Medical Country of Origin Information

March 2025

euaa
EUROPEAN UNION
AGENCY FOR ASYLUM

Georgia
Provision of Healthcare

EUROPEAN UNION AGENCY FOR ASYLUM

Georgia

Provision of Healthcare

March 2025

Manuscript completed in March 2025

Luxembourg: Publications Office of the European Union, 2025

PDF ISBN 978-92-9410-618-6 doi: 10.2847/3745073 BZ-01-25-018-EN-N

Cover photo/illustration: Mother of Georgia monument in spring in Tbilisi, Mistervlad, ©Adobe Stock, n.d. https://stock.adobe.com/mt/images/mother-of-georgia-monument-in-spring-in-tbilisi/494683157

Please cite as: EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, https://coi.euaa.europa.eu/administration/easo/PLib/2025_03_EUAA_MedCOI_Report_Georgia_Provision_of_Healthcare.pdf

Acknowledgements

The EUAA acknowledges International SOS as the drafters of this report.

The report has been reviewed by International SOS and the EUAA.

Contents

Disclaimer

This report was written according to the EUAA COI Report Methodology (2023). The report is based on carefully selected sources of information. All sources used are referenced.

The information contained in this report has been researched, evaluated and analysed with utmost care. However, this document does not claim to be exhaustive. If a particular event, person or organisation is not mentioned in the report, this does not mean that this has not taken place or that the person or organisation does not exist.

Furthermore, this report is not conclusive as to the determination or merit of any particular application for international protection. Terminology used should not be regarded as indicative of a particular legal position.

'Refugee', 'risk' and similar terminology are used as generic terminology and not in the legal sense as applied in the EU Asylum Acquis, the 1951 Refugee Convention and the 1967 Protocol relating to the Status of Refugees.

Neither the EUAA, nor any person acting on its behalf, may be held responsible for the use which may be made of the information contained in this report.

The drafting of this report was finalised on 20 January 2025. Any event taking place after this date is not included in this report. More information on the reference period for this report can be found in the methodology section of the Introduction.

Glossary and abbreviations

Term	Definition
CHE	Current Health Expenditure
CIF	Curatio International Foundation
DRG	Diagnostic-Related Group
EBITDA	Earnings Before Interest, Taxes, Depreciation and Amortisation
EMS	Emergency Medical Service
EMSC	Emergency Situations Coordination and Urgent Assistance Centre
ERC	Emergency Records
ESCUAC	Emergency Situations Coordination and Urgent Assistance Centre
EU	European Union
GDP	Gross Domestic Product
GEL	Georgian Lari (currency)
GHG	Georgian Healthcare Group
GMH	Georgia Medical Holding
GMP	Good Manufacturing Practice
GPS	Global Positioning System

Term	Definition
GNI	Gross National Income
HBP	Health Benefits Package
HFPM	Health Financing Progress Matrix
IDPs	Internally Displaced People
LEPL	Legal Entity of Public Law
MoIDPLHSA	Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs
NCDC	National Centre for Disease Control and Public Health
NGO	Non-Governmental Organisation
NHA	National Health Agency
OECD	Organization for Economic Co-operation and Development
OOP	Out of Pocket
PHC	Primary Healthcare
PPP	Purchasing Power Parity
PRP	Pharmacy Retail Price
PSCC	Public Safety Command Centre

Term	Definition
Rayon	A former district-level administrative unit in Georgia, officially replaced by municipalities. The term is still used in reference to district healthcare facilities
SRAMPA	State Regulation Agency for Medical and Pharmaceutical Activities
SSA	Social Services Agency
THE	Total Health Expenditure
UHCP	Universal Health Care Programme
VET	Vocational Education and Training
VHI	Voluntary Health Insurance
WHO	World Health Organization
WHO/Europe	World Health Organization Regional Office for Europe

Introduction

Methodology

The purpose of the report is to provide information on access to healthcare in Georgia. This information is relevant to the application of international protection status determination (refugee status and subsidiary protection) and migration legislation in the European Union (EU)+ countries.

Terms of reference

The terms of reference for this Medical Country of Origin Information Report can be found in Annex 2: Terms of reference. The initial drafting period finished on 22 November 2024, peer review occurred between 23 November 2024 and 15 January 2025, and additional information was added to the report as a result of the quality review process during the review implementation up until 20 January 2025. The report was internally reviewed subsequently.

Collecting information

EUAA contracted International SOS (Intl.SOS) to manage the report delivery including data collection. Intl.SOS recruited and managed a local consultant to write the report and a public health expert to edit the report. These were selected from Intl.SOS' existing pool of consultants. The consultant was selected based on their experience in leading comparable projects and their experience of working on public health issues in Georgia.

This report is based on publicly available information in electronic and paper-based sources gathered through desk-based research. This report also contains information from multiple oral sources with ground-level knowledge of the healthcare situation in Georgia who were interviewed specifically for this report. For security reasons, oral sources are anonymised unless they have chosen to be named in relation to the organisation represented.

Currency

The currency in Georgia is the Georgian lari (GEL). The currency name, the ISO code and the conversion amounts are taken from the INFOEURO website of the European Commission. The rate used is that prevailing at the date of the source, i.e. the publication or the interview, that is being cited. The prevailing rate is taken from The European Commission website, InforEuro.[1]

[1] European Commission, Exchange rate (InforEuro), n.d., url

Quality control

This report was written by Intl.SOS in line with the EUAA COI Report Methodology (2023),[2] the EUAA Country of Origin Information (COI) Reports Writing and Referencing Guide (2023)[3] and the EUAA Writing Guide (2022).[4] Quality control of the report was carried out both on content and form. Form and content were reviewed by Intl.SOS and EUAA.

The accuracy of information included in the report was reviewed, to the extent possible, based on the quality of the sources and citations provided by the consultants. All the comments from reviewers were reviewed and were implemented to the extent possible, under time constraints.

Sources

In accordance with EUAA COI methodology, a range of different published sources have been consulted on relevant topics for this report. These include: governmental publications, academic publications, reports by non-governmental and international organisations, and Georgian media.

In addition to publicly available sources, oral anonymised sources were also consulted for this report. These included senior officials, healthcare providers, and representatives of relevant organisations. The sources were assessed for their background and ground-level knowledge and represent different aspects of the Georgian healthcare system. All sources that are used in this report are outlined in the Annex 1: Bibliography.

[2] EUAA, Country of Origin Information (COI I) Report Methodology, February 2023, url
[3] EUAA, Country of Origin Information (COI) Reports Writing and Referencing Guide, February 2023, url
[4] EUAA, The EUAA Writing Guide, April 2022, url

1. General information

1.1. Geographic context

Map 1. Georgia, © United Nations[5]

Georgia is located in the South Caucasus region between Western Asia and Eastern Europe. The country extends over an area of 69 700 sq. kilometres, and borders Armenia, Azerbaijan, the Russian Federation and Turkey.[6]

Georgia has a multi-ethnic population of 3.69 million. Of the total population, 57.4 % live in urban areas. Georgians make up the majority ethnic group (86.8 %), with Armenians (4.5 %) and Azerbaijanis (6.3 %) constituting the largest ethnic minorities. The official language is Georgian and about 85 % of the population are native speakers.[7] The country is divided into

[5] UN, UN Geospatial, Department of Field Support Geospatial Information Section, Map No. 3780, Rev. 6, 1 September 2015, url
[6] Georgia, Geostat, 2024, url
[7] Georgia, Geostat, 2024, url

12 administrative territorial units (including the capital city, Tbilisi, and the separatist regions of South Ossetia and Abkhazia) and further into 71 municipalities, including those within the two autonomous regions of Abkhazia and Adjara.[8]

1.2. Political and economic context

Georgia is a democratic republic with a parliamentary system of governance.[9] It gained independence from the Soviet Union in 1991 and the transition to democracy from a centralised, single-party system has by the United Nations Population Fund been described as a challenging journey marked by turbulence.[10]

At the beginning of the 1990s, organised crime, widespread corruption and excessive bureaucracy persisted as prominent barriers to development.[11] The country experienced civil wars in South Ossetia (1988-1992) and Abkhazia (1992-1993), leading to the internal displacement of 300 000 people and the emergence of two 'frozen conflict' zones in Abkhazia and South Ossetia, which put these two regions, accounting for over 20 % of the country's territory, outside the control of Georgian authorities. Following the Russo-Georgia war in 2008, Abkhazia and Tskhinvali region/South Ossetia are recognised by the international community as territories occupied by the Russian Federation.[12]

Signs of political stability began to emerge in the mid-1990s. Since then, Georgia implemented robust legal, institutional, economic and structural reforms, which allowed the country to grow its economy, particularly in the communication, financial, construction, agriculture, tourism and technology sectors. In 2024, Georgia is an upper-middle-income country (according to the World Bank classification)[13] with an emerging free-market economy and a gross domestic product (GDP) per capita (in current United States dollar (USD) at USD 8 219, which constitutes more than ten-fold increase from the GDP per capita figure of USD 749 reported in the year 2000.[14] Economic development and cohesive social policies have more than halved the poverty rate over the last decade, from 37.3 % of the population in 2010 to 15.7 % in 2022 (according to the national poverty line).[15] Yet structural problems persist, such as weak productivity and limited high-quality job creation. More than a third of all workers are engaged in low-productivity agriculture. Georgia remains vulnerable to external shocks due to a small, open economy reliant on trade and tourism.[16]

[8] Georgia, Geostat, Population as of 1 January by regions and self-governed units, 2024, url
[9] Constitution of Georgia, 1995, url, Article 3
[10] UNFPA, PSA, Georgia 2014: Final Report, Georgia, 2015, url, p. 21
[11] UNFPA, PSA, Georgia 2014: Final Report, Georgia, 2015, url, p. 22
[12] United Nations, Status of internally displaced persons and refugees from Abkhazia, Georgia, and the Tskhinvali region/South Ossetia, Georgia: resolution / adopted by the General Assembly, May 2024, url
[13] World Bank (The), The World Bank in Georgia, Overview, Country Context, updated 23 October 2024, url
[14] World Bank (The), World Bank Group, Data, 2023, url
[15] World Bank (The), Georgia: Keeping the Reform Momentum, A Systematic Country Diagnostic Update, 2023, url
[16] World Bank (The), The World Bank in Georgia, Overview, Country Context, updated 23 October 2024, url

The European Union (EU) and Georgia have worked towards closer integration since signing an Association Agreement in 2014 and establishing a Deep and Comprehensive Free Trade Area. Visa-free travel to the Schengen area for Georgian citizens began in March 2017, enhancing mobility and contact. Georgia's EU membership efforts faced challenges; despite being granted candidate status in December 2023, the EU accession process was halted in June 2024 due to backsliding on necessary reforms. The European Council reaffirmed this halt in October 2024, urging Georgia to implement democratic and sustainable reforms to align with EU principles.[17]

1.3. Demographic and health context

Georgia has an ageing population and declining birth rates. The population has shrunk by around 25 % since independence[18] to 3.7 million as of 2024,[19] largely due to out-migration.[20] In 2023, life expectancy was 70.6 years for males and 79.4 years for females. The birth rate has reduced since 2014 from 16.3 to 10.8 per 1 000 persons in 2023. The share of the total population aged 65 and over has increased during the last decade from 14.2 % in 2014 to 16.2 % by 2024.[21]

In the broader context of the past 30 years, Georgia's population health trends have mirrored those observed across the World Health Organization (WHO) European Region. Enhancements in data quality within the health information system, encompass data on service utilisation, epidemiological insights, and birth and death registrations.[22] Changes in public health indicators suggest that public health policies are having some effect. The control of communicable diseases is a focus area for the government and the nation has high coverage rates for routine childhood vaccinations.[23] For example, there has been an improvement in the infant mortality rate, which has reduced by almost four times between 2000 and 2022,[24] and is now nearing the average for the WHO European Region (8.2 vs. 6.4 per 1 000 live births, respectively).[25] Access to essential services has been enhanced, particularly for multidrug-resistant tuberculosis (MDR-TB) and hepatitis C (Hep C). The implemented Hep C Elimination Programme has achieved 75 % of adults screened as of May 2022, resulting in a 67 % reduction in active Hep C infections.[26] Many health challenges remain, notably noncommunicable diseases, accounting for most of the country's burden of morbidity and 93 % of total mortality and 25 % of premature mortality (in the population aged

[17] Delegation of the European Union to Georgia, The European Union and Georgia, 2023, url
[18] Richardson, E., & Berdzuli, N., Georgia: Health system review, Health Systems in Transition, 2017, url, p. xv
[19] Geostat, Population and Demography, 2024, url
[20] Richardson, E., & Berdzuli, N., Georgia: Health system review, Health Systems in Transition, 2017, url, p. xv
[21] Georgia, Geostat, 2024, url
[22] WHO/Europe, Georgia: Profile of Health and Well-being, Copenhagen, Denmark, 2017, url, p. vi
[23] Richardson, E., Health Systems in Action: Georgia, Copenhagen, Denmark, 2022, url, p. 7
[24] UNICEF Data Warehouse, Georgia, Infant Mortality Rate, 2024, url
[25] WHO, Global Health Observatory, Infant Mortality Rate, 2024, url
[26] Richardson, E., Health Systems in Action: Georgia, Copenhagen, Denmark, 2022, url, p. 7

from 30 to 70 years).[27] Addressing these challenges is one of the key objectives of Georgia's National Healthcare Strategy 2022-2030.[28]

[27] WHO, Noncommunicable Diseases, Progress Monitor, 2022, url, p. 75
[28] Georgia, Legislative Herald of Georgia, Document No. 230 'საქართველოს 2022 – 2030 წლების ჯანმრთელობის დაცვის ეროვნული სტრატეგიის დამტკიცების შესახებ' [On the approval of Georgia's National Healthcare Strategy 2022-2030], 4 May 2022, url, Annex 1, p. viii

2. Health system organisation

2.1. Overview

Following independence, the healthcare system of Georgia moved from the highly centralised Soviet Semashko model to a more decentralised model. This was initially enabled through the reforms launched from 2007 to 2012 paving the way for privatisation, deregulation and trust in market mechanisms to drive efficiency.[29] Public funding was dispersed among competing private insurance companies and various national programmes. This fragmentation in health financing was progressively reduced with the introduction of the Universal Health Care Programme (UHCP) in 2013, which expanded population coverage and the depth of the benefits subsidised by the government.[30]

In 2022, Cortez and Cetinkaya writing for the World Bank Group, explained that Georgia has a single public purchaser, the National Health Agency (NHA) and vertical supply-side programmes for priority diseases and conditions.[31] A Health Benefits Package (HBP) provides different types of service and financial coverage across population groups: registered households living under the poverty line, insured veterans, citizens with low incomes, children ages 6–18, and other citizens with higher incomes. Cortez and Cetinkaya describe the HBP as being 'complex and fragmented', which they state is exacerbated by the vertical programmes that cover specific diseases.[32]

The NHA is funded through centralised financing from general tax revenues. Delivery of health services is decentralised and dominated by private health providers,[33] and is organised into three tiers of care:

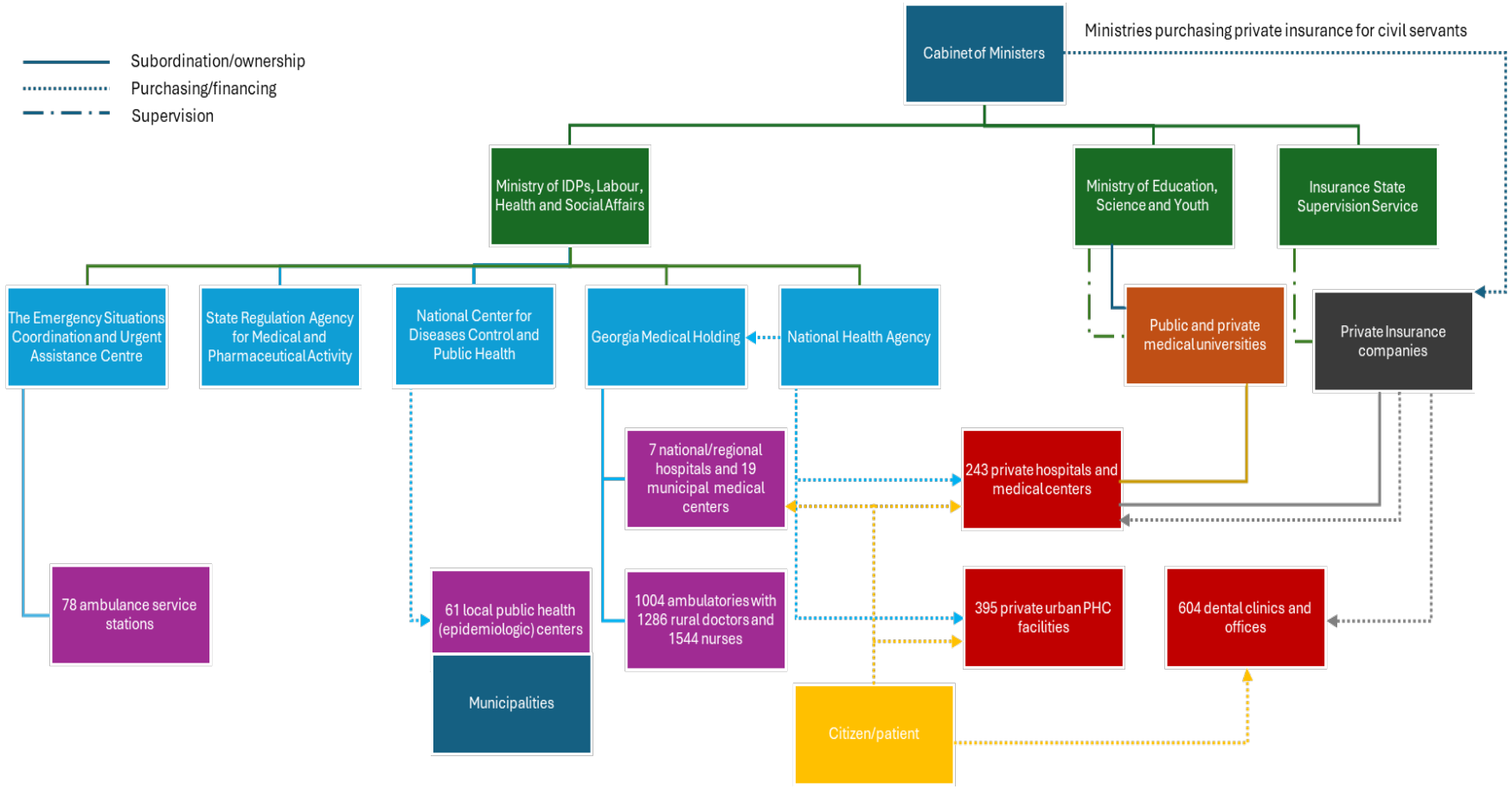
1. primary healthcare (PHC) provided by rural doctors and nurses serving rural residents and urban outpatient facilities not only serving urban but also serving pre-registered or referred rural residents;
2. secondary inpatient and specialist services provided by medical centres at municipal level; and
3. tertiary care provided by regional and national level public and private hospitals.[34]

[29] WHO/Europe, Health and Sustainable Development: progress in Georgia, Copenhagen, Denmark, 2020, url, p. 4
[30] Richardson, E., Health Systems in Action: Georgia, Copenhagen, Denmark, 2022, url, p. 8
[31] Cortez, R.A. and Cetinkaya, V., Georgia: Health Sector Organization and Strategic Purchasing, March 2022, url, p. 1
[32] Cortez, R.A. and Cetinkaya, V., Georgia: Health Sector Organization and Strategic Purchasing, March 2022, url, p. 5
[33] Richardson, E., Health Systems in Action: Georgia, Copenhagen, Denmark, 2022, url, p. 8
[34] KII01, Senior official at the MoIDPLHSA, Interview, 24 October 2024; KII05, Senior official at the MoIDPLHSA, Interview, 8 November 2024

Rural doctors and nurses are publicly employed by Georgia Medical Holding – a MoIDPLHSA subordinated organisation, while most municipal-level medical centres, including those providing PHC services and tertiary care hospitals, are private (see key features of Georgia's health system organisation and provider numbers at each level in Figure 1).[35]

[35] KII01, Senior official at the MoIDPLHSA, Interview, 24 October 2024; KII05, Senior official at the MoIDPLHSA, Interview, 8 November 2024

Figure 1. Health System Organisation in Georgia



Source: Compiled by author from various official sources reflecting the most recent institutional changes and validated with Ministerial leadership.[36] Facility figures are from the NCDC[37]

[36] KII01, Senior official at the MoIDPLHSA, Interview, 24 October 2024; KII05, Senior official at the MoIDPLHSA, Interview, 8 November 2024
[37] NCDC, Georgia, Statistical Yearbook 2021, Tibilisi, 2022, url, p. 26

The role of regional and municipal health authorities in health services provision and financing is limited. However, as noted by a representative of the Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs (MoIDPLHSA), citizens of Georgia residing in the capital of Tbilisi, the Autonomous Republic of Adjara and other relatively prosperous municipalities, enjoy access to extended health benefits financed through the local government revenues. For example, Tbilisi and Adjara residents can access therapy services for children with autism spectrum disorders and are eligible to get financing for a liver transplant. Other municipalities do not fund these interventions for their residents and they are beyond the financial reach of the majority of Georgia citizens.[38] Disparities are also reported in accessing needed health services, particularly at the PHC level for rural residents,[39] ethnic minorities[40] and sexual minorities.[41]

2.1.1. Healthcare services

(a) Primary healthcare (PHC) services

PHC is the formal entry point of Georgia's healthcare system, and the Georgian Law on Healthcare mandates PHC to ensure 'the first contact of an individual or a family with the healthcare system; continuous, comprehensive, and coordinated medical services primarily based on a system of family medicine, available for each member of society, and implying measures of health promotion, disease prevention, and widely prevalent disease treatment and rehabilitation, including maternal and child healthcare, family planning, palliative care and ensuring accessibility to essential medicines.'[42]

To fulfil this legal entitlement, PHC services are organised in two distinct modalities respectively for urban and rural populations. The urban areas are served predominantly by private providers through polyclinics (adult and paediatric), family medicine centres (mainly in large cities), women's consultation clinics, reproductive health centres and rayon [district] medical centres.[43] PHC is staffed by many differing specialists, as family medicine was only recognised as a distinct medical speciality in 1998 and a complete transition to the family medicine model has not been completed.[44] All beneficiaries in urban areas are required to enrol (register) with a PHC provider. Patient lists are maintained electronically and utilised by the NHA to adjust monthly capitation payments. As of 1 November 2024, there were

[38] KII01, Senior officia at the MoIDPLHSA, Interview, 24 October 2024
[39] WHO/Europe, Rethinking primary health care financing in Georgia, 2021, url, p. 9
[40] WeResearch, Friderich-Ebert-Stiftung: Dual Vulnerability and Security: A Case Study of Azerbaijani and Armenian Ethnic Minority Women in Georgia, December 2021, url, p. 23; Public Defender's Office of Georgia: Assessment of Sexual and Reproductive Health and Rights of Women and Girls from Nondominant Ethnic Groups in Georgia, 2022, url, p. 4-6
[41] KII04, Representative of 'Harm Reduction Network', Interview, 28 October 2024.
[42] Georgia, Parliament of Georgia, ჯანმრთელობის დაცვის შესახებ [Law of Georgia on Healthcare], 2007, url, Article 3(s)
[43] WHO/Europe, Rethinking primary health care financing in Georgia, 2021, url, p. 2
[44] Richardson, E., & Berdzuli, N., Georgia: Health system review. Health Systems in Transition, Vol. 19, Issue 4, 2017, url, p. 58

1.95 million urban residents registered with these PHC providers.[45] PHC services for urban areas are funded by the state at a fixed annual per capita rate per registered beneficiary. The monthly capitation rate at GEL 1.93 [EUR 0.650], of which GEL 0.86 [EUR 0.289] is for the family doctor and GEL 1.07 [EUR 0.361] for primary care level specialists and diagnostics. This capitation rate has not changed since the UHCP introduction in 2013 and as a result has lost at least 35 % of its nominal value and does not reflect the actual costs of providing services.[46] The NHA contract is with urban PHC facilities rather than individual doctors.[47] The introduction of selective contracting in the three largest cities (Tbilisi, Kutaisi and Batumi) in 2020, stipulates that the size of the population served by urban facilities is no less than 13 000 in pursuit of efficiency.[48] This provision has reduced by one third the number contracted PHC facilities in urban settings and according to ministry officials, have positively affected the quality of PHC services.[49] In 2021, there were 391 private urban outpatient facilities providing PHC services in Georgia, of which many were co-located with hospitals.[50]

The rural PHC services rely on 1 286 rural PHC doctors and 1 544 nurses that are tasked with providing basic primary care services to more than 1.3 million rural residents across approximately 900 villages in 1 004 publicly owned village ambulatories, including those located in mountainous and other hard-to-reach areas.[51] The rural population is also expected to register with an urban PHC provider, who will receive partial capitation (GEL 1.07 [EUR 0.361] per month), to become eligible for the coverage of specialist and diagnostic services included in the PHC benefit package when referred by a rural doctor.[52] Out of the 1.3 million rural residents, only approximately 0.9 million are registered with PHC urban providers.[53] This implies that over 400 000 rural residents are not registered and may face barriers to accessing PHC services they are entitled to. Moreover, in practice only a small proportion of registered urban and rural residents (17 % to 23 %, varying by facility) utilise PHC services in Georgia, according to the WHO.[54] This figure contrasts sharply with data from the Organisation for Economic Co-operation and Development (OECD) on EU countries, where 68 % of individuals with lower incomes and 72 % with higher incomes have consulted a general practitioner within the past 12 months.[55] In particular, rural residents are noted to have lost trust in local PHC services, often choosing instead to seek urban PHC services, pay for specialist consultations in urban centres, rely on ambulance services, or access emergency

[45] KII06, GMH Representative, Electronic communication, 28 October 2024
[46] WHO/Europe, Rethinking primary health care financing in Georgia, 2021, url, p. 8
[47] Richardson, E., & Berdzuli, N., Georgia: Health system review, Health Systems in Transition, 2017, url, p. 57
[48] WHO/Europe, Rethinking primary health care financing in Georgia, 2021, url, p. 18
[49] KII05, Senior official at the MoIDPLHSA, Interview, 8 November 2024
[50] Georgia, NCDC, ჯანმრთელობის დაცვა: სტატისტიკური ცნობარი, საქართველო [Annual Statistical Report of Georgia 2021], 2022, url, p. 27
[51] KII06, GMH Representative, Electronic communication, 28 October 2024
[52] WHO/Europe, Rethinking primary health care financing in Georgia, 2021, url, p. 7
[53] KII06, GMH Representative, Electronic communication, 28 October 2024
[54] WHO/Europe, Georgia: moving from policy to actions to strengthen primary health care: primary heath care policy paper series, 2023, url, p. 3
[55] OECD, Realising the full potential of primary health care, 2020, url, p. 18

departments.[56] A high level of self-treatment with over-the-counter drugs is another hurdle for primary service providers.[57]

These alternative care pathways, combined with the financial strain of co-payments, reduce opportunities for preventive care and hinder the delivery of coordinated, continuous and evidence-based services.[58] As a result, while the utilisation of outpatient services increased from 2.1 visits per capita in 2012 to four in 2021,[59] the number of outpatient visits per capita remains notably lower than the EU average of approximately seven,[60] while the volume of inpatient procedures - 168 hospital discharges per 1 000 population (total 626 376 hospitalisations in 2021)[61] surpasses the EU average of 155 hospital discharges per 1 000 population.[62]

The lack of trust in PHC providers and suboptimal utilisation of PHC is related to the perceptions of poor quality of PHC services and concerns about unintended incentives associated with referrals and prescriptions issued by primary care providers, to maximise their income.[63]

Low utilisation of PHC and rural-urban disparities in access to PHC are also partially explained by:

- the fragmented public financing of PHC services through several state programmes: UHCP for urban PHC providers, Rural Doctors State Programme for rural PHC providers and several other vertical state programmes;[64] and
- irrational financial incentives favouring more expensive inpatient care over PHC. More specifically, urban PHC providers participating in public programme are funded through capitation, i.e. per patient registered, and they have incentive to refer the patients to hospitals and specialised services that are reimbursed using fee-for-service or case-based reimbursement mechanism.[65]

(b) Specialised medical care

Specialised medical care in Georgia is primarily delivered through secondary and tertiary care facilities, including general multi-profile and referral hospitals, scientific research institutes,

[56] WHO/Europe, Rethinking primary health care financing in Georgia, 2021, url, p. 7
[57] KII02, Senior official at the National Family Medicine Training Centre in Tbilisi, Interview, 25 October 2024
[58] WHO/Europe, Georgia: moving from policy to actions to strengthen primary health care: primary heath care policy paper series, 2023, url, p. 3
[59] Georgia, NCDC, ჯანმრთელობის დაცვა: სტატისტიკური ცნობარი, საქართველო [Annual Statistical Report of Georgia 2021], 2022, url, p. 30
[60] OECD/European Commission, Health at a Glance: Europe 2024: State of Health in the EU Cycle, 2024, url, p. 217
[61] Georgia, NCDC, ჯანმრთელობის დაცვა: სტატისტიკური ცნობარი, საქართველო [Annual Statistical Report of Georgia 2021], 2022, url, p. 31
[62] OECD/European Commission, Health at a Glance: Europe 2024: State of Health in the EU Cycle, 2024, url, p. 201
[63] KII01, Senior official at the MoIDPLHSA, Interview, 24 October 2024
[64] WHO/Europe, Rethinking primary health care financing in Georgia, 2021, url, p. 2
[65] Richardson, E., & Berdzuli, N., Georgia: Health system review, Health Systems in Transition, 2017, url, p. 57

specialised hospitals and clinics (dispensaries).[66] As of 2023, there were 269 hospitals in Georgia, with about 405 hospital beds per 100 000 inhabitants (approximately 15 000 in absolute terms).[67] The supply of hospital beds in Georgia is comparable to that of EU-25 - there were on average 5 hospital beds per 1 000 population in 2020, with Germany, Bulgaria, Romania and Austria with the highest number (more than 7 beds per 1 000 population (40% higher than the EU average) and the Nordic countries (Finland, Denmark and Sweden), Ireland and the Netherlands with the lowest number, with less than 3 beds per 1 000 population.[68]

While specialised services are relatively geographically widespread, tertiary level care tends to be concentrated in major urban centres. With the advent of the UHCP, there was an increase in access to services and a jump in the utilisation of inpatient care. The utilisation of inpatient care remains relatively high, largely due to a strong preference for care and treatment at more specialised centres, as well as incentives that encourage hospital care. Despite primary care being free at the point of use, inpatient services account for the majority of UHCP spending.[69]

In the decade before the pandemic, the average length of stay in hospitals was decreasing, with patients spending an average of 6.2 days in hospitals in 2021.[70] Georgia's bed occupancy rate in hospitals stabilised with an average of 50 % over 2013-2020, reaching 55 % in 2021 due to the increased coronavirus disease 2019 (COVID-19) hospitalisations. The bed occupancy rate in Georgia remains far below the EU average of 77 % indicator.[71]

(c) Emergency medical service (EMS) provision

From August 2020, the responsibility of dispatching emergency assistance brigades was transferred from the Public Safety Command Centre (PSCC) 112 to the ESCUAC, under MoIDPLHSA leading to a centralised Emergency Medical Service (EMS) management system. The centre provides 24/7 EMS and medical transportation/referral for the country's entire population, except for the occupied territories. The unified Global Positioning System (GPS) allows dispatch of the closest available emergency response brigade, irrespective of administrative boundaries, in addition to automatically locating the nearest relevant clinic. This reduces response time and enhances the efficiency of managing critical patients.[72]

EMS, including pre-hospital treatment and stabilisation for serious illnesses and injuries and medical transportation/referral to definitive care, is covered by the state vertical programme on 'first aid and emergency medical assistance'. The beneficiaries of the programme are Georgian citizens, persons permanently residing in Georgia, persons living in the occupied

[66] Bochorishvili, E. and Kurashvili, S., Georgia's Healthcare Sector Overview, May 2023, url, p. 13; Georgia, NCDC, ჯანმრთელობის დაცვა: სტატისტიკური ცნობარი, საქართველო [Annual Statistical Report of Georgia 2021], 2022, url, p. 27
[67] Georgia, Geostat, Healthcare and Social Protection, Healthcare, 2024, url
[68] OECD/European Commission, Health at a Glance: Europe 2022: State of Health in the EU Cycle, 2022, url, p. 190-191
[69] Richardson, E., & Berdzuli, N., Georgia: Health system review, Health Systems in Transition, 2017, url, p. 82
[70] Bochorishvili, E. and Kurashvili, S., Georgia's Healthcare Sector Overview, May 2023, url, p. 23
[71] Bochorishvili, E. and Kurashvili, S., Georgia's Healthcare Sector Overview, May 2023, url, p. 14
[72] Georgia, EMSC, Action Report 2020-2021, url, p.19

territories of Georgia and any persons in the territory of Georgia, with some exceptions.[73] It is free at the point of delivery.[74]

2.1.2. Healthcare sector governance and public provision of services

The responsibility for developing and implementing national healthcare policies and strategies falls to MoIDPLHSA. According to the MoIDPLHSA charter, key objectives and responsibilities of the ministry for the health sector include:

Objectives:

- 'Organising individual medical care
- Ensuring public health
- Regulating medical and pharmaceutical activity'

Responsibilities:

- 'Controlling the quality of medical activities and ensuring patient safety;
- Development, implementation and control of state programmes for the provision of health services;
- Development, approval, implementation control and results monitoring of state programmes aimed at public health;
- Development of rules, conditions and norms for the provision of medical services in the country and control of their implementation;
- Ensuring the issuance of state permits and licences and selective control of the fulfilment of permit/licence conditions;
- Organisation of the certification process of medical specialists;
- Preparation of the normative base for the functioning of the post-graduate education and continuous professional development system of medical personnel and the organisation of the said process;
- Development of professional regulation mechanisms (including the list of medical specialities);
- Development, implementation and supervision of anti-epidemic measures; and
- Quality control of medicinal products circulating in Georgia.'[75]

[73] Georgia, Legislative Herald of Georgia, Document No. 529 '2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ' [Approval of the 2024 State Healthcare Programmes], 29 December 2023, url

[74] Georgia, Legislative Herald of Georgia, Document No. 529 '2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ' [Approval of the 2024 State Healthcare Programmes], 29 December 2023, url, Annex 18, Article 2

[75] Georgia, Legislative Herald of Georgia, Document No. 473 'საქართველოს ოკუპირებული ტერიტორიებიდან დევნილთა, შრომის, ჯანმრთელობისა და სოციალური დაცვის სამინისტროს დებულების დამტკიცების შესახებ' [On the Approval of the Charter of the Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs], 2018, url, Articles 2 and 3

MoIDPLHSA enforces health policy through its central structure and five main public agencies (legal entities of public law) that it supervises:

- The National Health Agency (NHA);
- The National Centre for Disease Control and Public Health (NCDC);
- The State Regulation Agency for Medical and Pharmaceutical Activity (SRAMPA);
- Georgia Medical Holding (GMH), and
- The Emergency Situations Coordination and Urgent Assistance Centre (ESCUAC) (also see Figure 1).[76]

The National Health Agency (NHA) is a single payer for UHCP and 16 other vertical state programmes focused on individual health interventions (e.g. diabetes management, maternal and child health programme, mental health programme, organ transplantation programme, rare diseases programme, etc.).[77]

The National Centre for Disease Control and Public Health (NCDC) is tasked with safeguarding public health for the entire population. Its responsibilities include overseeing and monitoring the country's epidemiological status, managing immunisations, conducting disease surveillance, preventing illnesses and ensuring timely responses to public health emergencies. Additionally, the NCDC promotes health, provides information support, addresses environmental hazards and behavioural risk factors, advances applied and fundamental biomedical research in public health, and coordinates public health laboratory services in collaboration with the Ministry of Agriculture. It has nine regional branches and contracts with 61 municipal public health centres to perform its functions.[78]

The State Regulation Agency for Medical and Pharmaceutical Activity (SRAMPA) is the main regulator of Georgia's health system. It provides regulatory supervision for medical and pharmaceutical activities, conducts supervision and control of the state health programmes, conducts investigations of citizens' complaints/appeals regarding medical services quality, organises the accreditation process for postgraduate education, organises the exams and issues state certificates for medical personnel (doctors), issues licences and permits to medical institutions and pharmacies, issues permits for clinical trials and pharmaceutical production, registers local and foreign pharmaceutical products, ensures supervision and control of supervisors, and controls the circulation of medicinal products and pharmaceutical activities.[79]

Georgia Medical Holding (GMH) owns all the public providers supervised by the MoIDPLHSA. These include 1 004 village ambulatories, six national and regional level multi-profile and

[76] Georgia, Legislative Herald of Georgia, Document No. 473 'საქართველოს ოკუპირებული ტერიტორიებიდან დევნილთა, შრომის, ჯანმრთელობისა და სოციალური დაცვის სამინისტროს დებულების დამტკიცების შესახებ' [On the Approval of the Charter of the Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs], 2018, url, Articles 2 and 3
[77] LEPL National Health Agency of Georgia, 2020, url
[78] NCDC, 2020, url
[79] LEPL State Regulation Agency for Medical and Pharmaceutical Activity, 2023, url

mono-profile hospitals, and Limited Liability Company (LLC) 'Regional Healthcare Centre', which holds assets of 19 municipal-level medical centres – mostly the medical centres in hard-to-reach areas.[80] The GMH hospitals and medical centres account for approximately 14% of the national hospital beds, mainly providing emergency care, psychiatric, tuberculosis (TB), and human immunodeficiency virus / acquired immunodeficiency syndrome (HIV/AIDS).[81]

The Emergency Situations Coordination and Urgent Assistance Centre (ESCUAC) is responsible for patient transportation (ambulance service) and referral between medical facilities in everyday regimes and during emergencies (epidemics and pandemics, martial law, and other technological or natural catastrophes).[82]

Two other ministries own medical providers: the Ministry of Defence of Georgia operates a military hospital,[83] and the Ministry of Interior of Georgia has a specialised polyclinic.[84] Tbilisi State Medical University, the largest public provider of undergraduate, graduate and postgraduate education, also owns a multi-disciplinary teaching hospital – First University Clinic[85] and the first multi-disciplinary medical rehabilitation centre in Georgia – Ken Walker Medical Rehabilitation University Clinic.[86]

2.1.3. Private sector

The healthcare system in Georgia is dominated by the private sector, with 86 % of hospital beds, alongside almost all urban PHC facilities, and all pharmacies owned by for-profit private entities.[87] Government policies, between 2007 and 2012, have been described as promoting marketisation and liberalisation across the economy and the health sector was part of this process of reform. Changes included lighter oversight and a more liberal regulation regime, as well as an increase in the private purchasing of medication and supplies and the private provision of healthcare services.[88] After this privatisation and decentralisation process, most health providers in Georgia are independent of the government.[89] Regulation enforced through SRAMPA and purchasing performed through NHA are the main levers used by MoIDPLHSA to implement health policy in the private health sector. However, SRAMPA's regulatory and supervision capacity over medical and pharmaceutical activities of the private sector is limited due to the paucity of its human and budgetary resources.[90] The NHA's purchasing capacity is also constrained and currently, it serves as a passive, rather than an active, purchaser of health services.[91] In 2023, the WHO applied its Health Financing Progress

[80] Georgia Medical Holding, 2021, url
[81] Bochorishvili, E. and Kurashvili, S., Georgia's Healthcare Sector Overview, May 2023, url, p. 12
[82] LEPL Emergency Situation Coordination and Urgent Assistance Center, 2022, url
[83] Georgia, Ministry of Defence of Georgia, Military Hospital, 2024, url
[84] Georgia, Ministry of Internal Affairs of Georgia, 2024, url
[85] Tbilisi State Medical University, First University Clinic, 2018, url
[86] Ken Walker Medical Rehabilitation University Clinic, 2024, url
[87] Bochorishvili, E. and Kurashvili, S., Georgia's Healthcare Sector Overview, May 2023, url, p. 12
[88] Cortez, R.A. and Cetinkaya, V., Georgia: Health Sector Organization and Strategic Purchasing, March 2022, url, p. 4
[89] Richardson, E., Health Systems in Action: Georgia, Copenhagen, Denmark, 2022, url, p. 8
[90] Richardson, E., & Berdzuli, N., Georgia: Health system review, Health Systems in Transition, 2017, url, p. 11
[91] KII01, Senior official at the MoIDPLHSA, Interview, 24 October 2024

Matrix (HFPM) to the Georgian health financing system. The authors observed that private providers have both extensive autonomy and weak accountability and this is described as posing 'a challenge given the relatively weak regulation of service provision standards and health service prices, high co-payments together with a widely used balance billing practice for publicly funded services.'[92]

The NHA remains the largest purchaser of PHC and hospital services and over 50% of private sector revenues come from public sources.[93] An interviewee for this report observed that the NHA has the potential to leverage positive change in private sector performance by purchasing services more strategically and managing expenditures more effectively.[94]

MoIDPLHSA has introduced a mandatory international accreditation regime that will be in force from the beginning of 2025 for all providers participating in UHCP, in order to mitigate public supervision and purchasing capacity constraints and to ensure the continuous improvement of medical services quality and efficiency of both public and private providers.[95]

Primary and secondary care providers frequently have vertical integration with pharmaceutical corporations and private health insurance providers. For instance:

- PSP Insurance is a member of the PSP Group, which is one of Georgia's leading players in the import and retail of pharmaceuticals, while also owning a multi-profile hospital, 'New Hospitals.' This facility offers inpatient and outpatient services.[96]
- The 'Medalpha' hospital network, along with Alpha Insurance, is owned by Aversi Pharma, one of the main pharmaceutical importers and retailers in Georgia and the second biggest domestic manufacturer.[97]
- The Georgia Healthcare Group (GHG), which owns 'Evex Clinics' and 'Vian' hospital network in addition to Imedi L Insurance, is the biggest retailer and wholesaler of pharmaceuticals in Georgia, also ranking among the state's main healthcare providers.[98]

The high degree of market concentration in the pharmaceutical sector was also highlighted by the Competition and Consumer Agency of Georgia. According to the agency, both *horizontal integration* (with the three largest chains owning one third of all retail outlets) and *vertical integration* (with a few large holding companies owning combinations of pharmaceutical companies, private insurance companies, healthcare providers and pharmacies) are observed.[99] This concentration is given as one of the key reasons behind the high pharmaceutical prices in Georgia. High prices, unpopularity of generics and overprescribing of

[92] Kirvalidze, M. and Goginashvili, K., Health Financing Progress Matrix assessment, Georgia, WHO, 2023, url, p. 5
[93] Bochorishvili, E. and Kurashvili, S., Georgia's Healthcare Sector Overview, May 2023, url, p. 7
[94] KII05, Senior official at the MoIDPLHSA, Interview, 8 November 2024
[95] KII01, Senior official at the MoIDPLHSA, Interview, 24 October 2024
[96] PSP Insurance, About company, 2024, url
[97] Aversi, About Us, 2024, url
[98] GHG, Segment overview, 2024, url
[99] Competition and Consumer Agency of Georgia, ფარმაცევტული ბაზრის მონიტორინგის ანგარიში [Pharmaceutical market monitoring report], 2021, url, p. 19

medicines due to the commercial interest between doctors and pharmaceutical companies, contribute to make pharmaceutical expenses a high share of extreme health expenditures for households (pharmaceutical expenditures accounted for 90 % of out-of-pocket payments among the poorest households in 2018).[100]

Providers who want to participate in the UHCP must submit an expression of interest to the NHA. Payments are made retrospectively. Under the UHCP, the money follows the patient and the patient has free choice regarding a provider, public or private. The NHA reimburses providers based on agreed tariffs. By contrast, private insurance companies generally offer their beneficiaries less choice, as they contract with preferred providers based on service content or volume, etc. Payments are typically made retrospectively, with some exceptions.[101] Most private outpatient providers and almost all private hospitals and medical centres participate in the UHCP; however, there are several major private hospitals (e.g. LLC MediClubGeorgia[102]) that opted out from UHCP and only accept privately financed patients (through Voluntary Health Insurance (VHI) or Out Of Pocket (OOP) payments).[103]

2.2. Healthcare resources

There remains an imbalance in the distribution of medical staff in Georgia, with an excess of physicians and a shortage of nurses.[104] The country has one of the highest and growing numbers of physicians reaching 6.6 per 1 000 people in 2023, significantly exceeding the European average (see Table 1). However, the physicians are predominantly urban based with Tbilisi having three times the reported number of doctors compared to other regions. The recruitment and retention of healthcare professionals in remote and rural areas is challenging. Access to healthcare in rural areas remains difficult.[105]

[100] Goginashvili, K., et al., Can people afford to pay for health care? New evidence on financial protection in Georgia, WHO/Europe, 2021, url, p. 2
[101] Richardson, E., & Berdzuli, N., Georgia: Health system review, Health Systems in Transition, 2017, url, p. 40
[102] MediClubGeorgia, 2024, url
[103] KII01, Senior official at the MoIDPLHSA, Interview, 24 October 2024
[104] Richardson, E., Health Systems in Action: Georgia, Copenhagen, Denmark, 2022, url, p. 11
[105] Richardson, E., Health Systems in Action: Georgia, Copenhagen, Denmark, 2022, url, p. 11

Table 1. Number of physicians and nurses by occupations (persons and rates per 1 000 population)

	Georgia 2023	
	Number	Rate
Physicians, total, of which:	**24 428**	**6.6 (EU 2020 - 4.0)**
Internal medicine doctors (therapeutists)	3 136	0.8
Surgeons	1 961	0.5
Obstetricians / gynaecologists	1 520	0.4
Paediatricians	1 065	0.3
Ophthalmologists	508	0.1
Otolaryngologists	410	0.1
Neuropathologists	646	0.2
Psychiatrists and narcologists	493	0.1
Pulmonologists	185	0.1
Dermatovenerologists	290	0.1
Radiologists	1 552	0.4
Medical rehabilitation and sports medicine physicians	53	0.0
Stomatologists	2 945	0.8
Others	9 664	2.6
Nurses, total, of which:	**21 823**	**5.9 (EU 2020 - 8.3)**
Medical Nurses	21 468	5.8
Obstetricians	355	0.1

Sources: Geostat[106] for Georgia and Eurostat[107] for EU figures

[106] Georgia, Geostat, Healthcare and Social Protection, 2024, url
[107] OECD, Health at a Glance: Europe 2022: State of Health in the EU Cycle, Availability of Doctors, 2022, url

The UHCP limits the number of patients that can be registered with a specific family physician to a maximum of 2 500.[108] According to the 2019 statistics, 6 % of rural family doctors and 28 % of urban PHC providers exceeded 2 000 patients per doctor in their catchment area.[109] The average number of visits per family doctor differs by setting, with urban providers averaging 15 visits per day and rural providers averaging five visits per day.[110]

Generally, the waiting times for treatment in Georgia are not a significant concern.[111] The waiting times for outpatient consultations vary from several hours or days for the general practitioner to several months for 'popular' specialists.[112] According to government regulation, the maximum waiting time for non-urgent, planned surgical interventions shall not exceed four months.[113]

In 2023, the ratio of nurses to physicians in Georgia was 1:1 and Bochorishvili and Kurashvili, writing for Galt and Taggart, noted that this ratio ranges from 2:1 to 5:1 in European countries.[114] Although the number of nurses employed within the Georgian healthcare system has experienced steady growth since 2013, it remains low compared to other regional counterparts, standing at just 5.95 per 1 000 people in 2021.[115] Admission to bachelor's level nursing education and training programmes is dropping. As of 2021, 15.2 % of active nurses in the system are of retirement age, while the rate of new graduates in the same period was 2.6 %.[116]

The majority of healthcare personnel are employed within inpatient facilities. In 2019, 52 % of all physicians and 71 % of all nurses and midwives were employed in such settings.[117]

The GMH directly employs all rural PHC doctors and nurses, who receive fixed salaries for providing basic primary care services to the population in their catchment areas. The monthly salaries for a doctor and a nurse are GEL 1 266 [EUR 426.67] and GEL 1 019 [EUR 343.43] respectively.[118]

In 2022, there were 333 emergency brigades, both ambulance and referral, staffed by 1 135 doctors, 1 335 nurses, 1 263 drivers and 98 paramedics, which are distributed across 78

[108] WHO/Europe, Rethinking primary health care financing in Georgia, 2021, url, p. 9
[109] WHO/Europe, Rethinking primary health care financing in Georgia, 2021, url, p. 9
[110] WHO/Europe, Rethinking primary health care financing in Georgia, 2021, url, p. 10
[111] Richardson, E., & Berdzuli, N., Georgia: Health system review, Health Systems in Transition, 2017, url, p. 59
[112] KII02, Senior official at the National Family Medicine Training Centre in Tbilisi, Interview, 25 October 2024
[113] LEPL National Health Agency of Georgia, საყოველთაო ჯანდაცვის პროგრამით გათვალისწინებული ქირურგიული მომსახურება [Surgical services covered under the UHCP], 2020, url
[114] Bochorishvili, E. and Kurashvili, S., Georgia's Healthcare Sector Overview, May 2023, url, p. 18
[115] Georgia, NCDC, ჯანმრთელობის დაცვა: სტატისტიკური ცნობარი, საქართველო [Annual Statistical Report of Georgia 2021], 2022, url, pp. 28-29
[116] Georgia, State Audit Office, სამედიცინო პერსონალის პროფესიული განვითარების აუდიტის ანგარიში [Performance Audit Report: Human Resources for Health], February 2024, url
[117] Richardson, E., Health Systems in Action: Georgia, Copenhagen, Denmark, 2022, url, p. 11
[118] Georgia, Parliament of Georgia, საქართველოს ოკუპირებული ტერიტორიებიდან დევნილთა, შრომის, ჯანმრთელობისა და სოციალური დაცვის მინისტრის საათი საქართველოს პარლამენტში [Statement of the Minister of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs during the 'Ministerial Hour' hearings at the Parliament of Georgia], 30 May 2024, url, p. 14

district services.[119] Despite numerous interventions, the average response time of emergency medical assistance is 30-40 minutes. In 2021, a total of 1 334 613 calls were handled by the centre.[120] Delays in EMS ambulance dispatch for over 30 minutes are subject to penalty.[121]

