

---

**Local Government and Self-government role in the Population Health Insurance Scheme**

Authors:

Mariami Matchavariani PhD Candidate, Tsitsino Jojoliani MD, Irine Zarnadze MD, MPH, Associate Professor, Shalva Zarnadze MD, MPC, FCHD, Professor, Tamar Bakradze  
Tbilisi medical state university, Tbilisi, Georgia

doi: 10.51505/ijmshr.2022.6301

URL: <http://dx.doi.org/10.51505/ijmshr.2022.6301>

**Abstract**

Background: The aim of the study was to investigate the role of local government and self-government and their role in population health. In this article I have tried to analyze the role of local government and self-government. The study was conducted in a pandemic and was conducted through a google form. There were both open and closed questions, with a minimum of 2 questions per question; an environmental survey was also conducted among the population. Want more greenery, treadmills squares, etc. The recommendations will be it would be good to conduct a survey, for a certain period of time, both on site and online and be confidential; Conduct a large-scale study in Georgia The role of local self-government and governance The role of local governance and self-government in the health care scheme of the population; Find appropriate resources (financial, human) for training and further supportive supervision.

**Keywords:** Healthcare services, Local government and self-government

**1. Introduction:**

As you know, human health, life and safety are paramount in all countries. We will now go over the general overview. What is local government? Local government is a system of locally elected members who represent their communities and decisions are made on their behalf. Also probably many are interested in what local self-government means, local self-government is the right and opportunity of citizens living in the territory of a self-governing unit, through local self-government bodies elected by them, to resolve issues of local importance.

As it is known, the goal of the local self-government is to implement a management process based on the interests of the community within the local territorial unit, which includes the following functions: formulation of local policy, determination and management of resources for planned activities, management of local self-government property, preparation of local budget, etc.

There are three important functions of local government:

- 1) Provision of public services;
- 2) Sustainable development;
- 3) Ensuring civil peace and stability.

As mentioned above, human health is of paramount importance in all countries, because the health of the individual is paramount and it is the backbone of the country's security, which creates the country's education, economy and is just as important as defense. Health is a fairly broad concept that is influenced by a variety of factors: geographical, cultural and socio-economic. The health of the individual is an important condition of human well-being and dignity, so the state has a great responsibility in this regard. The state to some extent can not ensure a high quality of health, but it is the unit that can best create the conditions in which a person's health is protected and it is possible to improve it. The state must always be the guardian of public health, constantly ensuring that appropriate measures are taken, taking into account the needs and available resources for health care, in order to achieve equal access to adequate quality health care. (1)

From an early age, the government took care of improving the health of the population, Still Chv. Measures were taken to improve health before 2000 BC. Although it was founded in the early centuries, modern public health developed during the Industrial Revolution in nineteenth-century Europe. Industrialization, in which there were hazardous working and living conditions, posed serious problems for human health, which made it necessary to take health measures. An important movement for public health began in England, which was greatly stimulated by Edwin Chadwick. He achieved the passage of the Public Health Act, which provided for the establishment of a system of health councils.

The right to health is enshrined in Article 25 of the Universal Declaration of Human Rights (1948), Article 12 of the International Covenant on Economic, Social and Cultural Rights (1966), and the Convention on the Elimination of All Forms of Discrimination against Women (1979). Article 12, Article 24 of the Convention on the Rights of the Child (1898), Article 11 of the European Social Charter (1961) and Article 10 of the Additional Protocol to the American Convention on Human, Economic, Social and Cultural Rights (San Salvador) Protocol, 1988).

The provisions on the right to health use the terminology of the field of rights and, in addition, formulate a number of relevant obligations of the state. They refer not only to health but also to health prerequisites such as safe water, proper nutrition and environmental health. The WHO Strategies for Health for All and Primary Health Care may be used as inspiration for the basic essence of the right to health. It is also very important that in the second half of the nineteenth century international sanitary conferences began in Europe. The development of trade and transportation has made it necessary to manage communicable disease prevention internationally. Another turning point came after World War II - human rights were defined within the United Nations, with US President Franklin Roosevelt making a major contribution.

