

Situation Analysis Report

January, 2020

Tbilisi

C/Can
Tbilisi



Table of Contents

Introduction

03

1

The Situation Analysis Process

05

2

Findings of the Situation Analysis

09

3

Next steps

15

4

Concluding Remarks

16

5

C/Can acknowledges the significant support and contributions of the Tbilisi City Executive Committee, the Technical Committee and all the city stakeholders who contributed to the assessment, as well as the support of all the partners, who bring expertise, guidance and financial commitment. Special thanks to the Tbilisi City Hall for supporting meeting venues.

1

Introduction

1.1 Goal of the Situational Analysis

The goal of this document is to summarise the process, principal activities, the participation of key city stakeholders and the different factors that led to the identification of the main challenges in cancer care in Tbilisi, Georgia. Milestones achieved to date in the assessment/analysis process carried out in Tbilisi by local stakeholders are also highlighted. The report concludes with the next steps and further considerations for the implementation of the C/Can initiative. This report is the foundation document and a preliminary framework for the City Activity Plan of Tbilisi, which will define the objectives of the projects to be implemented to improve cancer care.

1.2 C/Can, The Initiative

City Cancer Challenge (C/Can) was launched in 2017 by the Union for International Cancer Control (UICC) as an integrated response to the UN's Sustainable Development Goals (SDGs) related to health, sustainable communities and cities, along with partnerships for the goals.

The City Cancer Challenge Foundation became an independent organization in January 2019 and is based in Geneva. Its mission is to create a global community of cities and partners working together to design, plan and implement sustainable cancer solutions to save lives. C/Can is a change of paradigm in the way public and private sector stakeholders can collaborate around a shared vision of improving access to equitable, quality cancer treatment and care.

Through C/Can, a unique network of local, regional and global partners work hand in hand to bring technical assistance and complementary resources and

competencies to enable sustainable cancer care solutions. The C/Can engagement in each city involves a series of six consecutive phases, with each one delivering a set of outputs. This provides cities with a two-year systematized framework that begins with a needs assessment to identify and agree as a city on the main gaps and priority interventions for improving access to quality cancer care. These priorities are then further refined and included in a City Activity Plan, which the city then implements in the second year.

Nine cities are currently participating in this global initiative. The City Cancer Challenge model brings to the city a unique opportunity to work through a multi-sectorial and interdisciplinary approach to lower barriers and increase access to quality cancer care by improving the quality of cancer services infrastructure, enhancing the capacity of healthcare professionals, exploring sustainable financing mechanisms for cancer care, coordinating engagement of relevant stakeholders at global, regional and local levels; and developing sustainable cancer solutions based on quality data and scientific evidence.

1.3 Tbilisi, Challenge City

Why Tbilisi?

Georgia is located at the crossroads of Western Asia and Eastern Europe; it is bordered to the west by the Black Sea, to the north by Russia, to the south by Turkey and Armenia, and to the southeast by Azerbaijan¹. The population of Georgia is 3.72 million (January 2019), and the capital is Tbilisi, where 1.17 million people live² (January, 2019). Noncommunicable diseases (NCDs), including circulatory diseases, cancer, diabetes, and chronic respiratory diseases remain the largest proportion of the total disease burden in the country³. (NCDC, 2019).

1 Cancer Profile, MoH <https://www.moh.gov.ge/uploads/files/2018/Failebi/16.04.2018.pdf>

2 National Statistics Office of Georgia, <https://www.geostat.ge/regions/>

3 Health and Health Care, Georgia, 2018, Statistical Yearbook, MOLHSA, NCDC, Tbilisi, 2019

In January 1, 2015, a Population-Based Cancer Registry was created in Georgia in order to improve the epidemiological surveillance of cancer⁴. According to the registry, between 2015 and 2018, the number of new cancer cases (including tumours in situ) varies from ~ 9,500 to 11,000. In 2018, a total of 9,635 new cancer cases of all sites were registered (incidence rate per 100,000 population - 258.5) (NCDC 2019). The average crude rate and age-standardized incidences for Tbilisi was 343.3 and 372.4 respectively. (NCDC, 2019) 56-57% of all cancer cases were reported in females, 43-44% - in males.

The five principal sites of cancer in women are breast, thyroid gland, colorectum, corpus uterus, cervix uteri. The five main cancers in men are lung, prostate, urinary bladder, colorectum, and larynx.

