

Improving access to Assistive Technology in Georgia: Insights and Considerations from a Market Analysis

Background

Assistive Technologies (AT) like hearing aids, wheelchairs, and prostheses and orthoses (P&O) support the daily functioning of persons with restricted mobility or other impairments. Currently, less than half of the Georgian population in need of AT has access to all the products they require, and approximately 75% of these AT devices (excluding spectacles) are funded by family, friends, or through out-of-pocket payments. As the Georgian population ages, the demand for AT will also increase.

The overall AT market in Georgia can be described as competitive, offering individuals the possibility to choose products within desired price and quality ranges. However, level of competition across different products varies; for example, the market for prostheses and orthoses is less competitive than the hearing aid market.

The Government of Georgia (GoG) is committed to the provision of AT and related services through the State Program for Social Rehabilitation and Childcare. Within the program, access to AT is mainly ensured through state budget allocations and the organizations implementing the state program (i.e. registered state program providers). Despite the level of competition across product areas in the broader market, the State Program offers only one brand of hearing aids offered by one historical provider, whereas individuals needing wheelchairs, prostheses, and orthoses have more options to select among product brands and providers.

In September 2023, the GoG identified three priorities for an AT market diagnostic that would support program planning and decision-making to achieve their program goals. The objectives of the AT market diagnostic included the following:

- 1** To better understand the access barriers to three priority products offered through the State Program - wheelchairs, hearing aids and prostheses/orthoses;
- 2** To understand and validate market barriers and root causes through primary and secondary data collection; and finally,
- 3** To design high-impact strategic solutions that address the identified barriers and help improve quality, supply and financing of the selected ATs.

Key AT Market Challenges

The diagnostic analyzed four market areas (supply, demand, regulations, and financing) for AT in Georgia and identified the key challenges detailed below.

Supply



Geographic accessibility: According to the WHO Situational Assessment on ATs, the relative size of the assistive technology (AT) market in Georgia is small with 6,660 individuals requiring wheelchairs (of all types), 8,663 requiring prostheses/ orthoses and 12,580 requiring hearing aids annually, with demand fragmented across multiple providers, most of whom are in Tbilisi. The concentration of providers in the capital further limits geographical access for many individuals in need of AT. Furthermore, the lack of a comprehensive electronic data base for tracking demographic information of those accessing AT hinders effective planning of services across the country.



Limited AT Professionals: Although progress has been made in training more AT service providers in the country, several challenges remain. These include limited public awareness about these professions, limited training and professional development opportunities, lack of job opportunities, prohibitive costs for sending staff abroad for training, limited patient volumes to develop specialized skills and expertise (particularly for wheelchairs) and brain drain (particularly for those that have obtained international certifications). As a result, there is an insufficient number of key AT professionals (such as skilled P&O professionals and audiologists) to meet the population's needs.



Limited Number of State Program Providers: There are a limited number of State Program providers for some AT products due to restrictive State Program policies (e.g., voucher prices and other mandated criteria, like number of locations and skilled personnel for provider participation). While the number of providers in the State Program is steadily increasing, showing progress, there still remains only one historical provider for state-funded hearing aids. voucher prices and other mandated criteria, like number of locations and skilled personnel for provider participation)

Demand



Low awareness: Limited awareness of the State Program among both primary health-care providers and people in need of AT, largely due to the absence of widespread awareness campaigns and weak referral pathways.



Limited real-time data to inform decision-making: Lack of access to real-time data on the demand (e.g., number of disability status applications, number of State Program voucher applications) and financing sources for AT in Georgia inhibits planning and budgeting processes for key AT stakeholders including Government and State Program providers. This challenge is further exacerbated by the lack of a comprehensive electronic database and information technology platform which hinders data for decision making processes, including the ability of the Care Agency (the implementing agency of the State Program) to track key indicators efficiently and accurately.

