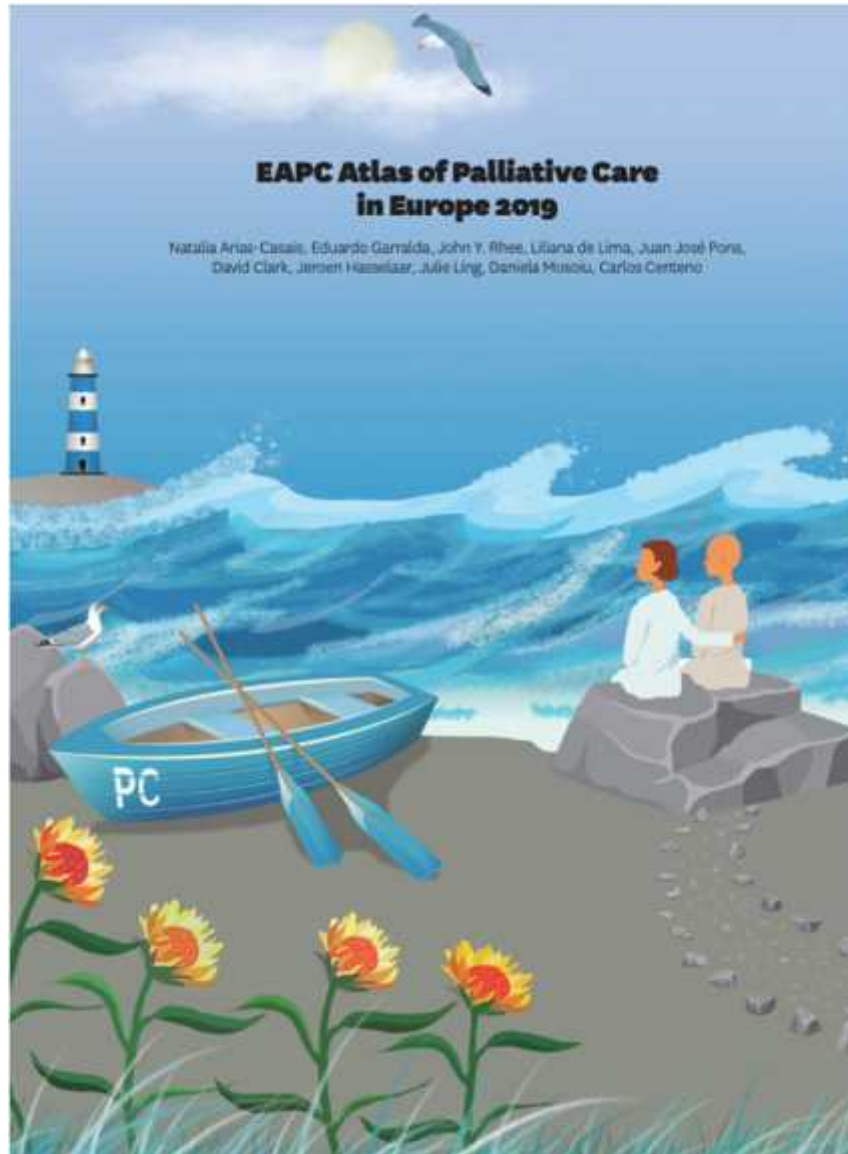




Palliative Care development in Georgia in comparison with benchmarking countries

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Introduction



- Recently published, the *EAPC Atlas of Palliative Care in Europe 2019* permits the possibility of benchmarking Georgia's current status against other European countries as well as against itself based on the previous ATLAS (2013)

Objectives

- 1. To describe the country's situation with regard to that of 2013**
- 2. To identify areas of improvement based on benchmarking countries' data**