The initiative to formulate health as an integral part of economic, social and cultural rights was made at a United Nations conference in San Francisco in 1945 dedicated to international organizations. A special memorandum recognizing that "medicine is one of the pillars of peace" added a health record to Article 55 of the UN Charter. The World Health Organization was the first to specifically define the "right to health" in the preamble to its 1946 Charter. (2)

The challenge of the 20th century was the Spanish flu (Ispanka) epidemic of 1918, which claimed the lives of 40-50 million people worldwide, as well as the HIV / AIDS that was identified between 1981 and 1983. It is, first and foremost, a global public health problem. In 1982, AIDS was officially registered as a new disease by the US Centers for Disease Control and Prevention. In 1986, the World Health Organization (WHO) launched the Global Program to Fight HIV / AIDS, and on January 1, 1996, the United Nations Joint Program on HIV / AIDS (UNAIDS) was established. According to UNAIDS, there are currently 36.9 million people living with HIV / AIDS worldwide. More than 25 million have died, with up to 6,000 people being infected with HIV every day, 66% of cases still coming from sub-Saharan Africa, while the entire African population represents only 23% of the world's population, with new HIV / AIDS cases on the rise Eastern European and Central Asian countries, which potentially increases the risk of HIV / AIDS epidemic in Georgia. The first case of AIDS in our country was registered in 1989. In 2015, the number of HIV / AIDS cases exceeded 5,000 and by the end of the year it had reached 5,412. (3) However, the number of detected cases does not reflect the real picture of the spread of the disease in the country, and according to estimates and estimates by international or local experts, the estimated rate of HIV infection is about 7,100. (4)

In the late 1980s, the TB epidemic re-emerged as a major problem in the world health system. The second most common tuberculosis epidemic in the world is linked to the HIV / AIDS epidemic. Also, co-infections with HIV and hepatitis B and C remain one of the major health problems in the world. The world still can not intervene in this problem and neither are the finances enough to solve this problem.

The institution of self-government has come a long way in us. For many decades it was represented as a system of Russian government. The system of communities and nations created after the restoration of state independence in 1918-1921 soon ceased to exist due to the forced establishment of Soviet power, resulting in the creation and establishment of a system of local councils. Its main feature was that throughout its existence, self-government was considered an integral part of state power and there was no separation of powers between state and self-governing bodies.

Currently, the institution of self-government represented in Georgia is structurally given as a system of representative and executive bodies. This institution develops in our country according to the European system of local government organization, which is characterized by the mutual coordination and coordination of self-government and government, thus distinguishing it from the Anglo-American system. (5)

The legal basis for the implementation of local self-government in Georgia is the Constitution of Georgia, the European Charter of Local Self-Government, this law and other normative acts. (6) Public health services of cities and districts have been established for the implementation of public health measures in cities and districts in accordance with the Organic Law of Georgia on Local Self-Government and Governance, The methodological guidance is provided by the Ministry of Lab or, Health and Social Affairs. (7) Citizens of Georgia have the right to elect and

be elected to local self-government bodies in accordance with the rules established by this Law and the election legislation, regardless of race, skin color, language, sex, religion, political and other views, national, ethnic and social affiliation, origin, property and Rank status.

First of all, the main concern of the state is the health of the population. In many countries, local self-government and governance play a major role in this regard.

The obligation to exercise the right to health may be violated when the state does not allocate a sufficient share of the existing budget for health. The Committee on Economic, Social and Cultural Rights has expressed concern about countries whose military spending is much higher than their spending on health. According to the committee, such an imbalance is an indication that the state is not protecting the right to health by "maximizing the use of available resources."

Perhaps many are interested in what local self-government means, local self-government is the right and opportunity of citizens living in the territory of a self-governing unit, through local self-government bodies elected by them, to resolve issues of local importance.

And according to the European Charter, local self-government means the right and ability of local authorities to regulate and manage a significant part of public affairs within the law in accordance with their responsibilities and in the interests of the local population. The Charter also stipulates that self-government must have its own competencies, have financial and material resources, and manage its internal affairs independently. The Council of Europe has developed 12 principles of governance, which aim to make public agencies function as efficiently and productively as possible, to be competent and transparent, to ensure the participation and involvement of citizens, and more.

In accordance with the 12 principles of good governance, the Council of Europe has developed appropriate tools (Toolkits) through which the current situation is analyzed, problems, weaknesses and strengths are identified for further response.

