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Cardiology

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Disclaimer

This report was written according to the EUAA MedCOI Methodology (2025). 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 the event 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 16 January 2026. 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
BNP	Brain Natriuretic Peptide
CABG	Coronary Artery Bypass Grafting
CK	Creatine Kinase
CVD	Cardiovascular Disease
CPK	Creatine Phosphokinase
CT	Computed Tomography
DRG	Diagnostic Related Group
ECG (EKG)	Electrocardiogram
EUAA	European Union Agency for Asylum
EU	European Union
GEL	Georgian Lari (currency)
GMH	Georgia Medical Holding
HDL	High-Density Lipoprotein
HER2	Human Epidermal Growth Factor Receptor 2
ICD	Implantable Cardioverter Defibrillator





Term	Definition
IHD	Ischaemic Heart Disease
LDL	Low-Density Lipoprotein
MI	Myocardial Infarction
MoIDPLHSA	Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs
MRI	Magnetic Resonance Imaging
NCDC	National Center for Disease Control and Public Health of Georgia
NGO	Non-Government Organisation
NHA	National Health Agency
OOP	Out of Pocket
PCI	Percutaneous Coronary Intervention
PET	Positron Emission Tomography
PHC	Primary Healthcare
PTCA	Percutaneous Transluminal Coronary Angioplasty
TTE	Transthoracic Echocardiography
UHCP	Universal Health Care Programme
WHO	World Health Organization





Introduction

Methodology

The purpose of the report is to provide information on access to cardiology treatments in Georgia. This information is relevant to the application of international protection status determination (refugee status and subsidiary protection) and migration legislation in 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 12 September 2025, peer review occurred between 12 September 2025 – 10 October 2025, and additional information was added to the report as a result of the quality review process during the review implementation up until 16 January 2026. 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

Quality control

This report was written by Intl.SOS in line with the European Union Agency for Asylum (EUAA) MedCOI Methodology (March 2025),² the EUAA Country of Origin Information (COI) Reports

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

² EUAA, MedCOI Methodology, March 2025, [url](#)





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: the national legislative documents, governmental publications, academic publications, reports by medical associations, 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, representatives of relevant organisations and healthcare providers. 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 Annex 1: Bibliography.

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. Epidemiology of CVDs in Georgia

In 2021, new reports of cardiovascular diseases (CVDs) accounted for 9.3 % of all diseases registered, an incidence rate of 2 785.2 per 100 000.⁵ Hypertension accounts for the majority of recorded CVDs (64.3 %),⁶ with a prevalence rate of 45 % of the population aged 30-79 years in Georgia. This exceeds the global average of 33 %.⁷ According to the World Health Organization (WHO), only an estimated 64 % of individuals with hypertension were diagnosed, 48 % were treated and 17 % achieved control of their blood pressure in 2019.⁸ Ischaemic heart diseases (IHDs) accounted for 10.4 % of new cases of CVDs (in 2020 – 14.2 %), including angina pectoris – 4.1 % (in 2020 – 5.4 %); acute myocardial infarction (heart attack) – 1.2 % (in 2020 – 1.4 %); and other acute ischaemic diseases – 0.3 % (in 2020 – 0.8 %).⁹ According to WHO, improving hypertension control by better managing the modifiable risk factors (for example, tobacco consumption, salt intake and physical inactivity) and treating and controlling hypertension and related CVDs may help to avert up to 55 000 deaths by the year 2040 in Georgia.¹⁰

In 2022, Georgia recorded 17 641 deaths due to CVDs, accounting for approximately 36 % of all deaths,¹¹ and a mortality rate of 475.2 per 100 000¹² – among the highest in the European Region.¹³ Most CVD deaths (62 %) are attributable to hypertension (high blood pressure).¹⁴

1.2. Organisation of CVD care and treatment facilities

Delivery of healthcare for CVDs in Georgia is decentralised and dominated by private health providers,¹⁵ and is organised into three tiers of care:

- Primary healthcare (PHC) is provided by rural doctors and nurses serving rural residents, and urban outpatient facilities serving urban and pre-registered or referred rural residents;
- Secondary inpatient and specialist services provided by medical centres at the municipal level; and

⁵ Georgia, NCDC, Health Care, Statistical Yearbook 2021, 2022, [url](#), p. 65

⁶ Georgia, NCDC, Health Care, Statistical Yearbook 2021, 2022, [url](#), p. 67

⁷ WHO, Hypertension Georgia 2023 country profile, 2023, [url](#)

⁸ WHO, Hypertension Georgia 2023 country profile, 2023, [url](#)

⁹ Georgia, NCDC, Health Care, Statistical Yearbook 2021, 2022, [url](#), p. 67

¹⁰ WHO, Hypertension Georgia 2023 country profile, 2023, [url](#)

¹¹ Georgia, Geostat, Number of deaths by sex and causes of death, 2023, [url](#)

¹² Georgia, Administration of the Government of Georgia, Sustainable Development Goals Platform, SDG Tracker, 2024, [url](#)

¹³ ESC, Deaths due to cardiovascular diseases, male (crude rate per 100000), 2024, [url](#)

¹⁴ WHO, Hypertension Georgia 2023 country profile, 2023, [url](#)

¹⁵ WHO/European Observatory on Health Systems and Policies Health Systems in Action: Georgia, 2022, [url](#), p. 8



- Tertiary care is provided by regional- and national-level hospitals.¹⁶

Rural doctors and nurses are publicly employed, while most municipal-level medical centres, including those providing PHC services and tertiary care hospitals, are private.¹⁷ For comprehensive information on the healthcare system in Georgia, refer to the *MedCOI Report on the Provision of Healthcare in Georgia*.¹⁸

PHC is defined, in the Law of Georgia on Health Care, as the first point of contact ‘of an individual or a family within the healthcare system’,¹⁹ including those seeking diagnosis and treatment of CVDs. According to the national guidelines for key CVDs, PHC providers are responsible for the initial diagnosis, treatment and case management of chronic CVDs, such as hypertension and IHDs.²⁰

Specialised diagnostic and secondary outpatient and inpatient care for CVD patients is provided by multi-profile polyclinics and municipal medical centres in 61 out of 64 municipalities.

There is no leading clinical or scientific institution for CVD care in Georgia. Cardiac conditions, such as myocardial infarction, heart failure, arrhythmias and congenital heart disease, are mostly managed in tertiary care regional and national specialised centres and departments of multi-profile tertiary care hospitals.²¹ See Table 1 for some of the key providers of specialised and tertiary CVD care services.

Table 1: Key providers of specialised health services for CVDs

Institution	Ownership status	CVD healthcare services provided	Location(s)
Georgian Medical Holding²²	Public	Adult CVD diagnostic and specialist outpatient and inpatient care, cardiac surgery and interventional cardiology.	Tbilisi – N. Kipshidze Central University Clinic ²³ Zugdidi – Rukhi Republican Hospital ²⁴

¹⁶ KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025; KII02, 1st Manager of the Private Health Provider Network, Interview, 3 April 2025; EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, [url](#), pp. 19-23

¹⁷ KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025

¹⁸ EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, [url](#), pp. 19-23

¹⁹ Georgia, Law of Georgia on Health Care, Chapter I. General Provisions, *ჯანმრთელობის დაცვის შესახებ* [Law of Georgia on Healthcare], 2007, [url](#), Article 3(s)

²⁰ Georgia, MoDPLHSA, “კლინიკური გზამკვლევი [clinical guidelines]“, 2025, [url](#)

²¹ KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025

²² Georgian Medical Holding, [website], 2021, [url](#)

²³ Central University Clinic, [website], 2025, [url](#)

²⁴ Rukhi Republican Hospital, [website], 2025, [url](#)



Institution	Ownership status	CVD healthcare services provided	Location(s)
			Batumi – Batumi Republican Hospital ²⁵
Georgia Healthcare Group ²⁶	Private for-profit	Paediatric and adult CVD diagnostic and specialist outpatient and inpatient care, cardiac surgery interventional cardiology and cardiac rehabilitation.	Tbilisi – Caucasus Medical Center; M. Iashvili Children's Central Hospital; Iv. Bokeria University Hospital; Caraps Medline Vake and Dighomi Kutaisi – West Georgia Medical Center
Aversi Clinic ²⁷	Private for-profit	Adult CVD diagnostic and specialist outpatient and inpatient care, interventional cardiology and cardiac rehabilitation.	Tbilisi
Todua Clinic ²⁸	Private for-profit	Adult CVD diagnostic and specialist outpatient and inpatient care, and cardiac surgery.	Tbilisi
American Hospital Tbilisi ²⁹	Private for-profit	Adult CVD diagnostic and specialist outpatient and inpatient care, cardiac surgery and interventional cardiology.	Tbilisi
Bokhua Cardiovascular Center ³⁰	Private for-profit	Adult CVD diagnostic and specialist outpatient and inpatient care, cardiac surgery and interventional cardiology.	Tbilisi
Chapidze Emergency Cardiology Center ³¹	Private for-profit	Adult CVD diagnostic and specialist outpatient and inpatient care, cardiac surgery and interventional cardiology.	Tbilisi

²⁵ Batumi Republican Hospital, [website], 2025, [url](#)

²⁶ Vian, [website], 2025, [url](#)

²⁷ Aversi Clinic, [website], 2025, [url](#)

²⁸ Todua Clinic, [website], 2020, [url](#)

²⁹ American Hospital Tbilisi, [website], 2023, [url](#)

³⁰ Bokhua Cardiovascular Center, [website], 2025, [url](#)

³¹ Chapidze Emergency Cardiology Center, [website], 2017, [url](#)



