



Minutes of the Health Care Stakeholder Meeting Thematic Focus on Cancer Control

Date: September 27, 2018

Location: Embassy of Czech Republic to Georgia

Attendees:

Mr. Jiří Preclík, Embassy of Czech Republic to Georgia, Deputy Head of Mission
Mr. Jan Černík, Embassy of Czech Republic to Georgia, Head of Development Cooperation
Dr. Marijan Ivanusa, Head of WHO Country Office, Georgia
Dr. Maia Lagvilava, MoLHSA Deputy Minister
Dr. Lela Bakradze, UNFPA Assistant Representative
Ms. Tatia Rogava, Head of Donors Coordination Unit, Georgia
Dr. Frans van Andel, CEO, HEAP Research
Dr. Andrew Urushadze, Partner in East European Countries, HEAP Research
Dr. Jan Vorisek, Health Expert, Czech Republic
Dr. Magda Metreveli, Embassy of Czech Republic to Georgia, Health Care Consultant

Welcome Remarks

The meeting was opened by **Mr. Jiří Preclík**, Embassy of Czech Republic to Georgia, who welcomed the attendees and introduced the purpose of the meeting: to discuss the Health Care directions under the Czech Development Agency (CzDA) in order to sharpen them and lead to some results.

Mr. Jan Černík, Embassy of Czech Republic to Georgia, commented that the main aim of this meeting is to design it as a preparatory coordination meeting for the future. The second aim is consultation of new Czech sector oriented project in Health Care. Joint efforts with donors and governmental organizations are needed.

Updates from Stakeholders

Mr. Jan Černík, Embassy of Czech Republic to Georgia, provided update from the Czech Development Agency side. In his update he has underlined the following aspects:

- There is a new program for Czech international assistance to Georgia for next 6 years; in frame of Health Care one of the main priorities are Non Communicable Diseases (NCDs) and education. Details will be provided by Mr. Frans van Andel/HEAP Research and Mr. Andrew Urushadze/HEAP Research in their presentation.
- New project is started in Child Palliative Care; another focus is on quality management in Primary Health Care.

- Oncology project is moving to phase out stage; full operation of the building in Zugdidi is expected in the beginning of the next year.

Dr. Marijan Ivanusa provided brief summary of the activities supported by WHO. He emphasized that WHO has intensive collaboration with MoLHSA and other state institutions; there is signed Biannual collaborative agreement specifying priorities for collaboration. The major areas of collaboration are as follows:

- Communicable Diseases (CDs), vaccine preventable infections – this is more technical collaboration with NCDC and the intensity of this collaboration will be decreased in 2019 and more in 2020-2021. In general Georgia is doing well in this direction, though there are some challenges of pockets of under-vaccinated populations, which resulted in ongoing measles outbreak. WHO provides minor assistance for other CDs like TB or C hepatitis, as it is assisted by other partners.
- Another is NCDs - tobacco control, very good law was endorsed by Georgian parliament on tobacco control, which is a big progress to Georgia; tobacco industry interferes heavily with the enforcement and lobby for weakening the law, while WHO wants to protect the law and make it stricter.
- There is a plan to do salt intake survey and other work in the area of NCDs; NCDs remain the major priority to future work, incl. the assessment of the health system to respond to the NCDs.
- Strengthening Health Care system is the biggest priority for WHO collaboration with MoLHSA. There are three main components: (1) strategic purchasing of health care services; (2) payment system for hospital services - MoLHSA decided to start using DRG (diagnosis-related group) system; and (3) Primary Health Care.
- Another priority is Emergency preparedness; so far WHO assisted Georgia to assess the safety of more than 100 hospitals, as part of emergency preparedness procedures. There is ongoing work on Influenza preparedness plan, other preparedness plans as well as capacity building of national institutions.

Dr. Maia Lagvilava, MoLHSA Deputy Minister outlined the following aspects in her update:

- NCDs is high priority for MoLHSA, as NCDs are the leading causes of death, especially cardiovascular diseases and oncology, which takes major part of mortality in Georgia.
- Reform in the Primary Health Care is ongoing and 2019 will be completed piloting process.
- It was noted that the main issue with NCDs is the state program providing of drugs for chronic conditions. Currently it covers four diseases only and is available for pensioners and vulnerable group. The program will be extended in October in order to cover more medications and will cover other chronic disease in future as well.
- Primary Health Care and chronic diseases are two main priorities for MoLHSA.
- Work on DRG (diagnosis-related group) system, strategic purchasing of health care services and other services is ongoing.