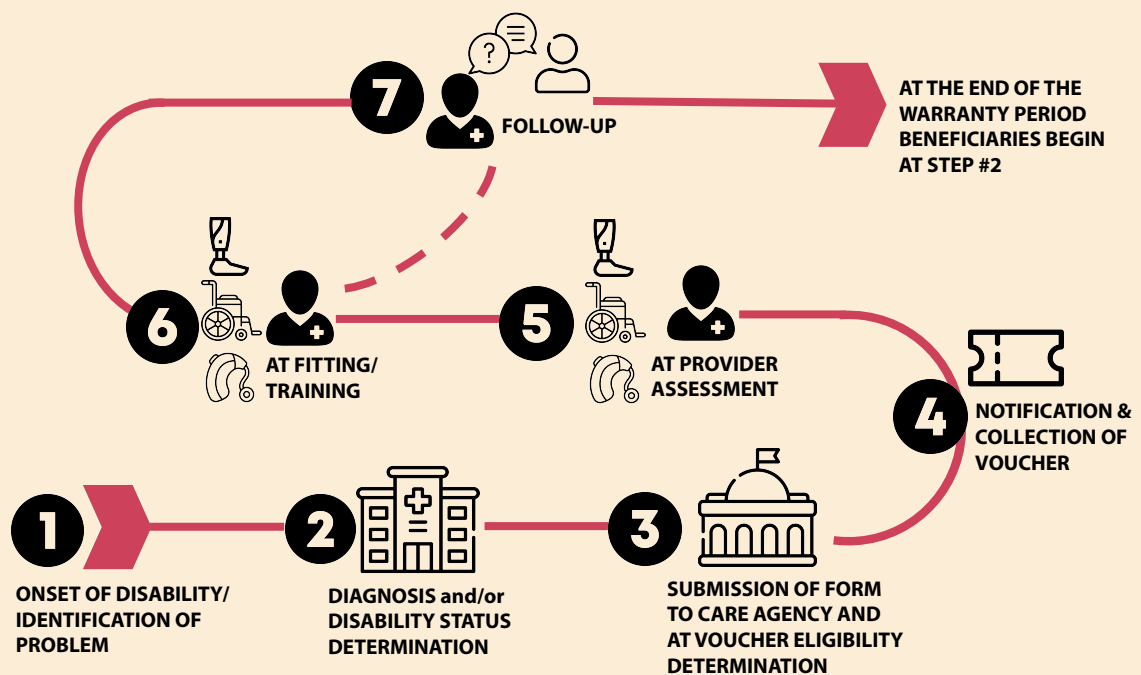


Complex and lengthy process to obtain vouchers: While improvements have been made, the process to apply for and obtain AT vouchers through the State Program can be complex and lengthy and entails financial and opportunity costs for people in need of AT (i.e. travel costs and time) that may discourage access. (See Box 1 for more details). This is especially true of those beneficiaries requiring form N50 which designates disability status and can only be obtained from select providers that are not always geographically accessible.



Product acceptability: The absence of feedback mechanisms from beneficiaries contributes to uncertainty regarding the acceptability and satisfaction of AT products and services provided through the State Program. Anecdotes shared during the diagnostic suggest some beneficiaries may believe that free (or subsidized) AT equates to poor quality

BOX 1. JOURNEY TO ACCESS AT THROUGH THE STATE PROGRAM



Regulations



Unknown quality & appropriateness of AT products: The absence of local, robust regulations and monitoring mechanisms for safety, quality and effectiveness leads to uncertainties about the quality and appropriateness of available AT products in meeting the needs and preferences of people in need of AT.



Unknown quality of AT services: While State Program AT providers are expected to meet certain service level standards and criteria, monitoring service provision is currently not conducted regularly. Additionally, there are no standards for regulating the quality of services offered through non-State Program providers. The shortcomings of the monitoring system, as well as the absence of user satisfaction assessments, significantly hinder the ability to improve quality.



Restrictive State Program policies: Some providers reported that State Program policies such as low voucher prices, requirements for a minimum number skilled AT professionals and geographic reach as barriers to participation.

Financing



Fragmented sources of financing: Currently, there is no joint coordination or planning mechanism for AT, and financing is fragmented across different sources including: the central budget, Ministry of Defense budget, municipality budgets, and charities (see Box 1 for additional information on municipality budgets). Limited visibility across these various sources inhibits program efficiencies and resource optimization for AT.