Georgia is part of the European Policy Framework Health 2020, as well as prevention and control of noncommunicable diseases global initiatives. In 2018 Georgia integrated the SDGs into its programmes and ranks 73rd out of 162 countries in the global SDG index⁵. In addition, in 2017, the Government of Georgia approved a National Strategy and Action Plan for Non-Communicable Diseases Prevention and Control 2017- 2020 and prepared the National Cancer Control Strategy 2018-2020.

Healthcare network

| | |
|-----------------------------------------------------------------------------------------------|---------------|
| In-patient facilities | 127 |
| Out-patient facilities | 382 |
| Ambulance stations | 10 |
| Blood transfusion stations | 10 |
| Physicians | 17,292 |
| Nurses | 8,566 |
| Human resources in health (Number of enrolments with primary healthcare and ambulance) | |

Total number of enrolments 7,241,382

Number of enrolments per capita per year 6.2

Hospital beds

| | |
|--------------------------------|-----------------------------------------------|
| Total number | 8,361; density per 100,000 population – 717.8 |
| Tbilisi Statistics (NCDC 2019) | |

2

The Situation Analysis Process

2.1 The Assessment Questionnaire

The assessment questionnaire is a tool designed as a guide to obtain the necessary information on cancer care services from the major institutions that provide cancer care services in the city. The information generated guides the technical discussions that lead to identifying the main challenges in accessing quality cancer care services in the city. By analysing the responses to the questionnaire, 174 specialists from the main institutions of the city provided the data underpinning this cancer care situation analysis. The goal was to assess the main areas of cancer care, including basic services for diagnosis, treatment, palliative and supportive care. The analysis also covers the management and quality of these services, as well as the community's access to them.

The assessment questionnaire was developed by a multidisciplinary group of experts led by UICC and the Centre for Global Health at the National Cancer Institute in the United States. Needs assessment data was collected using a platform called REDCap (Research Electronic Data Capture) developed by Vanderbilt University in the United States. It is a secure online database system, designed to collect ("capture"), store, secure, organize, and analyse data provided by respondents who complete online questionnaires and data collection forms. It is specifically geared to support online data capture for research studies and operations.

The platform was first used by C/Can in the key learning city of Cali, Colombia, in 2017 when a team at the Population-Based Cancer Registry of Cali at Universidad del Valle created an online version of the City Needs Assessment Questionnaire using REDCap. Building on the success of Cali, C/Can has since worked in partnership with the Population-Based Cancer Registry in Cali to develop the questionnaire in REDCap so that it could be a global tool used by all C/Can challenge cities.

It has been developed to include embedded interactive aids to guide the process and provide more information, as well as functionalities to upload supporting documents,

mobile application and real-time data reporting. All data is stored in a secure server and access to the platform is password protected. Technical support teams from RPCC and C/Can aided implementation of the questionnaire in Tbilisi.

2.2 City Manager

The City Manager is a C/Can staff member and the first point of contact between C/Can and the city, and who works closely with all the C/Can team under the supervision of the Director of Global Operations in all activities related to the initiative. This includes collaborating and providing support to Governmental authorities, private and public institutions, civil society organizations and participating UICC members. The City Manager's role is critical to ensure the initiative is implemented in the city. In addition to an in-depth knowledge of the local healthcare system and its different actors, all C/Can City Managers are well-respected, have strong communication skills and are able to develop and manage relationships with all sectors without any conflict of interest.

City Manager, Tbilisi

Gvantsa Khizanishvili joined the C/Can team in January 2019 as the City Manager for Tbilisi. Her work and research has been directed at improving health systems and addressing inequalities and over the years she has worked with Governments and private healthcare organizations to identify gaps and solutions for the country's healthcare system. She has a Doctor of Medicine (MD) from Tbilisi State Medical University, as well as a Master in Public Health (MPH), Policy and Management from the University of Missouri-Columbia in the United States.

2.3 City Profile

Based on the experience in previous key learning cities, one of the first steps of the C/Can initiative was the preparation

of a City Profile to inform the implementation of C/Can actions in Tbilisi (Appendix 1). The information in the profile is essential for planning the initiative's implementation in the city and to identify the main stakeholders, institutions and features of the city's healthcare system. While many of the lessons learned in one city can be applied to those in other regions, it is important to acknowledge what makes each city unique.