Institution	Ownership status	CVD healthcare services provided	Location(s)
Tbilisi State Medical University and Ingorokva High Medical Technologies University Clinic³²	Private for-profit (University Hospital)	Adult CVD diagnostic and specialist outpatient and inpatient care, cardiac surgery and interventional cardiology.	Tbilisi
Joe Ann University Clinic³³	Private non-profit (University Hospital)	Paediatric and adult CVD diagnostic and specialist outpatient and inpatient care, cardiac surgery and interventional cardiology.	Tbilisi
Open Heart³⁴	Private for-profit (University Hospital)	Paediatric and adult CVD diagnostic and specialist outpatient and inpatient care, cardiac surgery and interventional cardiology.	Tbilisi
New Hospitals³⁵	Private for-profit	Paediatric and adult CVD diagnostic and specialist outpatient and inpatient care, cardiac surgery and interventional cardiology.	Tbilisi
Alexandre Aladashvili Clinic³⁶	Private for-profit	Adult CVD diagnostic and specialist outpatient and inpatient care, cardiac surgery and interventional cardiology.	Tbilisi

Source: Compiled by the author based on the information provided by the key informants and from the facility websites (referenced).³⁷

³² Tbilisi State Medical University and Ingorokva High Medical Technologies University Clinic, Departments, 2024, [url](#)

³³ Jo Ann University Hospital, [website], 2025, [url](#)

³⁴ Open Heart - University Hospital, [website], 2019, [url](#)

³⁵ New Hospitals, [website], 2025, [url](#)

³⁶ Alexandre Aladashvili Clinic, [website], 2019, [url](#)

³⁷ KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025; KII02, Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025



1.3. Resources for CVD care

Georgia has a well-developed infrastructure for sophisticated and high-technology CVD care. It has the highest number of hospitals with catheterisation labs and coronary care units per million people in Europe, according to the European Society of Cardiology – approximately 15 in Georgia compared to the European Union (EU) median of approximately four catheter labs and coronary units per million head of population.³⁸ The number of cardiologists (296 per million people)³⁹ and cardiac surgeons (approx. 28 per million people)⁴⁰ are also amongst the highest in Europe.⁴¹

However, most CVD care resources, including human and diagnostic capacity, are concentrated in Tbilisi and major urban centres like Kutaisi and Batumi; rural areas often lack advanced infrastructure, cardiologists and cardiac surgeons.⁴² Certain advanced high-technology interventions for CVD patients, including ventricular assistive devices implementation and heart transplants, are not carried out in Georgia.⁴³ There are also significant access gaps in cardiac rehabilitation, with private-only provision and no public coverage.⁴⁴ For more information on the healthcare resources and services in Georgia, refer to the *MedCOI Report on the Provision of Healthcare in Georgia*.⁴⁵

1.4. National and international programmes

In 2023, Georgia adopted the National Strategy for Prevention and Control of Non-Communicable Diseases (2023–2030).⁴⁶ The strategy aligns with the WHO recommendations and focuses on reducing risk factors, such as tobacco use, unhealthy diet and physical inactivity. It emphasises early detection and integrated care for CVDs. Additionally, it creates a strategic framework for the national programmes for CVDs, which are developed, executed and funded by the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health, and Social Affairs (MoIDPLHSA) and its agencies: the National Center for Disease Control and Public Health of Georgia (NCDC), which administers the “State Programme on Health Promotion” and the National Health Agency (NHA), which administers all other national programmes.

³⁸ ESC, Hospitals with cath labs (per million people), 2024, [url](#); ESC, Hospitals with dedicated coronary care units (per million people), 2024, [url](#)

³⁹ ESC, Cardiologists (total) (per million people), 2024, [url](#)

⁴⁰ ESC, Cardiac surgeons (per million people), 2024, [url](#)

⁴¹ ESC, Cardiologists (total) (per million people), 2024, [url](#); ESC, Cardiac surgeons (per million people), 2024, [url](#)

⁴² KII04, Representative of the Georgian Society of Cardiology, Interview, 10 April 2025

⁴³ ESC, Cardiovascular healthcare delivery data variables, 2024, [url](#)

⁴⁴ KII04, Representative of the Georgian Society of Cardiology, Interview, 10 April 2025

⁴⁵ EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, [url](#), pp. 27-30

⁴⁶ Georgia, MoIDPLHSA, “საქართველოში არაგადამდებ დაავადებათა პრევენციისა და კონტროლის ეროვნული სტრატეგია 2023-2030 და 2023-2025 წლების სამოქმედო გეგმა. [National Strategy for Prevention and Control of Non-communicable Diseases in Georgia 2023-2030 and Action Plan for the years 2023-2025]”, 2025, [url](#)



There are five national programmes and subprogrammes and additionally programmes funded by local self-government (municipal) budgets for the financing of CVD management and care. Table 2 presents summary information for these programmes. Each programme covers specific services at the respective level of care for individuals with CVDs. Eligibility criteria, population covered, co-payment requirements and annual coverage limits vary (beyond which an individual is expected to pay any extra service costs). As a result, there are coverage gaps for certain services for specific population groups (for example, privately insured individuals and individuals with annual household income exceeding Georgian lari (GEL) 40 000 [EUR 12 500]); however, there are no duplications or overlaps between the national or municipal programmes. It should be noted that municipal programmes may finance the co-payments of treatment costs set in the national programmes for residents of their municipalities for some individuals on application (see details in Section 2.1.5).

Table 2: Summary information on the national and municipal programmes for financing CVD management and care

National programme	Population covered	Programme focus and CVD services covered	Co-payments and limits
“State Programme on Health Promotion” ⁴⁷	All Georgia residents.	Prevention and health promotion. Prevention of risk factors for CVDs and other non-communicable diseases (NCDs).	None
“Universal Health Care Programme (UHCP)” ⁴⁸	All Georgian citizens and also individuals with recognised stateless status, refugee or humanitarian status, and asylum seekers who are officially registered in Georgia with exceptions (see details in Section 2.1.1).	Outpatient (PHC and specialist services) and inpatient treatment, rehabilitation and palliative care. Diagnosis, management and treatment of most CVDs.	0 %-30 % co-payments depending on the beneficiary eligibility criteria and annual limits for coverage of specific services apply (see details in Section 2.1.1).

⁴⁷ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 474, 2025 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2025 State Healthcare Programmes], 31 December 2024, [url](#), Annex 10

⁴⁸ Georgia, Government of 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](#)



National programme	Population covered	Programme focus and CVD services covered	Co-payments and limits
“Rural Doctor – Rural Primary Health Care Sub-programme” of the Universal Health Care Programme ⁴⁹	Beneficiaries of UHCP residing in rural areas.	Services of Rural PHC doctor and nurse. Screening, initial diagnosis, management of the diagnosed CVDs by a rural PHC doctor and nurse.	None
“Treatment for Congenital Heart Defects Sub-programme” of the Universal Health Care Programme ⁵⁰	Beneficiaries of UHCP	Treatment (devices and surgery) for congenital heart defects.	
“Referral Service State Programme” ⁵¹	All Georgia residents may apply. Priority is given to specific population groups (see Section 2.1.4).	Treatment for individual CVD patient cases applying for the financial assistance not covered under other national programmes.	Maximum limit of GEL 10 000 [EUR 3 125] financing per individual application.
Programmes funded by the local self-government budgets	Residents of respective municipalities. Priority is given to socially vulnerable citizens, persons with disabilities, veterans and persons with the status of lost breadwinner.	Treatment for individual CVD patient cases applying for the financial assistance not covered under other national programmes.	No costs covered above the UHCP annual limits.

These programmes are described in more detail in Section 2, Access to treatment.

⁴⁹ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 474, 2025 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2025 State Healthcare Programmes], 31 December 2024, [url](#), Annex 18.3

⁵⁰ Georgia, Government of 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 1.11

⁵¹ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 474, 2025 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2025 State Healthcare Programmes], 31 December 2024, [url](#), Annex 19





International financial institutions and development partners, such as the United Nations organisations, including WHO, the World Bank and the Asian Development Bank, are providing financial and technical support to the ongoing reforms in the health sector, which includes implementation of PHC reform and health services payment reforms aimed at improved coverage and quality of services for NCDs, including CVDs. There are no international programmes that specifically target these diseases or support individual patient care for CVDs.⁵²

There are several professional medical associations, such as the Georgian Society of Cardiology⁵³ and the Georgian Association of Cardiac Surgery,⁵⁴ which are members of the international professional bodies, such as the European Society of Cardiology⁵⁵ and the International Society of Hypertension,⁵⁶ that are engaged in international collaboration to improve the quality of CVD care in Georgia. They utilise international partnerships to organise conferences and exchange experiences, develop national clinical guidelines, provide postgraduate education courses and peer support to medical professionals, and conduct health promotion, awareness and free screening services campaigns for the Georgian population.⁵⁷

⁵² KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025

⁵³ Georgian Society of Cardiology, 2025, [url](#)

⁵⁴ Georgian Association of Cardiac Surgery, 2025, [url](#)

⁵⁵ ESC, 2024, [url](#)

⁵⁶ International Society of Hypertension, 2025, [url](#)

⁵⁷ KII04, Representative of the Georgian Society of Cardiology, Interview, 10 April 2025





2. Access to treatment

2.1. Specific treatment programmes for CVDs

Georgia operates several national programmes covering the cost of CVD treatment.