- Since March 1, 2017, selective contracting was introduced for childbirth and caesarean section and neonatal intensive care services, from July - II-III level intensive care, and from January 2018, selective contracting is used for providers of emergency hospital services, next will be in cardio surgery in November.
- It was emphasized that through the Selective contracting MoLHSA try to set up standards, quality indicators of processes and outcomes as well.
- Blood safety reform with European Union, towards organ transplantation system is ongoing.
- Mental health reform is ongoing and developing community based mental health services. Mobile team services have been added to this program as well, as its community based service too; and it was stated that by the end of this year residential services will also be added.
- It was also emphasized that decentralization in the mental health care sector is one of main activities for MoLHSA.
- In regard to quality issues - work on Continuing Medical Education (CME) is ongoing and is under reform, the decree has already been implemented, which is not obligatory yet, though from next year it is planned to be put into practice as obligatory certification and recertification schema for Continuing Medical Education (CME) system, which is important for professional development.
- Reform on creation of National Accreditation system is ongoing. The system will be voluntary for all medical facilities. And it will be one a kind of instrument that will give possibilities to service providers to improve their quality; and MoLHSA thinks that this National Accreditation will be one of the criteria for participating in the state program.
- Was noted that as it is known 86% of health care providers in Georgia are private, therefore government is planning to build up state hospitals in Tbilisi, Zugdidi (near the border to Abkhazia), and one in Batumi. There is an idea to create some kind of Public Private Partnership Project with these 3 hospitals and to establish benchmarking clinic consulting in Georgia under these 3 hospitals. This is conceptual view and is on the working level.

Dr. Lela Bakradze, UNFPA talked about the projects and overviewed the main activities. She stated that as UN agency they have a country program that is agreed with the government of Georgia, and approved by the Executive Committee; the third country program duration is from 2016 to 2020. The program is focused on three main areas: (1) sexual and reproductive health; (2) gender equality and women's empowerment and (3) population dynamics. The following was outlined in her update:

- Dr. Lela Bakradze noted that for this meeting she will highlight only sexual and reproductive health area. UNFPA's programming is applying the selected business modes for the middle-income countries, such as policy advice and policy dialogue, technical assistance, knowledge management and capacity development at the system's level. Also she underlined that UNFPA does not support service provision to the country; the only exception is Abkhazia, Georgia, where currently UNFPA's programming encompasses provision of services, in particular –

provision of free of charge modern contraceptive methods, and provision of cervical cancer screening services.

- The main objective in the Country Programme area on sexual and reproductive health is to strengthen policy frameworks and institutional mechanisms to deliver integrated sexual and reproductive health services for women and youth, including for vulnerable groups and in humanitarian settings.
- It was mentioned that under this broad objective one of the key focus is on maternal health to support ending preventable maternal death; support increased access to family planning services, increased quality and coverage of cervical cancer screening, strengthened HIV prevention; and to strengthen emergency preparedness of the country with focus on SRH and GBV in Emergency.
- Currently, UNFPA has started to support the MoLHSA in introducing the regionalization of antenatal care, which will contribute to improved quality of this service and further improve the outcomes of pregnancy, contributing to ending preventable maternal deaths.
- UNFPA supports introducing the methodology on Near Miss Case Review (WHO) at the facility level to control the quality of maternal care services; this methodology has been piloted in several facilities in Tbilisi and regions (Imereti, Samegrelo and Adjara) and the work is underway to roll-out this methodology widely.
- In terms of policy frameworks – UNFPA provided technical support to MoLHSA to develop long-term Maternal and Newborn Health Strategy for 2017-2030, and the 3-year costed National Action Plan for 2017 – 2019 for its implementation.
- Another intervention to contribute to improved quality of SRH services is UNFPA's collaboration with the TSMU and MoLHSA to introduce the first platform for online post-graduate education at the MoLHSA; currently it provides free of charge access to two on-line training courses, supported by UNFPA, on Family Planning and Ante-Natal Care.
- UNFPA also extended support to MoLHSA to strengthen health system response to violence against women, and started the pilot on applying the SOPs in Kakheti.
- As for the HIV prevention UNFPA has been a close partner to the main stakeholders such as NCDC, and collaborating with the Global Fund; recently, UNFPA provided technical assistance in updating the National HIV Strategic Plan (NSP) of Action for 2019-2021.
- Under the emergency preparedness, UNFPA is supporting integration of Minimum Initial Service Package for reproductive health services (MISP) in the system and the system is ready to provide such services. UNFPA also leads the coordination group on GBV in Emergencies.
- It was noted that under the NCDs, cervical cancer screening and prevention issue for UNFPA is a priority programme intervention from the reproduction health perspective. UNFPA has been supporting the national institutions since 2009 to launch the breast and cervical cancer screening programme; for the last 2-3 years the focus has been to support improving the quality and coverage of cervical cancer screening through introducing organized model of cancer screening programme and piloting such modality in urban and rural settings. UNFPA has been

collaborating with the European Cervical Cancer Association – ECCA, the lead technical institution in this area; recently the analyses of pilotes was performed by EECA and the recommendations are now with MoLHSA, NCDC and respective department at Tbilisi Mayor’s Office. Dr. Lela underlined that UNFPA is committed to continue this technical assistance to improve the quality and coverage of cervical cancer screening programme.