Socio-economic data

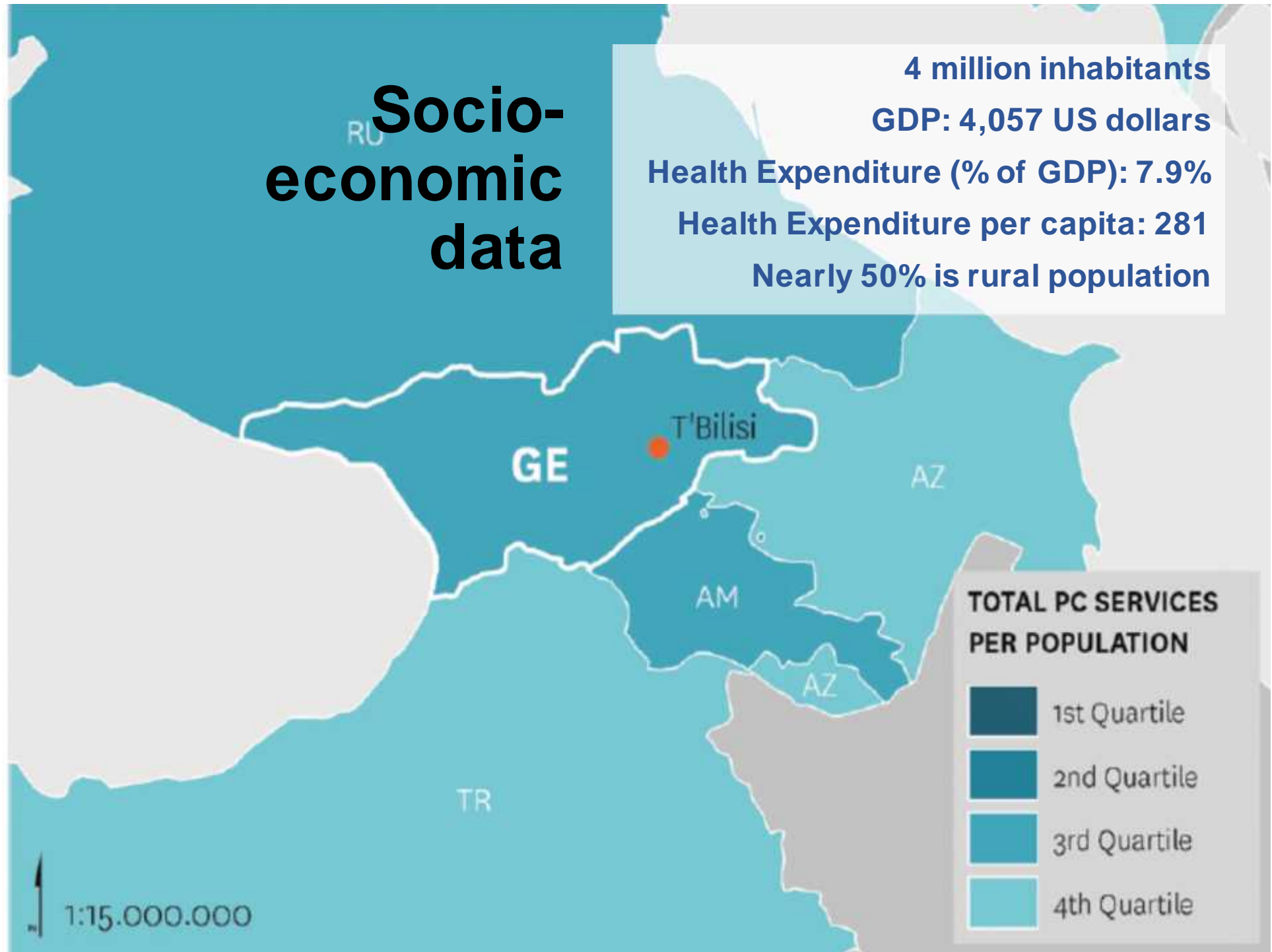
4 million inhabitants

GDP: 4,057 US dollars

Health Expenditure (% of GDP): 7.9%

Health Expenditure per capita: 281

Nearly 50% is rural population





- **61 million people experience Serious Health Related Suffering (Lancet Commission, 2018)**
- **Georgia**
 - **44,000 people in need (IAHPC Platform)**
 - **18,711 adults dying with PC needs per year (EAPC Atlas)**
 - **2,245 children dying with PC needs per year (EAPC Atlas)**
- **Estimated Specialized Coverage (Centeno, 2016)**
 - **Mobiles Teams: 30% (13/43)**
 - **Inpatients Units: 9% (2/22)**
 - **Hospital Support teams: 5% (1/21)**

