Soviet Mortality by Cause of Death: An Analysis of Years of Potential Life Lost." Center for International Research. U.S. Bureau of the Census. Department of Commerce. August 1991.
12. Center for International Research. U.S. Bureau of the Census. U.S. Department of Commerce. "Kazakhstan: 1989-2050 Using Adjusted Population, Fertility, Mortality and Migration." April 1992.

13. World Health Organization/Expanded Program on Immunization. February 1991.

Figures

1. U.S. Bureau of the Census. March 1992.
2. Center for International Research. U.S. Bureau of the Census.
3. Center for International Research. U.S. Bureau of the Census.
4. Center for International Research. U.S. Bureau of the Census.
5. Center for International Research. U.S. Bureau of the Census.
6. Center for International Research. U.S. Bureau of the Census.
7. U.S. Bureau of the Census.
8. Soviet Health Data.
9. Statistical Yearbook 1987. Moscow 1988. Cited in Mezentseva and Rimachevskaya, Soc. Sci. Med. 31(8).
10. Expanded Program on Immunization/World Health Organization.

GEORGIA: USAID Health Profile (continued)

Data Notes Indicator Definitions

DEMOGRAPHIC INDICATORS

TOTAL POPULATION: Mid-year estimate of the total number of individuals in a country.

YEARS OF POTENTIAL LIFE LOST: The weighted difference between the number of years of life expectancy in absence of all preventable mortality and the number of years lost due to preventable mortality. Since deaths of children result in a greater loss of life span than deaths of adults, the differences in loss of potential life are taken into account by using a type of measure which heavily weights the importance of child death.

LIFE EXPECTANCY AT BIRTH: An estimate of the average number of years a newborn can expect to live. Life expectancy is computed from age-specific death rates for a given year. It should be noted that low life expectancies in developing countries are, in large part, due to high infant mortality.

MORTALITY RATE: Basic cause-specific death rates are usually expressed in deaths per 100,000 because for most causes of deaths the rates of occurrence are so low.

CHILDREN UNDER 1: Mid-year estimate of the total number of children under age one.

INFANT MORTALITY RATE (IMR): The estimated number of deaths in infants (children under age one) in a given year per 1,000 live births in that same year. An IMR may be calculated by direct methods (counting births and deaths) or by indirect methods (applying well-established demographic models).

MATERNAL MORTALITY RATIO: The estimated number of maternal deaths per 100,000 live births where a maternal death is one which occurs when a woman is pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy or its management. Although sometimes referred to as a rate, this measure is a ratio because the unit of the numerator (maternal deaths) is different than that of the denominator (live births). Extremely difficult to measure, maternal mortality can be derived from vital registration systems (usually underestimated), community studies and surveys (requires very large sample sizes) or hospital registration (usually overestimated).

TOTAL FERTILITY RATE: An estimate of the average number of children a woman would bear during her lifetime given current age-specific fertility rates.

VACCINATION COVERAGE RATES

VACCINATION COVERAGE IN CHILDREN: An estimate of the proportion of living children between the ages of 12 and 23 months who have been vaccinated before their first birthday -- three times in the cases of polio and DPT and once for both measles and BCG. Vaccination coverage rates are calculated using administrative estimates based on reports of the number of vaccines administered divided by an estimate of the pool of children eligible for vaccination.

Commonwealth of Independent States



8-