



Institute for Development
of Freedom of Information



**ACCESS TO ONCOLOGY
TREATMENT IN GEORGIA**



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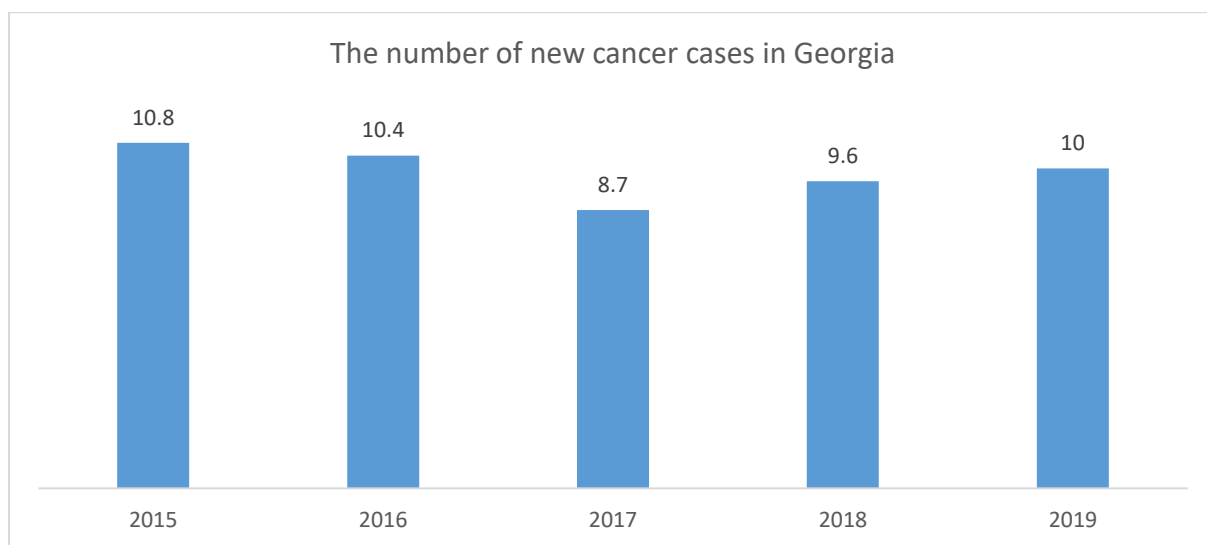
Key Findings

- According to the National Statistic office, the annual increase in cancer mortality is significant. Compared to the previous year, the number of those who died from cancer increased by 544 in 2019.
- Within the framework of the Universal Health Care Program, the percentages of co-payments for cancer treatment vary between 70% and 100% according to the classification of the beneficiaries.
- Among the beneficiaries with the lowest co-payment are those whose families are registered in the unified database of socially vulnerable families and have the social rating scores between 70,000 and 100,000.
- In the framework of the Universal Health Care Program, requests for cancer-related costs have been increasing dramatically over the past years. The requested amount in 2015 was approximately 50 million Gel, contrasted with 2019 (as of November), when it increased to 68 million GEL.
- The percentage for remuneration under the Universal Health Care Program varied from 72% to 75% in 2015-2019.
- Despite the 100% funding for socially vulnerable citizens (with a social rating score of up to 70,000), the reimbursement rate for surgical oncology has been decreased to 76% in 2019.
- Approximately 68% of the amount requested by socially vulnerable citizens is reimbursed annually. The rate of funding for surgical services is only 55%.
- As of August 2020, 446 applications regarding surgical oncology were submitted under the Referral Service State Program (funding requests amounted to 11.3 million GEL in total; 235 of them were approved, with a total of 1.3 million GEL), 3011 applications regarding cancer medications were submitted (funding requests amounted to 12.9 million GEL; 2,431 of them were approved with a total of 4.3 million GEL), likewise 2394 applications regarding other cancer-related services were submitted (out of which 1,155 were approved; a total of GEL 8.4 million has been requested, out of which 1.8 million GEL has been reimbursed).
- The Referral Service State program, along with other cancer-related municipal programs, given its limited budget, is unable to provide a significant portion of the funds requested. Additionally, inconsistent program management and dubious approval practices significantly increase the risk of unfair distribution of funding.

Introduction

Oncological diseases have remained one of the leading causes of death globally. Cancer treatments are often complex and can be long, requiring significant financial needs. As of today, up to 40 thousand patients with cancer are registered in Georgia according to the Minister of Health.

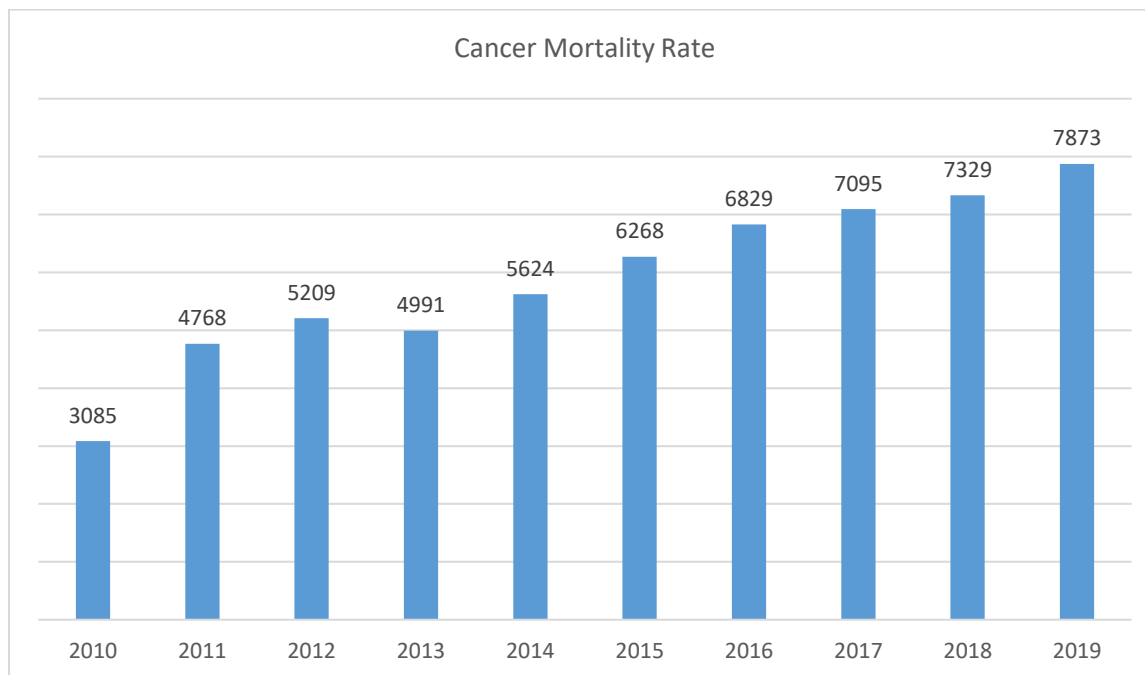
Since January 1, 2015, Georgia has started implementation of the Population Cancer Registry, which contributed significantly to data processing and increased the validity of statistical data. According to the Population Cancer Registry, about 10 thousand new cases of cancer are registered in Georgia annually. The lowest number in the last 5 years was recorded in 2017 (8.7 thousand new cases). Over the following years, the number of annually registered new cases increased and 10,000 new cases were registered by 2019.



Source: Population-based cancer registry

According to the National Statistic office, the annual increase of cancer mortality is significant. The cancer death rate in 2019 (7,873 cases) is 2.5 times higher than in 2010 (3,085 cases), for instance. The major changes in mortality estimation methodology could be considered one of the causes for the growth rate over the ten-year period. In particular, statistics were presented as estimated data until 2014, while beginning with 2014 it has been based on registered data. Additionally, data on the causes of death in 2015-2017 has been revised following the information received from the National Center for Disease Control and Public Health (Verbal Autopsy, Cancer Registry and Stationary Electronic System).

Despite the importance of considering the changes in the methodology, cancer death rates are increasing, according to the latest updates that use the same methods for estimating mortality.



Source: *National Statistics office of Georgia*

Capabilities for cancer care in low and high-income countries are different, which is largely due to unequal access to modern technologies of treatment. Assessing the quality of cancer care in Georgia has heightened the need for another study. The purpose of this research is to evaluate cancer treatment state programmes and assess financial assistance programmes for citizens benefiting from the former. Specifically, the study examined the efficiency of the following state programmes:

- **The State Universal Health Care Program**
- **Referral Service State Program**
- **Early Disease Detection and Screening**
- **Pediatric Oncohematology Services**
- **Palliative Care of Terminal Patients**
- **Programs Funded within the Local Self-government Budget**

It is noteworthy that the research process coincided with the announcement of the decision by the Prime Minister of Georgia, according to which the annual reimbursement rate for non-surgical medical procedures will be significantly increased within the framework of the State Universal Health Care Program. In particular, the annual limit for the program for chemotherapy, radiotherapy, hormone

therapy and medication was increased by 8,000 GEL. The study attempts to show the impact of this decision on the accessibility of the most appropriate treatment for patients with similar diseases.

