

Georgia

Haematology



Haematology

MedCOI

February 2026



Manuscript completed in 02/2026

Neither the European Union Agency for Asylum (EUAA) nor any person acting on behalf of the EUAA is responsible for the use that might be made of the information contained within this publication.

Luxembourg: Publications Office of the European Union, 2026

PDF ISBN 978-92-9418-378-1 doi: 10.2847/5868236 BZ-01-26-004-EN-N

© European Union Agency for Asylum (EUAA), 2026

Cover photo/illustration: Blood vessel - Magnifying Glass - stock illustration, sorbetto, © Getty Images, 28 January 2025, <https://www.gettyimages.com/detail/illustration/blood-vessel-magnifying-glass-royalty-free-illustration/2195272195>.

Please cite as: EUAA, MedCOI Topical Report – Georgia: Haematology, February 2026, <https://www.euaa.europa.eu/publications/medcoi-topical-report-georgia-haematology>

Reproduction is authorised provided the source is acknowledged. For any use or reproduction of photos or other material that is not under the EUAA copyright, permission must be sought directly from the copyright holders.

Acknowledgements

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

The report has been reviewed by International SOS and EUAA.



Contents

Acknowledgements	3
Disclaimer	6
Glossary and abbreviations	7
Introduction	9
Methodology	9
Terms of reference	9
Collecting information	9
Currency	9
Quality control	9
Sources	10
1. General information	11
1.1. Epidemiology	11
1.2. Organisation of care and treatment facilities for haematology diseases.....	11
1.3. Resources for care of haematology diseases.....	16
1.4. National and international programmes.....	17
2. Access to treatment	21
2.1. Specific treatment programmes for haematology diseases	21
2.1.1. State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy	21
2.1.2. Universal Health Care Programme (UHCP).....	23
2.1.3. Organ Transplant State Programme	26
2.1.4. Rural Doctor – Rural Primary Health Care Sub-programme	27
2.1.5. Maternal and Child Health State Programme	27
2.1.6. Referral Service State Programme	28
2.1.7. Programmes funded by the local self-government (regional and municipal) budgets	30
2.2. Factors limiting access to care	31
2.3. Typical journey of a patient with a haematology disease	32
3. Insurance and national programmes	34
3.1. National coverage	34
3.2. Private insurance.....	34
3.3. Non-Government Organisations (NGOs).....	35





4. Cost of treatment36

5. Cost of medication44

Annex 1: Bibliography51

 Oral sources, including anonymous sources..... 51

 Public sources 51

Annex 2: Terms of Reference.....59





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 8 December 2025. Any event taking place after this date is not included in this report. More information on the reference period for this report can be found in the methodology section of the Introduction.





Glossary and abbreviations

Term	Definition
APTT	Activated Partial Thromboplastin Time
COVID-19	Coronavirus Disease 2019
CT	Computed Tomography
DRG	Diagnostic Related Group
EUAA	European Union Agency for Asylum
EU	European Union
GBMTA	Georgia Blood and Bone Marrow Transplantation Association
GEL	Georgian Lari (currency)
Hb	Haemoglobin
HER2	Human Epidermal Growth Factor Receptor 2
HIV	Human Immunodeficiency Virus
ID	Identification Document
IHME	Institute for Health Metrics and Evaluation
INR	International Normalised Ratio
ITP	Idiopathic (Immune) Thrombocytopenic Purpura





Term	Definition
MedCOI	Medical Country of Origin Information
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
PET	Positron Emission Tomography
PHC	Primary Healthcare
PT	Prothrombin Time
PTT	Partial Thromboplastin Time
UHCP	Universal Health Care Programme
VWD	Von Willebrand Disease
WHO	World Health Organization





Introduction

Methodology

The purpose of the report is to provide information on access to haematology 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 15 September 2025, peer review occurred between 16 September 2025 – 28 October 2025, and additional information was added to the report as a result of the quality review process during the review implementation up until 8 December 2025. The report was internally reviewed subsequently.

Collecting information

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

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

Currency

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

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 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

The latest incidence and prevalence figures for blood and blood-forming system diseases reported by the National Centre for Disease Control and Public Health of Georgia (NCDC) were, respectively, 347.2 and 893.9 per 100 000 people, with anaemia accounting for more than 80 % of these diseases.⁵ According to the Institute for Health Metrics and Evaluation (IHME), an estimated 15 % of the Georgian population are affected by anaemias, including haemoglobinopathies, haemolytic anaemias, iron-deficiency anaemia, sickle cell anaemia and thalassaemia. This is lower than the global median figure of 28.8 % but equal to the regional median for Central and Eastern Europe and Central Asia (14.8 %) in 2021.⁶ Overall, the IHME estimates a very low prevalence of sickle cell anaemia (approximately 0.008 per 100 000 people) and a low prevalence of thalassaemia (approximately 6.6 per 100 000 people).⁷ A 2021 study also found that while Georgia is located at the “northern rim of the thalassaemia belt and bordering countries with a known high prevalence of thalassaemia”, the actual prevalence of thalassaemia and the genetic mutations leading to thalassaemia are relatively low and do not represent a major public health problem.⁸ The latest data available on identified cases in Georgia shows a lower prevalence of inherited bleeding disorders, such as haemophilia A and B, at approximately 9.6 per 100 000⁹ people compared to the global estimate of approximately 20.9 per 100 000 people.¹⁰ In 2024, the diseases of blood and blood-forming organs (ICD 10 codes: D50-D89) were registered as the cause of death in 333 cases, accounting for approximately 0.8 % of all deaths that year in Georgia. This share has remained relatively constant, around 1 % during the last decade, with the exception of the period of the coronavirus disease 2019 (COVID-19) pandemic (2020-2022), when there was a more than doubling to 2.3 % in 2022.¹¹

1.2. Organisation of care and treatment facilities for haematology diseases

Delivery of healthcare for patients with haematology diseases, as for general healthcare in Georgia, is decentralised and dominated by private health providers.¹² It is organised into three tiers of care:

⁵ Georgia, NCDC, Health Care, Statistical Yearbook 2021, 2022, [url](#), p. 77

⁶ IHME, Global Burden of Disease Collaborative Network, GBD 2021 Results, Seattle, United States, 2022, [url](#)

⁷ IHME, Global Burden of Disease Collaborative Network, GBD 2021 Results, Seattle, United States, 2022, [url](#)

⁸ Oberkanins, C., et al., Alpha- and Beta-Globin Gene Mutations in Georgia and Armenia. Georgian Med News. 2021 Sep;(318):124-128, [url](#)

⁹ World Federation of Hemophilia, Report on Annual Global Survey 2023, October 2024, [url](#), p. 49

¹⁰ World Federation of Hemophilia, Report on Annual Global Survey 2023, October 2024, [url](#), p. 3

¹¹ Georgia, Geostat, Number of deaths by sex and causes of death, 2013-2024, [url](#)

¹² WHO/European Observatory on Health Systems and Policies Health Systems in Action: Georgia, 2022, [url](#), p. 8





- Primary healthcare (PHC) 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
- Tertiary care provided by regional and national-level hospitals.¹³

Rural doctors and nurses are publicly employed, while most municipal-level medical centres, including those providing PHC services and tertiary care hospitals, are private.¹⁴ There are only four national-level hospitals owned publicly by Georgian Medical Holding, including three that provide services for haematology diseases (see Table 1). For comprehensive information on the healthcare system in Georgia, refer to the *Medical Country of Origin Information (MedCOI) Report on the Provision of Healthcare in Georgia*.¹⁵

PHC in Georgia is defined as the first point of contact ‘of an individual or a family within the healthcare system’,¹⁶ including those seeking diagnosis and treatment for haematology diseases. According to the national guidelines, PHC providers are responsible for the initial diagnosis and referral for haematology diseases.¹⁷ They are also responsible for coordinating the care for patients with an established diagnosis of chronic diseases, including haematology diseases.¹⁸

Specialised diagnostic and secondary outpatient and inpatient care for patients with haematology diseases is provided by multi-profile polyclinics and municipal medical centres that are located in 61 out of 64 municipalities.¹⁹

Acute cases of haematology diseases, such as acute anaemia and various haematological emergencies and complications, are mostly managed in the tertiary care regional and national specialised centres that have a haematology department.²⁰ See Table 1 for some of the key providers of specialised and tertiary haematology disease care services.

¹³ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025; KII02, 1st Manager of the Private Health Provider Network, Interview, 3 April 2025

¹⁴ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025

¹⁵ EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, [url](#), pp. 19-23

¹⁶ Georgia, Law of Georgia on Health Care, Chapter I. General Provisions, *ჯანმრთელობის დაცვის შესახებ* [Law of Georgia on Healthcare], 2007, [url](#), Article 3(s)

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

¹⁸ Georgia, MoIDPLHSA, “საექიმო სპეციალობათა კომპეტენციები [competences of medical specialties]”, 2025, [url](#), Annex 10

¹⁹ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025

²⁰ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025




Table 1: Key providers of specialised health services for patients with haematology diseases

Institution	Ownership status	Healthcare services provided for haematology diseases	Location(s)
Georgian Medical Holding²¹	Public	Adult diagnostic and specialist outpatient and inpatient care in Tbilisi, Zugdidi and Batumi.	<p>Tbilisi – N. Kipshidze Central University Clinic²²</p> <p>Zugdidi – Rukhi Republican Hospital²³</p> <p>Batumi – Batumi Republican Hospital²⁴</p>
Georgia Healthcare Group²⁵	Private for-profit	Paediatric and adult diagnostic and specialist outpatient and inpatient care, haematology departments in all their key hospitals in Tbilisi, Kutaisi and Batumi. Iashvili Children's Central Hospital provides children onco-haematology services under the national programme. In the diagnostic area, the network of hospitals conducts a wide range of instrumental laboratory research, including bone marrow function, cytomorphological and cytochemical studies and others. Caucasus Medical Center is one out of the three national centres providing stem cell transplantations under the national programme (the other two are listed below: see New	<p>Tbilisi – Caucasus Medical Center; M. Iashvili Children's Central Hospital; Iv. Bokeria University Hospital; Caraps Medline Vake and Dighomi</p> <p>Kutaisi – West Georgia Medical Center</p> <p>Batumi - M. Iashvili Batumi Maternal and Child Central Hospital</p>

²¹ Georgian Medical Holding, [website], 2021, url

²² Central University Clinic, [website], 2025, url

²³ Rukhi Republican Hospital, [website], 2025, url

²⁴ Batumi Republican Hospital, [website], 2025, url

²⁵ Vian, [website], 2025, url



Institution	Ownership status	Healthcare services provided for haematology diseases	Location(s)
		Hospitals and Ingorokva Centre). ²⁶	
American Hospital Tbilisi ²⁷	Private for-profit	Paediatric and adult diagnostic and specialist outpatient care with dedicated transfusiology department.	Tbilisi
Medinvest- Institute of Hematology and Transfusiology ²⁸	Private for-profit	Adult diagnostic and specialist mono-profile outpatient and inpatient services.	Tbilisi
K. Eristavi National Center of Experimental and Clinical Surgery ²⁹	Private for-profit	Paediatric and adult diagnostic and specialist outpatient and inpatient care for full spectrum of haematology diseases with a dedicated “Department of Haematology” and a blood bank.	Tbilisi
M. Zodelava Hematology Center ³⁰	Private for-profit	Adult diagnostic and specialist outpatient services, focusing on haematology diseases.	Tbilisi
“New Hospitals” ³¹	Private for-profit	Paediatric and adult diagnostic and specialist outpatient and inpatient care for full spectrum of haematology diseases with a dedicated “Center of Oncohaematology and Bone Marrow Transplantation”. The hospital is one out of the three national centres providing stem	Tbilisi

²⁶ Georgia, LEPL National Health Agency of Georgia, “პროგრამით გათვალისწინებული სამედიცინო მომსახურების მიმწოდებელი კლინიკების ჩამონათვალი [List of provider clinics for services envisioned under the programme]”, 2020, [url](#)

²⁷ American Hospital Tbilisi, [website], 2023, [url](#)

²⁸ Medinvest- Institute of Hematology and Transfusiology, [Facebook page], Meta 2025, [url](#)

²⁹ K. Eristavi National Center of Experimental and Clinical Surgery, [website], 2019, [url](#)

³⁰ M. Zodelava Hematology Center, [Facebook page], Meta 2025, [url](#)

³¹ New Hospitals, [website], 2025, [url](#)



Institution	Ownership status	Healthcare services provided for haematology diseases	Location(s)
		cell transplantations under the national programme. ³²	
Tbilisi State Medical University and Ingorokva High Medical Technologies University Clinic³³	Private for-profit (University Hospital)	Paediatric and adult diagnostic and specialist outpatient and inpatient care for haematology diseases and in a dedicated “Department of Oncology/Haematology/Chemotherapy”. The hospital is one out of the three national centres providing stem cell transplantations under the national programme. ³⁴	Tbilisi
Todua Clinic³⁵	Private for-profit	Adult diagnostic and specialist outpatient and inpatient acute care provided by its “Department of Oncology and Haematology” in Tbilisi for patients with haematology diseases.	Tbilisi

Source: Compiled by the author based on the information provided by the key informants³⁶ and internet sources.

