

GEORGIA

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Friday January 18, 2002--Saturday, January 26, 2002

Visit #26

Congressional Earmark

Appendix A: Sustainable Healthcare in Georgia

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<http://www.emory.edu/MED/EXCHANGE/HKW/>

Friday, January 18, 2002

Atlanta to New York/Kennedy and then on to Moscow for Saturday arrival. Will stay overnight with my friend Levan Vasadze and his family, then travel to Tbilisi on Sunday. Only a couple of weeks after my trip to bury Archil. His death will hit me in Tbilisi, I am sure. When I visit all the places we went, and continue working on all the projects so dear to his heart.

This visit, in fact, is solely to work on our latest project, getting a Congressional earmark to start a Public Health School, Nursing School and Distance Learning facility in Tbilisi.

For most of last year we worked to get an 'earmark' in the Foreign Aid appropriations bill in Congress. In early 2001 we joined forces with Steve Wolfe, a lobbyist in Washington. Late thirties; Harvard A.B., Columbia masters degree. Worked with Ted Kennedy for five years as his military person. Spent time with Alice Rivlin (economist who was Congress' equivalent of the budget director for many years; immensely respected) and Colin Powell. Left a few years ago to become a one person lobbying outfit. Good friend of the son of Dan Weiner, which accounts for our contact.

We want to establish a nursing school, public health school and distance learning center. We have gone to US AID and other organizations in support of these efforts, only to be told that they do not fund this sort of effort. Finally, in desperation, we decided to go the Congressional route.

We drafted a document which is attached as Appendix A.

Beginning in June we planned the earmark. Steve came to Atlanta and met with all the partners. I got permission from all the institutions involved (Georgia State; Georgia Tech; Emory; Grady; Morehouse) to work with Steve and Congress. The lobbyists for Emory, Georgia State and Georgia Tech were kept informed. Steve and I went and visited all the Georgia congressional chiefs of staff, both House and Senate. Jack Kingston, the representative from Savannah and surrounding areas, is the second ranking Republican on the House Foreign Affairs subcommittee for the foreign aid bill. His chief of staff, John Steele, was a staunch supporter and outstanding factor in getting the earmark accomplished. A letter of support was written from members of Congress and the Senators to the foreign aid subcommittees in both Senate and House. Steve made many phone calls and visits.

The first language came in the House bill:

INTERNATIONAL AND COMMUNITY PARTNERSHIPS IN EURASIA

The Committee commends the American International Health Alliance (AIHA) and its partners in the new community-based primary health care partnership program in the former Soviet Union and Eastern Europe. This innovative program is actively improving local health systems in the former Soviet bloc that have deteriorated over the past decade, especially as they affect services to women and children.

Examples of successful partnerships between the Volgograd State Medical Academy in Russia and the University of Arkansas for Medical Sciences and between Atlanta and Tbilisi, Georgia, have been brought to the Committee's attention. This program has been mutually beneficial to both Georgias, Russia and the United States as young medical professionals from Russia receive advanced medical training delivered in a rural setting. The Committee strongly recommends that AID extend and expand this program, matched by non-Federal contributions.

An example of a non-health partnership is the Arizona-Kazakhstan Partnership Foundation, which began as a Tuscon-Almaty sister city relationship in 1989 and now includes as many as five sub-partnerships, ranging from the Tuscon Chamber of Commerce to the League of Women Voters and United Way. Identified by AID as one of its key partnerships, the Committee supports the continuation, and, if feasible, the expansion of this and similar regional programs.

This was followed by the Senate, and here is their language:

University Programs

The Committee has received a large number of requests to fund specific programs, projects, and activities at or through American institutions of higher education. The Committee strongly supports the funding of activities that advance U.S. international development assistance and foreign policy goals. The Committee has reviewed many of the concepts proposed for funding, and recommends that USAID and/or the Department of State (as appropriate for the proposed project) actively consider proposals submitted by the following organizations. In doing so, the Committee expects that competitive procedures will be followed with regard to each to the maximum extent possible. Unless a proposal demonstrates a unique, innovative, or propriety capability, or demonstrates special considerations that justify limited or non-competitive treatment, the Committee expects that competitive procedures will be applied with regard to the proposals on the list that follows. The Committee also expects USAID to give priority to proposals that are well conceived, including those with realistic budgets and achievable objectives.

Within 60 days after the submission of the initial report required by section 653(a) of the Foreign Assistance Act, USAID should submit a report to the Committee on the status of each activity identified below. Such a report should include: (1) the status of a funding proposal by the organization associated with each activity; (2) the degree to which the proposal is consistent with and would advance United States development assistance and foreign policy goals for the country or region in which the activity would take place; (3) the degree to which matching or other funds would be provided by the organization to complement the

Federal contribution; (4) to the extent known at the time, any decision by USAID or the Department of State on funding the activity, including the proposed funding level; and (5) any other relevant information deemed important by USAID or the Department of State. The Committee also expects to receive a second report on the status of these proposals no later than May 1, 2002. In addition, the Committee expects USAID to identify an office or organization within USAID, or within the State Department if appropriate, to which inquiries can be directed on the status of these proposals.

The Committee notes that, in the past, USAID has not been responsive to a number of proposals put forward by universities. While the Committee intends that USAID will judge these proposals on their merits, it expects USAID's responsiveness to dramatically improve and to consult with the Committee and interested Members of Congress on these proposals.

The following is recommended for consideration:

Atlanta-Tbilisi Partnership. - A proposal of the Atlanta-Tbilisi Partnership's Sustained Healthcare Initiative in the Republic of Georgia, which includes Emory University, Georgia State University, Morehouse School of Medicine, Georgia Institute of Technology, and Grady Memorial Hospital, to improve health care systems.

We did not want to be lumped together with the partnerships of AIHA. This would not have achieved our goal. So we went back to the Congressional people and explained this, and worked hard to get changed language in the conference report, which came out as follows:

The conference agreement provides that \$90,000,000 of the funds in this account should be provided for Georgia. **The managers urge the Coordinator and USAID to allocate \$3,000,000 for a small business project to promote private sector technology start-ups in Georgia and award grants directly to the ongoing Atlanta-Tbilisi Partnership's Sustained Healthcare Initiative, instead of through the American International Health Alliance as discussed in House Report 107-142.**

Steve explained to me that the actual bill consists of all three of the statements above. I had been under the impression that a "final" bill was passed which incorporated the conference language. These three statements constitute the "will of Congress."

