

# How two Georgian organisations designed a game-changing telemedicine service for the nation's women

Nino Tsereteli, Executive Director of Tanadgoma, talks us through the early-term medical abortion service she helped develop...

While medical abortions in Georgia are legal, accessing them isn't always easy.

As national standards dictate women must attend at least two appointments with a clinician and not all health facilities provide medical abortion services, many in rural areas face long and expensive journeys to other regions to access the information and medication they need.

Keen to remove those barriers and streamline the process for women in Georgia, two local organisations joined forces to design and pilot an innovative telemedicine approach to medical abortion.

It worked so well, they are now advocating the inclusion of a similar streamlined telemedicine model of medical abortion in national guidelines.

At present, Georgia's national guidelines on medical abortion require two appointments with a clinician, with many women attending three – the first to confirm their pregnancy and receive counselling, the second to collect their pills after an obligatory five-day waiting period, and most attend a third to confirm the abortion was successful.

**“We hadn't worked in the abortion space as an organisation before this project, but through our family planning support, we witnessed first-hand the barriers women were experiencing and wanted to find a solution.”**

Nino Tsereteli, Executive Director of Tanadgoma, a Georgian organisation that successfully trialled a telemedicine approach with OPTions Initiative and OLP support.

*“Some women were travelling more than 10km for each appointment,” said Nino Tsereteli “That means leaving their busy households or offices, finding childcare,*

*and repeatedly risking their privacy in what is a predominantly Christian Orthodox country.”*

## Taking a new approach

Tanadgoma and Healthy Life's model, which is funded by Grand Challenges Canada's Options for Pregnancy Termination (OPTions) Initiative, simplifies the process.

*“Women now only make one in-person visit to the abortion provider to confirm their pregnancy and receive counselling,” Ms Tsereteli said.*

*“After waiting the obligatory five days, a nurse calls to check they still want to go ahead before posting them the medication and two multi-level pregnancy tests – one to be taken before the pills and another a week later. If the pregnancy hormone levels have dropped, the abortion was successful.”*

Designed in partnership with Gynuity Health Projects, the trial introduced innovative and novel approaches to Georgia's reproductive health system – using telemedicine for abortion services, posting medication and using multi-level urine pregnancy tests, which are unavailable in Georgia's pharmacies but can detect pregnancy hormone changes within days.

Between April, 2020 and March, 2021, 119 women used the new service at healthcare providers in Georgia's capital, Tbilisi; Batumi, in the mountainous coastal region of Ajara; and Zestafoni, in Western Georgia.

The trial worked well. Most of the women (96 per cent) had a complete abortion without needing a surgical intervention, a rate on par with in-person appointments. All said they were satisfied with the service and most said they would recommend it to a friend.

Streamlining the process also reduced indirect and direct costs, which had historically restricted women's access to the service. A comparative cost analysis found the telemedicine approach reduced the cost of care for the client by GEL 55.63 (approximately CAD 22.61), from GEL 265.36 (approximately CAD 107.86) for three clinic visits and medicine to GEL 209.73 (approximately CAD 85.25; all costs weighted) for the more streamlined telemedicine model.

*“This is cheaper, but as Georgia's hospitals are privately run it's impossible to give a uniform cost for this service,” said Ms Tsereteli. “As the multi-level tests are not yet available in Georgia their costs are difficult to confirm too, though other high-sensitivity tests would work, as is how much clinics would charge for postal delivery.”*

## Managing the curve balls

The service began while the country was in the throes of the Covid-19 pandemic and there was a curfew and travel restrictions.

*"The timing was not planned, but it proved to be really important, as women were even less able to get to the services they needed at that time," Ms Tsereteli said.*

## Encouraging change

Having successfully trialled the approach, the team is now keen to secure funding to expand into other regions, particularly those without clinics and where the landscape is mountainous and many things close during the winter.

