

[Cancer care prioritised: Georgia expands access to cancer medicines¹](#)

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Since Georgia made the political commitment to provide universal health coverage in 2013, substantial progress has been made towards increasing access and quality of health care and protecting people from the financial risks of health-care costs.^{3,4} For instance, tripling of state allocations to health in 2019 from 350 million Georgian lari in 2013 to 1.2 billion lari. The most recent action from the government shows its renewed commitment to reducing out-of-pocket spending on services by bridging one of the largest remaining gaps in coverage—pharmaceutical costs for patients with cancer.

Georgia's health-care system has had several structural reforms in the past decade, moving from a state-owned centralised system, through privatisation, to

¹Khizanishvili, G., Henshall, S., & Gabunia, T. (2021, January 01). Cancer care prioritised: Georgia expands access to cancer medicines. *The Lancet Oncology*, 22(1), 15-17. You can access the article [here](#).

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We declare no competing interests. GK and SH are part of C/Can, and TG works for the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. We thank all the members of the C/Can Tbilisi City Executive Committee, Technical Committee, and Technical Working Groups for their contributions to the C/Can Tbilisi process. We acknowledge Tbilisi City Hall, Healthcare and Social Services Municipal Department and the Center for Disease Control and Public Health of Georgia, Georgian Patients Union and Europa Donna Georgia for their support of the C/Can Tbilisi initiative.

³ Richardson E, Berdzuli N. Georgia: health system review. *Health Syst Transit* 2017; 19: 1–90.

⁴ Chikovani I, Sulaberidze L. Primary health care systems (PRIMASYS): case study from Georgia. Geneva: World Health Organization, 2017.

public-private partnership. These changes have greatly affected the availability and accessibility of diagnostic and therapeutic services. Yet, despite public health interventions and improved access to health care, non-communicable diseases including cancer, remain a major challenge for Georgia's health-care system and constitute the largest proportion of the total disease burden in the country.⁵

Between 2015 and 2018, the number of new cancer cases (including tumours in situ) increased from approximately 9500 to 11 000 cases, with about 70% of new cases registered in the working age population (30–70 years). In 2019, 10 339 new cancer cases were registered bringing the incidence rate to 277.9 per 100 000 population, with breast, thyroid, colorectal, cervical, and uterine cancers being the most common in women, and tracheal, bronchial, lung, prostate, bladder, colorectal, and larynx cancer the most common in men. Notably, most patients present at an advanced stage. In 2019, 43% of registered cancers for all sites were at stage I and II, 41% at stage III and IV, and for the remainder, stage was not reported.⁴ Late presentation and a documented gap in access to essential cancer services, as shown by the low proportion of patients treated with chemotherapy and hormone therapy (58%) and radiotherapy (28%) relative to estimated needs, have collectively been a trigger for action.⁶

The Government of Georgia has taken efforts to improve cancer monitoring, prevention, and management. The population-based cancer registry was established on Jan 1, 2015, to improve cancer surveillance, followed in 2017 by the approval of the National Strategy for Prevention and Control of Non-Communicable Diseases and a four-year action plan. National leadership has been

⁵ National Center for Disease Control and Public Health of Georgia. Health care statistical yearbook: 2018 Georgia. Tbilisi: National Center for Disease Control and Public Health of Georgia, 2019. <https://ncdc.ge/Handlers/GetFile.ashx?ID=bec659c0-56a2-4190-9c0c-e47a63bcc4f> (accessed Oct 29, 2020).

⁶ The National Center for Disease Control and Public Health. Malignant neoplasms in Georgia 2015-2019. Tbilisi: The National Center for Disease Control and Public Health, 2020. <https://www.ncdc.ge/Handlers/GetFile.ashx?ID=e8d0a1ef-0644-4ce5-9afe-cf5785536af1> (accessed Oct 29, 2020; in Georgian).

complemented with local action. In Georgia's capital Tbilisi, home to 1.17 million people,⁷ the Municipal Department of Healthcare and Social Services at Tbilisi City Hall has introduced several measures, including cervical, breast, and colorectal cancer screening, and a thyroid cancer management programme. Tbilisi also runs programmes to support city residents, such as the financing of targeted cancer therapy for women with HER2-positive breast cancer. Additionally, a municipality-led initiative provides financial support for inpatient and ambulatory medical services for patients with cancer, depending on individual needs. 35–40% of the Department of Health and Social Services' budget is spent on reducing the financial burden of care and promoting delivery of services for patients with cancer.

However, more work needs to be done. In Tbilisi, fragmentation in the cancer care system has been identified as a key barrier to quality care. Cancer-related services are covered by public sources, central and local government, and through private contributions, private insurance, or out of pocket. The current health-care system includes both state governed and financed facilities, privately owned hospitals, and state-owned and small-scale health-care providers mainly concentrated in Tbilisi, so that coordination of care and a so-called systems lens approach to planning is crucial. Although cancer care professionals, local municipalities, and other stakeholders in Georgia are making major steps to improve access to quality care, an urgent need still exists to ensure a more coordinated and systematic approach to care by leveraging international expertise and evidence-based solutions.