The final bill was passed just as Archil became worse. He had been an integral part of the project, meeting with Steve in Washington and keeping up on a daily basis with the progress. The really hard part begins now: convincing AID to fund the project. Note the bill does not say "will." Therefore there is some wiggle room for AID. We have proposed \$3 million for the project, or about \$1 million for each of the three parts. AID Tbilisi gets only \$7 million per year for all health aid to Georgia. This is not new money in addition to what they get, but an

“instruction” by Congress to use the money in the way in which we have proposed. We now have to put together the proposal in such a way that AID will find it irresistible. The final decision rests with the AID people in the field, i.e., Tbilisi. I have met with them on several occasions and let them know what we were doing.

To go back in history, we first got involved in Georgia under the auspices of AIHA, as described in my notes over the years. AIHA is a nongovernmental organization (“NGO”) based in Washington that came into being in 1992 in response to AID’s desire to create partnerships in the Newly Independent States between US healthcare institutions and NIS institutions. AIHA now has some seventy-odd partnerships and is given millions of dollars per year by AID for this purpose. AIHA has two partnerships with Grady Hospital now, one in Kutaisi, Georgia, and the other in Uzbekistan. AIHA is an outstanding effort that is run brilliantly by Jim Smith, its executive director.

There are several reasons we do not wish this money to come through AIHA:

1. The “first principle” of AIHA is that all work by U.S. institutions, such as Emory, be entirely voluntary. Neither faculty nor the university are paid to spend, e.g., a week or a month working overseas. This was no problem back in the early nineties, before the hemorrhages of U.S. medical centers started occurring for various reasons (HMOs, Medicare reductions, budget reduction bill, etc.), but now most medical center administrators will not entertain proposals that work of the scale we propose be voluntary.
2. A corollary is that the institutions also do not get their accustomed indirects. So not only do they lose the faculty during that time, but administrative costs associated with the projects are born by the U.S. institution. What is generally thought of as indirect costs go to AIHA--about 25-30%.
3. We wish to start our own NGO in order to have the ability to have a tiny staff that will administer our projects and aid the people working with them, and, importantly to us, have the ability to go out and find other sources of funds for specific projects.

AID however, we suspect, will wish for the money to be channeled to us through AIHA. There have been two examples recently where universities got earmarks and AID insisted they be given through AIHA. This is why we wanted the specific language put into the bill.

We will see how all this plays out. One of our goals is to fit what we propose to do into the plans that Georgia has for the next few years. E.g., Georgia is now building a new hospital with World Bank and other money. The nursing school we propose will fit into this scheme very nicely, with the hospital being used to train the new nurses, and in turn getting services from them--much as happened in the U.S. when I was in medical school and residency training. We propose similar sorts of benefits with all the projects. In order to do this we have to find out from the Ministry of Health what its present and future projects are. This will leverage our proposals, and aid the other projects, and go a long way towards making our proposal palatable to AID. We will also work closely with AID to see how we can fit into their current and long term plans.

Saturday, January 19, 2002

Arrived at noon in Moscow, met by Levan's driver Sergei. They have a new car, an Audi A8. The only luxury gasoline car that has a four wheel drive, which is of inestimable value in Moscow. Sergei is about 50 or so, was a taxi driver in Moscow for years. Knows every back alley in the town, which is saying a lot. Drives about 70 mph an hour in the middle of the city, scaring me to death. Apparently never had an accident.

Went to Levan's new penthouse apartment, which he had just occupied my last visit. He renovated five flats in the top floor of an old KGB building. Huge open living area with fireplace and kitchen. Large glassed in terrace. Walking distance of the Kremlin. I first saw it when it belonged to five Russian families. Dank, cluttered, peeling paint, truly awful looking. Levan found them flats and they collectively sold out to him. He had enormous problems getting all the permissions to gut it and renovate it. E.g., took him months to get permit for a fireplace. Has a new type French total air system that filters out all noxious substances. Levan's wife Nino is a genius at decoration and I've really enjoyed watching it progress. When I was through in October I brought a large, fancy shower head they had found at Home Depot.

Slept in the afternoon, and had a good evening with them. They have just gotten a DSL line and I discovered I could get my email from Emory. Two really cute kids, four and one-half and seven months. Younger one was born in Atlanta. Nino is pregnant again, and we hope to do the same this time. The older one practices his English on me, to his great delight. He is starting kindergarten Monday, and according to Nino is "nervous" about it. Levan says he is "wary."

Sunday, January 20, 2002

Plane to Tbilisi at 10:30 a.m. Ran into Amiran Gamkrelidze, the new Minister of Health, in the VIP room at Vnukuvo. He said the last time he had been in Moscow was in 1997, at an AIHA meeting with Archil. Levan went down with me, to bring his father back to Moscow to see an endocrinologist tomorrow. His father has diabetes, which he has been sublimely indifferent to over the years. The plan is for him to be in the hospital for ten days, then close outpatient follow up for another couple of weeks.

Met at the airport by a slew of people. To Betsy's, where I discovered I had the room in the attic. Wonderful room, but about seven flights up. On my next visit I anticipate a new hotel, which is almost finished, and an elevator. Met by two faculty of the Caucasus School of Business (CSB), wet up by Georgia State University and thriving beautifully, who have just been in Atlanta for a semester at GSU: Buba Lezhava and Giorgi Kavtaradze. In their twenties, smart and charming, highly motivated and ambitious. Today is Giorgi's birth, so we went to a supra for him at the Old Metechi restaurant, overlooking the Mtkvari River. A group of young Georgians. Kakha Shengelia, the dean of CSB as well as being the mentor and spiritual leader of the young faculty there, was *tamada*. The usual traditional toasts (Giorgi; friends; loved ones; family; people who are dead; country; CSB.....) for about three-fourths of the supra. Then toasts to sex. First time I had seen this at a supra, but not unexpected since it was a supra for a young man, and his young friends (and young dean, too, for that matter) were there. The toasts went downhill, to the delight of everyone.

Monday, January 21, 2002

Awakened to a rooster crowing. Put on a potent aftershave (*Gio* by Armani), in the fashion of the men of Tbilisi. This love of scent after shaving is something that they and I share, and that I usually don't do to any extent in the U.S. I came by it honestly, from my father, who fascinated me during my childhood with the shaving ritual: careful stropping of a viciously sharp straight razor; shaving cream mixed with a brush in a mug and put on face; hot towel soak to face; reapplying shaving cream; shaving; then Bay Rum aftershave lotion. Too bad in my opinion that scent after shaving has gone out of fashion in the U.S. I even read recently that a town in Canada has banned any scent or perfume publicly in men and women.