2.1.1. Universal Health Care Programme (UHCP)

The UHCP is the main national programme that ensures financial access to services required by most of the CVD patients. It finances the provision of screening and diagnostic services, as well as surgical and nonsurgical treatment and management of CVDs, including medications.⁵⁸ There is a complex system of eligibility and differentiated benefit packages for the UHCP beneficiaries, which are described in detail in the *MedCOI Report on the Provision of Healthcare in Georgia*.⁵⁹

More generally, all Georgian citizens and also individuals with recognised stateless status, refugee or humanitarian status, and asylum seekers who are officially registered in Georgia, with the exception of (a) individuals whose registered annual income exceeds GEL 40 000 [EUR 12 500] per year and (b) most individuals having private insurance, are eligible for the UHCP coverage⁶⁰ of the standard (minimal) package of services. This package includes 0 % to 30 % co-payment from the patient's side for most of the diagnostic and treatment services. The services provided for free (without co-payment) needed for CVD patients include:

- Outpatient consultations of family doctors and nurses at the PHC level (both office and home visits) where they are registered.
- Defined list of diagnostic procedures and laboratory tests at the outpatient level, if administered or prescribed by the family doctor: risk assessment, electrocardiogram (ECG), complete blood count, blood tests for glucose, cholesterol, creatinine/occult blood analysis, urine analysis, serum lipid test and prothrombin time test. The tests required for disability assessment, with the exception of the “high-technology” diagnostic services (computed tomography (CT) scan, magnetic resonance imaging (MRI)).⁶¹

⁵⁸ Georgia, Government of 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 1

⁵⁹ EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, [url](#), pp. 38-42

⁶⁰ Georgia, Government of 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 1, Article 2

⁶¹ Georgia, Government of 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 1.1



- Urgent outpatient care for predefined “urgent” medical conditions, including urgent outpatient care for hypertensive crisis, paroxysmal atrial fibrillation, atrioventricular and left bundle branch block, sinoatrial node weakness syndrome, atrial fibrillation and flutter and paroxysmal tachycardia.⁶²
- Urgent inpatient care for the predefined “critical” medical conditions that involve acute insufficiency or one or more critical life functions.⁶³ The UHCP coverage of the urgent inpatient care for critical conditions has GEL 15 000 [EUR 4 688] limit (cap) per case (per hospital episode).⁶⁴

The services covered by the UHCP at 70 % of the service cost/price:

- Outpatient consultations with specialists, cardiologist, neurologist, endocrinologist, urologist and ophthalmologist, if referred by the family doctor.
- Chest X-ray, abdominal ultrasound, liver function tests and thyroid-stimulating hormone test if prescribed by the family doctor.
- Urgent inpatient care for the predefined medical conditions with GEL 15 000 [EUR 4 688] limit (cap) per case (per hospital episode), above which the patient is responsible to cover any additional costs.
- Planned (non-urgent) surgical inpatient care (non-surgical inpatient care is not covered) with an annual limit of GEL 15 000 [EUR 4 688]. The patient should cover any care costs in excess of this limit. The annual limits do not apply to cardiac surgeries for children 0-8 years of age.⁶⁵

Coverage for inpatient care includes all instrumental and laboratory investigations, medical personnel services and medicines (preoperative, during the operation and postoperative examinations), which are related to the admission. The UHCP beneficiaries are required to pay the remaining 30 % of the service price, but no more than GEL 1 500 [EUR 469] for the services covered under the UHCP.⁶⁶ The UHCP coverage rates are extended, and patient co-payment rates are reduced or annulled for certain categories of beneficiaries with differentiated benefit packages. These include socially vulnerable households below the poverty line (below 100 000 points on the social assistance scale, with those below 70 000 points having wider benefits and no co-payments and limits), settled internally displaced persons, children in foster care, teachers, public artists, settled internally displaced people, pensioners or persons of retirement age (over 60 for women and over 65 for men), children 6-

⁶² Georgia, Government of 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 1.2, Article 1

⁶³ Georgia, Government of 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 1.2, Article 2

⁶⁴ Georgia, Government of 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 1.1

⁶⁵ Georgia, Government of 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 1.1

⁶⁶ Georgia, Government of 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 1.1, Article 1b.a



18 years, children under five having wider benefits, students and people registered as persons with disability. The UHCP benefit packages for beneficiaries of these categories do not have annual limits and have either no co-payments (for example, socially vulnerable), co-payments of 10 % or a maximum of GEL 500 [EUR 156] (pensioners) or of 20 % maximum at GEL 1 000 [EUR 312] (students) for UHCP-covered services. In addition, certain categories of beneficiaries have a defined list of medications for outpatient treatment of several chronic diseases and these include CVDs: these categories of beneficiaries are the socially vulnerable, pensioners, children with disabilities, adults with severe and moderate disabilities, war veterans and residents of borderline regions with occupied territories.⁶⁷ Cardiac rehabilitation, advanced outpatient diagnostics (e.g. long-term ECG monitoring and high-end imaging) and all medications not included in the UHCP list require full out-of-pocket (OOP) payments for those patients who do not have private insurance to reimburse or cover these costs.⁶⁸ For further details, see Table 3, Table 4 and Table 5.

2.1.2. Treatment for Congenital Heart Defects Subprogramme

This subprogramme of the UHCP provides coverage to all UHCP beneficiaries for the surgical treatment of congenital heart diseases within the predefined maximum tariffs.⁶⁹ The annual limit of GEL 15 000 [EUR 4 688] does not apply in cases where surgeries are conducted on UHCP beneficiaries with congenital heart diseases. The cost of the surgeries is covered by the UHCP, up to the beneficiaries' co-payment which varies from 0 % to 30 %. No co-payment is required and veterans of retirement age or those with severe disabilities. Co-payment is required for other individuals of retirement age and other veterans at 10 %; students are required to pay 20 % and all other UHCP beneficiaries should pay 30 % of the price.⁷⁰

2.1.3. Rural Doctor – Rural Primary Health Care Sub-programme

This subprogramme covers the services provided to CVD patients residing in rural areas by the rural doctors and nurses. They include screening (risk assessment) for CVDs, referral to specialists, outpatient instrumental investigation, laboratory services and management of the diagnosed CVDs, and are free for all patients.⁷¹

⁶⁷ Georgia, Government of 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](#), Annexes 1 and Annex 1.9

⁶⁸ KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025

⁶⁹ Georgia, Government of 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](#), Annexes 1 and Annex 1.11

⁷⁰ Georgia, Government of 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 1.11

⁷¹ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 474, 2025 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2025 State Healthcare Programmes], 31 December 2024, [url](#), Annex 19



2.1.4. Referral Service State Programme

This national programme aims to deliver medical service to the population groups defined in the list below.⁷² The rules to implement the provision of financial assistance have been enacted by the Decree of the Government of Georgia, this defines the general priorities for funding according to which the beneficiaries are determined as follows:

- Population injured during natural disasters, calamities, emergency situations;
- The citizens of Georgia living in the occupied territories;
- A police officer of the Ministry of Internal Affairs and the Special Penitentiary Service, or military personnel of the Ministry of Defence;
- Citizens of Georgia who are victims of sexual violence;
- Citizens of Georgia with idiopathic pulmonary fibrosis;
- Citizens with human epidermal growth factor receptor 2 (HER2) positive early breast cancer and HER2-positive metastatic breast cancer, except for citizens registered in Tbilisi and the Autonomous Republic of Adjara; and
- Citizens insured under the budget allocation whose medical services are not covered within insurance schemes/conditions purchased through the state procurement, but are financed by the UHCP.⁷³

As stated in the Decree of the Government of Georgia, the referral programme covers costs for medical services of patients applying for assistance through proper channels.⁷⁴ A specified list of beneficiaries defines general priorities for funding. According to the Decree of the Government of Georgia, the referral programme also covers costs of medical services for patients not included in the defined list who individually apply for assistance, including those seeking funding for treatment abroad. A special commission established by the MoDPLHSA provides the final decision regarding the application, including the amount of covered costs of medical services or medicines requested by the patient based on (a) whether the patient represents one of the priority categories listed above, (b) patient's income, (c) medical urgency and (d) availability of the treatment in Georgia (or the patients applying for funding the treatment outside Georgia).⁷⁵ The decision on cost coverage under the Referral Service State Programme is made by a commission established by the Ministry of Health as well as the Ordinance of the Minister. The amount of financial assistance with medical expenses is determined with the co-payment principle. The current regulations of the commission set the

⁷² Georgia, Government of 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](#), Appendix 19

⁷³ Georgia, Government of 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](#), Appendix 19, Chapter 2

⁷⁴ Georgia, Government of 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](#), Appendix 19, Chapter 2

⁷⁵ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 331, „რეფერალური მომსახურების“ ფარგლებში შესაბამისი სამედიცინო დახმარების გაწევის შესახებ გადაწყვეტილების მიღების მიზნით კომისიის შექმნისა და მისი საქმიანობის წესის განსაზღვრის შესახებ“ [On the establishment of a commission for the purpose of making decisions on the provision of appropriate medical care within the framework of the "referral service" and determining the rules of its activities], 03 November 2010, [url](#), Chapter 2



annual financial assistance limits for medical care, at no more than GEL 10 000 [EUR 3 125] in total to be allocated per person, except for residents of the occupied territories and villages bordering the occupied territories for whom the annual limit is capped at 15 000 GEL [EUR 4 688]. Similarly, the financial assistance is capped at GEL equivalent of 10 000 foreign currency units for individuals applying for funding of the treatment outside Georgia. The patient should pay any additional costs related to the treatment.⁷⁶

The costs of expensive medications (including medications required for the treatment of CVDs) not covered under other state health programmes may be reviewed and funded once every six months. The commission may consider such an application four times a year (once every three months) for socially vulnerable citizens, persons with disabilities and the residents of the villages bordering the occupied territories. The ordinance imposes some restrictions on beneficiaries, including no costs covered above the prescribed limits under the UHCP for intensive care. Furthermore, the applications of patients with so-called minimum packages are considered for individual review only in situations where immediate action could prevent the loss of life.⁷⁷

2.1.5. Programmes funded by the local self-government (regional and municipal) budgets

Tbilisi Municipality and the Autonomous Republic of Adjara, and several other municipalities have various programmes funded through local budgets that provide the population with additional financing opportunities for CVD treatment.⁷⁸

For example, the local budget of Tbilisi, the capital city, includes the "Measures to Assist Medical and Other Social Needs" subprogramme through which Tbilisi residents can apply to have treatment of CVDs not covered under the state health programmes.⁷⁹ The purpose of this programme is to finance medical and other services for vulnerable citizens whose co-payment share exceeds GEL 1 000 [EUR 313] for certain procedures. The direct beneficiaries of the programme are the socially vulnerable citizens, persons with disabilities, veterans and persons with the status of lost breadwinner, as well as any person in need of assistance based on their own application due to their financial situation. Like the State Referral Service Programme, the decision of funding and its rate is made by the relevant commission.⁸⁰