*"Unfortunately, based on my fundraising experience with this organisation, which is extensive, I can say first hand there is a scarce assortment of donors that prioritise work in this region and in this country," said Ms Tsereteli. "When you narrow that focus to reproductive health, it's just a couple of donors. If it's not in their strategy, it's difficult to get them to prioritise our work."*

**"It did present some postal challenges though, particularly in mountainous regions where restrictions meant some deliveries were late. To address the problem, we switched to a more expensive, 24/7 courier service to ensure women weren't late taking their pills."**

Nino Tsereteli, Executive Director of Tanadgoma

The organisation is also looking into registering the multi-level pregnancy test on the Georgian market to ensure its availability when looking to expand the service's reach in country. It had sourced them from abroad for the research trial.

Long-term, it is advocating telemedicine's inclusion in revised national abortion guidelines that were due to be drafted when the pandemic struck.

*"Georgia's hospitals are privately owned and run, and the main feedback from abortion providers in our follow-up research was that they would need this model in the guidelines before they could incorporate it," said Ms Tsereteli.*

*"Having it in the guidelines will make things so much easier. Though this model cannot be made mandatory, from a business perspective it broadens the assortment of services they can offer to women, boosts their reputation and improves access to safe medical abortion."*

## Options learning platform support

Tanadgoma's telemedicine medical abortion service innovation received seed funding from Grand Challenges Canada's Options for Pregnancy Termination Innovation (OPTions) Initiative in 2019.

The OPTions Initiative seeks innovative and transformative approaches that put women, girls, and people with diverse sexual and gender identities in control of where, when, and how they access quality safe abortion information and services, if they choose to do so, and where there are one or more legal grounds to support it. They support a diverse range of organisations, such as social entrepreneurs, feminist research organisations, academic institutes, start-ups and national and grassroots organisations to pioneer new innovations relating to safe abortion. This ranges from novel service delivery models through to clinical research into next generation methods to transform and expand options for medical abortion and SRH commodities.

The OPTions Learning Platform (OLP), managed by Options Consultancy Services, provides tailored technical assistance to OPTions innovator organisations to develop effective, quality and scalable transformative solutions to support reproductive choices. The platform draws on the OLP team's own expertise and convenes implementers, experts, funders and researchers to build a supportive learning environment and ecosystem to enable innovators to accelerate their impact through technical excellence, partnerships and networking opportunities.

**“The team at Options Learning Platform have organised a couple of interesting workshops, including with fellow innovators who shared the work they’re progressing. There were some we may be interested in working with in the future. The OLP also gave us an opportunity to meet with donors, providing insight regarding what they’re looking for. OLP staff have also recommended follow-up one-to-one meetings with some of those donors. These networking opportunities have been particularly important during the pandemic, when we can’t travel or network as we have previously”.**

Nino Tsereteli, Executive Director of Tanadgoma.

Written by: Leah Oatway

## Innovations in brief:

- **Who:** Tanadgoma, a sexual and reproductive health and rights and mental health organisation based in Tbilisi  
*Partners* - Healthy Life (a local NGO) and Gynuity Health Projects.
- **Where:** Georgia, Eastern Europe.
- **The challenge:** Abortion is legal in Georgia, but access can be challenging and expensive, particularly for rural women. Three in-person appointments are usually needed for an early-term medical abortion with a five-day 'cooling off' period between the first and second visits.
- **The innovation:** A telemedicine approach to medical abortion, which includes multi-level pregnancy test unavailable in local pharmacies.
- **The impact:** 119 women trialled the new approach.
  - Most (96 per cent) had a complete abortion without needing surgical intervention, on par with in-person appointments.
  - All were satisfied with the service. Most would recommend it to a friend.
  - The piloted approach cost users one third of traditional service.
- **What's next?**
  - Secure funding to expand into other regions, particularly the most remote and mountainous.
  - Research registering of multi-level urine pregnancy test on Georgian market.
  - Advocate telemedicine medical abortion service's inclusion in revised national guidelines.



Options for Pregnancy Termination Innovation Initiative



*The OPTions Learning Platform (OLP) is supported by the Options for Pregnancy Termination Initiative (OPTions Initiative) and Grand Challenges Canada and managed by Options Consultancy Services.*