To address these challenges, in 2018, local stakeholders took advantage of City Cancer Challenge (C/Can) Foundation's open call for support of new cities working to improve access to quality cancer care. Consequently, the Tbilisi City Hall, supported by the Georgian Patients Union and the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia joined forces, and Tbilisi officially joined C/Can—the first C/Can city in Europe—in February, 2019. Since that time, this core group of highly motivated stakeholders

⁷ National Statistics Office of Georgia. Statistical information by regions of Georgia. National Statistics Office of Georgia, 2020. <https://www.geostat.ge/regions/#> (accessed Sept 15, 2020).



has used the C/Can process to move from fragmented services and little communication and coordination between stakeholders, to an integrated and data-driven approach bringing together all sectors, and leveraging technical assistance and a network of global experts supported by C/Can and its partners.

Beginning in March, 2019, C/Can supported the co-creation of a new coordination platform for cancer care in Tbilisi, bringing together representatives of the national and city government, leading cancer care providers, civil society, patient groups, and academia to work together for the first time in a concerted effort to improve access to quality cancer care across the city. This multisectoral leadership group, known as the City Executive Committee has since overseen a city-wide, data-driven needs assessment to identify cancer care gaps.⁸ To support the needs assessment process, C/Can provided a digital platform for the collection and analysis of data related to capacity for cancer care in four core areas (management of cancer care services, availability of core clinical and diagnostic cancer services, quality of cancer care services, and community access to these services) that allowed for a clear understanding of the gaps to inform evidence- based decision making.

Based on this assessment, a multidisciplinary cross-institutional technical committee of 25 experts from the city developed a city activity plan and a series of strategic objectives designed to address key gaps.⁶ Specifically, project plans have been developed to improve the quality and standardisation of cancer care, operationalisation of multidisciplinary teams, adoption of evidence-based guidelines, and increasing the financial coverage of standard diagnosis and care services. The overarching recommendation of the assessment was that more concentrated efforts were needed to reduce the fragmentation across service delivery and leverage the emerging efforts of both the city and national governments to drive lasting change for patients with cancer especially in the area of access. C/Can was instrumental in mobilising financial resources for the cancer

⁸ City Cancer Challenge. C/Can 2019 Annual Report: Unlocking the power of people and partnerships. June 24, 2020. <https://citycancerchallenge.org/c-can-2019-annual-report-unlocking-the-power-of-people-and- partnerships/> (accessed Nov 11, 2020).

treatment programme in Georgia. By investing in strengthening professional platforms, supporting increased engagement of civil society, and forging connections between private health-care providers, C/Can facilitated technical work and advocacy efforts that catalysed conversations and built momentum to accelerate progress and fast decision making by the government on improving access to cancer treatment.

As a result, and as part of a comprehensive response to this need, on Sept 1, 2020, the Government of Georgia announced the expansion of the groups of cancer medicines covered by the Universal Healthcare Program from chemotherapy and hormone therapy medicines, to include monoclonal antibodies, protein kinase inhibitors, and bisphosphonates, together with an increase of 8000 lari (approximately US\$2600) in the amount of financial coverage per patient per annum. As a result, cancer treatments within the framework of the Universal Healthcare Program are covered up to 23 000 lari, depending on the patient's social benefits package and age group.⁹ The purpose of the initiative of the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia and the decision of the Government of Georgia, is to increase accessibility to internationally recognised treatment standards for patients with cancer.

This landmark decision is evidence of the effect of local cooperation, leadership, and cocreation that are at the heart of the success of the approach in Georgia. Supported by the local and global C/Can networks, other relevant stakeholders are being informed, consulted, and mobilised as the process advances. This coordinated approach ensures that the local community is engaged and can support and catalyse existing efforts. These efforts are also providing the foundation for accelerating change at the national level with the lessons learnt from Tbilisi being extended to other cities in Georgia. Opportunities for knowledge

⁹ Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. Universal health care program. 2017. <https://www.moh.gov.ge/ka/529> (accessed Oct 1, 2020).



exchange and mutual learning across the C/Can network will also ensure that other cities benefit from Tbilisi's experiences.

One of the key lessons for Tbilisi is the value of inclusive partnerships to support the achievement of all the Sustainable Development Goals and "build back better" in a more equitable manner.¹⁰ In the challenging times of COVID-19, the Government of Georgia is showing its commitment to this approach, working in partnership to keep cancer care a priority and reduce inequalities in access to quality treatment.

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¹⁰ World Resources Institute. Building back better after coronavirus (COVID-19). World Resources Institute. 2020. <https://www.wri.org/coronavirus-recovery> (accessed Nov 11, 2020).