Methods

Indicators:

- **Specialized Palliative Care services**
- **National Palliative Care policies (Strategies and laws)**
- **Recognition of Palliative Medicine as a specialization**
- **Undergraduate teaching of Palliative Medicine**
- **Consumption of pain medicines**

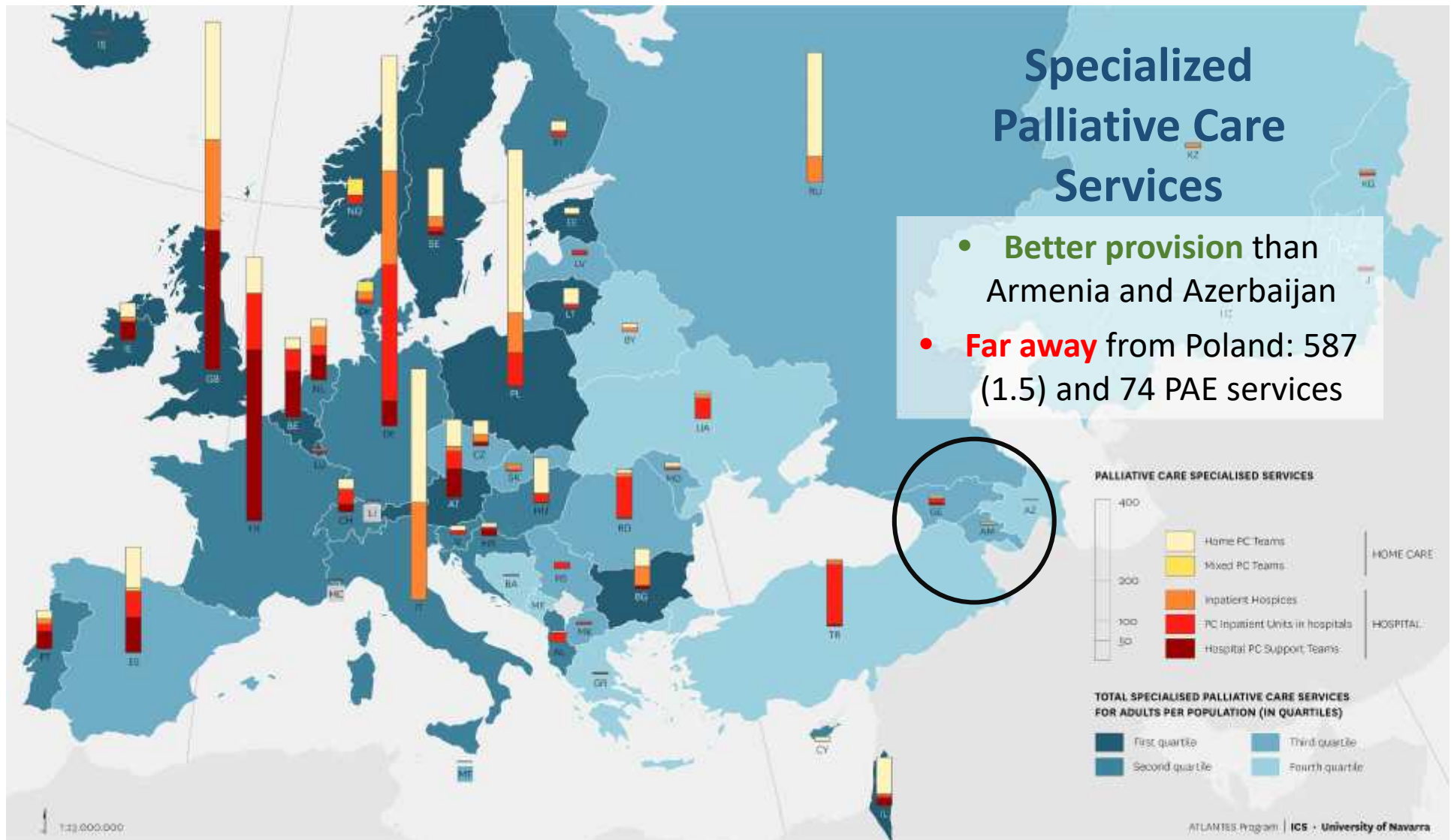
Comparison between EAPC Atlas 2013 and 2019