2.3. Pharmaceutical sector

There is a tight legal framework governing pharmaceutical regulation and oversight within Georgia, comprising the Laws of Georgia on 'Drug and Pharmaceutical Activities' (No. 659, 17.04.1997, Parliament of Georgia). A Good Manufacturing Practice (GMP) Certificate must be submitted for new registrations and renewals.[122]

The State Regulation Agency for Medical and Pharmaceutical Activities' (SRAMPA's) primary task in the regulation of pharmaceutical activity is ensuring that registered pharmaceutical products in Georgia meet criteria for quality, safety and efficacy. SRAMPA also has the responsibility of maintaining a counterfeit-free pharmaceutical market and ensuring that manufacturing facilities and retail pharmacies adhere to prescribed standards in their physical operations.[123]

According to the Law on Drug and Pharmaceutical Activities, pharmaceutical products in Georgia are divided into three groups for advertising and retail sales purposes. The law mandates that the pharmaceuticals from the first and second groups (controlled substances, antibiotics, hormones, etc.) require an electronic prescription by a doctor to be dispensed to the patient from pharmacies. The third group are medicines that do not require a prescription to obtain.[124]

Since 2017, pharmaceutical policies have reinforced prescription requirements to encourage more rational use of medications; however, these policies have encountered resistance from patients and pharmaceutical companies reluctant to see consumption decrease. In 2021, local

[119] Georgia, EMSC, Action Report 2020-2021, url, p. 27
[120] Georgia, NCDC, ჯანმრთელობის დაცვა: სტატისტიკური ცნობარი, საქართველო [Annual Statistical Report of Georgia 2021], 2022, url, p. 34
[121] Georgia, Legislative Herald of Georgia, Document No. 529 '2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ' [Approval of the 2024 State Healthcare Programmes], 29 December 2023, url, Annex 18.1, Article. 9, point 4
[122] Georgia, Legislative Herald of Georgia, Document No. 659 'საქართველოს კანონი მედიკამენტებისა და ფარმაცევტული საქმიანობის შესახებ' [Law of Georgia on Medicines and Pharmaceutical Activities], 17 April 1997, url, Article 11, point 19(d)

[124] Georgia, Legislative Herald of Georgia, Document No. 659 'საქართველოს კანონი მედიკამენტებისა და ფარმაცევტული საქმიანობის შესახებ' [Law of Georgia on Medicines and Pharmaceutical Activities], 17 April 1997, url, Article 11

experts, guided by the WHO, developed the new Law on Medicinal Products, establishing a framework for regulating prices and ensuring the quality of essential medicines.[125]

Under the Ministerial Order based on this law, which came into force in April 2022, doctors must prescribe only generic medications. Pharmacists must offer three of the cheapest drugs from the approved 'positive list' of generic medications to their customers, and Georgian citizens can choose which one to buy.[126] The government intends that the introduction of generic prescriptions will prevent artificial escalation of drug prices and enhance the transparency of the pharmaceutical market. The reform primarily pertains to first and second group drugs.[127]

Starting from 2022, the Government of Georgia has also introduced the reference pricing mechanism to reduce pharmaceutical expenditures. The reference pricing mechanism gradually expanded from 50 to over 7 100 pharmaceutical items by mid-2024.[128]

See also section 2.1.3 Private sector for an overview of the main private actors in the pharmaceutical sector and the effects of the market concentration on the medicine prices.

2.4. Patient pathways

Georgia's healthcare system offers three distinct patient pathways:

- The route for those covered under the UHCP and 20 vertical programmes;
- The route covered by VHI; and
- The private 'OOP' route.

The chosen route is often determined by the specific health condition and its coverage within insurance packages or government programmes.[129]

[125] Richardson, E., Health Systems in Action: Georgia, Copenhagen, Denmark, 2022, url, p. 10; Georgia, Legislative Herald of Georgia, Document No. 659 'საქართველოს კანონი მედიკამენტებისა და ფარმაცევტული საქმიანობის შესახებ' [Law of Georgia on Medicines and Pharmaceutical Activities], 17 April 1997, url

[126] Georgia, Legislative Herald of Georgia, Document No. 01/53/n "მეორე ჯგუფს მიკუთვნებული ფარმაცევტული პროდუქტის (სამკურნალო საშუალების) რეცეპტის გამოწერის წესისა და ფორმა N°3 - რეცეპტის ბლანკის ფორმის დამტკიცების შესახებ" [Order of the Minister of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs on ""About the procedure for prescribing a pharmaceutical product (medicinal remedy) belonging to the second group and approval of form No. 3 - prescription form", url, Article 7

[127] KII05, Senior official at the MoIDPLHSA, Interview, 8 November 2024

[128] Georgia, Parliament of Georgia, საქართველოს ოკუპირებული ტერიტორიებიდან დევნილთა, შრომის, ჯანმრთელობისა და სოციალური დაცვის მინისტრის საათი საქართველოს პარლამენტში [Statement of the Minister of Internally Displaced Persons from Occupied Terriitories, Labour, Health and Social Affairs during the 'Ministerial Hour' hearings at the Parliament of Georgia], 30 May 2024, url, p. 21

[129] Richardson, E., & Berdzuli, N., Georgia: Health system review, Health Systems in Transition, 2017, url, p. 55

The patient covered under UHCP (see also section 3.2.1(c)) does not need to undergo any registration procedure for urgent or emergency outpatient and inpatient care. The care provider is selected by the EMS provider, typically the nearest licensed health providers of the relevant profile, or by the patients or their families (in case of self-referral).[130]

In order to obtain the publicly financed PHC services under UHCP, the beneficiary needs to register with a PHC provider of choice.[131] Once registered, urban residents will get access to both general and specialised services included in this package, while rural residents need to obtain registration with PHC provided in municipal medical centres or with multi-profile polyclinics and family medicine centres located in larger cities.[132]

Under the UHCP, patients can directly access non-urgent, planned inpatient services, bypassing primary care. While this practice supports the free choice of providers, it complicates care coordination by primary care physicians.[133] Conversely, for inpatient treatment under VHI, a referral from a registered primary care provider is typically required.[134] Interviewees for this report stated that referrals across the care tiers are made when necessary but they are not mandatory. Counter referrals, i.e. communication back from the specialist to the GP, happens rarely, if at all.[135] However, registration with an urban PHC provider and a referral from a rural doctor or family doctor is required to access free or subsidised diagnostic and specialised services covered under the UHCP benefit package.[136]

Under the UHCP, patients seeking planned hospital services must select a provider that participates in UHCP (there is a free choice of provider). The selected provider then electronically submits the necessary documentation to the NHA for approval. Upon authorisation, patients receive an SMS notification containing the unique application code, details on the government's coverage portion, and the patient's expected contribution (typically between 0 % and 30 %). The provider is also notified. To receive the outpatient pharmaceuticals covered by UHCP, the patient or their representative should obtain the voucher from NHA offices.[137]

Previously, VHI patients had greater provider choice, but many providers are now integrated with private insurers, limiting options. Some primary care physicians are affiliated with

[130] LEPL National Health Agency of Georgia, Universal Health Care, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამა [Universal Health Care Programme], 2020, url
[131] LEPL National Health Agency of Georgia, Universal Health Care, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამა [Universal Health Care Programme], 2020, url
[132] KII02, Senior official at the National Family Medicine Training Centre in Tbilisi, Interview, 25 October 2024
[133] Richardson, E., & Berdzuli, N., Georgia: Health system review, Health Systems in Transition, 2017, url, p. 56
[134] Richardson, E., & Berdzuli, N., Georgia: Health system review, Health Systems in Transition, 2017, url, p. 55
[135] KII02, Senior official at the National Family Medicine Training Centre in Tbilisi, Interview, 25 October 2024; KII03, Researcher at Curatio International Foundation, Interview, 25 October 2024
[136] Georgia, Legislative Herald of Georgia, Document No. 36 'საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ' [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Article 23
[137] LEPL National Health Agency of Georgia, Universal Health Care, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამა [Universal Health Care Programme], 2020, url

inpatient care providers and facilitate referrals to these hospitals. As in the UHCP and vertical programmes, VHI packages do not yet cover unlimited interventions.[138]

2.5. Occupied regions

Georgia's official stance regarding the occupied regions entails the priority provision of healthcare services to residents living in the Occupied Autonomous Republic of Abkhazia and the former Autonomous District of South Ossetia through the State Programme for Referral Service Provision initiated by the government in 2010.[139]

Inhabitants of Abkhazia and the Tskhinvali region/South Ossetia are eligible as a priority target group to use this state programme, receiving inpatient medical treatment at Georgia's leading hospitals free of charge. This eligibility extends to those without an identity (ID) card or Georgian citizenship passport.[140] The majority of the budget allocation was directed toward emergency hospital services, planned surgical services and urgent outpatient services. In 2019, both Abkhazia and the Tskhinvali region witnessed an increase in the utilisation of the UHCP compared to 2018. However, until October 2020, there was a noticeable decline, which was probably attributable to COVID-19 restrictions.[141] The referral programme continued to operate during the pandemic, though fewer patients from the occupied territories were referred due to mobility restrictions. The referral programme still functions, with patients from occupied territories seeking care mostly for high-cost/high-technology interventions (e.g. hepatitis C treatment, cardiac surgery and neurosurgery).[142]

[138] Richardson, E., & Berdzuli, N., Georgia: Health system review, Health Systems in Transition, 2017, url, p. 55
[139] IDFI, Statistics of the Use of the Georgian Healthcare Programs on the Occupied Territories of Georgia in 2019-2029, Georgia, 2021, url, p. 2
[140] Georgia, Legislative Herald of Georgia, Document No. 529 '2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ' [Approval of the 2024 State Healthcare Programmes], 29 December 2023, url; IDFI, Statistics of the Use of the Georgian Healthcare Programs on the Occupied Territories of Georgia in 2019-2029, Georgia, 2021, url, p. 2
[141] IDFI, Statistics of the Use of the Georgian Healthcare Programs on the Occupied Territories of Georgia in 2019-2029, Georgia, 2021, url, p. 2
[142] KII05, Senior official at the MoIDPLHSA, Interview, 8 November 2024

3. Economic factors

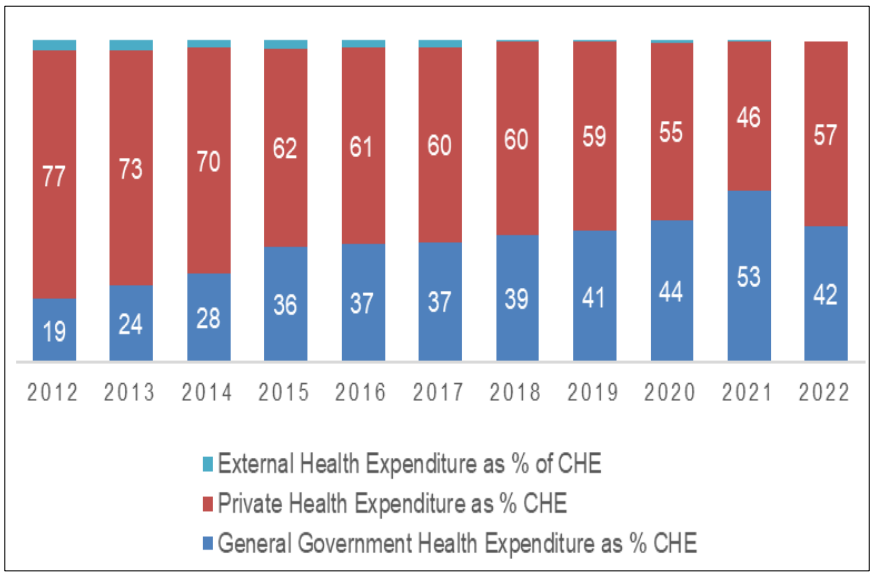
Fiscal policies towards achieving UHC have evolved over the last 20 years. Spending on health remains low compared to other countries. The Georgian population faces high OOP expenditure in comparison to other middle-income countries.[143]

3.1. Health services provided by the state / public authorities

Public spending on health was 3.1 % of GDP in 2022.[144] This is low compared to WHO's recommended minimum of 5 %, the EU average of 6 % and an average for upper-middle-income countries of 3.4 % of GDP.[145] The current burden of OOP payments although reduced from a high of 66 % to 51 % (see Figure 2 and Figure 3), remains high when compared to the EU average of 16 % and regional comparison of 36 %.[146] The government aims to reduce the share of OOP health expenditures further to 30 % of the total by 2030.[147] VHI is encouraged for high-income households (with annual income above GEL 40 000 [EUR 13 481]) and civil service and many employers provide coverage as part of remuneration packages and accounted for only 5 % of current health spending in 2022.[148] As health has become more of a political priority, public spending on health as a proportion of total government spending has increased, from 5.5 % in 2012 to 9.4 % in 2019, as has pressure to contain costs.[149]

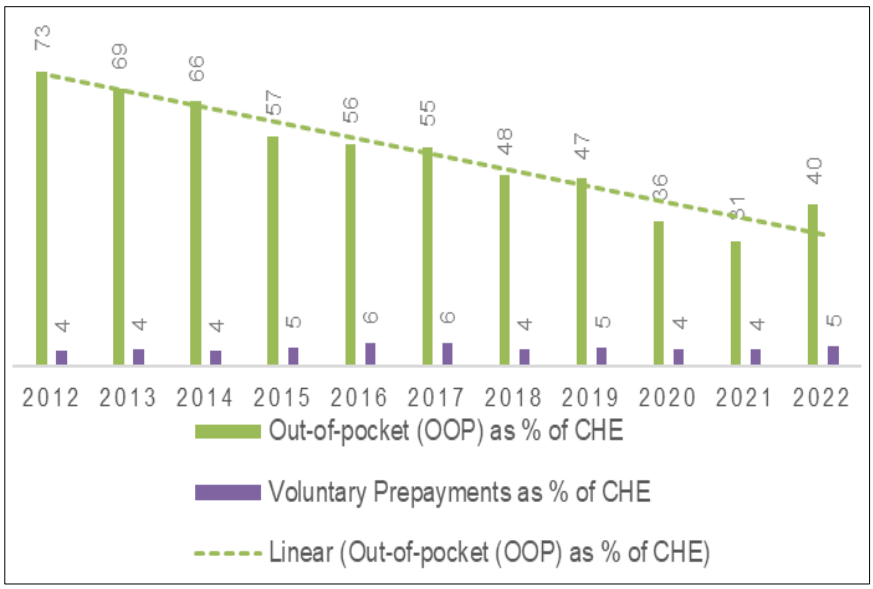
[143] Cortez, R.A. and Cetinkaya, V., Georgia: Health Sector Organization and Strategic Purchasing, March 2022, url, p. 1
[144] WHO, Global Health Expenditure Database, 2024, url
[145] IDFI, Health Sector Overview, Georgia, 2022, url, p. 5
[146] Bochorishvili, E. and Kurashvili, S., Georgia's Healthcare Sector Overview, May 2023, url, p. 6
[147] Georgia, Parliament of Georgia, Vision for Developing the Healthcare System in Georgia by 2030, 2017, url, p. 15
[148] WHO, Global Health Expenditure Database, 2024, url
[149] Richardson, E., Health Systems in Action: Georgia, Copenhagen, Denmark, 2022, url, p. 9

Figure 2. Current (total) health expenditures by sources (percentage), Georgia, 2012-2022



Source: WHO, Global Health Expenditure Database, 2024[150]

Figure 3. Out of pocket expenditures and voluntary private health insurance prepayments as a percentage of current health expenditure, Georgia, 2012-2022



Source: WHO, Global Health Expenditure Database, 2024[151]

[150] WHO, Global Health Expenditure Database, 2024, url
[151] WHO, Global Health Expenditure Database, 2024, url