Despite public health interventions and improved access to healthcare, non-communicable diseases (NCD) remain the major challenge for Georgia's health system. The major causes of death in Georgia are related to NCDs, including circulatory diseases, cancer, diabetes and chronic respiratory diseases.

Taking into consideration the existing burden of NCDs, the country is continuously undertaking efforts to improve monitoring, prevention and management, as well as developing policies and introducing effective interventions.

The National Strategy for Prevention and Control of NCDs and a four-year Action Plan was approved in 2017 by the Government of Georgia, and in January 1, 2015, the Population-Based Cancer Registry was set up.

In 2013, Georgia introduced a Universal Healthcare (UHC) programme. This has improved access to health services and reduced financial barriers and out-of-pocket costs for the population. Cancer treatment is available within UHC insurance, covering about 80% of costs for patients. Diagnosis (pathology and imaging exams), and targeted therapy are not covered by the state insurance.

Georgia has a significant number of patients who, by the time they are diagnosed, have advanced cancer. The country has made progress in developing palliative care, making access to strong opioids (oral morphine) free of charge to patients. According to international classifications that evaluate the degree of development of palliative care, Georgia ranks as 3b: "generalized palliative care provision".

2.4 Memorandum of Understanding

Before embarking on the situation analysis process, a Memorandum of Understanding (MoU) should be signed between C/Can and the relevant authorities to establish a secure legal framework for the implementation of the initiative in the city.

In Tbilisi, the MoU was signed on February 4, 2019 between C/Can, the Ministry for Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia, Tbilisi City Hall and the Georgian Patients' Union.

Ministry for Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia

The Ministry is in charge of ensuring provision of good medical and public health services to the population of Georgia, regulation of medical and pharmaceutical activity in the country, social security, protection of the rights of children. The ministry regulates all medical activities throughout the country.

Tbilisi City Hall

Tbilisi City Hall, Department of Health and Social Services is in charge of 20 social services programmes and seven healthcare plans. Since 2006, Tbilisi City Hall has been providing a disease screening programme free of charge, which has been expanding over the years and includes components of cervical, breast, colorectal cancer screening, prostate cancer screening and thyroid gland cancer management. In 2015, Tbilisi City implemented a bone marrow transplantation programme for onco-haematological patients. Since 2016, it has run an ongoing programme which finances targeted cancer therapy (Trastuzumab, Pertuzumab and Lapatinib) for women with HER-2 positive breast cancer. Since 2018, it has begun financing liver transplants for patients with liver cancer. In addition, it provides financial support for hospital, outpatient medical services and other social services. Applications from Tbilisi residents are considered individually, depending on their needs. Between 35% and 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 oncological patients.

Georgian Patients' Union

The Georgian Patients' Union (GPU) was established in November 2014, with the support of the International Fund of Georgian Medicine, the Georgian Red Cross Society and the TB Euro Coalition (TBEC). It has two main focuses: cancer and tuberculosis. The main goal of the GPU is to support patients, protect their rights, and advocacy. Its main objectives are to increase awareness of society and patients about cancer and tuberculosis, provide socio-psychological support and to protect their rights via advocacy, communication and social mobilization activities throughout the country.

2.5 The Executive Committee

Cities that agree to work with C/Can must commit to its operating principles and convene a diverse group of stakeholders representing all sectors, including civil society and the main institutions involved in cancer care, to form an Executive Committee. To facilitate discussion and consensus, there should be a maximum of 15 members on the Committee (see *Appendix 2 for Tbilisi City Executive Committee*). All members must sign the Terms of Reference as proof of their engagement. It is essential for the members of the Executive Committee to hold senior management positions in their respective organizations in order to have the required decision-making authority. Their role includes guiding, supporting and overseeing the drafting of the situation analysis report on cancer care in the city, including the identification of the main challenges, the Activity Plan and its priority actions, and fundamentally, the approval of both. Once the Activity Plan is approved, the Executive Committee, with C/Can's support and connections to global partners, will focus on the implementation phase of the initiative.

During the stakeholder engagement phase that started in February 2019, the signatories of the MoU began exploring and assessing the adequate conformation of the Executive Committee, following C/Can guidance. The C/Can Executive Committee in Tbilisi was officially established and met in person on April 4, 2019. The Committee brings together 15 representatives of the main public and private institutions, city Government and the civil society. The Head of Department of Health and Social Services at Tbilisi City Hall, Mr. Gela Chiviashvili, was appointed as the Chairperson by consensus at the Executive Committee.