12 principles is:

1. Fair Conduct of Elections, Representation and Participation
2. Responsiveness
3. Efficiency and Effectiveness
4. Openness and Transparency
5. Rule of Law
6. Ethical conduct
7. Competence and Capacity

8. Innovation and Openness to Change
9. Sustainability and Long-term Orientation
10. Sound Financial Management
11. Human rights, Cultural Diversity and Social Cohesion
12. Accountability

Also important is the role of the Council of European Municipalities and Regions (CEMR), which represents the interests of the its member entities and takes care of their development. It has 60 associations, more than 100,000 self-governing units and 41 countries. The Council works on various studies in the field of self-government and regional development, examines the situation in the member states and makes assessments and issues recommendations.

Local government and self-government bodies ensure the health of the population in accordance with the current legislation. (Law of Georgia on Health Care, General Provisions, Chapter One, Article 17) The role of local government and self-government in the health of the population in Georgia is more or less urban, but is weakly expressed in districts and regions, which requires in-depth study. Unfortunately, the local government and self-government do not have a program to solve the problem.

Governance acts spontaneously when residents turn to for help. It can be said that according to the legislation, the provision of social assistance by the self-government is called. Voluntary authority is the reservation that assistance should be provided not individually but within the social program. One-time assistance (sick, socially vulnerable and elderly) is spent on 5-7% of local budgets. The by-laws regulating the health sector have not been adopted yet. Consequently, this power cannot be exercised in practice. Not to mention the launch of the NCDC - hepatitis C testing and free inclusion in the elimination program, which has saved the lives and lives of many people. Due to limited powers, only 1-1.5% of local budgets are spent on public health. This is the minimum to solve the problem that is necessary to ensure access to public health. Most of the population is not properly informed about the right to self-government and governance - the level of awareness of the population about the duties is very low. Self-government is effective when central and local governments actively cooperate for the benefit of the population. High self-efficacy is achieved only when the people and the government take responsibility for their own duties and rights. A bright spot in the Georgian healthcare system is the state program - National Screening Center, which was established by Sandra Roelofs in 2008. Gradually the volume of research becomes more diverse and large-scale and is a great hope for the population.

## **2. Methods:**

*2.1 Study population and data collection instrument:* These problems became more apparent when we conducted a survey of 1,010 people across Georgia, where the aim of the survey was to

assess the population's opinion, their attitude towards the health of the living environment, as well as the role of local government and self-government and to make recommendations to the relevant service. The questions in the questionnaire refer to the state of the environment, its protection, health care and the quality of services received with them. Through research, we will be able to see what is bothering the population, solve problems, develop programs and improve local government and self-government services, change the environment, and increase funding for them.

The criteria for inclusion in the study was:

1. Consent to participate in the study.
2. Age of population (above 18 years).
3. Cities.
4. Having insurance.
5. Employment.

Exclusion criteria from the study were:

1. Population under 18 years of age
2. No insurance

### **3. Results:**

These problems became more apparent when we conducted a survey of 1,010 people across Georgia, where the aim of the survey was to assess the population's opinion, their attitude towards the health of the living environment, as well as the role of local government and self-government and to make recommendations to the relevant service. The questions in the questionnaire refer to the state of the environment, its protection, health care and the quality of services received with them. Through research, we will be able to see what is bothering the population, solve problems, develop programs and improve local government and self-government services, change the environment, and increase funding for them.

#### *Why we conducted and selected this particular study*

We did it because the survey is very relevant today, because there is a very large number of people applying to both the City Hall and the municipality, and our desire was to assess how healthy the population perceives the environment in which they live.

The purpose of the survey is to survey the population over the age of 18, no such survey has been conducted by others, so we have found relevant information abroad. The aim of the research is to identify the shortcomings and find ways to solve them. The research was done using google form, we observed the numbers, we studied their problems, the data was stored in Excel, where we processed and re-analyzed. The research was managed by me.