⁷⁶ KII01, Senior official at the MoDPLHSA, Follow-up Interview, 15 October 2025

⁷⁷ KII01, Senior official at the MoDPLHSA, Follow-up Interview, 15 October 2025

⁷⁸ KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025

⁷⁹ Georgia, Government of Georgia, Legislative Herald of Georgia, Document Nos. 49-97, ქალაქ თბილისის მუნიციპალიტეტის 2025 წლის ბიუჯეტის დამტკიცების შესახებ [About Approval of 2025 Budget for Tbilisi Municipality], 24 December 2024, [url](#), Code 06 02

⁸⁰ Georgia, Government of Georgia, Legislative Herald of Georgia, Document Nos. 49-97, ქალაქ თბილისის მუნიციპალიტეტის 2025 წლის ბიუჯეტის დამტკიცების შესახებ [About Approval of 2025 Budget for Tbilisi Municipality], 24 December 2024, [url](#), Code 06 02



2.2. Factors limiting access to care

Geographical disparities in access to care exist due to unequal distribution of infrastructure and human resources, and long travel distances faced by specific rural communities in mountainous regions of Georgia in order to access the needed care, particularly in winter.⁸¹

Financial access to primary-level CVD care and life-saving urgent surgical and nonsurgical care for CVD patients is almost universal. However, many face a significant financial burden related to diagnostics (particularly for high-technology instrumental procedures), specialist outpatient care, cardiac rehabilitation and medicines for chronic CVD conditions that are not covered or only partially covered by the UHCP.⁸² The OOP expenditures of CVD patients for these services, particularly for medicines, contribute to the high level of OOP spending (more than 40 % of the current health expenditures in 2022)⁸³ and catastrophic expenditures in the country, particularly among the poorest.⁸⁴

The CVD patients seeking funding for high-technology care may have to *wait for up to 2 months* to be approved for the NHA funding decision under UHCP of selected high-technology, expensive planned surgical interventions, such as angioplasty or coronary artery bypass grafting.⁸⁵

Ethnic minorities may experience additional access problems for quality CVD care due to language barriers and socioeconomic disparities.⁸⁶

There is no information on any other factors limiting access to CVD care or discrimination of CVD patients, including for those citizens returning to the country after having spent a number of years abroad. The utilisation of CVD care appears to be high at the population level. For example, there were 4 805 coronary angiographies and diagnostic cardiac catheterisations per million people performed in Georgia in 2022, which was above the European average of 4 232 per million people in the same year.⁸⁷

⁸¹ KII04, Representative of the Georgian Society of Cardiology, Interview, 10 April 2025

⁸² KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025; KII02, 1st Manager of the Private Health Provider Network, Interview, 3 April 2025

⁸³ WHO, Global Health Expenditure Database, 2014, [url](#)

⁸⁴ Gorgodze, T., et al., Counting the savings: impact of Georgia's drug policy interventions on households, 2025, [url](#), p. 2

⁸⁵ KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025; KII02, 1st Manager of the Private Health Provider Network, Interview, 3 April 2025

⁸⁶ Open Society Georgia Foundation, "ეთნიკური უმცირესობების წარმომადგენლების სოციალური ექსკლუზიის (გარიყვის) კვლევა [The Study of Social Exclusion of Ethnic Minorities]", 2022, [url](#)

⁸⁷ ESC, ESC Atlas in Interventional Cardiology, 2024, [url](#)

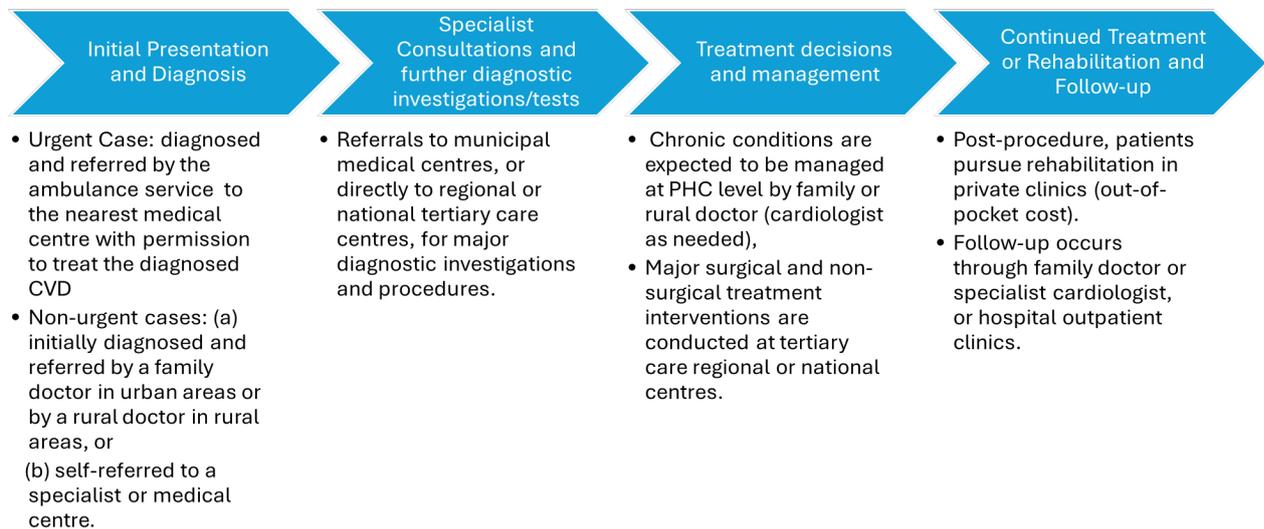


These access barriers are recognised and addressed by the Government of Georgia through reforms expanding UHCP coverage for medicines, including for CVDs, by removing the annual limits starting from 2024;⁸⁸ introducing reference pricing for pharmaceuticals, launching the public funding subprogramme for rehabilitation (for stroke at this stage to be extended also to cardiac rehabilitation in the future),⁸⁹ initiating the PHC reform⁹⁰ and telemedicine pilots⁹¹ and applying efforts for reintegration of the ethnic minorities.⁹²

2.3. Typical CVD patient journey

The CVD patient journey in accordance with the healthcare system legislation and organisation arrangements is depicted on Figure 1.

Figure 1: CVD patient journey in the health system of Georgia



Source: Compiled by Author from the online sources describing the respective national programmes (see Section 2) and key informant interviews.

Urgent cases of CVDs, such as heart attack, are commonly transferred by the emergency ambulance service, whose doctor makes a provisional diagnosis of myocardial infarction,

⁸⁸ Georgia, Government of 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](#), Annexes 1 and Annex 1.9

⁸⁹ KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025

⁹⁰ WHO/Europe, Georgia: moving from policy to actions to strengthen primary health care: primary health care policy paper series, 2023, [url](#), pp. 9-20

⁹¹ United Nations, Georgia, Telemedicine: Bridging a Healthcare Gap in Georgia, 2024, [url](#)

⁹² Salakhunova, A., Georgia's Path to Inclusivity: Integrating Ethnic Minorities through Education and Policy Reform, Eurac Research, 2024, [url](#)



acute heart failure or dangerous arrhythmias, to the nearest medical centre (secondary or tertiary level hospital) that has a permit to manage these urgent cardiovascular conditions.⁹³

Primary diagnosis of CVD should be made by a family or rural doctor at the PHC facility where the patient is registered or in the catchment area in which the patient resides (for rural residents). Patients with a primary CVD diagnosis are commonly referred for specialist consultations and diagnostic procedures to the multi-profile polyclinics and municipal medical centres, or directly to the regional and national specialised centres and departments of multi-profile tertiary care hospitals. When a diagnosis is confirmed and treatment decisions are made, the CVD patient follows one of two alternatives: chronic conditions are expected to be managed at the PHC level by family or rural doctors, and major surgical and non-surgical treatment interventions are conducted at tertiary care regional or national centres, usually those registered as the providers of the publicly funded UHCP.⁹⁴

However, in reality, the CVD patient journey follows different pathways. Although PHC is legally considered to be the first point of contact for patients,⁹⁵ in practice, predominantly due to the lack of trust in PHC, only a small proportion of the population (17 %-23 %, varying by facility) utilises PHC services in Georgia, according to the WHO.⁹⁶ As a result, the role of general PHC providers as an initial point of care and diagnosis for patients with CVD is limited, and patients have to pay for specialist consultations and lab tests that are free if prescribed/referred to by the designated family or rural doctor.⁹⁷ The Government of Georgia is undertaking certain steps to improve the scope and quality of care at the PHC level by launching the PHC pilots with the introduction of the extended care packages for patients with NCDs, including CVDs and results-based financing for better healthcare outcomes.⁹⁸

⁹³ KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025

⁹⁴ KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025

⁹⁵ Georgia, Parliament of Georgia, *ჯანმრთელობის დაცვის შესახებ* [Law of Georgia on Healthcare], 2007, [url](#), Article 3(s)

⁹⁶ WHO/Europe, Georgia: Moving from policy to actions to strengthen primary health care: Primary health care policy paper series, 2023, [url](#), p. 3

⁹⁷ KII01, Senior official at the MoDPLHSA, Interview, 24 October 2024

⁹⁸ 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 1.17



3. Insurance and national programmes

3.1. National programmes

Along with the national programmes financing the treatment of the CVDs, there are very limited public investments in health promotion programmes that are focused on prevention and mitigation of the CVD risk factors, such as tobacco control measures and public health campaigns directed at increased awareness of hypertension and heart diseases. The budget of the national programme, State Programme on Health Promotion, which funds these initiatives, is only GEL 2 000 000 [EUR 625 000],⁹⁹ or approximately 0.1 % of the total government health budget of GEL 1 859 036 000 for the year 2025.¹⁰⁰

There are no NGOs that provide services or financial assistance to individuals with CVD. The non-government organisations (NGOs), such as the NCD Alliance Georgia,¹⁰¹ the Tobacco Control Alliance¹⁰² and professional associations, the Georgian Society of Cardiology and the Georgian Association of Cardiac Surgery, along with international partners, such as the WHO¹⁰³ are also engaged in the national campaigns for promotion of healthy lifestyles, antitobacco efforts and hypertension control.¹⁰⁴