Ia Kamkhadze and her two medical student proteges came to breakfast with me. Ia was on her way to Bakurani, a ski resort in Georgia, to put on a conference. She runs a clinic in Kaspi, a small cement town one hour west of Tbilisi, and spent two months with John Merlino at Crawford Long Hospital, learning echocardiography. John then got the hospital to donate her a machine, and she has been thriving in a small clinic set up by the cement company. Jacinto Delmazo, a private physician at Crawford Long, has just donated an x-ray machine which is being shipped to Ia through the good graces of Norma Hassinger. Norma is an incredible person who has been devoted to Georgia for twenty or more years. Well connected. Charming and gracious. Has a deal with the State Department whereby she sends shipments of all sorts of items needed to Georgia.

To the new hospital that is being built in Digomi section of Tbilisi. An old hospital was gutted and is being completely rebuilt. A project I have lobbied for since 1993. World Bank paying for refurbishment and Japan for equipment. It will have 196 beds.

The NILC of our partnership will have 1200 sq. meters (13,000 sq feet) in the hospital. The functions will be: modern library for the hospital and all other institutions on the campus (it will be a Georgian NIH); manage a LAN for the campus and WAN for a number of institutions in Tbilisi; and participate in our Distance Learning setup. I was very impressed by the construction and layout.

A visit to Amiran Gamkrelidze, the new Minister of Health, with whom I had flown down from Moscow with yesterday. He stated his intention for the new hospital to be at the cutting edge of modern technology and to be the best in the Caucasus. I told him the radiation oncology people at Emory might be able to donate a linear accelerator, and we agreed I would explore this further. It would fit in nicely with our overall long range goals, beginning in 1992: one of the first students in 1994 who came to do junior clerkships at Emory returned as a resident in radiation oncology, and will be ready to return to Georgia in a couple of years. This confluence of education and then return to Georgia with suitable technology is exactly what we have been working towards all these years. We also discussed the politics of the nursing school, public health school and healthcare management training sections of our proposal.

Some rest and private time.

Tuesday, January 22, 2002

Breakfast at Betsy's with a man and woman who told me they were "forensic scientists." I hesitated to ask them about what this was, fearing I would be set upon by some zealots of a hitherto unknown to me sect. But I resolutely reminded myself that ignorance was never helpful. It turned out, of course, that forensic science was exactly that: fingerprints; DNA analyses; etc. In Tbilisi to help the local forensic scientists.

Meeting at NILC with Dito Makhatadze, head of Emergency Medical Services training for our partnership. He is one of these quiet and highly effective individuals. He took the tiny unit we set up for him to being the Center for Disaster and Emergency Medicine of Georgia, and to being in charge of emergency ambulances for Tbilisi. A highly able individual. Back in August we initiated a shipment to him of used medical equipment. We got it from A.B. Short, a remarkable man who has a huge warehouse for that purpose near Lithonia, Georgia. Gets used materials of all sorts (computers; cath materials; beds; desks; x-ray equipment; everything) from hospitals and stores it for shipment in a giant warehouse. Keeps meticulous inventory by computer. Dito was the recipient, and said he was writing a final report on the shipment.

Dito gave us the stunning news that he was going to be appointed Chief Doctor of the new hospital in Digomi (called the Gudushauri hospital for a famous Georgian traumatologist; father of Marina Gudushauri, First Deputy Minister of Health, and chair of the board of the new hospital). It will include 196 beds and the following services: pediatrics; obstetrics; trauma; general surgery with its subspecialties; internal medicine; outpatient clinics. Neurosurgery and cardiac surgery will be in other institutions.

A meeting with Leah Mamaladze, the chief nurse of the Georgian Association of Nurses, and passionate advocate of a new nursing school. Archil was doing most of the Georgian planning for the school, and his death has left a huge void. A big problem is getting a dean. Tbilisi State University, like all former Soviet universities, will only accept faculty who have doctorate degrees. Nurses in Georgia are educated at a very low level, so it is impossible to find one acceptable to the university. I have suggested emailing US nursing schools to see if there are Georgian nurses who might be interested in participating in the project. We found a physician two years ago, Gela Arabidze, who was interested, but his interest has waned. Archil had been meeting with another physician, Archil Kapanadze, who is interested. Leah brought him with her. Smart. In thermonuclear medicine laboratory of the cancer institute. A possibility.

A board meeting of our NGO, established by Archil, the Partners for Health. We discussed the void left by Archil's death, and in particular his position as head of the NGO. We agreed to meet on Friday and elect a successor.

Arsen Kubataev, head of American International Health Association (AIHA) activities in Tbilisi and Nata Avaliani, who will succeed him shortly, came to meet. Nata was one of our first students in 1993, and is unbelievably talented. We discussed our proposals and talked about how they would go across with AID. We think AID will want them to go through AIHA, and I have outlined earlier the problems we have about this, at least with how AIHA usually sets up its partnerships. The word on the street is that the local AID unit thinks it can mandate the money go through AIHA.

I went over to Tbilisi State University and met with the provost, Temur Khurodze. A longstanding friend, and close friend of Archil. We discussed the nursing school, and are in agreement about it.

A meeting at the World Bank with the chief of the Georgia mission. Based in Washington, but visiting Tbilisi this week. A Hopkins MPH graduate, I would judge about 40. I presented our proposal with respect to the nursing and public health schools and distance learning. She promptly said the Bank did not agree they were needed in Georgia, and would not consider supporting them. Their priorities in health are for more short term projects, a lot of them involving preventive medicine, and involving short term training. I kept my equanimity, but asked her what would happen in ten years when the people they had trained would be dead, if no one was being educated to take their places. She did not deny my point, but reiterated the Bank's position.

The reason we went to Congress was our inability to get AID and the Bank, or other organizations, to see the need to establishing schools. "We don't do this," was the stock answer. But they spend millions on short term courses for this and that, the effects of which are transitory.

The five of us went to dinner at Betsy's: Zviad; David Sheshelidze; Caron Fraser; the driver; and myself. Caron for the past two months there has been an "intern" at NILC. She was sent by the Canadian Society of International Health, and will stay through March. About 32, lot of business experience, likes international work a lot. She will be the main person to steer through the Tbilisi side of writing of our grant.

To the State Chancellery to meet with Avto Jorbenadze, the Prime Minister (called State Minister in Georgia; all the other ministers report through him). He has been the longstanding Minister of Health, with whom we have dealt since about 1993. We view his ascendance as a great boon to us and to healthcare in Georgia. He is very close to President Shevardnadze, and has been a strong minister. He was voted into the State Minister's job by well over 90% of what otherwise is a contentious and highly divided parliament. This speaks to his abilities. He has been not only Minister of Health, but Social Services and Welfare was added to his portfolio a couple of years ago. These areas are among the most difficult of all, especially in poor and unstable countries such as Georgia, and it speaks to his remarkable abilities that he held the job for so many years and still the vast majority of politicians supported him.