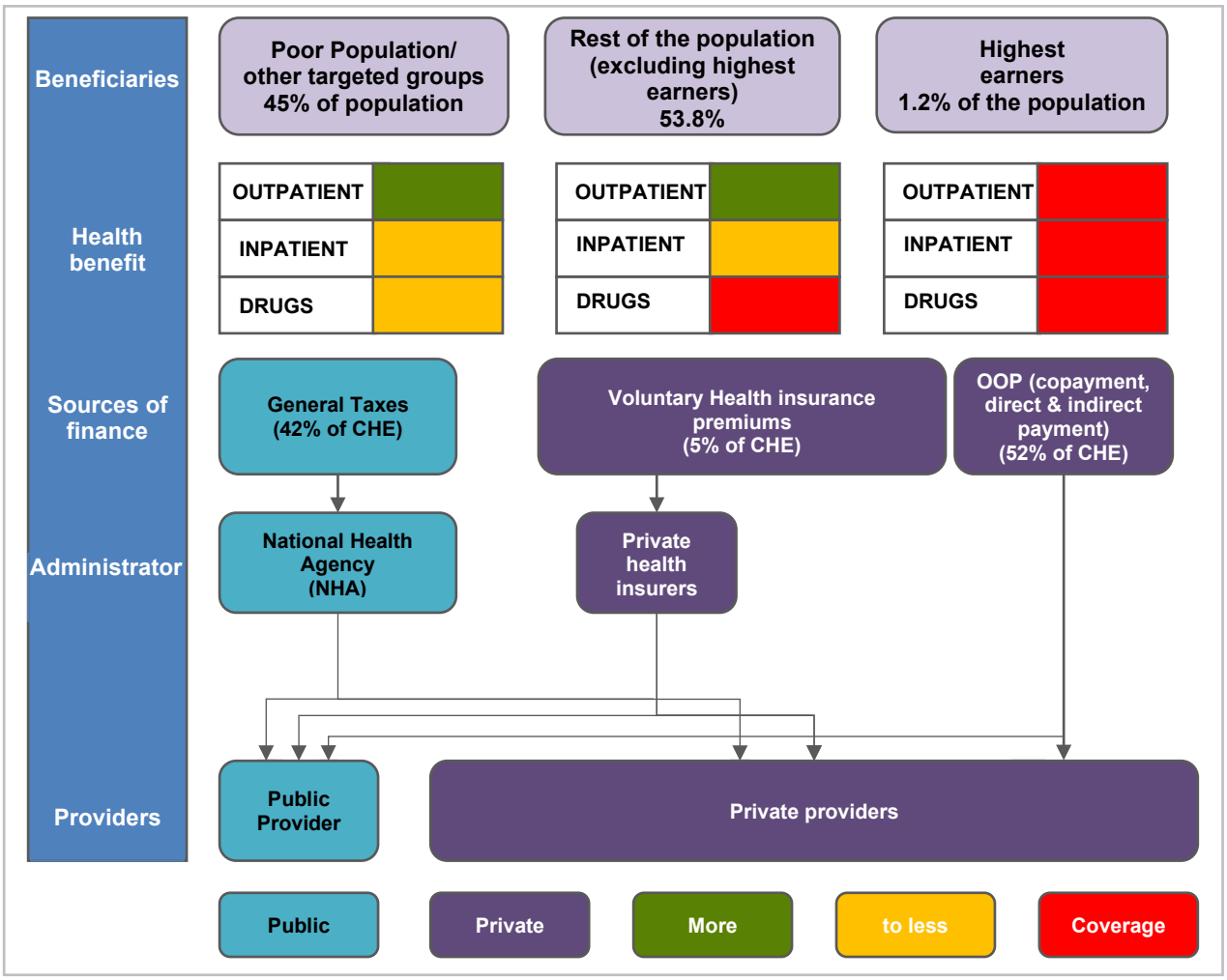
3.2. Risk pooling mechanisms

The percentage of the population with risk pooling schemes is presented in Figure 4. In 2021, the UHCP provided varying degrees of coverage to 94.3 % of the resident population (up to 45 % of the population representing the poor/socially vulnerable and other target priority groups covered with more generous benefits and lower share of patient co-payments). The highest income households (with annual income above GEL 40 000 [EUR 13 481]), comprising around 1.2 % of the population, are excluded from most UHCP benefits. They are still entitled to some services offered through vertical programmes (e.g. maternal and child health services, including immunisation and delivery, hepatitis C and oncological diseases' treatment, etc.) and are expected to purchase private health insurance.[152]

As of mid-2024, 735 000 individuals, or around 20 % of the population, have private health insurance,[153] while less than 1 % have no coverage at all (UHCP or private health insurance). The eligibility for the UHCP and the level of co-payment covered are income and category based for those who do not have private insurance. There are also 20 vertical national health programmes covering the entire population for specific diseases or treatments.[154] These programmes tend to be high-priority public health initiatives but involve different co-payments to cover a portion of the cost.[155]

[152] Richardson, E., Health Systems in Action: Georgia, Copenhagen, Denmark, 2022, url, p. 8 ; World Bank (The), HNPGP Knowledge Brief, Georgia: Health Sector Organization and Strategic Purchasing, March 2022, url, p. 3
[153] LEPL State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2024, url
[154] Georgia, Legislative Herald of Georgia, Document No. 529 '2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ' [Approval of the 2024 State Healthcare Programmes], 29 December 2023, url, Annex 1 to 20
[155] Richardson, E., Health Systems in Action: Georgia, Copenhagen, Denmark, 2022, url, p. 8

Figure 4. Risk Pooling and Purchasing in Georgia[156]



[*Notes*: Highest Earners = population with annual income exceeding GEL 40 000 [EUR 13 481]; CHE = Current Health Expenditure; OOP = Out of Pocket]

Source: World Bank, 2022,[157] with updated health expenditure figures from WHO, 2024[158]

[156] World Bank (The), Harnessing Strategic Purchasing in Health to Improve Health Sector Performance in South Caucasus Countries, 2022, cited in HNPGP Knowledge Brief, Georgia: Health Sector Organization and Strategic Purchasing, March 2022, url, p. 3
[157] World Bank (The), Harnessing Strategic Purchasing in Health to Improve Health Sector Performance in South Caucasus Countries, 2022, cited in HNPGP Knowledge Brief, Georgia: Health Sector Organization and Strategic Purchasing, March 2022, url, p.
[158] WHO, Global Health Expenditure Database, 2024, url

3.2.1. Public health insurance, national or state coverage

In 2013, the Government of Georgia shifted the focus towards a government-led Universal Health Coverage model, which is now the largest public risk pooling scheme in Georgia.[159] The UHCP is financed through the central budget from the general taxes (no earmarked contribution) and is executed by the NHA – a public single payer in the health system for various levels of government-funded coverage under the UHCP.[160]

The UHCP aims to offer medical assistance to Georgia's population. It encompasses individuals with recognised stateless status, refugee or humanitarian status, and asylum seekers who are officially registered in Georgia and provides them with the same level of coverage as Georgian citizens.[161]

To obtain planned ambulatory services, a legitimate identification document issued by Georgian authorities must be presented upon registration at any PHC participating in the UHCP and the patient must sign a consent form.[162]

Recipients are limited to registering at one clinic at a time and have free access to a variety of healthcare facilities across Georgia. The beneficiary's primary clinic must be visited for the first two months following registration; beyond that, clinics may be switched every two months.[163]

When necessary, the clinic's family physician will refer patients to specialists. Recipients must apply to the NHA to obtain a letter of guarantee for non-urgent surgical and oncological services and pharmaceuticals covered under the UHCP.[164] Since 2024, individual expenditures limits for pharmaceutical coverage under the UHCP within the approved list of

[159] Georgia, Legislative Herald of Georgia, Document No. 36 'საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ' [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url
[160] Georgia, NHA, Universal Health Care Programme, 2021, url
[161] Georgia, Legislative Herald of Georgia, Document No. 36 'საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ' [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Annex N1, article 2
[162] LEPL National Health Agency of Georgia, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამა [Universal Health Care Programme], 2020, url
[163] LEPL National Health Agency of Georgia, Universal Health Care Programme, 'როგორ დარეგისტრირდეთ გეგმიურ ამბულატორიულ სერვისებზე საყოველთაო ჯანდაცვის პროგრამის ფარგლებში' [How to register for scheduled outpatient services under the Universal Health Care Programme], 2020, url
[164] LEPL National Health Agency of Georgia, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამა [Universal Health Care Programme], 2020, url

pharmaceuticals for oncological[165] and other noncommunicable diseases[166] have been removed.[167]

The cost of pharmaceutical products, along with any other medical consumables used for the provision of the inpatient services, is covered by the state health programmes or by the patient if the service provided is not included in the list of services covered by the state health programmes. If the patient is insured the costs are covered by VHI. Patients must pay the full cost of all pharmaceuticals prescribed during outpatient care unless these costs are covered by health insurance or fall under the UHCP or other vertical health programmes. There is a limited but expanding list of the most commonly used outpatient essential drugs for chronically ill patients covered for UHCP beneficiaries.[168] Also, the Government of Georgia is gradually expanding the pharmaceutical coverage for oncology patients based on the pre-approved list of immunotherapy and chemotherapy drugs.

The UHCP-covered complex benefit package is defined by both an exhaustive "positive list" (what is covered and for what population groups)[169] and a negative list – what is not covered for all beneficiaries and for specific groups of beneficiaries. The negative list includes treatments such as plastic surgery, self-treatment, treatment abroad, bariatric surgery, spa treatment, infertility treatment, care financed through other central and municipal programmes. The detailed information on these lists, the list of UHCP health providers and how to gain access to UHCP benefits for each group of UHCP beneficiaries is available on the NHA website. This information can also be obtained through the MoIDPLHSA hotline 1501. The key provisions of UHCP's health benefit package (HBP) derived from the Government of Georgia Resolution N36 from 22 February 2013 regulating the UHCP, are presented below:[170]

(a) Standard State Universal Health Care package (exhaustive "positive" list)

Planned outpatient healthcare services (covering 70 %-100 % of the predetermined tariff), including:

- Doctor-specialists:

[165] LEPL National Health Agency of Georgia, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამა [Universal Health Care Programme], 2020, url
[166] LLEP National Health Agency of Georgia, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამით გათვალისწინებული ქრონიკული დაავადებების სამკურნალო მედიკამენტები [Pharmaceuticals for chronically ill patients covered under the UHCP), 2024, url
[167] Georgia, Parliament of Georgia, საქართველოს ოკუპირებული ტერიტორიებიდან დევნილთა, შრომის, ჯანმრთელობისა და სოციალური დაცვის მინისტრის საათი საქართველოს პარლამენტში [Statement of the Minister of Internally Displaced Persons from Occupied Terriitories, Labour, Health and Social Affairs during the 'Ministerial Hour' hearings at the Parliament of Georgia], 30 May 2024, url, p. 21
[168] LLEP National Health Agency of Georgia, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამით გათვალისწინებული ქრონიკული დაავადებების სამკურნალო მედიკამენტები [Pharmaceuticals for chronically ill patients covered under the UHCP), 2024, url
[169] LEPL National Health Agency of Georgia, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამა [Universal Health Care Programme], 2021, url
[170] LEPL National Health Agency of Georgia, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამა [Universal Health Care Programme], 2020, url

- Family doctor/nursing services – 100 %;
- Endocrinologist, otorhinolaryngologist, urologist, cardiologist, neurologist, gynaecologist, ophthalmologist – 70 %; and
- Prophylactic vaccinations considered by the programme – 100 %.

- Instrumental tests:
  - Electrocardiogram – 100 %;
  - Abdominal ultrasound – 70 %; and
  - Chest X-ray – 70 %.
- Laboratory tests:
  - Complete blood count (CBC), blood tests for glucose peripherals, cholesterol, creatinine/occult blood analysis, urine analysis, serum lipid test and prothrombin time test – 100 %; and
  - Liver function tests, thyroid-stimulating hormone (TSH) – 70 %.
- Planned surgery:
  - Including instrumental and laboratory investigations (preoperative, during the operation and postoperative examinations) which are related to planned surgery – 70 %, with an annual limit of GEL 15 000 [EUR 5 055].
- Non-surgical treatment of oncological diseases:
  - Chemotherapy, hormone therapy and radiotherapy, as well as research and medications which are related to these procedures – 100 %, with an annual limit of GEL 25 000 [EUR 8 426]. The limit does not include the covered pharmaceuticals for chemotherapy and immunotherapy.
- Delivery:
  - Physiologic delivery and caesarean section – 100 %, with an annual limit of GEL 1 222 [EUR 411.84] (with the exemption of deliveries by surrogate mothers.[171]

For PHC services, a patient pays out of pocket if a general practitioner or consulted specialists decide to administer additional laboratory tests or diagnostic procedures, not included in the list above and, thus, not covered by the UHCP. For inpatient services all these are included in the DRG price and overall annual limit indicated. After exhausting the annual limit covered by UHCP, the patient has to pay out-of-pocket for any additional care.[172]

[171] LEPL National Health Agency of Georgia, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამა [Universal Health Care Programme], 2020, url
[172] KII05, Senior official from the MoIDPLHSA, Interview, 8 November 2024

(b) Minimal State Universal Health Care package

The government resolution N36 stipulates that individuals, enrolled in a private insurance scheme as of 1 January 2017, are qualified only for the 'minimal package' if their contract with private insurance company is terminated.[173] The programme provides the following services:

- General practitioner services;
- Free nursing services; complete financing for blood and urine tests; and
- Emergency outpatient and inpatient care for over 450 specific listed medical illnesses.[174]

There is an individual annual limit of GEL 15 000 [EUR 5 055] for these medical services.[175]

(c) Universal Health Care packages for specific age and vulnerable groups

The State Universal Health Care packages provide for specific age groups and for specific vulnerable groups. The list of these as shown below:

- Persons with social vulnerability (families registered in the social assistance database with proxy means testing rating score not exceeding 70 000)
- Children aged 0-5 years;
- Women aged 60 years and older and men aged 65 years and older (retirement/pension age);
- Students;
- Children (minors under 18 years old) with disabilities; and
- Persons with severe disabilities (above 18 years old).[176]

With some limitations already listed in the standard package, programme services (including PHC) are fully (100 %) covered for both age and vulnerability target groups. Furthermore, these groups qualify for full coverage of X-ray and ultrasound exams (radiography, mammography and fluoroscopy). These groups receive free visits to specialists with a reference from a family, village or district doctor.[177]

---

[173] LEPL National Health Agency of Georgia, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამა [Universal Health Care Programme], 2020, url
[174] LEPL National Health Agency of Georgia, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამა [Universal Health Care Programme], 2020, url
[175] LEPL National Health Agency of Georgia, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამა [Universal Health Care Programme], 2020, url
[176] LEPL National Health Agency of Georgia, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამა [Universal Health Care Programme], 2020 url
[177] LEPL National Health Agency of Georgia, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამა [Universal Health Care Programme], 2020 url

Planned surgery is covered by 80 % (or 90 % in the event of retirement age) for the age target group. Oncological surgery and non-surgical therapy of oncological disorders are covered by 100 % (as of 2024). Additional services covered include computer tomography (CT), covered by 80 % (or 90 % in case of retirement age). Medications from the preapproved list[178] have a 50 % co-payment for children 0-5 years of age (up to an annual coverage limit of GEL 50 [EUR 16.85], beyond which the full cost of medications should be covered by the patient). From 2024 there is no copayment and no annual limit for disabled children, severely disabled adults and retirement-age persons. Students are not covered for medications.[179]

Specific conditions for the vulnerability target group include the costs of medicines reimbursed within the preapproved list without annual limit from 2024.[180]

The persons with stateless status in Georgia and citizens of other countries, who at the time of submission of the application have resided permanently and legally on Georgian territory for the last 10 years and have (severe or moderate) disabilities, are eligible to claim for the disability social package (including state allowance). Citizens of other countries must present a certificate proving that they are not receiving any pension in their country of citizenship. Families residing legally and permanently in Georgia and consider themselves in need of assistance due to their socio-economic conditions may apply to the NHA for registration into the database of socially vulnerable families. For registration, a residence permit document must be presented.[181]

In an emergency, any medical facility can be attended and if the service is not available, the clinic must refer the patient to a suitable facility. In an emergency, any individual without ID may be listed as 'unknown'. For medical conditions defined within the programme, 100 % of the cost of urgent outpatient and inpatient services will be covered. Any additional urgent or emergency condition will be treated at 70 % of the cost (not applicable to the minimal package); the coverage limit of medical costs per case is GEL 15 000 [EUR 5 055]. The age-group package holders have 100 % coverage for intensive therapy and critical conditions and 80 % coverage (90 % in case of retirement age) for all other urgent and emergency medical conditions. All emergency medical services, both outpatient and inpatient, are 100 % covered for socially vulnerable groups package holders. There is no limit on coverage of medical costs per case for age and vulnerability groups.[182]

UHCP eligibility rules prohibit many people from holding public and private insurance in parallel – albeit, many exceptions are made for specific groups, including teachers, public

