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Barriers to access good quality maternal care in Georgia

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Introduction

- Maternal health → global issue
 - Millennium Development Goals & WHO
- 1990 to 2010
 - Maternal mortality WW dropped almost by half
- Mortality in Europe 1% of burden WW
 - Large inequalities
 - Rates in Georgia 12 times the EU average
- Contradiction between macro indicators and statistics in Georgia

Research aim & objectives

Aim:

To examine service-related indicators of good quality access to maternal care in Georgia

Research question:

What barriers in terms of availability, accessibility, acceptability, adequacy and affordability limit access to maternal care in Georgia?

Research provides:

- New insights of maternal care and its access barriers in Georgia examining process-related indicators.
- Better understanding what stands behind the well-designed maternal care system.

Background : Maternal care in Georgia

- High priority & suffers from:
 - Inequality, financial issues, disrespect to consumer, slow innovations
 - 66 per 100.000 vs. Russia & Armenia 30-34 per 100.000
- Poor health outcomes → issues in care provision & seeking
 - Mothers lack information, poor perceived necessity
 - Economic status linked to health & access
- Maternal deaths → preventable by good service provision

Concepts used:

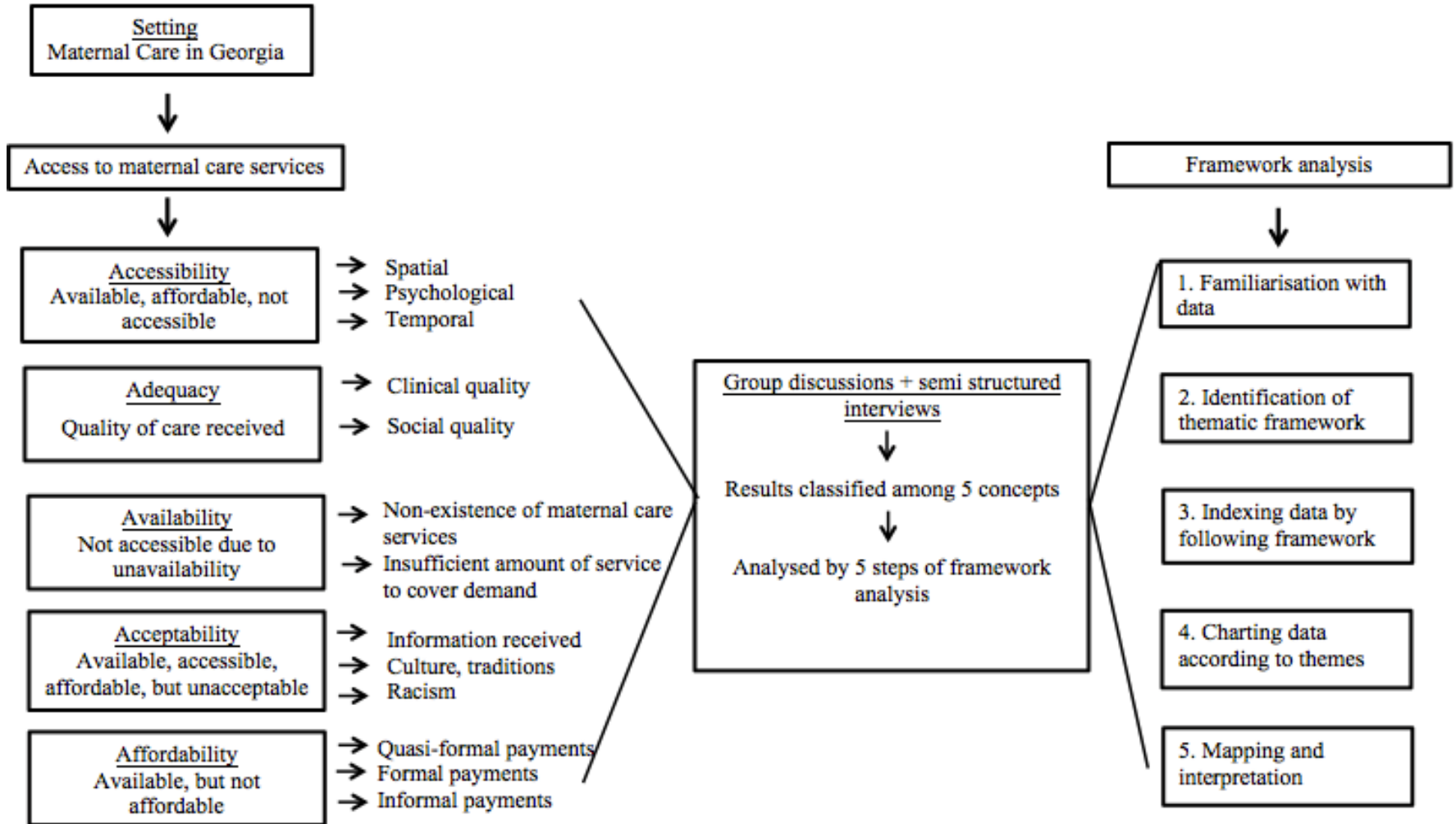


Availability; Accessibility;
Acceptability; Affordability; Adequacy

Methods: Design & data collection

- Design: Qualitative & explorative
- Focus-group discussions
 - 6 groups in 3 regions: Kutaisi, Tbilisi, Batumi
- In-depth interviews
 - 9 experts: Policy makers, care providers

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Key findings: availability

➤ Service unavailability due to:

- Lack of human resources in rural areas
- Lack of equipment (complicated cases/rural areas)
- No post-natal care (breast-feeding/post delivery complications)

➤ WHY?

- Experts blame:

- Recent healthcare privatisation,
- Family doctor non-involvement in maternal care provision
- Post-natal care exists only in policy documents

Key findings: accessibility

➤ Accessibility barriers due to:

- Distance & time for those living in rural and high mountain areas.
 - Have to travel and spend money for better quality care
 - Distance strongly related to affordability
 - Weak transportation infrastructure

➤ Accessibility is not a barrier, because:

- Waiting lists are not an issue.
- Large population group lives close to and in cities (little time & distance)
- Accessibility is rather an affordability issue (out-of pocket)