Avto wishes to have a two day conference in Tbilisi, focused on the Caucasus, and on my previous visit asked Jim Smith of AIHA and myself if we could find support for it. I am sounding out the Sam Nunn Institute at Georgia Tech in Atlanta, and Jim the new Strobe Talbot institute at Yale. I was meeting tonight with Avto and his associate, Akaki Zoidze, to find out more of what Avto had in mind. He suggested calling it something like : "US Policy in Transitional Countries the last Ten Years: Lessons Learned and Future Plans," or some similar title. He tossed out a number of issues he would like to see discussed by a high level group of leaders and business people:

- anti-terrorist activities in transitional countries
- economic development in transitional countries
- strategic interests of US in South Caucasus

- economic security
- economic development
- human development support
- regional approach by US to Caucasus, tying this to Central Asia
- corridors for oil and gas in transitional nations
- small and medium business development and support
- telecom investment
- energy
- foreign debts for the caucasus and other transitional countries

His main goal is to focus the attention of western developers on Georgia, Armenia and Azerbaijan. He would like to have this conference in Tbilisi, and in May or June, before it gets too hot. He wants political leaders, business people and university people. He would like to have these organizations participate: World Bank; IMF; AID; WHO; State Department; Congress; Embassies; and European Union.

I made it clear we would explore the possibilities of funding vigorously, but obviously it would be foolish to be sure of success.

Went to Turkish Bath with Buba and Giorgi, and had a great time talking, planning the future and being vigorously rubbed down. One of the rare times since childhood and the rural Southern Baptist Church that I feel clean and pure: after a Turkish bath. A beer with them and then bed.

Wednesday, January 23, 2002

Breakfast with Levan Bakanidze. Resident at Cancer Institute. His uncle has now become the chief there, Revaz Gagua, following the recent death of Avto's father-in-law.

Givi Javashvili and Akaki Barkalia came over to talk at the NILC. They are interested in the education of healthcare managers. They informed me President Shevardnadze had issued a decree saying a Public Health School would be formed in the Postgraduate Academy. I expressed surprise, saying that is not what Minister Gamkrelidze had said. They also asked if I could get Emory input into their family medicine program. I will get together with Larry Lutz, our chair of Family Medicine.

Givi expressed his gratitude for what Peter Lichty, a senior student of ours who spent a month of elective in Tbilisi in 1998, did for them. Peter was a lawyer before med school, and gathered a large amount of legal material for them to fashion several of their laws after.

Gogi Turkia, Dean of the Business School of Georgian Technical University, and his friend Tarasi Gabesonia met with me at the CSB. Tarasi is head of the Phage Institute, written up in the *New York Times* a couple of years ago. He has the largest collection of bacteriophages in the world, and has been touting them as an alternative to antibiotics in bacterial infections. I smiled and asked him if his institute had been involved in anthrax production during the Soviet Union years. He replied "no," but he was collecting various strains of anthrax to see if phage were effective in treating it. He has just gotten a \$315,000 grant from BTEP of the NIH (Henry H. Peters) to study "Molecular Mechanisms of Bacteriophage Evolution and host-to-host Virus

Transcription Transition during Bacteriophage infection in Pathogenic Bacteria" along with Konstantin Severingov of Rutgers University in the US. I first was introduced to him just after the NYT articles. He was struggling for support. I have been quite impressed with his persistence, and his success in getting the grant from the NIH. A serious, scholarly and determined individual. Here is his description of his institute:

BRIEF INFORMATION DEALING WITH MICROBIOLOGICAL LABORATORY OF BACTERIOPHAGE INSTITUTE OF TBILISI

The phenomenon of bacteriophage was discovered by D'Errel in 1917. In 1923 D'Errel and George Eliava jointly founded the Bacteriophage Institute of Georgia in Tbilisi on the foundation of the Laboratory of Microbiology. The founders planned to create the Institute as a world's center to investigate bacteriophage.

Nowadays, the main laboratory of the Institute of Microbiology works on intestinal and purulent infections. From 1923 until now the Laboratory has worked out: Salmonella polyvalent bacteriophage preparation, Shigellas phage, Staphylococcus phage, Streptococcus phage, Klebsiella phage, Enterobacter phage, Moraxella phage, Acinetobacter phage, Pseudomonas phage and pathogenic E. coli phage. This collection of phages is stored in our laboratory in liquid and dry preparations. Corresponding stages of bacteria are stored as well.

Since 1980 our Laboratory has dealt with hospital infections. For hospital strains of bacteria, which are polyresistant to antibiotics, adaptive bacteriophages are prepared. Application of such adaptive bacteriophages appreciably reduces the frequency of expansion of hospital infections.

For hospital Salmonella infections new polyvalent phages have been worked out. The same has been done for Shigella, Staphylococcus, Streptococcus, Klebsiella, Enterobacter, Pseudomonas, Pathogen E. coli, Moraxella, and Acinetobacter.

He asked me if I knew of any business sources who could fund his institute as it developed bacteriophages. I told him no, but I thought his success so far was remarkable. And that the successful grant would serve him in good stead as he began to get people's attention.

A luncheon meeting with Kakha Shengelia, dean of the CSB. His vision is to add a postgraduate law school and journalism school to the current offerings of CSB of a BBA and MBA. They need a building for these schools. We discussed the possibility of the Tbilisi Seminary, an old building with humongous space that is now not in use. I visited it a couple of visits ago, and fantasized about an "American University of Georgia" there.

I enjoy Kakha greatly and had a lively conversation during the drive back with him about his experiences in the former Soviet Union as a youth of 16. About 35, MBA from the US. Felt a deep obligation to return to Tbilisi and do good for his country. Full of the joy of life. During my visit in October he took me to a newly opened high class striptease club in Tbilisi, where I broke my glasses when a buxom young lady sat facing me on our table and buried my face in her cleavage.

To the NILC, where I wrote a description of our project to give to various people in Tbilisi:

**Building Sustainable
Primary Health Care
in Georgia**

Partners for International Development
Atlanta, Georgia

Partners for Health
Tbilisi, Georgia

Working Draft
Monday, January 21, 2002

Executive Summary

This proposal for healthcare initiatives in Georgia is based upon the language from the United States Congress in the Foreign Aid Appropriations bill passed in December, 2001

“Within 60 days after the submission of the initial report required by section 653(a) of the Foreign Assistance Act, USAID should submit a report to the Committee on the status of each activity identified below.....

“The following is recommended for consideration:

“Atlanta-Tbilisi Partnership.- A proposal of the Atlanta-Tbilisi Partnership’s Sustained Healthcare Initiative in Georgia, which includes Emory University, Georgia State University, Morehouse School of Medicine, Georgia Institute of Technology, and Grady Memorial Hospital, to improve health care systems.”