³² Georgia, LEPL National Health Agency of Georgia, “პროგრამით გათვალისწინებული სამედიცინო მომსახურების მიმწოდებელი კლინიკების ჩამონათვალი [List of provider clinics for services envisioned under the programme]”, 2020, [url](#)

³³ Tbilisi State Medical University and Ingorokva High Medical Technologies University Clinic, Departments, 2024, [url](#)

³⁴ Georgia, LEPL National Health Agency of Georgia, “პროგრამით გათვალისწინებული სამედიცინო მომსახურების მიმწოდებელი კლინიკების ჩამონათვალი [List of provider clinics for services envisioned under the programme]”, 2020, [url](#)

³⁵ Todua Clinic, [website], 2020, [url](#)

³⁶ KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025; KII02, 1st 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 care of haematology diseases

Georgia has a relatively well-developed infrastructure for sophisticated and high-technology healthcare at secondary and tertiary levels.³⁷ This includes specialised diagnostic, laboratory and clinical outpatient and inpatient services required by patients with haematology diseases. Along with high-level national and regional multi-profile and specialised centres listed in Table 1, there are 22 blood banks providing blood transfusion services nationwide that are adjacent to these centres or are standalone facilities.³⁸

Georgia has a high overall number of doctors of all specialities per population – 651 per 100 000 people in 2024³⁹ as compared to an average of 376 per 100 000 in the World Health Organization (WHO) European Region in 2022.⁴⁰ According to the key informant from the Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs (MoIDPLHSA), there are 34 certified and practising clinical haematologists in the country,⁴¹ which constitute approximately 0.92 haematologists per 100 000 population and is below the average figures for most countries in the European Region.⁴² Paediatric haematology is formally recognised by the MoIDPLHSA as a “deficit speciality” in the country.⁴³ Georgia also has relatively low number of nurses – 585 per 100 000 people in 2024,⁴⁴ compared to an average of over 770 per 100 000 in the WHO European Region in 2022⁴⁵ – this includes staff available to provide care for haematology diseases.⁴⁶

Moreover, most healthcare resources, including human and diagnostic, are concentrated in Tbilisi and major urban centres like Kutaisi and Batumi;⁴⁷ rural areas often lack advanced infrastructure and specialists, including haematologists.⁴⁸ While geographical access to well-equipped and staffed clinics has improved over the last decade through private investments⁴⁹ and increased public financing,⁵⁰ certain advanced high-technology diagnostic and treatment services for patients, such as bone marrow biopsy and transplant, are only available in the

³⁷ EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, [url](#), pp. 19-23

³⁸ Georgia, NCDC, Health Care, Statistical Yearbook 2021, 2022, [url](#), p. 26

³⁹ Georgia, Geostat, Healthcare, Number of physicians by occupation (Main staff), 2025, [url](#)

⁴⁰ WHO, Data, Medical doctors (per 10 000 population), 2025, [url](#)

⁴¹ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025

⁴² EuropeInNumbers.com, Hematologists per 100 000 people, n.d., [url](#)

⁴³ Georgia, MoIDPLHSA, “სიახლე: ცვლილება დეფიციტური საექიმო სპეციალობისათვის“ [News: changes to the physician specialities in deficit], 4 August 2025, [url](#)

⁴⁴ Georgia, Geostat (National Statistics Office of Georgia), Healthcare, Number of nurses by basic specialities, 2025, [url](#)

⁴⁵ WHO, Data, Nursing and midwifery personnel (per 10 000 population), 2025, [url](#)

⁴⁶ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025

⁴⁷ TBC Capital, Overview of healthcare sector in Georgia 2024, May 2025, [url](#), p. 22, Annex, Figures A1-A6

⁴⁸ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025; KII02, 1st Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025; KII04, Representative of GBMTA, Interview, 23 July 2025

⁴⁹ TBC Capital, Overview of healthcare sector in Georgia 2024, May 2025, [url](#), p. 21

⁵⁰ TBC Capital, Overview of healthcare sector in Georgia 2024, May 2025, [url](#), pp. 6-7



three large urban centres.⁵¹ For more information on the healthcare resources and services in Georgia, refer to *the MedCOI Report on the Provision of Healthcare in Georgia*.⁵²

1.4. National and international programmes

There are seven national programmes and subprogrammes financing management and care for haematology diseases, which are developed, executed and funded by the MoIDPLHSA and its subordinated agencies – the NCDC, which administers the “State Programme for Blood Safety” and the National Health Agency (NHA), which administers all other national programmes. Local self-government budgets also finance additional programmes for patients with haematology diseases.⁵³

Table 2 summarises information for these programmes. Each programme covers specific services at the respective level of care for individuals with haematological disorders. Eligibility criteria, population covered, co-payment requirements and annual coverage limits (beyond which an individual is expected to pay any extra service costs) vary. 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).

Table 2: Summary information on the national and municipal programmes for financing management and care of haematology diseases

National programme	Population covered	Programme focus and services covered for haematology diseases	Co-payments and limits
“State Programme on Blood Safety” ⁵⁴	All Georgia residents.	Prevention. Ensuring safe blood and blood products and blood transfusion services.	None
“State Programme for Treatment of Patients with Rare Diseases and Requiring Constant	1) All Georgian citizens, and stateless persons and foreign citizens permanently residing in Georgia for costs	Outpatient and inpatient treatment of patients with haemophilia, thalassaemia	None

⁵¹ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025; KII02, 1st Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025; KII04, Representative of GBMTA, Interview 23 July 2025

⁵² EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, [url](#), pp. 27-30

⁵³ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025

⁵⁴ 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 4



National programme	Population covered	Programme focus and services covered for haematology diseases	Co-payments and limits
Replacement Therapy ⁵⁵	<p>of outpatient and inpatient services provided to children and adults with haemophilia or other blood clotting hereditary disorders.</p> <p>2) All citizens of Georgia with diagnosis of “beta-thalassaemia major” for cost of inpatient services.</p> <p>3) Citizens of Georgia under the age 18 for outpatient and inpatient costs of rare diseases that also include several haematology diseases (see Section 2.1 for details).</p>	<p>and other haematology diseases.</p>	
“Universal Health Care Programme (UHCP)” ⁵⁶	<p>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 (see Section 2.1.2. for details).</p>	<p>Outpatient (PHC and specialist services) diagnosis, referral and inpatient treatment (urgent care and surgery), rehabilitation and palliative care of most other haematology diseases not covered under the “State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy”.</p>	<p>0 %-30 % co-payments, depending on the beneficiary eligibility criteria and annual limits for coverage of specific services apply (see Section 2.1 for details).</p>
“Rural Doctor – Rural Primary Health Care	<p>Beneficiaries of the UHCP residing in rural areas.</p>	<p>Screening, initial diagnosis, management of the diagnosed chronic conditions, including haematology diseases, such as anaemias of</p>	<p>None</p>

⁵⁵ 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 17

⁵⁶ 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 services covered for haematology diseases	Co-payments and limits
Sub-programme” of the UHCP ⁵⁷		different origin by a rural PHC doctor and nurse.	
“State Programme for Maternal and Child Health” ⁵⁸	Pregnant women, citizens of Georgia.	Antenatal care (visits) and costs of provision of folic acid for all pregnant women up until 13 th week of pregnancy and iron supplementation therapy in case of confirmed iron-deficiency anaemia in pregnant women.	None
“State Programme for Organ Transplant” ⁵⁹	Citizens of Georgia, except for those registered in Tbilisi and the Autonomous Republic of Adjara, who have been diagnosed with blood cancers and other haematology diseases, such as aplastic anaemia, histiocytosis and thalassaemia.	Stem cell transplantation for haematology diseases, such as blood cancers, aplastic anaemia and thalassaemia.	None
“Referral Service State Programme” ⁶⁰	All Georgia residents may apply. Priority is given to specific population groups (see Section 2.1).	Treatment for individual haematology patient cases applying for 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	Financing stem cell transplantation for Tbilisi and Adjara residents. Treatment for individual haematology patient cases	No co-payments or limits for stem cell transplantation.

⁵⁷ 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

⁵⁸ 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 8

⁵⁹ 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 15

⁶⁰ 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



National programme	Population covered	Programme focus and services covered for haematology diseases	Co-payments and limits
	persons with the status of lost breadwinner.	applying for 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.

International financial institutions and development partners, such as the United Nations' organisations, including the WHO, the European Union (EU), the World Bank and the Asian Development Bank, are providing financial and technical support to the ongoing reforms in the health sector. These include implementation of PHC reform and health services payment reforms to improve coverage and quality of services for non-communicable diseases, including the haematology diseases. The EU also supported public health policies and programmes of Georgia in the field of safe blood and blood transfusion. The EU-funded project helped to upgrade national blood safety legislation and assessed existing blood banks and through the twinning initiatives with Lithuanian, Dutch and Georgian partners, strengthened national capacities. This led to reorganisation of the blood transfusion service, establishing laboratories, and establishing quality systems for blood establishments.⁶¹ There is no specific international programme that targets these diseases or supports the patient care for haematology diseases.⁶²

There is one professional medical association, the Georgia Blood and Bone Marrow Transplantation Association (GBMTA),⁶³ which collaborates internationally, for example, with the European Haematology Association,⁶⁴ to organise conferences, develop national clinical guidelines, and provide postgraduate education courses and peer support to medical professionals. It also conducts health promotion, awareness and free screening service campaigns for the Georgian population.⁶⁵ The GBMTA also cooperates with the Georgian Association of Transplantologists to maintain the stem cell transplantation registry.⁶⁶

⁶¹ Delegation of European Union in Georgia, "EU Launches Twinning Project "Strengthening Blood Safety System in Georgia", Georgia, 2020, [url](#)

⁶² KII01, Senior official at the MoDPLHSA, Interview, 2 April 2025

⁶³ DNT Union of Georgia, [website], 2025, [url](#)

⁶⁴ EHA, EHA-AHA-GBMTA Mini Hematology Tutorial 2021, 2025, [url](#)

⁶⁵ KII04, Representative of GBMTA, Interview, 23 July 2025

⁶⁶ Georgian Association of Transplantologists, [website], 2010-2025, [url](#)



2. Access to treatment

2.1. Specific treatment programmes for haematology diseases

Georgia operates several national programmes covering the cost of individual treatment for haematology diseases. The key programmes are presented in subsections that follow.