In addition to state programs, the study gives an account of existing insurance policies of private insurance companies in terms of cancer care. For this purpose, IDFI requested various statistical data (number of insurance policies, requested and reimbursed funds, insurance premiums, defined limits, etc.) on private insurance policies for cancer care from LEPL Insurance State Supervision Service of Georgia. According to the explanation given by the agency, their data store contains the total figures by type of medical (health) insurance and, consequently, they could not provide data classification in regard to oncological diseases.

Patients supported by Universal Health Care Program

The Universal Health Care Program (UHC) provides medical services for cancer patients. More specifically, the program covers funding for both surgical and non-surgical treatments (chemotherapy, hormone therapy, radiotherapy) as well as examinations and medications related to these services.

Since May 1, 2017, differential packages have been launched within the framework of the Universal Health Care Program, whereby the percentages of co-payments for surgical oncology procedures range from 70% to 100%, and from 80% to 100% for non-surgical procedures, according to the classification of the beneficiaries. For instance, patients in target groups (socially vulnerable, teachers, IDPs and other former beneficiaries of state health insurance programs approved by ordinance №218 of the Government of Georgia of December 9, 2009) are provided with 100% funding for both surgery and non-surgical treatment. For oncological treatment, 100% funding under the Universal Health Care Program is also covered for people under the age of 18 and for veterans.

For the citizens above the retirement age who do not fall into the aforementioned groups, 90% funding is provided for oncological treatment (both surgical and non-surgical). 80% is covered for students.

For other beneficiaries of the Universal Health Care Program whose total income does not exceed 40,000 GEL, surgical oncology procedures are covered by 70% and 80% for non-surgical treatments. A similar co-payment rate is also supported for individuals whose households are registered in the unified database of socially vulnerable families with a social rating score from 70,000 to 100,000.

The defined limit for surgical oncology under the Universal Health Care Program amounts to GEL 15,000. The defined limit for non-surgical treatment (chemotherapy, hormone therapy, radiotherapy, medication) was 12,000 GEL (15,000 GEL for the age group) before September 1, 2020, and 20,000 GEL (23,000 GEL for the age group) after September 1, 2020.

Financial assistance provided by Universal Health Care Program for the cancer treatment						
Target group		Surgical oncology		Chemotherapy, Hormone Therapy, Radiation Therapy		
		%	Limit	%	Limit	Limit From September 1, 2020
Citizens whose families are registered in the “Unified database of socially vulnerable families” with up to 70,000 to 100 000 rating score		70%	15 000	80%	12 000	20 000
Adolescents aged from 6 to 18 years		100%	15 000	100%	12 000	20 000
Citizens with monthly income exceeding 1000 GEL but whose annual income does not exceed 40 000 GEL		70%	15 000	80%	12 000	20 000
The minimum package		-	-	80%*	12 000	20 000
Citizens with monthly income less than 1000 Gel		70%	15 000	80%	12 000	20 000
The minimum package		-	-	80%	12 000	20 000
Veteran package		100%	15 000	100%	12 000	20 000
Target group	Non-retirement age	100%	15 000	100%	12 000	20 000
	Retirement age	100%	15 000	100%	12 000	20 000
Age group	0-5 years	100%	15 000	100%	15 000	23 000
	Children with disabilities	100%	15 000	100%	15 000	23 000
	Person with severe disabilities	80%	15 000	80%	15 000	23 000
	Student	80%	15 000	80%	15 000	23 000
	Retirement age	90%	15 000	90%	15 000	23 000
	Person with severe disabilities and pension age veteran	100%	15 000	100%	15 000	23 000

- -Expenses for radiation therapy are not covered

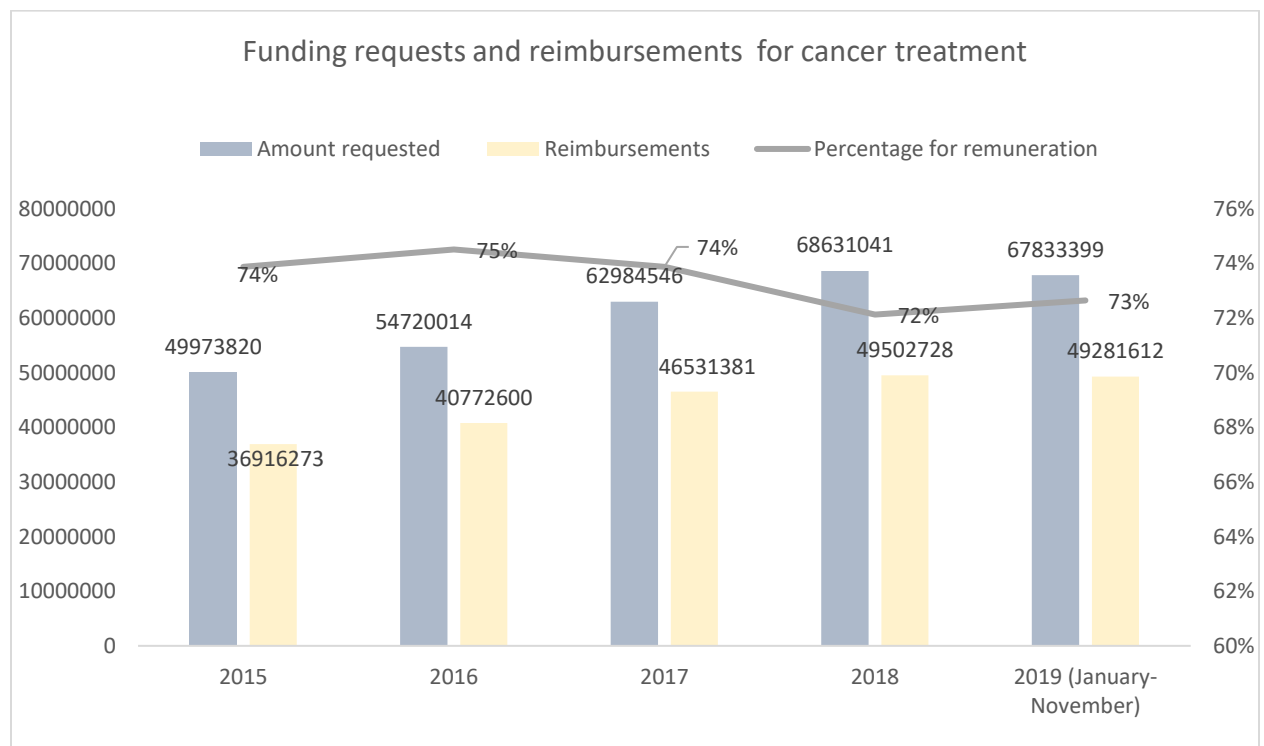
The costs for cancer care within the scope of the Universal Health Care Program are managed by the authorized person of the Agency based on the application completed by the Hospital that includes medical care and cost calculation. Except for the percentage of co-payment, the reimbursements rely on the tariff range¹. In particular, the tariff range for elective surgery is the lower quarter of the value (minimum value

¹ A) According to the Decree, the lower quarter of the value presented by the suppliers for each service entity is determined as the tariff range, within which the reimbursement will be made while taking into account the relevant percentage of co-

plus quarter of the difference between the maximum and minimum values) determined by hospitals; likewise, the lower half of the value (minimum value plus the half of the difference between the maximum and minimum values) for patients requiring chemo and hormone drugs. If the cost for required services exceeds the tariff range, the percentage of co-payment share is calculated from the maximum rate of the tariff range, while the rest of the payment must come from the patient.

Even though the costs for the specific target groups are fully covered by the UHC program, in some cases the state reimburses the amount according to the prescribed tariff, and despite the need for medical care, it might not be reimbursed fully.