These proposals constitute a broadly based collaborative effort whose goal is to bring together current and future plans of the Ministry of Health and Social Services of Georgia and other internal and external institutions to foster the development of sustainable primary care in Georgia and to provide a model for the Caucasus.

The focus of these efforts will be upon a nucleus of institutions in Tbilisi who will produce the future leaders of medicine, nursing, public health, medical informatics and biomedical research in Georgia. The components address in this proposal include:

1. Nursing School of Tbilisi State University.

The school will be closely integrated with the National Medical Center Hospital. As part of their training the students will have part of their clinical training in primary care type clinics throughout the country. This will expose them to primary care and increase the chances of them returning to those areas for their careers.

2. Public Health School: a degree granting school that will include:

-classic core curriculum of public health including epidemiology and disease surveillance

- disaster planning and management, in collaboration with the Center for Disaster and Emergency Management
- information technology for public health

The students will have projects that involve public health problems of the country. The relationships of the school to various governmental and educational institutions need to be worked out.

3. Information Technology

- a. Information and Telemedicine Center of the National Medical Center Hospital
Also manages the WAN and LAN
- b. National Information Management Center (NILC)
- c. Distance Information Center of the Caucasus: includes satellite centers

4. Healthcare Management Training

The Caucasus School of Business will establish a Division of Healthcare Management modeled after a similar division in the Robinson College of Business at Georgia State University in Atlanta. Degrees in Master of Healthcare Administration and combined MHA/MBA degrees will be given, as well as shorter courses as appropriate.

These efforts will be in partnership with existing courses

I composed a summary of the issues facing us in the NILC with respect to the new hospital and wrote it to our partners in the US:

X-Sender: kwalk04@pop3.service.emory.edu
Mime-Version: 1.0
Date: Wed, 23 Jan 2002 00:34:16 +0300
To: libcb@emory.edu, vs@cc.gatech.edu
From: kwalk04@emory.edu (Ken Walker)
Subject: IT in Tbilisi
Cc: kwalk04@emory.edu, Zviad <zkirtava@nilc.org.ge>, <zkirtava@yahoo.com>, <dshel@nilc.org.ge>, <davidshel@yahoo.com>, "Zviad Kirtava" <zkirtava@nilc.org.ge>
Status: O

Here are the elements that we are dealing with in regard to our various projects involving Information Technology:

1. Space in new hospital in Digomi district

Many of the leading institutions that are under the umbrella of the Ministry of Health either are located here now or will be: e.g., national

children's hospital; internal medicine hospital that has a functional cardiac cath and open heart surgery unit; institute of surgery; two biomedical research institutes.

A new hospital is being built (actually an old one was gutted and is being rebuilt from inside out). Will have 196 beds: medicine; ob/gyn; pediatrics; surgery, etc. Will be finished at end of May of this year. The Minister says he wants to have concentrated in this hospital the highest level of technology and other services available in Georgia.

We have been offered 1200 sq. m. (13,000 sq ft) of space--our own block of the hospital. On the third floor. Other occupants: our EMS training center; administration of the hospital. I visited this space yesterday and it is super. We can plan it ourselves.

The questions are: what to do in this space, and who is to do it?

Here are some possibilities for 'what:'

- a modern state of the art medical library that serves the hospital and all institutions in the area

- a telemedicine center for the hospital, connecting it on the one hand to the west for advice to the hospital, and to regions in Georgia for advice from the hospital. This is apparently important to Avto

- personnel there will manage a local area network and wide area network for Digomi and other institutions in Tbilisi

- functions related to NILC and Distance Learning Center (see below)

Now about 'who:'

- NILC will manage the space as a satellite

- DLC will be a co-user of the space and equipment; in return for this usage it will provide services

2. NILC

Continues to have its 'headquarters' where it is now, ultimately becoming the National Library of Medicine of Georgia. Has satellites in various locations around Tbilisi and Georgia, the first and most prominent being in Digomi. The headquarters could be simply one room, or more extensive.

3. Distance Learning Center (DLC)

Has its 'headquarters' in same place as NILC (where NILC is now). Once again, this could be a few desks or rooms, with much or most of the actual production facilities, if you will, being in the Digomi location. The NILC is a 'client' of the DLC, as are locations in other countries.

4. Discussion

You can see easily there are a variety of combinations and permutations. E.g., NILC could be totally located in Digomi, and DLC could be totally located in current NILC location. Etc.

Then I went to a neuroscience laboratory--the laboratory of the cerebral cortex-- at Tbilisi State University. Two scientists: Tamaz Labakhua and Sulokhan Tsagareli. They have developed a method of causing neurons to regenerate and want to get the support of a faculty member at Emory who has proven that neurons regenerate in normal adult brains. Their circumstances were unhappily familiar to me in Tbilisi. An old poorly maintained building. No heat. The cement was cold through and through, and everyone was shivering, with heavy overcoats and gloves. How in the devil can anyone even live in these circumstances, much less do good science? I listened to them with pleasure. Good people producing in spite of their circumstances. I collected their information to take back to Emory.

To the travel agency and picked up my ticket to Moscow. They couldn't process my credit card because the computer in England, which they access by voice, was down. Will do it tomorrow. The price has been steadily inching up over the last several years.

To Archil's home for dinner: Nona, his wife; Salome, his oldest daughter; Tinniko, his second daughter; Ketino, his sister; Tina, his mother; and Salome's husband, Dato Saganelidze. Dato is about 37. A physician who became a businessman (newspaper says net worth over \$1 million), now is General Secretary of a newly started party of young businessmen. Party is becoming increasingly prominent in Georgian politics. He is very smart, very savvy, personable, and extremely mature. Second husband of Salome; married about two years ago. A favorite of Archil, who took me to a number of meetings with David and his friends, to their party headquarters, to dinner, etc. A wonderful evening.

To the Turkish bath again, this time with Batu Kutelia. I got to know Batu because of his brother Rashden, who spent time with us as an observer at Grady, and is now an intern in Cincinnati. Batu is 28, got his PhD in chemistry. One day after getting his degree he and a friend were walking past the bulletin board at the university and saw a sign saying a new Public Administration Institution was beginning, and applicants were invited to apply. This school was begun in 1992 by John Stewart of the University of Tennessee, and has been an outstanding success. Batu applied, and the rest is history. He is now in the Foreign Ministry, associate director of the section that deals with the Russian military questions. Last year he was sent to the NATO military school in Rome, Italy, for four months. While there wrote a monograph on security issues along the Silk Road. It was published, only one of ten to be published by the NATO school in the thirty years of its existence. He was recently offered the job of deputy Security Minister, which he turned down. An up and comer. I meet him and enjoy his company every time I come to Tbilisi. He has just decided to get married in late September, and I will do everything I can to attend. Smart, charming, handsome, personable, very shrewd.