2.1.1. State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy

The goal of this national programme is to “improve health status of the patients with rare diseases and requiring constant replacement therapy”⁶⁷ and provide differentiated coverage to:

- 1) All Georgian citizens, and stateless persons and foreign citizens permanently residing in Georgia for:
 - a. Cost of outpatient and inpatient services (see Table 3) provided to children and adults with haemophilia or other blood-clotting hereditary disorders:
 - i. D66 - Hereditary deficiency of factor VIII (Haemophilia A)
 - ii. D67 - Hereditary deficiency of factor IX (Haemophilia B)
 - iii. D68.0 - Von Willebrand disease (VWD)
 - iv. D68.1 - Hereditary deficiency of factor XI
 - v. D68.2 - Hereditary deficiency of other coagulation factors:
 - a) 5.1. Factor I (Fibrinogen)
 - b) 5.2. Factor II (Prothrombin)
 - c) 5.3. Factor V (Labile factor or Proaccelerin)
 - d) 5.4. Factor VII (Stable factor or Proconvertin)
 - e) 5.5. Factor X (Stuart-Prower factor)
 - f) 5.6. Factor XII (Hageman factor)
 - g) 5.7. Factor XIII (Fibrin-stabilising factor)
 - vi. D69.1 - Qualitative defects of platelets⁶⁸

⁶⁷ 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 17, Article 1

⁶⁸ 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 17, Article 3g





- b. Cost of “specific medicines” for patients with “rare diseases”, including children and adults with haemophilia (provision of VIII, IX, XIII factor-concentrates, anti-inhibitor prothrombin complex, anti-inhibitor factor VII and anti-inhibitor coagulation complex), beta-thalassaemia major and congenital dyserythropoietic anaemia type II (iron chelating agents). Also, the programme covers the cost of specific medicines for hereditary hypogammaglobulinemia (Bruton’s disease) and common variable immunodeficiency syndrome, the diseases that may have complications related to haematology.⁶⁹
- 2) All citizens of Georgia with diagnosis of “Beta-Thalassaemia Major” for cost of inpatient services.⁷⁰
 - 3) Citizens of Georgia under the age 18 for:
 - a. Cost of outpatient services, including the consultations of PHC doctors and specialists and necessary clinical, instrumental and laboratory investigations for the individuals with rare diseases that include several haematology diseases: glucose-6-phosphate dehydrogenase deficiency, idiopathic (immune) thrombocytopenic purpura and chronic granulomatous disease.⁷¹
 - b. Cost of inpatient services for individuals with following haematology diseases:
 - i. Hereditary spherocytosis (Minkowski-Chauffard disease)
 - ii. Beta-thalassaemia major (with haemolytic crisis)
 - iii. Congenital dyserythropoietic anaemia type II
 - iv. Enzyme-deficiency anaemia (e.g. G6PD deficiency, pyruvate kinase deficiency)
 - v. Drug-induced haemolysis
 - vi. Idiopathic (immune) thrombocytopenic purpura (ITP)
 - vii. Henoch-Schönlein purpura (IgA vasculitis).⁷²

⁶⁹ 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 17, Article 3d

⁷⁰ 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 17, Article 2.3

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 17, Article 2.1 and Article 3a.a

⁷² 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 17, Article 3a.a





Table 3: Outpatient and inpatient services covered for children and adults with haemophilia or other blood clotting hereditary disorders

Outpatient services	Inpatient services
Consultations with a haematologist and other specialists;	Hospital care in cases of haemorrhagic diathesis;
Transfusion of blood components, haemostatic agents, and clotting factors in cases of bleeding and bruising;	Orthopaedic care for haemophilic arthropathy; and
Clinical and laboratory investigations (including rapid testing for hepatitis B, hepatitis C and human immunodeficiency virus (HIV) infection);	Joint endoprosthesis (replacement) for joints damaged by haemophilic arthropathy.
Testing for blood coagulation factors;	
Functional testing of platelets; and	
Physiotherapy services (physiotherapeutic exercises).	

Source: Government of Georgia.⁷³

The budget of this national programme planned for 2025 is GEL 55 million [EUR 17.2 million],⁷⁴ or 2.8 % of the planned total health sector budget of approximately GEL 1 960 million [EUR 612.5 million].⁷⁵

2.1.2. Universal Health Care Programme (UHCP)

The UHCP is the main national programme that ensures financial access to services required by most patients with other haematology diseases not covered within the State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy. It finances the provision of screening and diagnostic services, as well as surgical and nonsurgical treatment and management of these haematology diseases.⁷⁶ 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*.⁷⁷

⁷³ 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](#), Appendix 17.3

⁷⁴ 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](#), Appendix 17, Article 8

⁷⁵ Georgia, Ministry of Finance, “2025 წლის სახელმწიფო ბიუჯეტი - მოქალაქის გამკვლევი [2025 State Budget, - Citizens Roadmap], 2025, [url](#)

⁷⁶ 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

⁷⁷ EUAA, MedCOI Report – Georgia: Provision of Healthcare, March 2025, [url](#), pp. 38-42



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 coverage⁷⁸ of the standard (minimal) package of services. This package implies from 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 patients with haematology diseases 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, complete blood count, blood tests for glucose, cholesterol, creatinine/occult blood analysis, urine analysis, serum lipid test and prothrombin time (PT) test. The tests required for disability assessment,⁷⁹ including those caused by haematology diseases, with the exception of the “high-technology” diagnostic services (computed tomography (CT) and magnetic resonance imaging (MRI)).⁸⁰ Disability assessment in Georgia involves medical examinations and diagnostic sessions conducted at authorized health facilities to assign disability status stratified by moderate, severe, and major levels.⁸¹
- Urgent outpatient care for predefined “urgent” medical conditions, including emergency transportation and urgent outpatient care and emergency for haematology diseases.⁸²
- Urgent inpatient care for the predefined “critical” medical conditions that involve acute insufficiency or one or more critical life functions, including in case of

⁷⁸ 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

⁷⁹ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 1172, 2025 სამედიცინო-სოციალური ექსპერტიზის შესახებ [On Medical and Social Examination], 26 December 2001, [url](#), Chapters II and VII

⁸⁰ 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

⁸¹ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 1172, 2025 სამედიცინო-სოციალური ექსპერტიზის შესახებ [On Medical and Social Examination], 26 December 2001, [url](#), Chapters II and VII

⁸² 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



haematology diseases.⁸³ 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).⁸⁴

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. The consultation of haematologist is not covered.
- Chest X-ray, abdominal ultrasound, liver function tests and thyroid-stimulating hormone 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).
- Planned (non-urgent) surgical inpatient care (non-surgical inpatient care is not covered) with an annual limit of GEL 15 000 [EUR 4 688].⁸⁵

Coverage for inpatient care includes all instrumental and laboratory investigations, medical personnel services and medicines (preoperative, during the operation and postoperative examinations) related to the hospitalisation. 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.⁸⁶

The UHCP coverage rates may be extended, and patient co-payment rates reduced or removed 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 or limits), settled internally displaced persons, children in foster care, teachers, public artists, pensioners, persons of retirement age (over 60 for women and over 65 for men), children aged 6-18 years, children aged less than 5 years having more benefits, students and people registered as persons with disability.⁸⁷

The UHCP benefit packages for these beneficiaries do not have annual limits and enjoy either no co-payments at 10 % or a maximum of GEL 500 [EUR 156] (pensioners) or at 20 % maximum

⁸³ 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

⁸⁴ 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

⁸⁵ 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

⁸⁶ 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

⁸⁷ 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., 1b.b



of GEL 1 000 [EUR 312] (students) per treatment episode for UHCP-covered services.⁸⁸ In addition, the socially vulnerable, pensioners, children with disabilities, adults with severe and moderate disabilities, war veterans and residents of borderline regions with occupied territories have full, unlimited coverage for a defined list of medications for the outpatient treatment of several chronic diseases.⁸⁹ However, the list of medications does not include specific medications use for the outpatient treatment of haematology diseases.⁹⁰

Refer to Table 2, Table 3 and Table 4 for additional details.

2.1.3. Organ Transplant State Programme

This specific state programme fully covers the cost of stem cell transplantation up to the ceilings specified in Table 4. This includes the diagnostic services, pre- and post-care, and high-dose chemotherapy for citizens of Georgia. Exceptions are those registered in Tbilisi and the Autonomous Republic of Adjara, who have been diagnosed with blood cancers, including acute leukaemia, acute lymphoblastic leukaemia, acute myeloid leukaemia, chronic myeloid leukaemia, juvenile myelomonocytic leukaemia, non-Hodgkin's lymphoma, Hodgkin's lymphoma, myelodysplastic syndrome, multiple myeloma and other haematology diseases, such as aplastic anaemia, histiocytosis and thalassaemia.⁹¹ The Tbilisi and Adjara residents are covered under the respective regional and municipal programmes (see section 2.1.7).

As of July 2025, three national medical centres (see Table 1) have the right to conduct stem cell transplantation in Georgia.⁹² In order to receive the financing for these services, the patient is required to present a documentation package, which includes:

- Identification document (ID) or passport of the patient or parents in case of a child, along with the birth certificate;
- Document verifying the patient's registration outside Tbilisi or Adjara;
- Medical Documentation Form IV-100/a (with conducted diagnostic procedures, tests and interventions with confirmed patient diagnosis in accordance with the ICD-10 classification);
- A written statement jointly issued by a Consilium of at least three licensed medical doctors for three different clinics of respective profile verifying the need chemotherapy or stem cell transplantation;

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 1.3 and 1.4

⁸⁹ 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 1.9

⁹⁰ KII04, Representative of the GBMTA, Interview, 2 June 2025; KII05, Representative of the Georgian Urological Association, Interview, 2 June 2025

⁹¹ 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](#), Appendix 14

⁹² Georgia, LEPL National Health Agency of Georgia, “პროგრამით გათვალისწინებული სამედიცინო მომსახურების მიმწოდებელი კლინიკების ჩამონათვალი [List of provider clinics for services envisioned under the programme]”, 2020, [url](#)



- Agreement to provide the planned intervention and invoice for these services with the cost estimates from the participating medical centre.⁹³

The interventions and maximum costs covered for the stem cell transplant by this programme are presented in Table 4.

Table 4: Interventions covered and coverage ceilings for bone marrow transplant in GEL and EUR

Intervention	Maximum covered by the programme	
	GEL	EUR
High-dose chemotherapy	20 000	6 250
Pre-transplantation investigations for stem cell transplantation	10 000	3 125
Autologous transplantation	95 000	29 687
Allogeneic transplantation	170 000	53 125
Haploidentical transplantation	205 000	64 063

Source: Government of Georgia.⁹⁴

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

This sub-programme covers the services provided to patients with haematology diseases residing in rural areas by rural doctors and nurses. These services include initial presentation and assessment of patients, outpatient instrumental investigations during office or home visits and referral to specialists, and are free for all patients.⁹⁵

2.1.5. Maternal and Child Health State Programme

The aim of the state programme is to “reduce maternal and neonatal mortality, the number of preterm births and the occurrence of congenital anomalies through effective antenatal care

⁹³ 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](#), Appendix 14, Article 9

⁹⁴ 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](#), Appendix 14.1

⁹⁵ 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



for pregnant women, improved geographical and financial access to high-quality medical services, and the provision of necessary medications.”⁹⁶

The eligible programme beneficiaries are all pregnant women who are citizens or permanent residents of Georgia.⁹⁷

Along with covering the costs of antenatal visits, necessary screening and diagnostic tests, the programme fully covers the cost of provision of (a) folic acid to all pregnant women up to 13 weeks of pregnancy, (b) iron supplementation for all pregnant women with confirmed iron deficit anaemia and (c) Vitamin K1 for the prevention of newborn haemorrhagic disease.⁹⁸

2.1.6. Referral Service State Programme

This national programme aims to deliver medical services to the population groups defined in the list below.⁹⁹ The rules to implement the provision of financial assistance have been enacted by the Decree of the Government of Georgia, according to which the beneficiaries are determined as follows:

- Population injured during natural disasters, calamities and 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 of Georgia;
- Citizens of Georgia under the age 18 with onco-haematology diseases requiring the treatment abroad;
- 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 but are financed by the UHCP.¹⁰⁰

⁹⁶ 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 8, Article 1

⁹⁷ 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 8, Article 2

⁹⁸ 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 8, Article 3

⁹⁹ 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

¹⁰⁰ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 529, 2023 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2024 State Healthcare Programmes], 29 December 2023, [url](#), Appendix 19, Chapter 2



The list of beneficiaries defines general priorities for funding. According to the Decree of the Government of Georgia, the referral programme covers costs for medical services of patients applying for assistance through proper channels.¹⁰¹

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. According to the Ordinance of the Minister of 27 February 2020, the amount of assistance with medical expenses is determined with the co-payment principle. The current budget of the commission sets the assistance limits for medical care at no more than GEL 10 000 [EUR 3 125] in total per applicant per year.¹⁰²

