

# Access to Ambulatory Medicines for the Elderly in Georgia

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## Abstract

Pensioners in Republic of Georgia are covered by the Universal Healthcare Program. In addition, socially vulnerable chronic patients additionally benefit from the Program for Providing Medicine for the Chronic Diseases (PPMCD). The research aims to assess the financial accessibility to outpatient medicines for the elderly in Georgia. Totally, 700 pensioners were surveyed within the quantitative research. The study showed that PPMCD (launched in 2017) has facilitated the affordability of medicines for elderly, especially the socially vulnerable chronic patients. However, the out-of-pocket spending on medicine is still high for most respondents. The main problem for the family is the high unaffordable price (26%). Nearly a third of respondents (31%) could not fully purchase all the outpatient medicine prescribed by the doctor, and 15% could not purchase them at all due to the high costs. Most of the respondents (57%) buy outpatient medicine without visiting family doctor and 37% self-medicate. This shows the irrational choice of elderly people during their health problems. In this regard, the pharmacy and self-treatment play an important role in the informal network of medical service. A significant part of the respondents (36%) does not know about PPMCD. The low level of awareness of the PPMCD among pensioners increases the risk of impoverishment. It is necessary to increase pensioners' awareness about PPMCD. It is recommended to include not only socially vulnerable people in the PPMCD, but also chronic patients of pension age, because the expenses may often be catastrophic for them.

## Keywords

the elderly, personal income, spending on medicines, affordability of medicines

## Introduction

Georgia is a country in the Caucasus region, located at the crossroads of Western Asia and Eastern Europe, with a population of almost 3.7 million.<sup>1</sup> Georgia gained independence after the collapse of the Soviet Union in 1991. According to the World Bank statistics, Georgia is a lower-middle income country.<sup>2</sup>

In 2013, the Universal Healthcare Program (UHCP) has been introduced. The goals of UHCP are to increase geographic and financial accessibility to primary health care, to rationalize expensive and high-tech hospital services by increasing PHC utilization, and to increase financial accessibility to urgent hospital and outpatient services.<sup>3</sup>

Universal health care program covers ambulatory visits to a family doctor, primary health care services, planned and urgent outpatient services, extended urgent hospitalization, planned surgeries (including daycare inpatient), treatment of oncological diseases, and child delivery.

In March 2017, the next wave of health care reforms was announced, which further differentiated packages for those covered under the UHCP. The most important feature of this set of reforms was that the highest income group of around 43 000 people was excluded from the UHCP from July 2017,

as they were expected to purchase VHI.<sup>4</sup> Under the UHCP, the purchasing function has been consolidated to the Social Services Agency (SSA).

Georgia has made significant progress in improving the access to health care services under the UHCP.<sup>5</sup> Financial protection has also improved and fewer households face financial difficulties from having to pay for health services, but OOP payments still dominate health expenditure despite the rapid increase in public expenditure.<sup>6</sup>

People of pension age enjoy the full service provided by the program. According to the survey,<sup>7</sup> the affordability of health care services has significantly increased as a result of the implementation of the Universal Healthcare Program. In 2015-2017, the percentage of households who did not have access to health services decreased from 43.1% to 22.3%.

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