Comparison with four benchmarking countries:

- **two surrounding ones: Armenia and Azerbaijan**
- **two referent states from Eastern Europe (Hungary and Poland)**

Specialized Palliative Care Services

- **Better provision** than Armenia and Azerbaijan
- **Far away** from Poland: 587 (1.5) and 74 PAE services

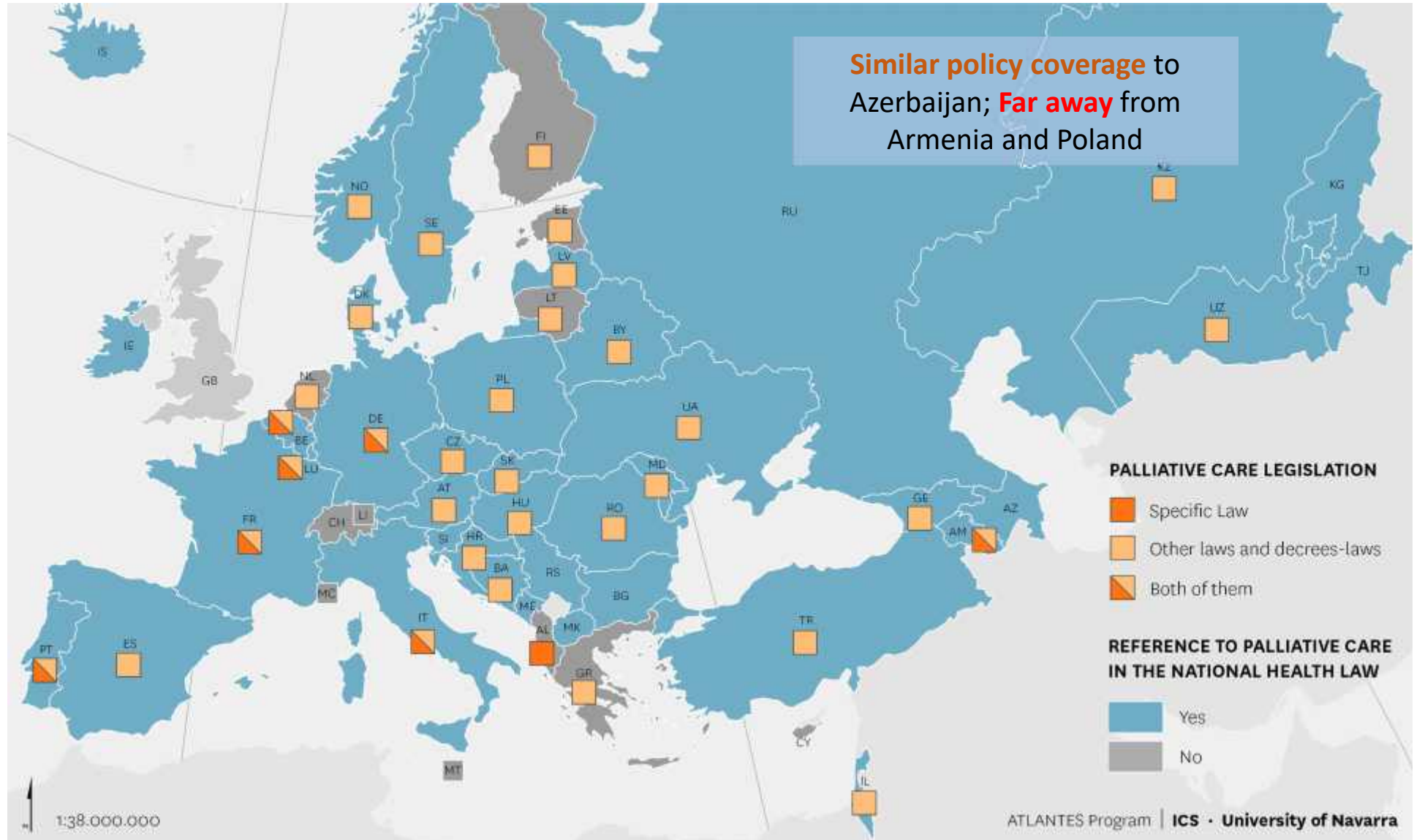


- **Increasing of services: from 16 to 22**
- **New children PC service: from 4 to 5**