The costs of expensive medications (including medications required for the treatment of haematology diseases) not covered under other state health programmes are funded once per year. The maximum amount provided by the programme for socially vulnerable citizens is GEL 10 000 [EUR 3 125]. If the application is related to cancer-related drugs (e.g. for haematology cancer), the commission may consider such application twice a year for socially vulnerable citizens. The ordinance also regulates some restrictions for 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.¹⁰³

As also noted in the *MedCOI Report on Oncology*, from 2023, this national programme covers the treatment of oncological/haematological diseases for all children aged 0-18 years (Georgian citizens) abroad.¹⁰⁴

The MoIDPLHSA cooperates with eight “partner clinics” from Israel, Spain and Turkey. The choice of the clinic depends on the patient's needs, the treatment capacity of the selected

¹⁰¹ 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

¹⁰² Georgia, MoIDPLHSA, Decree of the Minister No 01-68/ი “რეფერალური მომსახურების“ ფარგლებში შესაბამისი სამედიცინო დახმარების გაწევის შესახებ შესაბამისი გადაწყვეტილების მიღების ხელშეწყობის მიზნით კომისიის შემადგენლობის, მისი საქმიანობის პრინციპების, მომსახურების მოცულობის, დაფინანსების მექანიზმისა და ორგანიზაციულ-ტექნიკური ღონისძიებების განსაზღვრის შესახებ [To facilitate decision-making regarding the provision of appropriate medical assistance within the framework of "referral services," this document outlines the composition of the commission, its operating principles, the scope of services, funding mechanisms, and organizational-technical measures], 27 February 2020, [url](#), Annex 2

¹⁰³ Georgia, MoIDPLHSA, Decree of the Minister No 01-68/ი “რეფერალური მომსახურების“ ფარგლებში შესაბამისი სამედიცინო დახმარების გაწევის შესახებ შესაბამისი გადაწყვეტილების მიღების ხელშეწყობის მიზნით კომისიის შემადგენლობის, მისი საქმიანობის პრინციპების, მომსახურების მოცულობის, დაფინანსების მექანიზმისა და ორგანიზაციულ-ტექნიკური ღონისძიებების განსაზღვრის შესახებ [To facilitate decision-making regarding the provision of appropriate medical assistance within the framework of "referral services," this document outlines the composition of the commission, its operating principles, the scope of services, funding mechanisms, and organizational-technical measures], 27 February 2020, [url](#), Annex 2

¹⁰⁴ EUAA, MedCOI Report – Georgia: Oncology, April 2025, [url](#), p. 21



hospital and the choice of the patient or their lawful representative.¹⁰⁵ Treatment for 160 children was financed in these centres between August 2023 and February 2025.¹⁰⁶

In addition to covering the full cost of the required diagnostic and treatment services, the Referral Service State Programme can provide an allowance for living expenses (amount determined upon the individual need). Living expenses are available only when a patient is referred to clinics with which the MoIDPLHSA has a special agreement (by April 2025, there were two clinics in Turkey - Medicana International Clinic and Medipol Mega University Hospital).¹⁰⁷

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

Tbilisi Municipality¹⁰⁸ and the Autonomous Republic of Adjara¹⁰⁹ have programmes funded through the local budgets that may provide their residents with additional financial opportunities for treatment of the haematology diseases. For example, the local budget of Tbilisi, the capital city, includes the "Measures to Assist Medical and Other Social Needs" sub-programme through which Tbilisi residents can apply for funding for treatment of neurological diseases for expenses not covered under the state health programmes.¹¹⁰ 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] on certain procedures. The direct beneficiaries of the programme are socially vulnerable citizens, persons with disabilities, veterans and individuals 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. Similar to the State Referral Service Programme, the decision of funding and its rate is made by the relevant commission.¹¹¹ Local governments of Tbilisi and Adjara Autonomous Republic additionally cover the cost of stem cell transplantation for the treatment of onco-haematology diseases for Tbilisi and Adjara residents using the same eligibility criteria and coverage rules as the Organ Transplant State Programme.¹¹²

¹⁰⁵ Georgia, MoIDPLHSA, Overseas treatment of child oncology, 2025, [url](#)

¹⁰⁶ Rustavi 2, Media News, "February 15 is International Child Oncological Disease Day - Health Minister meets with children who have defeated severe diseases and returned to their homeland", 15 February 2025, [url](#)

¹⁰⁷ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025

¹⁰⁸ 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

¹⁰⁹ Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 13-IS, აჭარის ავტონომიური რესპუბლიკის 2025 წლის რესპუბლიკური ბიუჯეტის შესახებ [About Approval of 2025 Budget for Autonomous Republic of Adjara], 11 December 2024, [url](#), Article 12

¹¹⁰ 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

¹¹¹ 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

¹¹² 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; Georgia, Government of Georgia, Legislative Herald of Georgia,



2.2 Factors limiting access to care

Geographical disparities in access to care exist due to unequal distribution of the infrastructure and human resources and long travel distances faced by specific rural communities in mountainous regions of Georgia to access the needed care, particularly in winter. Also, there is a shortage of qualified specialised service providers, particularly for the rural population.¹¹³

Financial access to primary-level care and life-saving urgent surgical and nonsurgical care for patients with haematology diseases is almost universal. However, many face a significant financial burden related to diagnostics (particularly for high-technology instrumental procedures), specialist outpatient care and medicines for chronic haematology conditions that are not covered or only partially covered by the UHCP or State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy.¹¹⁴ The out-of-pocket (OOP) expenditures of patients with haematology diseases for these services, particularly for medicines, contribute to the high level of OOP spending (more than 40 % of the current health expenditures in 2022)¹¹⁵ and catastrophic expenditures in the country, particularly among the poorest.¹¹⁶

Patients with non-urgent conditions related to haematology diseases seeking funding for high-technology diagnostics and care may have to wait up to two months for a decision on NHA funding.¹¹⁷

Ethnic minorities may experience additional access problems to quality care due to language barriers and socioeconomic disparities.¹¹⁸

The access barriers listed above are recognised and addressed by the Government of Georgia through reforms expanding UHCP coverage for medicines, including for haematology

Document No. 13-IS, აჭარის ავტონომიური რესპუბლიკის 2025 წლის რესპუბლიკური ბიუჯეტის შესახებ [About Approval of 2025 Budget for Autonomous Republic of Adjara], 11 December 2024, [url](#), Article 12

¹¹³ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025

¹¹⁴ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025; KII02, 1st Manager of the Private Health Provider Network, Interview, 3 April 2025

¹¹⁵ WHO, Global Health Expenditure Database, 2014, [url](#)

¹¹⁶ Gorgodze, T., et al., Counting the savings: impact of Georgia's drug policy interventions on households, 2025, [url](#), p. 2

¹¹⁷ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025; KII02, 1st Manager of the Private Health Provider Network, Interview, 3 April 2025

¹¹⁸ Open Society Georgia Foundation, “ეთნიკური უმცირესობების წარმომადგენლების სოციალური ექსკლუზიის (გარიყვის) კვლევა [The Study of Social Exclusion of Ethnic Minorities]”, 2022, [url](#)

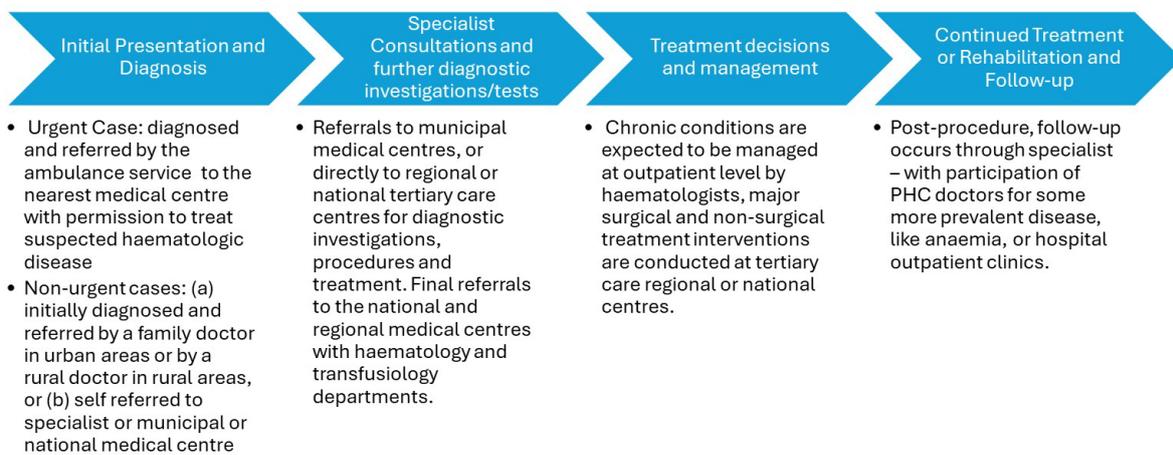


diseases;¹¹⁹ introducing reference pricing for pharmaceuticals, initiating the PHC reform¹²⁰ and telemedicine pilots,¹²¹ and applying efforts for reintegration of the ethnic minorities.¹²²

2.3 Typical journey of a patient with a haematology disease

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

Figure 1: Journey of a patient with haematology disease in the healthcare system of Georgia



Source: Compiled by the author from key informant interviews.

The urgent cases of haematology diseases are commonly transferred by the emergency ambulance service, whose doctor makes an initial or possible initial diagnosis and transfers the patient to the nearest medical centre (secondary or tertiary level hospital) that has a permit to manage urgent conditions, including haematology diseases (see Table 1). The emergency medical service is free for all citizens and residents of Georgia.¹²³

Initial diagnosis of a non-urgent case of a haematology disease should be made by a family or rural doctor at the PHC facility where the patient is registered or in the catchment area where the patient resides (for rural residents). Patients with an initial diagnosis of haematology disease are commonly referred for specialist consultations and diagnostic procedures to multi-

¹¹⁹ 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 17

¹²⁰ WHO/Europe, Georgia: moving from policy to actions to strengthen primary health care: primary health care policy paper series, 2023, [url](#), pp. 9-20

¹²¹ United Nations, Georgia, Telemedicine: Bridging a Healthcare Gap in Georgia, 2024, [url](#)

¹²² Salakhunova, A., Georgia's Path to Inclusivity: Integrating Ethnic Minorities through Education and Policy Reform, 2024, [url](#)

¹²³ KI101, Senior official at the MoIDPLHSA, Interview, 2 April 2025



profile polyclinics and municipal medical centres located in 61 out of 64 municipalities, or directly to regional and national specialised centres and departments of multi-profile tertiary care hospitals.¹²⁴

When the diagnosis is confirmed and the treatment is decided, the patient follows two options – chronic conditions are expected to be managed at the outpatient level by a specialist haematologist, while major surgical and non-surgical treatment interventions are conducted at tertiary care regional or national centres. Usually, in those hospitals registered as the providers of the publicly funded services under the State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy or the UHCP. If the patient requires a stem cell transplant, the patient is referred or self-refers to one of the three national medical centres that have permit to conduct these interventions.¹²⁵ As noted in Section 2.1, the children under the age 18 also have opportunity to get treatment in several clinics abroad.