[178] LLEP National Health Agency of Georgia, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამით გათვალისწინებული ქრონიკული დაავადებების სამკურნალო მედიკამენტები [Pharmaceuticals for chronically ill patients covered under the UHCP), 2024, url
[179] LEPL National Health Agency of Georgia, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამა [Universal Health Care Programme], 2020, url
[180] LEPL National Health Agency of Georgia, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამა [Universal Health Care Programme], 2020, url
[181] UNHCR (UN Refugee Agency), State Universal Health Care Programme in Georgia, 2023, url, p. 5
[182] LEPL National Health Agency of Georgia, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამა [Universal Health Care Programme], 2020, url

artists, children in foster care, settled internally displaced people, people in households below the poverty line, pensioners (over 60 for women and over 65 for men), children under 5, students and people registered as disabled, households with low incomes (70 000-100 000 points on the social assistance scale), and children 6-18 years.[183]

Other specific state healthcare programmes, available to persons who are recognised as stateless or asylum seekers officially registered in Georgia, in 2024 include:

- Early disease detection and screening;
- Immunisation;
- Epidemiological surveillance;
- Safe blood;
- Occupational disease prevention;
- Management of TB;
- HIV/AIDS management;
- Maternal and child health;
- Substance addiction;
- Promotion of health;
- Municipal public healthcare;
- Mental health;
- Handling diabetes;
- Liver and bone marrow transplantation;
- Dialysis and kidney transplantation;
- Palliative care for incurable patients;
- Treatment of patients with rare diseases and subject to permanent substitution treatment;
- First aid and emergency care;
- Village doctor – PHC in villages; and

[183] Georgia, Legislative Herald of Georgia, Document No. 36 'საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ' [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, url, Article 5[9], Annex I

- Referral services.[184]

3.2.2. Private health insurance schemes

Following the implementation of the UHCP in 2013, the significance of private health insurance in Georgia declined. By 2017, roughly 14 % of Georgians had a VHI policy and by 2018, VHI schemes accounted for 14 % of the current health expenditure (CHE), down from 18 % in 2013.[185]

Since April 2017, the wealthiest households (roughly 1.2 % of the total population) with annual income exceeding GEL 40 000 [EUR 13 481] have been excluded from the government-funded benefits package. They are expected to obtain private health insurance. Removal of the wealthiest individuals from the UHCP had no impact on the use of private insurance, as many workers continue to receive private health insurance as a 'perk' of their jobs.[186] However, regardless of private insurance status, currently, the UHCP covers everyone for emergency care and cancer treatment at varying co-payments, with some services also offered within the state vertical programmes (e.g. childbirth is 100 % covered).[187]

Regulation of the private insurance industry falls under the Insurance State Supervision Service's responsibility, which grants insurance companies licences.[188]

The Insurance State Supervision Service reports that as of mid-2024, almost 20 % of the total population was covered with private medical insurance in Georgia. The largest share of privately insured is through the private sector employer's insurance scheme (58.4 % of all privately insured), through the public schemes (33.9 %), and the small share of individually insured (7.6 %).[189]

The portfolio of premiums collected from the health insurance amounted to GEL 446.9 million [EUR 150.6 million] in 2023, while insurance losses (claims paid) amounted to 254.5 million. According to the 2016-2023 data, the average annual growth of the sector is 3.5 %.[190]

According to the paid premiums in 2023, the average monthly cost of the health insurance package was GEL 51.7 [EUR 17.42] per month, compared to GEL 47 [EUR 15.84] in 2020.[191]

---

[184] Georgia, Legislative Herald of Georgia, Document No. 529 '2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ' [Approval of the 2024 State Healthcare Programmes], 29 December 2023, url
[185] Cortez, R.A., & Cetinkaya, V., Georgia: Health Sector Organization and Strategic Purchasing, March 2022, url, p. 3
[186] Richardson, E., & Berdzuli, N., Georgia: Health system review, Health Systems in Transition, 2017, url, p. 28
[187] Richardson, E., Health Systems in Action: Georgia, Copenhagen, Denmark, 2022, url, p. 8
[188] Georgia, Insurance State Supervision Service, 2020, url
[189] LEPL State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2024, url
[190] LEPL State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2024, url
[191] LEPL State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2024, url

3.3. Out-of-pocket (OOP) health expenditure

Although, overall, OOP payments fell from 80 % of current spending on health in 2005 to 48 % in 2018, the OOP payment share of current spending on health remained well above the average for countries in the European Region (30 % in 2018).[192] The OOPs in Georgia have further increased in the post-pandemic period to 52 % of total health spending.[193]

Since 2017, public spending on outpatient medicines has increased and it reached 1.1 % of the UHCP budget and 0.7 % of total public health expenditure in 2018.[194] Medicines account for the largest share of OOP payments (69 % in 2018), followed by inpatient care (14 %) and outpatient care (11 %).[195] The average annual expenditure on pharmaceuticals for an average household is GEL 267.9 [EUR 90.28].[196] There are large differences in OOP across households: in 2018, outpatient medicines accounted for 90 % of OOP payments among the poorest households, compared to 24 % among the richest.[197] The monthly expenditure of a household on pharmaceuticals has increased by 16 % on average from 2016-2020 to GEL 161 [EUR 54.26] in 2021.[198] The burden of health spending has increasingly been driven by spending on outpatient medicines, particularly among poorer households.[199] The bureaucracy and complexity of the benefits package are a major barrier for patients accessing entitlements for outpatient pharmaceuticals under the UHCP, even though it was simplified by some extent in 2020. For the richest households, the main driver of health spending is shown to be inpatient care costs.[200] Pharmaceutical prices in Georgia are susceptible to external economic fluctuations, due to the heavy reliance on imports, which makes up 90 % of the pharmaceuticals required.[201]

Overall, less than half of the population is eligible for free PHC, while others are dealing with the complex eligibility criteria and co-payment model. Even though 99 % of UHCP participants are eligible for free family doctor visits, almost half of them have to pay a 30 % co-payment for specialist appointments and diagnostic tests at the point of service. The costs of these services are subject to provider-set tariffs, so-called 'internal standards', which vary widely across providers. PHC providers have robust incentives to boost their revenue by prescribing non-covered diagnostic services, for which people must pay OOP. The same providers

[192] Goginashvili, K., et al., Can people afford to pay for health care? New evidence on financial protection in Georgia, WHO/Europe, 2021, url, p. 2
[193] WHO, Global Health Expenditure Database, 2024, url
[194] CIF, Pharmaceutical pricing policies to improve the population's access to pharmaceuticals in Georgia, October 2019, url, p. 15
[195] Goginashvili, K., et al., Can people afford to pay for health care? New evidence on financial protection in Georgia, WHO/Europe, 2021, url, p. xii
[196] CIF, Inflation on healthcare with a focus on pharmaceuticals, 2024, url
[197] Goginashvili, K., et al., Can people afford to pay for health care? New evidence on financial protection in Georgia, WHO/Europe, 2021, url, p. 2
[198] IDFI, Health Sector Overview, Georgia, 2022, url, p. 5
[199] CIF, Inflation on healthcare with a focus on pharmaceuticals, 2024, url
[200] Goginashvili, K., et al., Can people afford to pay for health care? New evidence on financial protection in Georgia, WHO/Europe, 2021, url, p. 39
[201] CIF, Pharmaceutical pricing policies to improve the population's access to pharmaceuticals in Georgia, October 2019, url, p. 16

manage services not covered by the UHCP or VHI, charging for their services based on internally set price schedules through a fee-for-service model.[202]

According to the latest data, the burden of pharmaceutical expenditures has been partially alleviated as a result of the latest pharmaceutical policy measures implemented by the government. More specifically, the enforcement of reference prices for subsidised medicines starting from 2022, and the new mechanisms for managed-entry agreements for new medicines (mostly for cancer drugs), are delivering the first results. According to the Minister of MoIDPLHSA, the share of patients who were unable to afford necessary medicines has decreased from 9.6 % of all patients requiring pharmaceutical treatment to 3.8 %.[203] The positive effect on pharmaceutical affordability is expected to become more pronounced as the reference pricing policy and UHCP subsidies for chronically ill and oncologic patients are expanded in 2024.[204]

3.4. Cost of consultations

In November 2022, the government of Georgia implemented profound changes to the reimbursement system for planned and emergency inpatient services covered by the UHCP by introducing the new Diagnostic Related Groups – DRG; a (case-based) funding model based on nosological standard pricing pre-established by MoIDPLHSA. The reform primarily intended to reduce overspending in UHCP, and the introduction of the DRG system was planned from 2014 and included in the National Healthcare Strategy 2022-2030 as one of the key activities.[205] However, with limited time allotted for the preparation of the reform, these alterations have led to confusion among both clinics and patients.[206] With the current system, patients can receive additional services only if they temporarily leave the UHPC and finance the desired services entirely by themselves. After DRG implementation, clinics have permanent requirements for system revisions, particularly in terms of intensive care prices, the introduction of patient co-payments and the development of high-tech services. Some of these requirements have been taken into consideration by MoIDPLHSA, such as defining a 'ceiling' on patient co-payments, with others to be expected.[207] In general, the introduction of DRG-based tariffs and the prohibition of 'extra' and 'balance billing' within the UHCP,

[202] WHO/Europe, Rethinking primary health care financing in Georgia, 2021, url, p. 5
[203] Georgia, Parliament of Georgia, საქართველოს ოკუპირებული ტერიტორიებიდან დევნილთა, შრომის, ჯანმრთელობისა და სოციალური დაცვის მინისტრის საათი საქართველოს პარლამენტში [Statement of the Minister of Internally Displaced Persons from Occupied Terriitories, Labour, Health and Social Affairs during the 'Ministerial Hour' hearings at the Parliament of Georgia], 30 May 2024, url, p. 13
[204] KII05, Senior official at the MoIDPLHSA, Interview, 8 November 2024
[205] Georgia, Legislative Herald of Georgia, Document No. 230 'საქართველოს 2022 – 2030 წლების ჯანმრთელობის დაცვის ეროვნული სტრატეგიის დამტკიცების შესახებ' [On the approval of Georgia's National Healthcare Strategy 2022-2030], 4 May 2022, url, Annex 1, p. xii
[206] KII01, Senior official at the MoIDPLHSA, Interview, 24 October 2024; KII05, Senior official of MoIDPLHSA, Interview, 8 November 2024
[207] Jandacva.ge, Healthcare portal, Universal health care, An interagency board was established to evaluate the DRG and develop recommendation, July 2023, url; Jandacva.ge, Healthcare portal, Universal health care, An interagency board was established to evaluate the DRG and develop recommendation, June 2024, url

accompanied by the capping of co-payments in general, are likely to have an impact on the incentives and behaviours faced by providers. The DRG reforms can enable greater transparency and improvement of planning and monitoring systems. At the same time, the curtailment of (previously unregulated) co-payments can improve equity of access and enhance financial protection. The Minister of MoIDPLHSA has reported the first signs of this positive change: the share of total patient copayments for inpatient services financed by the UHCP has declined, from 27 % in 2022 to 12 % in 2023.[208]

Under the VHI, private insurance companies generally sign pre-agreed contracts with preferred providers by negotiating service content or volume. Payments are typically made retrospectively, with some exceptions, based on agreed tariffs.[209]

In parallel, health facilities establish rates for services, i.e. the internal standards, which are not covered by the UHCP or VHI. Prices for services not covered by the UHCP (e.g. plastic surgery, diagnostic procedures, rehabilitation, non-traditional medicine, etc.) differ from provider to provider and are mainly based on the perceived purchasing ability of the population served.[210] For example, the average cost of consultation in the regions ranges between GEL 50 [EUR 16.85] and GEL 80 [EUR 27], while in Tbilisi, it ranges between GEL 80 [EUR 27] and GEL 150 [EUR 51]. Direct payments also include payments to private medical professionals providing services out of medical facilities owned by another legal subject.[211]

Where the patient pays full price OOP for treatment, the payment mechanism is quite straightforward. For primary care visits along with planned hospitalisation, the patient pays upfront for the services to be provided according to the price list, which is decided at the facility level. For emergency care, hospitals treat first and then invoice patients. Patients are typically supposed to settle their fees before being released from the hospital, though it is not always feasible. Any accumulated fiscal deficits are the responsibility of individual hospitals.[212] The introduction of caps of co-payments and balance billing is likely to mitigate these types of problems and increase predictability for the patient of how much money they have to pay for the consultation or treatment episode.[213]

It should be noted that household expenditures on healthcare services have been increasing (by 7 % on average per year), reaching GEL 96.1 [EUR 32.38] in 2021. Outpatient services became 35 % more expensive in 2021, as compared with 2016. Inpatient services had an 11 % increase.[214]

---

[208] Georgia, Parliament of Georgia, საქართველოს ოკუპირებული ტერიტორიებიდან დევნილთა, შრომის, ჯანმრთელობისა და სოციალური დაცვის მინისტრის საათი საქართველოს პარლამენტში [Statement of the Minister of Internally Displaced Persons from Occupied Terriitories, Labour, Health and Social Affairs during the 'Ministerial Hour' hearings at the Parliament of Georgia], 30 May 2024, url, p. 7
[209] Richardson, E., & Berdzuli, N., Georgia: Health system review, Health Systems in Transition, 2017, url, p. 40
[210] Richardson, E., & Berdzuli, N., Georgia: Health system review, Health Systems in Transition, 2017, url, p. 38
[211] KII07, Outpatient healthcare provider, Interview, 18 June 2024
[212] Richardson, E., & Berdzuli, N., Georgia: Health system review, Health Systems in Transition, 2017, url, p. 38
[213] KII05, Senior official at the MoIDPLHSA, Interview, 8 November 2024
[214] IDFI, Health Sector Overview, Georgia, 2022, url, p. 5

3.5. Cost of medication

The cost of medicines remains a significant challenge in Georgia's healthcare system. While reforms implemented since 2013 have enhanced healthcare access, high OOP payments, particularly for outpatient medications, persist. By 2021, medicine prices had increased by 64 % compared to prices in 2016. This price increase showed signs of slowing, beginning in 2022.[215]

The pricing of pharmaceuticals is deeply political as they represent approximately two-thirds of OOP payments and 40 % of total health expenditure.[216] The average monthly expenditure of households on pharmaceuticals and healthcare amounted to GEL 161 [EUR 54.26], with 16 % increase since 2016.[217]

The pharmaceutical pricing structure in Georgia is influenced by several factors. The majority of pharmaceuticals (about 90 %) are imported into the country, while only around 10 % are domestically produced. Although there has been an increase in domestic production in recent years, it remains relatively low. Most pharmaceutical manufacturers offer volume-based commercial discounts to Georgian importers and wholesalers, with discounts ranging from 3 %-20 %. Because a small number of importers dominate the pharmaceutical supply, wholesale markups are at their highest, leading to the most revenue being generated by market leaders.[218] For example, even locally produced generics have a markup of close to or at 100 %. Georgia has an average 102 % markup on pharmaceuticals, which is significantly more than the WHO European Region average.[219] Marketing costs are also high, mainly due to direct and indirect commissions to physicians, making up a significant portion (approximately 30 %-40 %) of the Pharmacy Retail Price (PRP), which in turn contributes to cost increases. Retail markups by influential market players represent the smallest portion of the PRP, typically ranging from 1.5 %-3 %.[220]

The price differentials on the retail market were significant before the introduction of reference pricing. The urban-rural price differences are not that pronounced, as there are sufficiently well-developed national networks of pharmacies maintained by four major pharmaceutical companies. However, large price variations below the reference price ceiling remain as of 2024 and motivate customers to seek discounts and optimal prices.[221] Online pharmacies gained popularity during the pandemic. Mostly maintained by the same pharmaceutical companies, today they account for a small share of the pharmaceutical retail market. Some of these retailers employ doctors to produce the prescriptions when a customer buys medicinal products without a prescription at hand (for pharmaceuticals not covered

[215] IDFI, Health Sector Overview, Georgia, 2022, url, p. 5
[216] Richardson, E., & Berdzuli, N., Georgia: Health system review, Health Systems in Transition, 2017, url, p. 38
[217] IDFI, Health Sector Overview, Georgia, 2022, url, p. 5
[218] CIF, Pharmaceutical pricing policies to improve the population's access to pharmaceuticals in Georgia, October 2019, url, pp. 16-17
[219] Richardson, E., & Berdzuli, N., Georgia: Health system review, Health Systems in Transition, 2017, url, p. 16
[220] CIF, Pharmaceutical pricing policies to improve the population's access to pharmaceuticals in Georgia, October 2019, url, p. 17
[221] KII01, Senior official at the MoIDPLHSA, Interview, 24 October 2024

under the public or VHI programmes). A prescription is required to formally avoid the violation of the prescription regulations, both for face-to-face and online pharmaceutical trade.[222]

Hospitals are free to create their own clinical guidelines and in cases where the hospital's owner is also a pharmaceutical company, as is frequently the case, treatment procedures will almost always favour the company's own goods. This presents another challenge to pharmaceutical cost management and healthcare quality.[223]