Thursday, January 24, 2002

Began a day that is to last until about 2 a.m. Had breakfast with Zviad and talked about the NGO.

Went to the NILC and had a meeting with Dito, David and Zviad, and discussed the politics of the new hospital in Digomi. See the email above for what we had to chew on.

A meeting of the board of our NGO in Tbilisi, the Partners for Health. Zviad was elected to replace Archil as its director.

Over to Betsy's to meet with Tedo Jeparidze, the ambassador from Georgia to the US, who was in Tbilisi this week. An old friend who is much appreciated. We discussed Avto's desire to have a conference. Tedo thinks there are enough wealthy people in Tbilisi to fund the conference, which we estimated will be \$200-300 thousand dollars, although this is obviously an off the wall estimate. He mentioned Badri Patarkatsishvili. He is a Georgian who has been much in the Tbilisi newspapers lately. Made a billion or so in Russia, partnering with Berezovsky. Now in Tbilisi and spending his money. Tedo will explore this, and will mention it to the Foreign Minister (who was our second Health Minister), Irakli Menagrishvili.

Lunch with Roin Metrevelli, rector of TSU, and Temur Khurodze, the provost. We went over the money situation for the new nursing school as it now stands:

- Ministry of Health: will give \$15,000 for 25 nursing students
- TSU: has \$10,000 for the purpose given to it by Chevron
- Nadine Thomas, State Senator of Georgia: has applied for \$50,000 from State of Georgia; not sure where this stands at the moment.

We agreed it was beginning to look like a feasible project, especially if we can get money from our proposal to US AID.

We talked about the Public Health School, and thought it worthwhile for the two of them to talk to Amiran about the possibility of it being under TSU, but with the other schools (Postgraduate Academy and TMSU) having subordinate pieces. We would all like this a lot. They will talk to Amiran.

Tea with Teimuraz (Temiko) Pirmisashvili and his mother. She works for Hope. He is a good friend of Sergo Kobaladze, and I had suggested to him a year ago that we explore his coming to US for college. Now a sophomore at TSU. Very bright. Fluent in English, Russian, French and another couple of languages. Wants to go into international affairs. We agreed I will explore this when I get back.

Meeting at the NILC with Lado Giorgadze. He was Archil's deputy at the medical center of TSU (where I am chairman of the Board, believe it or not). The question is who will be appointed in Archil's place. We discussed this briefly, along with some problems they are having. Lado was a deputy minister of health some years ago, and is a good bureaucrat.

Talked with Caron Fraser, David Sheshelidze and Zviad about the writing tasks facing us. Also met with Dito and them and talked about a research project we are behind in, due to Archil's death, for the PIMS people.

Met Nona Kobaladze and Tinnico and Guram (12 year old grandchild of Archil) at the cemetery,

and visited his grave. Cold, overcast, threatening day. Just like the day when he was buried.

Some private time, resting for a brief while.

Meeting with Marina Gudushauri. She described the new hospital in Digomi in great detail. I told her I thought they needed a nurse (such as Laura Hurt of Grady), an administrator and a senior physician from the US to work with them to set up the structure. I spoke of the need to get it right the first time. I sent this email to Jim Smith:

Just flying back from Tbilisi. Toured the new hospital, and met at some length with Marina Gudushari. I liked the looks of it a lot. 196 beds, as you perhaps know. Amiran plans for it to be at the cutting edge of hospital care in Georgia, "the best." Plans are for construction to be finished around May.

Marina went over their plans at some length. I am concerned that, left to themselves, they will set it up with respect to administration, nursing and clinical services just like all their other hospitals.

My idea would be to send over someone from the US in each of the three fields to spend time helping them design administration, nursing and clinical services.

Laura Hurt would be outstanding in nursing. She is the chief of med-surg nursing at Grady now (and may well be next chief of nursing). Her wards are a model of organization, with each job being clearly defined, and with all sorts of audits and quality controls in place. She is absolutely outstanding at this sort of thing, and I think she would jump at the chance to go over and help them set up the nursing.

Our Chief of Staff at Emory University Hospital, Robert Smith, is a famous vascular surgeon who will be retiring at in a few months, and has spoken to me about his interest in doing some useful international work. He is a quiet individual whose interpersonal, administrative and negotiating skills are outstanding. Unusual for a surgeon. I have no idea whether or not he could get away now, but quite possible. He would be excellent in helping them think through the setup of their clinical services.

I don't have any suggestions about an administrator, but I suspect you do.

I could not see from Marina that there had been any planning along these lines. Dito will be the chief doctor. This was announced two days ago by Marina. When we told Amiran he had not heard it. I suspect the hospital has been given by Avto to Marina as her duchy.

Dito will be excellent as chief doctor, and could work easily with anyone. I also thought of suggesting at some time that David Feliciano, the chief of surgery at Grady, help them set up the trauma service. He is editor of the leading text on trauma, and is one of the leading traumatologists of the world.

It is critical to help them set up the hospital right. And I don't have the idea this has been planned for. I may be wrong about this, and perhaps you know more.

Ken

Then the question of space for our activities came up. As noted above, this has been planned to be 1200 sq ft, and we had planned on a number of activities there. Marina now informed us that the space would not be finished with the World Bank funds, but would be left as it was now. It will take about \$150,000 to finish it. She asked if we could find the money. This was quite contrary to what we have been given to understand for some months. I merely said this was a surprise and let it go at that (too late at night to have the energy to do otherwise).

We then went upstairs and had a meeting with the Minister, Amiran. When we asked him about the refurbishing, he knew nothing about it. This was another surprise.

We had a discussion about this later, and went over several possibilities for this surprising decision that had come out of the blue. To give a bit of history, about six months ago the Ministry had proposed that the NILC be relocated in the hospital, as a department there, and totally under the hospital as a regular department. We had protested this, saying the NILC was ultimately going to be the National Library of Medicine of Georgia, and it would be completely inappropriate for it to be a hospital department. Inconceivable. The Ministry agreed with us, saying the space in the hospital would be a satellite, completely under the control of the NILC. So one possibility was that this was a method of letting us know of their dissatisfaction with our desires. Another possibility is this is seen as saving some money, figuring that our grant will take care of the refurbishing.

We will explore various options about this.

To Archil's house, where Zviad and I asked Dato Saganelidze, Archil's son-in-law, if he would consider joining the Board of the Partners for Health, our NGO. He would make an ideal board member: shrewd businessman; well connected; rising leader of Georgia; a member of Archil's family. The three of us discussed this at length. He needs to think about it, and to look into whether as a member of Parliament he can be on a board. The combination of Dato and Zviad will be the closest we can come to replacing Archil. We will also ask Ketino, Archil's sister, to be a member of the executive committee.