However, in reality, the patient journey often follows different care pathways. Although PHC is legally considered to be the first point of contact for patients,¹²⁶ in practice, only a small proportion of the population (17 %-23 %, varying by facility) utilise PHC services in Georgia, according to the WHO.¹²⁷ As a result, the role of general PHC providers as an initial point of care or even referral for patients with haematology diseases is limited.¹²⁸ 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 chronic diseases and results-based financing for better healthcare outcomes that may also help to improve care for chronic haematology diseases.¹²⁹

¹²⁴ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025

¹²⁵ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025

¹²⁶ Georgia, Parliament of Georgia, *ჯანმრთელობის დაცვის შესახებ* [Law of Georgia on Healthcare], 2007, [url](#), Article 3(s)

¹²⁷ WHO/Europe, Georgia: Moving from policy to actions to strengthen primary health care: Primary health care policy paper series, 2023, [url](#), p. 3

¹²⁸ KII01, Senior official at the MoIDPLHSA, Interview, 24 October 2024

¹²⁹ 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 coverage

The access for the majority of the Georgian population to preventive, diagnostic and treatment services for haematology diseases is enabled through several publicly financed programmes described in Section 2. The patients are expected to pay OOP for co-payments and to cover costs above the coverage limits specified in the UHCP or for interventions and services not covered under the national programmes. Also, the individuals not eligible for these programmes (for example, those representing households with annual income above GEL 40 000 [EUR 12 500]) are required to pay OOP or purchase the private insurance for non-oncological haematology diseases. Private insurance, depending on insurance packages, at least partially reimburses payments for services required for patients with haematology diseases (mainly non-hereditary) but is not covered under these programmes for up to 20 % of the population who are privately insured, mainly through their employers.¹³⁰ It should be noted that government, in addition to funding the national programmes, as an employer, also provides private insurance coverage for certain categories of civil servants, including the national and local government employees, teachers, and military and law enforcement personnel.¹³¹

3.2. Private insurance

The most prevalent insurance products typically include coverage for the full spectrum of services required for patients with non-hereditary or oncological haematologic diseases that were diagnosed during the insurance coverage period, including medications, with the exclusion of rehabilitation services. However, these products typically do not cover the treatment of the “pre-existing conditions” that include most of the hereditary and oncological haematology diseases. There are specific insurance products that provide one-time payment in case a patient is diagnosed with a predefined list of “critical diseases”, which include onco-haematology diseases that are excluded from common insurance packages. For example, TBC Insurance provides opportunities for individuals aged up to 65 years to buy insurance coverage, with 6 months’ waiting period, providing one-time compensation upon confirmed diagnosis of “critical illness”, with varying levels of benefits from GEL 100-500 [approximately EUR 31-156] monthly premium, depending on the insured person’s age and insurance limit. The maximum compensation amount is GEL 250 000 [approximately EUR 78 125].¹³²

¹³⁰ Georgia, LEPL State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2024, [url](#)

¹³¹ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025

¹³² TBC Insurance, Critical Illness Insurance, 2025, [url](#)



The insurance policies offered in Georgia also have co-payments and differentiated annual limits for covered services, depending on the insurance product and its price. Some premium private insurance policies, along with the co-payment-free schemes and higher annual limits, also include coverage for rehabilitation services and spa treatment.¹³³

UHCP eligibility rules prohibit many people from holding public and private insurance in parallel; however, 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 children under 6 years having wider benefits, students and people registered as persons with disability.¹³⁴

3.3. Non-Government Organisations (NGOs)

There are no NGOs that specialise in treating haematology diseases or supporting haematology patients.¹³⁵

¹³³ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025

¹³⁴ 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, Chapter 2, Article 3⁴

¹³⁵ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025; KII04, Representative of GBMTA, Interview, 23 July 2025



4. Cost of treatment

As noted in Section 1, General information, the absolute majority of facilities providing services for patients with haematology diseases in Georgia are private. While the prices for the same health services generally differ across these facilities, the prices do not vary depending on the ownership status of the facility. However, the prices for the same service may differ depending on the payor for these services, whether it is covered by the state (through national or municipal programmes) or by a private source (private insurance or patient OOP). Thus, the prices “public” treatments in Table 2 and Table 3 are provided separately only in cases where they differ from the prices charged by health facilities for non-state payors (private insurance, patients and their families), regardless of their ownership status. They are for a single consultation with the respective specialist (unless otherwise indicated). The indicated prices and ranges are based on the data on prices for DRGs¹³⁶ and other state-defined maximum tariffs that NHA pays for the treatment of haematology diseases under the publicly financed programmes (State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy, 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,¹³⁷
- (b) a representative of the largest private health provider network¹³⁸ and
- (c) a manager of the tertiary care hospital.¹³⁹

Some prices are also obtained from web pages of other healthcare providers, which are referenced accordingly. Clinical admittance in haematology department (daily rates) includes only accommodation and food. 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. Publicly covered costs of specialist consultations occurring during inpatient treatment episode that is covered by any of the public (national or municipal) programmes are included in the predefined diagnostic related group (DRG) price or maximum tariff that the public pays for the treatment episode and is not charged or billed as a separate price for this service (consultation). In cases when “covered by the public” is indicated, the full coverage of 100 % of the cost is implied, unless specified otherwise – more specifically, urgent and surgery cases covered for UHCP beneficiaries. If it is a non-urgent (planned) surgery, then it is covered within the annual limit for planned surgeries (GEL 15 000 [EUR 4 688] ceiling, beyond which the patient is required to pay) with a co-payment ranging from 0 % to 30 % in addition to covering the difference between the annual limit and the surgery price (DRG or tariff). No co-payment within the annual limit is required for socially vulnerable individuals, and veterans of retirement age or with severe disabilities. Individuals of

¹³⁶ Georgia, LEPL National Health Agency of Georgia, “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](#)

¹³⁷ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025

¹³⁸ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025

¹³⁹ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025



retirement age and other veterans are required to co-pay 10 %, and students are required to pay 20 % of the price. All other UHCP beneficiaries should pay 30 % out of the DRG price indicated.¹⁴⁰

Patients with private insurance are reimbursed partially or fully.¹⁴¹

The specialists' outpatient consultations, laboratory tests and diagnostic services (with the exemption of positron emission tomography (PET) scan) are covered under the national programmes, depending on the eligibility criteria and within the annual limits and co-payments specified in Section 2.¹⁴²

Table 5: Cost of consultations

Specialist	Public outpatient treatment price (GEL)	Public inpatient treatment price (GEL)	Private outpatient treatment price (GEL)	Private inpatient treatment price (GEL)	Reimbursement/ comments
Haematologist	60-80 ¹⁴³		80-100 ¹⁴⁴	65 ¹⁴⁵	Outpatient and inpatient treatment costs are publicly covered (100 % of the cost) for all patients with (a) haemophilia or other blood clotting hereditary disorders treated at facilities participating in the State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy and (b) onco-haematology patients treated at the facilities participating in the UHCP. Patients with private insurance are reimbursed partially or fully.

¹⁴⁰ 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 2

¹⁴¹ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025

¹⁴² 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 2

¹⁴³ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁴⁴ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁴⁵ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025



Specialist	Public outpatient treatment price (GEL)	Public inpatient treatment price (GEL)	Private outpatient treatment price (GEL)	Private inpatient treatment price (GEL)	Reimbursement/ comments
Paediatric haematologist	60-80 ¹⁴⁶		60 ¹⁴⁷ -100 ¹⁴⁸	65 ¹⁴⁹	<p>Outpatient and inpatient treatment costs are publicly covered (100 % of the cost) for all paediatric patients with (a) haemophilia or other blood clotting hereditary disorders treated at facilities participating in the State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy; (b) children with rare haematology diseases specified in the State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy treated at participating facilities; and (c) onco-haematology paediatric patients treated at the facilities participating in the UHCP.</p> <p>Patients with private insurance are reimbursed partially or fully.</p>
Paediatrician	60-80 ¹⁵⁰		60-80 ¹⁵¹	60 ¹⁵²	<p>Outpatient and inpatient treatment costs are publicly covered (100 % of the cost) for all paediatric patients with (a) haemophilia or other blood clotting hereditary disorders treated at facilities participating in the State Programme for Treatment of Patients with Rare</p>

¹⁴⁶ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁴⁷ Tsamali.ge, ჰემატოლოგი [Haematologist], 2021-2025, [url](#)

¹⁴⁸ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025

¹⁴⁹ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025

¹⁵⁰ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁵¹ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁵² KII02, 1st Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025



Specialist	Public outpatient treatment price (GEL)	Public inpatient treatment price (GEL)	Private outpatient treatment price (GEL)	Private inpatient treatment price (GEL)	Reimbursement/ comments
					Diseases and Requiring Constant Replacement Therapy; (b) children with rare haematology diseases specified in the State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy treated at participating facilities; and (c) onco-haematology paediatric patients treated at the facilities participating in the UHCP. Patients with private insurance are reimbursed partially or fully.
Oncologist	70-100 ¹⁵³		70-100 ¹⁵⁴	80 ¹⁵⁵	Outpatient and inpatient treatment costs are publicly covered (100 % of the cost) for all patients with (a) haemophilia or other blood clotting hereditary disorders treated at facilities participating in the State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy and (b) onco-haematology patients treated at the facilities participating in the UHCP. Patients with private insurance are reimbursed partially or fully.

¹⁵³ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025; Medimedi.ge, ონკოლოგია [oncology], 2016-2025, [url](#)

¹⁵⁴ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025; Medimedi.ge, ონკოლოგია [oncology], 2016-2025, [url](#)

¹⁵⁵ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025



Specialist	Public outpatient treatment price (GEL)	Public inpatient treatment price (GEL)	Private outpatient treatment price (GEL)	Private inpatient treatment price (GEL)	Reimbursement/ comments
Paediatric oncologist	70-100 ¹⁵⁶		70-100 ¹⁵⁷	80 ¹⁵⁸	<p>Outpatient and inpatient treatment costs are publicly covered (100 % of the cost) for all paediatric patients with (a) haemophilia or other blood clotting hereditary disorders treated at facilities participating in the State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy; (b) children with rare haematology diseases specified in the State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy treated at participating facilities; and (c) onco-haematology paediatric patients treated at the facilities participating in the UHCP.</p> <p>Patients with private insurance are reimbursed partially or fully.</p>

¹⁵⁶ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025 Medimedi.ge, ონკოლოგია [oncology], 2016-2025, [url](#)

¹⁵⁷ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025 Medimedi.ge, ონკოლოგია [oncology], 2016-2025, [url](#)

¹⁵⁸ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025


Table 6: Cost of treatment

	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/comments
Laboratory research			
Laboratory test: coagulation tests: PT + partial thromboplastin time (PTT) + international normalised ratio (INR)	40 ¹⁵⁹	28.80 ¹⁶⁰	Included in the DRG price or the tariff of the publicly covered inpatient case. Inpatient treatment costs are publicly covered (100 % of the cost) for all paediatric patients with (a) haemophilia or other blood clotting hereditary disorders treated at facilities participating in the State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy; (b) children with rare haematology diseases specified in the State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy treated at participating facilities; and (c) onco-haematology paediatric patients treated at the facilities participating in the UHCP. Patients with private insurance are reimbursed partially or fully.
Laboratory test: coagulation: activated partial thromboplastin time (aPTT)	20 ¹⁶¹		
Laboratory test: coagulation: PTT	20 ¹⁶²		
Laboratory test blood: INR, e.g. in case of acenocoumarol anticlotting	20 ¹⁶³		
Full blood count, e.g. haemoglobin (Hb), white blood cells and platelets	30 ¹⁶⁴	19.80 ¹⁶⁵	
Serologic testing of blood types (A, B, O, rhesus, +/-)	20 ¹⁶⁶	22.50 ¹⁶⁷	
Laboratory test: measuring arterial blood gas for arterial pH, pCO ₂ , "base excess", arterial oxygen saturation	60 ¹⁶⁸	60 ¹⁶⁹	
Laboratory research of bacterial cultures	70 ¹⁷⁰	81 ¹⁷¹	

¹⁵⁹ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025

¹⁶⁰ Synevo, Coagulogram, 2021-2025, [url](#)

¹⁶¹ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025

¹⁶² KII02, 1st Manager of the private health provider network, Interview, 3 April 2025

¹⁶³ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025

¹⁶⁴ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025

¹⁶⁵ Synevo, General blood test, 2021-2025 [url](#)

¹⁶⁶ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025

¹⁶⁷ Synevo, Determination of blood group and rhesus, 2021-2025, [url](#)

¹⁶⁸ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025

¹⁶⁹ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025

¹⁷⁰ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025

¹⁷¹ Synevo, Bacteriological examination, 2021-2025, [url](#)



	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/comments
Treatment			
Clinical admittance in haematology department (daily rates)	500 ¹⁷²		Included in the DRG price or the tariff of the publicly covered inpatient case. Inpatient treatment costs are publicly covered (100 % of the cost) for all paediatric patients with (a) hereditary disorders treated at facilities participating in the State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy; (b) children with rare haematology diseases specified in the State Programme for Treatment of Patients with Rare Diseases and Requiring Constant Replacement Therapy treated at participating facilities; and (c) onco-haematology paediatric patients treated at the facilities participating in the UHCP. Patients with private insurance are reimbursed partially or fully.
Haematology: blood transfusion	150 ¹⁷³		
Haematology: chelation therapy	300-350 ¹⁷⁴		
Diagnostic test: bone marrow puncture	150 ¹⁷⁵		
Clinical admittance in paediatric department (daily rates)	200-250 ¹⁷⁶		
Intensive care treatment (daily rate)	500 ¹⁷⁷		
Haematology: blood transfusion	150 ¹⁷⁸		
Haematology: phlebotomy/venipuncture/blood collection	20-25 ¹⁷⁹		
Plasmapheresis	800 ¹⁸⁰		
Platelets/thrombocytes transfusion	150 ¹⁸¹		

¹⁷² KII02, 1st Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁷³ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁷⁴ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁷⁵ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁷⁶ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁷⁷ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁷⁸ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁷⁹ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁸⁰ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁸¹ KII02, 1st Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025



	Public treatment price (GEL)	Private treatment price (GEL)	Reimbursement/comments
Transfusion of erythrocytes/red blood cells	150 ¹⁸²		

¹⁸² KII02, 1st Manager of the private health provider network, Interview, 3 April 2025; KII03, Manager of the tertiary care hospital, Interview, 8 April 2025



5. Cost of medication

All the pharmaceutical products available in Georgia are registered through the national schemes and are generally accessible without significant physical access problems throughout the country.¹⁸³ However, the cost of medicines remains a significant challenge in Georgia's healthcare system and a major driver of catastrophic health expenditures.¹⁸⁴

The cost of pharmaceutical products for haematology diseases, along with any other medical consumables used for the provision of the inpatient services, is covered under the national programmes specified in Section 2, or by the patient if the service provided is not included in the list of services covered by the national programmes. If the patient is insured, the costs are fully or partially covered by the private insurance. Patients must pay the full cost of all pharmaceuticals prescribed during outpatient care unless these costs are covered by private insurance or fall under the national programmes.¹⁸⁵

In the column labelled “Place” in Table 7 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 7.