2.6 The Technical Committee and Specialists Involved in the Assessment

The City Executive Committee designated four members to act as technical leaders who, in turn, appointed a Technical Committee to oversee all technical work required for the situation analysis of cancer care in the city. This committee must have an adequate number of members to represent the main cancer care specialties (there are 22 members in Tbilisi, see Appendix 3). The members are organised in four technical groups, following the structure of the guide established for the situation analysis. To ensure the communication and coordination necessary between the Executive and Technical Committees, the

four selected technical leaders are also members of the Executive Committee. It was important to carefully select the members of the Technical Committee, based not only on their professional skills, but also their availability, interest and engagement with the initiative.

The Technical Committee selected the institutions that will participate in the situation analysis, based on their relevance and contribution to cancer care in the city. In Tbilisi, 32 institutions providing some form of cancer care services were included (Appendix 4).

To ensure the effective participation of the specialities involved and the most important cancer care institutions in the city, the Technical Committee created working groups in each thematic area. The working groups are comprised of professionals with different profiles from participating institutions (e.g. specialist physicians, nurses, technicians, administrators), coordinated by members of the Technical Committee. The tasks of the working groups include analysing the results as a group, identifying the main challenges for the city in their respective areas and proposing priority actions for addressing them. The working groups in the different thematic areas represent a very broad and diverse forum. The goal is to ensure that the results of the questionnaire for the needs assessment, the identification of the main challenges and the proposals for priority actions are truly representative of the city and do not merely reflect the interest of one area or institution. In Tbilisi, 174 health professionals participated in the needs assessment process (Appendix 5).

Each group's proposal (the diagnostic report of each group) was presented by the group's coordinator (a member of the Technical Committee) during the meeting of the Technical Committee for discussion and agreement on the main challenges in cancer care through a consensus process facilitated by the C/Can Technical Assistance and Partnerships Team. After that, the four technical leaders presented the results from the needs assessment to the Executive Committee. The Technical Committee was also responsible for identifying errors in the questionnaires and suggesting changes and/or additions deemed pertinent to improve the tool.

2.7 General Organization of the Situation Analysis Process

Tbilisi officially joined the initiative in February 2019 with the signing of the MoU, and completed the mapping

of key cancer care stakeholders in March 2019, after identifying and convening local leaders across relevant sectors. Guided by local insights and technical expertise, a multisectoral City Executive Committee comprised of 15 local leaders oversaw a comprehensive, city-wide, data-driven needs assessment to identify cancer care gaps and propose solutions between June and September 2019. On October 22, the Technical Committee discussed the results of the assessment and the analysis by each group and agreed on the main challenges to be presented to the

Executive Committee. During the Executive Committee meeting on October 24, the four technical leaders presented a summary of the main challenges and the priority actions proposed by the Technical Committee. A total of 174 professionals from 27 institutions and more than 100 patients participated in the needs assessment which is the basis for the next steps in the City Cancer Challenge process: prioritization and development of an activity plan with strategic objectives to improve access to quality cancer care.





3

Findings of the Situation Analysis

During the Technical Committee meeting held in Tbilisi on 22 October, 2019 the members acted as representatives of the different working groups (see *Appendix 5 for full composition of working groups*) and presented the main findings of the needs assessment questionnaire and the subsequent group analysis. This analysis was carried out prior to the meeting by each technical group composed by a selected group of cancer care professionals convened by the respective technical leaders. The decision on which results would be presented to the broader Technical Committee and how to translate the data into main challenges for each specific area was taken via a consensus of expert opinions.

During the Technical Committee meeting, the group discussed and agreed on the main challenges by prioritizing those actions that would require city-wide solutions through better coordination of the existing resources and networking of health care facilities. As each cancer care area faces multiple challenges, the Technical Committee decided to prioritize actions to address challenges that can be effectively tackled by the unique group assembled in the city and bring the greatest impact to the patients in the city.