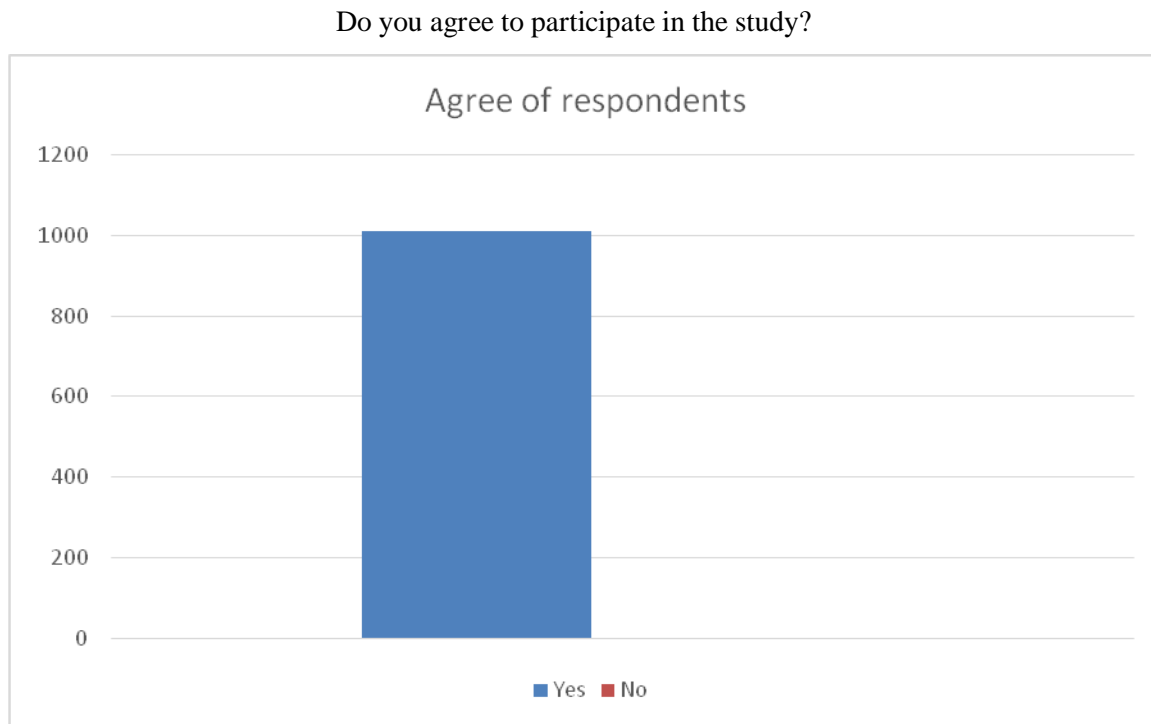
This required the help of others, especially in the regions, and required time and resources. The plan was written for the period before the 1011 respondents were collected, which we managed to do in a month and a half. It is ethically acceptable and does not need to be discussed ethically

as the information is completely confidential. The research was very interesting, I could not generalize this research with other studies conducted in Georgia, because a similar type of research was not conducted.

1. Consent to participate in the study

According to the research criteria, 1,011 population age above 18 years were included in the group. One of these respondents refused the survey.