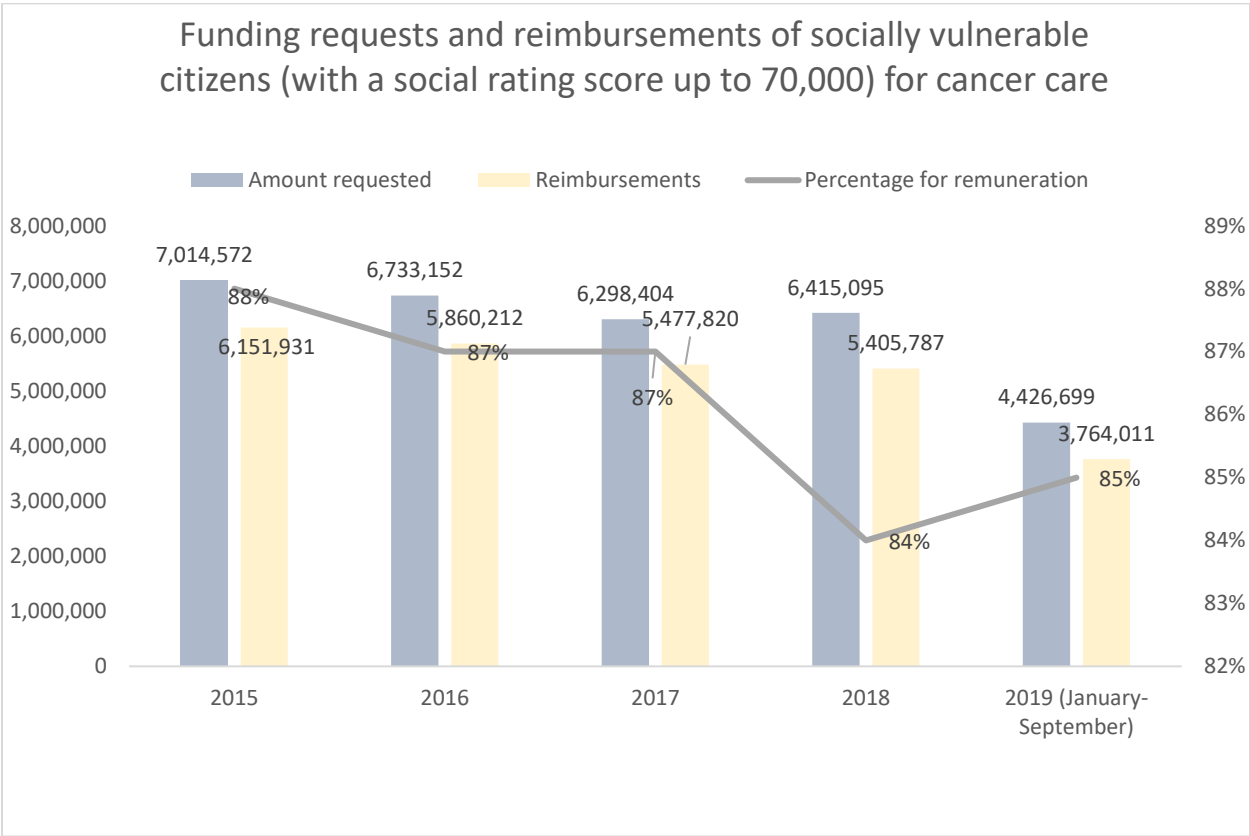
As part of the study, IDFI asked for the 2015-2019 petitions and reimbursement rates of the UHC program for cancer-related costs (surgical oncology, chemotherapy, hormone therapy, radiation therapy) from the Ministry of Health of Georgia and the LEPL Social Service Agency. According to the Social Services Agency, requests for cancer-related costs have been dramatically increasing over the past years. For instance, the requested amount under the UHC programme in 2015 was approximately 50 million Gel, contrasted with 2019 (as of November), when the requests increased to 68 million GEL. The percentage for remuneration varied between 72% and 75% in 2015-2019.



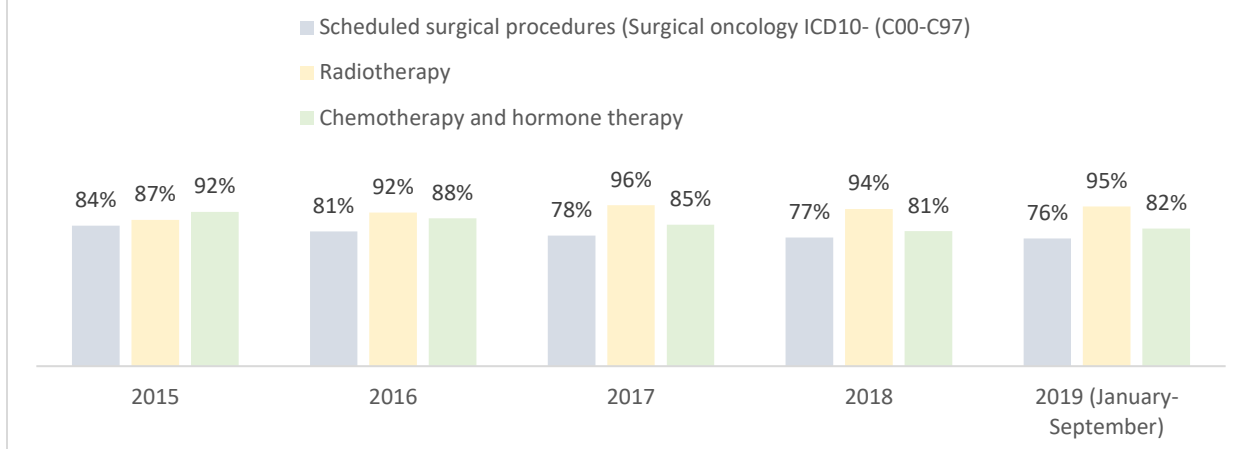
payment. In case the cost of the service exceeds the mentioned tariff range, the co-payment amount will be recalculated from the maximum rate of the tariff range;
 B) In case of patients requiring chemo and hormone drugs, the tariff range is determined as the lower half of the value, within which the reimbursement will be made while taking into account the relevant percentage of co-payment. In case the cost of the service exceeds the mentioned tariff range, the co-payment amount will be recalculated from the maximum rate of the given tariff range.

The current percentage for remuneration of cancer care under the UHC program is due to the different co-payments of beneficiaries as well as prescribed limits. As part of the study, IDFI also requested information from the Social Service Agency about the amount which was not fully compensated due to exceeding the prescribed limit. It should be noted that the Agency failed to provide this information, which has had a negative impact on the ability to assess the effectiveness of the increased limits by 800 GEL revealed in this research study.

However, effectiveness of the limits for cancer care under the UHC program prescribed until September 1, 2020, can be drawn from the percentage of costs provided for beneficiaries reimbursed with 100%. For instance, as mentioned before, 100% for surgical or non-surgical treatment are fully covered for socially vulnerable citizens (with a social rating score up to 70,000). However, according to the Ministry of Health, 2015-2019 rates for remunerations varied from 84% to 88%. Particularly noteworthy are the funds for surgical oncology, which in 2019 (as of September) decreased to 76%.

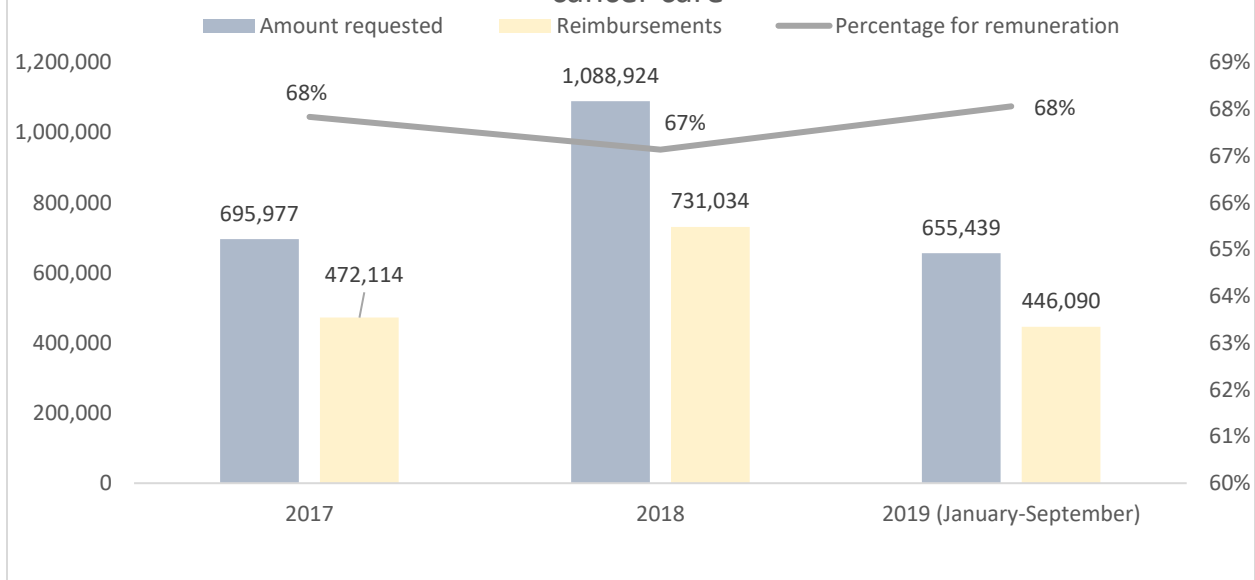


Approval rate of funding requested by socially vulnerable citizens (with a social rating score up to 70 000) for cancer care

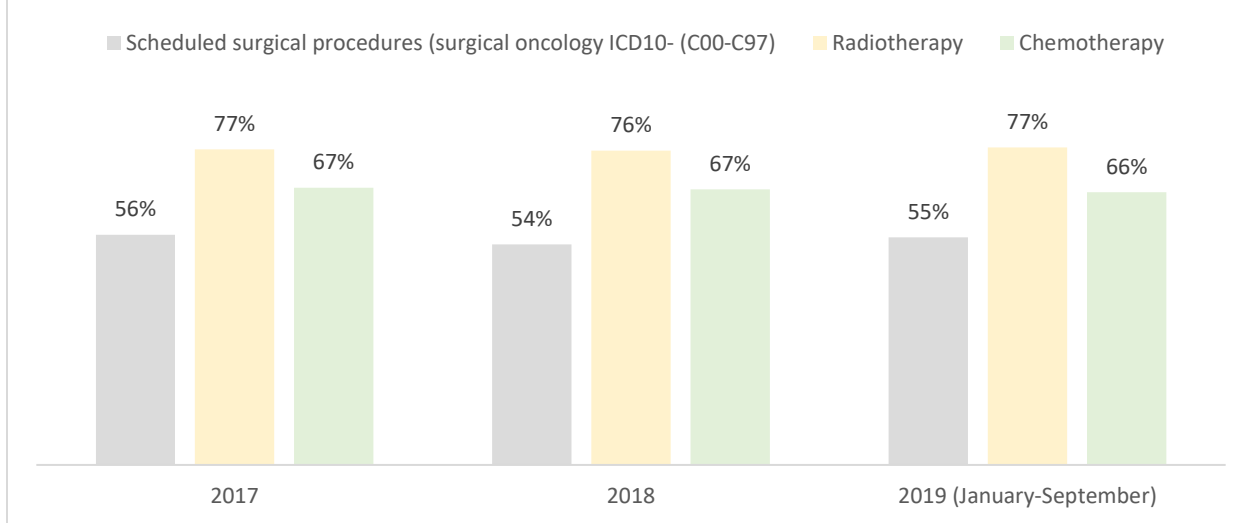


As a consequence of the co-payment percentage and limits prescribed under the UHC program, access to cancer care became even more difficult for socially vulnerable citizens with a social rating score of more than 70 000 and less than 100 000. In that category, the state compensates 70% for surgical treatment and 80% for non-surgical treatment. As a result, according to the Ministry of Health, nearly 68% of the requested amounts for cancer treatment are covered by the state annually. In this instance, the costs for surgical oncology, which is just 55%, require particular attention.