- **Coverage insufficient: 0.6 services per 100000 inh. (0.8 Europe, 2 EAPC recommended)**

National Policies (Strategies, laws)

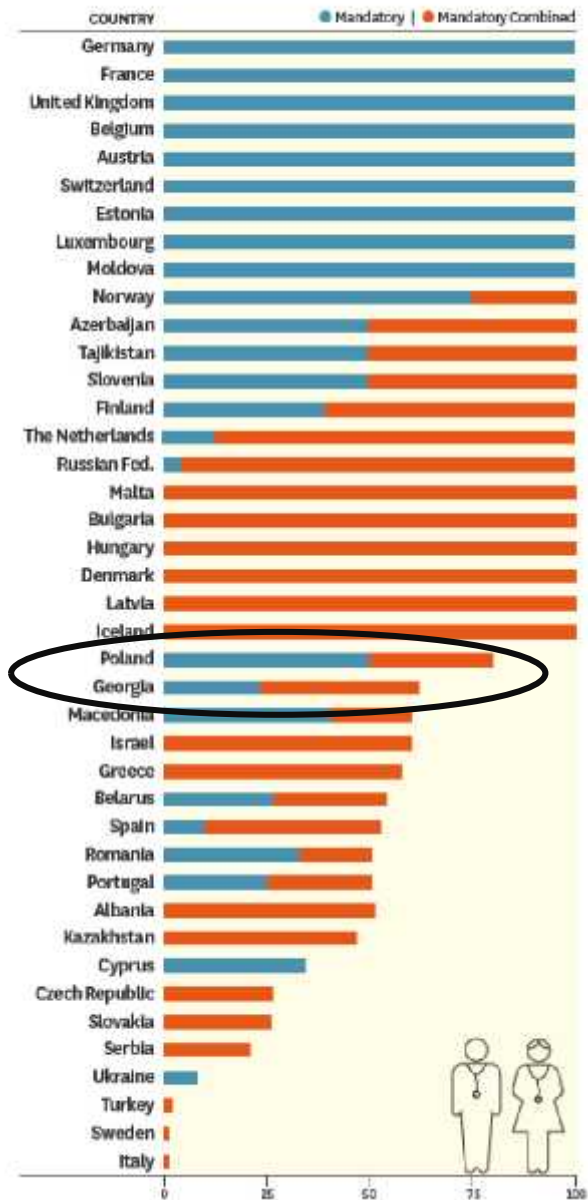
- No Specific PC Law
- Designated Person in the MoH with responsibility (unknown dedication)

- PC National Program 2011-2015: partially implemented, not renewed. **NEW ONE UNDER PREPARATION**
- PC included in National Cancer Plan and National HIV Plan.