The findings were grouped into four main thematic areas, according to the structure of the assessment questionnaire, some of which contained specific areas of focus:

Core Cancer Care Services

- Laboratory services (clinical, pathology, haematology and blood bank)
- Medical imaging (radiology and nuclear medicine)
- Surgical care
- Medical oncology (adult and paediatric)
- Radiotherapy
- Palliative and supportive care

Management of Cancer Care Services

- Education and professional training

Quality of Cancer Care

- Data acquisition and management
- Ethics and patient-centred care
- Evidence-based protocols for care
- Safety and occupational hazards

Community Access and Integrated Care

The main challenges identified and priority actions proposed by the Technical Committee and approved by the Executive Committee are presented below.

3.1 The Executive Committee

The main challenges presented below, by area of focus, are the result of data generated from the questionnaire, data analysis by the specific working group and the subsequent consensus exercise at the Technical Committee meeting. In total, 27 health institutions and various medical specialties were involved in this process. The technical leader for this group is Dr Nia Sharikadze, Head of the Clinical Oncology Department at the Mardaleishvili Medical Centre.

| Diagnostic Laboratories (Clinical and Pathology Labs) and Blood Bank | |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Main Challenges | Priority Actions |
| No quality assurance programme for laboratory medicine, including blood banks | Develop a city norm on quality assurance for all laboratories in the city |
| Variation in quality standards and cancer pathology reporting | Develop a quality control manual, including standard operating procedures and standard pathology reports for all licensed pathology departments in Tbilisi |
| Lack of a city wide protocol for specimen transportation | Produce a protocol for specimen transportation in the city |
| Limited number of voluntary blood donors at a central level (blood banks are nearly all commercial) | Design a voluntary blood donation programme for the city of Tbilisi |
| Medical Imaging (Radiology and Nuclear Medicine) | |
| Main Challenges | Priority Actions |
| Difficulties in accessing stored images of PACS systems from different hospitals | Improve information sharing of images between institutions |
| No common standardized report for radiology | Develop structured standardized reporting, with the participation of the National Association of Radiology |
| No external quality assurance in diagnostic radiology and nuclear medicine | Develop guidelines for quality assurance in medical imaging |
| No capacity to produce radio-isotopes locally | Study the feasibility of having a cyclotron in Tbilisi |

Surgical care

| Main Challenges | Priority Actions |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Lack of quality assurance programme in surgical departments | Develop and enforce implementation of safety checklists in all operating rooms treating cancer patients based on international quality benchmarks |
| Lack of written protocols for cancer surgeries (includes safety) | Develop a regulation to ensure cancer patients are treated following a multidisciplinary approach |
| No accreditation to services to perform cancer surgeries (cancer surgeries performed by non-specialized surgeons) | Develop minimum operating requirements for centres performing cancer surgery |

Medical Oncology (adult and paediatric)

| Main Challenges | Priority Actions |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No list of essential oncology medicines (adults and children) to be prioritized in terms of funding by insurance policies Low proportion of cancer patients, who receive chemotherapy (population-based cancer registry data sources) | Develop a list of essential oncology medicines in line with the WHO essential medicine list and ensure the availability and accessibility Develop a regulation to ensure a multidisciplinary group is participating in cancer patients treatment To increase awareness of population in order to avoid stigma against chemotherapy |
| Quality and safety of chemotherapy preparation not ensured in all centres offering medical oncology services | Develop minimum operating requirements for centres offering medical oncology services |

Radiotherapy

| Main Challenges | Priority Actions |
|-------------------------------------------------------------------------|--------------------------------------------------------------------|
| Variation of quality criteria across different radiotherapy departments | Design a quality assurance programme for radiotherapy for the city |

Palliative and supportive care

| Main Challenges | Priority Actions |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| No comprehensive policy on palliative care, including hospitalization and hospital discharge criteria Restrictive system of opioids prescription | Design a comprehensive palliative care plan to guide interventions at hospital and community level |

3.2 Management of Cancer Care Services

The thematic area of managing cancer care services was divided into two main working groups: management of cancer care services and education and professional training. The group analysis included various specialists from the main hospitals and academia in the city and medical societies. The main challenges prioritized and presented below result from the data collected through the questionnaire, data analysis by the group, and the consensus exercise at the Technical Committee meeting. The Technical Leader of this group is Dr Maka Maglakelidze, Deputy Director and Head of Oncology Department at Todua Medical Centre..