Reimbursements and amounts requested by socially vulnerable citizens (with a social rating score from 70,000 to 100 000) for cancer care



Approval rate of expenses requested by socially vulnerable citizens (with a social rating score from 70 000 to 100 000) for cancer care



Requested and reimbursed funds for the cancer treatment by socially vulnerable citizens under the Universal Health Care Program

Year	Component	<=70000		70000-100000	
		Amount requested	Amount for remuneration	Amount requested	Amount for remuneration
2015	Elective Surgery (Surgical oncology ICD10- (C00-C97))	2,257,672	1,897,409		
2015	Radiation therapy	2,804,893	2,453,308		
2015	Chemotherapy and hormone therapy	1,952,008	1,801,214		
2016	Elective Surgery (Surgical oncology ICD10- (C00-C97))	2,279,729	1,838,090		
2016	Radiation therapy	2,489,733	2,287,720		
2016	Chemotherapy and hormone therapy	1,963,691	1,734,402		
2017	Elective Surgery (Surgical oncology ICD10- (C00-C97))	2,081,234	1,626,230	196,046	109,606
2017	Radiation therapy	2,439,910	2,349,034	276,682	212,137
2017	Chemotherapy and hormone therapy	1,777,261	1,502,556	223,250	150,372
2018	Elective Surgery (Surgical oncology ICD10- (C00-C97))	2,147,116	1,651,285	321,660	172,409
2018	Radiation therapy	2,316,074	2,178,245	474,356	362,416
2018	Chemotherapy and hormone therapy	1,951,905	1,576,258	292,908	196,209
2019	Elective Surgery (Surgical oncology ICD10- (C00-C97))	1,481,172	1,131,602	182,118	100,663
2019	Radiation therapy	1,590,233	1,517,379	291,693	225,119
2019	Chemotherapy and hormone therapy	1,355,294	1,115,030	181,628	120,307

Note: The 2019 data are presented as of September 2019

Detailed analysis of the total amount requested and the reimbursement rates for cancer care under government funded UHC program revealed that the program fails to cover 100% for the minimum medicine needs for cancer treatment even for vulnerable groups, including socially vulnerable citizens. Increasing prescribed limits for non-surgical treatment from September 1, 2020, will significantly improve access to the relevant service under the UHC program. However, the access to surgical oncology, under which percentage of the coverage even for socially vulnerable groups has shown a decreasing trend, will remain the same. It is also noteworthy that the prescribed percentage of co-payment significantly complicates access to cancer care for socially vulnerable citizens with a social rating score of more than 70,000 and less than 100,000.

To have a clear overview of cancer care services, it is equally important to assess other government-funded programs that provide help to patients in covering cancer-related expenses.

Referral Service State Program

The Referral Service State program aims to deliver medical service to the population injured during natural disasters, calamities, emergency situations, people affected by conflict and other appropriate cases specified by the Government of Georgia. The rules to implement the provision of financial assistance have been enacted by the Decree of the Government of Georgia², according to which the beneficiaries are determined as follows:

- Population injured during natural disasters, calamities, emergency situations;
- The citizens of Georgia living in the occupied territories;
- A police officer of the Ministry of Internal Affairs and the Special Penitentiary Service, or military personnel of the Ministry of Defense;
- Patients with congenital heart disease;
- Citizens of Georgia who are victims of sexual violence;
- Citizens of Georgia with idiopathic pulmonary fibrosis;
- Citizens with HER2-positive early breast cancer and HER2-positive metastatic breast cancer; Except for citizens registered in Tbilisi and the Autonomous Republic of Adjara;
- Citizens insured under the budget allocation whose medical services are not covered within insurance schemes/conditions purchased through the state procurement, but are financed by the UHC program.

The given list of beneficiaries defines general priorities for funding. Otherwise, according to the Decree of the Government of Georgia, the referral program covers costs for medical services according to the individual needs of patients applying for assistance through proper channels. According to the same Decree, the state-political officials, as well as the members of their families (spouse, child, parent), cannot

² Decree N331 of the Government of Georgia of November 3, 2010, on the establishment of a commission to make a decision on the provision of medical assistance within the framework of "referral service" and to determine general rules of conduct

be the beneficiaries of the medical assistance component unless otherwise specified by commission decision.

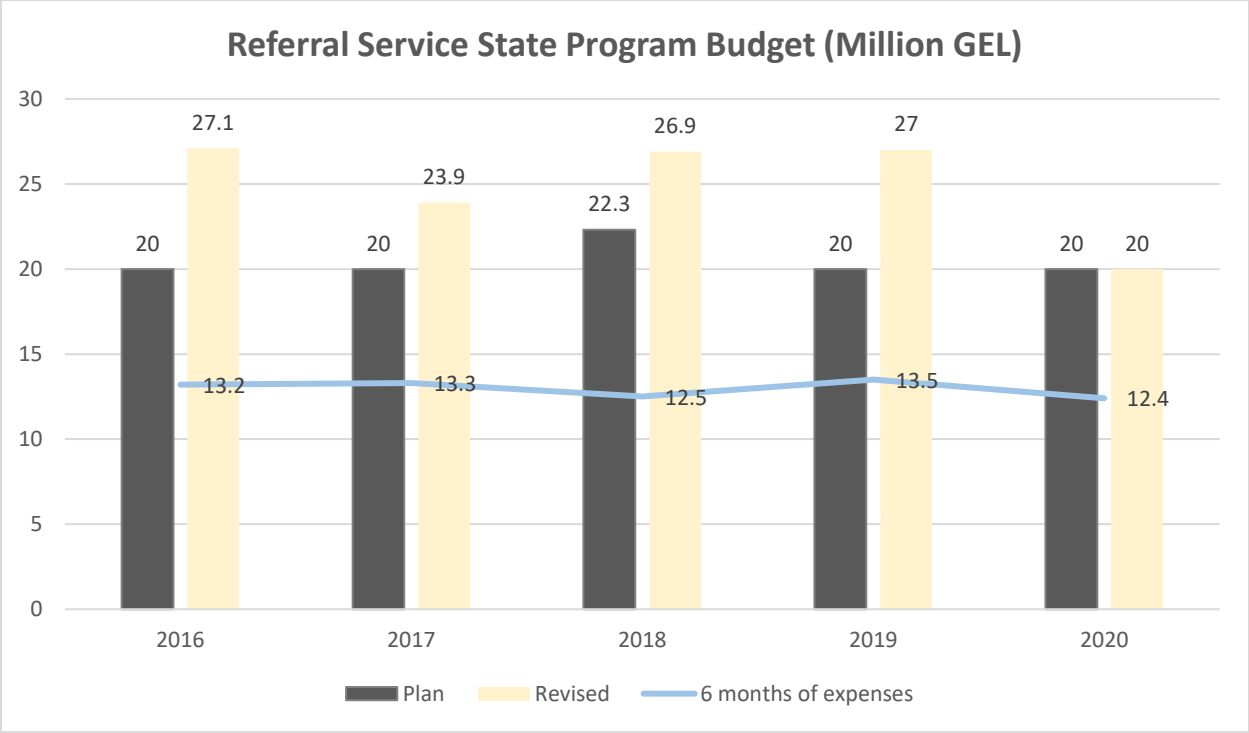
The decision on cost-recovery under the Referral Service State Program is made by a commission established by the Ministry of Health whose values and principles are prescribed in accordance with the above-mentioned Decree, as well as Ordinance of the Minister.

According to the Ordinance of the Minister of February 22, 2019³, the amount of the assistance with medical expenses is determined with the co-payment principle, according to the current budget of the commission meeting agenda along with the costs required for medical care - no more than 10,000 GEL in total. The costs of expensive medications (including cancer-related medications) are funded once per year. The costs of such medications for socially vulnerable citizens are covered 100%, although they can't exceed 10,000 GEL. Other cancer-related drugs are reviewed once per year normally and twice a year for the socially vulnerable citizens. The Ordinance also regulates some restrictions for beneficiaries. Among them, the Commission does not consider the costs above prescribed limits under the UHC program for intensive care. Furthermore, the applications of patients with so-called minimum packages are considered for individual review only in situations where immediate action could prevent the loss of life.