Then to the flat, in the middle of Tbilisi, of Dato Gordeladze. He is the dean of the medical school of TSU. He and I and Archil had been making strides at modernizing their curriculum. An amazing flat. Every inch of the walls was covered with pictures by the father, and by Dato's brother. The two of them live there now. A beautiful interior. A place where good and interesting and erudite people live and work. I was much impressed.

Off to the Nallie Tavern, where I had beer with Giorgi and Buba, and Timiko (from this morning) and Beka. Beka is Sergo Kobaladze's close friend, who wishes to go to England for further study; now a junior at TSU. I encouraged him to come to the US this summer when Sergo is out of school.

To Betsy's and collapse at 2 a.m.

Friday, January 25, 2002

Up at 5 a.m., packed, off to Moscow at 8 a.m. Met by Levan's junior driver, a sober and careful man who obeys everything, and takes a long time to get anywhere. The senior driver, Sergei, was a taxi driver for 30 years in Moscow, and drives like a demon. But expertly, a real master at what he does. When I am with each one I long for the other!

Levan is just finishing his penthouse, an old KGB building near the Kremlin. He has now finished the terrace, which has bulletproof glass. Will have a sauna eventually. Magnificent view. A good slow evening.

Nino, his wife, and I talked about her returning to Atlanta in April to have their third baby. Had her second last summer in Atlanta. Third one due in September. She enjoyed Atlanta greatly, and plans this time to bring the two sons with her. I will begin hunting an apartment.

Saturday, January 26, 2002

Up early, prepared to go. Checked email at Emory. Levan has a board meeting, so went with him on way to airport. Stopped at a hotel and picked up a friend from Georgia, Zura Chigogidze, CEO of Ayety cable TV in Tbilisi. Another young man on the rapid rise in business. Tried to buy Ultraa vodka (one of the few made from potatoes) and high quality caviar for the celebration of marriage of a friend in Memphis in February, but couldn't find the brand.

Appendix A

The Atlanta-Tbilisi Partnership's Sustainable Healthcare Initiative

Since it declared independence in 1991, the Country of Georgia has struggled to develop into a modern, self-sufficient, sustainable democracy. Like any transitional country, Georgia lacks the infrastructure and resources to provide adequate health care, to build a modern market economy, or to create and run democratic institutions. Beginning in 1992, the Atlanta-Tbilisi Health Partnership was created to allow leading American universities and affiliated organizations in Atlanta, Georgia to assist its sister city, Tbilisi, Georgia, to address key aspects of these challenges to achieve its transformation from Soviet Republic to modern democratic republic.

U.S. Partners	Country of Georgia Partners
Emory University	Tbilisi State University
Georgia State University	Georgian Technical University
Georgia Institute of Technology	Ministry of Health, the Country of Georgia
Morehouse School of Medicine	Tbilisi State Medical University
Grady Health System	

Since its inception, the Atlanta-Tbilisi Health Partnership has emerged as one of the leading institutions promoting sustainable development in the Country of Georgia. During its ten years in operation, the entity has grown from two partners to nine, and has established eight institutions in the Country of Georgia serving vital development needs.

To build on this success, the Atlanta partners propose a new cooperative effort, the Sustainable Healthcare Initiative, to promote development of a sustainable healthcare infrastructure in the Country of Georgia. This effort combines four projects, all direct products of past Atlanta-Tbilisi Health Partnership accomplishments, into a coherent program to meet vital Georgian healthcare needs that development efforts to date have failed to meet. In addition to achieving these priority healthcare goals, the initiative will also provide an online learning and information dissemination infrastructure that will support future projects launched by the Partnership.

Meeting Georgia's Needs for Sustainable Healthcare

After ten years working in Georgia, the Atlanta Partnership has identified a core of specific, achievable projects that will provide a basis for future development. This program has four elements, each of which embodies the themes and approaches that have led to the partnership's success over nearly a decade of work in Georgia. The four of

elements of the proposed program are:

1. Training and deployment of professional nurses for health promotion, disease prevention, and treatment.
2. Continuing Education for Healthcare Professionals.
3. Establish the Georgia Institute of Public Health.
4. Provide distance learning and database access capabilities.

The remainder of this proposal discusses the central features of the Atlanta-Tbilisi Partnership's approach to sustainable healthcare on which the proposed projects are based, and then describes each of the four elements in greater detail.

A Proven Approach to Sustainable Healthcare Development

During its ten-year history, the Atlanta-Tbilisi Healthcare partnership has reviewed the successes and setbacks of the development projects it has implemented in the country of Georgia. Through this experience, the Partnership has distilled a core set of three approaches vital to sustainable healthcare development in Georgia. This proposal discusses these central characteristics of the Partnership's development approach, and then describes the four proposed projects that aim to apply them.

1. Build a Healthcare Triad. It requires more than simply training additional clinicians or buying medicine and supplies for Georgia to develop a comprehensive health care system over the long term. The most cost effective approach is to create a sustainable system. To achieve this goal, three interrelated elements must be established: 1) health promotion and disease prevention infrastructure; 2) enhancing clinical treatment capabilities; and 3) public health resources to provide leadership, coordination, and policy guidance for the healthcare system. These are three key pieces of a single sustainable system, each enhancing the effectiveness of the other two. The Atlanta-Tbilisi Partnership's proposed healthcare initiative seeks to address all three legs of this triad.

2. Create Enduring Institutions Run by Georgians with Ongoing Support Role for the U.S. Partners. The Atlanta-Tbilisi Partnership has concluded that the Georgian healthcare system needs sustainable institutions to address its most pressing healthcare needs. They view short-term projects as an inefficient use of funds. In each of the projects describe below, the central effort revolves around creation of a school or program that will be run and managed by sponsoring Georgian institutions. The U.S.-based partners will play an active role in establishing the various institutions, but the Georgian partners will administer and manage the programs from the start. The Georgian Ministry of Health, Tbilisi State University, and the National Information Learning Center will play lead roles in the establishment of each of the schools and institutes described below.

3. Exploit Information Technology for Healthcare Education and Training.

The Atlanta-Tbilisi Partnership has determined that modern information technologies offer an affordable means for providing Georgian clinicians access to the most advanced research and practice in all areas of healthcare. The centerpiece of its proven effort is the National Information Learning Centre (NILC). Established three years ago by the Georgian Ministry of Health and the Atlanta-Tbilisi Healthcare Partnership (with financial support from the American International Health Alliance and the US Agency for International Development), the NILC provides the Georgian biomedical community with ready access to worldwide healthcare information resources and services. In addition, a variety of healthcare institutions may access these resources by dial-up/leased line connection. One cannot overestimate the importance of online healthcare information resources in a country where no single international medical journal subscription has been available at public libraries for the last eight years. This success has proved the value and cost effectiveness of modern information technology for building Georgia's healthcare system, a model that may be replicable in other developing countries.

