

**Recommendations from the Invited Speakers of 2<sup>nd</sup> International Symposium on Palliative Care “For the Implementation of International Standards of Palliative Care (Legislative, Educational, Research and Healthcare Challenges)”**  
**Tbilisi, October 22-25**

Palliative care is an essential part of any health care system and Universal Health Coverage is not universal without the integration of palliative care. Georgia has universal health coverage but palliative care is still quite limited. A number of important international documents approved by UN agencies call on countries to ensure the provision of palliative care to citizens in need. These documents include:

- United Nations Declaration on Prevention and Control of Non Communicable Diseases
- Political Declaration on HIV/AIDS
- Political Declaration of the High-level Meeting on Universal Health Coverage
- World Health Organization (WHO) Report on Universal Health Coverage
- World Health Assembly (WHA) Resolution on Palliative Care
- Outcome Document of the UN General Assembly Special Session (UNGASS) on the World Drug Problem
- WHA Resolution on Cancer
- WHO Global Action Plan on Dementia
- WHO Astana Declaration
- Supplemental Reports by the International Narcotics Control Board (INCB) on the availability of internationally controlled drugs.

Notwithstanding palliative care’s inclusion in these global commitments, palliative care services have yet to be concretely integrated into most national health strategies. Georgia’s national action plan for palliative care (2010-15) is now out of date and we offer the following recommendations to ensure that those with serious health related suffering receive the care they need.

**General Statements:**

- 1.3-1.5% of the population and 75% of deaths are due to chronic advanced conditions
- Palliative care is a systemic challenge for Health and social Systems
- Coverage, equity and quality of palliative care are human rights
- Policies must be Population-based and community oriented

**Aim:** All people who need palliative care have access to quality palliative care services in all regions of the country.

**I. Policy**

1. Establish a new National Action Plan for Palliative Care in Georgia 2020 - 2025, with input from all relevant ministries, through a MOH authorized committee, including medical associations & civil society. The Action Plan has to cover the following issues, topics, & challenges:

- Updated needs assessment using latest official MOH data & projections (cancer & non-cancer) to 2025
  - A plan for human resources needed for all disciplines in PC
  - Requirements for education and training
  - Outpatient services including home-based care needed for all regions
  - Day care services needed for all regions
  - Inpatient beds needed for all regions
  - Establish service targets for all regions
  - Including costing of all Actions
  - Short, middle & long-term plans to be identified
2. Creation of by-laws (MOH & government approved regulations) that elaborate the requirement for provision of palliative care in Georgia, including:
    - Standards for operation of
      - Inpatient PC (Including hospice facilities)
      - Outpatient/Home/Day care PC
  3. Increase affordability by the state increasing its contribution to the budget

## **II. Palliative Care Provision**

1. Palliative care provision must include: access to different levels of complexity of palliative care, combining
  - The implementation of a wide range of different specialist services accessible to attend people with complex palliative care needs
  - The implementation of palliative care approach in all of the Settings of health and social systems
  - The implementation of district or territorial networks
2. General or basic palliative care must be provided in all Settings of care (primary care, nursing homes, hospital services, intermediate centers)
3. Patients with palliative care needs must be identified and cared for in all Settings, with special focus in the community

## **III. Education and Training**

The clear understanding of a sense of palliative care among society and professional knowledge among medical society have to be developed. The recommendations bellow should be realized by the efforts of local champions, the collaboration between universities and hospice/palliative care organizations, the formation of the local working groups with one overall lead for education and training

1. Short term objectives: (2 years)
  - Obligatory inclusion of palliative care education courses in the medical and nursing education curricula;

- To develop the multidisciplinary team (to include as a minimum MD, nurse, social worker, psychologist, religious support workers) as the palliative care workforce
- To develop basic training in palliative care for all disciplines of the multidisciplinary team
- Ministerial decree about the necessity of palliative care teaching in the medical schools and nursing schools;
- National association should offer one 'minimal standard' curricula to medical schools and nursing schools;
- Universities should offer optional courses in palliative care for health care for qualified health care professionals to align with national Continuing Professional Development guidance.
- To increase public awareness of palliative care need to work actively with targeted groups
- To develop the master's program in palliative care to increase human resources in palliative care management throughout the country. The Master's programs need to train palliative care leaders in clinical and organizational skills. These organizational skills need to include: Leadership, Advocacy, and Management

## 2. Middle terms objectives: (5 years)

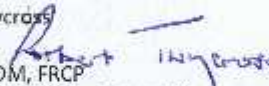
- Every medical and nursing school should have qualified/certified specialists in palliative care;
- A palliative care module should be included in the residency programs of all specialties.
- All health care professionals delivering palliative care need to attend at least one education session in basic palliative care;
- Organizations such as Georgian National Association for Palliative Care and Universities collaborate to produce, establish and deliver basic sessions in palliative care
- To build the teaching skills of increasingly experienced health care professionals in palliative care to build the education and training workforce
- To support universities developing PhD and Master Programs for health care professional delivering palliative care to increase human resources in palliative care management throughout the country and to contribute to the evidence base for practice within the Georgia/Caucasian region

## 3. Long term objectives (10 years):

- As palliative care is considered an integral part of continuous medical aid, all medical schools and nursing schools have to offer basic training in palliative care for all future doctors and nurses.
- Basic training needs to be no less than 2 credits (defined by Georgia credit) and to include real encounters with patients (these can be at the bed side and/or in an out-patient clinic);
- The change in attitude towards palliative care from society by continued working with targeted groups has to be achieved

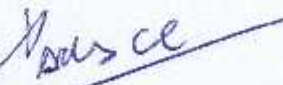
#### IV. Medicine availability


1. Short term objectives: (2 years)
  - To change patient eligibility criteria and allow opioid availability for pain management for patients that are not responsive to non-opioid pain medications or have severe adverse effects from non-opioid medications or have severe pain but are not terminally ill.
  - Government should ensure opioid formulations are available for the pediatric population
  - Government should ensure access to WHO II step analgesic ladder opioid medications
  - Government to encourage hospitals to have oral forms of opioids.
2. Middle terms objectives: (5 years)
  - Rationalization of prescription rules
    - to increase opioid supply from 7 to 14 days
    - to remove special recipe requirement form and change to ordinary one
3. Long term objectives (10 years):
  - All pharmacies can dispense opioids

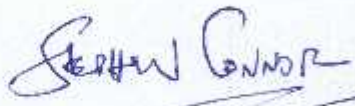
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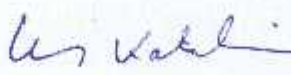
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