According to the Ordinance, patients with HER2-positive early breast cancer and HER2-positive metastatic breast cancer can take advantage of this government-funded program, including medications (Trastuzumab/Pertuzumab + Trastuzumab/Lapatinib). In 2019, 3.5 million GEL was specifically allocated from the Referral Service State Program budget for this component.

In recent years, the state budget allocated 20 million GEL annually to the Referral Service State program. In exceptional circumstances, 22.3 million GEL was allocated only in 2018. The budget performance report revealed that actual expenditures through this program significantly exceed planned spending from year to year. Overspending varies from 20% to 35%. For example, in 2019 it exceeded 7 million GEL. As of the first 6 months of 2020, 12.4 million GEL has already been spent. Considering the relevant expenses of the past years, the planned spending is expected to exceed the budget this year as well.

³ Government Decree on determining commission staff, general rules of conduct and cost-recovery mechanisms to make a decision on the provision of medical assistance within the framework of the Referral Service State Program



As part of this study, IDFI requested information from the Ministry of Health of Georgia at different stages regarding cancer-related services (surgeries, chemotherapy, hormone therapy, radiation therapy, medications) under Referral Service State Program, as well as the amounts requested and reimbursed in response to the applications, along with the socioeconomic status and age group of the patients. In response to each request from IDFI, the Ministry provided complete information in detail only for the year 2020. In the case of previous years, the Ministry provided only aggregate data in terms of the socioeconomic status and age group of the patients. However, in several cases, the summarized data contains inaccuracies that have a serious effect on assessing the expenditures in this regard.

As of August 2020, 446 applications regarding surgical oncology were submitted under the Referral Service State Program, according to which funding requests amounted to 11.3 million GEL in total. 235 of them were approved by the Commission to a limited extent, with a total of 1.3 million GEL. In 85 out of 446 cases, the requested amount exceeded GEL 10,000. In 40 cases, the requested amount exceeded 50,000 GEL and in some cases, it reached one million GEL. It seems that such costs for surgical oncology are connected to the patients seeking cancer treatment abroad. To some extent, the Ordinance of the Minister regulates the reimbursement rate for medical treatment abroad, although the data indicates that the Commission’s decisions in regard to a particular patient are made based on individual reviews, along with the meeting agenda. Under these circumstances, highly unequal conditions are expected for the potential beneficiaries. For example, the percentage for applications requested over GEL 50,000 varies from 0% to 48%. The largest amount of funding is 36,400 GEL, which is 45% of the requested amount (81,505 GEL). Based on the data, the socioeconomic status of the beneficiary has no significant impact on the decision. For instance, among the 20 patients receiving the largest amount of funding were: 8 children, one socially vulnerable citizen, one beneficiary with state-funded insurance, and 10 beneficiaries without

specified status. It is worth mentioning that in one case the difference between reimbursements for two identical requests (326 700 GEL) was 3,000 GEL.

According to the documents provided by the Ministry, for the most part the beneficiaries are presented with the following social status: socially vulnerable citizen, person with disabilities, pensioner, child, person living near the border, veteran, person with state-funded insurance. It is common practice for a beneficiary to have two or more of these statuses at the same time, although 76 out of 235 reimbursed patients are unlikely to have any of these statuses, as the status column indicates "None". These 76 people were funded with a total of 520,829 GEL, which is 40% of the total amount reimbursed for surgical oncology in 2020.

Out of 235 patients reimbursed for surgical oncology, 51 of them have been granted socially vulnerable status. In that context, the percentage for remuneration is 88%. This high rate is largely due to the small amounts requested. Specifically, the amount requested for surgical oncology by socially vulnerable citizens is less than 3,000 GEL in 80% of the cases. According to the decision of the commission, 6 persons with a social rating score of 70,000 to 100,000 have been rejected for funding surgical oncology, whereas the requested amount varied from 500 GEL to 6,000 GEL.

In 2020, 3011 applications regarding cancer medications funding were examined by the Commission, out of which 2,431 have been approved. A total of 12.9 million GEL has been requested, out of which 4.3 million GEL has been reimbursed. The largest amount with regard to medication funding is 30,000 GEL, which is 73% of the requested amount (81,505 GEL); the status for this beneficiary remains unknown. The second largest amount (GEL 17,100) was fully compensated (as requested), and its recipient status is indicated as that of a person living near the border. In all other cases, the reimbursements are less than 10,000 GEL, although the decisions made by the Commission are inconsistent. For example, 8 different persons have requested 19,980 GEL for medication funding, out of which 6 were granted the same funding (GEL 7,992). Among these 6 people are a socially vulnerable pensioner, an IDP from Abkhazia (also pensioner), pensioner and a person without any status. In two other cases, identical requests were reimbursed by different amounts (GEL 6,000 and GEL 1,600). Additionally, 2 different persons have requested funding of 14,010 GEL, in response to which 5,000 GEL was reimbursed to a teacher and 2,720 GEL to a socially vulnerable citizen.

In 2020, there were 23 different requests for medication funding, worth GEL 9,990. The rate for reimbursement varies from 21% to 100%. Among them, one socially vulnerable citizen has been compensated with 40%, while in the case of a person with 100% of funding the relevant status was not indicated. Most of the applications (629) regarding medication funding were requests for 2,000 GEL. 98% of them were reimbursed with 1,600 GEL, 3 persons with 100%, 2 persons with 400 GEL, and 7 of them were rejected for funding.

In 2020, the Commission reviewed 2,394 applications regarding other cancer-related services, out of which 1,155 were approved. A total of GEL 8.4 million has been requested, out of which 1.8 million GEL has been reimbursed. The reimbursement rate for 24 cases varies from 10 thousand to 35 thousand GEL. Among them are 10 children and 2 pensioners, while the status of the other 12 patients is not indicated.

The largest expenditures among cancer patients under Referral Service State Program in 2020

Surgery			Medications			Other services		
Status	Amount requested	Reimbursed	Status	Amount requested	Reimbursed	Status	Amount requested	Reimbursed
None	81505	36400	None	43657	32000	PWD; Child	173000	34200
Child	1102341	30500	Frontier	17100	17100	None	43657	32000
PWD; Child	224250	30000	None	40835	10000	PWD; Child	96300	31800
None	289000	29000	PWD	10714	10000	None	198900	30500
None	536500	29000	Pensioner	38850	10000	None	106400	29000
Child	130410	29000	Pensioner	11130	10000	Child	100589	28000
Child	200900	29000	None	9990	9990	Child	183680	27835
PWD; Child	31185	28800	Pensioner; IDPs from Abkhazia	19980	7992	Child	228750	25000
Child	130585	28300	Pensioner; citizen with a score from 70 000 to 100 000	19980	7992	None	76500	25000
PWD	145839	28000	Pensioner	19980	7992	None	72250	25000
None	326700	28000	None	19980	7992	None	112480	24400
Socially vulnerable	224960	28000	Pensioner	19980	7992	Pensioner	40784	21450
None	52800	25600	Pensioner	19980	7992	None	92070	21000
Covered by insurance of Georgia State Budget	1171200	25440	Pensioner	11990	7992	Child	30653	20000
None	65790	25000	6 (None)	9990	7992	None	26628	20000
None	87000	25000	4 (PWD)	9990	7992	None	93090	20000
None	75854	25000	3 (Pensioner)	9990	7992	None	30500	17000
None	326700	25000	Pensioner	9990	7988	Child	74980	16550
PWD; Child	109060	25000	Pensioner	9990	7984	None	269280	15000
None	193050	25000	Pensioner	22800	7600	Child	89700	15000

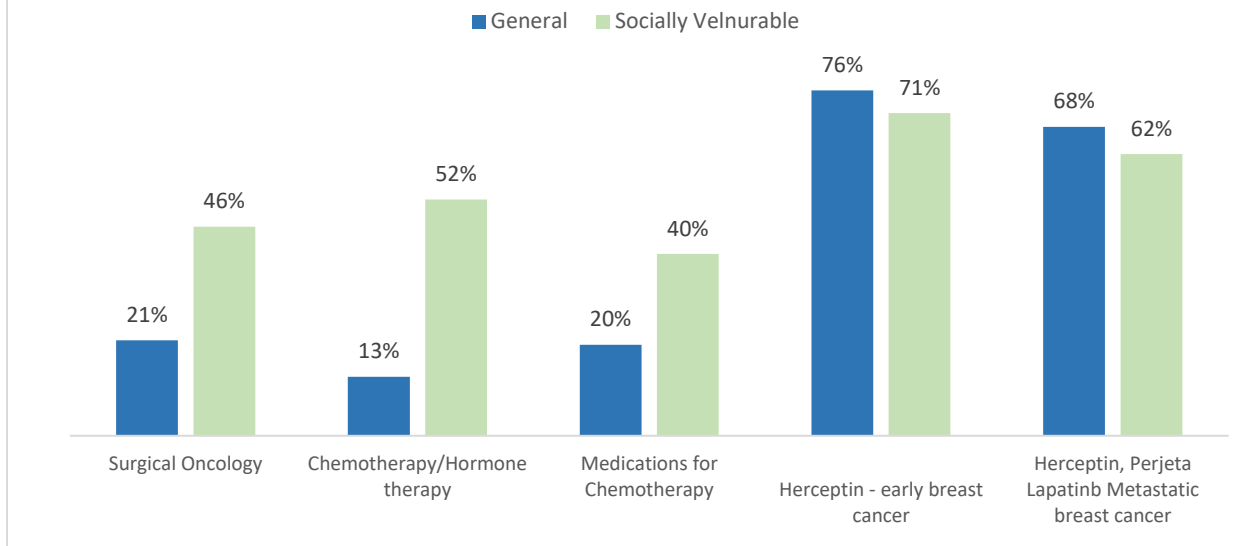
As mentioned above, the Ministry provided the pre-2020 data in aggregate form. Additionally, some data is presented in an inconsistent format and contains factual inaccuracies, which greatly complicates the comparative analysis of the data by year. For example, in 2019, according to the data provided by the Ministry of Health, 865 patients applied for funding for oncology surgery under the Referral Service State Program, requesting approximately GEL 7 million, of which 376 patients received funding for GEL 1.5 million. In the cases of chemotherapy and hormone therapy, the funding was only GEL 1.2 million out of