Proposed Projects. With these three approaches in mind, the Partnership proposes its Sustainable Healthcare Initiative comprised of four elements.

1. Cost effective approach to primary care: training and deployment of professional nurses for health promotion, disease prevention, and treatment. Adopting a strategy of health promotion and disease prevention is a cost effective approach for improving health care in developing countries. The approach this model entails practices and resource requirements distinct from traditional clinical treatment, which is why we present it as an independent element of the healthcare system triad. As the World Bank has certified, university-trained nurses are pivotal for executing a primary care/health promotion/disease prevention model of health care. The Atlanta-Tbilisi Partnership has developed a plan to train and employ the professional nurses capable of playing this pivotal role.

The first step is to train the needed professional nurses. To this end, the Partnership proposes to establish a School of Nursing at Tbilisi State University that meets international standards for excellence in nursing education. Building on five years of collaborative work between the Georgia State University School of Nursing and Tbilisi State University, the proposed School of Nursing would be the first of its kind in the Southern Caucasus. Work on this effort began in 1996 when, after preliminary fact-finding and analysis, Javakishvili Tbilisi State University and the Georgia State University School of Nursing entered into an agreement to launch a university-based baccalaureate nursing program. Using funds supplied by the American International Health Alliance and Georgia State University, the partnership has developed a nursing curriculum tailored for use in Georgia, transferred class notes and textbooks to Tbilisi, trained key personnel for leadership roles at the proposed school through extensive exchange programs, and opened a Nursing Resource Center in the National Information Learning Center in Tbilisi.

Planning for the proposed school has been conducted with senior-level support of the

Georgian Ministry of Health. In preparation for launching the school, nurses have been trained in Atlanta, space has been obtained at Tbilisi State University, and faculty have been identified. The project will require funds to support the purchase of equipment to outfit a nursing learning laboratory, support and teaching materials, and to finance training of nursing instructors in Tbilisi and Atlanta.

2. Continuing education to redirect Georgian healthcare towards health promotion and disease prevention. The healthcare systems of Georgia have experienced tremendous change since 1995. Not only is the healthcare system undergoing transition from a state-governed and financed system toward an increasingly self-supporting system, but also it is reorienting its model for providing the most cost-effective care for the people of Georgia. This goal is achieved by substituting the traditional emphasis on hospital-based care toward a model based on health promotion, disease prevention, and outpatient care. As part of this transition, Georgian health professionals require training and education to equip them to work within this new healthcare model. Moreover, a system must be established for disseminating information to improve their understanding of healthy lifestyles, preventative methodologies, and risk factors (smoking, alcohol, drugs, non-healthy food, hypertension, unsafe sex, etc).

To achieve these goals, the Georgia Partners propose a project to achieve the following objectives:

- Organize a variety of continuing education opportunities for physicians and students, including MD Internet Discussion Clubs, regularly scheduled conferences and lectures, covering topics in cardiology, emergency medicine, oncology, clinical pharmacology, metabolic disorders, epidemiology, Evidence Based Medicine, and consumer health information.
- Provide physicians and the general public with the most useful information on health promotion, using every available medium: printed resources (brochures and booklets), television, Internet resources (e.g. MedWeb, NetWellness, Medline Plus), news media and public lectures.
- Promote on-line electronic medical publishing as a cost-effective way for Georgian researchers to share their scientific data among themselves and with their western partners.

3. Creating Public Health Leadership—The Georgia Institute for Public Health

The third leg of the healthcare system triad, a cadre of public health professionals, may seem at first glance to be the lowest priority among the three elements. However, a healthcare system that will have to operate with minimal resources well into the future needs strong policy leadership to ensure that scarce dollars are spent as efficiently as

possible. The public health challenges that these resources must address are daunting: a badly failing medical care system, the re-emergence of diseases formerly contained, dysfunctional healthcare financing, environmental health hazards, lax regulatory and quality standards, emerging new infections, an aging population, and a fundamental shift in the burden of disease.

To provide the national leadership to meet these challenges, the Georgia Partnership's proposal for public health aims at training and educating the next generation of Georgian public health professionals and providing them with the information technology infrastructure to permit effective analysis and management of the nation's healthcare system.

The cornerstone of the proposal is the development of the Georgia Institute of Public Health (GIPH). The objective of the GIPH is to build capacity and support health systems development to provide world-class quality public health education and training in Georgia. The first step towards this goal is to formulate a portfolio of core proficiencies and skills required by the new public health workforce in Georgia. Based on the portfolio, the institute will design a set of academic courses and training modules. The curriculum will be made available as courses toward a certificate or degree in public health, and as continuing education modules for a wide audience of healthcare professionals.

In tandem with the online delivery of courses, a network of Georgian public health experts will be created. The Partnership has already identified several dozen Georgian public health experts, working within Georgia as well as abroad, who will form a community of public health leaders. A large number of these individuals have already been trained at the Rollins School of Public Health at Emory University. The institute will coordinate network activities, including online and in-person conferences, dissemination of key literature and databases through a public health resource center, and establishment of professional contacts with supporting public health partner institutions in the U.S. and other countries.

4. Distance Education and Information Resource Center. The Atlanta-Tbilisi Partnership proposes to establish a Distance Education and Information Resource Center to build on its success to date in using modern information technology to leverage investments in healthcare education and training in the Country of Georgia. The center will use internet and teleconferencing techniques to make medical education available throughout Georgia and, quite possibly, the entire Southern Caucasus region. The Center will support each of the three other elements of the initiative by implementing interactive program distribution, data retrieval and archiving to for users throughout the region.

Programs to be interactively transmitted and distributed will use content provided by the Georgian based institutions whose activities are presently being augmented by the Atlanta partners and their working affiliates. The Center will also gather, archive and

store other content and programs from resources worldwide as well as incorporate the Center's own digital storage technology capability. On-site editing and production facilities will enable the Center to modify existing programs to meet the specific needs of the Region.

The Center will operate primarily using satellite based telecommunications technology to transmit and distribute programs throughout the Region. This will be augmented at the target areas by local distribution through land lines, local area networks (LANs) and by institutional viewing sites. Satellite technology offers state of the art unrestricted access to any region, irrespective of geographic or topography issues or problems of local security. The technology permits enhancement of the presentation of content, increasing its learning potential. It allows for future development and expansion as technology changes, and immediately allows for the Center to play an active role in international distance learning activities and communication.