- In Abkhazia, Georgia UNFPA has a special project, which encompasses improving local capacity for provision of family planning services, supply of free of charge modern contraceptives to women and youth through the network of service providing units at the PHC level and help to build capacity of local service providers to be able to provide quality SRH services. Cervical Cancer Screening services in Sukhumi is a replication of the model introduced at the National Screening Centre in Tbilisi with the support of UNFPA. Mobile team, operating from Sukhumi is also supported to bring this service to women in rural areas in Abkhazia, Georgia.

Ms. Tatia Rogava, Donors Coordination Unit, briefly outlined the following aspects:

- It was noted that the main objective is to match the assistance that country receives from development partners to national priorities; There are 6 national priorities identified, such as economic growth (including all infrastructure, agriculture, business development), social welfare (includes social program and health care), sustainable use of natural resources (energy and environment), rule of law and justice, good governance (public administration reform), human capital development. There are some established mechanisms to organize and coordinate the external assistance including electronic data base system, report on external aid and coordination meetings.
- Currently Donor Coordination Unit in coordination with development partners made a decision to reform the mechanisms, and this year together with consultants, DCU will be working on the reforming and redefining.

Mr. Jan Černík, Embassy of Czech Republic to Georgia, commented that it would be nice to consider co-chare format in working groups.

Dr. Frans van Andel/ CEO, HEAP Research and Dr. Andrew Urushadze/ Partner in East European Countries, HEAP Research introduced themselves and then Dr. Frans van Andel presented to the audience introduction of the proposed project “Determination of Engagement in NCDs Prevention and treatment by Czech Development Agency” with the following aims and objectives:

- Main project goals: (1) Strengthen the physical treatment of persons with oncology in Tbilisi and Zugdidi; (2) Train primary and secondary care workers in the prevention and treatment of oncology; (3) Strengthen education in oncology at university level.
- Direct target groups: medical staff including doctors, nurses, lab workers and other working at the primary and secondary level of healthcare from the rural regions of Samegrelo, Guria, Racha and Tbilisi.
- Main Activities: (1) Training of doctors and nurses from chosen regions and Tbilisi; (2) Accreditation for education modules. Partner organization CPC (Cancer Prevention Centre) will

ensure the accreditation for education modules by Tbilisi medical faculty. There will be negotiations with MOH on restructuring the educational system; (3) Screening centre in district of Zugdidi is in operation – construction of screening centre; introducing the database for screening examinations and training for its usage; delivery analog mammography system and other equipment and training of medical staff in its usage; setting up of sustainable operation of the screening centre; (4) Awareness about need of prevention and well-timed diagnostic of cancer to be raised – organizing of awareness-raising campaigns including training of peer educators; preparation, print and distribution of materials; (5) Various, including – delivery of head of cobalt irradiator at General Medical Centre; training of staff in operation of irradiator; Evaluation of safe use; Sep up of cytometry lab at Children’s hospital in Tbilisi; Training of staff in cytometry and PCR; Installation of airco; Genetic sampling testing in collaboration Motol University Hospital (CZ).

- Outcomes: to be evaluated in the project; hardware has largely been installed and facilities built; training materials developed; staff trained; awareness campaign set up and materials developed; collaboration with Czech partners established.
- Remit of the Evaluation: Evaluate outcomes of the project – hardware delivery, training component and awareness campaign; Develop structures for operationalization of certain facilities (Zugdidi); Evaluate current policies of MOHSW and other agencies in NCDs in general and oncology in particular; develop a strategic advice to CzDA to continue efforts in oncology or broaden scope to NCDs.
- How and When: Review all project documentation; Review of government materials on NCDs and oncology; Interviews with main stakeholders; Visit project sites (Zugdidi, Tbilisi); Timing: fact finding September, processing October and report ready by the end of November.

Dr. Frans van Andel noted that the most of activities by CzDA fit very well within overall government directions and CzDA earns compliment for all intervention in the country.

After the presentation **Dr. Frans van Andel** put the main question for discussion:

- Should CzDA continue activities on oncology or there should be a broaden approach to NCDs. If yes what NCDs and what projects and approaches should be seen?