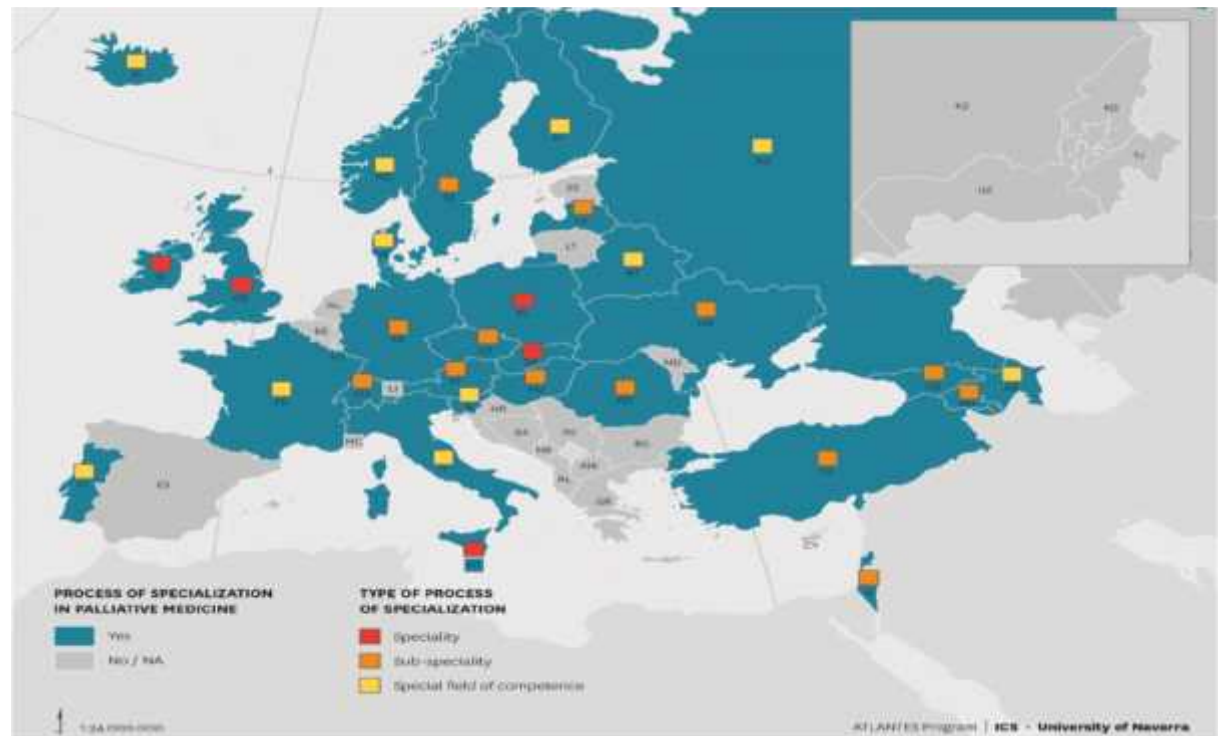


Undergraduate Palliative Care Education

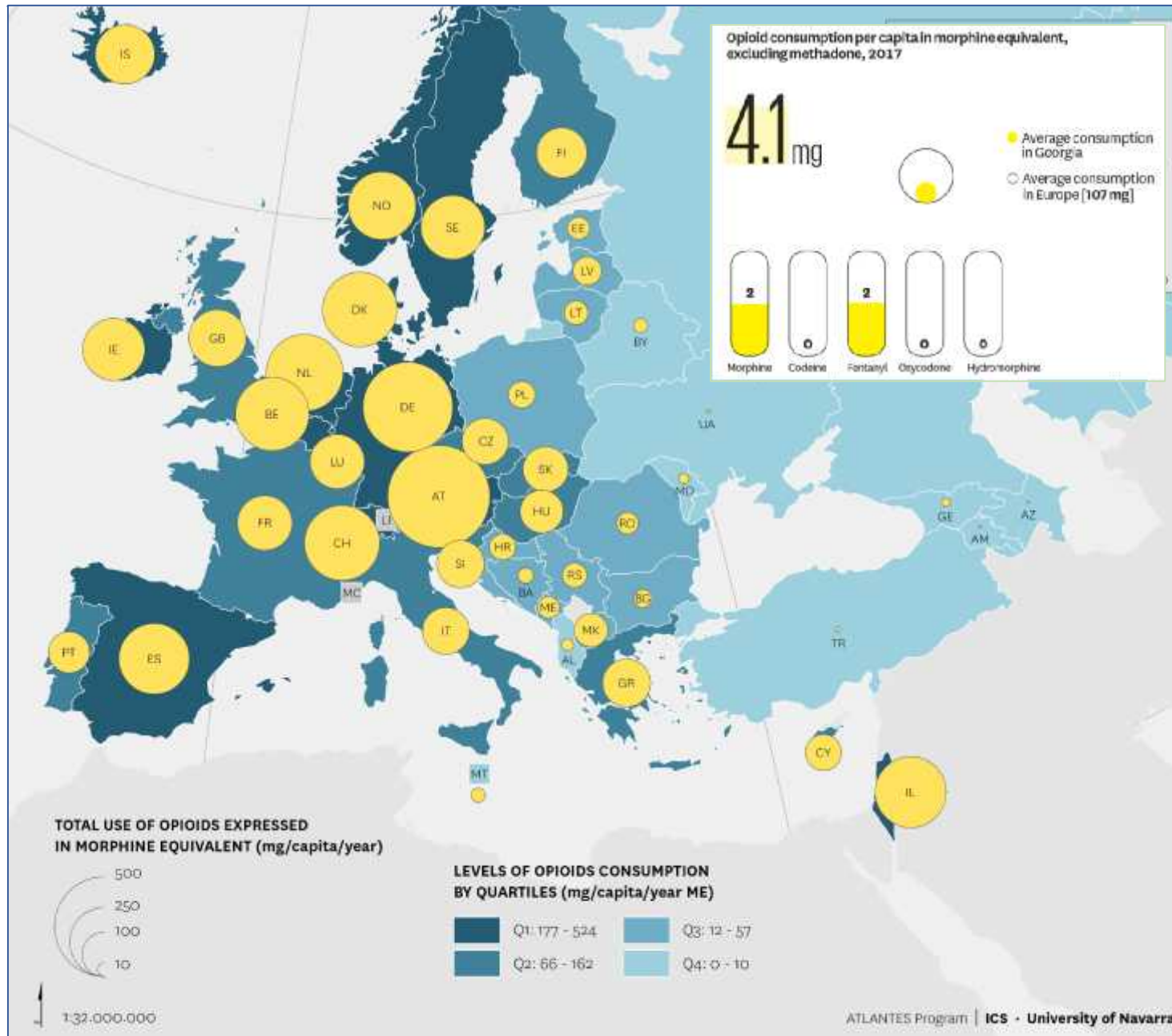
PC TEACHING IN MEDICAL SCHOOLS



- 50 accredited PC professionals
- 1 Full professor
- From 2 to 8 medical schools teaching PC: 3 optional courses, 5 mandatory (3 independent + 2 combined)
- Better integration into undergraduate teaching than Azerbaijan
- Similar PC teaching (in proportion) to Poland



Use of pain medicines



- No general availability of immediate release oral morphine (in liquid or tablet) at the primary care level
- Prescriptions limited to few days (5-7, even though recommendations 15-30)
- Patients required to register as opioid users to qualify

2015 recommendations still valid

- **Pain medicines**
 - **Revision of current rules on opioids prescription (days, availability in pharmacies in the community, prescribing also for non-cancer patients)**
 - **Special opioid formulations for proper pain management in children (morphine solution, and others) need to be made available.**
 - **Compulsory training for all healthcare professionals prescribing opioids**
 - **Oral formulations alongside injectable formulations in all the regions**

2015 recommendations still valid

- **Services:**
 - **PC coverage for adults only in the capital and 5 out of the 39 districts.**
 - **No PC for children.**
 - **National PC implementation plan for next 5 years should aim to increase coverage to at least 50% of needs in the country.**
- **Education:**
 - **Doctors should have palliative care subspecialty training and other members a min of 40 hours of training.**

As conclusion

- Situation lately and **timidly improved**
 - ranks better than neighboring countries
 - Stands far from countries like Poland
- **Coverage is still insufficient** for the detected needs
- Need to focus on:
 - developing **accessibility to medicines**
 - setting **specialized services**
 - advancing **policies**



**THANK
YOU!**



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