Table N1: Agree of respondents

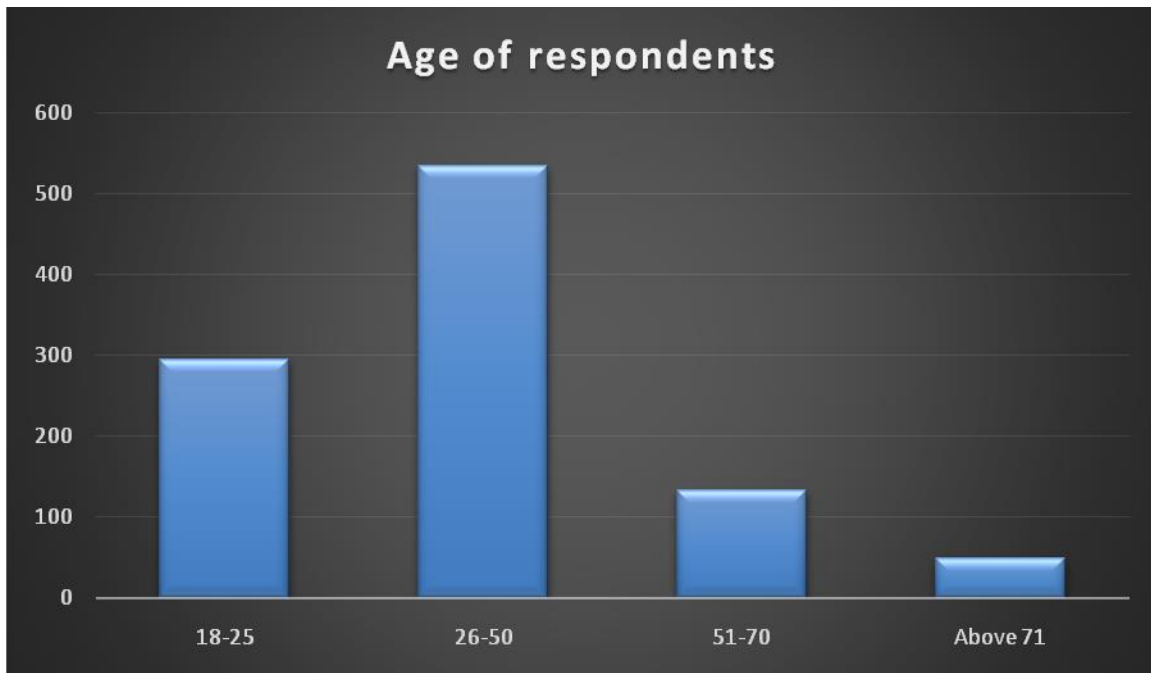


	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	1	.1	.1	.1
Yes	1010	99.9	99.9	100.0
Total	1011	100.0	100.0	

2. Age of respondents

294 of them were persons aged 18 to 25 years, 534 were persons aged 26 to 50 years, 133 were persons aged 51 to 70 years, 49 were persons above 71. These age groups were combined into 4 age groups (Table 1)

Table 2: Population's age

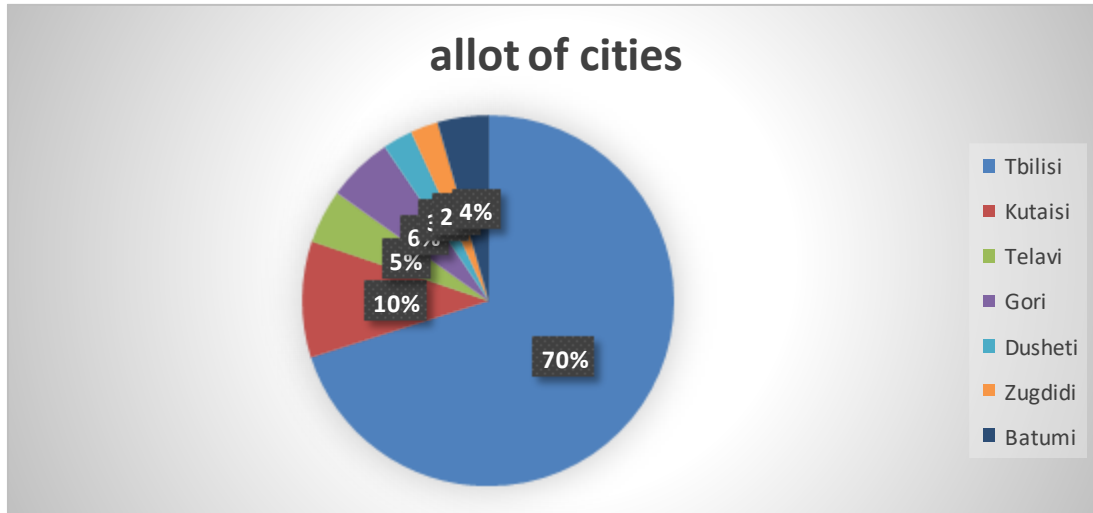


Age of respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 18-25	294	29.1	29.1	29.1
26-50	534	52.9	52.9	82.0
51-70	133	13.2	13.2	95.1
Above 71	49	4.9	4.9	100.0
Total	1010	100.0	100.0	