the requested GEL 9.2 million, and GEL 3.2 million was funded out of the requested GEL 15.6 million for chemotherapy drugs. The 2019 data likely includes both domestic and overseas funding for treatment, since unlike previous years, the Ministry did not provide this data separately. Based on the data obtained within the study as of May 2019 on requests of identical content, questions are raised about its accuracy. Specifically, according to the Ministry, as of May 29, 2019, 485 oncology patients had already requested payments of a total of 7.4 million GEL for surgical services, and according to the total data of 2019, 865 patients applied to the Commission for funding of oncology operations, and less funding was requested (7 million GEL) than was reflected in the data for the first 5 months of 2019.

We also encounter a number of factual inaccuracies in the data of 2017 and 2018. For example, in 2018, the figure indicated in the graph of requested amounts for surgical services is about 9 times higher than the actual approved amount for that year. Similarly, the total amount requested by chemotherapy funding in 2017 is significantly higher than the amount approved.

Reimbursements for cancer care under Referral Service State Program in 2019				
	Number of patients	Amount requested	Number of patients (approved)	Reimbursements
Surgical oncology	865	7,048,485.18	376	1,500,353.0
Socially vulnerable	98	557,475.66	89	257,002
Chemotherapy, Hormone therapy	442	9,225,184.65	195	1,221,406.7
Socially vulnerable	67	96,001.7	46	50,107.0
Medications for Chemotherapy	3578	15,590,794.12	2362	3,181,390.05
Socially vulnerable	463	1,084,448.33	383	428,546.45
Herceptin - Early Breast Cancer	870	1,809,236.18	859	1,377,600.0
Socially vulnerable	97	215,778.33	96	153,600.0
Herceptin, Perjeta Lapatinib Metastatic Breast Cancer	504	1,884,905.85	485	1,290,980.40
Socially vulnerable	76	260,587.24	72	161,504.0

The rates for remuneration under the Referral Service State program in 2019



Factually inaccurate data provided by the Ministry of Health of Georgia

General Information																
Service	Target category	2017					2018					2019 (as of 29.05. 25 sessions)				
		Number of requests	Total amount requested	Number of cases funded	Amount requested	Reimbursement	Number of requests	Total amount requested	Number of cases funded	Amount requested	Reimbursement	Number of requests	Total amount requested	Number of cases funded	Amount requested	Reimbursement
Surgical services	Sum	615	9,764,871.38	288	5,554,686.87	1,059,928.00	859	1,416,689.25	454	9,705,031.86	1,578,749.13	485	7,426,727.83	254	4,978,825.38	1,057,694.00
	Socially vulnerable	60	476,383.26	47	189,967.50	119,562.00	95	643,119.62	85	543,397.62	206,499.25	51	1,268,725.74	39	895,104.21	178,971.00
	age 0-18	24	2,185,398.00	16	1,450,481.30	184,166.00	30	3,184,107.21	24	2,857,393.85	270,898.00	2	13,100.00	1	10,600.00	5,000.00
Chemotherapy, hormone therapy	Sum	538	9,728,866.33	238	58,799,932.14	658,791.00	449	8,692,216.99	211	7,340,730.30	662,630.00	228	4,169,021.42	102	2,937,731.71	500,523.76
	Socially vulnerable	91	986,543.83	69	418,830.36	75,078.00	84	51,312.45	62	40,126.67	30,346.00	44	22,277.09	34	16,983.00	14,387.00
	age 0-18	36	3,170,124.23	21	20,106,204.89	185,950.00	19	4,597,155.07	17	4,450,156.07	225,284.00	5	1,668,299.00	3	1,333,746.00	84,800.00
Radiation therapy	Sum	341	2,079,258.49	154	1,177,765.52	356,194.00	504	2,505,637.91	203	1,271,584.41	466,553.00	285	1,275,393.12	108	547,887.24	269,120.00
	Socially vulnerable	27	118,954.26	23	107,729.03	56,770.00	45	116,170.68	36	82,447.12	69,043.00	20	49,100.13	16	31,983.13	28,770.00
	age 0-18	7	133,240.00	5	10,960.00	34,630.00	1	19,520.00	1	19,520.00	9,760.00	2	90,143.71	1	59,743.71	30,400.00
Medicine (Herceptin)	Sum	965	3,513,244.57	938	3,326,652.11	2,397,043.75	1086	2,810,055.65	1063	2,646,110.66	1,929,827.00	546	1,405,214.24	504	1,238,092.72	939,023.20
	Socially vulnerable	60	185,761.46	58	181,700.00	140,880.00	165	433,765.48	163	429,285.48	295,632.00	165	433,765.48	163	429,285.48	295,632.00
	age 0-18	0	0.00	0	0.00	0.00	0	0.00	0	0.00	0.00	0	0.00	0	0.00	0.00
Medications (Except Herceptin)	Sum	3228	14,559,559.67	1996	8,943,446.55	2,346,862.54	3229	14,610,587.66	2171	8,591,181.12	2,736,836.31	1485	6,346,587.63	1084	4,751,675.25	1,471,071.38
	Socially vulnerable	489	1,172,678.08	403	835,258.05	375,076.01	433	1,047,645.73	362	711,281.87	377,609.40	196	449,837.40	170	376,088.23	202,087.04
	age 0-18	10	34,855.66	9	26,035.66	10,155.23	6	12,773.83	4	4,695.28	4,292.85	2	8,178.55	2	8,178.55	8,170.00

Although oncological patients are not intended as the direct beneficiaries of the Referral Service State Program (with the exception of HER2-positive early breast cancer diagnosis), statistics show that individuals with such conditions are actively applying for the program in hopes of receiving some funding. However, the program, given its limited budget, is unable to provide a significant portion of the funds requested. Additionally, inconsistent program management, dubious approval practices, and transparency-related challenges significantly increase the risk of unfair distribution of funding.

Oncology treatment provided through the local self-government budget

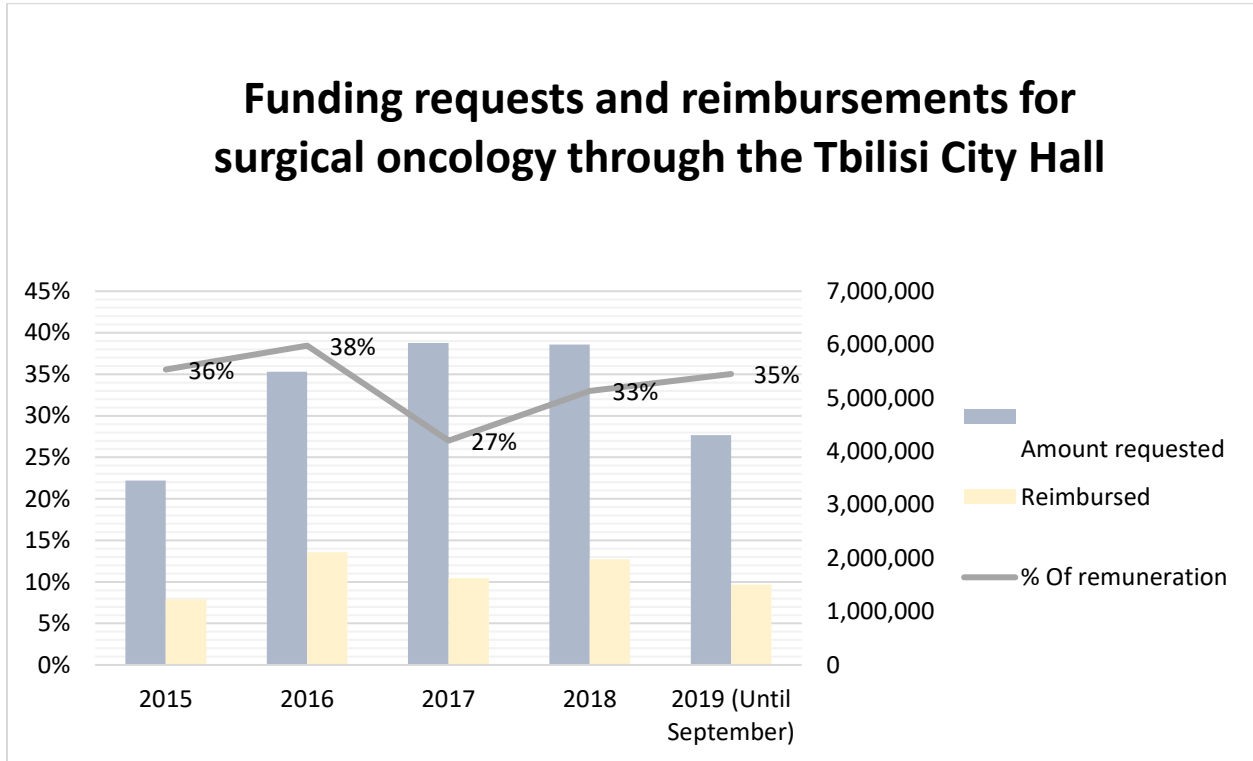
Various programs funded through the budgets of local municipalities provide the population with additional financial opportunities for oncological treatment. Within the framework of the study, IDFI addressed the City Halls of 7 municipalities (Tbilisi, Kutaisi, Batumi, Rustavi, Poti, Zugdidi, Telavi), regarding the programs related to the treatment of cancer diseases in the municipality and requested information about their regulatory legal acts and funds requested and approved in the years 2015-2019 (grouped by social categories of beneficiaries). The data received from the municipalities in response to this request is incomplete to a large extent, and the request was completely unanswered by the Zugdidi City Hall. Nevertheless, despite the incomplete data, the provided information allows for some assessment of existing cancer treatment policies in local municipalities.