Management of cancer care services

| Main Challenges | Priority Actions |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Suboptimal referral and counter-referral systems for cancer patients | Adapt clinical guidelines with referral and counter-referral criteria of cancer patients |
| Proliferation of hospitals offering cancer care services | Develop a system of selective contracting/reimbursement based on quality criteria Advocacy for transparent facility-level reporting (Annual report; Joint annual review) |
| Limited financial coverage of cancer patients | Define services required to provide quality evidence-based diagnosis and treatment adapted to Georgian context in prioritized cancers |
| Diagnosis of cancer is not currently reimbursed by universal health coverage (UHC) programme | Support designing integrated and non-fragmented payment schemes Develop municipal programmes (similar to access to drugs programme for HER2+ breast cancer patients) Collaboration with private insurance companies on development of employer-based schemes and individual insurance schemes. |
| Current cancer care tariffs do not reflect market price | |

Education and professional training

| Main Challenges | Priority Actions |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Variability of quality of existing medical residency programmes | Review current medical residency programmes according to international best practices and standards |
| Lack of organized continuous medical education for medical specialists, nurses and technologists across different cancer care disciplines | Develop necessary legislation to ensure CME and on-the-job training across the different disciplines involved in cancer care with the involvement of relevant professional associations. Implement telemedicine programmes |
| Lack of sub-specialty programmes in cancer care (medical specialists, nurses, pharmacists, technologists, etc) | Develop a plan to formalize sub-specialization training programmes |
| No formal training of radiographers | Develop a plan to standardize training of radiographers in Tbilisi |
| Lack of specialization in medical physics (no clinical training) | Develop a plan to train medical physicists in Tbilisi |
| Low awareness levels of palliative care at the primary healthcare level | Build capacity of general practitioners, nurses and other health professionals at the primary healthcare level |

3.3 Quality of basic cancer care services

The quality group was divided into four main areas of focus: evidence-based protocols for care; data acquisition and management; ethics and patient-centred care; and safety and occupational hazards. Below are the main quality-related challenges identified and presented by the working group, which included professionals from private institutions, the National Centre for Disease Control and Public Health, and academics, agreed and validated by the rest of the members of the Technical Committee. The technical leader for this group is Dr Nana Mebonia, Head of the Division of Chronic Diseases and Injuries at the National Centre for Disease Control and Public Health.

| Quality of cancer care services | |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Main Challenges | Priority Actions |
| Lack of cancer multidisciplinary teams participation in joint clinical decision making | Develop a regulation to ensure cancer patients are treated following a multidisciplinary approach (creation and operationalization of multidisciplinary teams) |
| Existing guidelines are not adequately tailored to the reality in Georgia (no compliance) | Adapt and implement evidence-based clinical guidelines and respective treatment protocols for the five most-common and curable cancer sites (identified and prioritised by city core team) |
| Limited adherence to clinical guidelines and treatment protocols in cancer surgery, systemic therapy and radiotherapy | |
| Lack of standardization in diagnostic reporting (pathology and imaging) | Develop standard diagnostic reports with core criteria |
| No accreditation of hospitals with cancer care services | Develop a system of national accreditation (periodic re-accreditation) based on minimum operating requirements for cancer care |
| No internal QC and external QA for most cancer care services | Develop standard operating procedures for critical cancer care services |
| Lack of data on post-operative complications and mortality in some cancer surgery departments | Design external quality assurance programmes for pathology, surgery and radiation medicine (radiology, nuclear medicine and radiotherapy) |
| Suboptimal data completeness and quality of Population-Based Cancer Registry | Improve data collection, data synchronization and completeness at the institutions providing cancer care |
| Patient consent to include data in the PBCR (additional bureaucratic barriers) | Streamline patient authorization with other forms of informed consent |
| Absence of hospital ethics committee to deal with ethical dilemmas | Develop a city guideline/norm to create clinical ethics committees in hospitals treating cancer patients |
| Patients with limited information about their disease | Improve communication between physicians and patients for informed consent by developing and implementing CME programme for all specialties involved with patient care |

3.4 Community Access and Integrated Care

To generate the data required to analyse the level of community access and integrated care in Tbilisi, the section on this specific area of the assessment tool was shared with all representatives of CSOs. The recruitment of respondents was carried out by organizations, and the aggregated data represents the views of the surveyed individuals: more than 100 cancer patients. The technical leader for this group is Dr Ekaterine Sanikidze, Head of the Cancer Group at the Georgia Patients' Union, a UICC Member Organization.