¹⁸³ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025

¹⁸⁴ Gorgodze, T., et al., Counting the savings: impact of Georgia's drug policy interventions on households, 2025, [url](#), p. 4

¹⁸⁵ KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025



Legend for asterisks used in Table 7: Cost of medications:

- * “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.¹⁸⁶
- ** “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 7: Cost of medications

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement
Haemostatics							
Desmopressin	Desmopressin	0.01 %/ 5 ml	drop	1	42.65	Pharmacy ¹⁸⁷	Outpatient Public* (only for patients with diabetes insipidus) ¹⁸⁸ Private ***
Etamsylate	Dicynone®	250 mg/ 2 ml	ampoule	10	13.59	Hospital ¹⁸⁹	Inpatient Public **
					23.40	Pharmacy ¹⁹⁰	Private ***

¹⁸⁶ 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

¹⁸⁷ PSP, დესმოპრესინი [Desmopressini], 2025, [url](#)

¹⁸⁸ 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 17

¹⁸⁹ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁹⁰ Aversi, Dicynone, 2018, [url](#)





Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement
Factor IX coagulation (clotting) factor							
Factor VIII + Von Willebrand coagulation (clotting) factor							These items are centrally procured and provided for free (no co-payment or limit) to all patients with relevant diagnosis. However, information on the preparations form, dosage and the procurement price is not available. The items are also not available in private pharmacies.
Human coagulation factor VIII							
Von Willebrand coagulation (clotting) factor							
Tranexamic acid	Tranedex®	100 mg/5 ml	ampoule	5	5	Hospital ¹⁹¹	
	Tranestat®	500 mg	tablet	20	24.65	Pharmacy ¹⁹²	Private ***
Against anaemia							
Ferrous fumarate	Galfer®	305 mg	capsule	100	104.45	Pharmacy ¹⁹³	Outpatient Public* (for pregnant) Inpatient Public ** Private ***
Ferrous gluconate	Fersal®	360 mg	tablet	30	47.70	Pharmacy ¹⁹⁴	Outpatient Public* (for pregnant) Inpatient Public ** Private ***

¹⁹¹ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁹² Aversi, Tranestat, 2018, [url](#)

¹⁹³ PSP, Galfer, 2025, [url](#)

¹⁹⁴ GPC, Fersal, 2025, [url](#)



Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement
Ferrous sulphate + folic acid (vit B9)	Ferro-folgamma Neo®	114 mg/0.8 mg	tablet	100	48.13	Pharmacy ¹⁹⁵	Outpatient Public* (for pregnant) Inpatient Public ** Private ***
Folic acid	Folic acid	5 mg	tablet	50	2.53	Hospital ¹⁹⁶	Outpatient Public* (for pregnant) Inpatient Public **
				28	6.54	Pharmacy ¹⁹⁷	Private ***
Hydroxy-carbamide (=hydroxyurea)	Hydrea®	500 mg	capsule	100	86.40	Pharmacy ¹⁹⁸	Registered in Georgia, but not covered by the public programmes. Only upon individual patient request imported from Turkey with form 100 provided to the importer. Takes 4-6 weeks to import.
Iron injections							
Ferric carboxymaltose (intravenous iron)	Ferinject®	500 mg/10 ml	vial	1	169.96	Pharmacy ¹⁹⁹	Inpatient Public ** Private ***
Ferrioxidesaccharate (ferric saccharate-intravenous iron) - Venofer®	Venoferr®	100 mg/5 ml	vial	1	55.50	Pharmacy ²⁰⁰	Inpatient Public ** Private ***

¹⁹⁵ Aversi, Ferro-folgamma Neo, 2018, [url](#)

¹⁹⁶ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

¹⁹⁷ Aversi, Folic Acid, 2018, [url](#)

¹⁹⁸ Pharmaco, Hydrea, n.d., [url](#)

¹⁹⁹ PSP, ფერინჯექტივი [Ferinject], 2025, [url](#)

²⁰⁰ Aversi, Venoferr, 2018, [url](#)

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement
Iron dextran (injection/intravenous)	Ferrum Lek®	2 ml	ampoule	50	357.15	Pharmacy ²⁰¹	Inpatient Public ** Private ***
For chelation/elimination of metals/iron							
Deferasirox	Exjade®	125 mg	tablet	28	27	Pharmacy ²⁰²	Registered in Georgia, but not covered by the public programmes. Only upon individual patient request imported from Turkey with form 100 provided to the importer. Takes 4-6 weeks to import.
Deferiprone	Ferriprox®	100 mg/500 ml	syrup	1	1 027.50	Pharmacy ²⁰³	Not registered in Georgia, and not covered by the public programmes. Only upon individual patient request imported from Turkey with form 100 provided to the importer. Takes 4-6 weeks to import.
Pain killers							
Diclofenac	Diclofen®	75 mg/3 ml	ampoule	5	0.89	Hospital ²⁰⁴	Inpatient Public ** Private ***
					3.55	Pharmacy ²⁰⁵	

²⁰¹ PSP, Ferrum Lek, 2025, [url](#)

²⁰² Pharmaco, Exjade, n.d., [url](#)

²⁰³ Pharmaco, Ferriprox, n.d., [url](#)

²⁰⁴ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

²⁰⁵ PSP, Diclofenac, 2025, [url](#)

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement
Paracetamol	Paracetamol	500 mg	tablet	10	0.4	Hospital ²⁰⁶	Inpatient Public **
				20	3.57	Pharmacy ²⁰⁷	Private ***
Naproxen	Naproxen	500 mg	tablet	50	15.75	Pharmacy ²⁰⁸	Inpatient Public ** Private ***
Ibuprofen	Ibuprofen	200 mg	tablet	50	1.60	Hospital ²⁰⁹	Inpatient Public ** Private ***
		400 mg			9.16	Pharmacy ²¹⁰	
Metamizole	Analgin®	50 %/2 ml	ampoule	10	2.5	Hospital ²¹¹	Inpatient Public ** Private ***
		0.5 g	tablet	20	3.82	Pharmacy ²¹²	
Morphine	Morphine hydrochloride Kalceks®	10 mg/ml	ampoule	10	23.70	Hospital ²¹³	Outpatient Public* (for palliative care only) Inpatient Public ** Private ***
Antibiotics							
Amoxicillin	Amoxicillin	500 mg	capsule	100	25	Pharmacy ²¹⁴	Inpatient Public ** Private ***
Amoxicillin + clavulanic acid (combination)	Augmentin® Amoksiklav®	2 x 1 000 mg	tablet	14	17.36	Hospital ²¹⁵	Inpatient Public ** Private ***
					16.47	Pharmacy ²¹⁶	

²⁰⁶ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

²⁰⁷ Aversi, Paracetamol, 2018, [url](#)

²⁰⁸ Aversi, Naproxen, 1994-2025, [url](#)

²⁰⁹ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

²¹⁰ Aversi, Ibuprofen, 1994-2025, [url](#)

²¹¹ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

²¹² Aversi, Analgin, 1994-2025, [url](#)

²¹³ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

²¹⁴ Aversi, Amoxicillin, 1994-2025, [url](#)

²¹⁵ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

²¹⁶ Aversi, Amoksiklav, 2018, [url](#)

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box (GEL)	Place	Reimbursement
Azithromycin	Azytromicin (Aziatio)	500 mg	tablet	3	1.76	Hospital ²¹⁷	Inpatient Public **
	Azytromicin				3	Pharmacy ²¹⁸	Private ***
Cefuroxime sodium	Megasef®	750 mg	vial	1	2.46	Hospital ²¹⁹	Inpatient Public **
	Cefuroxime NANO®				5.18	Pharmacy ²²⁰	Private ***
Ciprofloxacin	Ciprofloxacin	0.2 %/ 200 ml	Vial	1	6.30	Hospital ²²¹	Inpatient Public **
		500 mg	tablet	10	2.84	Pharmacy ²²²	Private ***
Cotrimoxazole	Biseptol®	480 mg	tablet	28	7.42	Hospital ²²³	Inpatient Public **
	Cotrimoxazol			20	2.03	Pharmacy ²²⁴	Private ***

²¹⁷ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

²¹⁸ Aversi, Azytromicin, 2018, [url](#)

²¹⁹ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

²²⁰ PSP, Cefuroxime NANO, 2025, [url](#)

²²¹ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

²²² PSP, Ciprofloxacin, 2025, [url](#)

²²³ KII03, Manager of the tertiary care hospital, Interview, 8 April 2025

²²⁴ PSP, Ciprofloxacin, 2025, [url](#)



Annex 1: Bibliography

Oral sources, including anonymous sources

KII01, Senior official at the MoIDPLHSA, Interview, 2 April 2025. The person wishes to remain anonymous.

KII02, 1st Manager of the private health provider network, Interview, 3 April 2025. The person wishes to remain anonymous.

KII03, Manager of the tertiary care hospital, Interview, 8 April 2025. The person wishes to remain anonymous.

KII04, Representative of GBMTA, Interview, 23 July 2025. The person wishes to remain anonymous.

KII05, Representative of the Georgian Urological Association, Interview, 2 June 2025. The person wishes to remain anonymous.