Key findings: affordability

- Most respondents admit that affordability is an issue for:
 - Poor people, rural population (limited income)
 - High-risk pregnancies falling outside state coverage
 - Those in need of pharmaceuticals (100% out-of-pocket)
 - Those with unstable income
 - Those having traveling costs - barrier for receiving quality care in time
 - Those who's family is unable to help
 - Most people due to high out-of-pocket payment

- Arguments against affordability issues
 - Improvements in state program → universal coverage
 - **Drawback:** only 4 antenatal visits and not fully covered
 - Some women did not find the payment challenging
 - No informal payments involved

Key findings: acceptability

- Acceptability problems = not recognised
 - All Georgian women accept institutionalised maternal care
 - United opinion → culture, religion or gender roles does not increase access problems due to non-acceptance of it.

- **HOWEVER:**
 - Low level of education about the importance of maternal care → delayed or insufficient care.
 - Information level differs between rural and urban areas.

Key findings: adequacy

- Poor quality maternal care is a problem, **BUT**
 - Adequacy issues = no access barrier
- Adequacy = issue:
 - To the extent (have to know where to go)
 - But women are free to choose the facility and provider
 - But women can change provider and institution in case of inconveniences.
- Adequacy has significantly improved
 - Attitude of healthcare workers & facility conditions.
- IN SHORT:
 - If cannot afford the desired care= affordability issue
 - Poor quality is not holding women back from the use itself of maternal care, but rather from getting the necessary and GOOD quality care.

Recommendations

➤ To improve availability:

- Analyse density & distribution of clinics and professionals
- Improve skills of medical professionals
- Monitoring of medical staff
- Regulate medical technologies in the private sector
- Better allocation of the available resources

➤ To improve accessibility:

- Better human recourse allocation
- Monitor provider performance
- Compensate travel costs

Recommendations

➤ To improve affordability:

- Protect vulnerable population groups
- Tackle high out-of-pocket payments
- Inform about existing state programs
- Create cost-ceiling in private sector
- Focus on prevention of complicated cases

➤ To improve acceptance

- Providing cost-effective means of health education

Recommendations

- To improve adequacy:
 - Eliminate substandard services
 - Involve professionals in training that focuses on patient-centered care
 - Government should perform a regulatory function



**Thanks for your
attention**

Any questions?