3.2. Private insurance

The Insurance State Supervision Service reports that as of the end of the first quarter of 2025, 773 366 individuals, or more than 20 % of the total population, were covered by private medical insurance in Georgia.¹⁰⁵ The largest share of private insurance is through the for private sector employers (57.1 % of all privately insured), through the public schemes (33.8 %), and a small share of individually insured (9.1 %).¹⁰⁶ Private insurance accounted for up to 6.8 % of total health expenditures in 2022.¹⁰⁷ Total medical (health) claims paid by private insurance in the year 2024 was GEL 358 728 602 [EUR 112 102 688].¹⁰⁸

⁹⁹ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 474, 2025 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2025 State Healthcare Programmes], 31 December 2024, [url](#), Annex 10

¹⁰⁰ Ministry of Finance of Georgia, “2025 წლის სახელმწიფო ბიუჯეტი [2025 State Budget]”, 2025, [url](#)

¹⁰¹ NCD Alliance Georgia, [website] n.d., [url](#)

¹⁰² Tobacco Control Alliance, [Facebook page], [url](#)

¹⁰³ WHO/Georgia, [website], 2025, [url](#)

¹⁰⁴ NCD Alliance Georgia, [website] n.d., [url](#); Tobacco Control Alliance, [Facebook page], [url](#); Georgian Society of Cardiology, 2025, [url](#); WHO/Georgia, [website], 2025, [url](#)

¹⁰⁵ Georgia, LEPL State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2025, [url](#)

¹⁰⁶ Georgia, LEPL State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2025, [url](#)

¹⁰⁷ WHO, Global Health Expenditure Database, 2014, [url](#)

¹⁰⁸ Georgia, LEPL State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2025, [url](#)





The most prevalent insurance products typically include coverage for the full spectrum of services required for CVD patients, including preventive services and medications, with the exclusion of rehabilitation services. These products may have co-payments and differentiated annual limits for covered services, depending on the insurance product and its price.¹⁰⁹ Some VIP insurance policies, along with the co-payment-free schemes and higher annual limits, also include coverage for rehabilitation services and spa treatment.¹¹⁰

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 artists, children in foster care, settled internally displaced people, socially vulnerable households below the poverty line (70 000-100 000 points on the social assistance scale), persons of retirement age (over 60 for women and over 65 for men), children aged up to 18 years, with under 6 children having wider benefits, students and people registered as persons with disability.¹¹¹

¹⁰⁹ GPI, Insurance Scheme, 2025, [url](#); TBC Insurance, Health Insurance, 2025, [url](#)

¹¹⁰ KII02, 1st Manager of the Private Health Provider Network, Interview, 3 April 2025

¹¹¹ 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 5⁹, Annex I





4. Cost of treatment

As noted in the Section 0, General information, the majority of facilities providing CVD services in Georgia are private. The prices for the same service may differ across these facilities depending on the payor for the services, state coverage (through national or municipal programmes) or by a private source (private insurance or patient OOP).

The prices for public treatments in Table 3 and Table 4 are provided separately only in those cases where they differ from prices charged by health facilities for non-state payors (private insurance and patients and their families), (regardless of their ownership status). The prices are for a single consultation of the respective specialist (unless otherwise indicated). The indicated prices and price ranges are based on the data for Diagnosis Related Groups (DRG)¹¹² other state defined tariffs¹¹³ that NHA pays for the CVD under the publicly financed programmes (UHCP, Referral Service State Programme and the municipal programmes) and information provided by key informants: (a) the senior official from the MoIDPLHSA, who provided data on maximum prices for those services;¹¹⁴ (b) a representative of the largest private health provider network;¹¹⁵ and (c) a manager of the tertiary care hospital.¹¹⁶ Some prices are also obtained from web pages of other CVD healthcare providers, which are referenced accordingly.

The inpatient covered by the public programmes does not directly pay for bed-day, as indicated in the “reimbursement” column; they pay a 0 % to 30% copayment of the DRG price or other state defined tariffs for the full episode of the hospitalisation, irrespective of how many bed-days the patient was hospitalised, what treatments were administered or which specialists were engaged. The patient not covered by public programmes pays the specified amount per clinical admittance (sum indicated as a daily rate in the respective column of Table 3) plus additional fees for specialist consultations and administered treatment (surgery, medicines and consumables), which are included in the final bill presented to patient or insurance company. The clinical admittance in the cardiology department (daily rates) includes only accommodation and food costs. The prices for specialist consultations for inpatient treatment are included in the cost of inpatient treatment at the same rate or rate range as for outpatient consultations, as presented in Table 3.

The specialists' outpatient consultations laboratory tests and diagnostic services (with the exemption of positron emission tomography (PET) scan) are covered under the UHCP

¹¹² Georgia, LEPL National Health Agency, “დანართი 2: DRG ჯგუფები ძირითადი დიაგნოსტიკური კატეგორიების (MDC) მიხედვით, შესაბამისი ღირებულებითი წონებით (cost weight) და ფასებით [Annex 2: DRG groups by diagnostic categories (MDC) with cost weights and prices]”, 2020, [url](#)

¹¹³ Georgia, Government of 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 1.11

¹¹⁴ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025

¹¹⁵ KII02, Manager of the private health provider network, Interview, 3 April 2025

¹¹⁶ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025



depending on the eligibility criteria and within the annual limits and co-payments specified in Section 2.1.1.

Table 3: Cost of treatment I

Specialist	Public outpatient treatment price (GEL)	Public inpatient treatment price (GEL)	Private outpatient treatment price (GEL)	Private inpatient treatment price (GEL)	Reimbursement/comments
Cardiologist	30 - 80 ¹¹⁷		30 - 100 ¹¹⁸	50 - 80 ¹¹⁹	<p>If prescribed by the PHC doctor for UHCP beneficiaries, outpatient consultations are either free (for socially vulnerable individuals and those of retirement age) or require a co-payment of up to 30 % (for other beneficiaries).</p> <p>Included in the cost of inpatient treatment of urgent or surgical conditions (DRG or Tarriff) for UHCP beneficiaries and is free for socially vulnerable individuals and those of retirement age or requires a co-payment of up to 30 % for other beneficiaries.</p> <p>Patients with private insurance are reimbursed partially or fully.</p> <p>Home visits have a higher price within the indicated price range.</p>
Paediatric cardiologist	30 - 80 ¹²⁰			50 - 80 ¹²¹	<p>If prescribed by the PHC doctor for UHCP beneficiary children aged 0-5 years, consultations are free.</p>

¹¹⁷ KII02, Manager of the private health provider network, Interview 3 April 2025; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

¹¹⁸ KII02, Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025; Medical Centre “MediMEDl”, მამსახურების ფასები [Service prices], n.d., [url](#)

¹¹⁹ KII02, Manager of the private health provider network, Interview; Manager of the tertiary care hospital, Interview, 8 April 2025

¹²⁰ KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

¹²¹ KII02, Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025; MediClubKids, [website], 2021, [url](#)

Specialist	Public outpatient treatment price (GEL)	Public inpatient treatment price (GEL)	Private outpatient treatment price (GEL)	Private inpatient treatment price (GEL)	Reimbursement/comments
					<p>Included in the cost of inpatient treatment of urgent or surgical conditions (DRG or Tarriff) for UHCP beneficiaries and is free for socially vulnerable individuals and those of retirement age or requires a co-payment of up to 30 % for other beneficiaries.</p> <p>Patients with private insurance are reimbursed partially or fully.</p> <p>Home visits have a higher price within the indicated price range.</p>
Cardiac surgeon	90 - 130 ¹²²		100 - 130 ¹²³		<p>The state programmes (UHCP) cover the consultations only for inpatient treatments, as part of the payment (DRG or Tariff) and UHCP beneficiaries, and are free for socially vulnerable individuals and those of retirement age or require a co-payment of up to 30 % for other beneficiaries.</p> <p>Patients with private insurance are reimbursed partially or fully.</p>
Paediatric cardiac surgeon	90 - 130 ¹²⁴		100 - 130 ¹²⁵		

¹²² KII02, Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹²³ KII02, Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025; Georgian Medical Portal VIPMED.GE, [website], 2012, [url](#)

¹²⁴ KII02, Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹²⁵ KII02, Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025; Georgian Medical Portal VIPMED.GE, [website], 2012, [url](#)

Table 4: Cost of treatment II

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/ comments
Laboratory research			
Laboratory research of blood; INR, e.g. in case of acenocoumarol anticlotting	20 - 53 ¹²⁶		Included in the cost of inpatient treatment of urgent or surgical conditions (DRG or Tarriff) for UHCP beneficiaries and is free for socially vulnerable individuals, or requires a co-payment up to 30 % for other beneficiaries. Patients with private insurance are reimbursed partially or fully.
Laboratory research for cardiac biomarker; creatine kinase MB (CK-MB)	45 ¹²⁷ - 55 ¹²⁸		Included in the cost of inpatient treatment of urgent or surgical conditions (DRG or Tarriff) for UHCP beneficiaries and is free for socially vulnerable individuals, or requires a co-payment up to 30 % for other beneficiaries. Patients with private insurance are reimbursed partially or fully.
Serum brain natriuretic peptide (BNP)	100 ¹²⁹		
Laboratory test: creatine kinase (CK) = creatine phosphokinase (CPK)	15 ¹³⁰ - 30 ¹³¹		
Laboratory research for cardiac biomarker, troponin	80 ¹³²		

¹²⁶ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025; Mrcheveli Medical Center, Limbakh Group, [website], 2020, [url](#)

¹²⁷ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹²⁸ CITO, Medical Center, [website], 2020, [url](#)

¹²⁹ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹³⁰ Mrcheveli Medical Center, Limbakh Group, [website], 2020, [url](#)

¹³¹ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹³² KII03, Manager of the tertiary care hospital, Interview, 8 April 2025