Most of the respondents were from big cities



**Conclusion:**

1. The study found that 583 out of 1010 people are employed, 3 are self-employed, which indicates the poverty and misery of the population, of which 734 citizens have higher education, but this is not a guarantee that they will be employed accordingly; And this is underlined by the fact that out of 1010 respondents, 664 people enjoy universal insurance, which indicates that they are not properly employed, because if a person is employed in a normal job he will have valuable insurance;
2. 647 out of 1010 respondents are satisfied with the satisfaction of the MP and the municipality, 579 respondents think that the existing environment is healthy, more than half think that the environment, air, water and greenery around them are sufficient.
3. Out of 1010 respondents, 45 indicate that an event related to healthy living was held, which is very small, 342 of them do not remember this case, which is unclear whether they are related to the population. 30 recalls that healthy living was promoted and participated in, 655 respondents are willing to participate in a similar event and of these 448 will participate in all topics related to healthy living.
4. 194 out of 1010 respondents applied to the City Hall and the Board for assistance. Most of them 107 respondents mentioned that it took 1 day to solve the problem and also 41 people did not need to collect any documentation. A total of 72 people applied for health problems, the largest number of which were oncology and cardiovascular problems. 81 people did not refuse help, but those who refused 50 customers gave a perfect answer.
5. 94 of the respondents state that they have applied in person, which suggests that the area is more or less favorable and they listen to their problems quite attentively, 89 state that they have

partially met the demand and 59 state that it is fully satisfied. Which leads to the conclusion that for the most part they help people. 69 respondents state that they helped up to 500 GEL, 40 up to 500-1000 GEL. Which means that the population receives as much assistance as possible. 128 people did not have to pay any amount due to their problem. 126 of the respondents wanted to be able to apply on non-working days, and 152 said that everything was clear, 88 respondents practically did not have to stand in line. The response to the application takes place 5 days in advance and they received the service in the exact period provided for in the administrative regulations. Also 120 respondents mentioned that being in the municipality and the City Hall was comfortable, the minimum number wanted to add chairs and tables.

6. 134 of the respondents mentioned that they finally got the help they needed, the respondents wanted to increase the number of staff, improve e-services, be charming and help people more. 117 of the respondents want to increase funding for health services and 45 want to increase funding for one-time assistance.

**Recommendations:**

1. In Georgia, it would be good to conduct a survey, for a certain period of time, both on site and online and be confidential.
2. Conduct a large-scale study in Georgia The role of local self-government and governance The role of local governance and self-government in the health care scheme of the population.
3. Find appropriate resources (financial, human) for training and further supportive supervision.
  - Make changes in the legal acts, which will empower the staff of the City Hall and the Board to carry out ancillary supervision for the relevant entities, which will allow not only the performance of work, but also on-site training, which will improve the professional skills of staff. It is important to note that deficiencies identified during auxiliary supervision do not imply further administrative punishment.
  - The purpose of the submitted proposals and recommendations is to improve the issue of services and to make the problems of the population understandable and to find ways to solve them.

**References:**

12 *Principles of Good Governance* 2008 [https://www.coe.int/en/web/good-governance/12-principles#%2225565951%22:\[11\]}](https://www.coe.int/en/web/good-governance/12-principles#%2225565951%22:[11]})

Constitutional Law of Georgia, Chapter 69. *The concept and essence of self-government and governance;*

Legislative Herald of Georgia; International treaty and agreement of Georgia;

*Convention on Human Rights and Biomedicine* 01/03/2001

<https://matsne.gov.ge/ka/document/view/1204413?publication=0;>

Law of Georgia on Health Care (*Chapter 13 Public Health Protection and Primary Health Care, Art. 85*);

*National Center for Disease Control and Public Health, Tbilisi, Georgia Theme HIV / AIDS;*  
<https://www.ncdc.ge/#/blog/blog-list/290de087-f612-4686-bfc5-6691ac7b0e86>

Organic Law of Georgia on Local Self-Government. Legal Basis for the Implementation of Local Self-Government);

World Health Organisation (Release 90, №4, April 2012) ;3. Geneva Switzerland  
<https://www.who.int/health-topics/#G>

Местное самоуправление в зарубежных странах Муниципальное право; *Таганрог ТТИ ЮФУ, 2010* с В.Т. Батычко [http://www.aup.ru/books/m234/3\\_3.htm](http://www.aup.ru/books/m234/3_3.htm)