

Hypertension Control Program in Georgia's Shida Kartli Region Demonstrates Simple Solutions to Complicated Problem, Partnership Begins Family Medicine Reform in the Region

High blood pressure is a major risk factor for the principal causes of mortality and disability in Georgia. Every year, 35 percent of all the healthcare expenses in this country of 4.7 million people are directed toward treatment of hypertension and its complications.

The successful hypertension control program initiated in 2000 by AIHA's now-graduated Mtskheta-Mtianeti/Milwaukee (Wisconsin) partnership proved that a combination of proactive treatment based on standardized methods and continuous training of medical professionals coupled with lifestyle education, periodic monitoring, and the provision of free medication to patients, can effectively control hypertension even in resource-limited primary healthcare settings. The success of the model is borne out by its results—since the beginning of the program, there have been no deaths from hypertension and the rate of complications—including those requiring hospitalization—has been significantly decreased.

Beginning February 2005, this hypertension control program was introduced to the Kareli district in the Shida Kartli region under the aegis of the Gori/Milwaukee partnership. In preparation for launching the program, the US partners conducted hypertension management training for nine physicians of Kareli Polyclinic and sponsored a regional workshop that was attended by 50 physicians and nurses from various regional primary healthcare settings. The training sessions included video instruction and hands-on training in accurate blood pressure measurements. So far, 50 patients have been enrolled in this program and are receiving appropriate treatment and are being monitored closely. As a result, the average blood pressure level among these patients decreased by 36/17 mmHg.

Inspired by these impressive accomplishments, the Gori partners decided to replicate another model piloted in Mtskheta—the hypertension screening program. Gori's program was launched in September 2005 and has thus far enrolled 150 patients. Prior to the launch, the Gori District Polyclinic Ambulatory Unit was outfitted with all the necessary instruments and equipment, and staff were trained in comprehensive hypertension management. According to the partners, if these programs have resulted in such significant improvements in Mtskheta and Kareli, they will be able to do the same in Gori and hopefully all of Georgia.

With the goal of sustaining the positive changes and of ensuring continuous improvements in the overall health status of individuals and families in these communities by increasing their

access to high-quality primary healthcare services, the partners are currently in negotiations with Georgia's Ministry of Health and Social Affairs, World Bank (WB), and the National Family Medicine Training Centers (FMTCs) concerning the possibility of establishing a FMTC in Gori. Like the others, the center in Gori would train—and in some cases re-train—clinicians so they can practice family medicine. So far, five of these centers have been opened in Tbilisi under the national Family Medicine Training Program sponsored by the World Bank. A similar center was also established in Mtskheta with the support of a since-graduated AIHA partnership.

Together, this network of FMTCs plays a critical role in re-training medical workers in the regions while improving the clinical capacities of the polyclinics and ambulatories. Paralleling the negotiations, the Gori/Milwaukee partnership began implementing a 940-hour training course in family medicine for physicians at Gori District Polyclinic's Ambulatory Unit. The curriculum of this 940-hour training course was developed by the British Department for International Development and the US partners from Milwaukee and had already been piloted through the FMTCs. After completion of this course, trainees will be eligible to take the state exam to become licensed family medicine practitioners, helping the region promote family medical practice by building a qualified cadre of family medicine specialists.