Public sources

Georgia, Legislative Herald of Georgia, Document No. 36 'საყოველთაო ჯანდაცვაზე გადასვლის მიზნით გასატარებელ ზოგიერთ ღონისძიებათა შესახებ' [About Certain Measures to be Taken in order to Transition to Universal Healthcare], 22 February 2013, <https://matsne.gov.ge/ka/document/view/1852448?publication=0>, accessed on 25 July 2025

Georgia, Ministry of Internally Displaced People from Occupied Territories, Labour, Health and Social Affairs of Georgia (MoIDPLHSA), "კლინიკური გზამკვლევი [clinical guidelines]", 2025, <https://www.moh.gov.ge/medi.php?uid=202404171232101933886693&lang=1>, accessed on 25 July 2025

American Hospital Tbilisi, [website], 2023, <https://ahtbilisi.com/en/services/tirkImlis-transplantacia/>, accessed on 25 July 2025

Aversi, Amoksiklav, 2018, <https://www.aversi.ge/en/aversi/act/drugDet/?MatID=17572>, accessed on 25 July 2025

Aversi, Amoxicillin, 1994-2025, https://shop.aversi.ge/en/medication/antimicrobial-antiviral-and-antiparasitic-agents/antibiotics/amoxicillin-500mg-100caps/?srsltid=AfmBOopfaMHb3qeQn6nQp5R7gQ7MUB33E15Q8TX4E_-jOrZwdtTZpTTY, accessed on 25 July 2025

Aversi, Analgin, 1994-2025, <https://shop.aversi.ge/en/medication/anti-inflammatory/nonsteroidal-anti-inflammatory-drugs/analgin-0.5g-20t-bulg/>, accessed on 25 July 2025

Aversi, Azytromicin, 2018, <https://www.aversi.ge/en/aversi/act/drugDet/?MatID=69416>, accessed on 25 July 2025





Aversi, Dicynone, 2018, <https://www.aversi.ge/en/aversi/act/drugDet?MatID=933>, accessed on 25 July 2025

Aversi, Ferro-folgamma Neo, 2018, <https://www.aversi.ge/en/aversi/act/drugDet?MatID=84201>, accessed on 25 July 2025

Aversi, Folic Acid, 2018, <https://www.aversi.ge/en/aversi/act/drugDet?MatID=12737>, accessed on 25 July 2025

Aversi, Ibuprofen, 1994-2025, <https://shop.aversi.ge/en/medication/anti-inflammatory/nonsteroidal-anti-inflammatory-drugs/ibuprofen-400mg-50t/?srsltid=AfmBOoqr1klYGcQks-8T18CNbXc9oOgl4SAgjeSXO5C90oHd29Ek1Q10>, accessed on 25 July 2025

Aversi, Naproxen, 1994-2025, <https://shop.aversi.ge/en/medication/anti-inflammatory/nonsteroidal-anti-inflammatory-drugs/naproxen-500mg-50t/>, accessed on 25 July 2025

Aversi, Paracetamol, 2018, <https://www.aversi.ge/en/aversi/act/drugDet?MatID=2949>, accessed on 25 July 2025

Aversi, Tranestat, 2018, <https://www.aversi.ge/en/aversi/act/drugDet?MatID=37422>, accessed on 25 July 2025

Aversi, Venofer, 2018, <https://www.aversi.ge/en/aversi/act/drugDet?MatID=127516>, accessed on 25 July 2025

Batumi Republican Hospital, [website], 2025, <https://www.facebook.com/BatumiRepublicanHospital/>, accessed on 25 July 2025

Central University Clinic, [website], 2025, <http://respublikuri.ge/ka/>, accessed on 25 July 2025

Delegation of European Union in Georgia, “EU Launches Twinning Project “Strengthening Blood Safety System in Georgia”, Georgia, 2020, https://www.eeas.europa.eu/delegations/georgia/eu-launches-twinning-project-%E2%80%9Cstrengthening-blood-safety-system-georgia%E2%80%9D_en#:~:text=On%202017%20September%202020%2C%20at,training%20and%20seminars%20in%20Georgia, accessed on 25 July 2025

DNT Union of Georgia, [website], 2025, <https://dntunion.ge/>, accessed on 25 July 2025

EHA (European Hematology Association), EHA-AHA-GBMTA Mini Hematology Tutorial 2021, 2025, <https://ehaweb.org/news-updates/eha-aha-and-gbmta-successfully-conclude-the-first-joint-virtual-mini-hematology-tutorial#:~:text=EHA%2C%20the%20Armenian%20Hematology%20Association,and%20Saudi%20Arabia%20and%20more.,> accessed on 25 July 2025

EUAA (European Union Agency for Asylum), Country of Origin Information (COI) Reports, Writing and Referencing Guide, Luxembourg: European Union Agency for Asylum, Publications Office of the European Union, February 2023, https://coi.euaa.europa.eu/administration/easo/PLib/2023_02_EUAA_COI_Writing_and_Referencing_Guide.pdf, accessed 4 December 2025

EUAA (European Union Agency for Asylum), Country of Origin Information (COI) Reports, Writing and Referencing Guide, Luxembourg: European Union Agency for Asylum, Publications Office of the European Union, February 2023,





https://coi.euaa.europa.eu/administration/easo/PLib/2023_02_EUAA_COI_Writing_and_Referencing_Guide.pdf, accessed 4 December 2025

EUAA (European Union Agency for Asylum), MedCOI Report – Georgia: Oncology, April 2025, <https://euaa.europa.eu/publications/medcoi-topical-report-georgia-oncology>, accessed on 25 July 2025

EUAA (European Union Agency for Asylum), MedCOI (Medical Country of Origin Information) Report – Georgia: Provision of Healthcare, March 2025, https://euaa.europa.eu/sites/default/files/publications/2025-03/2025_MedCOI_Georgia_Provision_of_Healthcare.pdf, accessed 20 July 2025

EUAA (European Union Agency for Asylum), Medical Country of Origin Information (MedCOI) Methodology, European Union Agency for Asylum, Publications Office of the European Union, March 2025, <https://www.euaa.europa.eu/publications/euaa-medical-country-origin-information-medcoi-methodology>, accessed 5 December 2025

EUAA (European Union Agency for Asylum), The EUAA Writing Guide, European Union Agency for Asylum, Publications Office of the European Union, March 2022, <https://euaa.europa.eu/publications/euaa-writing-guide>, accessed 4 December 2025

EuropeInNumbers.com, Hematologists per 100 000 people, n.d., <https://www.europeinnumbers.com/rankings/hematologists/>, accessed on 25 July 2025

Georgia, Geostat (National Statistics Office of Georgia), Healthcare, Number of nurses by basic specialities, 2025, <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.geostat.ge%2Fmedia%2F72349%2FNumber-of-paramedical-personnel-by-basic-specialities.xlsx&wdOrigin=BROWSELINK>, accessed on 25 July 2025

Georgia, Geostat (National Statistics Office of Georgia), Healthcare, Number of physicians by occupation (Main staff), 2025, <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.geostat.ge%2Fmedia%2F72348%2FNumber-of-physicians-by-occupations.xlsx&wdOrigin=BROWSELINK>, accessed on 25 July 2025

Georgia, Geostat (National Statistics Office of Georgia), Number of deaths by sex and causes of death, 2013-2024, <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.geostat.ge%2Fmedia%2F71640%2F23-5-deaths-by-causes-age-sex.xlsx&wdOrigin=BROWSELINK>, accessed on 25 July 2025

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, <https://matsne.gov.ge/en/document/view/6375605?publication=4>, accessed on 25 July 2025

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, <https://matsne.gov.ge/ka/document/view/1852448?publication=0>, accessed on 25 July 2025



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,

<https://matsne.gov.ge/ka/document/view/6056955?publication=13>, accessed on 25 July 2025

Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 529, 203345\24 წლის ჯანმრთელობის დაცვის სახელმწიფო პროგრამების დამტკიცების შესახებ [Approval of the 2024 State Healthcare Programmes], 29 December 2023,

<https://matsne.gov.ge/ka/document/view/6056955?publication=13>, accessed on 25 July 2025

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, <chrome-extension://efaidnbmninnibpcajpcqglefindmkaj/https://tbsakrebulo.gov.ge/uploads/1/2024/49-97-2024.pdf>, accessed on 25 July 2025

Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 13-IS, აჭარის ავტონომიური რესპუბლიკის 2025 წლის რესპუბლიკური ბიუჯეტის შესახებ [About Approval of 2025 Budget for Autonomous Republic of Adjara], 11 December 2024,

<https://matsne.gov.ge/ka/document/view/6327498?publication=1>, accessed on 25 July 2025

Georgia, Government of Georgia, Legislative Herald of Georgia, Document No. 1172, 2025 სამედიცინო-სოციალური ექსპერტიზის შესახებ [On Medical and Social Examination], 26 December 2001, <https://matsne.gov.ge/en/document/view/15772?publication=10>, accessed on 25 July 2025

Georgia, Law of Georgia on Health Care, Chapter I. General Provisions, ჯანმრთელობის დაცვის შესახებ [Law of Georgia on Healthcare], 2007,

<https://www.matsne.gov.ge/ka/document/download/29980/33/en/pdf>, accessed on 25 July 2025

Georgia, LEPL National Health Agency of Georgia, “პროგრამით გათვალისწინებული სამედიცინო მომსახურების მიმწოდებელი კლინიკების ჩამონათვალი [List of provider clinics for services envisioned under the programme]”, 2020,

[https://nha.moh.gov.ge/storage/files/shares/Momwodebeli_dawesebulebebi/2024_wlis_momsaxurebis_momwodebeli_klinikebi/organota_transplantacia_\(8_klinika\)_08.04.2024\(ganaxlda_29.01.2025\).xlsx?__cf_chl_tk=85iLDkA99t5xRjaQ7wjDb_cpb.N3075Oqm6adtBWuo8-1754498820-1.0.1.1-EOmz7VG0Vtzh.QOG8YAQavW_jx.HGczx8Ux2j|6szb0](https://nha.moh.gov.ge/storage/files/shares/Momwodebeli_dawesebulebebi/2024_wlis_momsaxurebis_momwodebeli_klinikebi/organota_transplantacia_(8_klinika)_08.04.2024(ganaxlda_29.01.2025).xlsx?__cf_chl_tk=85iLDkA99t5xRjaQ7wjDb_cpb.N3075Oqm6adtBWuo8-1754498820-1.0.1.1-EOmz7VG0Vtzh.QOG8YAQavW_jx.HGczx8Ux2j|6szb0), accessed on 25 July 2025

Georgia, LEPL National Health Agency of Georgia, “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, <https://nha.moh.gov.ge/en/c/drjmetodzegadasvla>, accessed 25 July 2025

Georgia, LEPL State Insurance Supervision Service of Georgia, Financial and statistical indicators of Insurance sector, 2024, <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.insurance.gov.ge%2Fen%2FStatistics%2FGetFile%2F691%3Ftype%3D4&wdOrigin=BROWSELINK>, accessed on 25 July 2025



Georgia, Ministry of Finance, “2025 წლის სახელმწიფო ბიუჯეტი - მოქალაქის გამკვლევი [2025 State Budget, - Citizens Roadmap], 2025, <https://www.mof.ge/404>, accessed on 25 July 2025

Georgia, Ministry of Internally Displaced People from Occupied Territories, Labour, Health and Social Affairs of Georgia (MoIDPLHSA), “სიახლე: ცვლილება დეფიციტური საექიმო სპეციალობისათვის“ [News: changes to the physician specialities in deficit], 4 August 2025, <https://www.moh.gov.ge/viewnews.php?lang=1&uid=202508041716381252617960>, accessed on 25 July 2025

Georgia, Ministry of Internally Displaced People from Occupied Territories, Labour, Health and Social Affairs of Georgia (MoIDPLHSA), Decree of the Minister No 01-68/ი “რეფერალური მომსახურების“ ფარგლებში შესაბამისი სამედიცინო დახმარების გაწევის შესახებ შესაბამისი გადაწყვეტილების მიღების ხელშეწყობის მიზნით კომისიის შემადგენლობის, მისი საქმიანობის პრინციპების, მომსახურების მოცულობის, დაფინანსების მექანიზმისა და ორგანიზაციულ-ტექნიკური ღონისძიებების განსაზღვრის შესახებ [To facilitate decision-making regarding the provision of appropriate medical assistance within the framework of "referral services," this document outlines the composition of the commission, its operating principles, the scope of services, funding mechanisms, and organizational-technical measures], 27 February 2020, <https://soa.gov.ge/archives/3608>, accessed on 25 July 2025

Georgia, Ministry of Internally Displaced People from Occupied Territories, Labour, Health and Social Affairs of Georgia (MoIDPLHSA), Overseas treatment of child oncology, 2025, <https://moh.gov.ge/prime.php?lang=1&uid=202308282356495741573293>, accessed on 25 July 2025

Georgia, MoIDPLHSA, “საექიმო სპეციალობათა კომპეტენციები [competences of medical specialties]“, 2025, <https://www.moh.gov.ge/medi.php?uid=202312052133378585200686&lang=1>, accessed on 25 July 2025

Georgia, NCDC (National Center for Disease Control and Public Health), Health Care, Statistical Yearbook 2021, 2022, <https://www.ncdc.ge/#/pages/file/b3956fe5-2a48-4fc1-9a5a-37d13c6d397f>, accessed on 25 July 2025

Georgia, Parliament of Georgia, ჯანმრთელობის დაცვის შესახებ [Law of Georgia on Healthcare], 2007, <https://www.matsne.gov.ge/ka/document/download/29980/33/en/pdf>, accessed on 25 July 2025