	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/ comments
Laboratory test: lipid profile (total cholesterol, HDL cholesterol, LDL cholesterol, triglycerides)		51 ¹³³ - 85 ¹³⁴	<p>It is free once a year at the outpatient level when prescribed by the PHC doctor for all beneficiaries on UHCP.</p> <p>Included in the cost of inpatient treatment of urgent or surgical conditions (DRG or Tarriff) for UHCP beneficiaries and is free for socially vulnerable individuals and those of retirement age or requires a co-payment of up to 30 % for other beneficiaries.</p> <p>Patients with private insurance are reimbursed partially or fully.</p>
Diagnostic imaging			
Diagnostic imaging: cardiac computed tomography (CT) scan		420 - 650 ¹³⁵	<p>At the outpatient level, the CT scan is covered if referred by the PHC doctor but only for specific categories of UHCP beneficiaries with co-payments from 0 % to 20 % of the cost: no co-payment is required for veterans of retirement age or with severe disabilities; 10 % for all individuals of retirement age and 20 % for children aged 0-5 years, students and other individuals with severe disabilities.¹³⁶</p>

¹³³ Mrcheveli Medical Center, Limbakh Group, [website], 2020, [url](#)

¹³⁴ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025; CITO, Medical Center, [website], 2020, [url](#)

¹³⁵ Solomed, “სერვისები [services]”, [website], n.d., [url](#)

¹³⁶ Georgia, Government of 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 1.3, p. 2



	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/ comments
			<p>Included in the cost of inpatient treatment of urgent or surgical (including non-urgent) conditions for UHCP beneficiaries as needed, with varying coverage requiring 0 % to 30 % co-payment rates from the patient side, depending on the UHCP beneficiary category (see Section 2 for details).</p> <p>Patients with private insurance are reimbursed partially or fully.</p>
Diagnostic imaging: cardiovascular MRI scan	365 - 1 100 ¹³⁷		<p>The price depends on the type of MRI (1.5 tesla vs. 3 tesla) and whether the contrast and anaesthesia special regimes (to assess the perfusion or function) are used.¹³⁸</p> <p>Not covered at the outpatient level.</p> <p>Included in the cost of inpatient treatment of urgent or surgical (including non-urgent) conditions for UHCP beneficiaries as needed, with varying coverage requiring 0 % to 30 % co-payment rates from the patient side, depending on the UHCP beneficiary category (see Section 2 for details).</p> <p>Patients with private insurance are reimbursed partially or fully.</p>
Diagnostic imaging: coronarography	1 216 - 2 587 ¹³⁹	1 400 - 2 500 ¹⁴⁰	Not covered at the outpatient level.

¹³⁷ KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

¹³⁸ KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

¹³⁹ Georgia, LEPL National Health Agency, “დანართი 2: DRG ჯგუფები ძირითადი დიაგნოსტიკური კატეგორიების (MDC) მიხედვით, შესაბამისი ღირებულებითი წონებით (cost weight) და ფასებით [Annex 2: DRG groups by diagnostic categories (MDC) with cost weights and prices]”, 2020, [url](#)

¹⁴⁰ KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025



	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/ comments
			<p>Included in the cost of inpatient treatment of urgent or surgical (including non-urgent) conditions for UHCP beneficiaries as needed, with varying coverage requiring 0 % to 30 % co-payment rates from the patient side, depending on the UHCP beneficiary category (see Section 2 for details).</p> <p>Patients with private insurance are reimbursed partially or fully.</p>
ECG (electrocardiogram; cardiology)	20 - 30 ¹⁴¹		<p>The test is free at the outpatient level when prescribed by the PHC doctor for all beneficiaries of UHCP.</p> <p>Included in the cost of inpatient treatment of urgent or surgical (including non-urgent) conditions for UHCP beneficiaries as needed, with varying coverage requiring 0 % to 30 % co-payment rates from the patient side, depending on the UHCP beneficiary category (see Section 2 for details).</p> <p>Patients with private insurance are reimbursed partially or fully.</p>
Holter monitor/ ambulatory ECG device (cardiology)	80 - 200 ¹⁴²		<p>The price is higher when the device is used at home.</p> <p>Not covered at the outpatient level.</p>

¹⁴¹ KII02, Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025; Medical Centre “MediMEDI”, მომსახურების ფასები [Service prices], n.d., [url](#)

¹⁴² KII02, Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025; Medical Centre “MediMEDI”, მომსახურების ფასები [Service prices], n.d., [url](#)

¹⁴² KII03, Manager of the tertiary care hospital, Interview, 8 April 2025



	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/ comments
			<p>Included in the cost of inpatient treatment of urgent or surgical (including non-urgent) conditions for UHCP beneficiaries as needed, with varying coverage requiring 0 % to 30 % co-payment rates from the patient side, depending on the UHCP beneficiary category (see Section 2 for details).</p> <p>Patients with private insurance are reimbursed partially or fully.</p>
Ultrasound of the heart (= echocardiography = echocardiogram = TTE)	45 - 60 ¹⁴³		<p>Not covered at the outpatient level.</p> <p>Included in the cost of inpatient treatment of urgent or surgical (including non-urgent) conditions for UHCP beneficiaries as needed, with varying coverage requiring 0 % to 30 % co-payment rates from the patient side, depending on the UHCP beneficiary category (see Section 2 for details).</p> <p>Patients with private insurance are reimbursed partially or fully.</p>
Treatment			
Clinical admittance in cardiology department (daily rates)	Included in the DRG	450 ¹⁴⁴	Daily rates are included in the treatment price – DRGs for publicly covered patients.
Clinical admittance in cardiac surgery department (daily rates)	Included in the DRG		

¹⁴³ KII02, Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁴⁴ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025



	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/ comments
Cardiac surgery: heart valve surgery	17 866 – 22 832 ¹⁴⁵		<p>The DRG price depends on the number of valves affected and the presence of surgery complications.</p> <p>These surgical treatments are considered as planned surgeries and are partially covered within the annual limit defined for all UHCP beneficiaries for planned surgeries (GEL 15 000) with co-payment ranging from GEL 0 to 1 500 in addition to covering the difference between the annual limit and the surgery price (DRG). No co-payment is required for children aged 0-18 years, socially vulnerable individuals, and veterans of retirement age or with severe disabilities. Individuals of retirement age and other veterans are required to co-pay GEL 500, and students are required to pay GEL 1 000. All other UHCP beneficiaries should pay GEL 1 500.</p> <p>The annual limit of 15 000 does not apply in cases where surgeries are conducted on UHCP beneficiaries with congenital heart disease. In this case, the full cost of the surgeries is covered by the UHCP, and beneficiaries' co-payment varies from 0 % to 30 %. No co-payment is required for children aged 0-8 years, socially vulnerable individuals, and veterans of retirement age</p>
Cardiac surgery: open heart surgery	5 697 – 47 720 ¹⁴⁷		

¹⁴⁵ Georgia, LEPL National Health Agency, “დანართი 2: DRG ჯგუფები ძირითადი დიაგნოსტიკური კატეგორიების (MDC) მიხედვით, შესაბამისი ღირებულებითი წონებით (cost weight) და ფასებით [Annex 2: DRG groups by diagnostic categories (MDC) with cost weights and prices]”, 2020, [url](#)

¹⁴⁷ Georgia, Government of 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 1.11



	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/ comments
			<p>or with severe disabilities. Individuals of retirement age and other veterans are required to co-pay 10 %, students are required to pay 20 % and all other UHCP beneficiaries should pay 30 % of the price.¹⁴⁶</p> <p>Patients with private insurance are reimbursed partially or fully.</p>
Intervention possibilities in case of (high risk of) myocardial infarction			
Cardiac surgery; cardiac catheterisation	2 652 - 7 006 ¹⁴⁸	2 500 - 10 000 ¹⁴⁹	<p>The DRG price depends on the number of stents and the presence of myocardial infarction and surgery complications.</p> <p>The procedure is covered for UHCP beneficiaries with co-payments ranging from 0 % to 30 %. No co-payment is required for socially vulnerable individuals, and veterans of retirement age or with severe disabilities. Individuals of retirement age and other veterans are required to co-pay 10 %, students are required to pay 20 % and all other UHCP beneficiaries should pay 30 % of the price.</p> <p>Patients with private insurance are reimbursed partially or fully.</p>

¹⁴⁶ Georgia, Government of 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 1.11

¹⁴⁸ Georgia, LEPL National Health Agency, “დანართი 2: DRG ჯგუფები ძირითადი დიაგნოსტიკური კატეგორიების (MDC) მიხედვით, შესაბამისი ღირებულებითი წონებით (cost weight) და ფასებით [Annex 2: DRG groups by diagnostic categories (MDC) with cost weights and prices]”, 2020, [url](#)

¹⁴⁹ KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025



	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/ comments
Cardiac surgery; Coronary artery bypass grafting (CABG), Bypass		11 041 ¹⁵⁰	These surgical treatments are covered for all UHCP beneficiaries with co-payment ranging from 0 % to 30 %. No co-payment is required for socially vulnerable individuals, and veterans of retirement age or with severe disabilities. Individuals of retirement age and other veterans are required to co-pay 10 %, students are required to pay 20 % and all other UHCP beneficiaries should pay 30 % of the price. Patients with private insurance are reimbursed partially or fully.
Cardiac surgery; catheter ablation: procedure to remove a faulty electrical pathway of the heart		4 773 ¹⁵¹	
Cardiac surgery; PTCA/PCI; coronary angioplasty incl follow-up		2 651 - 3 736 ¹⁵²	
Intervention possibilities in case of severe heart rhythm disorders			
Cardiology, placement of pacemaker		4 470 - 7 854 ¹⁵³	These interventions are for all UHCP beneficiaries with co-payment ranging from 0 % to 30 %.
Cardiology, maintenance and follow-up of pacemaker			
Cardiology, placement of ICD (Implantable Cardioverter Defibrillator)		3 549 ¹⁵⁴	No co-payment is required for socially vulnerable individuals, and veterans of retirement age or with severe disabilities. Individuals of retirement age and other veterans are required to co-pay 10 %, students are required to pay 20 % and all
Cardiology, follow-up of ICD by a cardiologist			