| Community access and integrated care | |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Main Challenges | Priority Actions |
| Referral and counter-referral criteria does not exist and it is not understood by patients and health professionals | Establish a system that enables information sharing across primary, secondary and tertiary levels Develop "patient's pathway for cancer" with standardized operational procedures to make easier for patients to navigate through healthcare system |
| No comprehensive financial package for cancer patients (e.g. diagnosis and palliative care are not currently reimbursed) | Define services required to provide quality evidence-based diagnosis and treatment adapted to Georgian context in prioritized cancers |
| Lack of cancer patient education programmes | Develop practical information packages for cancer patients (standardization of information across institutions) |
| Few civil society organizations focused on supporting cancer patients | Support establishment of patient organizations at primary healthcare level (PHC) through the active involvement of the PHC team (family doctors, nurses etc.) |
| Limited alertness on cancer among primary healthcare professionals | Conduct training targeted to PHC with the participation of oncology specialists (including early detection, diagnosis and follow-up in cancer care) |



4

Next Steps

The Situation Analysis phase provides the basis for the next steps in the C/Can process: prioritization and development of an activity plan with strategic objectives to improve access to quality cancer care.

During the Executive Committee meeting in October 24th, 2019 the Executive Committee approved the designation of one of its members as Activity Plan Coordinator, to coordinate the activity plan, Dr Nana Mebonia, Head of Division of Chronic Diseases and Injuries at the National Centre for Disease Control and Public Health of Georgia.

A team comprising of the City Activity Plan Coordinator, Technical Group leaders and the City Manager, in consultation with relevant city stakeholders, will oversee the development of the City Activity Plan. This phase is expected to be completed by February 2020.

A detailed project planning process will then help identify city projects and appropriate channels for technical assistance, partnerships, and collaboration, both locally and internationally. Engaging with the C/Can City Health Financing Lab to assess one-off investments and/or longer-term financing solutions to support implementation of the action plan will also take place during this phase.

Progress against agreed milestones and longer-term impact will be measured as part of a comprehensive monitoring, evaluation and learning framework that is developed as part of the planning process.

5

Concluding Remarks

The launch of C/Can has proven to be both challenging and transformational in the way stakeholders work together, while the Executive Committee and cancer professionals are making a growing impact on the national cancer care landscape. It has identified common challenges focused on the need to improve the quality of patient care in Tbilisi.

The Tbilisi Executive Committee is truly multisectoral and inclusive, with participation from Governmental and non-Governmental organizations, public and private entities, academic institutions and service providers. Yet another aspect that makes it unique is the active participation of 174 local professionals who are involved in the analysis process (experts in their respective areas and in their city).

The city of Tbilisi has a unique cancer care network with high proliferation of private healthcare providers offering cancer care services. While this generates competition within the healthcare sector that has the potential to drive down the costs of cancer care, this also poses challenges in terms of regulation and sustainability to ensure that patients receive the best achievable care. Going forward, the solutions being proposed under the partnership between C/Can and the City of Tbilisi will require robust collaboration between the city cancer care professionals and regulators to ensure that the health system is strengthened and access to quality cancer care is improved.

Throughout the C/Can process, city cancer care professionals and stakeholders united around common issues, while city and country have made significant steps to improve quality and access to cancer care, yet many challenges and gaps exist in a fragmented cancer care system: Tbilisi needs a more coordinated and systematic approach. C/Can support can help provide international expertise and evidence-based solutions to address these challenges.

Going forward, it will be critical to ensure that all participating actors (the Executive Committee, the Technical Committee and the working groups of specialists who participate in the analysis) continue to act in the interest of the city, placing the focus on patient-centred care. Based on the experience in the four key learning cities, this will be a difficult endeavour but possible. Furthermore, the climate of collegiality in the various meetings and throughout the needs assessment phase was truly exceptional and shows that the professionals in Tbilisi, regardless of the institution they represent, see the value of collaborating and joining forces towards a common goal, and will make the best use of the C/Can platform to improve cancer care in the city.

It is important to understand that while the goal of the initiative is to increase access to quality cancer care in the city, this access is not limited to the capital's residents. As is the case with most cities, Tbilisi is entrusted with the cancer care of a population that far exceeds its own, extending to people from entire country of Georgia.