Insufficient State Program budget: State Program providers noted that the current budget does not adequately cover the full range of AT products (related accessories) and services to meet individual beneficiary needs; additionally, voucher prices have not kept pace with new import tariffs for materials.

Potential Solutions for Consideration

Consultations with GoG, state and non-state program providers and other key AT stakeholders in Georgia led to the below context-specific recommendations to help the GoG address some of the most pressing AT market barriers. The GoG is committed to working with partners and has already begun some work with the WHO to improve awareness of primary health care doctors and improve data systems and monitoring of the State Program.

Supply

Increase the number, skills and reach of AT professionals through:

- Deploying information campaigns at high schools to promote key AT professions
- Creating a platform to connect highly experienced AT professionals with less-experienced professionals, providing targeted mentorship to develop specialized skills across all regions of Georgia (at least one per region)
- Encouraging key specialists (e.g., wheelchair fitting specialists) to diversify their skills to sustain livelihood in the face of limited numbers of people in need of AT

Demand

Increase AT awareness for people in need of AT and primary health care (PHC) doctors through the following:

- Individuals in need of AT: Deploying a robust awareness campaign (e.g., social media, TV, and radio campaigns and make fliers/brochures available at key access points (e.g., primary health care centers; independent living centers; hospitals performing amputations; etc.)
- Primary Health Care Doctors and Service Providers: Training doctors and other medical personnel, especially in rural areas, on referral pathways to AT service providers.

Improve access to information to support State Program decision-making through:

- Creating/or working within an existing dialogue platform to encourage more regular opportunities for the Government to meet and communicate with AT stakeholders (e.g., providers, municipal Governments, etc.)
- Supporting the GoG with demand estimation methodologies for AT products
- Developing an interoperable electronic information system for the State Program that connects government ministries and key stakeholder to improve coordination, planning, efficiency, visibility and evidence-based decision making

Improve understanding of the acceptability of State-funded AT through:

- Supporting mechanisms for beneficiary feedback (beneficiary surveys or focus group discussions) to understand, in more depth, beneficiary experience with state-funded AT products and services and its impact on demand for AT

Regulations

Ensure availability of quality AT products and services through:

- Review and finalize draft national minimum quality standards for AT and ensure that they are uniformly applied across all AT service providers
- Establishing and enforcing quality monitoring mechanisms for private providers
- Institutionalize monitoring and quality systems into existing processes and develop the capabilities and competencies of implementing organizations to adopt and adhere to standards

Ensure Government policies are not unnecessarily restrictive by:

- Incorporating key AT stakeholder voices (people in need of AT, providers, etc.) in the design and adaptation of the State Program

Financing




Optimize existing financing for AT through:

- Creating a joint coordination and planning mechanism that considers available financing across various sources (central budget, municipality budget, ministry of defense budget and charities like Georgian Woman for Peace and Life)

Ensure sustainable financing for AT through:

- Developing a national strategy for ATs including an implementation plan
- Support a holistic dialogue about budgeting, priority setting, resource allocation, and governance structures to ensure ongoing access to AT products and services as demand increases

BOX 2. PRODUCT-SPECIFIC CHALLENGES AND SOLUTIONS HIGHLIGHTED BY AT PROVIDERS (see AT Market Diagnostic Report for more information)

| | CHALLENGE | ROOT CAUSE | PROPOSED SOLUTION |
|---|--|--|---|
|  | Few fitting specialists | Low patient volumes limit opportunities and incentives to train | Support wheelchair fitting as a mixed profession Targeted mentorship to ensure 1 specialist in each region |
|  | 1 State Program Provider for hearing aids | Low voucher price Requirements for provider's geographic reach | Create minimum standards for hearing aids and consider voucher price increase or co-payment/cost-sharing models |
|  | Low awareness among amputees about State support for products & related services | Low awareness among surgeons and primary health care doctors about service offerings | PHC doctors need more information on who, where and how to refer patients. |

This brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of Cooperative Agreement No. 7200-AA-18CA-00037 managed by Results for Development (R4D). The contents are the responsibility of R4D and do not necessarily reflect the views of USAID or the United States Government.