¹⁵⁰ Georgia, LEPL National Health Agency, “დანართი 2: DRG ჯგუფები ძირითადი დიაგნოსტიკური კატეგორიების (MDC) მიხედვით, შესაბამისი ღირებულებითი წონებით (cost weight) და ფასებით [Annex 2: DRG groups by diagnostic categories (MDC) with cost weights and prices]”, 2020, [url](#)

¹⁵¹ Georgia, LEPL National Health Agency, “დანართი 2: DRG ჯგუფები ძირითადი დიაგნოსტიკური კატეგორიების (MDC) მიხედვით, შესაბამისი ღირებულებითი წონებით (cost weight) და ფასებით [Annex 2: DRG groups by diagnostic categories (MDC) with cost weights and prices]”, 2020, [url](#)

¹⁵² Georgia, LEPL National Health Agency, “დანართი 2: DRG ჯგუფები ძირითადი დიაგნოსტიკური კატეგორიების (MDC) მიხედვით, შესაბამისი ღირებულებითი წონებით (cost weight) და ფასებით [Annex 2: DRG groups by diagnostic categories (MDC) with cost weights and prices]”, 2020, [url](#)

¹⁵³ Georgia, LEPL National Health Agency, “დანართი 2: DRG ჯგუფები ძირითადი დიაგნოსტიკური კატეგორიების (MDC) მიხედვით, შესაბამისი ღირებულებითი წონებით (cost weight) და ფასებით [Annex 2: DRG groups by diagnostic categories (MDC) with cost weights and prices]”, 2020, [url](#)

¹⁵⁴ Georgia, LEPL National Health Agency, “დანართი 2: DRG ჯგუფები ძირითადი დიაგნოსტიკური კატეგორიების (MDC) მიხედვით, შესაბამისი ღირებულებითი წონებით (cost weight) და ფასებით [Annex 2: DRG



	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/ comments
			<p>other UHCP beneficiaries should pay 30 % of the price.</p> <p>Cost of placement of the ICD device does not include the device price, which is provided for free (without copayment) to all patients covered under UHCP.</p> <p>The prices indicated for maintenance and follow-up of a pacemaker are for follow-up (which is included in the DRG price for placement) and removal (GEL 7 854).</p> <p>Similarly, follow-up is included in the ICD placement price.</p> <p>Patients with private insurance are reimbursed partially or fully.</p>



5. Cost of medication

All the pharmaceutical products available in Georgia are either registered or legally imported through the national schemes and are generally accessible without significant access problems throughout the country.¹⁵⁵ However, the cost of medicines remains a significant challenge in Georgia's healthcare system and a major driver of catastrophic health expenditures.¹⁵⁶

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 required is not included in the list of services covered by the state health programmes. If the patient is insured, the costs are fully or partially covered by private insurance. 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, as discussed in Section 2, Access to treatment.

In the column labelled “Place” in Table 5 below, three possible options are presented:

1. *NHA* – medications are procured by the public purchaser and are provided to the beneficiaries for free in accordance with the eligibility rules described in Section 2, Access to treatment. Prices for such medications are indicated for information purposes if they are publicly disclosed. Some prices for innovative medications are directly negotiated with pharmaceutical companies and are not disclosed due to commercial confidentiality agreements.
2. *Hospitals* – medications purchased by the hospitals at wholesale prices usually lower than retail prices declared by the pharmacies. Their cost is commonly included in the inpatient treatment costs paid by the public (NHA) or private payers (insurance companies or patient).
3. *Pharmacy* – prices for medications offered at pharmacies (all of which are private). Cost of these medications may be reimbursed by public or private payers as indicated in the column “Reimbursement” in Table 5.

¹⁵⁵ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025

¹⁵⁶ Gorgdze, T., et al., Counting the savings: impact of Georgia's drug policy interventions on households, [url](#)



Legend for asterisks used in Table 5: Cost of medicines:

- * “Outpatient Public” means that the cost of the drug is covered fully provided for free to the patient without annual limits at the outpatient level for specific categories of UHCP beneficiaries: socially vulnerable, individuals of retirement age, children (0-18 years) with disabilities, adults with moderate or severe disability, veterans, rural residents of municipalities adjacent to the Occupied Regions. Other UHCP beneficiaries are not eligible. Also, all citizens and permanent residents of Georgia with epilepsy or Parkinson’s disease are covered fully without limits.¹⁵⁷
- ** “Inpatient Public” means that the cost of the drug is included in the inpatient treatment costs with or without co-payment for UHCP beneficiaries according to the eligibility criteria described in Section 2.
- *** “Private” means that the cost of the drug is reimbursed both at outpatient and inpatient levels for patients with private insurance, partially or fully, depending on the insurance package.

Table 5: Cost of medicines

Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement
Anti-hypertension							
Amlodipine	Amlodipine Accord	10 mg	tablet	28	2.58	Hospital ¹⁵⁸	Outpatient Public*
	Amlodipine	5 mg	tablet	1	0.14	NHA ¹⁵⁹	Inpatient Public ** Private ***
Atenolol	Atenolol Sopharma	25 mg	tablet	30	3.06	Pharmacy ¹⁶⁰	Inpatient Public ** Private ***
Bisoprolol	Bisoprolol Lek	5 mg	tablet	30	3.78	Hospital ¹⁶¹	Outpatient Public *
	Bisoprolol			1	0.16	NHA ¹⁶²	Inpatient Public ** Private ***

¹⁵⁷ Georgia, Government of 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 1.9

¹⁵⁸ KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁵⁹ Georgia, LEPL National Health Agency, “პროგრამით გათვალისწინებული მედიკამენტების ჩამონათვალი [list of medicines covered by the Programme“, 2020, [url](#)

¹⁶⁰ PSP, Atenolol, 2025, [url](#)

¹⁶¹ KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁶² Georgia, LEPL National Health Agency, “პროგრამით გათვალისწინებული მედიკამენტების ჩამონათვალი [list of medicines covered by the Programme“, 2020, [url](#)

Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement
Candesartan	Atakand®	16 mg	tablet	28	10.67	Pharmacy ¹⁶³	Inpatient Public ** Private ***
Carvedilol	Cardirat	6.25 mg	tablet	30	3.88	Hospital ¹⁶⁴	Inpatient Public **
	Carvedilol GP			56	9.82	Pharmacy ¹⁶⁵	Private ***
Doxazosin	Cardura®	4 mg	tablet	30	53.35	Pharmacy ¹⁶⁶	Inpatient Public ** Private ***
Enalapril	Enalapril	10 mg	tablet	20	0.65	Hospital ¹⁶⁷	Outpatient Public *
				1	0.12	NHA ¹⁶⁸	Inpatient Public ** Private ***
Enalapril + hydrochlorothiazide (combination)	Eozidi-H	10 mg + 25 mg	tablet	20	4.20	Hospital ¹⁶⁹	Inpatient Public **
	Enap-HL	20 mg + 12.5 mg	tablet	20	9.90	Pharmacy ¹⁷⁰	Private ***
Eplerenone	Nonpress	25 mg	tablet	30	36.47	Hospital ¹⁷¹	Inpatient Public **
					43.77	Pharmacy ¹⁷²	Private ***
Furosemide	Furosemide	10 g/ml - 2 ml	ampoule	10	2.38	Hospital ¹⁷³	Inpatient Public **
	Furosemide (belor)	40 mg	tablet	50	1.64	Pharmacy ¹⁷⁴	Private ***

¹⁶³ PSP, Atakand, 2025, [url](#)

¹⁶⁴ KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁶⁵ Aversi, Carvedilol GP, 1994 – 2025, [url](#)

¹⁶⁶ PSP, Cardura, 2025, [url](#)

¹⁶⁷ KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁶⁸ Georgia, LEPL National Health Agency, “პროგრამით გათვალისწინებული მედიკამენტების ჩამონათვალი [list of medicines covered by the Programme“, 2020, [url](#)

¹⁶⁹ KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁷⁰ Aversi, Enap HL, 1994 – 2025, [url](#)

¹⁷¹ KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁷² Aversi, Nonpress, 1994 – 2025, [url](#)

¹⁷³ KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁷⁴ Aversi, Furosemide (belor), 1994 – 2025, [url](#)

Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement
Hydrochlorothiazide	Hypothiazide	25 mg	tablet	20	4.20	Hospital ¹⁷⁵	Outpatient Public *
				1	0.21	NHA ¹⁷⁶	Inpatient Public **
				20	5.75	Pharmacy ¹⁷⁷	Private ***
Indapamide	Indap [®]	2.5 mg	capsule	30	8.12	Pharmacy ¹⁷⁸	Inpatient Public ** Private ***
Irbesartan	Irda	150 mg	tablet	28	12.5	Pharmacy ¹⁷⁹	Private ***
Lercanidipine	Lercanidipine	20 mg	tablet	28	21.40	Pharmacy ¹⁸⁰	Inpatient Public ** Private ***
Lisinopril	Diroton [®]	10 mg	tablet	28	9.86	Pharmacy ¹⁸¹	Inpatient Public ** Private ***
Losartan	Lorista [®]	50 mg	tablet	28	5.46	Hospital ¹⁸²	Outpatient Public *
		100 mg		1	0.21	NHA ¹⁸³	Inpatient Public **
		50 mg		28	7.50	Pharmacy ¹⁸⁴	Private ***
Metoprolol	Metoprolol	100 mg	tablet	1	0.20	NHA ¹⁸⁵	Outpatient Public *
	Egilok [®]	25 mg		60	7	Pharmacy ¹⁸⁶	Private ***
Nifedipine	Nifedipine	10 mg	tablet	50	2.3	Hospital ¹⁸⁷	Inpatient Public **

¹⁷⁵ KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁷⁶ Georgia, LEPL National Health Agency, “პროგრამით გათვალისწინებული მედიკამენტების ჩამონათვალი [list of medicines covered by the Programme“, 2020, [url](#)

¹⁷⁷ Aversi, Hypothiazid, 1994 – 2025, [url](#)

¹⁷⁸ Aversi, Indap, 1994 – 2025, [url](#)