For these reasons, Georgian health policymakers have long been interested in changing the pharmaceutical system in a way that increases the population's access to medications while lessening the burden brought by high costs and excessive use. To tackle these challenges, Georgia underwent significant pharmaceutical policy reforms between 2014 and 2023.[224]

In 2014, the introduction of prescription requirements for group 2 drugs (see Section 2.3) aimed to promote more rational consumption of pharmaceuticals. In 2016, the Georgian government in Tbilisi initiated non-compulsory e-prescriptions on a limited scale. Subsequently, in 2017, the drug reimbursement plan implemented by the Georgian Government offered subsidised pharmaceuticals to patients with the four most prevalent chronic diseases, including hypertension, chronic obstructive pulmonary disease (COPD), type 2 diabetes and thyroid diseases. In 2019, outpatient medicines for Parkinson's disease and epilepsy became available with a 25 % co-payment for patients with these conditions. Notably, in 2022, Georgia permitted Parallel Drug Imports from Turkey without requiring further national authorisation.[225]

From April 2022, doctors have been required to prescribe generic medications exclusively. In addition, a reference pricing scheme for pharmaceuticals was introduced in 2023, partially introducing price controls on antibiotics and cardiovascular medications, as well as medicines for type 2 diabetes and epilepsy, and oncological, thyroid and pulmonary diseases. As a result of these reforms, prices for all medicines, primarily antibiotics and cardiovascular medications, have declined (60 %-80 %).[226] The list of pharmaceuticals subject to reference pricing has been extended to 7 100 pharmaceutical items in 2024 and are available on MoIDPLHSA website.[227]

Note that in the initial phase, for medication groups such as anti-inflammatory drugs, analgesics and medicines for the digestive system, which are not covered by the reference pricing, prices increased. Subsequently, the list of medicines subject to reference pricing was gradually expanded over the course of the year, potentially leading to the halting of the escalation of prices. Importantly, the prices for the healthcare group decreased annually by

[222] KII03, Researcher at Curatio International Foundation, Interview, 25 October 2024 and KII07, Outpatient healthcare provider, Interview, 18 June 2024
[223] Richardson, E., & Berdzuli, N., Georgia: Health system review, Health Systems in Transition, 2017, url, p. 16
[224] CIF, Inflation on healthcare with a focus on pharmaceuticals, 2024, url
[225] KII05, Senior official at the MoIDPLHSA, Interview, 8 November 2024
[226] KII01, Senior official at the MoIDPLHSA, Interview, 24 October 2024
[227] Georgia, Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs of Georgia, Pharmaceuticals for which reference prices are set, 2024, url

3.8 %, with the main contribution from the medical products, appliances, and equipment sub-group decelerating by -8.9 % in December 2023. According to the inflation index (2016 = 100), after a long upward trend in medical product price growth, there was a substantial decline after 2021, potentially linked to parallel imports from Turkey. Prices in December 2023 fell further below the 2017 level.[228]

[228] CIF, Inflation on healthcare with a focus on pharmaceuticals, 2024, url

4. List of useful links

Organisation	Web address
Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs of Georgia	https://www.moh.gov.ge/
National Centre for Disease Control and Public Health of Georgia	https://www.ncdc.ge/
National Health Agency of Georgia	https://nha.moh.gov.ge/ge/home
National Statistics Office of Georgia	https://www.geostat.ge/en
State Insurance Supervision Service of Georgia	https://insurance.gov.ge/en//
State Regulation Agency for Medical and Pharmaceutical Activity	https://rama.moh.gov.ge/geo/static/40/chven-shesakheb
The World Bank Georgia data	https://www.worldbank.org/en/country/georgia/overview
The World Health Organisation country office	https://www.who.int/georgia

Annex 1: Bibliography

Oral sources, including anonymous sources

KII01, Senior official at the MoIDPLHSA, Interview, 24 October 2024. The person wishes to remain anonymous.

KII02, Senior official at the National Family Medicine Training Centre in Tbilisi, Interview, 25 October 2024. The person wishes to remain anonymous.

KII03, Researcher at Curatio International Foundation, Interview, 25 October 2024. The person wishes to remain anonymous.

KII04, Representative of 'Harm Reduction Network', Interview, 28 October 2024. The person wishes to remain anonymous.

KII05, Senior official at the MoIDPLHSA, Interview, 8 November 2024. The person wishes to remain anonymous.

KII06, GMH Representative, Electronic communication, 28 October 2024. The person wishes to remain anonymous.

KII07, Outpatient healthcare provider, Interview, 18 June 2024. The person wishes to remain anonymous.

Public sources

Aversi, About Us, 2024, https://www.aversi.ge/en/about, accessed 25 June 2024

Bochorishvili, E. and Kurashvili, S., Galt & Taggart, Georgia's Healthcare Sector Overview, May 2023, https://api.galtandtaggart.com/sites/default/files/2023-05/report/georgias-healthcare-sector-overview_eng_may-23.pdf, accessed 25 June 2024

CIF (Curatio International Foundation), Inflation on healthcare with a focus on pharmaceuticals, 2024, https://curatiofoundation.org/wp-content/uploads/2024/02/USAID_inflation-on-pharma_Q4.pdf, accessed 1 July 2024

CIF (Curatio International Foundation). Pharmaceutical pricing policies to improve the population's access to pharmaceuticals in Georgia, October 2019, https://curatiofoundation.org/wp-content/uploads/2022/06/Pharmaceutical-pricing-policies_FINAL.pdf, accessed 1 July 2024

Competition and Consumer Agency of Georgia, ფარმაცევტული ბაზრის მონიტორინგის ანგარიში [Pharmaceutical market monitoring report], 2021,

https://gcca.gov.ge/uploads_script/decisions/tmp/0e920af7373747e089b6921817fb9e12.pdf, accessed on 8 November 2024

Constitution of Georgia, 1995, https://www.gov.ge/files/203_30867_417344_matsne-30346-35.pdf, Article 3, accessed 21 October 2024

Cortez, R.A. and Cetinkaya, V., Georgia: Health Sector Organization and Strategic Purchasing, March 2022, https://documents1.worldbank.org/curated/en/099802505242216398/pdf/IDU07bfac40d035c20431a0bc1b0755ced4057df.pdf, accessed 25 June 2024

Delegation of the European Union to Georgia, The European Union and Georgia, 2023, https://www.eeas.europa.eu/georgia/european-union-and-georgia_en?s=221, accessed 1 November 2024

EUAA (European Union Agency for Asylum), COI (Country of Origin Information) Report Methodology, February 2023, https://euaa.europa.eu/sites/default/files/publications/2023-02/2023_02_EUAA_COI_Report_Methodology_Rebranded.pdf, accessed 30 June 2024

EUAA (European Union Agency for Asylum), COI (Country of Origin Information) Reports Writing and Referencing Guide, February 2023, https://euaa.europa.eu/sites/default/files/publications/2023-02/2023_02_EUAA_COI_Writing_and_Referencing_Guide_Rebranded.pdf, accessed 30 June 2024

EUAA (European Union Agency for Asylum), The EUAA Writing Guide, April 2022, https://euaa.europa.eu/sites/default/files/publications/2022-05/EUAA_Writing_Guide_1.pdf, accessed 30 June 2024

European Commission, Exchange rate (InforEuro), n.d., https://commission.europa.eu/funding-tenders/procedures-guidelines-tenders/information-contractors-and-beneficiaries/exchange-rate-inforeuro_en, accessed 1 November 2024

Georgia Medical Holding, 2021, https://gmh.moh.gov.ge/en/main, accessed on 8 November 2024

Georgia, EMSC (Emergency Medical Services for Children), Action Report 2020-2021, https://emsc.moh.gov.ge/assets/2020-2021 %20პრეზენტაცია_1.pdf, accessed on 8 November 2024

Georgia, Geostat (National Statistics Office of Georgia), 2024, https://www.geostat.ge/en, accessed 30 June 2024

Georgia, Geostat (National Statistics Office of Georgia), 2024, https://www.geostat.ge/en/modules/categories/54/healthcare, accessed 8 November 2024

Georgia, Geostat (National Statistics Office of Georgia), Population as of 1 January by regions and self-governed units, 2024, https://geostat.ge/media/61910/01-population-by-self-governed-unit.xlsx, accessed 30 October 2024

Georgia, Insurance State Supervision Service, 2020, https://www.insurance.gov.ge/en/page/about-us, accessed 1 July 2024

Georgia, Legislative Herald of Georgia, Document No. 230 "საქართველოს 2022 – 2030 წლების ჯანმრთელობის დაცვის ეროვნული სტრატეგიის დამტკიცების შესახებ" [On the approval of Georgia's National Healthcare Strategy 2022-2030], 4 May 2022, https://matsne.gov.ge/ka/document/view/5453716?publication=0, accessed 15 January 2025

Georgia, Legislative Herald of Georgia, Document No. 36 "საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ" [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, https://matsne.gov.ge/ka/document/view/1852448?publication=0, accessed 25 June 2024

Georgia, Legislative Herald of Georgia, Document No. 473: საქართველოს ოკუპირებული ტერიტორიებიდან დევნილთა, შრომის, ჯანმრთელობისა და სოციალური დაცვის სამინისტროს დებულების დამტკიცების შესახებ" [On the Approval of the Charter of the Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs], https://matsne.gov.ge/ka/document/view/4325651?publication=20, Articles 2 and 3, accessed 2 November 2024

Georgia, Legislative Herald of Georgia, Document No. 529 "2024 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ" [Approval of the 2024 State Healthcare Programmes], 29 December 2023, https://matsne.gov.ge/en/document/view/6056955?publication=0, accessed 25 June 2024

Georgia, Legislative Herald of Georgia, Document No. 659 "საქართველოს კანონი მედიკამენტებისა და ფარმაცევტული საქმიანობის შესახებ" [Law of Georgia on Medicines and Pharmaceutical Activities], 17 April 1997, https://matsne.gov.ge/en/document/view/29836?publication=30, accessed 25 June 2024

Georgia, Ministry of Defence of Georgia, Military Hospital, 2024, https://mod.gov.ge/ge/page/63/hospital, accessed on 8 November 2024

Georgia, Ministry of Internal Affairs of Georgia, 2024, https://info.police.ge/page?id=423&parent_id=383, accessed on 8 November 2024

Georgia, Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs of Georgia, Pharmaceuticals for which reference prices are set, 2024, https://referenceprice.moh.gov.ge/ui/#/main, accessed on 8 November 2024

Georgia, NCDC (National Center for Disease Control and Public Health), ჯანმრთელობის დაცვა: სტატისტიკური ცნობარი, საქართველო [Annual Statistical Report of Georgia 2021],

2022, https://ncdc.ge/#/pages/file/ea1784b5-d3d0-4dd9-b29f-1369f5d6bbec, accessed 11 November 2024

Georgia, Parliament of Georgia, Vision for Developing the Healthcare System in Georgia by 2030, 2017, https://web-api.parliament.ge/storage/files/shares/Komitetebi/jandacva/jand-sist-2030/Health-Strategy-2030-eng.pdf, accessed 25 June 2024

Georgia, Parliament of Georgia, საქართველოს ოკუპირებული ტერიტორიებიდან დევნილთა, შრომის, ჯანმრთელობისა და სოციალური დაცვის მინისტრის საათი საქართველოს პარლამენტში [Statement of the Minister of Internally Displaced Persons from Occupied Terriitories, Labour, Health and Social Affairs during the "Ministerial Hour" hearings at the Parliament of Georgia], 30 May 2024, https://web-api.parliament.ge/storage/files/shares/zedamxedveloba/ministris-saati/2024/30.05.2024/sarjveladze-27.05.2024.pdf, accessed 24 October 2024

Georgia, Parliament of Georgia, ჯანმრთელობის დაცვის შესახებ [Law of Georgia on Healthcare], 2007, https://www.matsne.gov.ge/ka/document/download/29980/33/en/pdf, Article 3(s)

Georgia, State Audit Office, სამედიცინო პერსონალის პროფესიული განვითარების აუდიტის ანგარიში [Performance Audit Report: Human Resources for Health], February 2024, https://www.sao.ge/ka/სამედიცინო-პერსონალის-პროფესიუ20240209051410458ka.html, accessed on 8 November 2024

Geostat, Population and Demography, January 2024, https://www.geostat.ge/en/modules/categories/316/population-and-demography, accessed 15 January 2025

GHG (Georgia Healthcare Group), Segment overview, 2024, http://ghg.com.ge/segment-overview, accessed 25 June 2024

Goginashvili, K., Nadareishvili, M., & Habicht, T., Can people afford to pay for health care? New evidence on financial protection in Georgia, WHO/Europe (World Health Organization Regional Office for Europe), 2021, https://apps.who.int/iris/handle/10665/342815, accessed 1 July 2024

IDFI (Institute for Development of Freedom of Information), Health Sector Overview, Georgia, 2022, https://idfi.ge/public/upload/Analysis/Healthcare_Sector_Overview_ENG.pdf, accessed 25 June 2024

IDFI (Institute for Development of Freedom of Information). Statistics of the Use of the Georgian Healthcare Programs on the Occupied Territories of Georgia in 2019-2029, Georgia, 2021, https://idfi.ge/en/statistical-data-georgian-healthcare-programs-2018-2020, accessed 1 July 2024

Jandacva.ge, Healthcare portal, Universal health care, An interagency board was established to evaluate the DRG and develop recommendation, July 2023, https://jandacva.ge/news/sakoveltao-jandacva/drg-is-shefasebisa-da-rekomendatsiebis-shemushavebis-miznit-utsyebatashorisi-sabcho-sheiqmna, accessed 1 July 2024

Jandacva.ge, Healthcare portal, Universal health care, An interagency board was established to evaluate the DRG and develop recommendation, June 2024, https://jandacva.ge/news/sakoveltao-jandacva/klinikebistvis-yvelaze-mtsvave-sakitkhebze-shetankhmeba-praqtikulad-mightseulia-tarifebi-uakhloes-kvirebshi-gadaikhedeba, accessed 1 July 2024

Ken Walker Medical Rehabilitation University Clinic, 2024, https://kwclinic.ge/en/klinika/klinikis-shesaxeb, accessed on 8 November 2024

LEPL Emergency Situation Coordination and Urgent Assistance Center, 2022, https://emsc.moh.gov.ge/en/gallery/ganaxlebuli-senobebi, accessed on 8 November 2024

LEPL National Health Agency of Georgia, Universal Health Care Programme, “როგორ დარეგისტრირდეთ გეგმიურ ამბულატორიულ სერვისებზე საყოველთაო ჯანდაცვის პროგრამის ფარგლებში” [How to register for scheduled outpatient services under the Universal Health Care Programme], 2020, https://nha.moh.gov.ge/ge/c/rogorxdebaregistraciasayoveltaojandacvisprogramitgatvaliswinebuligegmuriambulatoriulimomsaxurebismisagebad, accessed on 8 November 2024

LEPL National Health Agency of Georgia, Universal Health Care, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამა [Universal Health Care Programme], 2020, https://nha.moh.gov.ge/ge/c/102, accessed on 8 November 2024

LEPL National Health Agency of Georgia, 2020, https://nha.moh.gov.ge/ge/home, accessed 30 October 2024

LEPL National Health Agency, საყოველთაო ჯანდაცვის პროგრამით გათვალისწინებულიქირურგიული მომსახურება [Surgical services covered under the UHCP], 2020, https://nha.moh.gov.ge/ge/c/sayoveltao-jandacvis-programit-gatvaliswinebuli-qirurgiuli-momsaxureba, accessed on 8 November 2024

LEPL National Health Agency, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამა [Universal Health Care Programme], 2021 https://nha.moh.gov.ge/ge/c/444, accessed 11 November 2024

LEPL State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2024, https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Finsurance.gov.ge%2Fen%2FStatistics%2FGetFile%2F691%3Ftype%3D2&wdOrigin=BROWSELINK, accessed on 8 November 2024

LEPL State Regulation Agency for Medical and Pharmaceutical Activity, 2023, https://rama.moh.gov.ge/geo/static/40/chven-shesakheb, accessed 30 October 2024

LLEP National Health Agency of Georgia, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამით გათვალისწინებული ქრონიკული დაავადებების სამკურნალო მედიკამენტები [Pharmaceuticals for chronically ill patients covered under the UHCP), 2024, https://nha.moh.gov.ge/storage/files/shares/Medikamentebi/qronikuli medikamentebi 12.04.2024.pdf, accessed on 8 November 2024

LLEP National Health Agency of Georgia, საყოველთაო ჯანმრთელობის დაცვის სახელმწიფო პროგრამით გათვალისწინებული ქრონიკული დაავადებების სამკურნალო მედიკამენტები [Pharmaceuticals for chronically ill patients covered under the UHCP), 2024, https://nha.moh.gov.ge/storage/files/shares/Medikamentebi/qronikuli medikamentebi 12.04.2024.pdf, accessed on 8 November 2024