According to the information received from the Tbilisi City Hall, the local budget includes "Measures to Assist Medical and Other Social Needs" sub-program, through which Tbilisi residents are actively applying for funding for treatment of cancer conditions. The purpose of this program is to finance medical and other services for vulnerable citizens whose co-payment share exceeds 1000 GEL on certain procedures. The direct beneficiaries of the program are the socially vulnerable citizens, persons with disabilities, veterans, persons with the status of lost breadwinner, as well as any person in need of assistance based on their own application due to their financial situation. Like the State Referral Service program, the decision on the issuance of funding and its rate is made by the relevant Commission. Consequently, even in this case, there are significant risks in terms of fair and rational distribution of funding.

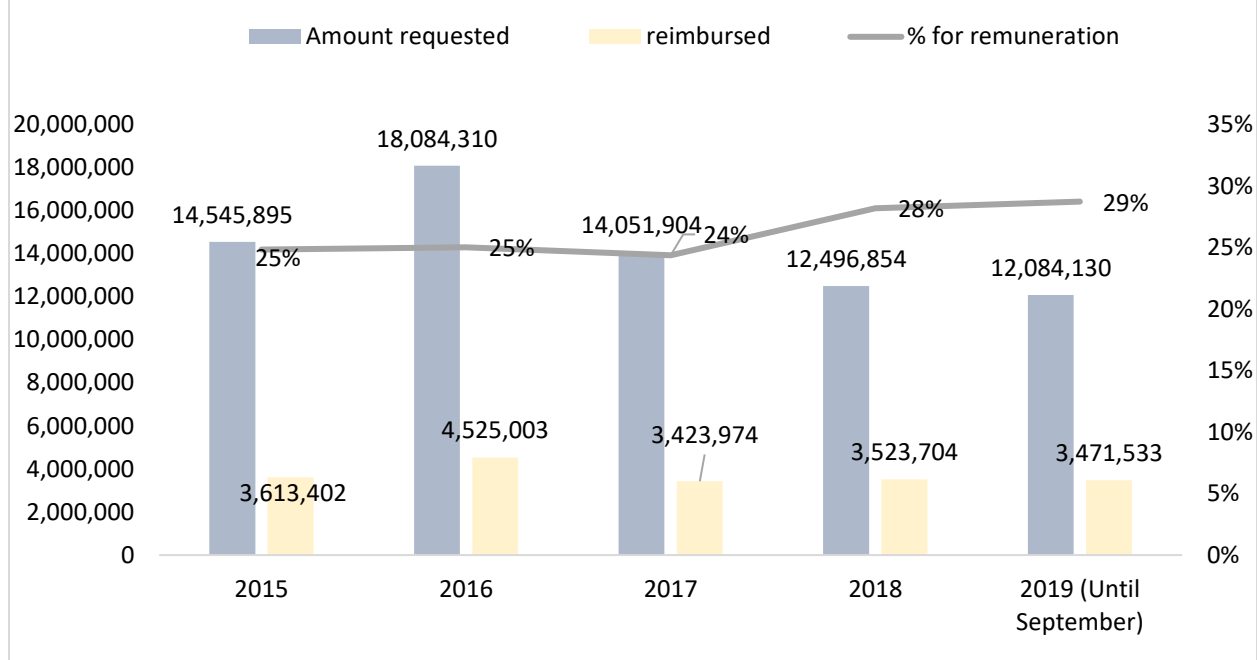
The figures of requested funding for the cancer treatment conditions under this program in 2015-2019 show that state health programs (UHC, and others), regardless of the social status of beneficiaries, do not provide them with full funding. As a result, they apply to the Tbilisi City Hall for co-payment.

For instance, until September 2019, the Tbilisi City Hall received 1,314 requests for financing oncological surgeries for a total of GEL 4.3 million, and 2,106 requests for financing non-surgical treatments for GEL 12 million. The funding that was granted for surgeries amounted to 35% of total requests and 29% for

non-surgical treatment. 140 persons in need of surgical treatment and 294 persons in need of non-surgical treatment had a social rating score of less than 200 001. The funding approval rates were approximately 38% for both surgical and non-surgical treatments.



Funding requests and reimbursements for cancer treatment



The Tbilisi City Hall Health and Social Services Department also provides two targeted sub-programs related to cancer treatment (including hematology) conditions - "Funding of breast cancer treatment" and "Transplantation" (includes bone marrow stem cell transplantation, pre-surgery screenings, high-dosage chemotherapy).

Tbilisi City Hall Sub-programs related to the cancer treatment

	2015		2016		2017		2018		2019	
	Expenses	Beneficiaries	Expenses	Beneficiaries	Expenses	Beneficiaries	Expenses	Beneficiaries	Budget	Beneficiaries (6 months)
Medications for breast cancer treatment	0	0	1316,688	76	3232663	120	3782852	164	3500000	66
Transplantation	1750400	11	3939311	35	4649991	48	6951295	60	6000000	49

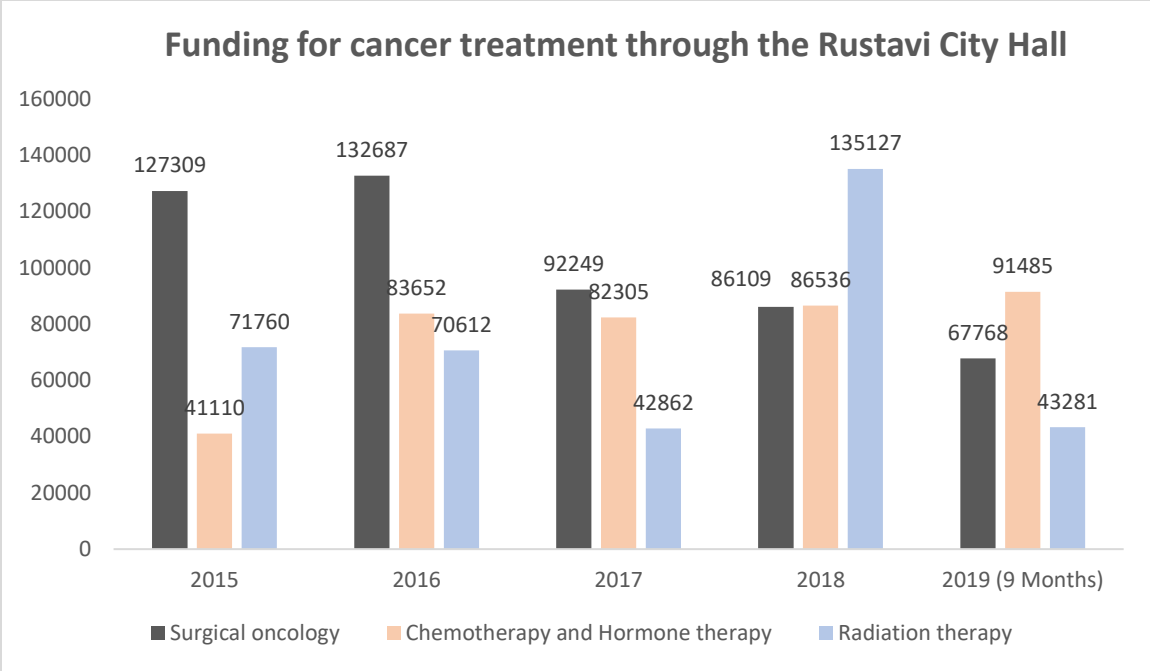
According to the information provided by Kutaisi City Hall, in 2015-2018, the local budget funded a medical aid program that provided assistance to people with serious life-threatening illnesses and no financial means to pay for treatment. As stated by the City Hall, the number of beneficiaries of the program and the costs incurred are increasing every year. **However, according to them, statistical information on the assistance provided to patients with oncological conditions was not recorded separately during this period.**

Starting with 2019, within the scope of the medical aid program, people with malignant tumors were identified as one of the categories of the beneficiaries of the program. Within the framework of the Medication Provision Program, beneficiaries of the state program of referral services who were also diagnosed with HER-2 positive breast cancer are reimbursed 20% of their expenses. Also, within the framework of the "Support for Persons with Leukemia and Solid Tumors" program, material assistance is provided to persons aged 0-18.