Mr. Jan Černík, thanked all presenters and opened the floor for discussion and advice.

Dr. Andrew Urushadze started discussion:

- He noted that they have obtained all needed documents: new document from MoLHSA about NCDs new strategies for 2020, which is approved, official document; concept document from NCDc for the cancer control strategy, which is not official yet but it expresses the vision of NCDc how this program should be implemented and what are the issues and challenges; also they will use the document approved by Health and Social Committee of Parliament.

- It was once again emphasized that NCDs is one of the main priority for the government in the nearest future, which is very important in order to frame strategic recommendation for the next 3 -5 years.
- It was pointed out another part as well, how to make the investment sustainable and how to make the funding more diversified.
- Managerial and ownership part was mentioned as well; it's important to understand what should be developed on the local municipality level.
- Dr. Andrew thanked Czech Development Agency for all support to Georgia.

Dr. Maia Lagvilava, MoLHSA also thanked CzDA as well as WHO, UNFPA for work that have been providing and mentioned that their experience and support is very important for our country.

Dr. Marijan Ivanusa continued discussion and noted that cancer is good decision for CzDA, also some other NCDs can be considered too. The main focus should be on Primary Health Care component.

Dr. Marijan agreed with Dr. Lela that population based screening program is very important, but he mentioned that he is very conservative regarding which type of cancer and which screening program should be introduced for which cancer. For sure cervical cancer – it should be the first one, breast cancer is very popular but impact of screening on survival rates has been questioned by many studies. Mammography as a procedure is important, but the rationale for breast cancer screening in Georgia is rather weak. Basically he fully supported CzDA to focus on cancer.

Dr. Marijan mentioned that public health measures are crucial for prevention (i.e. tobacco control, diet, physical activity, alcohol drinking). He underlined that Georgia has shown substantial progress in many areas (Hepatitis C, tobacco control etc.), while in some other areas more can be done (i.e. intersectoral work advancing physical activity, environment etc.).

Dr. Marijan noted that recently the MoLHSA requested assistance at reviewing oncological services in Georgia. In 2014 a report describing the situation and providing some policy options has been released, but there have been substantial changes in that area since then.

As for Palliative Care he acknowledged the initiatives of CzDA, as palliative care is usually the weakest part in cancer treatment in general. Palliative care capacity building is very important, because health care professionals should know how to deliver this service.

Dr. Lela Bakradze commented that UNFPA is working to establish key element of the organized screening - the on-line screening registry, which will be linked with cancer registry. This will provide unified electronic platform for tracking all the screening services and follow up services and provide valuable outputs for introducing the organized model of screening; monitor the programme implementation and its quality. It was mentioned that the cervical screening pilots' assessment revealed many interesting findings and the results of the assessment are with MoLHSA.

Regarding the cancer screening locations, it was mentioned that prostate cancer screening doesn't exist as such - it is prostate cancer risk management, because there is no proven evidence that PSA test is a high efficiency screening methodology.

As for CzDA support she mentioned to consider the standards of treatment of oncological diseases, breast cancer would be a priority; as there is no agreed national protocol and it would be very effective if CzDA can facilitate adaptation of the international clinical practice guidelines and protocols in this area for using in Georgia.

Dr. Jan Vorisek, Health Expert outlined the following points:

- Training on the Primary Health Care level is extremely important; and underlined the importance of the trainings conducted in Racha and Samegrelo.
- As for screening of breast cancer and standardized treatment, he noted that breast cancer is extremely difficult issue because the problem is that to diagnose it in time. And diagnose and treatment can be different because it can be different types of tumor.
- He advised to concentrate on Primary Health Care, oncology and screening center in Zugdidi.
- Also noted that there are lots of NCDs, like mental health; psychiatric care is also another very good direction to take into consideration, which is very much neglected.

Mr. Jan Černík commented that focus on Primary Health Care would be more of general priority and oncology as an entry point to support this reform of Primary Health Care; and noted that maybe CzDA can take into account other entry points as well. He pointed out the project on quality management in Primary Health Care. The second outlined topic was screening program, they had discussion with UNFPA and NCDC about the topic and there will be future assistance from CzDA to set up together with UNFPA new model of National Screening Program at the Primary Health Care level. In future they will have a physical infrastructure and there will be operational screening centre so they will be able to support MoLHSA with some pilot activities.

Dr. Jan Vorisek, Health Expert advised not to go too broad as only in oncology there is a lot of work to be done; even this project did not cover all areas. Directions like training, awareness building can be considered; as well as some other areas from NCDs such as palliative care or rehabilitation after operations and treatment.

Mr. Jan Černík thanked all attendees and announced the meeting as closed.