MediClubGeorgia, 2024, http://mcg.ge/1/eng/, accessed on 8 November 2024

NCDC (National Center for Disease Control and Public Health), Georgia, Statistical Yearbook 2021, Tibilisi, 2022, https://test.ncdc.ge/Pages/User/News.aspx?ID=b3956fe5-2a48-4fc1-9a5a-37d13c6d397f, accessed 25 October 2024

NCDC (National Center for Disease Control and Public Health), 2020, https://test.ncdc.ge/Default.aspx, accessed 30 October 2024

OECD (Organisation for Economic Co-operation and Development), Health at a Glance: Europe 2022: State of Health in the EU Cycle, Availability of Doctors, 2022, https://www.oecd-ilibrary.org/sites/507433b0-en/1/3/2/5/5/index.html?itemId=/content/publication/507433b0-en&_csp_=69a1197833db420974a2940c01518500&itemIGO=oecd&itemContentType=book, accessed on 8 November 2024

OECD (Organisation for Economic Co-operation and Development), Realising the full potential of primary health care, 2020, https://www.oecd.org/en/publications/realising-the-potential-of-primary-health-care_a92adee4-en.html, accessed 1 November 2024

OECD (Organisation for Economic Co-operation and Development)/European Union, Hospital beds and discharges, 2022, https://www.oecd-ilibrary.org/docserver/518727bb-en.pdf?expires=1731429925&id=id&accname=guest&checksum=8D8609571B07CC15C406DD790CF4AEDF#:~:text=Across%20EU%20countries%2C%20there%20were,higher%20than%20the%20EU%20average, accessed 15 January 2025

PSP Insurance, About company, 2024, https://ipsp.ge/about.php, accessed 25 June 2024

Public Defender's Office of Georgia: Assessment of Sexual and Reproductive Health and Rights of Women and Girls from Nondominant Ethnic Groups in Georgia, 2022, https://www.ombudsman.ge/res/docs/20220505103234933390.pdf, accessed 15 January 2025

Richardson, E., & Berdzuli, N., Georgia: Health system review. Health Systems in Transition, Vol. 19, Issue 4, 2017, https://iris.who.int/bitstream/handle/10665/330206/HiT-19-4-2017-eng.pdf?sequence=7, accessed 30 June 2024

Richardson, E., Health Systems in Action: Georgia, World Health Organization Regional Office for Europe) Copenhagen, Denmark, 2022, https://iris.who.int/bitstream/handle/10665/362341/9789289059121-eng.pdf?sequence=1, accessed 30 June 2024

Tbilisi State Medical University, First University Clinic, 2018, https://tsmu.edu/ts/content.php?id=2&aid=0&bid=0&cid=0&did=0&eid=0&lang=en, accessed on 8 November 2024

UN (United Nations), UN Geospatial, Department of Field Support Geospatial Information Section, Map No. 3780, Rev. 6, 1 September 2015, https://www.un.org/geospatial/content/georgia, accessed 30 June 2024

UNHCR (United Nations High Commissioner for Refugees - UN Refugee Agency), State Universal Health Care Programme in Georgia, 2023, https://help.unhcr.org/georgia/wp-content/uploads/sites/47/2023/07/shigtavsi_ENG_DD.pdf, accessed 25 June 2024

UNICEF (United Nations Children's Fund), UNICEF Data Warehouse, Georgia, Infant Mortality Rate, 2024, https://data.unicef.org/resources/data_explorer/unicef_f/?ag=UNICEF&df=GLOBAL_DATAFLOW&ver=1.0&dq=GEO.CME_MRY0.&startPeriod=2000&endPeriod=2024, accessed 30 June 2024

United Nations, Status of internally displaced persons and refugees from Abkhazia, Georgia, and the Tskhinvali region/South Ossetia, Georgia: resolution / adopted by the General Assembly, May 2024, https://documents.un.org/doc/undoc/ltd/n24/148/14/pdf/n2414814.pdf, accessed 1 November 2024

UNPF (United Nations Population Fund), PSA (Population Situation Analysis), Georgia 2014, Final Report, https://eeca.unfpa.org/sites/default/files/pub-pdf/PSA _Final Print version.pdf, accessed 1 November 2024

WeResearch, Friderich-Ebert-Stiftung: Dual Vulnerability and Security: A Case Study of Azerbaijani and Armenian Ethnic Minority Women in Georgia, December 2021, https://library.fes.de/pdf-files/bueros/georgien/18829.pdf, accessed 10 October 2024

WHO (World Health Organization), Global Health Expenditure Database, 2024, https://apps.who.int/nha/database/ViewData/Indicators/en, accessed on 8 November 2024

WHO (World Health Organization), Global Health Observatory, Infant Mortality Rate, 2024, https://www.who.int/data/gho/data/indicators/indicator-details/GHO/infant-mortality-rate-(probability-of-dying-between-birth-and-age-1-per-1000-live-births), accessed 30 September 2024

WHO (World Health Organization), Health Financing Progress Matrix assessment, Georgia, 2023, https://iris.who.int/bitstream/handle/10665/374196/9789240081437-eng.pdf?sequence=1, accessed on 8 November 2024

WHO (World Health Organization), Noncommunicable Diseases, Progress Monitor, 2022, https://iris.who.int/bitstream/handle/10665/353048/9789240047761-eng.pdf?sequence=1, accessed 15 January 2025

WHO/Europe (World Health Organization Regional Office for Europe), Georgia: Profile of Health and Well-being, Copenhagen, Denmark, 2017, https://iris.who.int/bitstream/handle/10665/344133/9789289052726-eng.pdf?sequence=1&isAllowed=y, accessed 30 June 2024

WHO/Europe (World Health Organization Regional Office for Europe), Rethinking primary health care financing in Georgia, 2021, https://iris.who.int/bitstream/handle/10665/350562/WHO-EURO-2021-4202-43961-61960-eng.pdf, accessed 25 June 2024

WHO/Europe (World Health Organization Regional Office for Europe), Health and sustainable development: progress in Georgia, Copenhagen, Denmark, 2020, https://georgia.un.org/sites/default/files/2020-08/Georgia 5.pdf, pp. 1-62, accessed 15 January 2025

WHO/Europe, Georgia: moving from policy to actions to strengthen primary health care: primary heath care policy paper series, 2023, https://iris.who.int/bitstream/handle/10665/371854/WHO-EURO-2023-7565-47332-69449-eng.pdf?sequence=1, accessed 25 October 2024

World Bank (The), Georgia: Keeping the Reform Momentum, A Systematic Country Diagnostic Update, 2023, https://documents1.worldbank.org/curated/en/099091123095542018/pdf/BOSIB0b20cd99400808b850ff9dcbaae8d0.pdf, accessed 1 November 2024

World Bank (The), The World Bank in Georgia, Overview, Country Context, updated 23 October 2024, https://www.worldbank.org/en/country/georgia/overview, accessed 1 November 2024

World Bank (The), World Bank Group, Data, 2023, https://data.worldbank.org/indicator/NY.GDP.MKTP.CD?locations=GE, accessed 1 November 2024

Annex 2: Terms of reference

General information

Avoid general COI, focus on aspects that have an impact on healthcare.

This section is devoted to the geographic, demographic, political, and/or economic contexts which are relevant to analyse the health system in the country in question. If possible, explain the impact of these factors on the accessibility of healthcare. Ensure that in this section are included all particular aspects that can have an impact on the provision of healthcare in the country (e.g., security situation, IDPs / refugees, ethnic tensions, e.g. variations in access to healthcare across regions including Abkhazia and South Ossetia, if any etc.).

Healthcare system

Provide a short introduction to the topics covered below.

Health system organisation

Overview

How is the healthcare system organised (e.g., organised as primary, secondary and tertiary healthcare)? If so, could you explain who provides care at each level and what type of care is provided at each level? Does a system of referrals and counter referrals exist?

Is the healthcare system centralised, decentralised or federal? How are the healthcare jurisdictions distributed between the levels of power? How is the health sector financing distributed between the levels of power? In the cases of states with federal / confederal structure, if the care is not available in the state / region/republic of residence of the patient, but is however available in another federated state (region / republic) of the same country, is there a possibility for the patient to be transferred there? Is there a mandatory referral system? What are the conditions?

Is there recent data on the geographical distribution of the health structures? If so, could you give an overview? Is there a difference in the care supply, in respect to the different healthcare levels, in the urban and rural regions? Do the patients in the urban and rural zones have equal access to healthcare? Are there regions / provinces particularly affected by a lack of hospitals or health centres? Ensure that there is Information on the number of healthcare facilities at each level of healthcare.

Only if feasible, mention briefly, if there are variations in access to healthcare across regions of Abkhazia and South Ossetia.

Use links to existing documents online for more detailed information.

Public sector

How is the public sector structured? What are the strengths? What are the weaknesses? As the healthcare system in Georgia is dominated by the private sector, provide brief explanation on e.g. information on rural ambulatories etc. and other providers still in public sector, if any.

Private sector

How is the private sector structured? How is healthcare structured in Georgia, considering limited extent of public healthcare provisions? What is the organizational framework of the private healthcare sector in Georgia? Are there any noticeable disparities, both in terms of services, accessibility, and especially in terms of out-of-pocket payments [please align with section 3.3. focusing on out-of-pocket payments] in private health facilities in Georgia? What are the primary distinctions, from the perspective of patients seeking medical assistance at the private healthcare sector in Georgia?

Healthcare resources

Information on distribution of healthcare resources in terms of personnel is necessary, but focus should be on waiting times. Is there recent data on the number of healthcare personnel in the country (e.g., cardiologists, psychologists, etc. per number of inhabitants)? If so, provide a brief overview (context / comparison with other similar countries or Europe)?

How is the distribution of human resources in health care in the country? Are there regions / provinces particularly affected by a shortage of healthcare professionals? If feasible: If any variations exist, in Abkhazia and South Ossetia this could be briefly mentioned.

What are the average waiting times for medical appointments and procedures in healthcare sectors in Georgia? Are there particular medical specialties or regions in Georgia where waiting times are notably longer? How does the distribution of healthcare personnel impact waiting times for medical services across different regions or provinces in Georgia? How are patients informed about waiting times? Are there official waiting times set by law? If so, are there any discrepancies between official waiting times and actual waiting times?

Are there any initiatives/ plans or strategies to 1) improve the distribution of healthcare personnel and/OR 2) reduce waiting times, if any in underserved areas or for specific medical specialties?

Are there any specific needs with regards to human resources for health? Are there any under-represented professional categories? Could you specify?

Is there an emergency healthcare service, e.g., ambulances? How is it organised? How does the organization of emergency healthcare services, such as ambulances, impact waiting times

for urgent medical assistance in Georgia? Are there any initiatives or policies ('golden standards' etc.) in place to reduce emergency care waiting time?

Health expenditure / GDP.

Pharmaceutical sector

Is there a national essential drugs list for the country? What does it mean in terms of access to drugs for patients? How often is the list updated? If generic drugs are not widely available, do patients have access to generic drugs? Are they accessible to patients and how?

Is there a supply system for drugs? Does the country experience regular stock shortages? If so, does it affect the patients' access to medication? What drugs and diseases are mainly affected by these stock shortages? What organisations regulate / control the medication market? Are there many illegal medications in circulation?

Are the drugs accessible both in urban and rural areas? Are the drugs accessible geographically in all the country's regions?

Can non-registered medication be imported (sometimes called parallel import)? How?

Patient's pathways

In general: when in need of medical treatments and/or medicines, where and how can patients find information? What is the 'typical route' of a patient who needs healthcare; treatments and/or medicines? What does he/she do and where does he/she go primarily and what happens next? What are the main obstacles in general to access medical treatments / medicines in the country? If variations in access across regions in Georgia, including Abkhazia and South Ossetia exist, this could be briefly mentioned, if feasible.

Economic factors

Provide a short introduction to the topics covered below.

Health services provided by the State / Public authorities

Summary of manner in which, and level of, funding for health service provision: use of World Bank data to show Current Health expenditure and per capita spend as a percentage of GDP.

No explicit focus on health insurance.

Risk-pooling mechanisms

Introduction to the different mechanisms, which are presented more in detail in the below sections. Include only the mechanisms which are relevant to the country in question.

Public health insurance, national or state coverage

Note for drafters: the aim of this section is to make clear to the reader what is covered by public health insurance and to what extent it is covered. Below are guiding aspects to take into account.

Organisation of the public insurance system:

- Is there a certain national health and social insurance system / certain state coverage in the country?
- How is the public funding for health care / Public Health / Social Insurance system organised? : Is it financed by the employer and/or employee contribution (e.g., by health insurance) or by taxation or by OOP (out of pocket payments)? What is the patient's financial contribution?

Who is covered and how do they join:

- What does it consist of? Who is entitled to public health insurance (or other form of public / state coverage)?
  Is the entire population entitled to this insurance? If not, what are the administrative procedures that should be undertaken and/or the conditions that are necessary in order to be registered with health insurance? Are the procedures identical for the entire population?
- What are the criteria in order to be covered by public health insurance? Is being employed one of the conditions to qualify for health insurance? Does the health coverage target certain groups of the population (pregnant women, children, seniors, etc.)?
- Is a patient's financial participation necessary for the registration? If so, how much should they pay?
- What percentage of the population is covered by public health insurance?
- Does the country have a complementary system to protect the most vulnerable and those who cannot contribute or be enrolled in the National Health insurance? What are the solutions for patients without financial resources?
- Are returning migrants / citizens covered by public health insurance?

What is included:

- What type of healthcare / what diseases does health insurance cover? Is maternity care covered by health insurance? Where is the healthcare provided (in which healthcare facility or at what level of the health pyramid structure)?
- Are medicines covered by health insurance? Does it cover all medicines or only some of them or only a percentage of the cost? What are the conditions to benefit from drug coverage?

- Are there cash benefits in case of illness for employees? If so, in which cases and conditions and what is the amount of these benefits?

- In case a patient needs medical care and does not have the means to pay, are there any governmental measures allowing them access to healthcare? Is there a difference between emergency care and non-emergency care?

'Mutuelles' or community-based health insurance schemes (only include if relevant, delete section otherwise)

Are there community-based health insurances in the country? What are the conditions to register? Which are the practical steps to register? How much must an average person / family pay to become a member? Do all community-based health insurances offer the same coverage and have the same mechanism?

Which risks are covered? What type of healthcare, what diseases do the community-based health insurances cover? Where is the healthcare provided (in which healthcare facility or at what level of the health pyramid structure)? Are the drugs covered by community-based health insurance? Does the insurance cover all drugs or only some of them or only a percentage of the cost? Are there conditions to benefit from the coverage? Does the patient have to participate financially in order to have access to care (co-payment)? What is the recovery rate for the medical costs?

What is the percentage of population's coverage by the community-based health insurances?

Private health insurance schemes (keep short)

Are there private health insurance systems? What are the main health insurances in the country? What are the conditions necessary to benefit from them?

What do these health insurances cover? What type of healthcare, which diseases are covered? Where is the healthcare provided (in which healthcare facility or at which level of the health pyramid structure)?

How much must a person / family pay to obtain a private insurance on average?

What is the percentage of the population's coverage by private health insurances? Who has access to this type of insurance?

Out-of-pocket health expenditure

Average total of out of pocket payment on total health expenditure.

Information on the frequency of health expenditure events that may bankrupt a person / family.

Cost of consultations

Provide a range of prices for consultations with a general practitioner and different specialists as well as for a hospital stay. What is the price of a consultation / hospitalisation in an emergency department? What is the share of financial participation by patients?

Is there a difference in respect to prices between the private and public facilities? Are there any geographical disparities?

Is there a practice of overcharging medical fees? Is it common? If so, could you explain the context? How much does it amount to?

Cost of medication

General information about the prices of medication: Are the prices regulated? Is there an inflation problem, price variation, etc.?

Are there medications provided for free (e.g., are certain medicines covered by the state)? If so, could you specify which ones and in what facilities or at what health level?

In general, what share of the health budget per person / family goes to the purchase of drugs? How does out-of-pocket spending on medications impact households' disposable income, particularly for the poor and patients with chronic conditions, and what role does it play in creating financial access barriers? Are there any laws/regulations (e.g. to prevent high prices of) to ensure equal access to prescribed outpatient, and inpatient medications in the pharmaceutical market?

Does the price of medication vary between pharmacies? Is there a difference in respect to prices between the private and public facilities? Are there any geographical disparities?

List of useful links

Include links that provide long-term value and are likely to be kept updated, such as websites detailing epidemiologic data, national disease programmes, Ministry of Health website, certain large hospitals, online pharmacies, etc. Not e.g., individual research articles or other 'static' material.

Organisation	Web address


Publications Office
of the European Union


euaa
EUROPEAN UNION
AGENCY FOR ASYLUM