¹⁷⁹ Pharmaco, Irda, n.d, [url](#)

¹⁸⁰ Aversi, Lercandipine, 1994-2025, [url](#)

¹⁸¹ Aversi, , 1994-2025, [url](#)

¹⁸² KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

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¹⁸⁴ Aversi, Lorista, 1994 – 2025, [url](#)

¹⁸⁵ Georgia, LEPL National Health Agency, “პროგრამით გათვალისწინებული მედიკამენტების ჩამონათვალი [list of medicines covered by the Programme“, 2020, [url](#)

¹⁸⁶ Aversi, Egilok, 1994 – 2025, [url](#)

¹⁸⁷ KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement
				100	4.95	Pharmacy ¹⁸⁸	Private ***
Olmesartan	Cardosal®	20 mg	tablet	28	41.70	Pharmacy ¹⁸⁹	Inpatient Public ** Private ***
Perindopril	Agulan	8mg	tablet	30	11.91	Pharmacy ¹⁹⁰	Inpatient Public ** Private ***
Propranolol	Anaprilin	40 mg	tablet	20	3.62	Pharmacy ¹⁹¹	Inpatient Public ** Private ***
Spiro-lactone	Verospiron®	25 mg	tablet	30	3.50	Hospital ¹⁹²	Outpatient Public *
	Spirinolactone			1	0.19	NHA ¹⁹³	Inpatient Public **
	Verospiron®			20	4	Pharmacy ¹⁹⁴	Private ***
Telmisartan	Telmisartan	40 mg	tablet	28	20.25	Pharmacy ¹⁹⁵	Inpatient Public ** Private ***
Urapidil	Urapidil kalceks	50 mg/ 10 ml	ampoule	10	12.69	Hospital ¹⁹⁶	Inpatient Public **
				5	29.82	Pharmacy ¹⁹⁷	Private ***
Valsartan	Diovan®	160 mg	tablet	14	14.52	Pharmacy ¹⁹⁸	Inpatient Public ** Private ***
Against platelet aggregation/blood clotting							
Acetylsalicylic	Aspirin Cardio®	100 mg	tablet	28	5	Hospital ¹⁹⁹	Outpatient Public *

¹⁸⁸ Aversi, Nifedipine, 1994 – 2025, [url](#)

¹⁸⁹ Aversi, Cardosal, 1994 – 2025, [url](#)

¹⁹⁰ PSP, Agulan, 2025, [url](#)

¹⁹¹ PSP, Anaprilin, 2025, [url](#)

¹⁹² KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

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¹⁹⁴ Aversi, Verospiron, 1994 – 2025, [url](#)

¹⁹⁵ PSP, Telmisartan, 2025, [url](#)

¹⁹⁶ KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁹⁷ PSP, Urapidil, 2025, [url](#);

¹⁹⁸ PSP, Diovan, 2025, [url](#)

¹⁹⁹ KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement
acid	Trombo	100 mg		30	2.80	Pharmacy ²⁰⁰	Private ***
Dalteparin	Fragmin®	5 000 units/ 0.2 ml	syringe	1	11.02	Pharmacy ²⁰¹	Inpatient Public ** Private ***
Dipyridamole	Curantyl	25 mg	tablet	120	20.31	Pharmacy ²⁰²	Inpatient Public ** Private ***
Enoxaparin	Enox	40 mg/ 0.4 ml	syringe	10	37	Hospital ²⁰³	Inpatient Public **
	Clexane®			1	11	Pharmacy ²⁰⁴	Private ***
Heparin	Heparini-Belmed	25 000 I U /5 ml	vial	5	50	Hospital ²⁰⁵	Inpatient Public **
	Heparin			10	223.53	Pharmacy ²⁰⁶	Private ***
Prasugrel	Sugrel®	10 mg	tablet	28	58.03	Hospital ²⁰⁷	Inpatient Public **
					68.10	Pharmacy ²⁰⁸	Private ***
Ticagrelor	Brilinta®	90 mg	tablet	56	188.86	Hospital ²⁰⁹	Inpatient Public **
					188.86	Pharmacy ²¹⁰	Private ***
Nitrates							
Isosorbide mononitrate	Monosan®	40 mg	tablet	30	6.99	Hospital ²¹¹	Inpatient Public **
					9.44	Pharmacy ²¹²	Private ***

²⁰⁰ Aversi, Trombo, 1994 – 2025, [url](#)

²⁰¹ PSP, Fragmin, 2025, [url](#)

²⁰² Aversi, Curantyl, 1994 – 2025, [url](#)

²⁰³ KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

²⁰⁴ Aversi, Celexane, 1994 – 2025, [url](#)

²⁰⁵ KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

²⁰⁶ PSP, Heparin, 2025, [url](#)

²⁰⁷ KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

²⁰⁸ Aversi, Sugrel, 1994 – 2025, [url](#)

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²¹⁰ PSP, Brilinta, 2025, [url](#)

²¹¹ KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

²¹² Aversi, Monosan, 1994 – 2025, [url](#)



Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement
Isosorbide dinitrate	Nitrosorbid®	10 mg	tablet	40	2.60	Pharmacy ²¹³	Inpatient Public ** Private ***
Nitroglycerin	Nitroglycerin	5 mg/ 1.5 ml	ampoule	10	34.93	Hospital ²¹⁴	Inpatient Public **
		0.5 mg	tablet	40	1.78	Pharmacy ²¹⁵	Private ***

²¹³ Aversi, Nitrosorbid, 1994 – 2025, [url](#)

²¹⁴ KII02, Manager of the private health provider network, Interview; KII03 Manager of the tertiary care hospital, Interview, 8 April 2025

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Annex 2: Terms of Reference

General information

- Briefly describe prevalence and incidence of cardiology/ cardiovascular diseases (hypertension, myocardial infarction, heart failure and heart rhythm disorders)/ types of this disease (epidemiologic data).
- How is the health care organized for cardiovascular diseases?
- How are cardiovascular diseases treated – at specific centres, in primary health care centres, secondary care / hospitals, tertiary care etc.?
- Which kinds of facilities can treat cardiovascular diseases [public, private not for profit (e.g., hospitals run by the church), private for-profit sector]? Include links to facilities' websites if possible.
- How are the resources organised in general to treat patients with cardiovascular diseases? Are there sufficient resources available to treat all patients?
- Is there a particular type of cardiovascular diseases for which no (or only partial) treatment exists in the country?
- Is there a (national) institute specialised in treating these diseases?
- Are there any national or international plans or (donor) programmes for certain cardiovascular diseases; if yes, could you elaborate on such programme(s) and what it entails?

Access to treatment

- Are there specific treatment programmes for cardiovascular diseases? If so, what are the eligibility criteria to gain access to it and what they contain?
- Are there specific government (e.g., insurance or tax) covered programmes for this disease? If so, what are the eligibility criteria to gain access to it?
- Are there any factors limiting the access to healthcare for patients? If so, are they economic, cultural, geographical, etc.? Are there any policies to improve access to healthcare and/or to reduce the cost of treatments and/or medication? What is the number of people having access to treatment? Keep focus on e.g., waiting times rather than the exact number of specialists in the field.
- If different from information provided in the general section; is the treatment geographically accessible in all regions?
- What is the 'typical route' for a patient with this disease (after being diagnosed with the disease)? In other words: for any necessary treatment, where can the patient find help and/or specific information? Where can s/he receive follow-up treatment? Are there waiting times for treatments (e.g., surgery, investigations, etc)?
- What must the patient pay and when?
- Is it the same scenario for a citizen returning to the country after having spent a number of years abroad?





- What financial support can a patient expect from the government, social security or a public or private institution? Is treatment covered by social protection or an additional / communal health insurance? If not, how can the patient gain access to a treatment?
- Any occurrences of healthcare discrimination for people with cardiovascular diseases?

Insurance and national programmes

- National coverage (state insurance).
- Programmes funded by national/international donor programmes. Does the government (or NGOs or other bodies) implement any healthcare initiatives that encompass heart health, such public health campaigns aimed at preventing and managing conditions like hypertension and diabetes (risk factors for heart disease)? How are these programs funded, who can participate?
- Include any insurance information that is specific for patients with cardiovascular diseases.

NGOs

Include if relevant, otherwise delete section.

- Are any NGOs or international organisations active for patients of cardiovascular diseases? What are the conditions to obtain help from these organisations? What help or support can they offer?

Cost of treatment

Guidance / methodology on how to complete the tables related to treatments:

- Do not delete any treatments from the tables. Instead, state that they could not be found if that is the case.
- In the table, indicate the price for inpatient and outpatient treatment in public and private facility and if the treatments are covered by any insurance or by the state.
- For inpatient, indicate what is included in the cost (bed / daily rate for admittance, investigations, consultations...). For outpatient treatment, indicate follow up or consultation cost.
- Is there a difference in respect to prices between the private and public facilities?
- Are there any geographical disparities?
- Are the official prices adhered to in practice?
- Include links to online resources used, if applicable (e.g., hospital websites).

Note: a standardised list of treatments was also included in the original ToR, as can be viewed in the report.

Cost of medication

Guidance / methodology on how to complete the tables related to medications:





- Do not delete any medicines from the tables. Instead, state that they/the prices could not be found if that is the case.
- Are the available medicines in general accessible in the whole country or are there limitations?
- Are the medicines registered in the country? If yes, what are the implications of it being registered?
- Indicate in the tables: generic name, brand name, dosage, form, pills per package, official prices, source, insurance coverage.
- Are (some of the) medicines mentioned on any drug lists like national lists, insurance lists, essential drug lists, hospital lists, pharmacy lists etc.?
 - If so, what does such a list mean specifically in relation to coverage?
- Are there other kinds of coverage, e.g., from national donor programmes or other actors?
- Include links to online resources used, if applicable (e.g., online pharmacies).
- Which services are free of charge and which ones are at a cost? Is access provided to all patients or access is restricted for some (e.g., in case of faith-based institutions or in case of NGOs providing care only to children).

Note: a standardised list of medication was also included in the original ToR, as can be viewed in the report.





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