According to the Kutaisi City Hall, in 2019, 1,061 beneficiaries received funding for oncological and non-surgical procedures, 9 beneficiaries under the Medication Provision Program, and 15 beneficiaries within the Leukemia and Solid Tumor Support Program. However, the City Hall did not provide us information about the funds requested and approved by them, as well as the legal acts regulating the abovementioned program.

According to the information provided by the Batumi City Hall, oncological surgeries, hormone therapy, chemotherapy, and radiation therapy in years 2015-2017 were funded within the scope of the program of individual medical care for citizens. However, they did not provide quantitative indicators. **Additionally, according to the City Hall, in 2018-2019, the program no longer provided funding for the treatment of oncology patients.**

The information provided by the Rustavi City Hall includes only statistical data related to the funding decisions regarding oncology treatment made by the local self-government. In recent years, the largest funding for the treatment of oncological diseases was issued in 2018 – GEL 307,772, which was largely due to the increase in funding for the radiation therapy component. In 9 months of 2019, GEL 202,534 funding was issued. According to the Rustavi City Hall, the number of patients who receive funding is growing every year. As a result, despite the increasing total funding for each component, the average funding per individual beneficiaries is decreasing significantly. For example, on average, 1,190 GEL was issued to each beneficiary whose request was approved for cancer surgeries in 2015, while in 2019 the average was 677 GEL. On average, 663 GEL was issued for chemotherapy and hormone therapy in 2015, and 333 GEL in 2019; 1,237 GEL for radiation therapy in 2019, and 584 GEL in 2019.



According to the information provided by the Poti City Hall, the treatment and prevention of oncological diseases in the municipality is carried out within the framework of the inpatient treatment program (budget 260 000), the gynecological diseases treatment program (budget 10 000) and the medicine provision program (budget 100 000). The legal acts regulating these programs have not been provided by Poti City Hall, although statistics show that the amount of assistance is minimal. For example, in 2019, requests for funding for examinations, surgeries and chemotherapy, hormone and radiation therapy were met for 121 patients, totaling GEL 49,591. Accordingly, the average funding per beneficiary for such services was approximately GEL 400. In the case of medicines, 26 patients received funding totaling GEL 15,668 - an average of GEL 600 each.

Other Programs

State Program for Screening and Early Detection of Disease

The main purpose of the State Program for Screening and Early Detection of Diseases is to detect and limit the spread of diseases. This program also includes a component for cancer. Among them: breast cancer, cervical cancer, colorectal cancer and prostate cancer. Specific age groups of the target population can benefit from this program. According to the data provided, the number of beneficiaries examined for breast cancer component annually ranges from 20,000 to 23,500, cervical - from 21 thousand to 26 thousand, colorectal - from 4000 - 6500, prostate - from 6,500 to 9000.

Costs incurred through the cancer screening component are declining every year. For example, in 2015, about 1 million GEL was spent in this direction. In 2018, this figure was reduced to 857 thousand GEL, and 885 thousand GEL was provided by the 2019 plan.

Early detection of the disease is considered to be one of the main factors in the fight against oncological conditions. The smooth running of such programs is of particular importance in terms of preventing these types of diseases. Therefore, it is important to increase the range of beneficiaries, in addition to public awareness raising efforts by the Ministry, in order to promote a culture of preventive screenings.

Beneficiaries of the State Program for Screening and Early Detection of Disease under the "cancer screening component"						
Cancer localizations	Age groups of the target population	2015	2016	2017	2018	2019 (eight months)
Breast	40-70	20,899	23,423	22,440	21,409	15,731
Cervix	25-60	24,280	25,691	21,788	23,381	12,470
Colorectal	50-70	6,352	4,830	6,021	4,934	4,035
Prostate	50-70	9,059	8,440	6,552	7,239	5,573

	2015 Facts	2016 Facts	2017 Facts	2018 Facts	2019 Plan
Screening and early detection of diseases	1149986	1722757.04	1425192	1289797.1	2485000
Cancer screening component	1009198	1149385	880380	857911	885000
Cervical screening	21853	21700	17541	15618	20000
Prevention of mental and developmental disabilities in children aged 1 to 6 years	118935	155776.684	99941	56100	83000
Diagnosis and treatment of epilepsy		395895.36	353746.8	243014.4	318000
Pilot program for Retinopathy Screening			73583.2	93699.2	117000
Development of information registers and e-modules				23454.54	202000
Promoting preventive measures and informational support					100000
Biomonitoring blood lead level in children					760000

State Program for Pediatric Oncohematology Services

The state program for pediatric oncohematology services provides outpatient and inpatient treatment of children under the age of 18 suffering from oncohematological diseases. The services provided by this program are fully funded and do not involve co-payment from the beneficiary. This program operates through only one provider, the M. Iashvili Central Children's Hospital; therefore the program does not afford the beneficiary a choice.

In 2015, 148 people benefited from the program, and the budget was GEL 1.3 million. In the following years, the budget was increased to GEL 2 million, although the number of beneficiaries was somewhat reduced. As a result, the average allocation of program budget per beneficiary has increased significantly. For example, in 2015, the average budget for 1 beneficiary was 8608 GEL, in 2016 - 12 763 GEL, in 2017 - 15 873 GEL, and in 2018 - 15 267 GEL. In 2019, the total budget was still 2 million GEL, and as of September, 86 beneficiaries were involved in the program.

State Program for Pediatric Hematology/Oncology Services					
	2015	2016	2017	2018	2019 (September)
Beneficiary	148	133	126	131	86
Program Budget	1,274.0	1,697.5	2,000.0	2,000.0	2,000.0
Budget allocation per beneficiary	8 608	12 763	15 873	15 267	

State Program for Palliative Care of Terminal Patients

The goal of the state program for palliative care of terminal patients is to improve the quality of life of terminal patients by increasing financial access to palliative care. In particular, the program provides outpatient palliative care, inpatient palliative care, and the provision of specific medications and symptomatic treatment of patients suffering from incurable diseases.

Outpatient palliative care program, which implies inpatient care for terminal patients by a doctor / nurse, is only provided in 6 municipalities (Tbilisi, Kutaisi, Telavi, Zugdidi, Ozurgeti and Gori). According to data from the Ministry of Health, the number of beneficiaries of such programs varies from 950 to 1000 annually. Despite the fact that the number of beneficiaries is approximately similar, the costs incurred under this program vary significantly each year. For example, in 2016, the adjusted budget for 974 beneficiaries amounted to 460 thousand GEL, and in 2018 for 957 beneficiaries - 233 thousand GEL.

In 2018-2019, the number of beneficiaries of inpatient palliative care and symptomatic treatment almost doubled compared to previous years. This was in turn reflected in the volume of its funding.

As mentioned above, the third component of the program provides patients with specific medications. The Ministry did not provide data regarding the beneficiaries of this component to IDFI. According to the program budget indicators, 887 thousand GEL was allocated to various medication in 2019.

State Program for Palliative Care of terminal Patients					
	2015	2016	2017	2018	2019 (September)
Outpatient palliative care	990	974	991	957	640
Adjusted budget (thousand GEL)	224,0	460,0	354,2	233,1	364,0
Inpatient palliative care and symptomatic treatment	729	1,007	997	1,853	1,498
Adjusted budget (thousand GEL)	332,0	625,0	684,9	1,781.6	1,749.0

Conclusion

The analysis of the state programs implemented in the country for cancer treatment shows that citizens still face significant challenges in terms of access to full-fledged treatment. The bulk of funding for cancer treatment is provided by the Universal Health Care Program, under which the share of requested and reimbursed amounts shows that the program fails to provide full funding for minimal medical needs and oncological treatment for vulnerable groups even in the instances of 100% co-payment.

Increasing funding limits for non-surgical treatment from September 1, 2020, will significantly help improve access to such treatment, although the issues raised in the study call into question the Georgian government's decision to provide a full course of oncology treatment for citizens. For example, limits applied to oncological surgeries, co-payment percentages for certain vulnerable groups, and other factors still remain a challenge.

Various state and municipal programs provide a part of the resources needed for oncological treatment that goes beyond the funding of the universal health care program. However, given their limited budget, the percentage of this funding is often minimal. Additionally, inconsistent program management, dubious approval practices, and transparency-related challenges significantly increase the risk of unfair distribution of funding. Taking into account the conditions set for various programs, uneven opportunities are provided for the population depending on their region of residence in Georgia, such as, for example, the programs funded by the municipal budget, region limitations by the outpatient palliative care program, and so on.

Cancer treatment requires significant financial resources, which is characterized by a growing trend and significantly increases the burden on the state budget. Given the current economic situation in the

country, including the pandemic-related circumstances, there is a significant risk facing the existing model of funding and the current quality of oncological treatment. Therefore, it is important to develop a long-term action plan for state-funded treatment of oncological diseases. Additionally, it is advisable to start discussing the introduction of a compulsory insurance system for oncological diseases within the framework of public-private partnership, taking into account the international best practices.



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