Georgian Association of Transplantologists, [website], 2010-2025, <https://transplantation.ge/demo/>, accessed on 25 July 2025

Georgian Medical Holding, [website], 2021, <https://gmh.moh.gov.ge/en/main>, accessed on 25 July 2025

Gorgodze, T., Zoidze, A. & Gotsadze, G., Counting the savings: impact of Georgia’s drug policy interventions on households, Int J Equity Health, Vol. 24, article no. 161, 2025, <https://doi.org/10.1186/s12939-025-02535-x>, accessed on 25 July 2025

GPC, Fersal, 2025, <https://gpc.ge/en/details/medication/blood-and-blood-forming/fersal-tablet-30?product=43653>, accessed on 25 July 2025

IHME (Institute for Health Metrics and Evaluation), Global Burden of Disease Collaborative Network, Global Burden of Disease Study 2021 (GBD 2021) Results, Seattle, United States, 2022, <https://vizhub.healthdata.org/gbd-results/>, accessed on 25 July 2025



K. Eristavi National Center of Experimental and Clinical Surgery, [website], 2019, <https://kirurgia.ge/en/full-department/The-Department-of-Hematology/22>, accessed on 25 July 2025

M. Zodelava Hematology Center, [Facebook page], 2025, <https://www.facebook.com/zodelavacentre>, accessed on 25 July 2025

Medimedi.ge, ონკოლოგია [oncology], 2016-2025, <https://www.medimedi.ge/>, accessed on 25 July 2025

Medinvest- Institute of Hematology and Transfusiology, [Facebook page], 2025, https://www.facebook.com/profile.php?id=100057663120323&locale=ka_GE, accessed on 25 July 2025

New Hospitals, [website], 2025, <https://www.newhospitals.ge/en/department/onko-hematologisa-da-dzvlis-tvinis-transplantaciis-centri>, accessed on 25 July 2025

Oberkanins, C., Pagava, K., Babikyan, D., Korinteli, I. A., Phagava, H., Hayrapetian, H., Kriegshäuser, G., & Sarkisian, T., Alpha- and Beta-Globin Gene Mutations in Georgia and Armenia, Georgian Med News, Issue no. 318, 2021, <https://pubmed.ncbi.nlm.nih.gov/34628392/>, accessed on 25 July 2025

Open Society Georgia Foundation, “ეთნიკური უმცირესობების წარმომადგენლების სოციალური ექსკლუზიის (გარიყვის) კვლევა [The Study of Social Exclusion of Ethnic Minorities]”, 2022, <https://csf.ge/wp-content/uploads/2023/04/April-2023-სოციალური-ექსკლუზია-ანალიტიკური-ანგარიში-LAST.docx.pdf>, accessed on 25 July 2025

Pharmaco, Exjade, n.d., <https://pharmaco.ge/product/exjade-125-mg-28-tb-ექსჯადი-125-მგ-28-ტაბ-125-mg/?srsId=AfmBOorHtQ8b-DxzkW1uE-sZa9LftjmDG0JBqFAqt683bD0KvFnAmGo>, accessed on 25 July 2025

Pharmaco, Ferriprox, n.d., https://pharmaco.ge/product/ფერიპროქსი-100-მგ-მლ-500-მლ-სირო/?srsId=AfmBOoqvTm_fGW-WK6xsXH69kcPsn0V5NRf4MYPBSDQJe8hobvTX3KOM, accessed on 25 July 2025

Pharmaco, Hydrea, n.d., <https://pharmaco.ge/product/ჰიდრია-500-მგ-100-კაფსულა-hydra-500-mg-100-capsules/?srsId=AfmBOor3VBjZWTgvxioWwSYb5NFMyoaYUuq-8IOR4AU9T1NEGvk-eRHd>, accessed on 25 July 2025

PSP, Cefuroxime NANO, 2025, <https://psp.ge/მედიკამენტები/ანტიბიოტიკები/ცეფუროქსიმი-ნანო-ფლაკონი-750მგ-gmp-gmp-54466.htm>, accessed on 25 July 2025

PSP, Ciprofloxacin, 2025, <https://psp.ge/მედიკამენტები/ანტიბიოტიკები/ciprofloxacin-ციპროფლოქსაცინი-500მგ-10-ტაბლეტი-79789-3191.html>, accessed on 25 July 2025

PSP, Diclofenac, 2025, <https://psp.ge/მედიკამენტები/ტკივილგამაყუჩებელი/დიკლოფენაკი-ამპ-75მგ-3მლ-n5.html>, accessed on 25 July 2025

PSP, Ferrum Lek, 2025, <https://psp.ge/მედიკამენტები/ჰემატოლოგია/ანემიის-წამლები/ფერუმ-ლეკი-კუნთის-2მლ-50-ამპულა-lek-28497.html>, accessed on 25 July 2025

PSP, Galfer, 2025, <https://psp.ge/მედიკამენტები/ჰემატოლოგია/ანემიის-წამლები/galfer-გალფერი-305მგ-100-კაფსულა-82557-3295.html>, accessed on 25 July 2025



PSP, დესმოპრესინი [Desmopressini], 2025, <https://psp.ge/მედიკამენტები/საშარდესისტემა/ენურეზის-სამკურნალო-მედიკამენტები/დესმოპრესინი-0-01-5მლ-ცხვირის-წვეთები-ბიოფარმი-6761.html>, accessed on 25 July 2025

PSP, ფერინჯექტი [Ferinject], 2025, <https://psp.ge/მედიკამენტები/ჰემატოლოგია/ანემიის-წამლები/ფერინჯექტი-ფლ-500მგ-10მლ-10მლ.html>, accessed on 25 July 2025

Rukhi Republican Hospital, [Facebook page], 2025, <https://www.facebook.com/Rukhihospital.ge/>, accessed on 25 July 2025

Rustavi 2, Media News, “February 15 is International Child Oncological Disease Day - Health Minister meets with children who have defeated severe diseases and returned to their homeland”, 15 February 2025, <https://rustavi2.ge/ka/news/306355>, accessed on 25 July 2025

Salakhunova, A., Georgia's Path to Inclusivity: Integrating Ethnic Minorities through Education and Policy Reform, Eurac Research, 2024, <https://doi.org/10.57708/BSF09NU-GSIWHI3GOZEMMRA>, accessed 20 July 2025

Synevo, Bacteriological examination, 2021-2025, https://synevo.ge/en/product/rhesus-factor-blood-group/?srsId=AfmBOoqhKi_22IF1BSMFuzC_M1k9MOITvpYRIEqPFBKq_DpB-CILDrY, accessed on 25 July 2025

Synevo, Coagulogram, 2021-2025, <https://synevo.ge/en/product/coagulogram-pt-inr-aptt/?srsId=AfmBOopTFCjNxDLPV-FYA88sHfIW0cLr7Dw65epQTzzX207TTqiyoVCK>, accessed on 25 July 2025

Synevo, Determination of blood group and rhesus, 2021-2025, https://synevo.ge/en/product/rhesus-factor-blood-group/?srsId=AfmBOoqhKi_22IF1BSMFuzC_M1k9MOITvpYRIEqPFBKq_DpB-CILDrY, accessed on 25 July 2025

Synevo, General blood test, 2021-2025, <https://synevo.ge/en/product/general-blood-analysis/?srsId=AfmBOoq8eJUGu2eR3n1VdHbJYyuPR5x7EyuZMWAsJcmUYVj8rlwoxKHT>, accessed on 25 July 2025

TBC Capital, Overview of healthcare sector in Georgia 2024, May 2025, <https://tbccapital.ge/static/file/202505300255-overview-of-healthcare-sector-in-georgia-2024.pdf>, accessed on 25 July 2025

TBC Capital, Overview of healthcare sector in Georgia 2024, May 2025, <https://tbccapital.ge/static/file/202505300255-overview-of-healthcare-sector-in-georgia-2024.pdf>, accessed on 25 July 2025

TBC Insurance, Critical Illness Insurance, 2025, <https://tbcinsurance.ge/en/personal/health/critical-illness-insurance>, accessed on 25 July 2025

Tbilisi State Medical University and Ingorokva High Medical Technologies University Clinic, Departments, 2024, <https://htmc09.wixsite.com/ingorokvacliniceng/oncology>, accessed on 25 July 2025

Todua Clinic, [website], 2020, <https://toduaclinic.ge/en/article/chven-shesakheb>, accessed on 25 July 2025

Tsamali.ge, ჰემატოლოგი [Haematologist], 2021-2025, <https://tsamali.ge/eqimebi/hematologi/2>, accessed on 25 July 2025





United Nations, Georgia, Telemedicine: Bridging a Healthcare Gap in Georgia, 2024, <https://georgia.un.org/en/258633-telemedicine-bridging-healthcare-gap-georgia>, accessed on 25 July 2025

Vian, [website], 2025, <https://vian.health/en/hospitals>, accessed on 25 July 2025

WHO (World Health Organization), Data, Medical doctors (per 10 000 population), 2025, [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/medical-doctors-\(per-10-000-population\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/medical-doctors-(per-10-000-population)), accessed on 25 July 2025

WHO (World Health Organization), Data, Nursing and midwifery personnel (per 10 000 population), 2025, <https://www.who.int/data/gho/data/themes/health-workforce#:~:text=The%20density%20of%20nursing%20and%20midwifery%20personnel%20in,European%20region%20around%2043%20per%2010%2C%20000%20population>, accessed on 25 July 2025

WHO (World Health Organization), Global Health Expenditure Database, 2014, <https://apps.who.int/nha/database/ViewData/Indicators/en>, accessed on 25 July 2025

WHO (World Health Organization)/Europe, Georgia: moving from policy to actions to strengthen primary health care: primary health care policy paper series, 2023, <https://iris.who.int/bitstream/handle/10665/371854/WHO-EURO-2023-7565-47332-69449-eng.pdf?sequence=1>, accessed on 25 July 2025

WHO (World Health Organization)/European Observatory on Health Systems and Policies Health Systems in Action: Georgia, 2022, <https://iris.who.int/bitstream/handle/10665/362341/9789289059121-eng.pdf?sequence=1>, accessed on 25 July 2025

World Federation of Hemophilia, Report on Annual Global Survey 2023, October 2024, https://www1.wfh.org/publications/files/pdf-2525.pdf?utm_source=chatgpt.com, accessed on 25 July 2025





Annex 2: Terms of Reference

General information

- Briefly describe prevalence and incidence of haematology diseases (epidemiologic data). For example, conditions such anaemias like iron deficiency anaemia, sickle cell anaemia, thalassemias, blood clotting disorders, Idiopathic Thrombocytopenic Purpura (ITP), and Disseminated Intravascular Coagulation (DIC) etc.
- How is the health care organized for haematology diseases?
- How are haematology diseases treated – at specific centres, in primary health care centres, secondary care / hospitals, tertiary care etc.?
- Which kinds of facilities can treat haematologic 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 organized in general to treat patients with haematology diseases? Are there sufficient resources available to treat all patients?
- Is there a particular type of this disease for which no (or only partial) treatment exists in the country?
- Is there a (national) institute specialised in treating this disease/ other haematology diseases?
- Are there any national or international plans or (donor) programmes for certain haematology diseases; if yes, could you elaborate on such programme(s) and what it entails?

Access to treatment

- Are there specific treatment programmes for haematology 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 haematology diseases? 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? Is access to specialised services limited in rural areas, necessitating travel to urban centers for comprehensive care? Are there waiting times for treatments 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 this disease?

Insurance and national programmes

- National coverage (state insurance).
- Programmes funded by international donor programmes
- Include any insurance information that is specific for patients with this disease.

NGOs

Include if relevant, otherwise delete section.

- Are any NGOs or international organisations active for patients of haematology diseases (please specify for which conditions/diseases)? What are the conditions to obtain help from these organisations? What help or support can they offer?
- 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).

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, strength of unit, form, pills per package, official prices, source, insurance coverage.
- When multiple brands/producers are available, chose the most commonly used version. When a specific form is not mentioned in the table, check first for tablets. In case different forms of a medication can be used for different indications (e.g., tablet, injection, transdermal form, nose spray, etc), this will usually be indicated in the table.
- 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).

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





Publications Office
of the European Union

